

4/30/99 pm
5/3/99
Expect call for Pump Test & Final on 8/17/99 (performance 8/14/99 HP)
3/17/99
11:00

9/3/99 Needs pump performance test
DIO

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511531
A 511004

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

04-32755

DISTRICT _____

DATE 4/21/99

DATE SYSTEM APPROVED 8/17/99

INSPECTOR M. Lipkin

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Keyes Property LOT _____ ROAD 15611 Bushy Park Road

PROPERTY OWNER Ken & Gail Keyes

ADDRESS _____

MANHOLE CLEANOUT REQUIRED

PUMPED SYSTEM PROPOSED

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER-MANHOLE CLEANOUT REQUIRED

NUMBER OF BEDROOMS 4

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

180 SQUARE FEET PER BEDROOM

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 50 feet off the 435.92' lot line and 170 feet off the 137.96' lot line. Run trenches on contour towards Bushy Park Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/23/99 DIC

PLANS APPROVED BY Donna K. Soe DATE 2-12-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

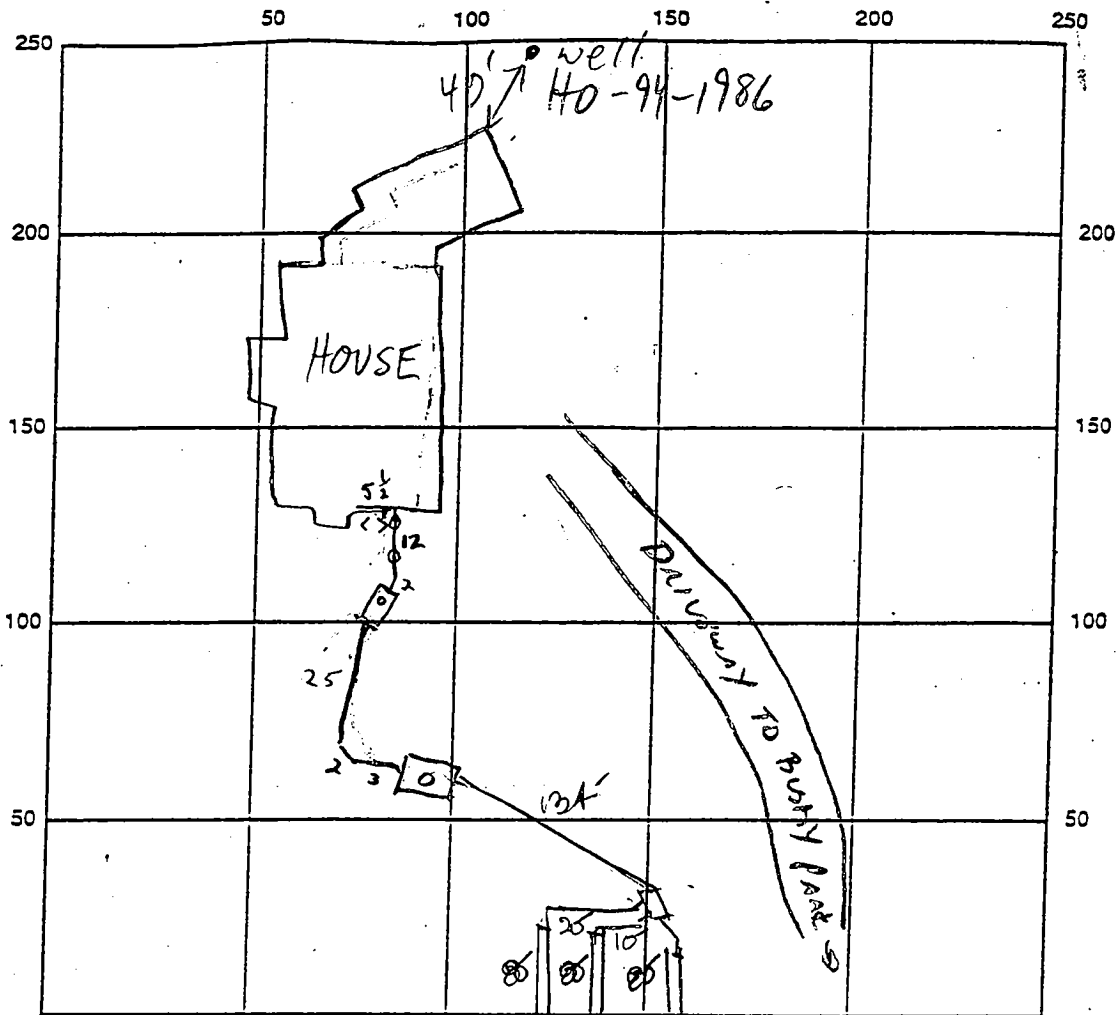
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

511004



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL PUMP PIT CLEANOUTS IN BASEMENT (BSMT) HOUSE; SEPTIC TANK /
 DISTRIBUTION BOX LEVEL OL MANHOLE RISE ON PUMP PIT.

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 x 80 FT. \rightarrow 240
 NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: HOUSE CONNECTION COMPLETE, HOUSE SEWER & TANK EFFLUENT LINES
NEED TO BE BETTER "BEDDED", THEN OK TO COVER TO DIST. BOX 4/30/99 CW
5/3/99 OIL TO COVER ALL SEPTIC WORK - NEEDS PUMP
CHECK. PLS 8/17/99 "KITCHENETTE" IN BSMT. NOT OF CONCERN
TO SEPTIC CAPACITY; PUMP AND ALARM OPERATION OR (MR)

DATE SYSTEM APPROVED 8/17/99 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING
*TENTATIVE TEST DATE
10/8/98 10.00
EXISTING LOT OF RECORD*

A 511004

P _____

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

DISTRICT _____

DATE 9/23/98

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 ~~Bill W. Clark~~ *Kenneth M. Keyes* ~~PO Box 118~~ ~~Alford Homes~~

ADDRESS ~~2605 Rt 97~~ *Glenwood* 21738 PHONE *410-489-3619*

AGENT OR PROSPECTIVE BUYER *Ken Keyes*

ADDRESS *7941 Frankford Dr* PHONE *410-799-1166*
Severna rd. 21144

PROPERTY LOCATION:

SUBDIVISION *w/a* LOT NO. _____

ROAD AND DESCRIPTION *Bushy Park Rd. (12977 Pleasant Hill Drive)*

TAX MAP 14 PARCEL # 160

SIZE OF LOT _____ TYPE BLDG. *Single Family Dwelling - 4 Bed*
BLDG. PERMIT SIGNED
AND PERMITTED *6-24-98*
Serial # B1017830
propane tank
(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.

Judith Hatten
Agent for owner
(SIGNATURE OF APPLICANT)

APPROVED BY *[Signature]* FOR SFO DATE 10.2.98

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

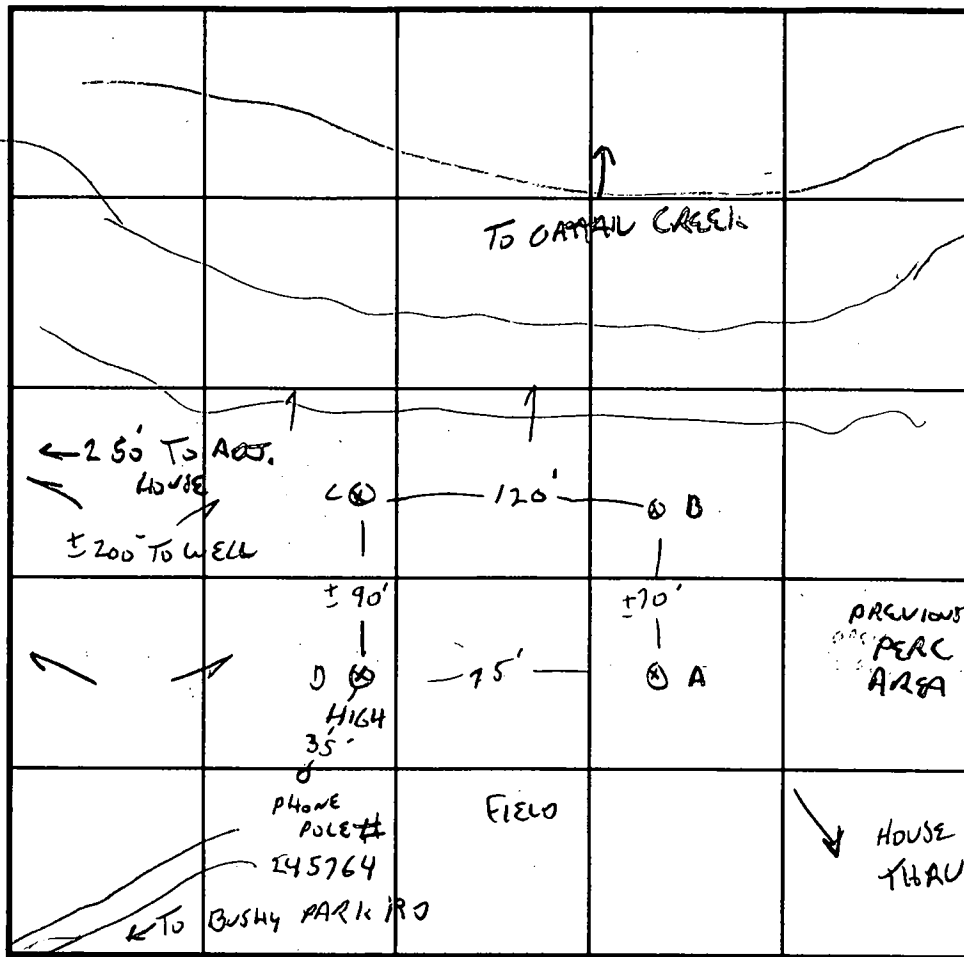
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A-511004
COUNTY #

SOIL PROFILE

0'



SOIL PROFILE

0'

1'

4'

12

TOPSOIL

RED GRAVELLY CLAY LOAM

RED LOAM 15% SMALL ROCK

TYPICAL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10.2.98	B	4.5/12	11:22	11:25	→	11:30	5AW
	12	4.5/12	11:30	11:31	→	11:33	2MIN
	D	4.5/12	11:57	11:59	→	12:01	2MIN
		8.5	11:57	11:59	→	12:03	4MIN
	A	11V	OK 4.5 - 8.5'				OK

REMARKS CLAY CONTENT VARIES SOMEWHAT BETWEEN HOLES.

TYPE OF SOIL _____

TESTED BY G. SAVAGE

ALSO PRESENT KTK

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 MIN

TRENCH WIDTH 2

INLET DEPTH 4.5

MAXIMUM BOTTOM DEPTH 8.5

SQ. FT./BEDROOM 180

K62 K649 -

R61 well
PROPERTY I.D.

THE WELL ON THE ABOVE REFERENCED
PROPERTY WAS PERMITTED TO BE DRILLED
IN A LOCATION CONSIDERED TO BE
'AT RISK' FOR GROUNDWATER CONTAMINANTS
ASSOCIATED WITH A NEARBY OUT-OF-SERVICE
LANDFILL.

~~A CONDITION~~

THE WELL CONSTRUCTION PERMIT
WAS ISSUED ~~WITH~~ SUBJECT TO
THE CONDITIONS THAT: _____

(COPY OF PERMIT ENCLOSED)

THE WELL WAS DRILLED AND THE YIELD
TEST CONCLUDED WITHOUT HEALTH DEPARTMENT
INTERFERENCE THAT THE REQUESTED SAMPLING HAS BEEN PERFORMED.
APPROVAL OF THE WELL DRILLER'S
COMPLETION REPORT ~~IS~~
~~UPON SATISF~~ / A PRO-CONDITION TO
BUILDING PERMIT APPROVAL, WILL NOT
BE FORTHCOMING UNTIL THE ~~SAME~~
SPECIAL SAMPLING REQUIREMENT
HAS BEEN SATISFIED.

~~PLEASE HAV~~

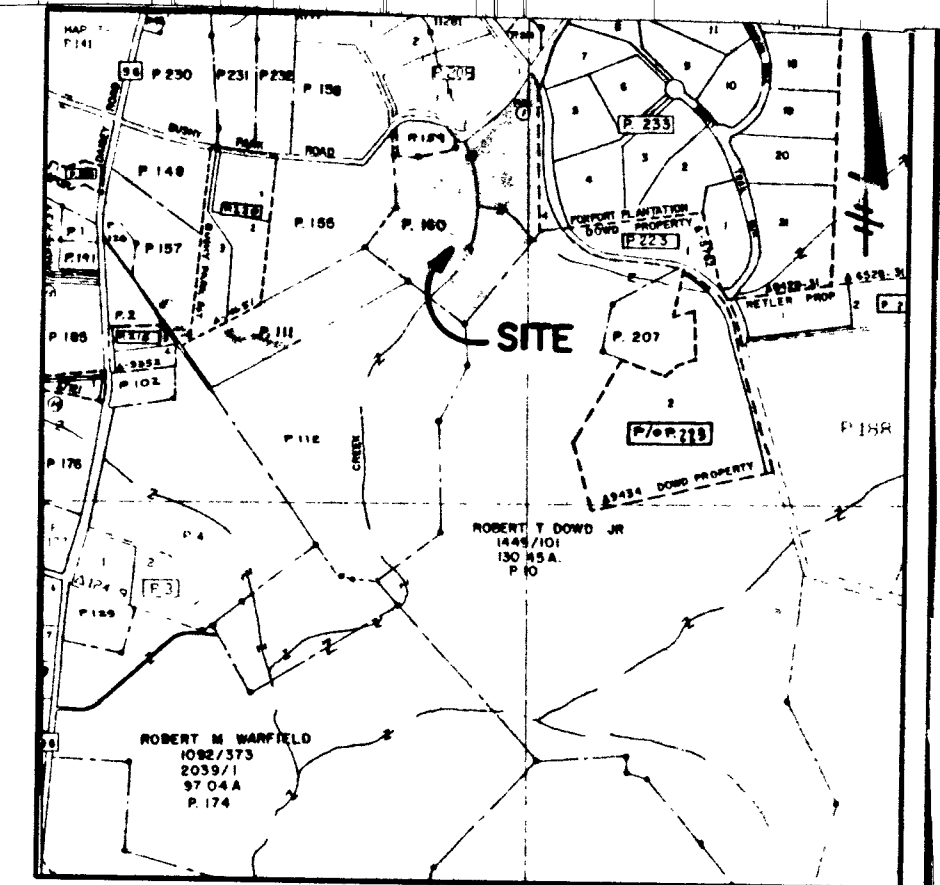
~~These are special~~

SPECIAL ARRANGEMENTS ~~NEED~~
TO BE MADE FOR THIS TYPE OF
SAMPLING; PLEASE HAVE YOUR WELL
DRILLER OR OTHER QUALIFIED
CONTRACTOR CONTACT THE
HEALTH DEPT TO MAKE THE
NECESSARY ARRANGEMENTS.

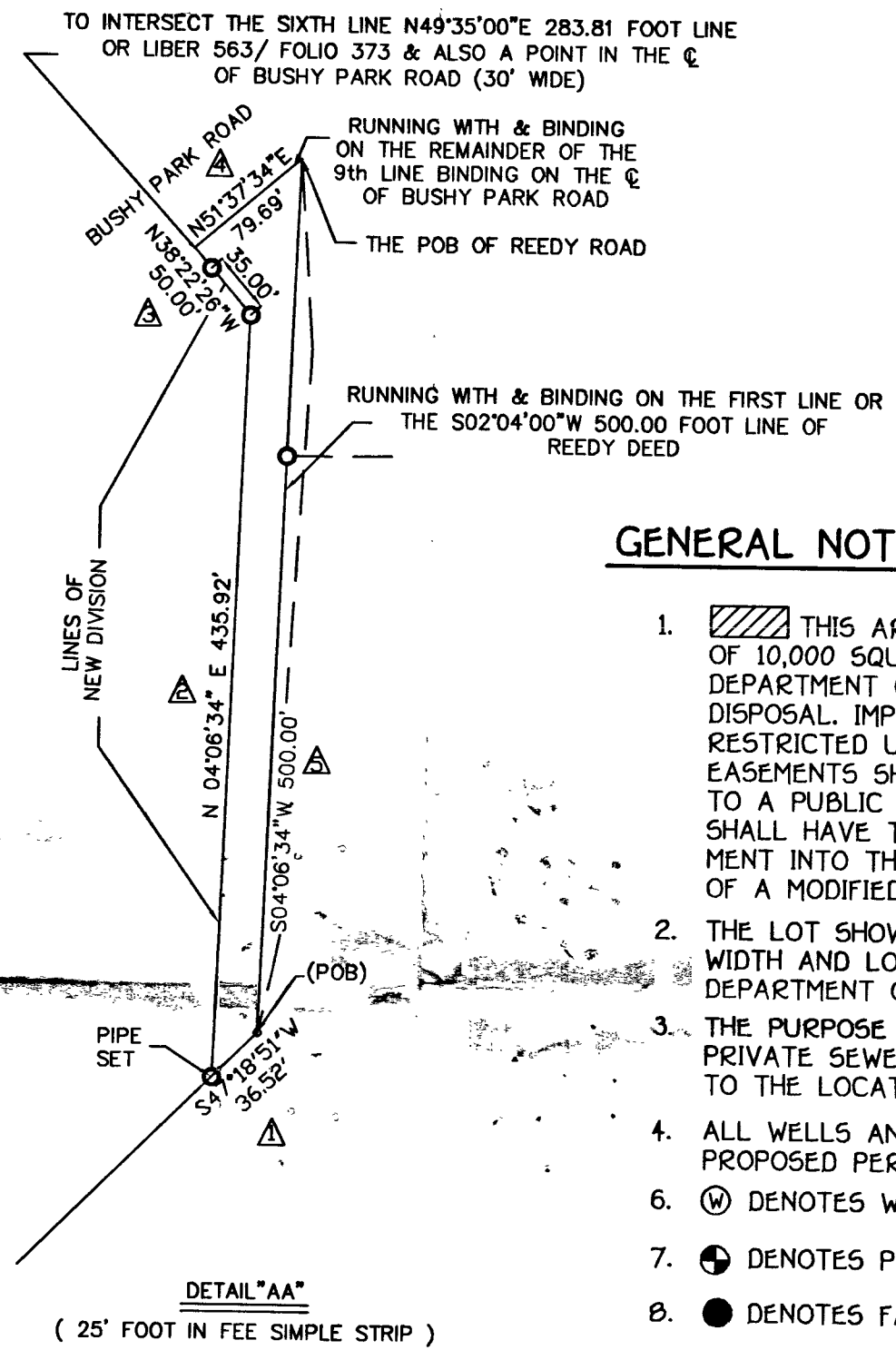
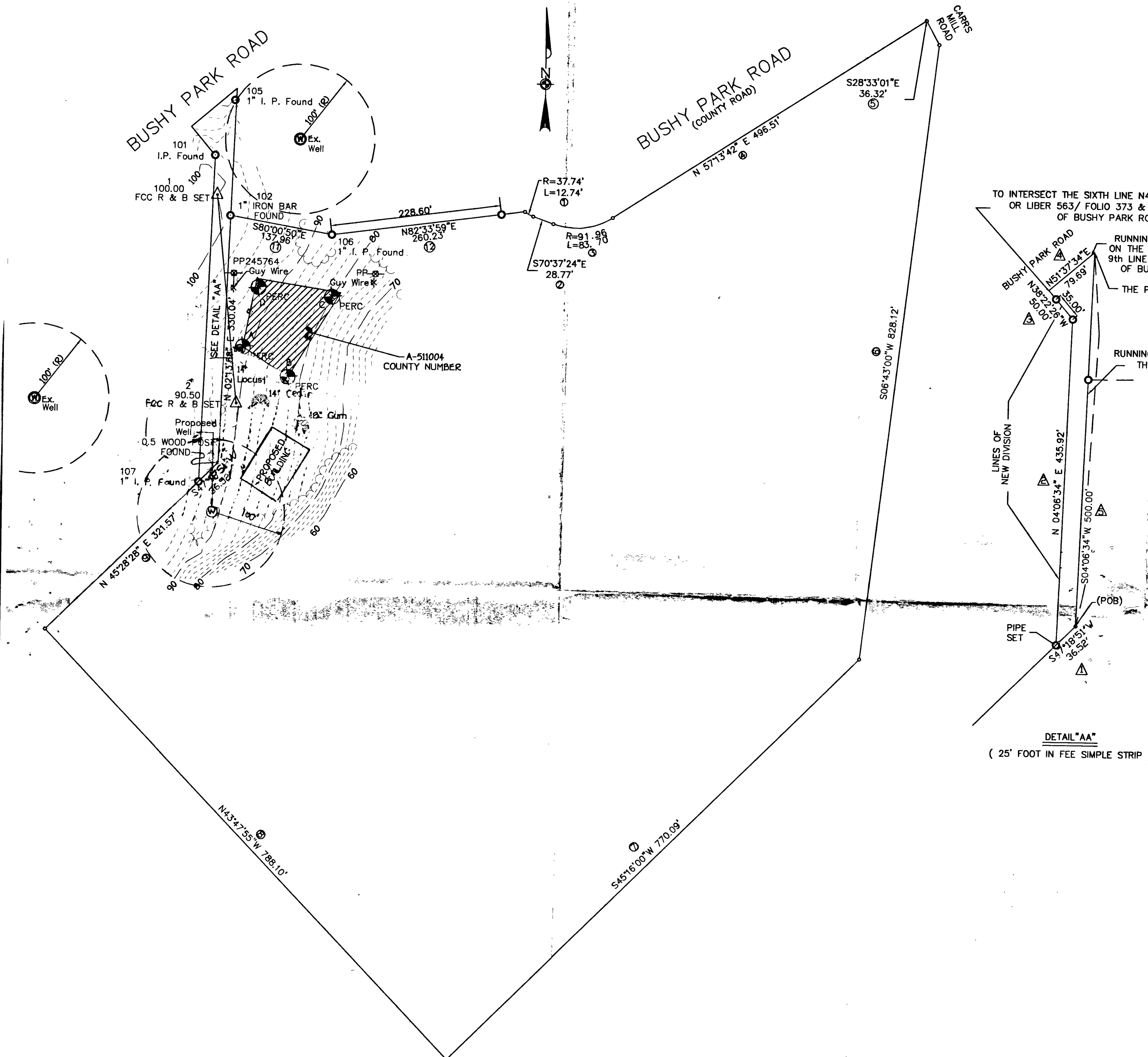
IF YOU HAVE ANY ~

YT
CA

CCI BILL WALK
JO MAYNE



VICINITY MAP
SCALE: 1" = 1200'



GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT 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 ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. THE PURPOSE OF THIS PLAT IS TO REVISE THE EXISTING PRIVATE SEWERAGE EASEMENT RECORDED IN PLAT NO. TO THE LOCATION SHOWN HEREON.
4. ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET RELEVANT TO THE PROPOSED PERC AREA HAVE BEEN SHOWN.
5. DENOTES WELL LOCATION.
6. DENOTES PERC HOLE LOCATION.
7. DENOTES FAILED PERC HOLE LOCATION.
8. OWNER & DEVELOPER:
MR. KEN KEYES
7941 INN KEEPER DRIVE
SEVERN, MARYLAND 21144

PERC CERTIFICATION PLAT
KEYES PROPERTY

Mark L. Rebel

TAX MAP 14 ZONED: RC-DEO PARCEL(S): 160
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' DATE: 11-16-98

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 481 - 2855

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
[Signature]
COUNTY HEALTH OFFICER
DATE: 12-4-98

mail to cont

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BO0118850

Building Address 15611 Bushy Park Rd
Woodbine MD 21797
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 10040 Subdivision N/A
Section 110 Area 112 Lot 112
Tax Map 14 Parcel 100 Grid 1
Zoning RC-12 Map Coordinates 8111 Lot size

Owner's Name Kenneth M. Hayes
Address PO Box 1186
City Jessup State MD Zip Code 20794
Home Phone 410-551-1611 Work Phone 410-799-1166
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use residential
Proposed Use tank
Estimated Construction Cost \$ 2500.00
Description of Work Install 1000
gallon propane tank. Run gas line
to stub out on house

Contractor Company Suburban Propane
Contact Person Dwight Brunk
Address PO Box 305
City Prestertown State MD Zip Code 21136
License No. GHS 03094
Phone 410-333-1400 Fax _____

Occupant or Tenant Kenneth M. Hayes
Contact Name Kenneth M. Hayes
Address PO Box 1186
City Jessup State MD Zip Code 20794
Phone 410-551-1610 Fax _____

Engineer or Architect Company Kenneth Hayes
Contact Person same
Address 15611 Bushy Park Rd
City Woodbine State MD Zip Code 21797
Phone 410 551-1610 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13 _____ Full _____ Partial _____ Other Suppression _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Kenneth M. Hayes
Applicant's Signature Dwight F Brunk Print Name
Suburban Propane Title/Company 6/21/99 Date

VALIDATION

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>6/20/99</u>	<u>C. W. ...</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>		
ONE STOP SHOP <input type="checkbox"/>		

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#: 11798

Filing Fee \$ 10.00

Permit Fee \$ _____

(.10 sq. ft. (.15 sq. ft.)

Excise Tax \$ _____

(.40 sq. ft. (.80 sq. ft.)

TOTAL FEES _____

Check # ...

Validation # _____

Accepted by: _____

Building Address 15611 Bushy Park Road
WOODBRIDGE, MD 21792

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6040 Subdivision N/A

Section N/A Area 10 Lot N/A

Tax Map 14 Parcel 160 Grid 1

Zoning OC-000 Map Coordinates _____ Lot size 20.87

Property Owner's Name KEN & GAIL KEYES

Address 7941 INNKEEPER DR.

City SEVERN State MD Zip Code 21146

Home Phone 410-551-1110 Work Phone 410-799-1166

Applicant's Name & Mailing Address, (if other than stated hereon):
800-413-2708 Puget

Phone _____ Fax 410-799-3190

Existing Use AGRICULTURE

Proposed Use NEW RESIDENCE / AGRICULTURE

Estimated Construction Cost \$ 260,000

Description of ~~Work~~ 2 STORY HOUSE WITH
FULL BASEMENT AND ATTACHED GARAGE
4 BEDROOMS, 4 1/2 BATHS, FP, OPT. DECK

Contractor Company OWNER

Contact Person KEN KEYES

Address SAME

City _____ State _____ Zip Code _____

License No. _____

Phone 410-799-1166 Fax 410-799-3190

Occupant or Tenant SAME

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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 _____ State Certified Modular _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>32</u> Depth <u>46</u> Width <u>46</u>	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>32</u> Depth <u>46</u> Width <u>46</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>32</u> Depth <u>46</u> Width <u>46</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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: _____	
Roof: _____	
State Certified Modular _____	
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 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company OWNER

Print Name KEN KEYES

Date 2/9/99

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

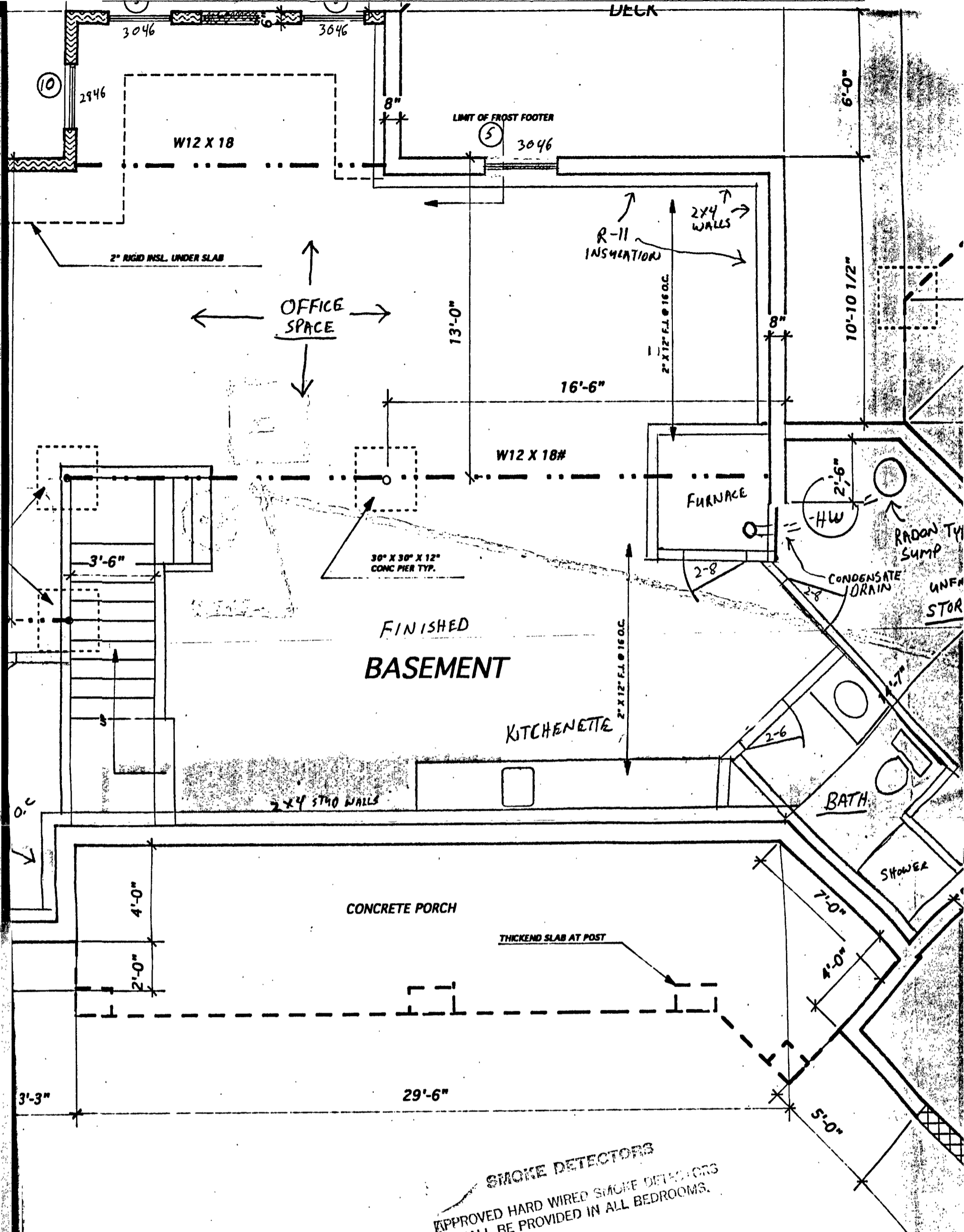
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>2/12/99</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

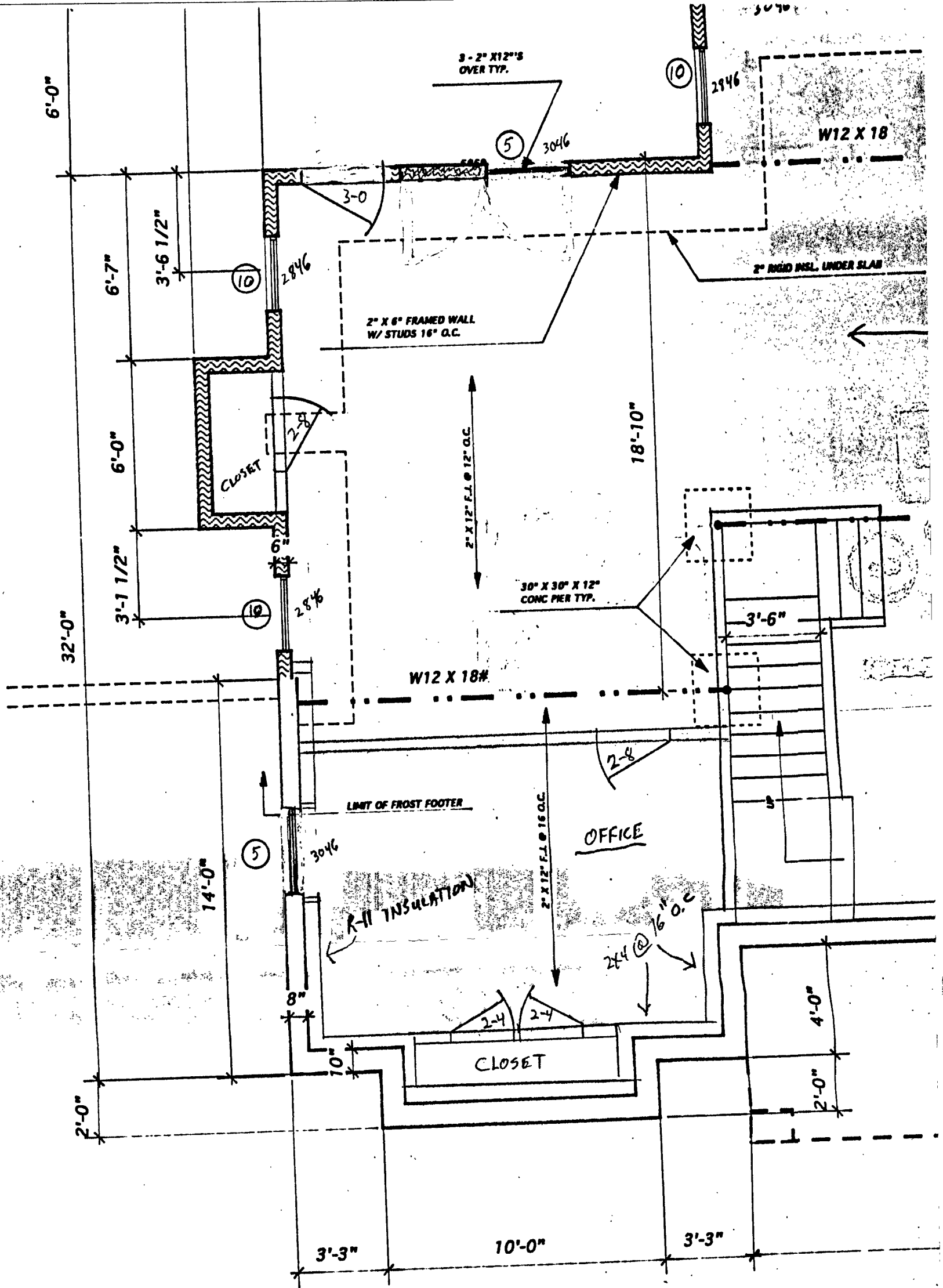
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>39551</u>
Rear: _____	Filing fee \$ <u>25.00</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>1239</u>
Accepted by _____	Validation # _____



SMOKE DETECTORS
 APPROVED HARD WIRED SMOKE DETECTORS
 SHALL BE PROVIDED IN ALL BEDROOMS.

FOUNDATION PLAN

$1/4" = 1' - 0"$



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1986
 Location of property (road) BUSBY PARK ROAD
 Subdivision Keep Property - Bill Walk Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller SESEDA MAYNE Owner Bill Walk - Kenneth Keys + Gail Keys

Depth of well 500'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 66'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.
 Total time 45 min. to reach pumping water level 424 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5.1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	219	4 sec	N/A	15 gpm.
7:30	320	4		15 gpm
7:45	424	5		12
8:00	420	53		1.1
8:15	419	40		1.5
8:30	419	40		1.5
8:45	419	40		1.5
9:00	419	40		1.5
9:15	419	40		1.5
9:30	420	40		1.5
9:45	420	40		1.5
10:00	420	40		1.5
10:15	422	40		1.5
10:30	421	45		1.3
10:45	421	45		1.3
11:00	420	45		1.3
11:15	420	45		1.3
11:30	420	45		1.3
11:45	419	45		1.3
12:00	419	45		1.3
12:15	419	45		1.3
12:25	419	45		1.3
12:45	419	45		1.3
1:00	419	45		1.3
HD-224 0:15	419	45		1.3
0:30	419	45		1.3
1:45	419	45		1.3

B 1	0358	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER Ho - 94 - 1986
11-30-98		70 fill in this form completely 79		

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Keep Last Name Kenneth First Name
 36 7941 Innkeeper Dr. Street or RFD
 57 Severn Town md. State 21144 Zip 76

B 3 Howard LOCATION OF WELL

8 COUNTY Keep Property 21
 23 SUBDIVISION _____ 42
 SECTION 44-46 LOT 48 50
Lesbon
 52 NEAREST TOWN _____ 71

MILES FROM TOWN (enter 0 if in town) 4 1/2 M I
 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS D 24
 76 License No. 81
Joseph L. Mayne Well Drilling
 5512 Ridge Rd. Mt. Airy, Md. 21771
Joseph L. Mayne 11/19/98
 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 Bushy Park Rd. NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 400 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 14 BLK: 9 PARCEL 1608

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A 511004 COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 12 3 98 Elldon 12-3-99
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 540 000 EAST GRID 780 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary Drive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Well
- 2.
- 3.

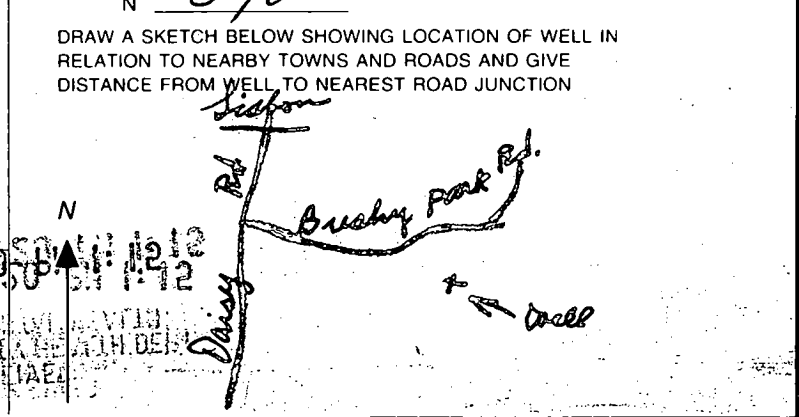
WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 000
 N 540 000

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

APPROP PERMIT NUMBER _____ GAP _____

PERMIT NO. HO 94 1986
 70 71 72 73 74 75 76 77 78 79

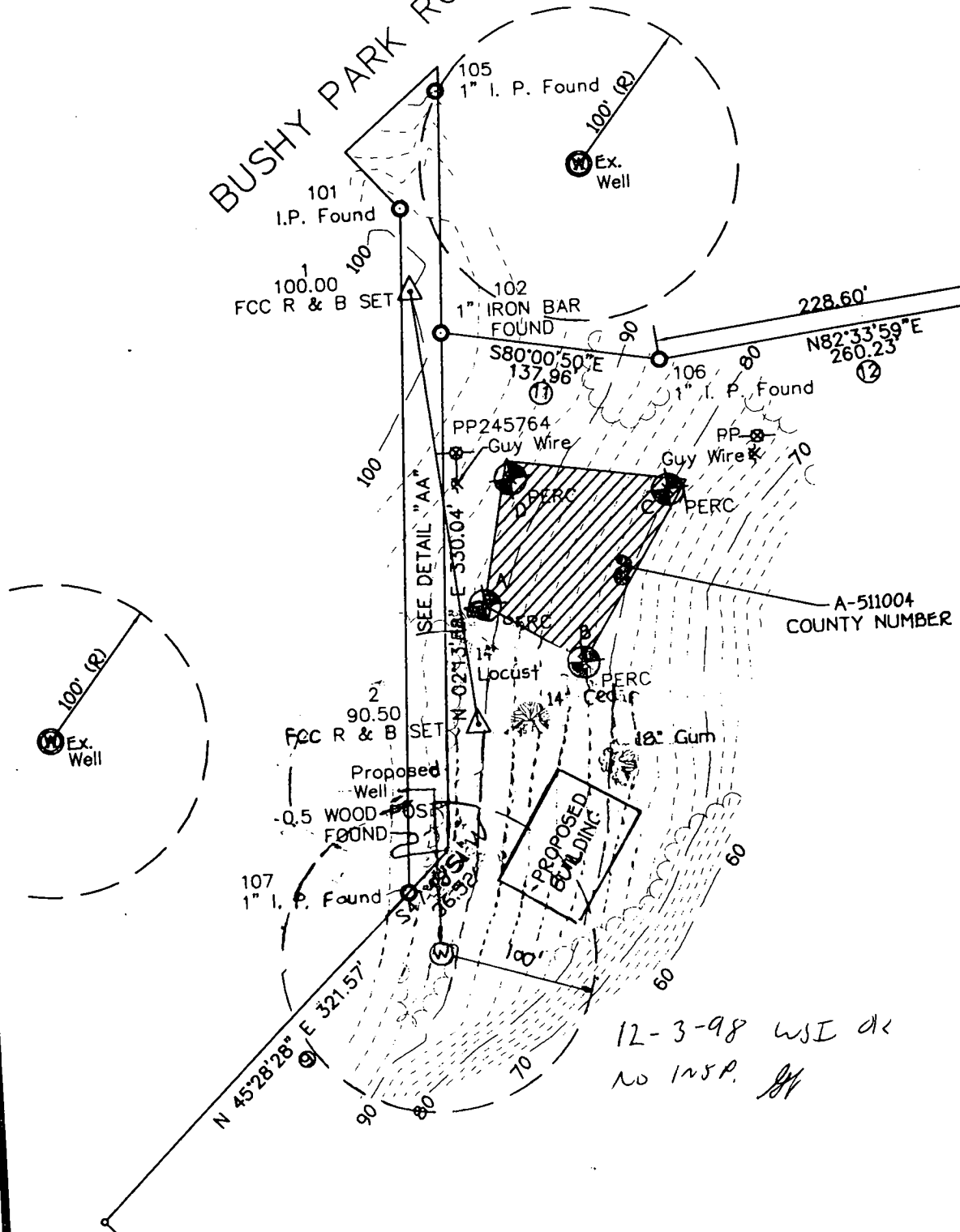


SPECIAL CONDITIONS: contact the Health Dept. for special sampling instructions prior to drilling.

NOTE - APPROVING AUTHORITIES SHOULD USE SPECIALTY SLEETS, IF NEEDED.

PERC CERT SENT FOR SIGNATURE 12-3-98

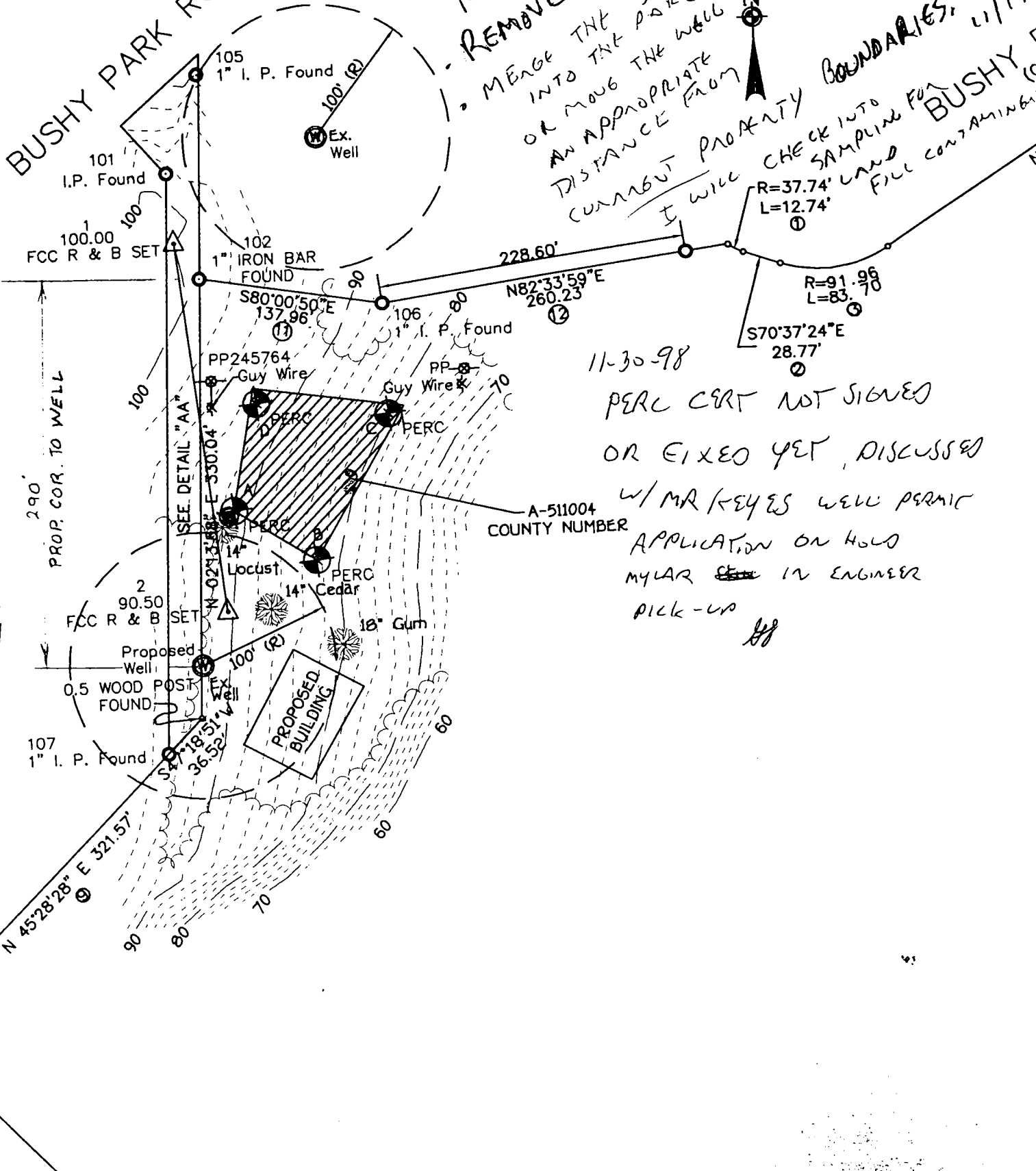
BUSHY PARK ROAD



12-3-98 WSI dk
NO INSP. *JS*

BUSHY PARK ROAD

ROBEL ADVISED -
 REMOVE EX, well designation
 MERGE THE STRIP INTO THE PARCEL OR MOVE THE WELL AN APPROPRIATE DISTANCE FROM CURRENT PROPERTY



11-30-98
 PERC CERT NOT SIGNED
 OR EIXED YET, DISCUSSED
 W/ MR KEYES WELL PERMIT
 APPLICATION ON HOLD
 MYLAR ~~SEE~~ IN ENGINEER
 PICK-UP
 JJ

A-511004
 COUNTY NUMBER

R=37.74'
 L=12.74'

R=91.96
 L=83.78

S70°37'24"E
 28.77'

N82°33'59"E
 260.23'

S80°00'50"E
 137.96'

100.00
 FCC R & B SET

290'
 PROP. COR. TO WELL

90.50
 FCC R & B SET

0.5 WOOD POST FOUND

N 45°28'28" E 321.57'

SEE DETAIL "AA"

PP245764
 Guy Wire

PP-8
 Guy Wire

14" Locust

14" Cedar

18" Gum

PROPOSED BUILDING

101
 I.P. Found

102
 1" IRON BAR FOUND

106
 1" I. P. Found

107
 1" I. P. Found

Ex. Well

Proposed Well

Ex. Well

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

PERC

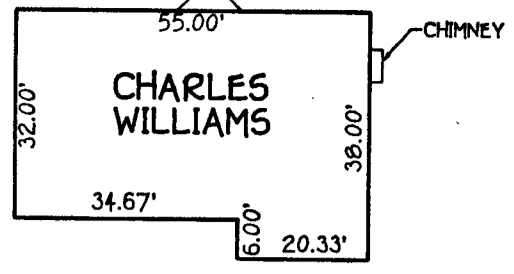
PERC

having disturbed
for sites having disturbed

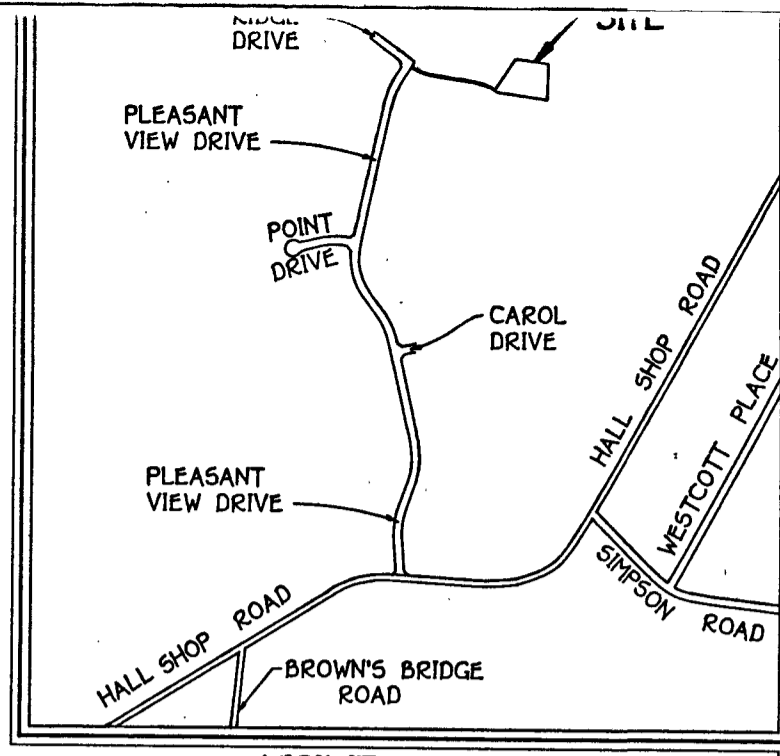
person or persons that are
Maryland Department of the

1.5 percent Phosphorus, and 0.2
does not meet these requirements.
Requirements prior to use.

Sq. Ft.
applied at the rate of 4 lb./1,000



DETAIL
SCALE: 1" = 30"



VICINITY MAP
SCALE: 1" = 1200"

E POST,
INTO

HT OF
5 F

TH IN

OST SECTION
20" ABOVE

UNDISTURBED
GROUND

1ST DRIVEN
OF 16" INTO
ND

D SYMBOL

F

the
diameter
will be
foot.

e ties
ements

509
509
322
322

rapped,

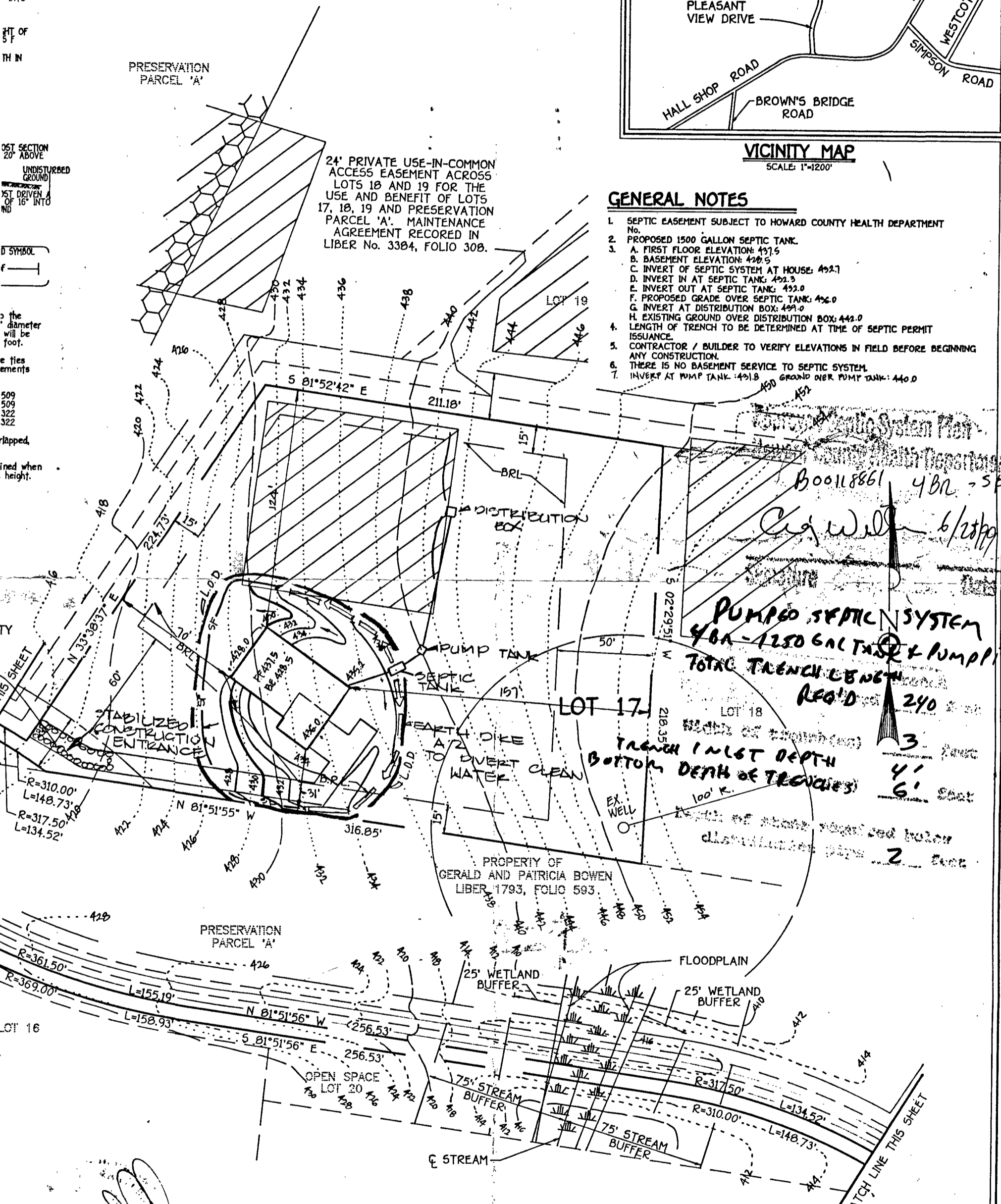
ined when
height.

PRESERVATION
PARCEL 'A'

24' PRIVATE USE-IN-COMMON
ACCESS EASEMENT ACROSS
LOTS 18 AND 19 FOR THE
USE AND BENEFIT OF LOTS
17, 18, 19 AND PRESERVATION
PARCEL 'A'. MAINTENANCE
AGREEMENT RECORDED IN
LIBER No. 3384, FOLIO 30B.

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 437.5
B. BASEMENT ELEVATION: 428.5
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 432.7
D. INVERT IN AT SEPTIC TANK: 432.3
E. INVERT OUT AT SEPTIC TANK: 432.0
F. PROPOSED GRADE OVER SEPTIC TANK: 436.0
G. INVERT AT DISTRIBUTION BOX: 439.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 442.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
7. INVERT AT PUMP TANK: 431.8 GROUND OVER PUMP TANK: 440.0



Boo118861 4BN - 5F
C. Williams 6/28/99

PUMPED SEPTIC SYSTEM
4BA - 1250 GALTASK & PUMPTANK
TOTAL TRENCH LENGTH
REQ'D 240
3
4'
6'
2

**PLAN TO ACCOMPANY APPLICATION FOR
BUILDING PERMIT
FULTON MANOR
LOT 17**

TAX MAP 40
FIFTH ELECTION DISTRICT
SCALE 1" = 50'

PART OF PARCEL 164 AND 205
HOWARD COUNTY, MARYLAND
DATE: MAY 24, 1999

[Handwritten signature]

110-111-2648
7/2/99

HOWARD COUNTY HEALTH DEPARTMENT
3025-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6-22-99

Name of Installer Keith Hundertmark

Telephone 410-857-0350

License Number 8300

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Ken Keys

Telephone 410-799-1166

Subdivision _____ Lot # _____

Well Tag # HO-94-1986

Site Address 15611 Bushy Park Rd.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. shallow well jet _____
 - c. Submersible
- 2. Make _____
- 3. Model # _____
- 4. Capacity _____ GPM
- 5. Pump exceeds well capacity Yes _____ No _____
- 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make yes
- 2. Model # _____
- 3. Depth 42"

Tank

- 1. Capacity 48
- 2. Pressure relief valve? yes

Piping

- 1. Type 160 psi
- 2. Size 1/2"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 42"

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? no

7/2/99
BB

Pitless 4' below grade.
Casing 18" above grade
Two piece caps. W.P.I.O.K.

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 6-22-99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.