

8/16/02 1:00  
8/21/02 11:00

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

P 517419

A 59908

ISSUE DATE 8/16/02

APPROVAL DATE 8/21/02

410-313-2640

**INDEXED**

15-085525

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL x ALTER     

ADDRESS 3 N Main Street, Mt Airy MD 21771 PHONE 301-829-0444

SUBDIVISION Verick Property LOT NUMBER 6 ADDRESS 11721 Middle Patuxent Court

PROPERTY OWNER Michael Hatcher PROPERTY OWNER'S ADDRESS 11606 Sun Circle Way

SEPTIC TANK CAPACITY 1500 GALLONS **\*\* TOP SEAMED SEPTIC TANK REQUIRED\*\***

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 5 (4 bedroom house & 1 bedroom guest house)

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 300

**SEPTIC PERMIT SIGNED  
AND RETURNED 11-07-01**  
B00133185 - Addition  
run from w/ basement

TRENCHES: Trenches to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4 feet below original grade. 1.5 feet of stone below distribution box pipe

LOCATION: Starting at the intersection of the 62.31' and the 511.49' lot lines, place the distribution box 250 feet down the 511.49' lot line and 120 feet off this same lot line. Run trenches along contour toward the 511.49' lot line.

*Keep trenches 7' edge to edge (10' center to center) for this job only*

PLANS APPROVED Donna K. Clark, R.S. ONSRN 12/15/06 DATE 11/30/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

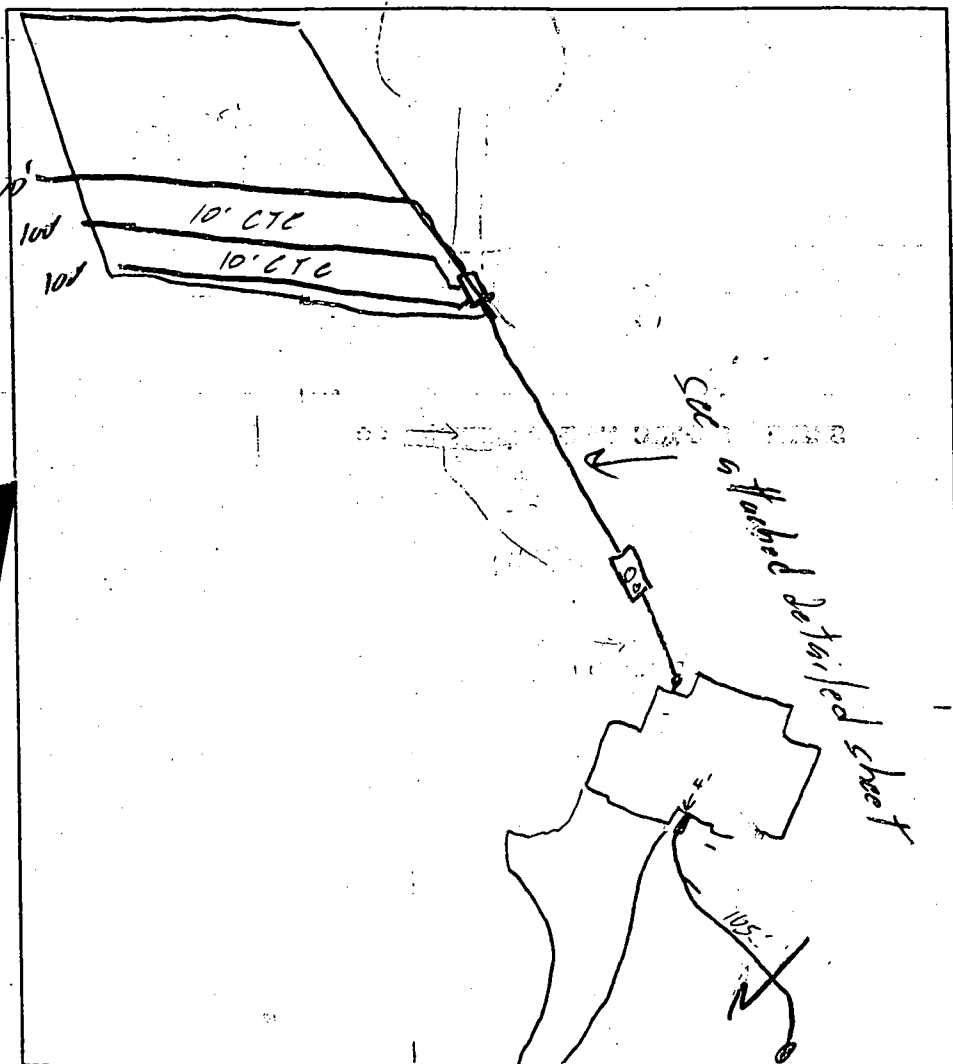
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

459908

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3  
 TRENCH INLET DEPTH 2.5  
 TRENCH BOTTOM DEPTH 4  
 DEPTH OF STONE 1.5  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 300'  
 ABSORBENT AREA 900 sq  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1250 GALLONS  
 MANHOLE RISER Center  
 6 INCH INSPECTION PORT Front

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS N/A  
 MANHOLE RISER N/A  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: 8/16/02 Site Staked. Tank set. Topo

per plan okay to begin. (KN)

INSPECTION COMMENTS: 8/21/02 OK to cover all work (CO)

INSPECTOR [Signature]

DATE SYSTEM APPROVED 8/21/02

**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: \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: \_\_\_\_\_

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

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
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: \_\_\_\_\_

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 \_\_\_\_\_

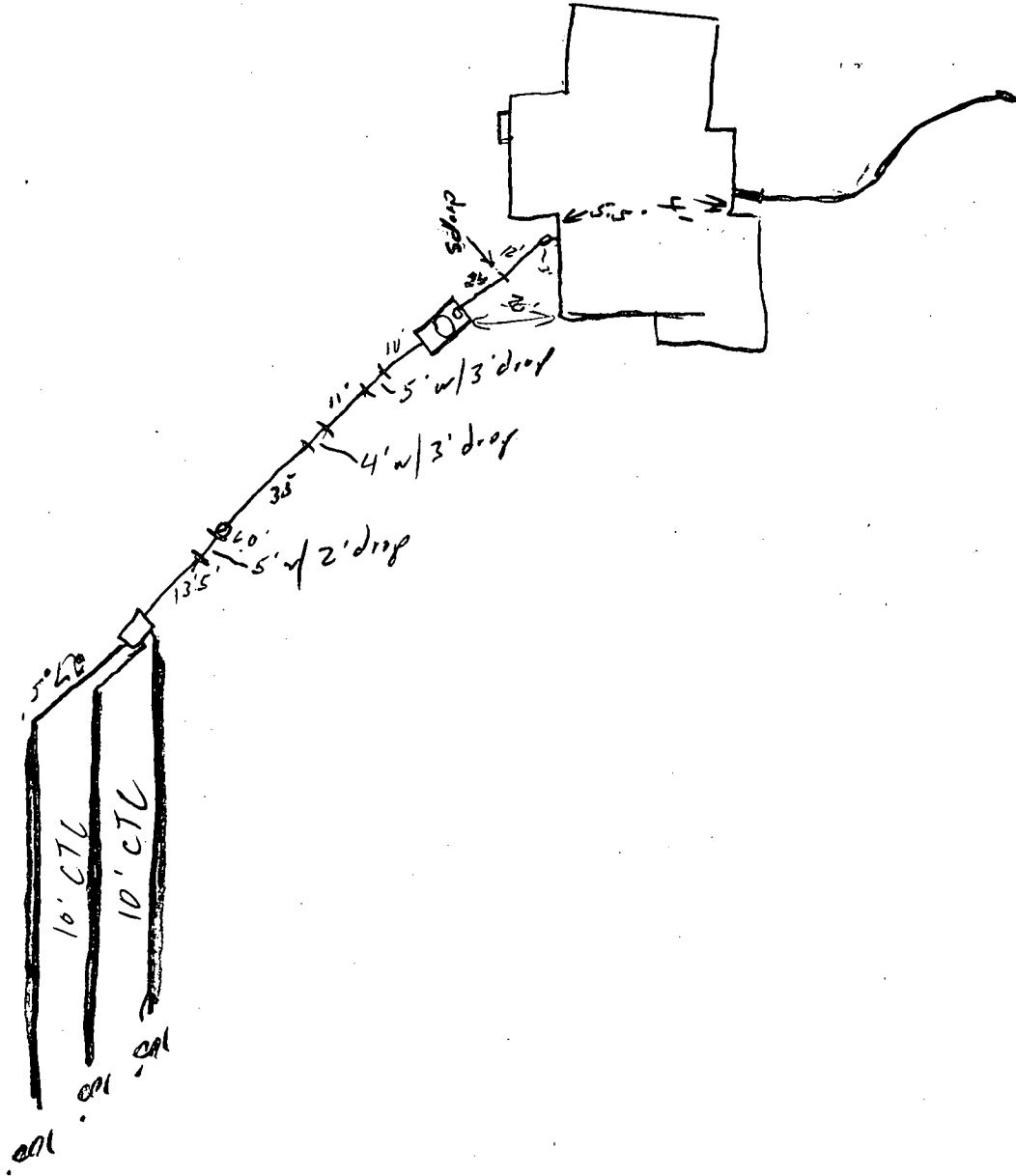
Safety rope installed inside of well casing \_\_\_\_\_

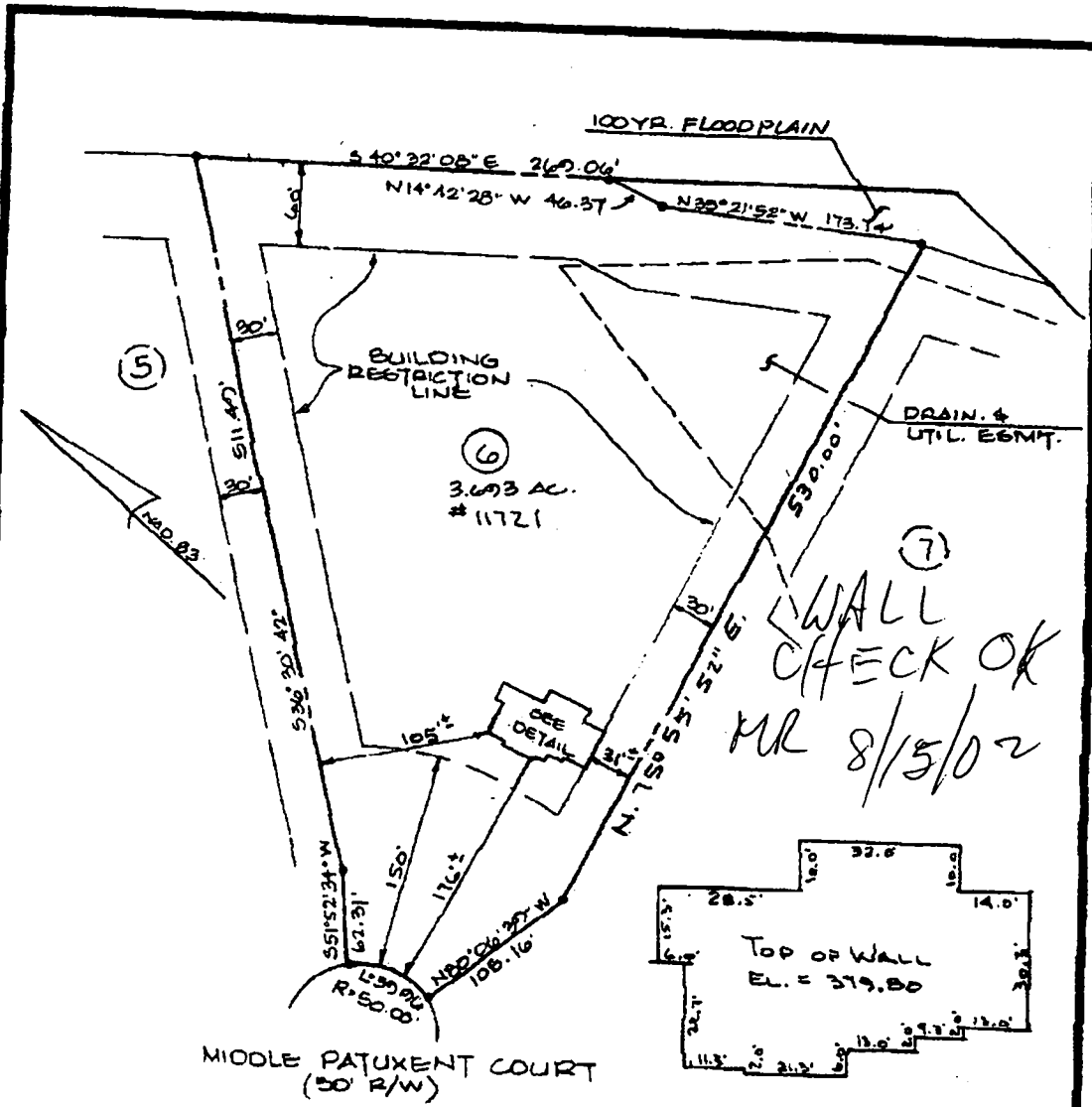
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_

Water supply line sleeved adequately at house connection \_\_\_\_\_

Adequate grout observed below pitless adapter \_\_\_\_\_

11721 Middle Patuxent Ct





MIDDLE PATUXENT COURT  
(50' R/W)

HOUSE DETAIL  
SCALE: 1" = 30'

**ACCURACY LIMITATIONS**

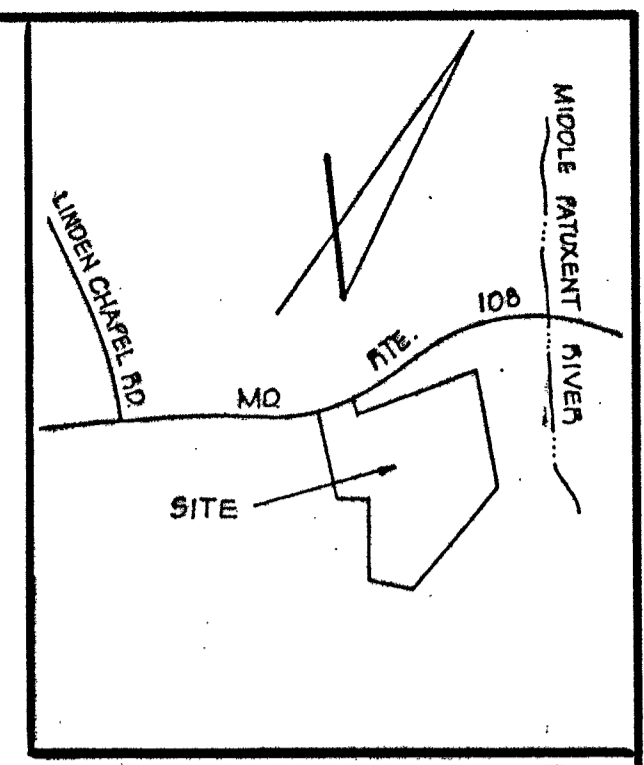
- LOT BOUNDARY - AS CALLED
  - BUILDING DIMENSIONS - ± 0.2'
  - BUILDING TO BOUNDARY LINE - ± 1'
- 1) THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING;
  - 2) THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS, AND
  - 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 SECURING FINANCING OR RE-FINANCING.



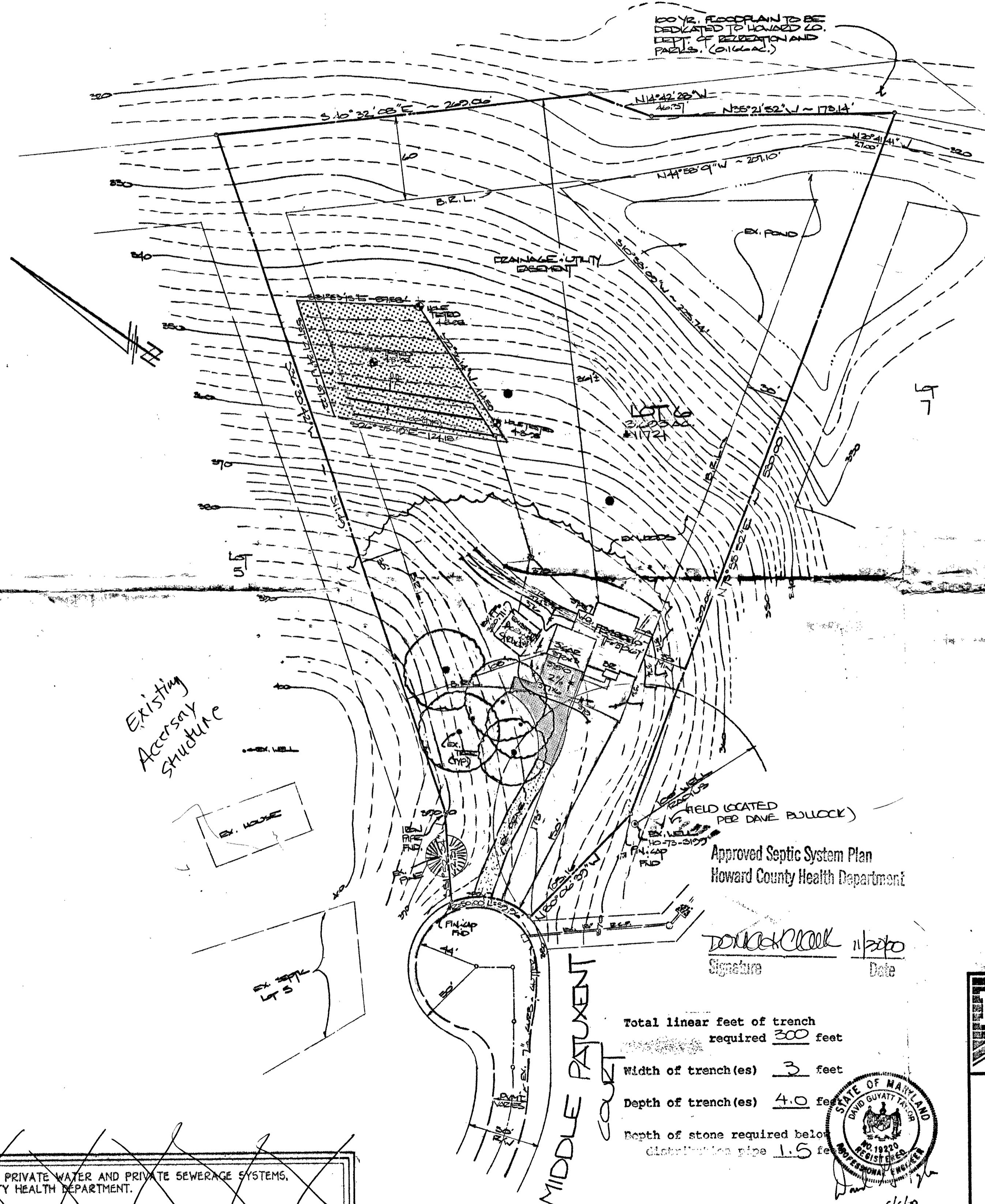
	<b>MORRIS &amp; RITCHIE ASSOCIATES, INC.</b> <small>ENGINEERS, ARCHITECTS, PLANNERS, SURVEYORS, &amp; LANDSCAPE ARCHITECTS</small> 3445-A Box Hill Corporate Center Drive Abingdon, Maryland 21009 (410) 878-1890 - (410) 878-1040 Fax: (410) 878-1820	LOCATION DRAWING LOTS <b>VETICK PROPERTY</b> PAT NO. 4707 RESUBDIVISION OF LOT 4 FIFTH ELECT. DIST. - HOWARD CO., MD. FOR: CLASSIC CUSTOM BLDGS.	
	SCALE: 1" = 100' DATE: 11-27-01 DRAWN BY: TLT DESIGN BY:	REVIEW BY: GK JOB NO.: 11486	

EK.\*1 R.#61

HOWARD COUNTY ENVIRONMENTAL HEALTH DEPARTMENT  
2000 AU -2 AM 10:08



VICINITY MAP  
SCALE: 1"=1200'



**GENERAL NOTES**

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENBROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RELOCATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE TOPOGRAPHY SHOWN ON THE VETICK PROPERTY PRELIMINARY PLAN.
3. EXISTING SEPTIC SYSTEM IS TO BE ABANDONED DUE TO THE UNSATISFACTORY OF SOILS IN THAT AREA.

Approved Septic System Plan  
Howard County Health Department

*David Clark* 11/20/00  
Signature Date

**OWNER**  
MR. MICHAEL HATCHER  
11606 SUNCIRCLE WAY  
COLUMBIA, MD. 21044

Total linear feet of trench required 300 feet  
Width of trench(es) 3 feet  
Depth of trench(es) 4.0 feet  
Depth of stone required below distribution pipe 1.5 feet



**MRA** MORRIS & RITCHIE ASSOCIATES, INC.  
ENGINEERS, ARCHITECTS, PLANNERS, SURVEYORS & LANDSCAPE ARCHITECTS  
3445-A Box Hill Corporate Center Drive  
Abingdon, Maryland 21009  
(410) 879-1690  
Fax: (410) 879-1820

SITE AND GRADING PLAN -  
**LOT 6 VETICK PROPERTY**  
TAX MAP 29 ZONING: R PARCEL: 53  
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1"=50' DATE: 6-1-00 DRAWN BY: DB REVIEW BY: JOB NO: 11486

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,  
HOWARD COUNTY HEALTH DEPARTMENT.  
COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

8/15/02  
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: Van Sant P & H Telephone #: 301-829-0444  
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: VETICK Property Lot #: 6 Well Tag #: HO - \_\_\_\_ - \_\_\_\_  
Site Address: 1172 Middle Patuxent Ct

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: \_\_\_\_\_ Make: \_\_\_\_\_ Two piece watertight cap: \_\_\_\_\_  
Model #: \_\_\_\_\_ Model#: \_\_\_\_\_ Screened, vented well cap: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM Depth: \_\_\_\_\_ (36" min) Cap secured to casing: \_\_\_\_\_  
Well Yield: \_\_\_\_\_ GPM NSF approved: \_\_\_\_\_ Conduit min 18" B.G.: \_\_\_\_\_  
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap: \_\_\_\_\_  
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      House Connection  
Type: \_\_\_\_\_ PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min) Approximate length of sleeve: \_\_\_\_\_  
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: \_\_\_\_\_  
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   
Thru Cuff } 8/15/02



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

August 23, 2000

Mrs. Jacqueline Hatcher  
11606 Sun Circle Way  
Columbia, MD 21044

RE: Well Data  
Vetick Property  
HO-73-3199

Dear Mrs. Hatcher:

According to Health Department records, the referenced well was drilled by Joseph Mayne Well Drilling and completed on April 11, 1979. The depth reported at that time was 185 feet, with a flow rate of 7 gallons per minute. According to Health Department percolation test notes of April, 1998, the well is located on lot 6. The original well completion report was not located.

Very truly yours,

Mark E. Rifkin  
Water and Sewerage Program

MR  
cc: File

C 1 2230 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
THIS NUMBER IS TO BE PUNCHED IN COLS. 43-6 ON ALL CARDS

STATE OF MARYLAND  
WATER RESOURCES ADMINISTRATION  
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) Nov 10 76 DEPTH OF WELL 700 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-79-1090

DATE WELL COMPLETED Nov 10 76 (TO NEAREST FOOT) 22 26

8-13 15 120 28 29 30 31 32 33 34 35 36 37 42

DRILLERS IDENTIFICATION NO. 42

OWNER Veteran LAST NAME Chappelle FIRST NAME Chappelle

STREET OR RFD 11735 POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Topsoil</u>	<u>0</u>	<u>3</u>	
<u>Shale</u>	<u>3</u>	<u>15</u>	
<u>Brown sandstone</u>	<u>15</u>	<u>75</u>	
<u>Water</u>	<u>7</u>	<u>700</u>	

No water

WELL DESCRIPTION

GROUTING RECORD YES  NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CM BC

CEMENT CM BENTONITE/CLAY BC

(NO. OF BAGS) 11735 (NO. OF POUNDS) 4546

GALLONS OF WATER

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 48 FT. TO 54 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW

S STEEL C CONCRETE P PLASTIC O OTHER

MAIN CASING TYPE 60 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 61 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

S STEEL BR BRASS OR BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

SCREEN RECORD

DEPTH (NEAREST WHOLE FOOT)

1	2	3	4	5	6	7	8	9	10

SLOT SIZE 1. 56 2. 60 3. 60

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM TO

1	2	3	4	5	6	7	8	9	10

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT) 20

WHEN PUMPING 22 (NEAREST FOOT) 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW) J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

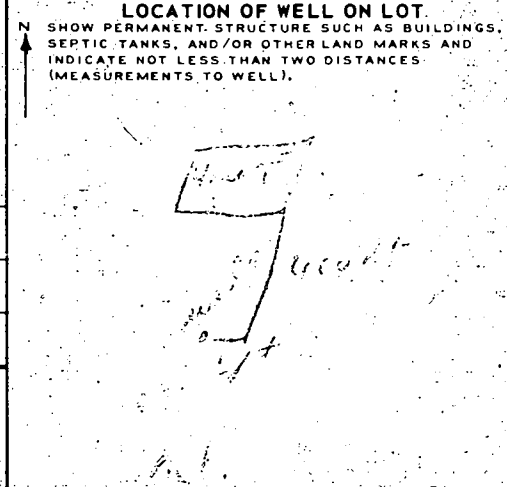
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE LAND SURFACE (NEAREST FOOT) 50 51

- BELOW



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME J. A. Carter

(PLEASE PRINT)

SIGNATURE J. A. Carter

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

DEED AND AGREEMENT OF EASEMENT

THIS DEED AND AGREEMENT OF EASEMENT, made this 24<sup>th</sup> day of November, 2000 by and between Travis M. Campbell and Wanda J. Campbell (hereinafter referred to as "Grantors"), and Michael A. Hatcher and Jacqueline E. Hatcher (hereinafter referred to as "Grantees").

WHEREAS, Grantees are the owners of Lot 6 as shown on a Plat entitled "Lots 5, 6, 7, 8, and 9, Vetick Property" and recorded among the Land Records of Howard County as Plat numbered 4707, and the Grantors are the owners of Lot 7 as shown on said Plat;

WHEREAS, Grantees have determined that the well which serves their home situate on Lot 6 is actually located on Lot 7 as shown on that Plat attached hereto, marked Exhibit A and entitled "Well Use and Access Easement Across Lot 7"; and,

WHEREAS, the Grantees have requested and the Grantors have agreed to provide an easement over Lot 7 to the Grantees for the purposes herein described and subject to the conditions herein set forth.

NOW, THEREFORE, this Deed and Agreement witnesseth:

1. That the Grantors do hereby grant and convey to the Grantees, their personal representatives and assigns, an easement over that portion of Grantors property as shown in hatch marks on attached Exhibit A and as described by metes and bounds on Exhibit B. The purpose of such easement shall be to provide the Grantees with right to draw water from, to have access to and to maintain repair, and or replace the well located within said easement area herein described.

2. The Grantees, for themselves, their personal representatives and assigns, agree that entry onto such easement area shall be subject to the Grantees restoration of the property to its state prior to any such entry.

WITNESS, the hands and seals of the parties hereto as of the day and year first above written.

WITNESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trevis M. Campbell  
Trevis M. Campbell, Grantor

Wanda J. Campbell  
Wanda J. Campbell, Grantor

Michael A. Hatcher  
Michael A. Hatcher, Grantee

Jacqueline E. Hatcher  
Jacqueline E. Hatcher, Grantee

STATE OF MARYLAND, COUNTY OF

to wit:

I HEREBY CERTIFY, that on this 24th day of Nov, 2000, before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared Trevis M. and Wanda Campbell known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument, and who acknowledged the foregoing Deed and Agreement of Easement to be their act and, in my presence signed and sealed the same.

AS WITNESS my hand and Notarial Seal.

James P. Williams  
Notary Public

My commission expires: 07/01/03

STATE OF MARYLAND, COUNTY OF

Hawaii

to wit:

I HEREBY CERTIFY, that on this 24th day of Nov, 2000, before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared Michael A. and Jacqueline E. Hatcher, known to me (or satisfactorily proven) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged the foregoing Deed to be act, and in my presence signed and sealed the same.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

James P. Williams  
Notary Public

My commission expires: 07/01/03

I hereby certify the foregoing instrument was prepared by George A. Shehan, an attorney authorized to practice law before the Court of Appeals of the State of Maryland.

George A. Shehan

**MORRIS & RITCHIE ASSOCIATES, INC.**

ENGINEERS, ARCHITECTS, PLANNERS, SURVEYORS,  
AND LANDSCAPE ARCHITECTS



EXHIBIT B

November 3, 2000

Well Use and Access Easement Across the Land of Travis M. Campbell, et ux, Lot 7, Vetick Property, Fifth Election District, Howard County, Maryland.

BEGINNING for the same at a pipe heretofore set at the beginning of the North 75° 55' 52" East 530.00 foot line dividing Lots 6 and 7 on a plat entitled "Lots 5, 6, 7, 8 and 9, Vetick Property, a Resubdivision of Lot 4" and recorded among the Land Records of Howard County, Maryland as Plat No. 4707, thence binding on part of said division line,

1. North 75° 55' 52" East 6.18 feet, thence leaving the said division line and running through and across the said Lot 7, three courses, viz:
2. South 30° 46' 27" West 20.37 feet,
3. North 59° 13' 33" West 20.00 feet, and
4. North 30° 46' 27" East 10.06 feet to a point and to intersect the North 80° 06' 39" West 105.16 foot division line between the aforesaid Lots 6 and 7, thence binding on part of the said division line,
5. South 80° 06' 30" East 16.72 feet to the place of beginning.

CONTAINING 283 square feet or 0.007 acres of land, more or less.

BEING part of the land conveyed and described in a deed from Melvin S. Rapelyea to Travis M. Campbell and Wanda J. Campbell, dated February 26, 1999 and recorded among the Land Records of Howard County, Maryland in Liber 4757, Folio 0503; BEING ALSO part of Lot 7 as shown on a plat entitled "Lots 5, 6, 7, 8 and 9, Vetick Property, a Resubdivision of Lot 4" and recorded among the said Land Records as Plat No. 4707.



- 3445-A BOX HILL CORPORATE CENTER DRIVE, ABINGDON, MD 21009
- 110 WEST ROAD, SUITE 245, TOWSON, MARYLAND 21204
- 9090 JUNCTION DRIVE, SUITE 9, ANNAPOLIS JUNCTION, MD 20701

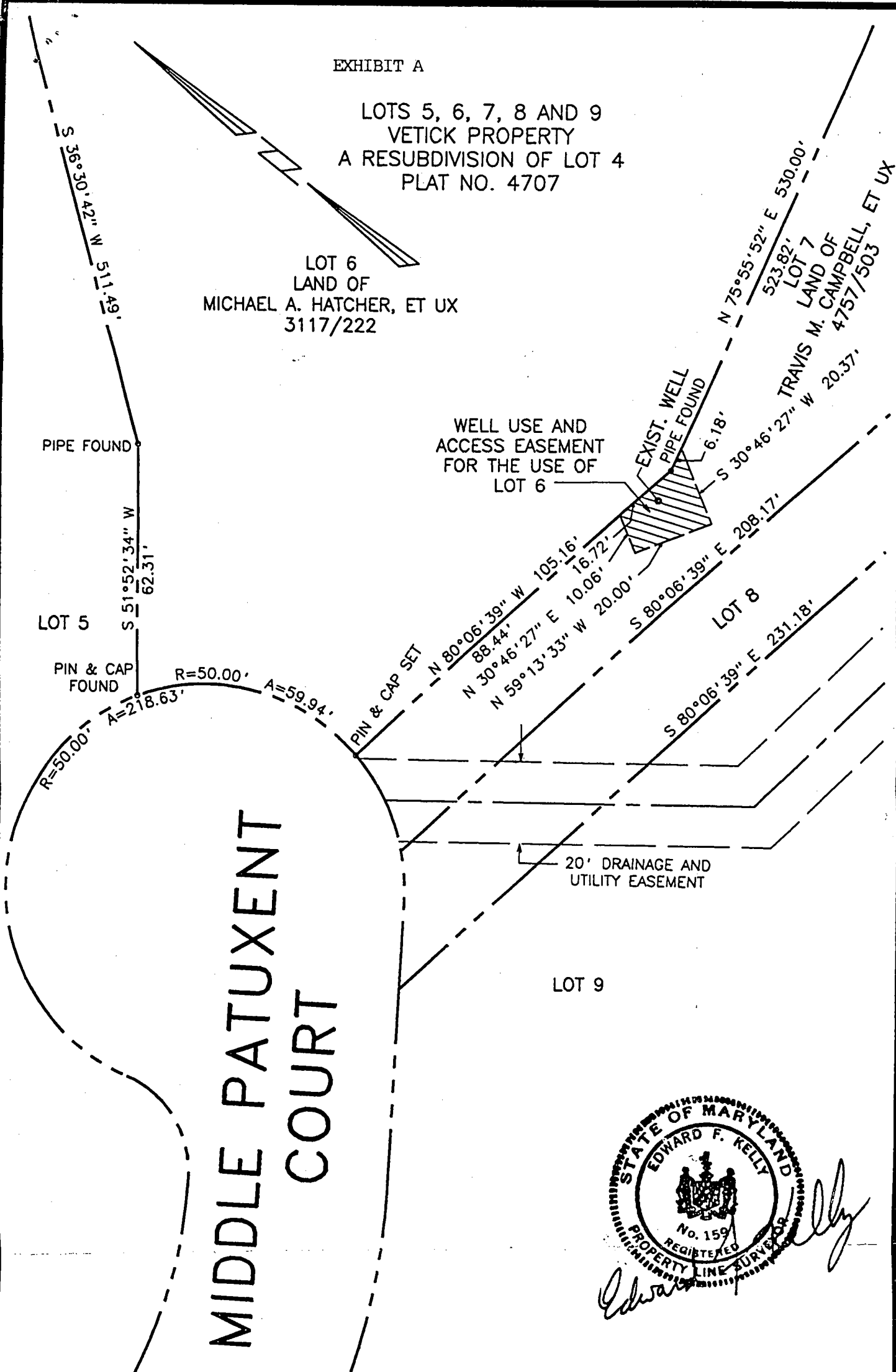
- 410-515-9000 ■ FAX 410-515-9002
- 410-821-1690 ■ FAX 410-821-1748
- 410-792-9792 ■ FAX 410-792-7395

EXHIBIT A

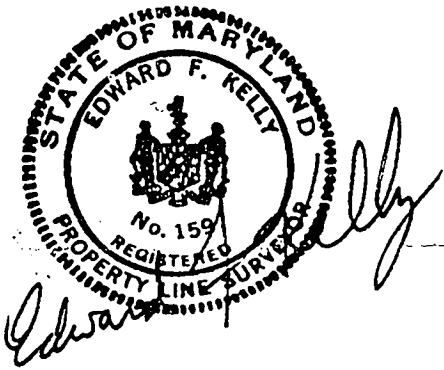
LOTS 5, 6, 7, 8 AND 9  
 VETICK PROPERTY  
 A RESUBDIVISION OF LOT 4  
 PLAT NO. 4707

LOT 6  
 LAND OF  
 MICHAEL A. HATCHER, ET UX  
 3117/222

LOT 7  
 LAND OF  
 TRAVIS M. CAMPBELL, ET UX  
 4757/503



MIDDLE PATUXENT  
 COURT



**MORRIS & RITCHIE ASSOCIATES, INC.**  
 ENGINEERS, ARCHITECTS, PLANNERS, SURVEYORS & LANDSCAPE ARCHITECTS  
 3445-A Box Hill Corporate Center Drive  
 Abingdon, Maryland 21009  
 Phone: 410-515-9000  
 Fax: 410-515-9002

WELL USE AND ACCESS EASEMENT  
 ACROSS LOT 7  
**VETICK PROPERTY**  
 DEED REFERENCE: 4757/503  
 FIFTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1"=30'	DATE: 11/2/00	DRAWN BY: EFK	DESIGN BY:	REVIEW BY: EFK	JOB NO: 11486
------------------	------------------	------------------	------------	-------------------	------------------

Kim



Michael Hatcher

301-674-4427

Vetich Property

This is his  
well easement  
Holding up BP?

11/28/00

SRH

Circuit Court for  
HOWARD COUNTY  
Clerk of the Court,  
MARGARET D. RAPPAPORT  
8360 COURT AVENUE  
ELLCOTT CITY, MD 21043-  
(410) 313-2111

Transaction Block:	2917
Ref: 188	
MISC	AMOUNT
IMP FD SURE \$5	5.00
RECORDING FEE \$20.00	20.00
SUBTOTAL:	25.00
TOTAL CHARGES:	25.00
PAYMENTS	
CHECK	25.00
TOTAL TENDERED:	25.00

Cashier: SLG Reg # HG02  
Rcpt # 48832  
Date: Nov 28, 2000 Time: 10:11 am

4/8/98  
10:00

# APPLICATION

PERCOLATION TESTING

A 59908

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/1/98

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 MICHAEL HATCHER

ADDRESS 11606 SUN CIRCLE WAY COLUMBIA, MD. 21044 PHONE 410-997-9358

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION VEVICK PROPERTY LOT NO. 6

ROAD AND DESCRIPTION 11721 MIDDLE PATUXENT COURT

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

SIZE OF LOT 3.6 ACRES TYPE BLDG. SINGLE FAMILY DWELLING  
(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

59908  
COUNTY #

SOIL PROFILE

①

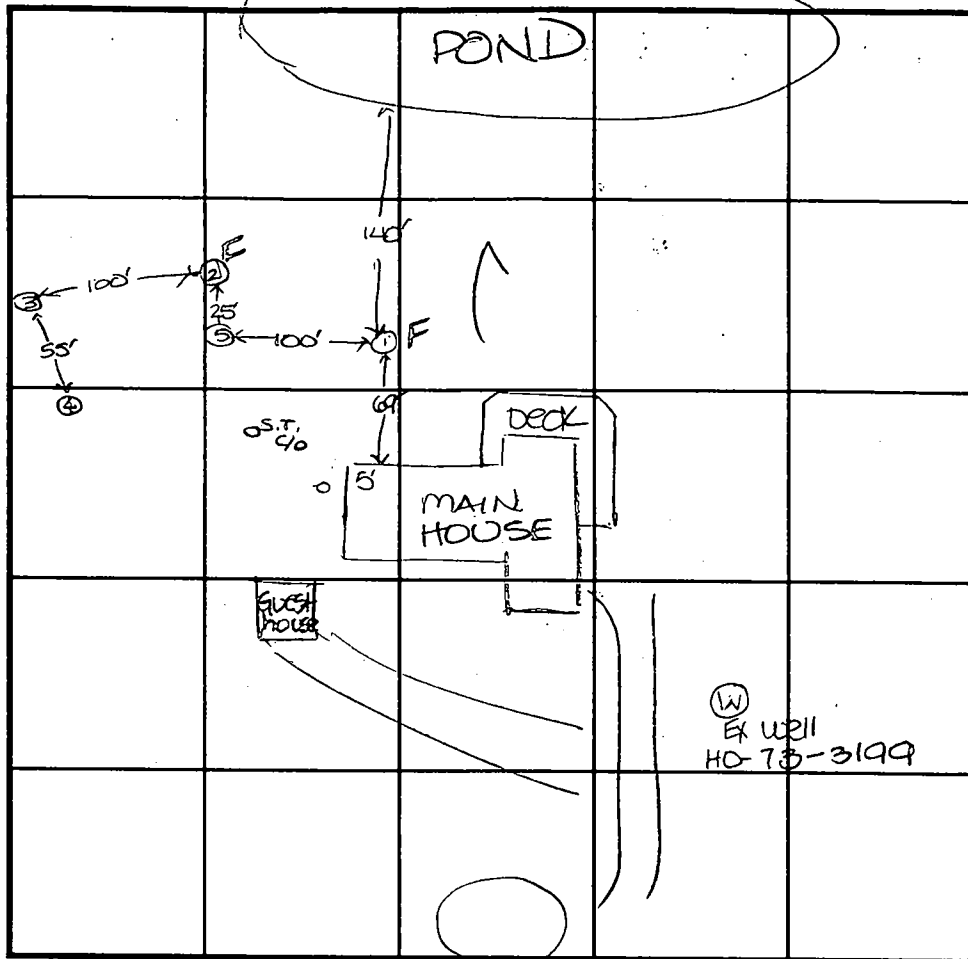
0'	topsoil
1'	red brn c l m
4'	med brn sa l m
6'	lg rock patch
10'	
12'	refusal

②

0'	topsoil
1'	red brn c l m
7'	>50% sapr shale
12'	Refusal

③

0'	topsoil
1'	red brn c l m
3 1/4'	pale org brn sa l m
8'	>50% sapr shale
13'	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

middle Patient Court

SOIL PROFILE

④

0'	topsoil
1'	red brn c l m
3 1/4'	pale org brn sa l m
8'	lg patches 750% sapr shale
13'	

⑤

0'	topsoil
1'	org brn c l m
3 1/4'	pale org tan sa l m
13'	15% sapr sh

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-8-98	1	12.5'D	Visual	- see	profile		FAIL
	2	12.0'D					FAIL
	3	13.0'D					OK
	4	13.0'D					OK
	5	12.0'D					OK

REMARKS main house gutted ~1 year ago

TYPE OF SOIL \_\_\_\_\_

TESTED BY D. See ALSO PRESENT \_\_\_\_\_

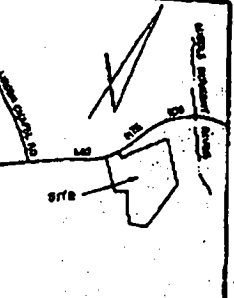
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 1 TRENCH WIDTH 3

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180

COORDINATE SCHEDULE		
NO.	NORTH	EAST
1	8711.000	8178.125
2	8711.125	8178.125
3	8711.250	8178.125
4	8711.375	8178.125
5	8711.500	8178.125
6	8711.625	8178.125
7	8711.750	8178.125
8	8711.875	8178.125
9	8712.000	8178.125
10	8712.125	8178.125
11	8712.250	8178.125
12	8712.375	8178.125
13	8712.500	8178.125
14	8712.625	8178.125
15	8712.750	8178.125
16	8712.875	8178.125
17	8713.000	8178.125
18	8713.125	8178.125
19	8713.250	8178.125
20	8713.375	8178.125
21	8713.500	8178.125
22	8713.625	8178.125
23	8713.750	8178.125
24	8713.875	8178.125
25	8714.000	8178.125

CURVE DATA					
CHORD BEARS	CHORD BEARS	TANGENTS	PI	CHORD BEARS	CHORD BEARS
(1) 100.00	100.00	100.00	3.1416	100.00	100.00
(2) 100.00	100.00	100.00	3.1416	100.00	100.00
(3) 100.00	100.00	100.00	3.1416	100.00	100.00
(4) 100.00	100.00	100.00	3.1416	100.00	100.00
(5) 100.00	100.00	100.00	3.1416	100.00	100.00
(6) 100.00	100.00	100.00	3.1416	100.00	100.00

NOTE: TO PROVIDE ACCESS TO LOTS 4 & 6, 10" TYPED SHALL BE CONSTRUCTED UNDER THE OVERLAYS WITHIN THE 20' DRAINAGE AND UTILITY EASEMENT PRIOR TO ISSUANCE OF A DEEDING PERMIT FOR LOTS 1 & 2.

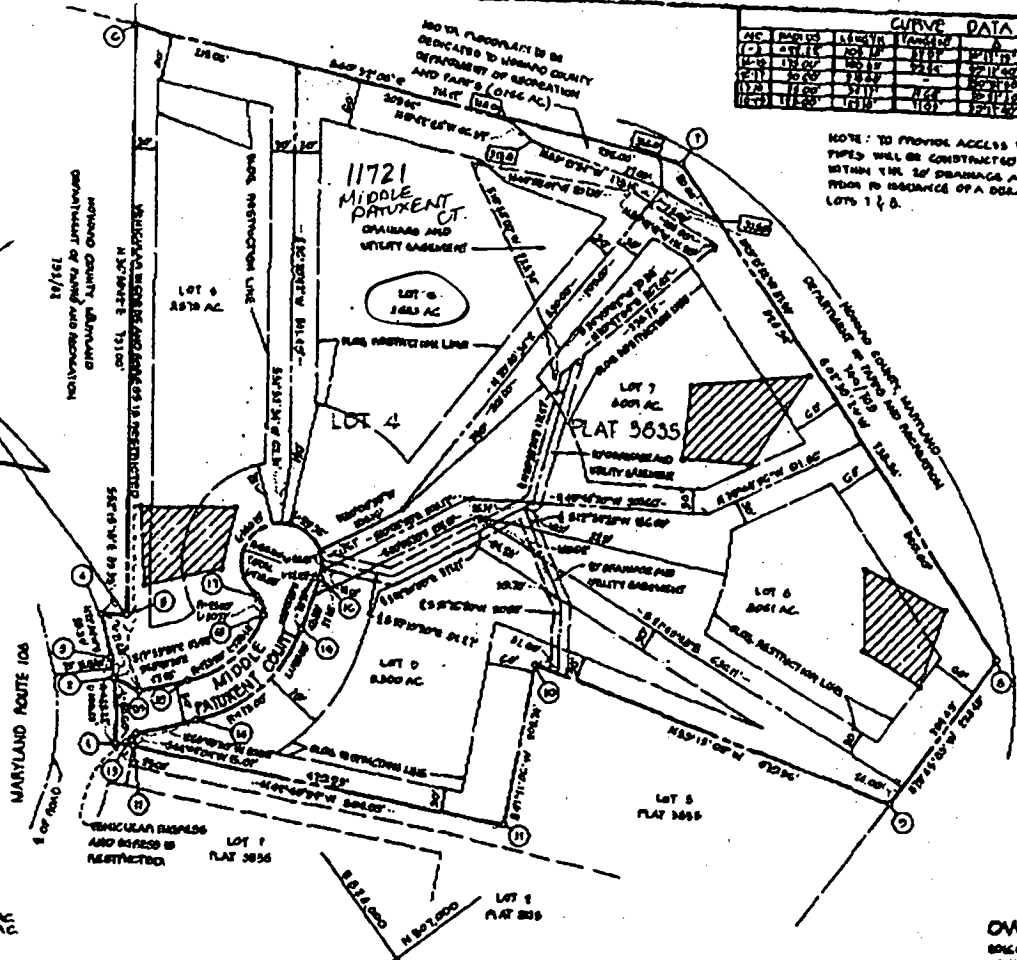


VICINITY MAP  
SCALE: 1"=100'

GENERAL NOTES

- TAX MAP: 60, PRICED NO. 60
- DEED REFERENCE: 100/101
- COORDINATES SHOWN HEREIN ARE BASED ON THE MARYLAND STATE CONDUIT SYSTEM.
- THE LOTS SHOWN HEREIN COMPLY WITH THE HEALTH ORDINANCE AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- THIS AREA DESIGNATES A PRIVATE SEWER CASSETTE OF APPROXIMATELY 60,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWER DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE AND SERVING ALL RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE LOTS. THESE CASSETS SHALL BECOME FULL AND VALID UPON CONNECTION TO A PUBLIC SEWER SYSTEM.
- ALL POLLUTION TEST HOLES SHOWN HEREIN HAVE BEEN FIELD LOCATED AND SHOWN THUS (C).
- SUBJECT PROPERTY TO BE PLACED IN CONFORMANCE WITH PLAT 5835.
- FOR PLAT 5835, SEE PLAT 5835, SHOWING ROAD MAINTENANCE AND PROPERTY TAXES. FOR PLAT 5835, SEE PLAT 5835, SHOWING ROAD MAINTENANCE AND PROPERTY TAXES.
- THE 10' IS AN APPROXIMATE MEASUREMENT ON LOT 4 AND LOT 2.
- SUBJECT TO 61-10-09, 61-10-07 AND 61-10-08.

OWNER & DEVELOPER  
BILLY GARDNER & SONS  
1155 CLARKSVILLE PIKE  
CLARKSVILLE, MD. 21030



AREA TABULATIONS

TOTAL NUMBER OF LOTS: 6  
TOTAL AREA OF LOTS: 6.83 AC.  
TOTAL AREA OF RIGHT-OF-WAY DESIGNATION: 6.84 AC.  
TOTAL AREA OF FLOOD PLAIN DESIGNATION: 1.62 AC.  
TOTAL AREA OF PLAT: 12.28 AC.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.  
*James B. ...* 10-24-70  
HOWARD COUNTY HEALTH DEPARTMENT DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.  
*Frankland* 10-28-70  
PLANNING DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS, HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.  
DIRECTOR DATE

OWNERS STATEMENT

I, BILLY GARDNER & SONS, OWNERS OF THE SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTIONS AND ASSIGN TO HOWARD COUNTY, MARYLAND, ITS SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REMOVE OBSTRUCTION FOR PUBLIC USE AND OTHER NECESSARY CONSIDERATION, SUBJECT TO THE RIGHT OF HOWARD COUNTY TO ACQUIRE PLAT FEES AND OTHER FEES WITHIN APPLICABLE; (3) THE RIGHT OF HOWARD COUNTY TO OBTAIN FINANCIAL ASSISTANCE FOR THE SPECIAL PURPOSES OF THIS CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO STRUCTURE OF ANY KIND SHALL BE CONSTRUCTED OR MAINTAINED ON ANY OF THE SAID EASEMENTS AND RIGHT-OF-WAYS.

WITNESS MY HANDS THIS 17th DAY OF OCTOBER, 1970.  
*Billy Gardner & Sons*  
BILLY GARDNER & SONS

SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREIN IS CORRECT, THAT IT IS A RESUBDIVISION OF (PART OF) THE LAND COVERED BY DEED NO. 100/101, IN AND CONFORMANCE WITH THE LAWS OF MARYLAND, AND ACCORDING TO THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS OF THE DATE OF SURVEY, AND THAT ALL NECESSARY RECORDS ARE IN PLACE AND SHOWS CORRESPONDENCE WITH THE ADJACENT CORNER OF MARYLAND, AS ADJACENT.  
*William A. ...* 26-70  
WILLIAM A. ... P.L.S. NO. 5400

RECORDED AS PLAT 4707 ON 10-28-70  
FROM THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

LOTS 5, 6, 7, 8 AND 9  
VETICK PROPERTY  
A RESUBDIVISION OF LOT 4  
9TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"=100' DATE: SEPTEMBER, 1970

boender associates  
11111 ...  
CLARKSVILLE, MD. 21030



---

## HOWARD COUNTY HEALTH DEPARTMENT

---

Joyce M. Boyd, M.D., County Health Officer

April 17, 1998

Mr. Michael Hatcher  
11606 Sun Circle Way  
Columbia, Maryland 21044

RE: Building Permit Proposal  
Vetick Property, Lot #6  
11721 Middle Patuxent Court

Dear Mr. Hatcher:

Percolation testing conducted April 8, 1998 on the above referenced property for establishment of a sewage disposal area to serve the main and guest houses indicated limited satisfactory soil conditions. Insufficient depth to bedrock was encountered in some of the test holes. A copy of the test results is enclosed.

*REQUIRED*

A percolation certification plan showing actual locations and elevations of all excavated test holes, existing houses, septic system and well locations should be submitted to this office for review at this time. ~~Generally this document precedes the building permit site plan; however, it would be acceptable to combine both documents if you find that more convenient.~~

In addition, a note should be added to the plan indicating intent to abandon the existing septic system due to the unsuitability of the soils in that area of the property.

If you have any questions regarding this matter, please feel free to contact me at the address below or by calling (410) 313-2640. Thank you in advance for your time and cooperation.

Sincerely,

Donna K. Soe, R.S.  
Water and Sewerage Program

DKS  
Enclosures  
cc: Classic Custom Builders, Inc. - Walter  
file



~~Preliminary~~  
5/24/77  
9:30 A.M.

# APPLICATION

A 25468

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DATE 3/23/77

NOT NECESSARY TO WRITE SPECS  
EXISTING HOUSE ON LOT

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 Edelgard H. Vetick Vetick 531 5096

ADDRESS 11733 Clarksville Pike, Clarksville, Md. PHONE 465-7777  
Any questions call Boender:

PROPERTY LOCATION: One of two Existing houses on lot

SUBDIVISION \_\_\_\_\_ LOT NO. 9 Now 6?

ROAD AND DESCRIPTION Route 108 1st Duveway South  
of Middle Patuxent River

SIZE OF LOT (?) TYPE BLDG. Existing house on lot  
(?) Bedrooms  
NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT: /s/ Dennis Rush

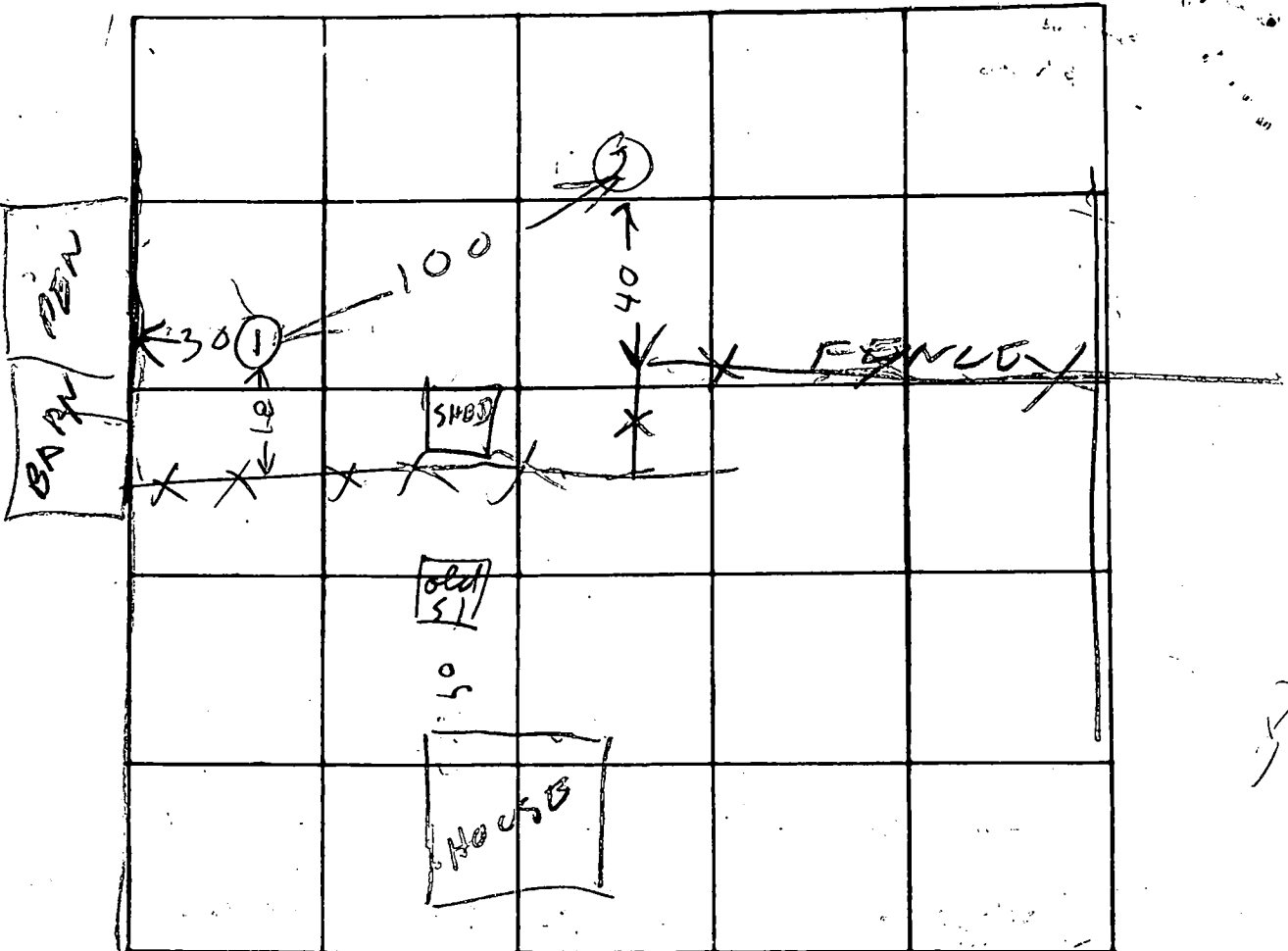
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5/24/77 Done OK Hold for Plat  
with Certified Holes

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BA, 08

DATE	TEST NO.	DEPTH	PRE-WET		TEST DROP		TIME
			START	STOP	START	STOP	
5/24/77	1D	12 1/2	142	148	148	157	9
1	1S	2 1/2	142	143	143	146	3
5/24/77	2V	12	TOP	3 FT	CLAY		
			BOT	9 FT	SAND DRY		

AV TIME  
6 MIN  
MAX  
DEPTH  
3 FT

REMARKS Ernesta House - No overflowed sewage  
 TYPE OF SOIL sltn. Vitak sand with installed a Geogran  
 TESTED BY Raymond Hodgson ALSO PRESENT: J. Fryck ago  
Vitak

11721 MIDDLE PATUXENT CT.  
VETICK PROPERTY LOT 6

2 HOUSES (APPEAR AS 1 ON PRELIMINARY SUBDIVISION PLAT) SERVED BY ONE  
WELL & SEPTIC.  
VACANT FOR APPROXIMATELY 10 YEARS.

OWNER - MICHAEL HATCHER  
11606 SUN CIRCLE WAY

HAD 1 HOUSE (ON PORTION) TORN DOWN

~~SEE~~

BP WILL BE NEEDED TO REHAB OR REPLACE REMAINDER  
EXISTING SEPTIC WILL BE REPLACED AT THAT TIME  
SEE REFERENCE A599908 OF 4/8/98

EXISTING WELL TO REMAIN IN SERVICE DURING  
THE RECONSTRUCTION PROCESS AND  
WILL REQUIRE REHABILITATION OR REPLACEMENT  
TO SERVE AS POTABLE SUPPLY,

OWNER UNDERSTANDS NEED TO HAVE PLUMBER  
ON DRILLER MAKE THE NECESSARY CONNECTION  
AND DOCUMENTATION TO HEALTH DEPT.

Michael Hatcher

C. Williams

2/3/00

# CLASSIC

CUSTOM BUILDERS, INC.

## FAX COVER SHEET

DATE: March 3, 1998  
 TO: Mark  
 COMPANY: Howard County Environmental Department  
 FAX #: (410) 313-2648  
 FROM: Jeffrey Geddes  
 PHONE #: (410) 803-2944  
 FAX #: (410) 803-2945

*Wooten*

*1968*

SUBJECT: Vertick Property, Lot # 6

*11721 M.P. Ct Hatcher  
Michael*

Total number of pages including cover: 2

*Comments:*

Mark, Please find enclosed a site plan for the Vertick Property located on Middle Patuxent Court. The recorded plat number is 4707. The buyer wants to remove the existing damaged main house while keeping the guest house and hopefully use the existing well & septic. Can you please review and offer me any feedback with regard to requirements or regulations.

We also want to try to bury the concrete rubbish from the existing foundation.

Please call with any questions.

Thanks, Jeff

*3/4/98 SITE PLAN, SITE INSP, SEPTIC REPAIR REQUESTED  
 NO WELL OR IF NO PHYSICAL DAMAGE; NO  
 SEPTIC REPAIR IF ~~HOUSE~~ LOT IN METRO DIST,  
 SEWERAGE IN STREET & ONLY "REASONABLE" CONN  
 DISTANCE*

*MUR W/WALT OF CLASSIC  
 BLDRS*

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

Vetick Prop Lot 6

LOCATION 11721 Middle Patuxent Ct ZIP 21094

OWNER  Michael Hatcher ADDRESS 11606 Sun Circle Way PHONE 410-531-3879

OCCUPANT  David Carpenter ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR INVESTIGATION abandoned dwelling, (plus a 2nd burned structure) well + septic believed to remain, plus trash/refuse issues and high weeds

RECEIVED BY MR DATE 7/25/00 ASSIGNED TO PKR/OE DATE 7/26/00

DATE OF INVESTIGATION 7/26/00 TIME 10:00 WEATHER sunny

REPORT Hank Oswald and I conducted a site evaluation in response to complaint. No signs of rodent infestation. Well ~~and~~ ~~remains~~ remains - proposed to serve replacement dwelling. No signs of any portion of original septic system were found - considerable grading (cutting) has been done, probably in preparation for new home construction.

Mr. Hatcher gave verbal permission 7/31/00 3:30pm

DATE SUBMITTED 7/26/00 SANITARIAN [Signature]

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

Vetick Prop Lot 6

LOCATION 11721 Middle Patuxent Ct ZIP 21044

OWNER  OCCUPANT  Michael Hatcher ADDRESS 11606 Sun Circle Way PHONE 410-531-3879

COMPLAINANT David Carpenter ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

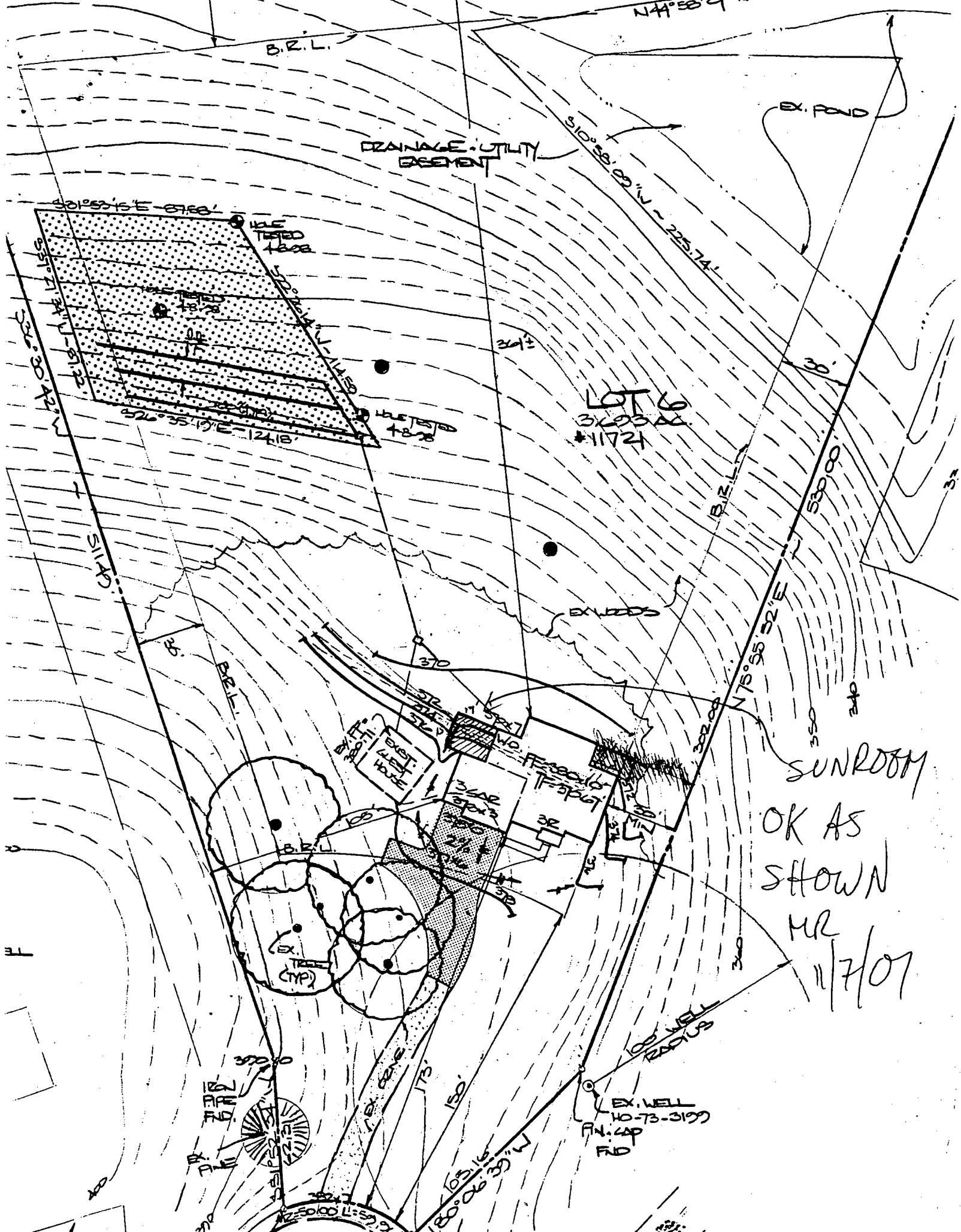
REASON FOR INVESTIGATION: abandoned dwelling, (plus a 2nd burned structure) well + septic believed to remain, plus trash/refuse issues and high weeds

RECEIVED BY MR DATE 7/25/00 ASSIGNED TO PKR/DLC CODES \_\_\_\_\_ DATE 7/26/00

DATE OF INVESTIGATION 7/26/00 TIME 10:00 WEATHER sunny

REPORT Hank Oswald and I conducted a site evaluation in response to complaint. No signs of rodent infestation. Well ~~is~~ ~~remains~~ remains - proposed to serve replacement dwelling. No signs of any portion of original septic system were found - considerable grading (cutting) has been done, probably in preparation for new home construction.

DATE SUBMITTED 7/26/00 SANITARIAN [Signature]



DRAINAGE UTILITY EASEMENT

B.R.L.

EX. ROAD

LOT 6  
3193 AC  
#11721

SUNROOM  
OK AS  
SHOWN  
MR  
11/7/07

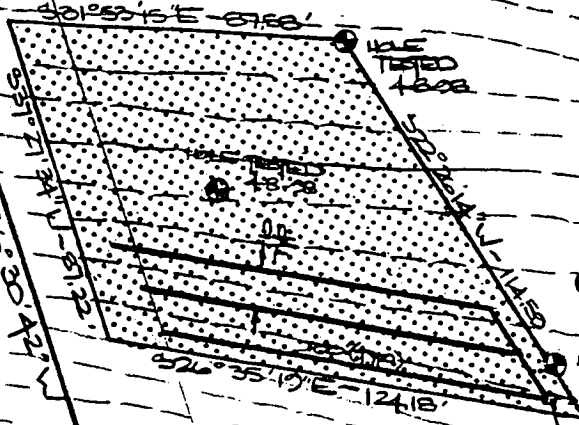
BUSINESS HOUSE

100' WELL RADIUS

EX. WELL  
60'-73'-3199



ENCLOSURE



S10°53'15\"/>

S26°35'19\"/>

B.R.L.

B.R.L.

N75°55'52\"/>

N80°06'39\"/>

S10°53'15\"/>

N44°58'9\"/>

EX. WELL

EX. WOODS

S114°0'

34'

38'

530.00'

300.00'

300'

370'

175'

150'

N25°00'15\"/>

S51°21'24\"/>

S36°30'42\"/>

45'

45'

32'

32'

32'

32'

32'

24'

35'

3'

40'

32'

4'

4'

4'

4'

4'

4'

4'

4'

4'

4'

Building Address 11721 MINDY PATRUMENT COURT  
CHURKVILLE, MD. 21079

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6055 Subdivision VETICK PROP

Section - Area - Lot 6

Tax Map 29 Parcel 333 Grid 14

Zoning R20 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name MICHAEL & JACQUELINE  
HINTERKER

Address 11606 SUN NICOLE WAY

City COLUMBIA State MD Zip Code 21011

Home Phone 410-977-7218 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
WALTER COLOVITT  
CLASSIC CUSTOM BUILDERS, INC.  
3704 OLD YORK ROAD  
WHITE HALL, MD. 21161

Phone 410-977-1239 Fax 410-569-6766

Existing Use ~~WALKOUT~~ SINGLE FAMILY DWELLING

Proposed Use ~~WALKOUT~~ SUNROOM ADDITION

Estimated Construction Cost \$ 25,000

Description of Work ADD ~~2 STORY~~ 1 STORY  
SUNROOM ADDITION W/ FULL BASEMENT  
17'-4" X 15'-4"

Contractor Company CLASSIC CUSTOM BUILDERS, INC.

Contact Person WALTER COLOVITT

Address 3704 OLD YORK ROAD (467/1)

City WHITE HALL State MD Zip Code 21161

License No. 1305

Phone 410-977-1239 Fax 410-569-6766

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company MIRA

Contact Person DAVE BULLOCK

Address 3445-A BOX HILL CTR. CT  
ABINGDON

City ABINGDON State MD Zip Code 21009

Phone 410-515-9000 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
No. of Bedrooms: _____	_____ Other:
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	

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 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 Walter Colovitt  
 Title/Company VICE PRESIDENT CLASSIC CUSTOM BUILDERS

Print Name WALTER L. COLOVITT  
 Date 11/07/01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID
Land Development/DPZ			Front _____	Filing Fee _____
State Highway			Rear _____	Permit Fee _____
Building Official			Side _____	Excavation _____
City Engineering/DPZ			Side St _____	Add'l perf fee _____
Health			All minimum setbacks met? <input type="checkbox"/>	TOTAL FEES _____
Fire Protection			Entrance Permit required? <input type="checkbox"/>	Sub-total paid _____
Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District <input type="checkbox"/>	Check # <u>11/01/01</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation _____
Distribution of Copies: _____			Lat Coverage for New Town Zone _____	Accepted by _____
White: Building Official			SDP/RED line approval _____	
Green: LDD/DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

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 Rev 4/17/00

11/13/67  
Fogarty

off 11/15/67  
Dor

# PERMIT

SEWAGE DISPOSAL SYSTEM

P 13042

A 10099

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

## INDEXED

ELLICOTT CITY

DISTRICT 9

DATE 8/23/67

Elwood Snuggs IS PERMITTED TO INSTALL  ALTER

ADDRESS R.F.D. 1, Laurel, Md. PHONE 725-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT Route 105 - come up old Rt. 29 - cross concrete bridge - about 1/2 block

SUBDIVISION \_\_\_\_\_ ROAD \_\_\_\_\_ LOT \_\_\_\_\_

PROPERTY OWNER George F. Venton, Jr.

ADDRESS Rt. 1, Box 17-B, Clarksville, Md.

### SPECIFICATIONS

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry Well - 300 sq. ft. absorbent sidewall area below inlet pipe.

Locate dry well in one of the two holes that passed the percolation test.

PLANS APPROVED BY Ronald Fletcher DATE 4/30/65

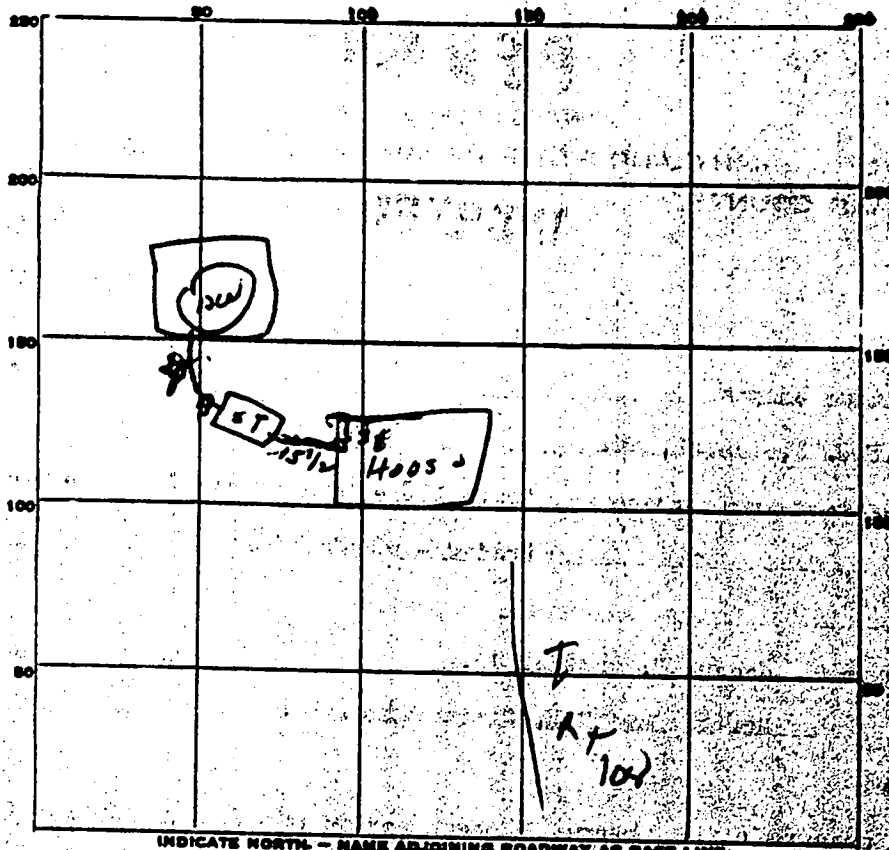
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

### NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

A 10099

3.14  
 13.  
 40.82  
 20.41  
 126.56  
 346.97



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PERMIT CARD not posted  
 SEPTIC TANK, LEVEL OK CLEANOUTS OK  
 DISTRIBUTION BOX, LEVEL \_\_\_\_\_  
 TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.  
 GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.  
 NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_  
 SEEPAGE PITS, INSIDE DIAMETER 13 FT. DEPTH BELOW INLET 8 1/2 FT.  
 ABSORBENT AREA 346.9 SQ. FT.

REMARKS \_\_\_\_\_

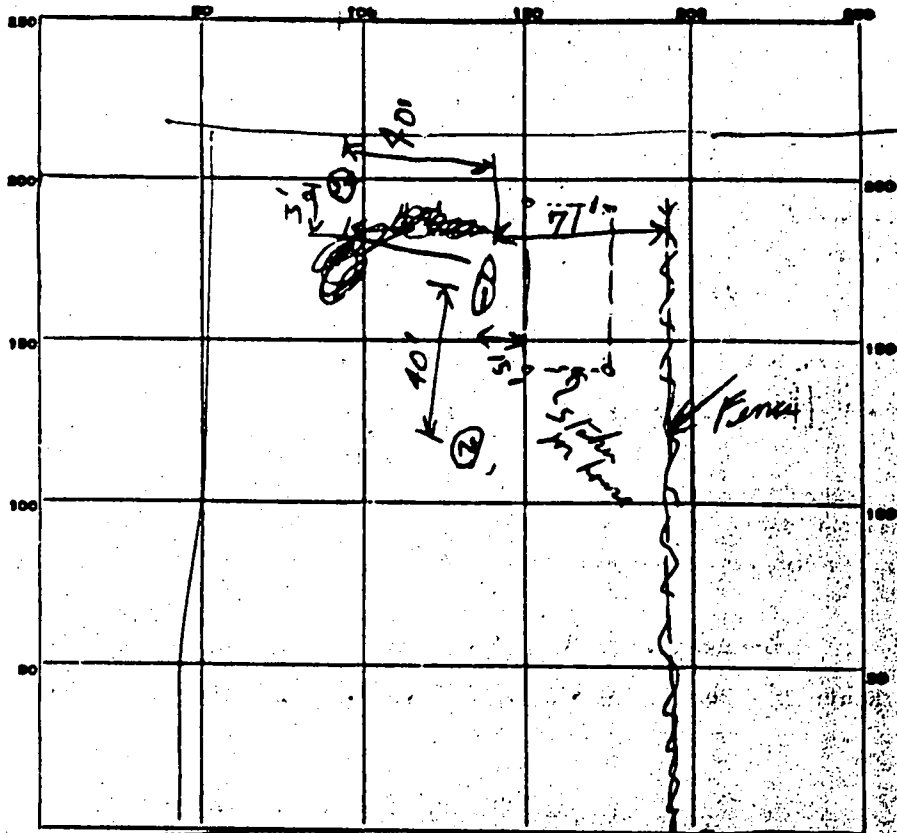
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED 11/15/17 INSPECTOR DW Mangan



INDICATE NORTH - MAKE ADJOINING ROADWAY AS BASE LINE

Rt. 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/30/65	1	11 ft.	10:46	10:50	10:48	9:51	3 min.	
	2	too rocky -	Muck could not get down					
	3	9 ft.	10:14	10:16	10:16	10:19	5 min.	
	4	4 1/2 ft.	10:22	10:29	10:29	10:42	13 min.	

SOIL AUGER FINDING *hole #1 good all way down*

TESTED BY *RDF-JK - 4/30/65*

REMARKS *E. Brown*

✓

*Permit*

# APPLICATION

A 29027

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 10/16/78

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 Vetick property

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. ? 6

ROAD AND DESCRIPTION Route 108

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Jack Boender

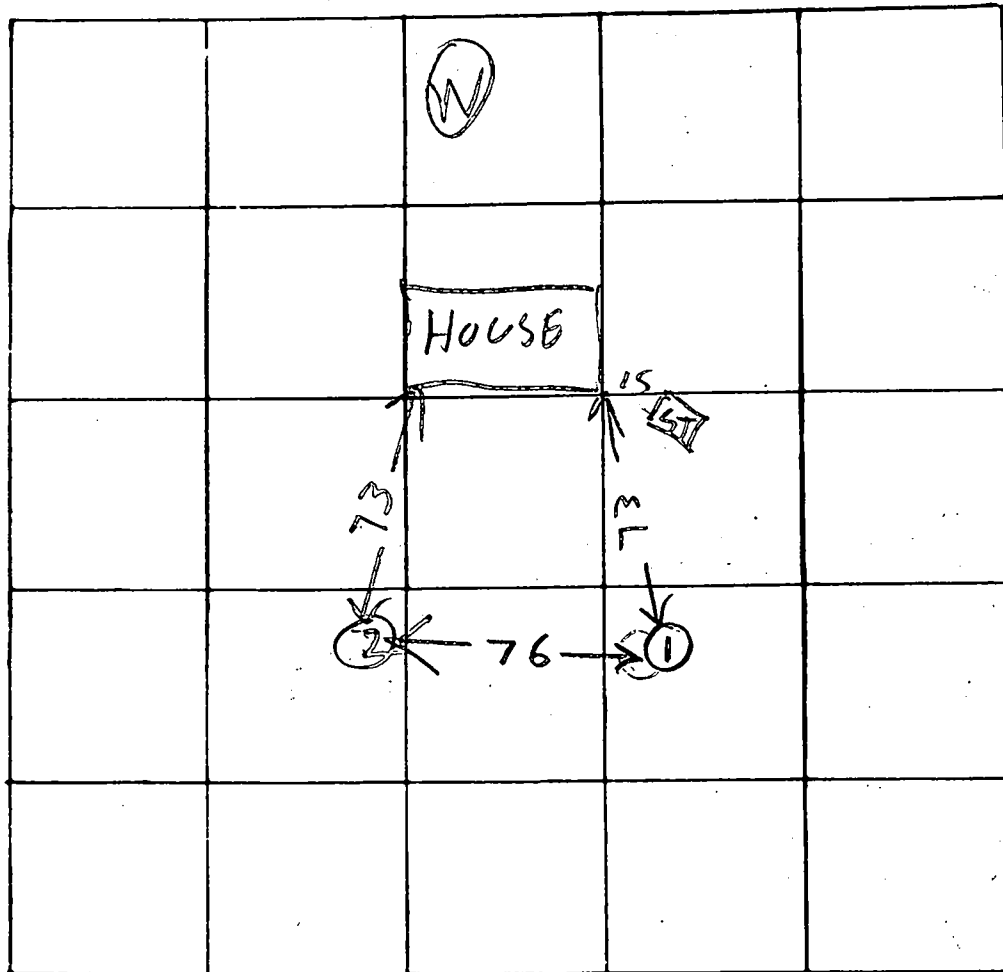
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 10/17/78 PERM OR HOLD FOR PLAN

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/17/78	1V	11	TOP 5F7	CLAY	CLAY		DRY
			BOT 6F7	SAND	SAND		DRY
10/17/78	2V	11	TOP 3F7	CLAY	CLAY		DRY
			BOT 8F7	SAND	SAND		DRY

REMARKS: EXISTING HOUSE SYSTEM OK  
EXISTING SYSTEM WAS INSTALLED NEW  
 TYPE OF SOIL: ABOUT 10-11 YEARS AGO  
 TESTED BY: BH DENNY (BACKHOE)  
 ALSO PRESENT: VEALIC (OWNER)  
PEBBIE (SURVEYOR)