

LAYOUT 6-10-03 10am INSP 4 \_\_\_\_\_  
 INSP 2 6/12/03 4am INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 6/9/2003  
4/9/2003

APPROVAL DATE: 6/12/03

519001  
 P 518619  
 A 510572-L

**PERMIT  
 INDEXED**

#  
 338762

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

*WTC III*

~~Farm & Home Excavating, Inc~~ IS PERMITTED TO INSTALL  ALTER

ADDRESS: 901 Driver Rd, Marriottsville PHONE NUMBER: 410-442-2139  
*410-489-4457*

SUBDIVISION: Brantwood 3/2 LOT NUMBER: 24

ADDRESS: 11320 Cotswold Spring Farm Lane PROPERTY OWNER: Nantucket Homes/Dorsey

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

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

**BUILDING PERMIT SIGNED  
 AND RETURNED**  
*1-21-04 B00145904-POPCA*

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 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box midway between the two upper corner easement stakes. Run trenches on contour in both directions.
NOTES:	

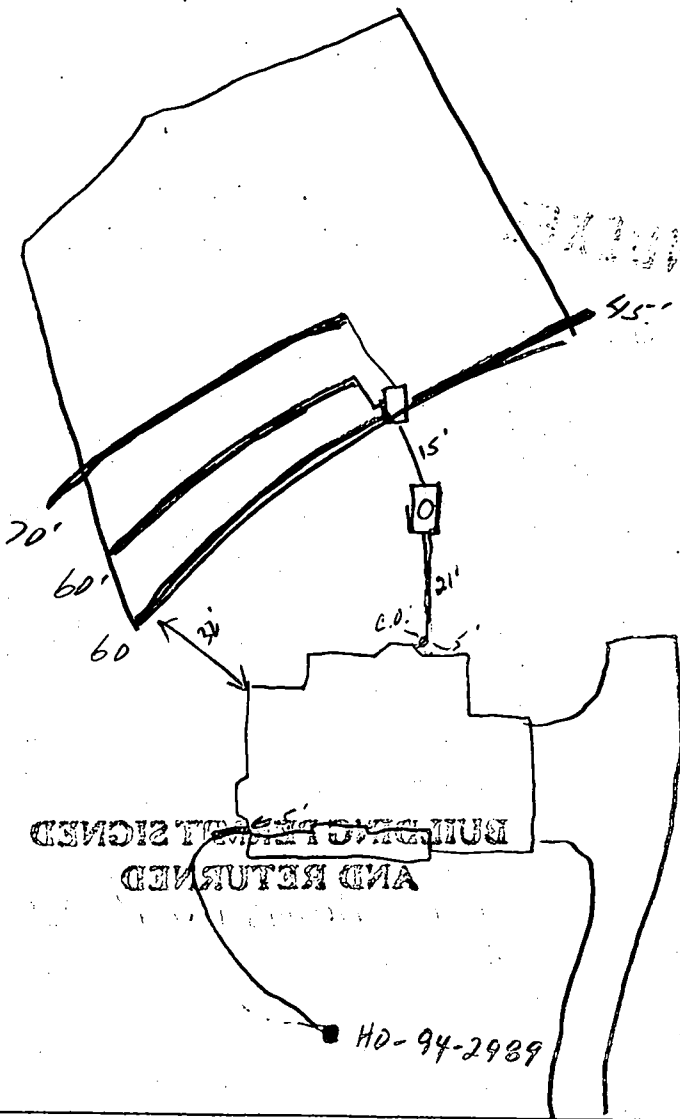
PLANS APPROVED: Brian Baker *KB* DATE: 11/18/2002

- 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 UNLESS SPECIFICALLY AUTHORIZED

**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**

AS10572-L

NOT TO SCALE



BUILDING FOOTPRINT AND RETURNED

HD-94-2989

Cotswold Spring Farm Ln ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2.5'	4.5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		235
ABSORPTION AREA		705 #
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		_____

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2'
BAFFLES	✓
BAFFLE FILTER	_____
MANHOLE LOC	Center
6" PORT LOC	_____
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 6/10/03 - SRA Stake, contour appears accurate. OK to install upper trenches w/ 3' invert. Install per B.P. (SD)

INSTALLATION 6/12/03 - 2 1/2 trenches installed. Was able to get 60' on first two trenches. Make 3rd trench 70' & 45' on other side. 6/12/03 OK to cover all work

FINAL INSPECTOR *[Signature]*

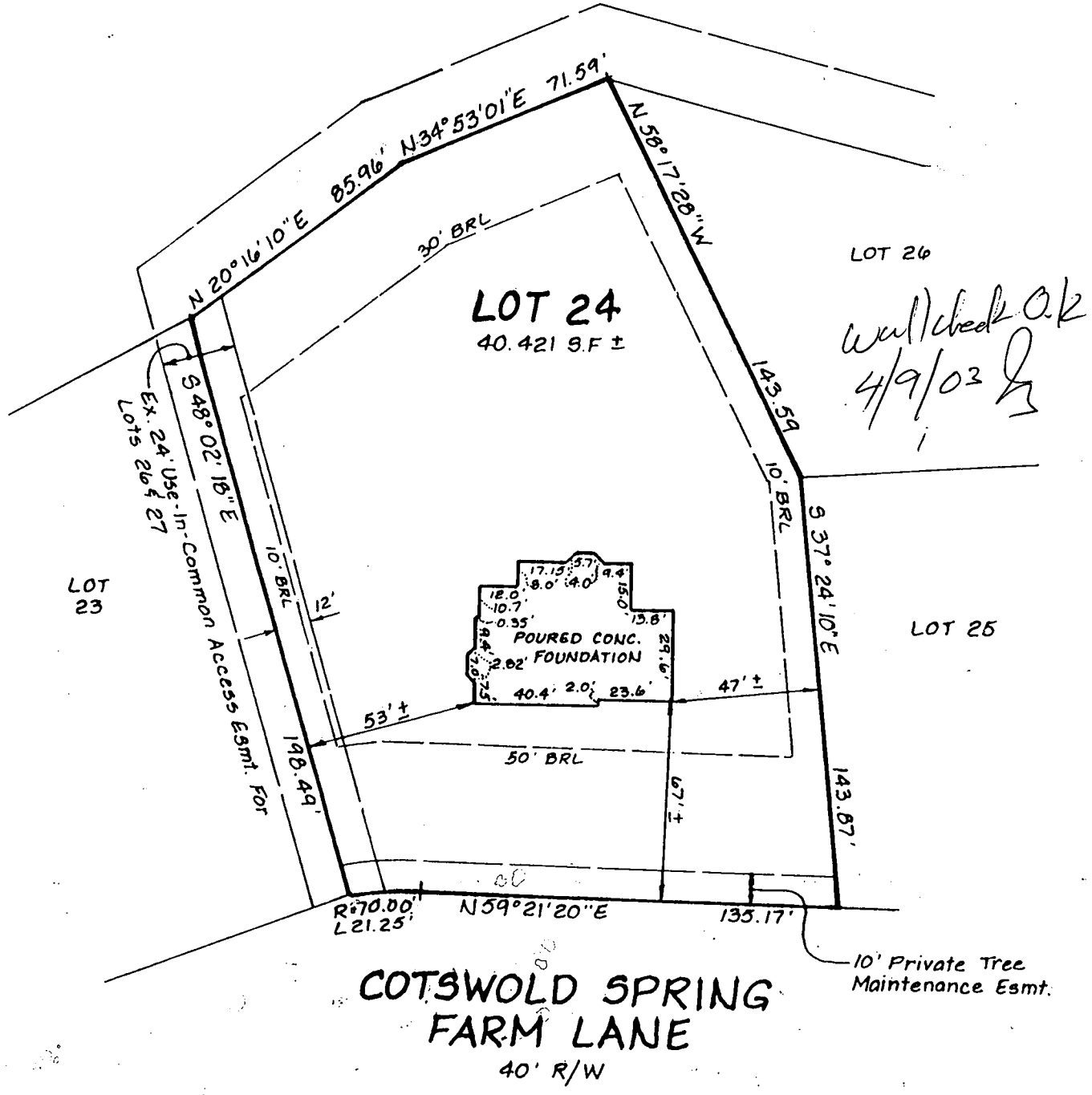
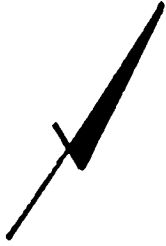
DATE OF APPROVAL 3/12/03

PROPERTY KNOWN AS: **LOT 24**  
**BRANTWOOD**

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

SECTION THREE AREA TWO  
LOTS 17-27, NON-BUILDABLE  
PRESERVATION PARCEL "E"  
3rd ELECTION DISTRICT  
HOWARD COUNTY, MD  
PLAT NO. 15119

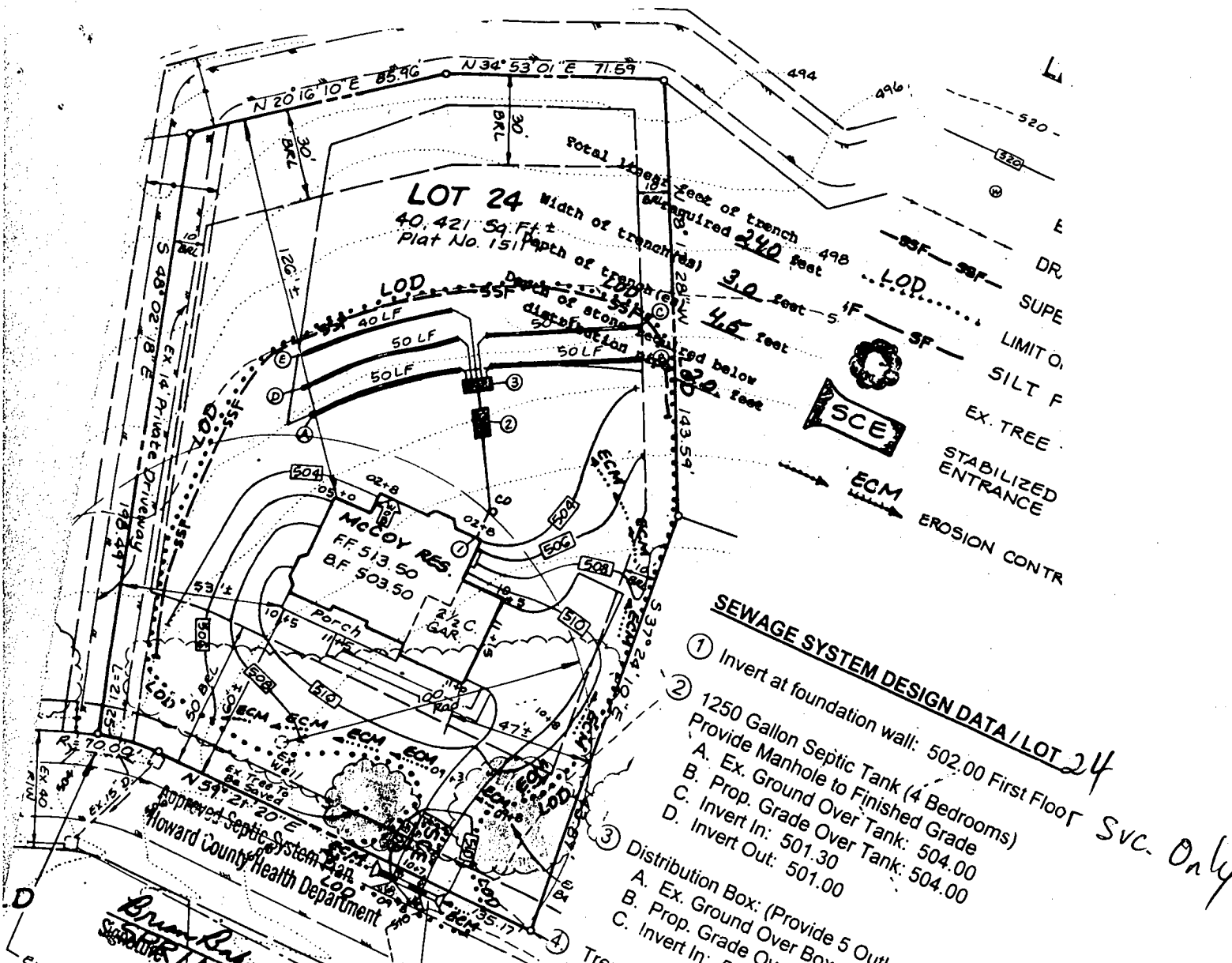
*11320 Cotswold*



**LOCATION DRAWING**

TOP OF WALL 512.1'

CERTIFICATION	SEAL	SCALE 1" = 50'	DATE 4/3/03
<p>This is to certify that I have surveyed the property known as: <u>Cotswold Spring Farm Lane</u></p> <p>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.</p>		<p><b>LDE Inc.</b> 9250 Rumsey Road Suite 106 Columbia, Maryland 21045</p> <p>(410) 715-1070 (Balt.) (301) 596-3424 (Wash) (410) 715-9540 (Fax)</p>	



**SEWAGE SYSTEM DESIGN DATA / LOT 24**

- ① Invert at foundation wall: 502.00 First Floor
- ② 1250 Gallon Septic Tank (4 Bedrooms)
  - Provide Manhole to Finished Grade
  - A. Ex. Ground Over Tank: 504.00
  - B. Prop. Grade Over Tank: 504.00
  - C. Invert In: 501.30
  - D. Invert Out: 501.00
- ③ Distribution Box: (Provide 5 Outlets Minimum)
  - A. Ex. Ground Over Box: 503.00
  - B. Prop. Grade Over Box: 503.00
  - C. Invert In: 500.00
- Trench Design: 60 LF/Bedm. X 4 Bedm. = 240 LF

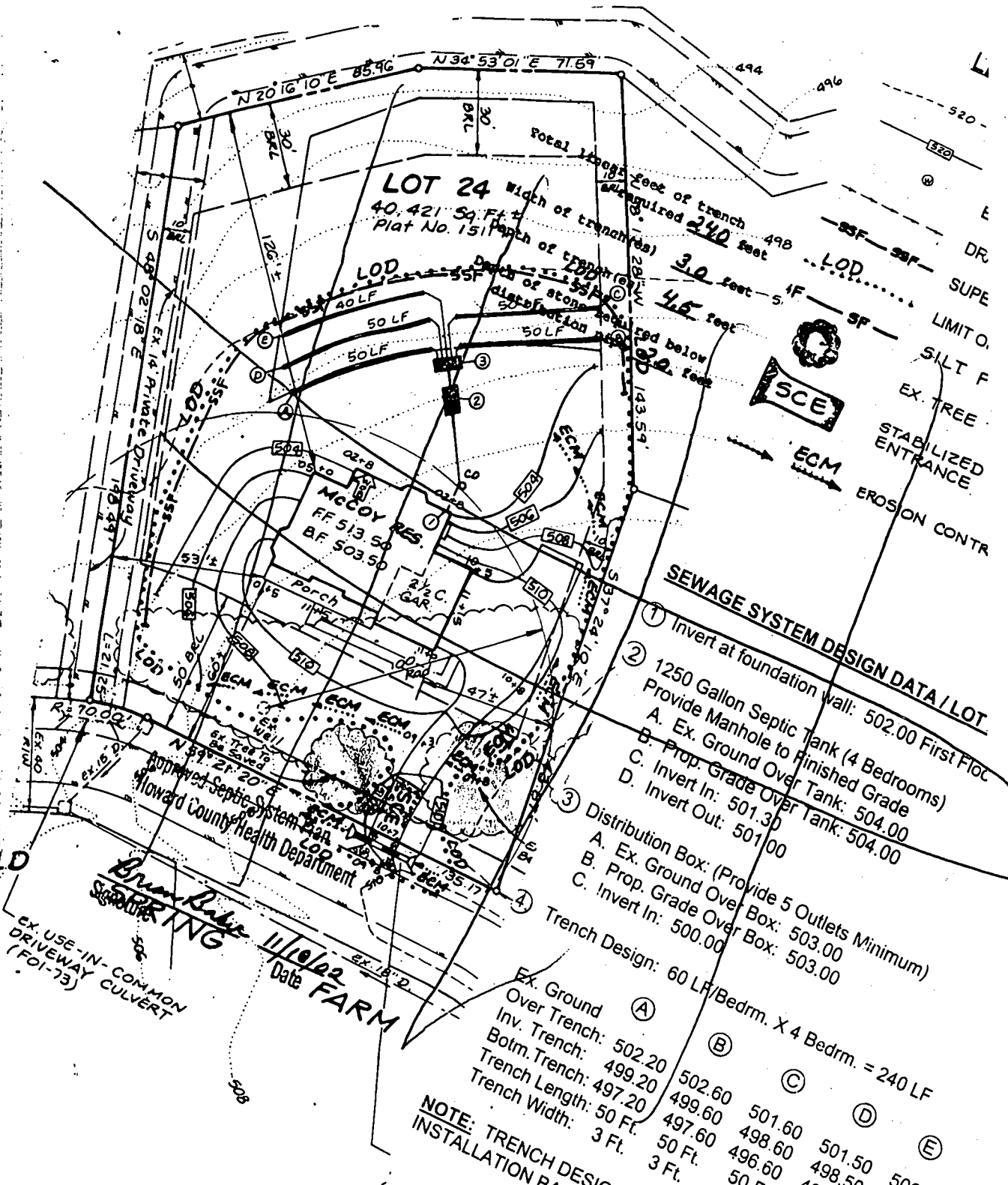
	(A)	(B)	(C)	(D)	(E)
Ex. Ground	502.20	502.60	501.60	501.50	500.70
Over Trench	499.20	499.60	498.60	498.50	497.50
Inv. Trench	497.20	497.60	496.60	496.50	495.20
Botm. Trench	50 Ft.	50 Ft.	50 Ft.	50 Ft.	40 Ft.
Trench Length	3 Ft.	3 Ft.	3 Ft.	3 Ft.	3 Ft.
Trench Width					

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

1:50  
PLAN BY LDE

6/5/03 Plan shows inlet of trench @ 3' B. Baker denotes inlet @ 2.5', - 3' ok, too 2' stone

KN



**SEWAGE SYSTEM DESIGN DATA / LOT**

- ① Invert at foundation wall: 502.00 First Flot
- ② 1250 Gallon Septic Tank (4 Bedrooms)  
Provide Manhole to Finished Grade  
A. Ex. Ground Over Tank: 504.00  
B. Prop. Grade Over Tank: 504.00  
C. Invert In: 501.30  
D. Invert Out: 501.00
- ③ Distribution Box: (Provide 5 Outlets Minimum)  
A. Ex. Ground Over Box: 503.00  
B. Prop. Grade Over Box: 503.00  
C. Invert In: 500.00
- ④ Trench Design: 60 LR/Bedm. X 4 Bedm. = 240 LF

	(A)	(B)	(C)	(D)	(E)
Ex. Ground Over Trench:	502.20	502.60	501.60	501.50	50n -
Inv. Trench:	499.20	499.60	498.60	498.50	
Botm. Trench:	497.20	497.60	496.60	496.50	
Trench Length:	50 Ft.	50 Ft.	50 Ft.	50 Ft.	40n -
Trench Width:	3 Ft.	3 Ft.	3 Ft.	3 Ft.	

**NOTE: TRENCH DESIGN INSTALLATION DATA**

**BRUN RAKE FARM**  
Date 11/10/02  
EX. USE-IN-COMMON DRIVEWAY CULVERT (FOI-73)

Howard County Health Department  
Approved Septic System Plan

MCCOY RES.  
FF 513.50  
BF 503.50

**LOT 24**  
width of trench 40.421 Sq. Ft.  
Plat No. 151

EX. 14 PRIVATE DRIVEWAY  
EX. 48' 02" 18" E  
EX. 40' 00" 12" E

DR. SUPE. LIMIT O. SILT F. EX. TREE. STABILIZED ENTRANCE. EROSION CONTR.

**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: WTC III Telephone #: 410 489-4457  
Address: 1820 Gillis Falls R  
Woodbine 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Waukeget Homes Telephone #: 410 942 8200  
Subdivision: Brautwood Lot #: 24 Well Tag #: HO-94-2989  
Site Address: 11320 Cotsworth Spring Farm Lane

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Myres</u>	Make: <u>Howard</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>5</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>49</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>5</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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

Signature of company representative responsible for installation: William T Cumberland date: Aug 21 03

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

Date Insp. Requested: 6/5/03 Date Insp. Approved: 6/5/03 Inspector: (KN) SRK  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade   
 Two piece cap installed and attached to casing securely   
 Elec. conduit extends at least 18" below grade/attached to cap properly   
 Safety rope not seen outside of well cap/casing   
 Correct well tag attached properly and casing 8" above finished grade   
 Water supply line sleeved adequately at house connection   
 Adequate grout observed below pitless adapter

C1 **1611**  
 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 4 5 6

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. *ONSER 3/25/01*  
 COUNTY NUMBER

ST/CO USE ONLY  
 DATE Received  
 MM DD YY  
 8 15 03

DATE WELL COMPLETED  
 MM DD YY  
 5 11 01

Depth of Well  
 22 245 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 No - 94 - 2989  
 28 29 30 31 32 33 34 35 36 37

OWNER Branntwood LLC  
 STREET OR RFD Cottswold Spring Farm Rd TOWN West Friendship  
 SUBDIVISION Branntwood SECTION 3- Area 2 LOT 8

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	37	
Gray Mica Rock	37	245	✓

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 10 NO. OF POUNDS 940  
 GALLONS OF WATER 60  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 35 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40  
 60 61 63 64 66 70

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

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

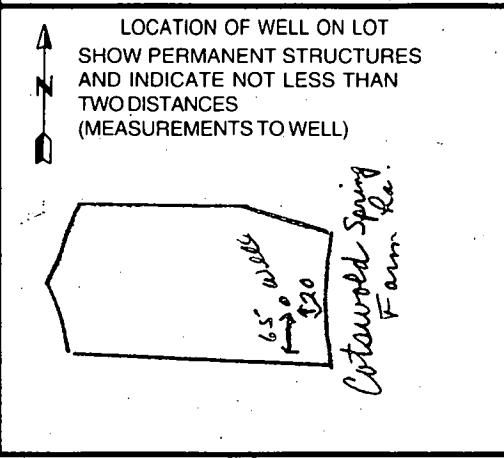
**C 2** DEPTH (nearest ft.)  
 1 2  
 E 1 to 39 245  
 A 8 9 11 15 17 21  
 C 2 23 24 26 30 32 36  
 S 38 39 41 45 47 51  
 E  
 N SLOT SIZE 1 \_\_\_ 2 \_\_\_ 3 \_\_\_  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to

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

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 44  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 30 ft.  
 WHEN PUMPING 109 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 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } (nearest foot)  
1 51



NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  Y  N  
 CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL  
 I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE  
 DRILLERS LIC. NO. MSD024  
 DRILLERS SIGNATURE Joseph L. Mayne  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)





B1 03706

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2989

W514919 please print or type

Date Received (APA) 2/6/01

OWNER INFORMATION

Brantwood LLC, 8835P Columbia 100 Parkway, Columbia MD 21045

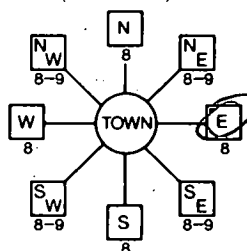
LOCATION OF WELL

Howard County, Brantwood, West Friendship, Area 2

DRILLER INFORMATION

Joseph R. Mayne, M S D 024, Joseph R. Mayne Well Drilling, 5512 Ridge Rd Mt. Airy MD 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cotswold Spring Farm La. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 20 FT

WELL INFORMATION

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

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co 13, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 2/12/01, CO SIGNATURE, EXP. DATE 2/12/02

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 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

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

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

APPROP. PERMIT NUMBER HO 98 GAP 5003(2), PERMIT No HO-94-2989

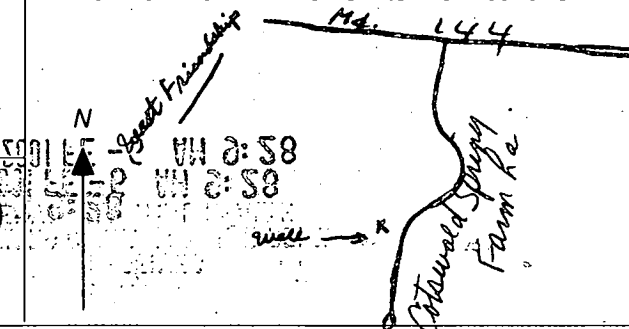
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820, N 520

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 5106426

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 8/24/98

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 Road, Ellicott City, MD

AGENT OR PROSPECTIVE BUYER Heritage Land Development

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 3A 10

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 \_\_\_\_\_

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

5106426

COUNTY #

SOIL PROFILE

305

or/br

cl lm

brown/or

sil lm

mica

quartz

rock

at 7'

↓

306

or/br

cl lm

beige/

orange

sil lm

mica

10%

shale

↓

307

orange

cl lm

beige/

tan

sil lm

mica

flocs

10%

Saprolite

Lot 3A

305

80'

306



120'

120'

B

308

80'

307

F

SOIL PROFILE

308

or/br

cl lm

brown/

orange

sil lm

greater

than

50%

rock

at 6'

↓

orange

cl lm

brown/or

sil lm

mica

10% shale

↓

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2.26.98	305	3.5'S	12:0130	12:0530	12:0530	12:08	230
		11.5'D	visual	ok - see profile			
	(306)	11.0'D	visual	only - ok see profile			
	307	2.5'S	11:5130	11:5330	11:5330	12:0030	8 min
		11.0'D	visual	ok - see profile			
	(308)	FAILED	DUE TO ROCK				F
	(B)	11.5'D	visual	ok - see profile			

REMARKS test holes staked by surveyor

TYPE OF SOIL

TESTED BY Kim Minto ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM



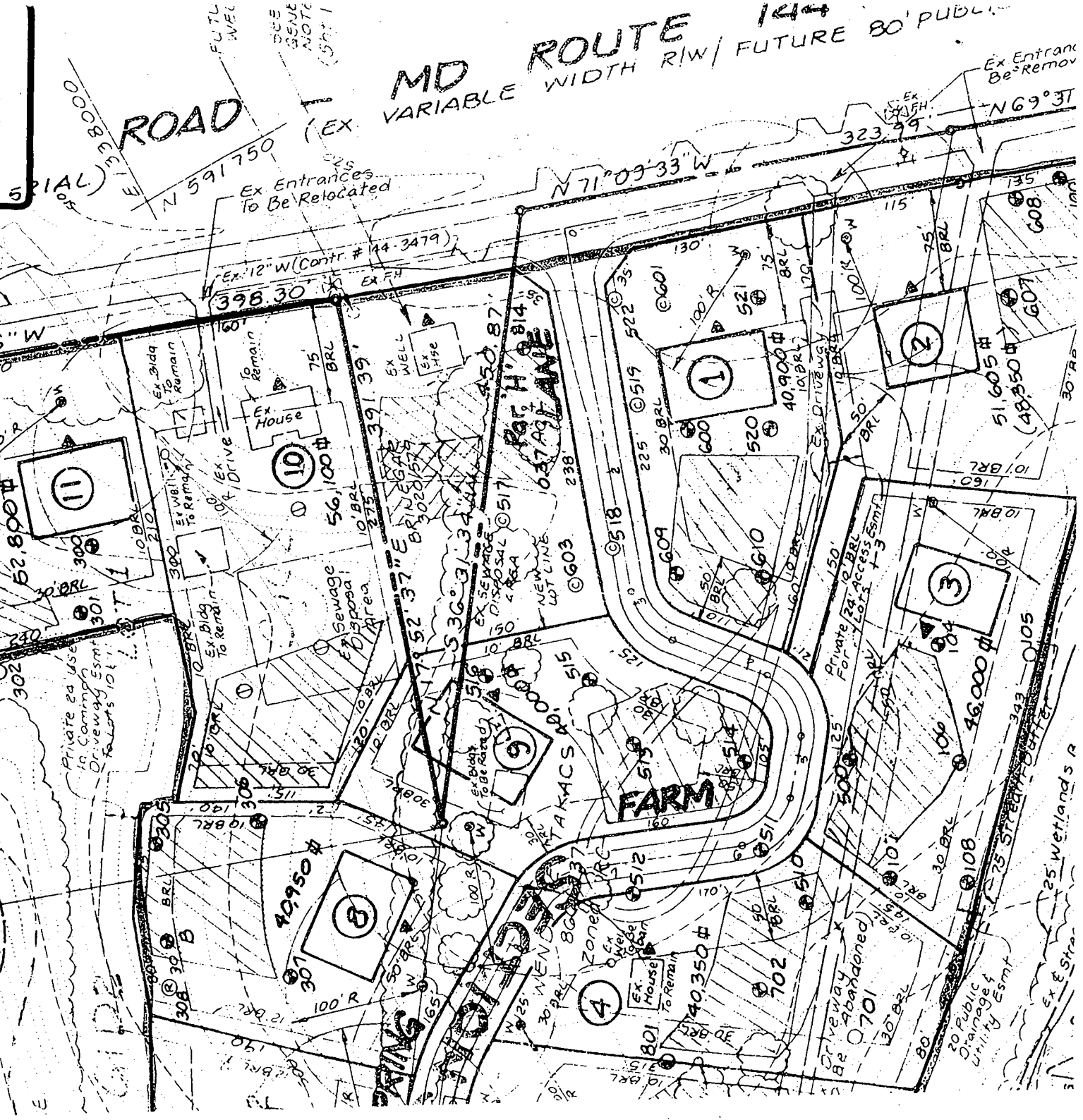


2/12/01

Well site staked by  
licensed surveyor

AM

(MINOR



GAYLE  
1048/561  
Zoned RC

EX SEWAGE  
DISPOSAL  
AREA

FARM

Wetlands R

2/12/01  
Well site staked by  
licensed surveyor  
AM

MD ROUTE 144  
VARIABLE WIDTH R/W | FUTURE 80' PUBLIC

Approx  
& Road

Ex Entrances  
To Be Relocated

Ex Entranc  
Be Remove

ROAD

GAYLE  
1048/561  
Zoned RC

EX SEWAGE  
DISPOSAL  
AREA

FARM

Wetlands R

2/12/01  
Well site staked by  
licensed surveyor  
AM

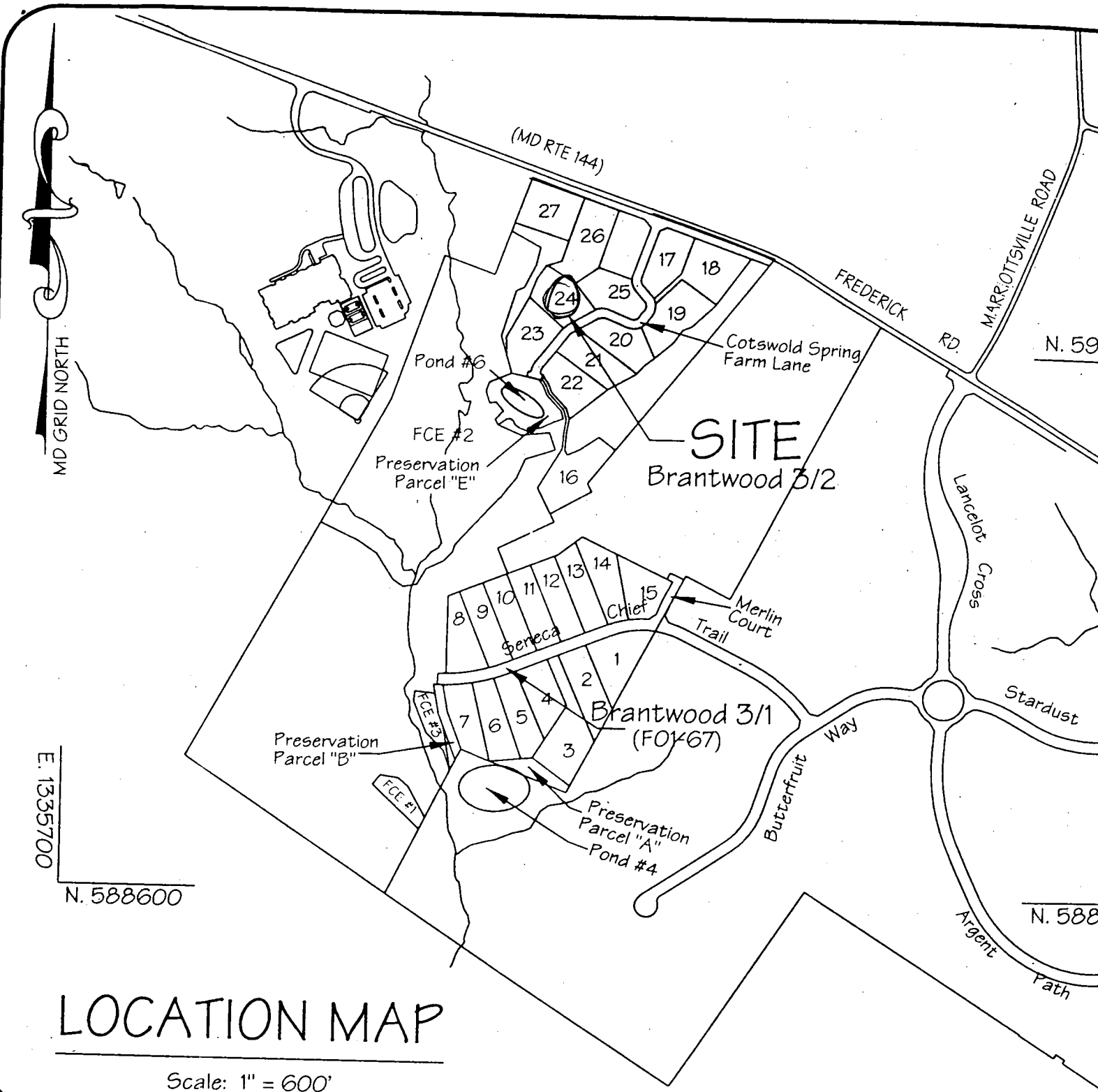
MD ROUTE 144  
VARIABLE WIDTH R/W | FUTURE 80' PUBLIC

Approx  
& Road

Ex Entrances  
To Be Relocated

Ex Entranc  
Be Remove

ROAD



# 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

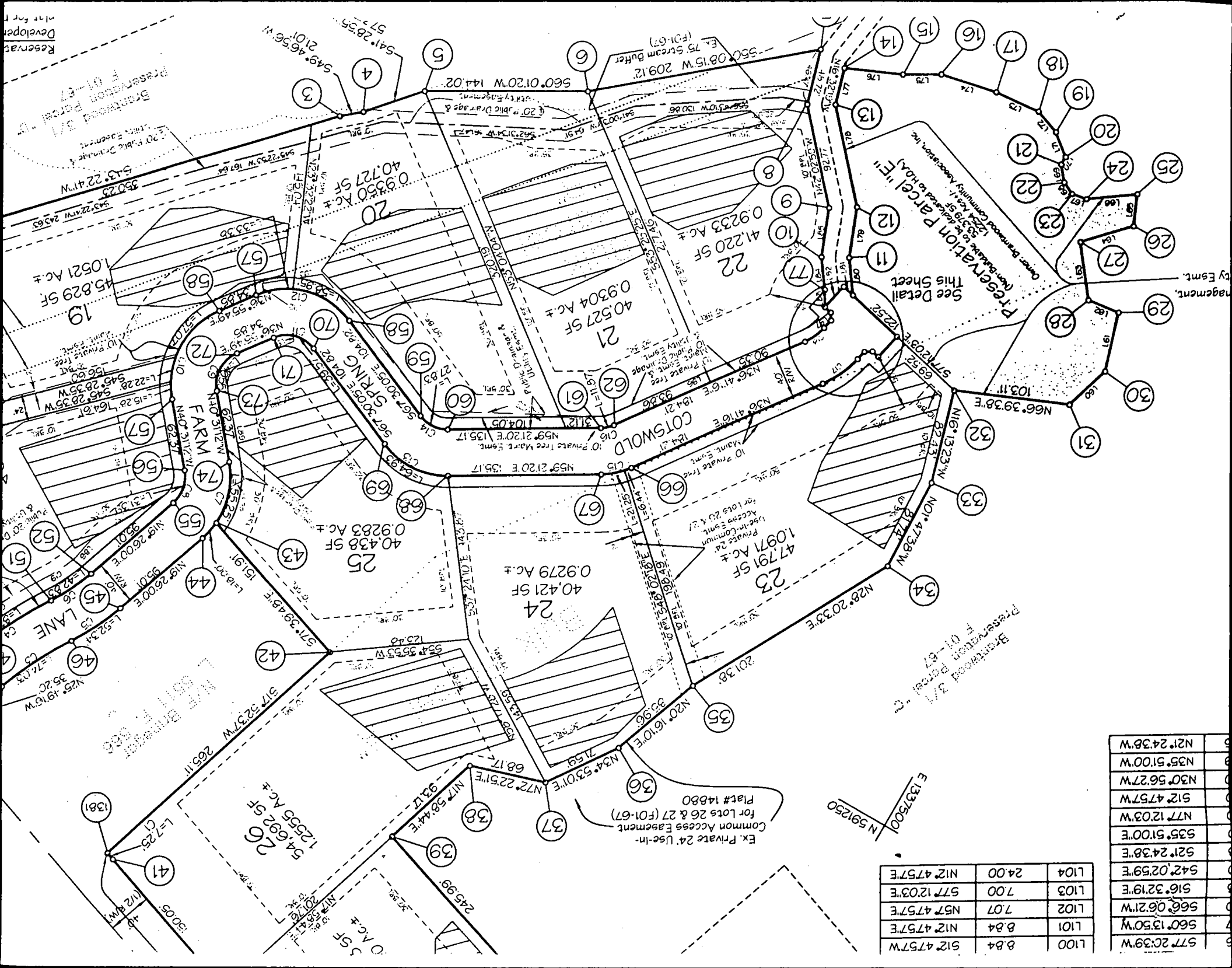
The requirements of 3-108, The Real Property Article, Annotated Code of Maryland, 1988 replacement volume, (as supplemented) as far as they relate to the making of this plat and the setting of markers have been complied with.

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

8/13/01

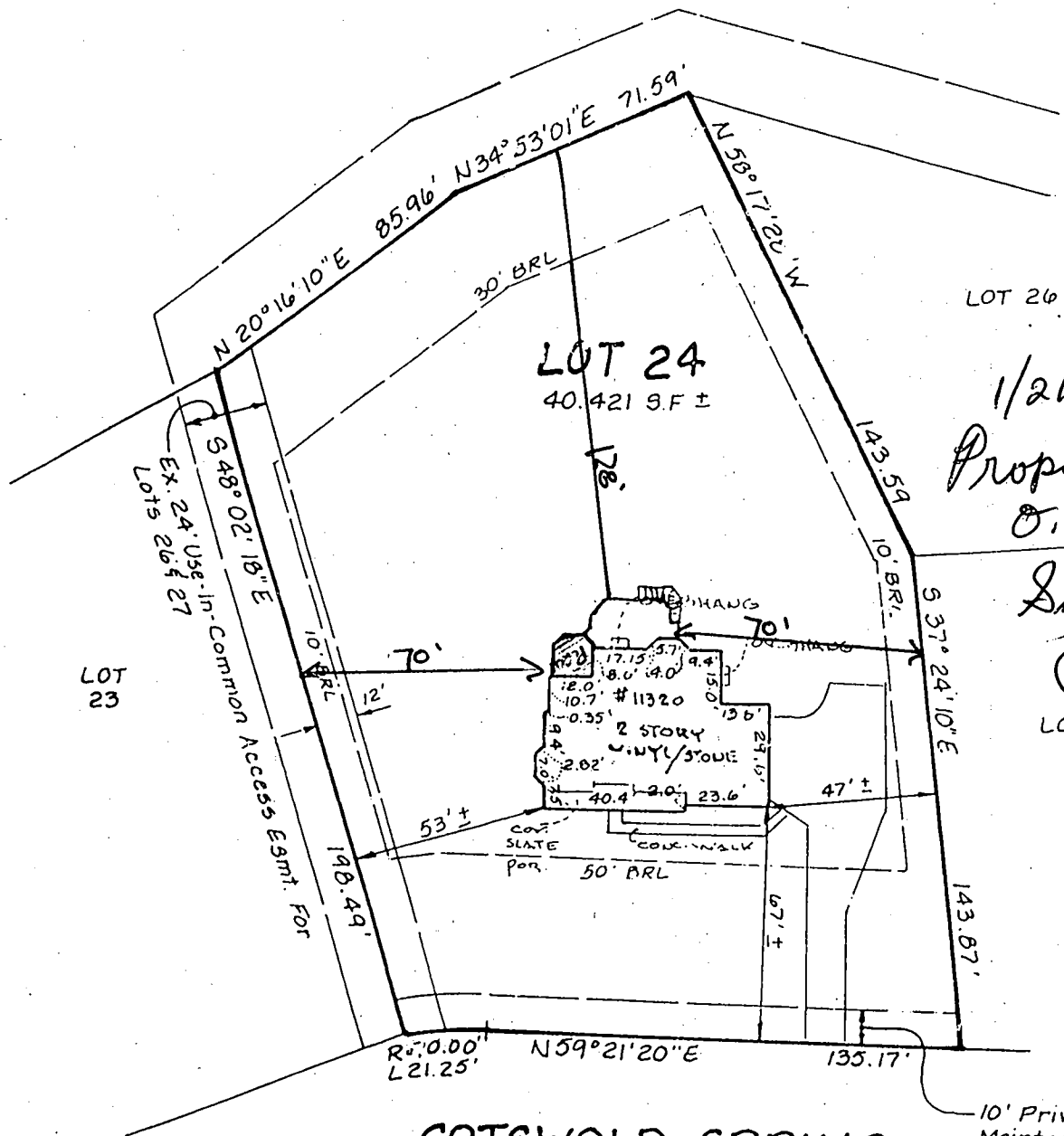
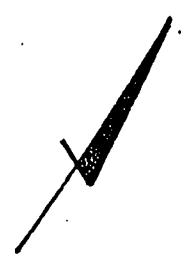
*Richard B. Talkin* TRUSTEE  
 Richard B. Talkin, Trustee Date

its  
 its shown on this  
 odplains,  
 ("Conservation Area")  
 ny and all  
 s herein reserved,  
 Developer shall



PROPERTY KNOWN AS: LOT 24  
 BRANTWOOD  
 SECTION THREE AREA TWO  
 LOTS 17-27, NON-BUILDABLE  
 PRESERVATION PARCEL "E"  
 3rd ELECTION DISTRICT  
 HOWARD COUNTY, MD  
 PLAT NO. 15119

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



1/21/04  
 Proposed Deck  
 O.K. as

Shown:  
 (BB)  
 LOT 25

COTSWOLD SPRING  
 FARM LANE  
 40' R/W

10' Private Tree  
 Maintenance Esmt.

LOCATION DRAWING

FINAL = 8-14-03  
 TOP OF WALL 512.1

CERTIFICATION	SEAL	SCALE 1" = 50'	DATE 4/3/03
<p>This is to certify that I have surveyed the property known as: #11320  <u>Cotswold Spring Farm Lane</u></p> <p>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.</p>		<p>LDE Inc.            9250 Rumsey Road Suite 106            Columbia, Maryland 21045</p> <p>(410) 715-1070 (Balt.)            (301) 596-3424 (Wash)            (410) 715-9540 (Fax)</p>	

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B0-145904

11320 COSTA VIDA SPRING FARM  
ELLICOTT CITY MD 21042  
 SDP/WP/Petition #: \_\_\_\_\_  
 Subdivision B...  
 Area 2 Lot 24  
 Parcel 192 Grid 21

Property Owner's Name TIM Mc Coy  
 Address 11320 COSTA VIDA SPRING FARM LN  
 City ELLICOTT CITY State MD Zip Code 21042  
 Home Phone (410) 535-0590 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

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

Construction Cost \$ 5500  
 Work 14' x 12' PORCH (SCREEN)

Contractor Company OUTDOOR CATERING & DESIGN  
 Contact Person LOIS BALDWIN  
 Address 11292 SEAGESVILLE MD 20759  
 City FULTON State MD Zip Code 20759  
 License No. 13116  
 Phone (301) 617-0505 Fax (301) 617-0509

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Characteristics**  
 Water Supply:  Public  Private  
 Sewage Disposal:  Public  Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system:  N/A   
 Full  
 Partial  
 Other Suppression:  
 # of Heads \_\_\_\_\_

**Building Characteristics**  
 SF Dwelling  SF Townhouse   
 Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms \_\_\_\_\_  
 Multi-family dwellings:  
 No. of efficiency units: \_\_\_\_\_  
 No. of 1 BR units: \_\_\_\_\_  
 No. of 2 BR units: \_\_\_\_\_  
 No. of 3 BR units: \_\_\_\_\_  
 Other Structure: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
 Water Supply:  Public  Private  
 Sewage Disposal:  Public  Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system:  N/A   
 NFPA #13D  
 NFPA #13R  
 Other: \_\_\_\_\_

I HEREBY CERTIFY AND AGREE 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, (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

LOIS BALDWIN  
 Print Name  
1/20/04  
 Date

LOIS BALDWIN  
 Print Name  
1/20/04  
 Date

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

**DATE** **SIGNATURE APPROVAL**  
1/21/04  
Brian Baker

**DPZ SETBACK INFORMATION**  
 Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St: \_\_\_\_\_  
 All minimum setbacks met? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#** 54561  
 Filing fee \$ \_\_\_\_\_  
 Permit fee \$ 30  
 Excise tax \$ \_\_\_\_\_  
 Add'l per. fee \$ \_\_\_\_\_  
 TOTAL FEES \$ 30  
 Sub-total paid \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 3647  
 Validation # 38867  
 Accepted by [Signature]

Approval required prior to issuance?   
 Agency Construction Start:   
 Shop: