

1/9/02 ASAP FINAL
d w m

ISSUE DATE: 12/5/2001

APPROVAL DATE: 01/9/02

PERMIT INDEXED

P 516436-A
A 510572-C

RPS
338711

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

WTC III Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS: 1820 Gillis Falls Road, 21797 PHONE NUMBER: 410-489-4457

SUBDIVISION: Brantwood 3/2 LOT NUMBER: 19

ADDRESS: 11321 Cotswold Spring Farm Lane
~~11320 Frederick Road~~ PROPERTY OWNER: Brantwood LLC

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

**BUILDING PERMIT SIGNED
AND RETURNED 8-8-02
800137907-DECK**

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Begin trenches 430 feet down the right lot line and 10 feet off that same lot line as seen when facing the lot from Frederick Road. Run trenches on contour as shown on approved building permit plan. <u>10' CTC</u>
NOTES:	

PLANS APPROVED: Amy Mc Millen 7/23/01 OK (BB) DATE: 7-9-01

- 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**

A510572-C

Approved Septic System Plan
Howard County Health Department

Ex House #11407

Total linear feet of trench required 240 feet

Width of trench(es) 30 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

STABILIZED CONSTRUCTION ENTRANCE

[Signature]
 Signature

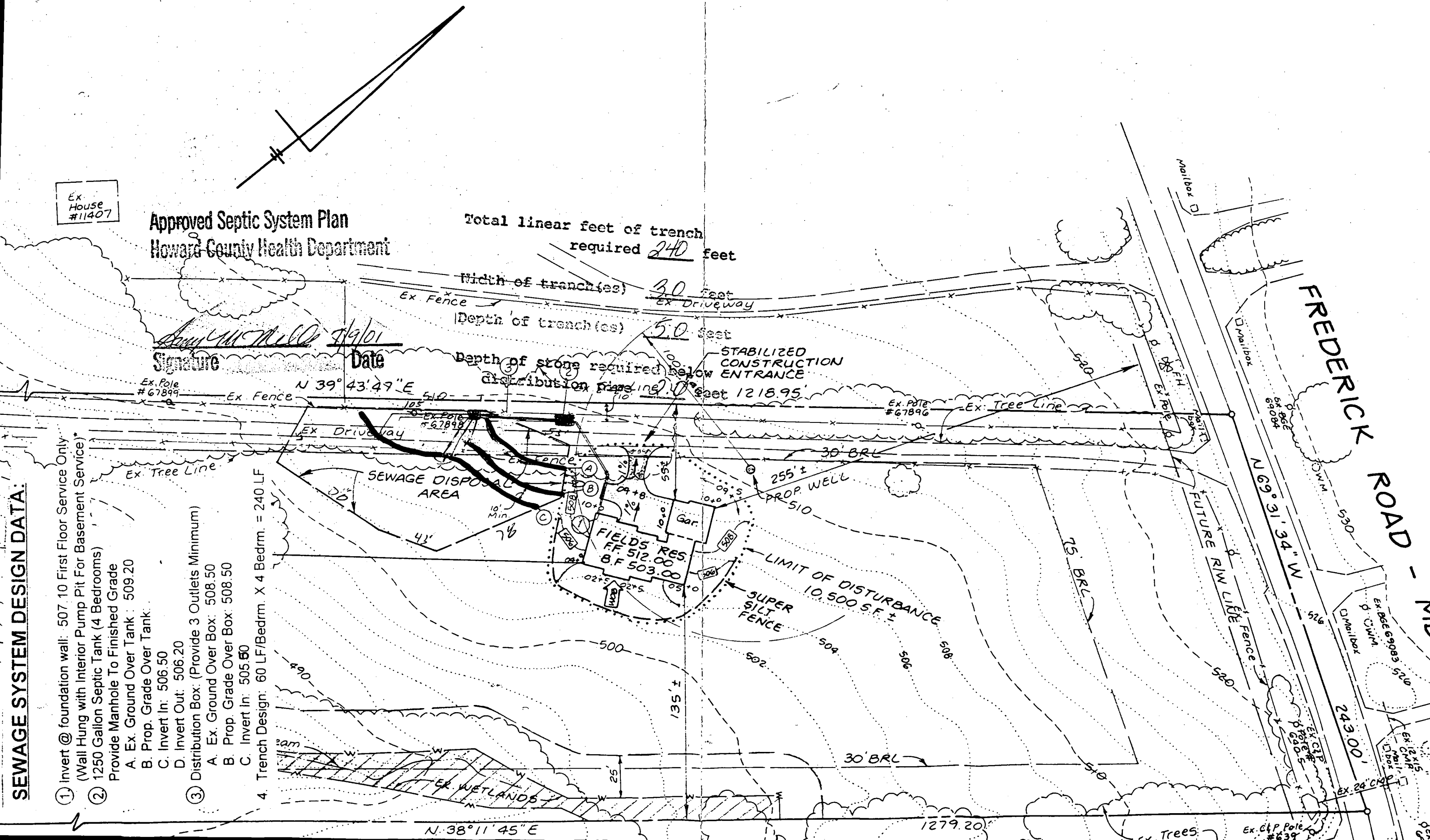
[Date]
 Date

Ex. Pole #67899

Ex. Pole #67896

SEWAGE SYSTEM DESIGN DATA:

- 1 Invert @ foundation wall: 507.10 First Floor Service Only (Wall Hung with Interior Pump Pit For Basement Service)
- 2 1250 Gallon Septic Tank (4 Bedrooms) Provide Manhole To Finished Grade
 - A. Ex. Ground Over Tank: 509.20
 - B. Prop. Grade Over Tank:
 - C. Invert In: 506.50
 - D. Invert Out: 506.20
- 3 Distribution Box: (Provide 3 Outlets Minimum)
 - A. Ex. Ground Over Box: 508.50
 - B. Prop. Grade Over Box: 508.50
 - C. Invert In: 505.50
- 4 Trench Design: 60 LF/Bedrm. X 4 Bedrm. = 240 LF



FREDERICK ROAD - NW

N 38° 11' 45" E

1279.20'

243.00'

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2466 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BO0131237

Building Address: 11221 Frederick Rd.
Ellicott City, MD 21042

Suite/Apt. # _____ SDP/WP/Petition # _____

Census Tract: 6030 Subdivision _____

Section: N/A Area _____ Lot: 172

Tax Map: 16 Parcel: 172 Grid: 21

Zoning: RC D60 Map Coordinates _____ Lot size _____

Property Owner's Name: Brantwood LLC

Address: 8835-7 Columbia 100 Parkway

City: Columbia State: MD Zip Code: 21045

Phone: 410-730-0810 Fax: 410-715-0868

Applicant's Name & Mailing Address (if other than stated hereon):

Existing Use: vacant lot

Proposed Use: single family home

Estimated Construction Cost: \$ 175,000

Description of Work: Construction of 2 story garage single family home, fireplace, 12 rooms, 3 b. bath, 1/2 ba. optional

Contractor Company: Nantucket Home/Dorsey, Inc.

Contact Person: Phillip H. Dorsey

Address: 13090 Old Frederick Road

City: Dykesville State: MD Zip Code: 22784

License No. _____

Phone: 410.442.8200 Fax: 410.442.8221

Occupant or Tenant: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Engineer or Architect Company: LDE, Inc.

Contact Person: Bruce Burton, P.E.

Address: 9250 Runney Road, Suite 106

City: Columbia State: MD Zip Code: 21045

Phone: 410.715.1070 Fax: 410.715.9540

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

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>53'</u> Width <u>64'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>28'</u> <u>58'</u>	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>32'</u> <u>57'</u>	Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
No. of Bedrooms: <u>4</u>	Dimensions: _____
Multi-family dwellings: _____	Footings: <u>29" x 8"</u>
No. of 1 BR units: _____	Roof: <u>asp. shingles, gable</u>
No. of 2 BR units: _____	State Certified Modular <input type="checkbox"/>
No. of 3 BR units: _____	Manufactured Home <input type="checkbox"/>
Other Structure: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

By: Diana M. Mardall
 Applicant's Signature
BRANTWOOD LLC
 Title/Company

Diana Mardall, Agent
 Print Name
June 29, 2001
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>7/9/01</u>	<u>D.M. Mardall</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>2 0852</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>565</u>
Side St. _____	Excise tax \$ <u>261</u>
All minimum setbacks met? <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>1326</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2124</u>
	Validation # _____
	Accepted by _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

**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: WTCM P&H Telephone #: 410 489-4457
Address: 1820 Gills Falls Rd
Woodburn MD

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

License # and name of individual responsible for the field installation:

Name (Print): William T Cumberland License# 7979

*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: Nantucket Homes Telephone #: 410 492 8200
Subdivision: Branthwood Lot #: 19 Well Tag #: HO - 94 - 2989
Site Address: 11321 Cotswold Spring Farm Lane
Ellicott City

Submersible Pump Data

Make: Myres

Model #: _____

Pump Capacity 5 GPM

Well Yield: 7 GPM

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 _____

Pitless Adapter

Make: Howard

Model #: _____

Depth: (36" min)

NSC ~~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:

Piping to house

Type: Plastic

PSI: 160 (160 psi min)

Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 5 ft

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.

William T Cumberland
Signature of company representative responsible for installation

4/17/02
date

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

Date Insp. Requested: 1/9/02 Date Insp. Approved: 1/9/02 (50) ^{SRM}

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

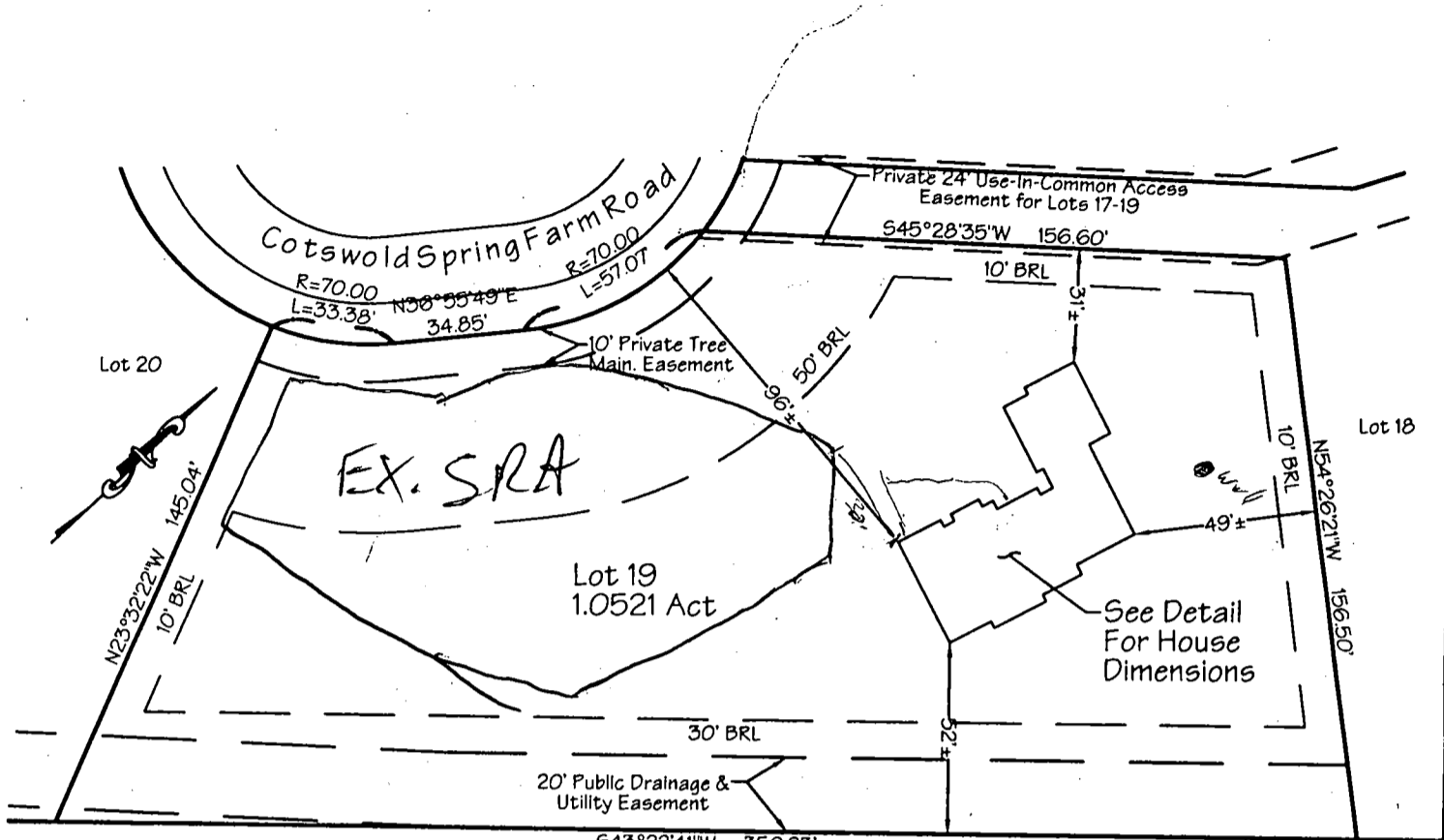
Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

PROPERTY KNOWN AS:

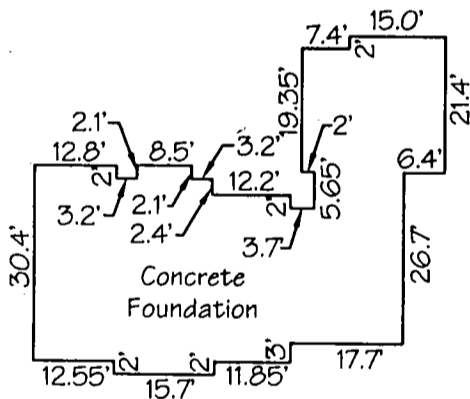
LOT 19
BRANTWOOD
SECTION 3 AREA 2
3rd ELECTION DISTRICT
HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.



Scale: 1"=50'

HOUSE MOVED
SIGNIF. BUT
LITTLE/NO
IMPACT
MR 12/5/07



Scale: 1"=30'

LOCATION DRAWING

Top Wall Elev. = 513.43'

CERTIFICATION

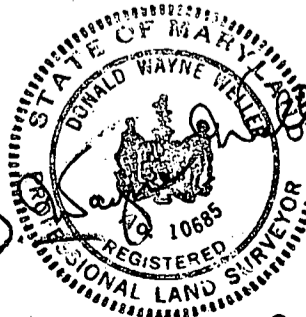
SEAL

SCALE AS SHOWN

DATE 11/30/01

This is to certify that I have surveyed the property known as: LOT 19
BRANTWOOD SEC. 3 AREA 2

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.



LDE Inc.

8250 Rumsey Road Suite 106
Columbia, Maryland 21045

(410) 715-1070 (Balt.)
(301) 596-3424 (Wash)
(410) 715-9540 (Fax)

C 1 1610

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 5/22/01 OK RB

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 5 11 01

Depth of Well 22 285' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 94 - 2984

OWNER Brantwood LLC STREET OR RFD Catowald Spring Farm Rd TOWN West Friendship Md SUBDIVISION Brantwood SECTION 3- Area 2 LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray mica Rock.

GROUTING RECORD form with fields for material type (CM, BC), bags/pounds, and depth of seal.

CASING RECORD form with fields for casing type (ST, CO, PL, OT), nominal diameter, and total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and depth.

PUMPING TEST form with fields for hours pumped, rate, method, water level, and pump type.

PUMP INSTALLED form with fields for pump type, capacity, and casing height.

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A, E, P

DRILLERS LIC. NO. MSD024

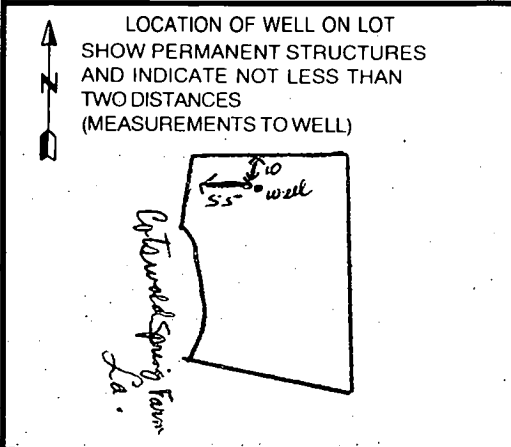
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DEPTH (nearest ft.) table with rows for casing and screen depths.

GRAVEL-PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q



B 1 **03705**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2984
fill in this form completely

W 514919 please print or type

Date Received (APA)

2/6/01

OWNER INFORMATION

Brantwood LLC
Last Name Owner First Name
8835 P Columbia 100 Parkway
Street or RFD
Columbia Md 21045
Town State Zip

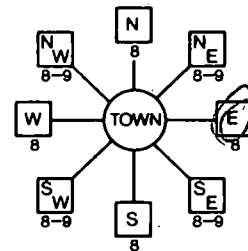
B 3 LOCATION OF WELL

Howard COUNTY
Brantwood SUBDIVISION
SECTION **3** LOT **3** **Ava 2**
West Friendship NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **3 1/2**

DRILLER INFORMATION

Joseph K. Mayne M S D 024
Driller's Name License No.
Joseph K. Mayne Well Drilling
Firm Name
5512 Ridge Rd Mt. Airy Md 21771
Address
Joseph K Mayne 2/6/2001
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cotwood Spring Farm La.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
DISTANCE FROM ROAD **210** FT
ENTER FT OR MI

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

TAX MAP: _____ BLK: _____ PARCEL _____

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO COUNTY NAME
13 COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED **2/12/01** **ACM/MLL** **2/12/02**
CO SIGNATURE EXP. DATE
NORTH GRID **520 000** EAST GRID **820 000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

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

5/11/01 Not Susp
Grout
9:30am

METHOD OF DRILLING (circle one)

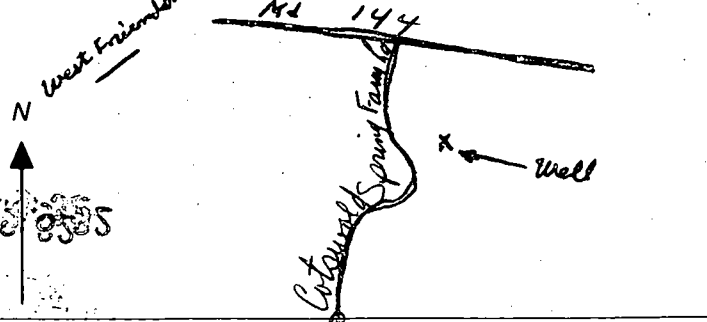
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
other _____

WRITE THE BOX NUMBER FROM THE MAP HERE
E **820**
N **520**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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



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

APPROP. PERMIT NUMBER **HO 98** GAP **6003**
PERMIT No. **410-94-2984**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

February 15, 2002

Nantucket Homes/Dorsey Inc.
13090 Old Frederick Road
Sykesville, MD 21784

Dear Sir or Madam:

RE: **Address Change**, Brantwood, Section 3, Area 2
Lot 19 F-01-073 Permit #: B00131237

The purpose of this letter is to notify you regarding the correct street address assigned to the above referenced property. After reviewing recorded subdivision plat# 15119 for Brantwood, Sect. 3, Area 2, it has been determined that the street address previously used during the building permit application process of 11363 Frederick Road is no longer correct. The street address for your lot is being changed to match your present driveway access onto Cotswold Spring Farm Lane.

OLD/INCORRECT ADDRESS:	11363 Frederick Road
CORRECTED ADDRESS:	11321 Cotswold Spring Farm Lane, Tax Map 16, Grid 21, Lot 19.

Upon receipt of this letter, the address change will take effect. The Department of Planning and Zoning will notify the agencies as copied below.

It is essential that you use the "corrected address" so that emergency response of fire, police and medical services to your location will not be inhibited. The County's 9-1-1 system, coupled with a computer-aided-dispatch system, bases responses according to street addresses.

In accordance with Section 16.400 of the Howard County Code, "Street Names and House Numbers," all buildings (commercial and residential) must have the correct street address displayed in a conspicuous place over or near the principal entrance. The numbers must be easily legible figures not less than two inches (2") high and in a color contrasting with their background. The Department of Fire & Rescue Services recommends reflective numbers.

If you have any questions, please contact Derrick Jones at (410) 313-2350.

Sincerely,



L. Kent Sheubrooks
Division of Land Development

KS:dj

CERTIFIED MAIL / RECEIPT REQUESTED

cc: Department of Finance, Water Billing
Department of Fire & Rescue Services
Tax Assessment
Department of Inspections, Licenses and Permits
Inspections Enforcement - Brenda Saucedo
Health Department
Election Board
DPZ - Graphics - Mike White
DPZ - Research
DPZ - Derrick Jones
DPZ - Development Engineering Div., Land Development
Public Information, Linda Brown
Dick Jordan, Bureau of Communications
Postmaster, Ellicott City
Verizon
Baltimore Gas & Electric
LDE, Inc.
F-01-073

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
2002 FEB 19 PM 1:32

APPLICATION

PERCOLATION TESTING

A 510571B

P _____

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

DISTRICT _____

DATE 7/17/98

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 George A. Garbutt

ADDRESS 11363 Frederick Rd., Ellicott City, MD 21042 PHONE _____

AGENT OR PROSPECTIVE BUYER Heritage Land Development

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

PROPERTY LOCATION:

SUBDIVISION Brantwood II LOT NO. 23

ROAD AND DESCRIPTION 11363 Frederick Road, Ellicott City, MD 21042

TAX MAP 16 PARCEL # 172

SIZE OF LOT 1 acre TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____ ✓

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING Hold for wet season testing

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

510571B

COUNTY #

SOIL PROFILE

105

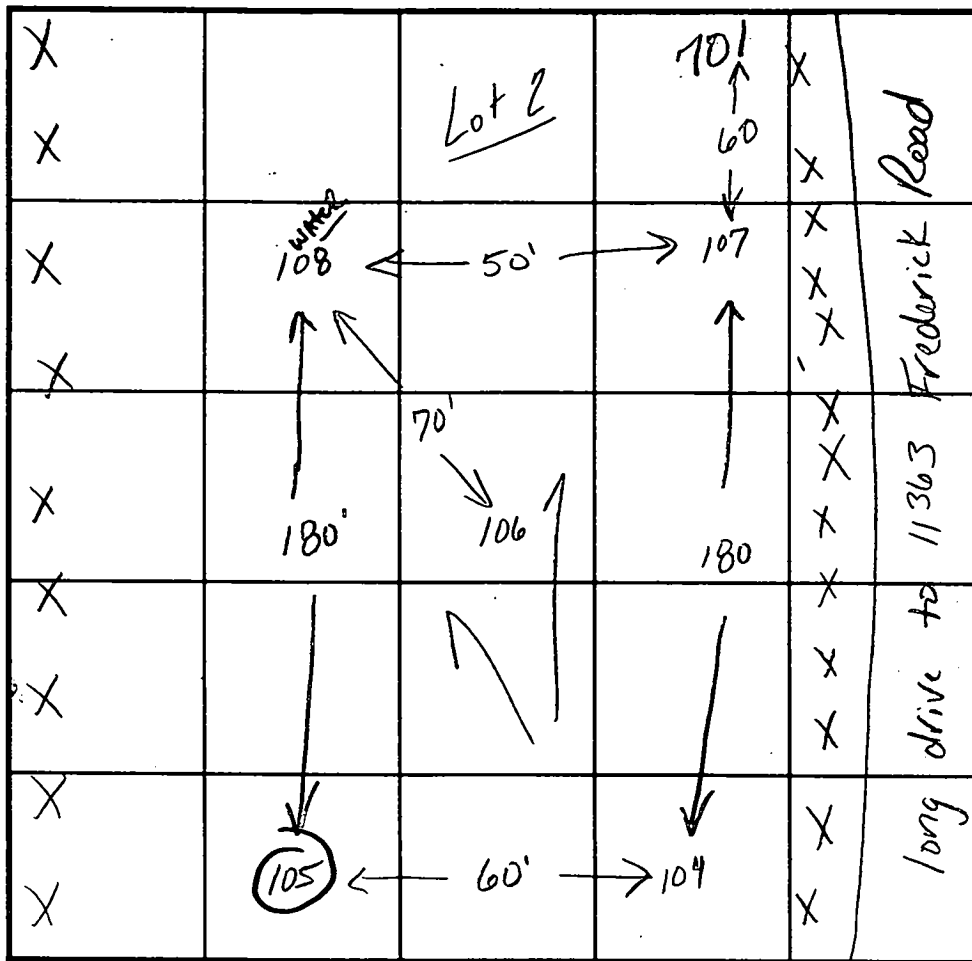
0'
orange
cl tm
4'
tan /
orange
Sclm
mica
flocs
possible
water
10-11"
11.5' WATER

106

3'
orange
cl tm
orange /
beige
Sicl m
mica
flocs
possible
water
table at
11"

108

9.5'
orange
cl tm
brown /
orange
Sicl m
quartz
frags 15%
mica
flocs
possible H₂O
10'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Route 144

SOIL PROFILE

104

0'
orange
cl tm
2.5'
orange /
tan
Sclm
mica
flocs
quartz
frags
feldspar
12'

107

orange / brown
cl tm
2'
orange
brown
Sicl m
10% shale
13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-26-98	104	3.5'S	10:42:50	10:43:50	10:43:50	10:45:50	2min
		12.0'D	visual	ok	- see profile		
	(105)	11.5'D	FAILED	DUE TO WATER			F
	106	3.0'S	10:48:20	10:50:10	10:50:10	10:55:10	5min
		12.0'D	visual	ok - see profile			
	(108)	4.0'S	10:57:10	11:01:40	11:01:40	11:11:15	10min
		10.0'D	(water at 10.0'D at end of day)				(MARGINAL)
	107	13.0'D	visual	only - ok see profile			

REMARKS test holes staked by surveyor ; PERC RATE #500 in easement

TYPE OF SOIL _____

TESTED BY Kim Maiste

ALSO PRESENT Jim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5-6 minutes

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM 180

A510571B

Brantwood III

COUNTY #

SOIL PROFILE

0' 701

dark red brown silclm

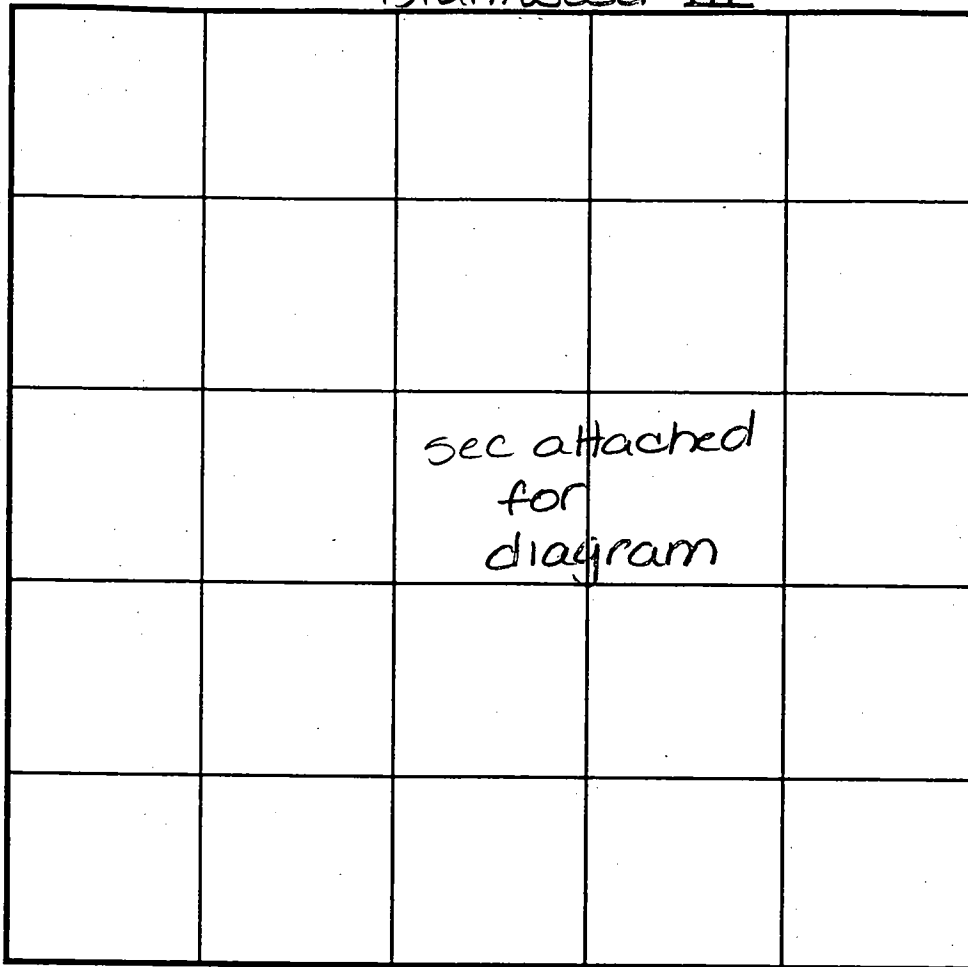
5.0 micaceous brn silm

8.0 dull gray salm

20% mica mottled from poss. H₂O

SOIL PROFILE

0' [Empty vertical box for soil profile]



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-31-99	701	4.5 - 12.0	10:18	No perc	@ 10:	45	
		deep clay & insufficient depth to potential high H ₂ O table - F					

REMARKS _____

TYPE OF SOIL _____

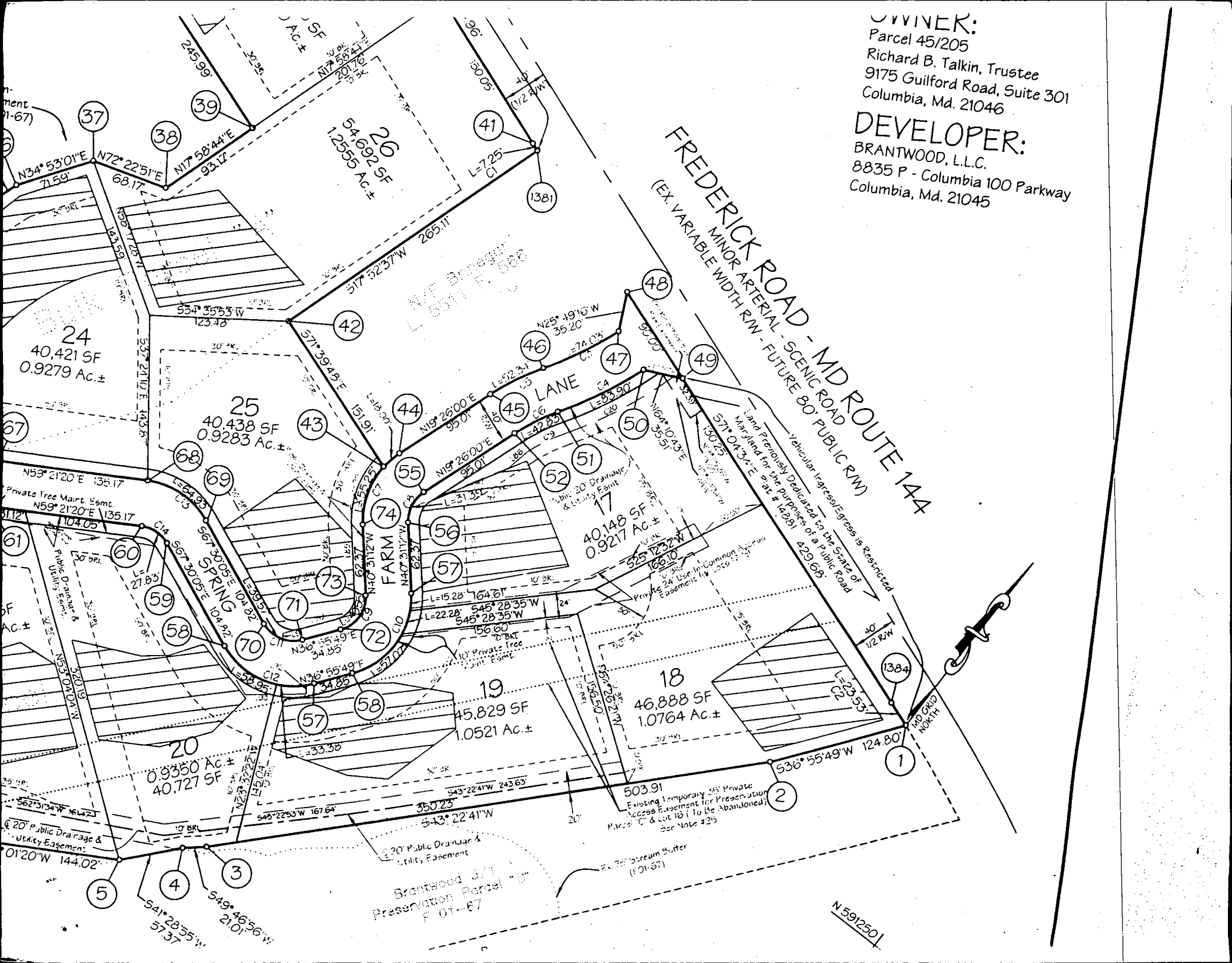
TESTED BY: Amy MacMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

OWNER:
 Parcel 45/205
 Richard B. Talkin, Trustee
 9175 Guilford Road, Suite 301
 Columbia, Md. 21046

DEVELOPER:
 BRANTWOOD, L.L.C.
 8835 P - Columbia 100 Parkway
 Columbia, Md. 21045



FREDERICK ROAD - MD ROUTE 144
 MINOR ARTERIAL - SCENIC ROAD
 (EX. VARIABLE WIDTH RW - FUTURE 80' PUBLIC RW)

NE BRANTWOOD
 L-517 P-148

LANE

FARM

SPRING

Brantwood 371
 Preservation Parcel "D"
 F 01-67

N 59° 12' 50"



Existing Temporary Private
 Access Easement for Preservation
 Parcel "C" & Lot 18 (to be Abandoned)
 See Note #25

Private 24' Use-In-Common Access
 Easement Easement Easement

Public 30' Drainage
 & Utility Easmt

Private 24' Use-In-Common Access
 Easement Easement Easement

Public 30' Drainage
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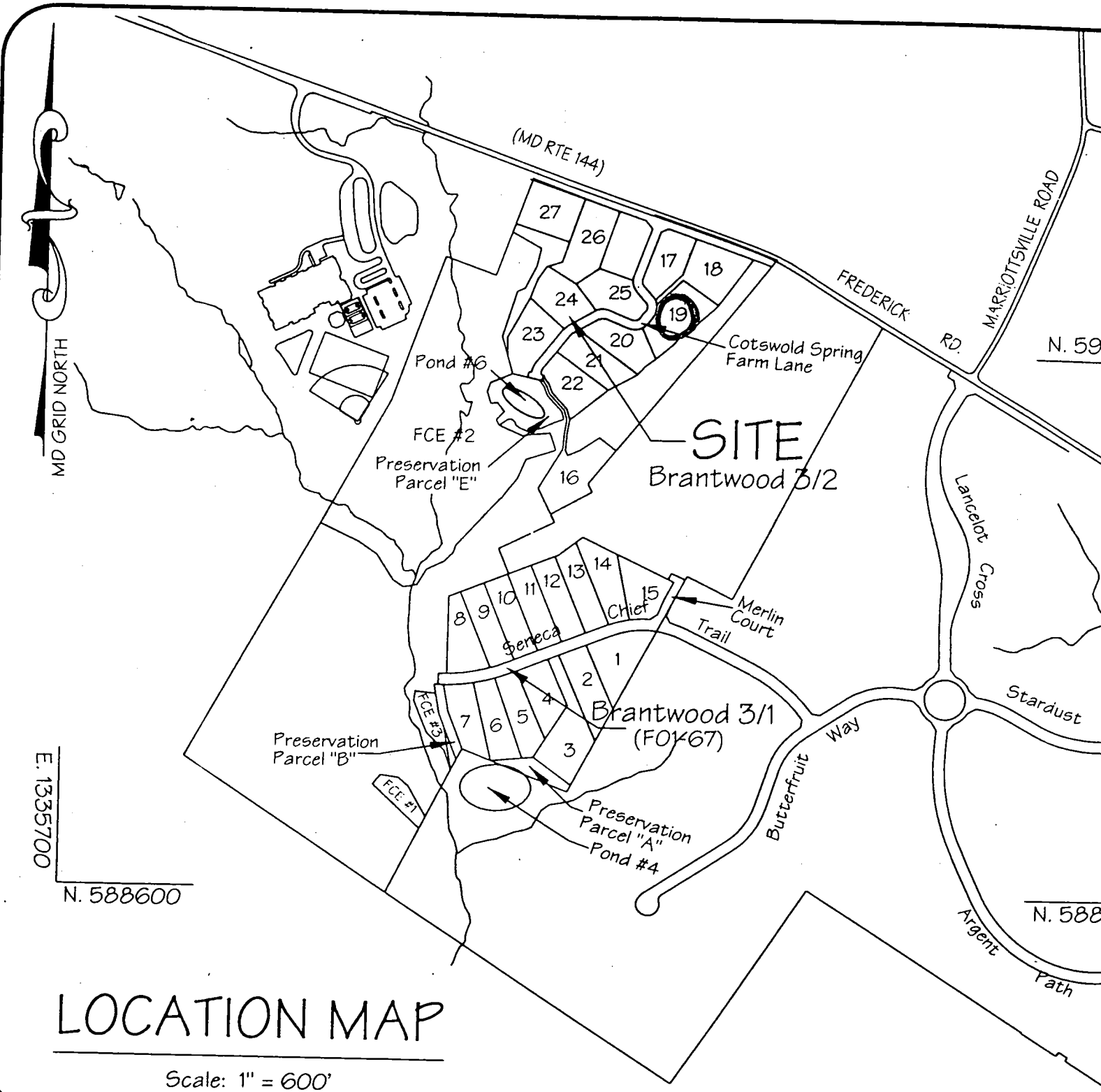
Private 24' Use-In-Common Access
 Easement Easement Easement

Public 30' Drainage
 & Utility Easmt

Private 24' Use-In-Common Access
 Easement Easement Easement

Public 30' Drainage
 & Utility Easmt

Private 24' Use-In-Common Access
 Easement Easement Easement



LOCATION MAP

Scale: 1" = 600'

OWNER:
 Parcel 45/205
 Richard B. Talkin, Trustee
 9175 Guilford Road, Suite 301
 Columbia, Md. 21046

DEVELOPER:
 BRANTWOOD, L.L.C.
 8835 P - Columbia 100 Parkway
 Columbia, Md. 21045

The requirements of 3-108, The Real Property Article, Annotated Code of Maryland, 1988 replacement volume, (as supplemented) as far as they relate to the making of this plat and the setting of markers have been complied with.

D. Wayne Weller
 D. Wayne Weller, MD No. 10685 Date

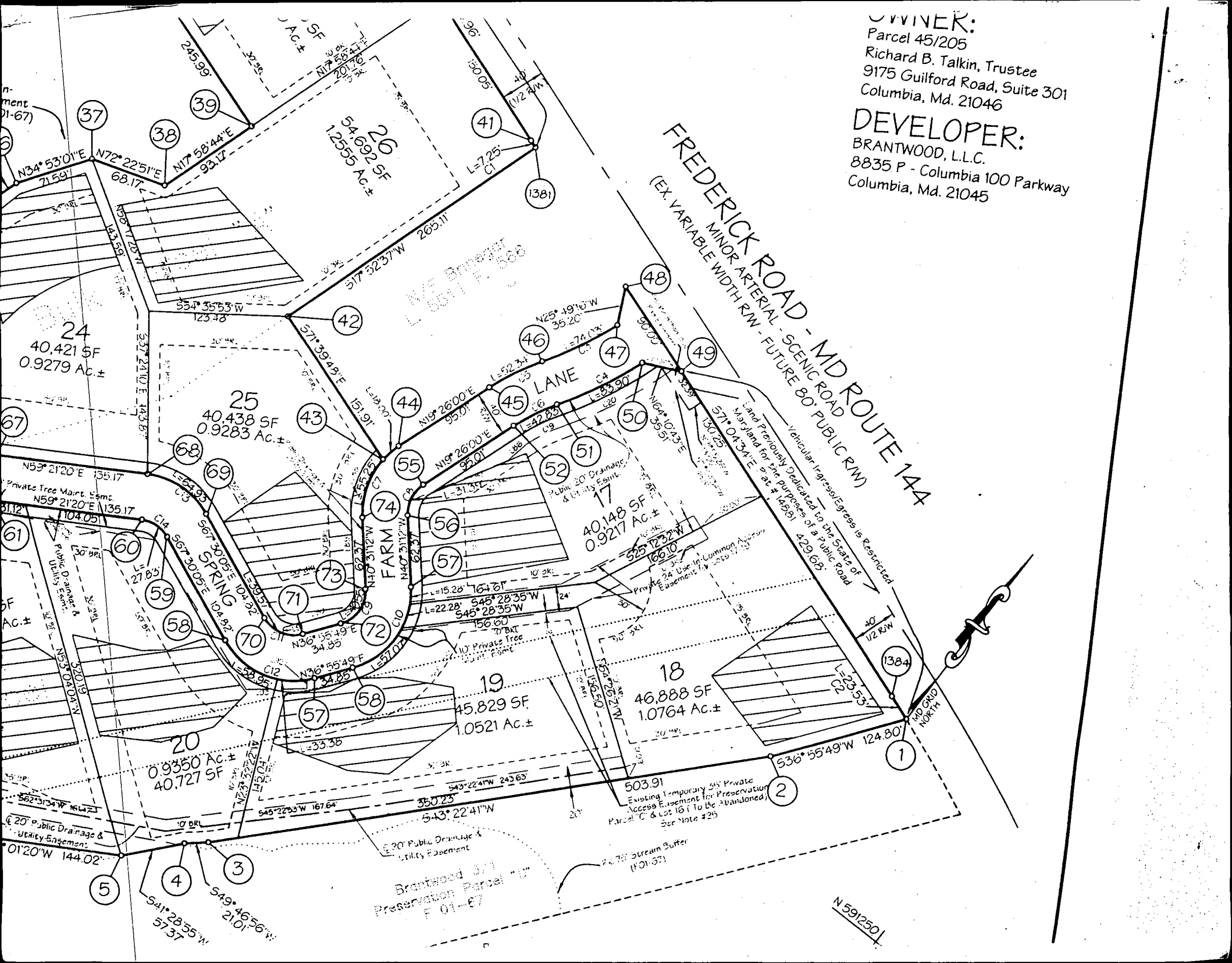
8/13/01

Richard B. Talkin TRUSTEE
 Richard B. Talkin, Trustee Date

its shown on this
 ood plains,
 Conservation Area")
 ny and all
 s herein reserved,
 eveloper shall

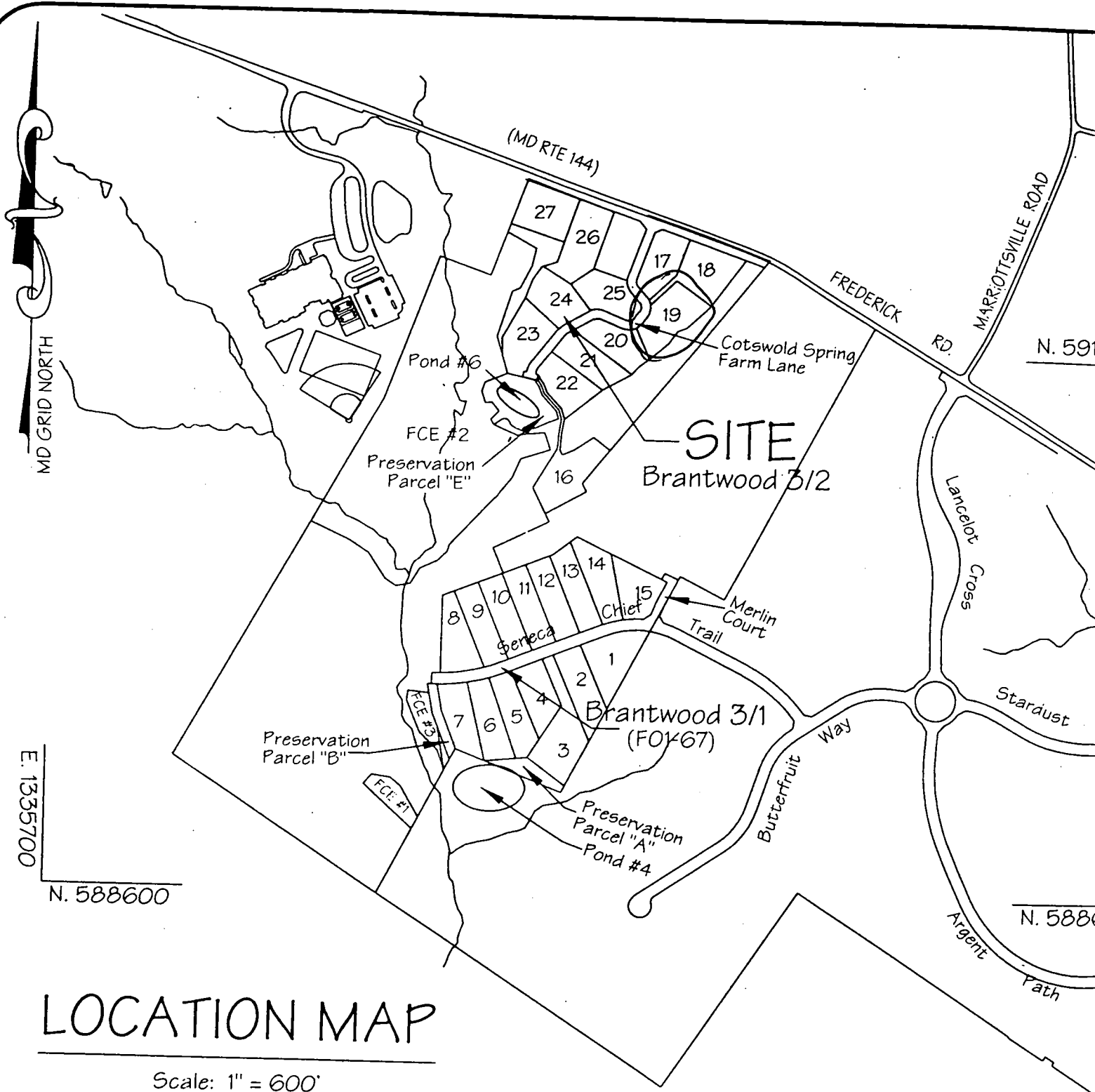
OWNER:
 Parcel 45/205
 Richard B. Talkin, Trustee
 9175 Guilford Road, Suite 301
 Columbia, Md. 21046

DEVELOPER:
 BRANTWOOD, L.L.C.
 8835 P - Columbia 100 Parkway
 Columbia, Md. 21045



Brantwood 3/1
 Preservation Parcel "D"
 F 01-67

N 59° 25' 01" W
 57.37



LOCATION MAP

Scale: 1" = 600'

OWNER:
 Parcel 45/205
 Richard B. Talkin, Trustee
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 Columbia, Md. 21046

DEVELOPER:
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D. Wayne Weller

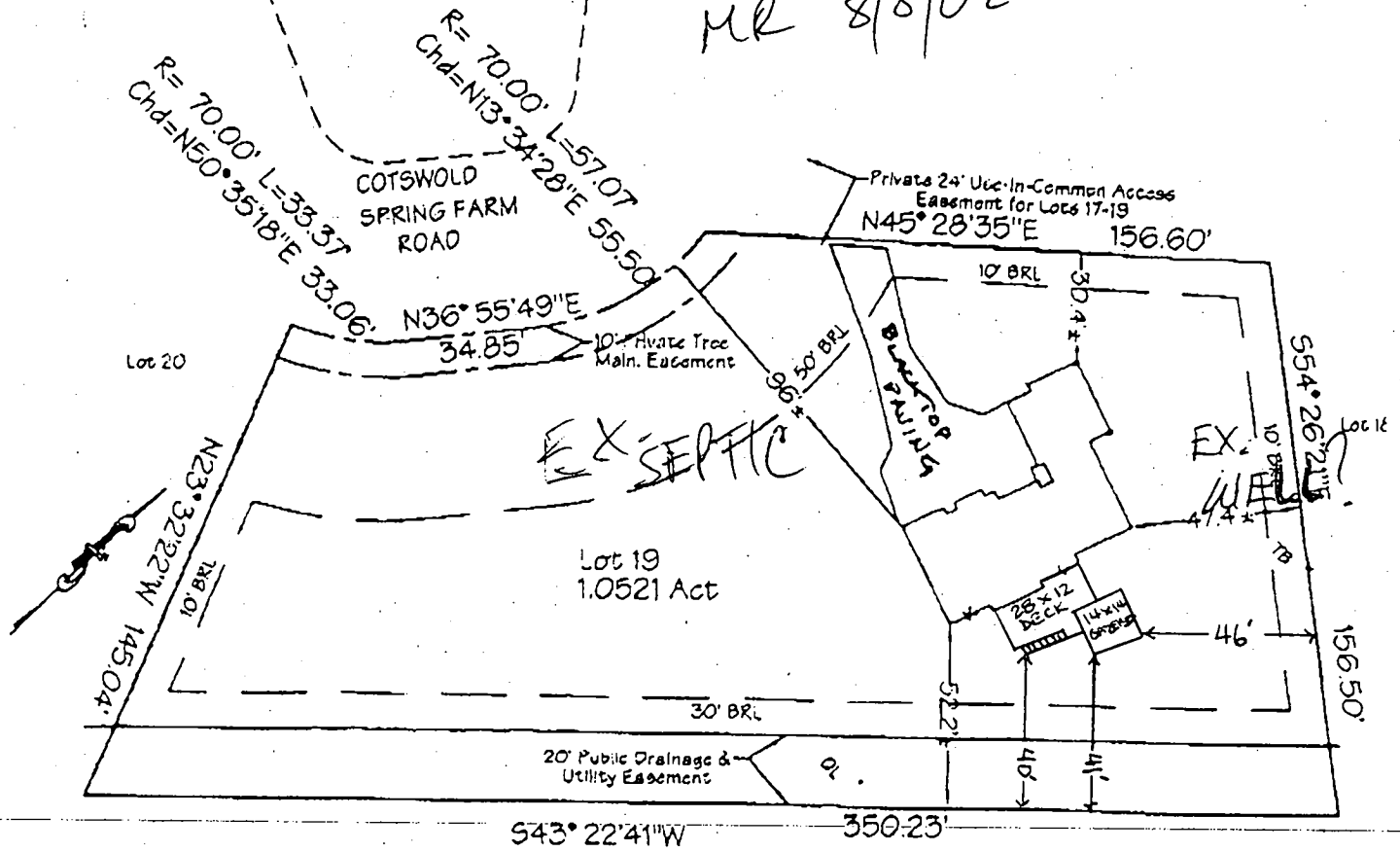
8/13/01

D. Wayne Weller MD No. 10685 Date

Richard B. Talkin TRUSTEE
 Richard B. Talkin, Trustee Date

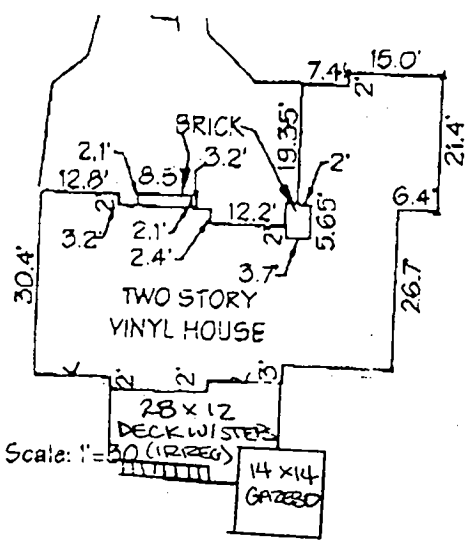
As shown on this map (including "Conservation Area") and all rights herein reserved, Developer shall

NO OBJ. TO
DECK & GAZEBO
MR 8/8/02



543° 22' 41" W 350.23'

Scale: 1"=50'



Scale: 1"=30' (1/4"=1')

First Floor Elev.=514.5'
Top Wall Elev.= 513.43'

FINAL LOCATION DRAWING

CERTIFICATION

This is to certify that I have surveyed the property known as:
LOT 19 BRANTWOOD SEC 3 AREA 2

The information shown has been established by current acceptable



SCALE AS NOTED

DATE 4/15/02

LDE Inc.
Engineers, Surveyors, Planners

00037907

Building Address 11321 COTSWALD SPRING FARM LN
E.C. 11.1 21043
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision BEA WOOD
 Section 3 Area 1 Lot 19
 Tax Map 16 Parcel 17A Grid 21
 Zoning RC DEO Map Coordinates 1054 Lot size _____

Property Owner's Name WILLIAM & CYNTHIA FIELDS
 Address 11321 COTSWALD SPRING FARM LN
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410-581-2666 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME ↓
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD W/DECK & GRZEBO
 Estimated Construction Cost \$ 10,000.00
 Description of Work 28 X 12 DECK (TREETE)
W/ STEPS & 14 X 14 GRZEBO

Contractor Company FWS DECKS, INC.
 Contact Person EMY STEWARD
 Address 8216 BURNLEY RD.
 City TOWSON State MD Zip Code 21286
 License No. 37434
 Phone 410-494-0509 Fax _____

Occupant or Tenant _____
 Contact Name SAME AS OWNER
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: Dimensions: <u>28 x 12</u> Footings: <u>2' x 3' PIER</u> Roof: <u>12 x 14</u>	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company FWS DECKS, INC.
 Date 8/8/02
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

Print Name EMY STEWARD
 Date 8-8-02