

05433762

LAYOUT 6/14/04 11:00 INSP 4 _____
INSP 2 6/15/04 PM INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/10/2004

P 520416

APPROVAL DATE: 6/15/04

A 511556-F

PERMIT

RPB#
433762

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

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Rd, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Thaler Estates LOT NUMBER: 2

ADDRESS: 14059 Highland Road PROPERTY OWNER: Gregory Phillips

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the corner easement stake shown on the site plan. Run trenches on contour towards the opposite side of the septic easement.
NOTES:	Trenches should be spaced 10' center to center.

PLANS APPROVED: Brian Baker DATE: 3/31/03

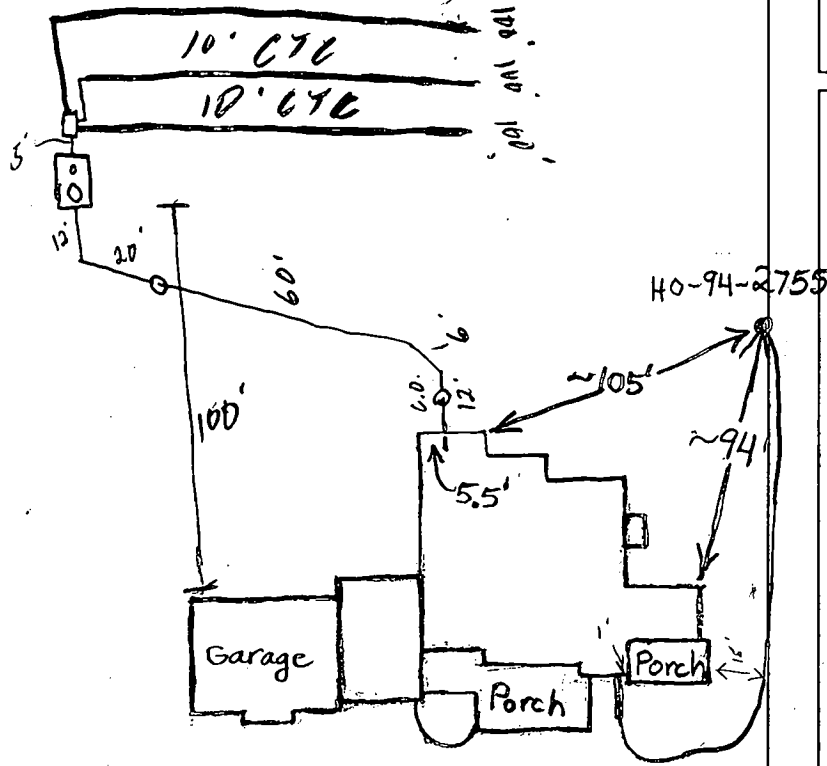
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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

4-1-05 800153059 - FINISH BASEMENT - NO BEDROOM

A 511556-F

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES	✓	
TOTAL LENGTH	300'	
ABSORPTION AREA	900#	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	—	

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL ✓		
CAPACITY	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	1'	
BAFFLES	✓	
BAFFLE FILTER	—	
MANHOLE LOC	Front	
6" PORT LOC	Back	
WATERTIGHT TEST	—	
SEPTIC TANK 2 LEVEL		
CAPACITY	GAL	
SEAM LOC	—	
TANK LID DEPTH	N/A	
BAFFLES	N/A	
BAFFLE FILTER	—	
MANHOLE LOC	—	
6" PORT LOC	—	
WATERTIGHT TEST	—	

↙ To Highland ROAD

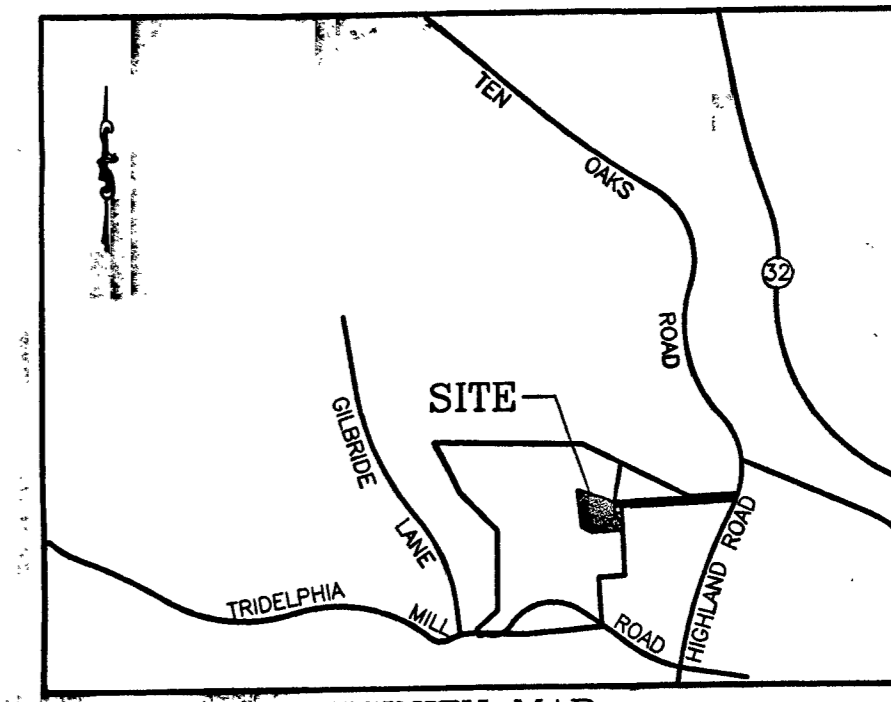
PRE-CONSTRUCTION 6/14/04 To install system, ~20' uphill of top right corner easement stake. Easement stakes don't appear accurate. Moving system uphill will put system in approximately correct location. (BB)

6/15/04 - Complete system installed, OK to cover all work (SQ)

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR *[Signature]*

DATE OF APPROVAL 6/15/04



SITE DEVELOPMENT PLAN OF:
LOT 2, THALER ESTATES
 PLAT No. 14615 & 14616
 TAX MAP 28, GRID 20
 HOWARD COUNTY, MARYLAND

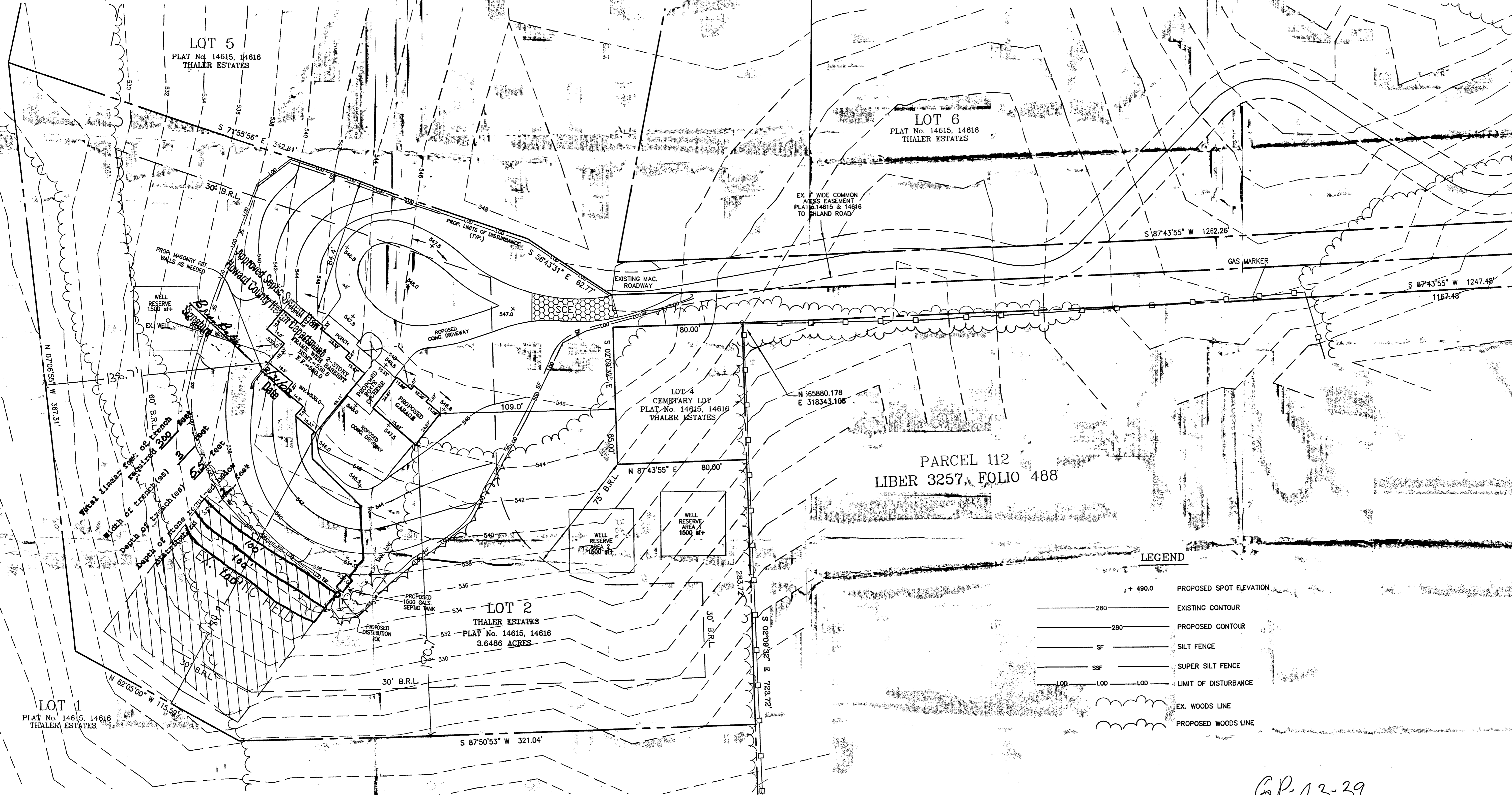
PLAN PREPARED BY:
NJR & ASSOCIATES, LLC.
 LAND SURVEYING AND PLANNING
 1813 MONTVERDE ROAD
 JESSUP, MARYLAND 20794
 TEL: (410) 638-2300
 FAX: (410) 788-8523

REVISIONS
 1. REVISED AS PER HO.CO. SCD
 COMMENTS DATED 02/27/03.



GRAPHIC SCALE 1"=30'
 DATE: JAN. 20, 2003
 JOB NUMBER: 2305
 FILE NUMBER: 2305LOT2
 PLOTTED: MAR. 03, 2003
 DRAWN BY: NR

SITE DEVELOPMENT PLAN
 SHEET 2 OF 2



LEGEND

- + 490.0 PROPOSED SPOT ELEVATION
- 280 — EXISTING CONTOUR
- 280 — PROPOSED CONTOUR
- SF — SILT FENCE
- SSF — SUPER SILT FENCE
- LOD — LOD — LOD — LIMIT OF DISTURBANCE
- ~ EX. WOODS LINE
- ~ PROPOSED WOODS LINE

MISS-UTILITY NOTE:
 1. CONTACT MISS-UTILITY 72 HOURS BEFORE ANY TRENCHING,
 (800) 257 - 7777.

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS
Jim M... 3/5/03
 USA-NATURAL RESOURCES CONSERVATION SERVICE DATE
 THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND
 SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT
John R. R... 3/5/03
 HOWARD SCD DATE

ENGINEER'S CERTIFICATE
 I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION
 CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN
 BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS
 AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE
 REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
M.N. Roshan 03/04/03
 M.N. ROSHAN, L.S. DATE

DEVELOPER'S CERTIFICATE
 I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE
 DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL,
 AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION
 PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT
 OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL
 OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO
 AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL
 CONSERVATION DISTRICT.
[Signature] 03/03/03
 SIGNATURE OF DEVELOPER DATE

GP-03-39



City of Bowie

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: DIEMCO PLUMBING INC Telephone #: 410 780 5800
Address: 8225 PHILADELPHIA RD
ROSEDALE MD 21237

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

Name (Print): ROBERT M DIEM JR License# MPT# 9026

*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: GREGORY PHILLIPS Telephone #: 410 977 0867
Subdivision: Lot #: Well Tag #: HO 94 - 2755
Site Address: 14059 HIGHLAND RD
CLACKSVILLE MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: Two piece watertight cap: YES
Model #: Model#: Screened, vented well cap: NO
Pump Capacity 5 GPM Depth: YES (36" min) Cap secured to casing: YES
Well Yield: 4 GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 150 (feet) Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Tongue arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house House Connection
Type: YAESLEY PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 300 (160 psi min) Approximate length of sleeve: 12 FT
Depth of supply line: 90 (36" min) Sleeve caulked and sealed properly: YES

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

Signature of company representative responsible for installation: Robert M. Diem Jr. date: 12/21/04

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

Date Insp. Requested: Date Insp. Approved: 6/15/04 (50)
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked] BB
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

C1 07844

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK SRK 1/2/01 COUNTY NUMBER A 51556

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 12/8/00

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140 94 - 2755

OWNER Phillips last name, GREG first name, STREET OR RFD Highland Road, TOWN Taylor, SUBDIVISION Trailer Estates, SECTION, LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Sand, Clay, Sand Stone, Shale, Tan mica, Gray mica, White mica, and Cream mica.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (27), NO. OF POUNDS (2700), GALLONS OF WATER (162), DEPTH OF GROUT SEAL (48).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (52).

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

SCREEN RECORD form with fields for screen type (ST), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (ABANDONED), E (ELECTRIC LOG), P (TEST WELL CONVERTED)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MW D 040, DRILLERS SIGNATURE: Deane F. Rostenburg, LIC. NO. 1 JW D 328

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

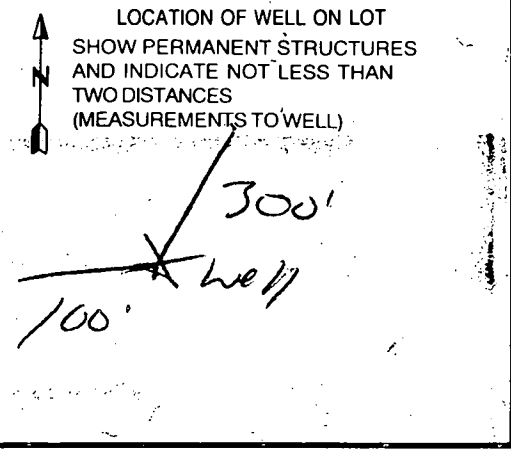
DEPTH (nearest ft.) table with columns for casing depth (1-21 ft) and screen depth (23-51 ft).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3 PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (7), TYPE OF PUMP USED (S - submersible)

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below), LAND SURFACE (2 nearest foot)



12.8.00

OK SRM
1/2/01

Page ___ of ___

Date completed _____

FIELD DATA SHEET
MONTGOMERY COUNTY WELL YIELD TEST

250 Hungerford Drive
Rockville, MD 20850

Well Permit # MO-HO-94-2755 Election District _____

Location of Property (Road) Gilbride Ln

Subdivision Thaler Prop Lot 2A Block _____

Well Driller Easterday Owner Phillips

Depth of Well 400 ^{estimated} 3 1/2 gpm

Distance of Measuring point (M. P.) above ground 2 FT

Static Water Level (S.W.L.) below M. P. 7 FT

I. High rate pumping---reservoir drawdown

Time pump started 12:05 pm Pumping rate 15 GPM

Total time 25 min to reach pumping water level 118 ft. below M. P.

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

TESTED BY [Signature]

Time	Water Level below M. P.	Pumping Rate time to fill 1 gallon bucket	Estimated Water Level (if needed) Pump SET	Calculated Flow (gallons per minutes)
12:30 pm	118 FT	4 sec	385 FT	4 GPM
12:45 pm	118 FT	4 sec	385 FT	4 GPM
1:00 pm	118 FT	4 sec	385 FT	4 GPM
1:15 pm	118 FT	4 sec	385 FT	4 GPM
1:30 pm	118 FT	4 sec	385 FT	4 GPM
1:45 pm	118 FT	4 sec	385 FT	4 GPM
2:00 pm	118 FT	4 sec	385 FT	4 GPM
2:15 pm	118 FT	4 sec	385 FT	4 GPM
2:30 pm	118 FT	4 sec	385 FT	4 GPM
2:45 pm	119 FT	4 sec	385 FT	4 GPM
3:00 pm	119 FT	4 sec	385 FT	4 GPM
3:15 pm	119 FT	4 sec	385 FT	4 GPM
3:30 pm	119 FT	4 sec	385 FT	4 GPM

B 1 01403

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL W513671 please print or type

STATE PERMIT NUMBER 10-04-2755 fill in this form completely

OWNER INFORMATION Phillips Greg 8334 8815 Centre Park Drive Columbia, Md. 21045

LOCATION OF WELL Howard 2334 2334 Thaler Estates Dayton

DRILLER INFORMATION George F. Easterday M W6 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 400 Ft DISTANCE FROM ROAD

WELL INFORMATION APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 511556 COUNTY NAME COUNTY NO.

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

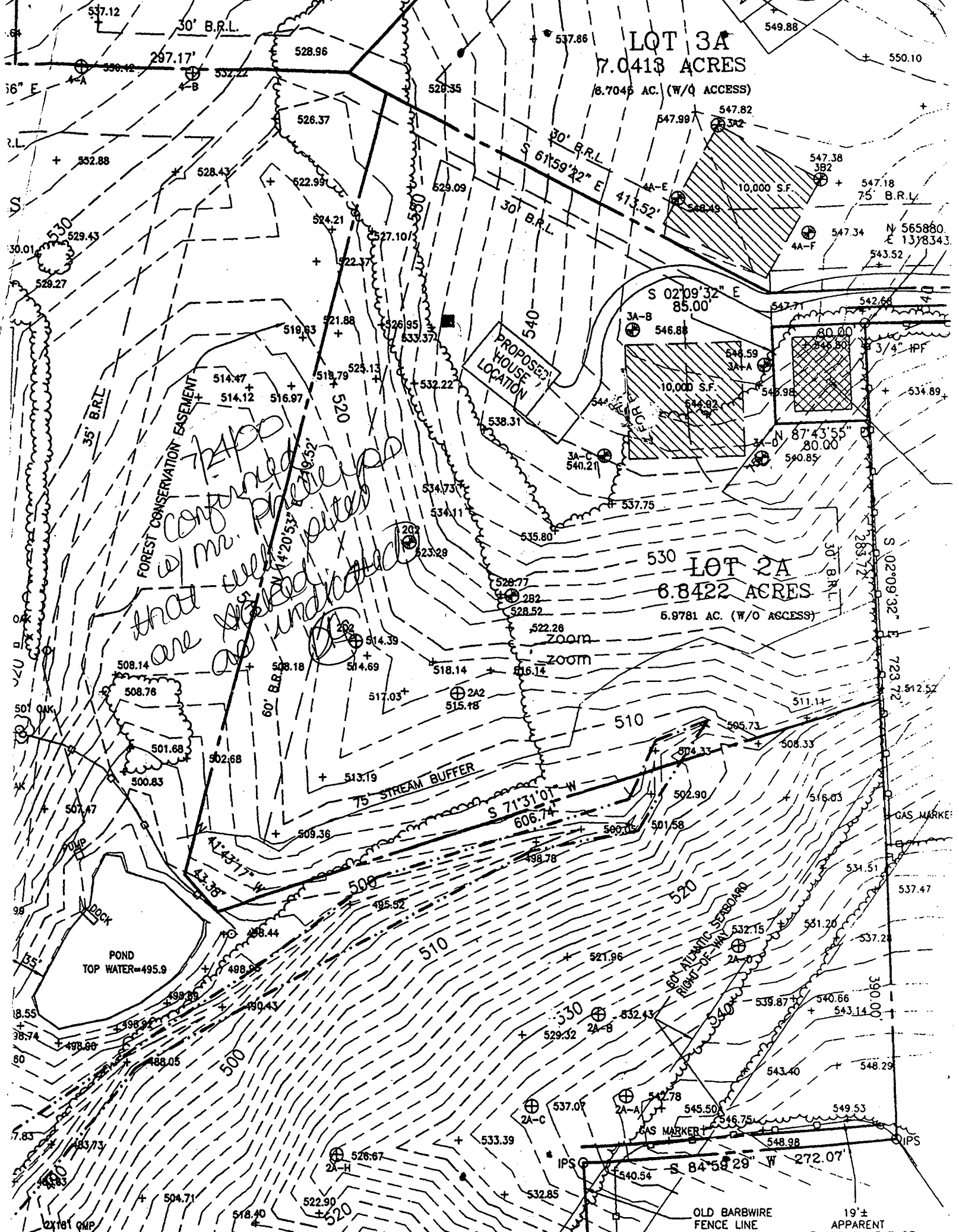
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells

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

WRITE THE BOX NUMBER FROM THE MAP HERE 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) APPROX. PERMIT NUMBER 54 PERMIT No. 10-04-2755



LOT 3A
7.0413 ACRES

8.7045 AC. (W/O ACCESS)

10,000 S.F.

PROPOSED HOUSE LOCATION

10,000 S.F.

LOT 2A
6.8422 ACRES

6.9781 AC. (W/O ACCESS)

FOREST CONSERVATION EASEMENT

75' STREAM BUFFER

POND
TOP WATER=495.9

OLD BARBWIRE FENCE LINE

19'± APPARENT ENCROACHMENT OF

contour lines that are shown are as indicated by Mr. Phillip

COUNTY #

SOIL PROFILE

0' (B)

topsoil

red org
brn
cl Lm

3'-
3.5'

tan
sa mica
Lm

10%
hard
rock

13.5'

0' (A)

topsoil

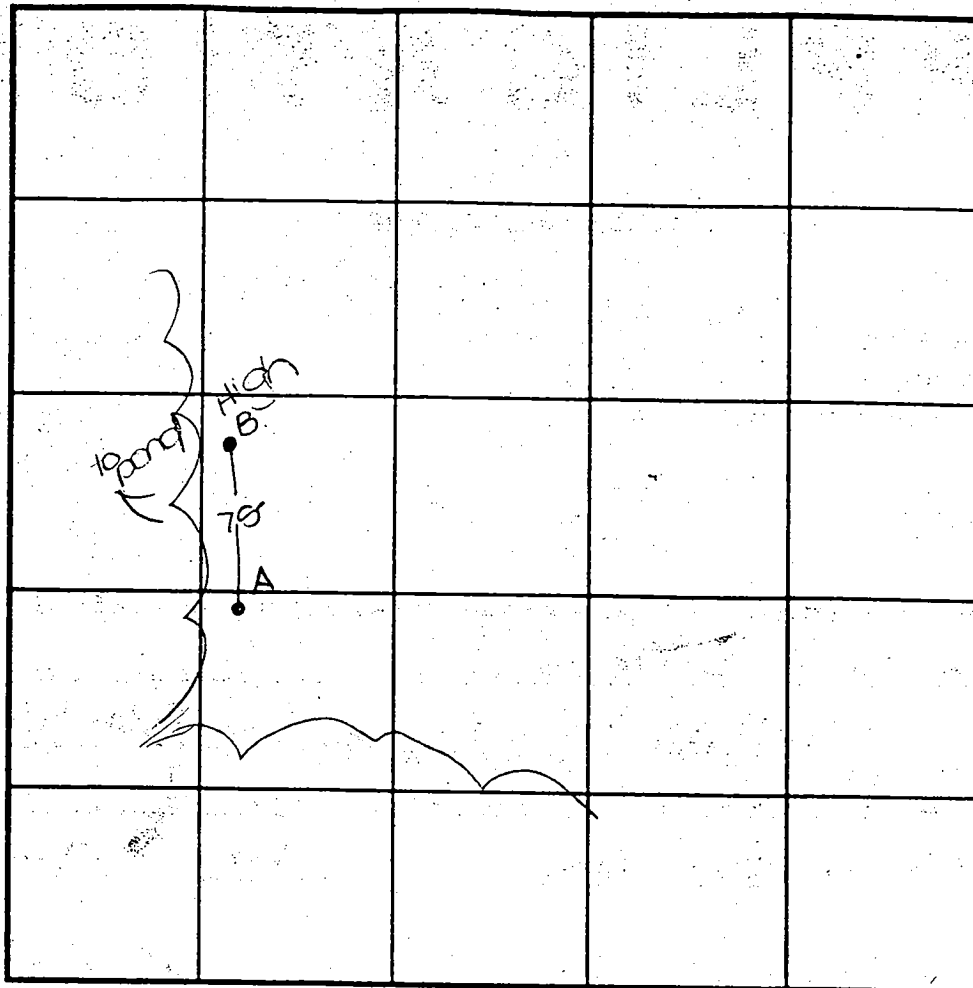
red brn
sa mica
Lm

3'

pale
org tan
sa mica
Lm

15-20%
sh

12.8'



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-8-00	B	4.0' S	10:26	10:27	10:27	10:28	3
		13.5' D	visual	- see	profile		OK
	A	4.0' S	10:30	10:32	10:32	10:34	2
		12.8' D	visual	- see	profile		OK

REMARKS holes tested as stated

TYPE OF SOIL _____

TESTED BY DUC

ALSO PRESENT G. Phillips Jeff

Chaffin

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

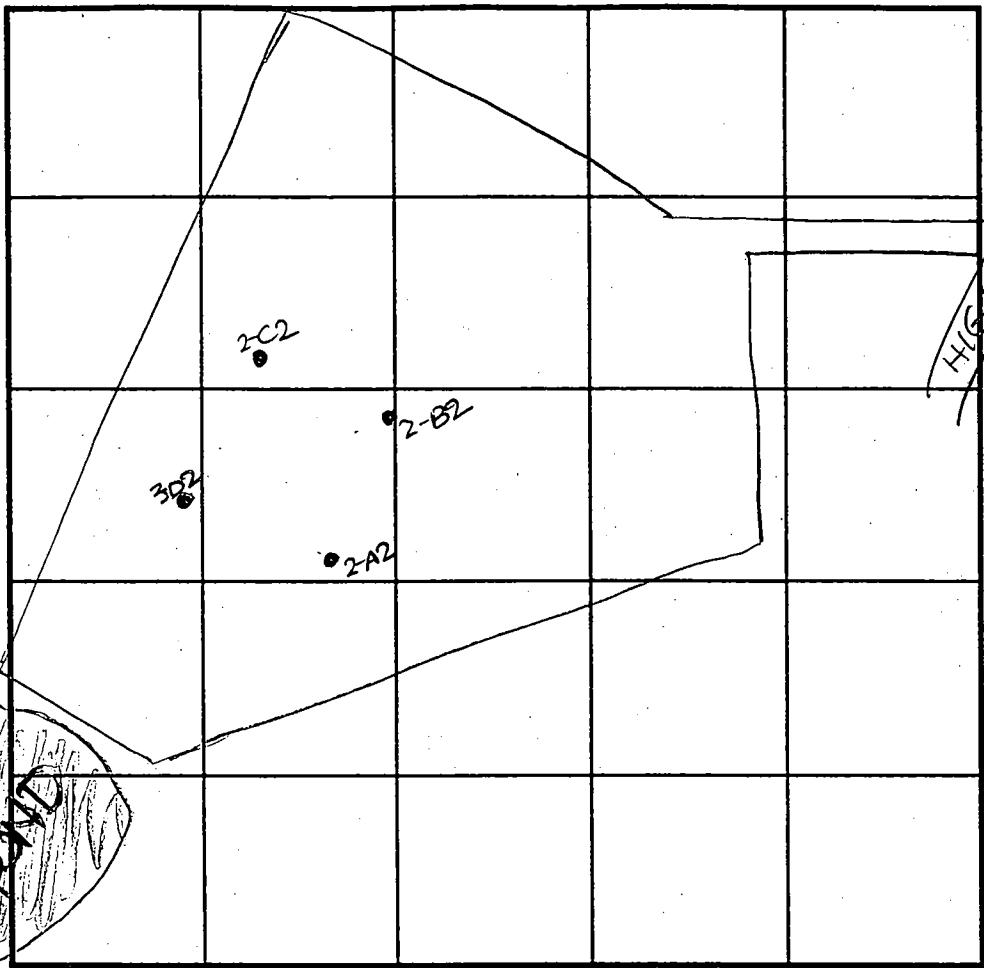
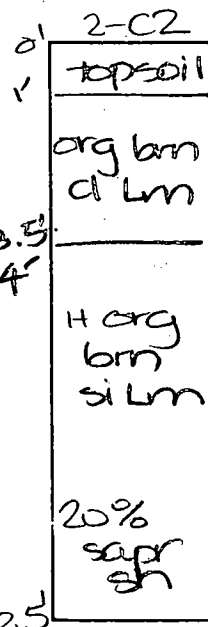
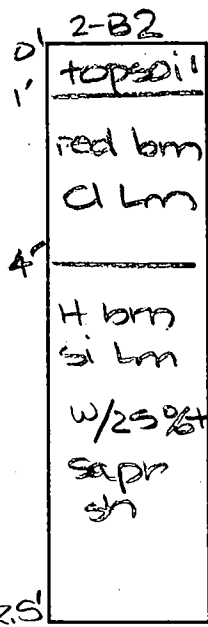
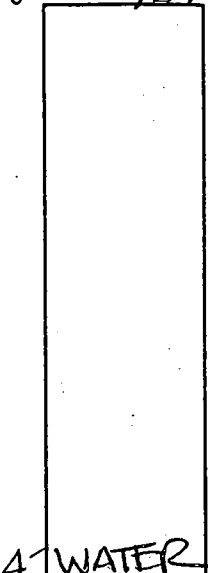
MAXIMUM BOTTOM DEPTH _____

SO. FT/BEDROOM _____

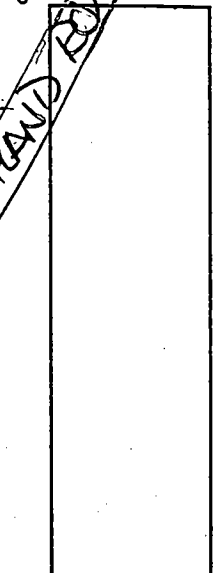
THALER - LOT 2A

COUNTY #

SOIL PROFILE
3-D2/2-A2



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-11-00	3-D2	4.0'D	WATER	—	—	—	FAIL
	2-A2	4.0'D	WATER	—	—	—	FAIL
	2-B2	12.5'D	visual	-sec	profile	—	OK
	2-C2	12.5'D	visual	-sec	profile	—	OK

REMARKS test holes 3-D2 and 2-A2 results reported to
 TYPE OF SOIL me by excavator - holes covered @ my arrival
 TESTED BY DKS ALSO PRESENT G. Phillips, Halfields
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

COUNTY #

SOIL PROFILE
3A-A

0' topsoil

3.9' org brn
clm

brige
si lm
w/mica

25% ot
sapr
sh

11' Refusal

3A-B

0' topsoil

1' org brn
clm

3.5' 4' pale
org
brn
si lm
w/mica

13' 20%
sapr
sh

3A-F

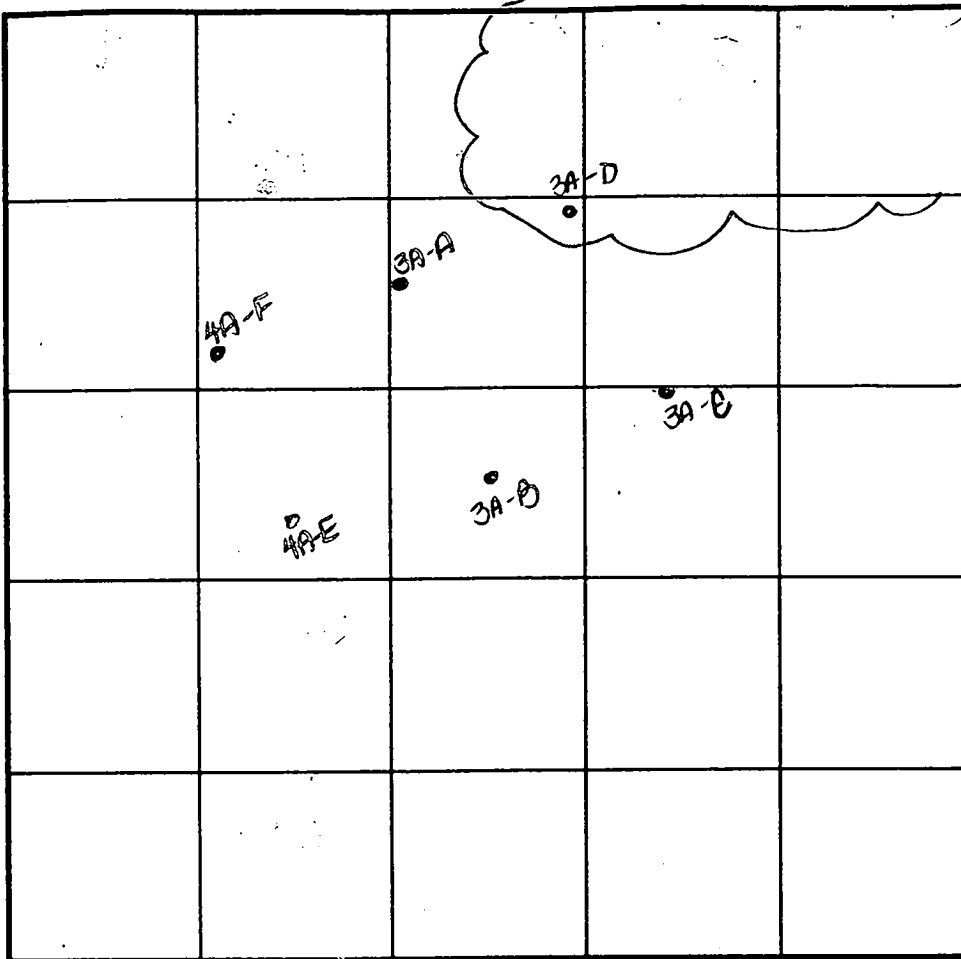
0' topsoil

1' org brn
clm

3.5' pale
org tan
to
tan
si lm

10-15%
sapr
sh

14'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
4A-E/F

0' topsoil

1' org red
brn
clm

4' pale
org
red
tan
si lm

13.5' 50%
shale

0' 3A-D

1' topsoil

1' org brn
clm

4' pale
org brn
si lm
w/mica

12' 20%
sapr

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-20-99	3A-B	5.0'S	3:23 ₃	3:24 ₃	3:24 ₂	3:28	4
		10.0'D	Visual	- see	profile		OK
	3A-A	11.0'D	Visual	- see	profile		OK
7-1-99	3A-E	5.5'S	11:07	11:07 ₃	11:07 ₂	11:09	2
		14.0'D	Visual	- see	profile		OK
	4A-E	5.5'S	11:14	11:15	11:15	11:16 ₃	2
		13.5'D	Visual	- see	profile		OK
	4A-F	5.5'S	11:26	11:28	11:28	11:32	4
		13.5'D	Visual	- see	profile		OK
	3A-D	2.0'D	Visual	- see	profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 511556

P _____

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

DISTRICT _____

DATE 5/3/99

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 Mary O. Thalen

ADDRESS 13550 Triadelphia Mill Road PHONE 448-691-4740

AGENT ^{Don} PROSPECTIVE BUYER Gregory B. Phillips

ADDRESS 8815 Centre Park Drive, PHONE 410-720-5200
Columbia, MD 21045

PROPERTY LOCATION:
SUBDIVISION The Thalen ^{Estates} Property LOT NO. 3A ⁽²⁾ ~~(2A)~~

ROAD AND DESCRIPTION Highland Road to Triadelphia Mill Road

TAX MAP 28 PARCEL # 64

SIZE OF LOT approx 7 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. Gregory B. Phillips
(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

6-00008340

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER BB
300140585

Building Address 14059 Highland Road
Clarksville, MD 21029
Suite/Apt. #: --- SDP/WP/Petition #: ---
Census Tract 605101 Subdivision Traler Estates
Section --- Area --- Lot 2
Tax Map 28 Parcel 64 Grid 20
Zoning RR Map Coordinates 13K5 Lot size 3,6486

Property Owner's Name Gregory Phillips
Address 14059 Highland Road
City Clarksville State MD Zip Code 21029
Home Phone (410) 374-8130 Work Phone (410) 977-0864
Applicant's Name & Mailing Address, (if other than stated hereon):
(410) 977-0864
Phone (410) 740-8130 Fax (410) 730-2157

Existing Use Agricultural
Proposed Use Single family dwelling
Estimated Construction Cost \$ 400,000
Description of Work Construct Single
Family dwelling one room in
3 full baths - 2 half bath - SQD

Contractor Company OUT TO BID
Contact Person ---
Address ---
City --- State --- Zip Code ---
License No. ---
Phone --- Fax ---

Occupant or Tenant none 2-Fin. Done
Contact Name Frank Cochran
Address Porter Cochran
City --- State --- Zip Code ---
Phone --- Fax ---

Engineer or Architect Company Dan Ball associates
Contact Person Dan Ball
Address 5513 Twin Knolls Rd, Suite 210
City Columbia State MD Zip Code 21045
Phone (410) 715-0408 Fax ---

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u>---</u>
Depth <u>60.5'</u> Width <u>64.3'</u>	Public <input type="checkbox"/>
1st floor: <u>60.5'</u>	Private <input checked="" type="checkbox"/>
2nd floor: <u>43'</u>	Sewage Disposal: <u>---</u>
Basement: <u>60.5'</u>	Public <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: <u>---</u>	Heating System: <u>---</u>
No. of efficiency units: <u>---</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of 1 BR units: <u>---</u>	Natural Gas <input checked="" type="checkbox"/>
No. of 2 BR units: <u>N/A</u>	Propane Gas <input type="checkbox"/>
No. of 3 BR units: <u>---</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Other Structure: <u>---</u>	NFPA #13D <input type="checkbox"/>
Dimensions: <u>N/A</u>	NFPA #13R <input type="checkbox"/>
Footings: <u>---</u>	Other: <u>---</u>
Roof: <u>---</u>	
<input checked="" type="checkbox"/> State Certified Modular	
<input checked="" 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 Gregory Phillips
Title/Company ---

Print Name Gregory Phillips
Date 3-5-03

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>3/31/03</u>	<u>Brian Baker</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# 57622

Filing fee \$ 100
Permit fee \$ ---
Excise tax \$ ---
Add'l per. fee \$ ---
TOTAL FEES \$ ---
Sub-total paid \$ ---
Balance due \$ ---
Check # 1715
Validation # 70857

Accepted by ---



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

December 21, 2004

Mr. Gregory Phillips
10544 Jason Lane
Columbia, MD 20144

SENT VIA FACSIMILE 410-730-2157

RE: Thaler Estates, Lot 2
14059 Highland Road
BP # B00140585
Well Permit #HO-94-2755

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 06/15/2004.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability requirements to be brought into compliance with these regulations. This deviation requests that bottled water shall be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria level below the limit shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to:

- a) accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a and issue a standard Interim Certificate of Potability or
- b) issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system or
- c) issue an order that the well is abandoned and sealed

Fifteen Day Temporary Deviation for Bacteria

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Samples: 12/20/2004
Date of Well Completion: 12/08/2000
(HO-94-2755)

Approving Authority,



Brian Baker, R.S.
Well and Septic Program

mlb
cc: Building Inspector's office,
File

REQUEST FOR TEMPORARY DEVIATION TO
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 12-21-04 WELL PERMIT #: HO-94 - 2755

PROPERTY OWNER: Gregory & Meredith phillips
SUBDIVISION & LOT #:
PROPERTY ADDRESS: 14059 Highland Road
Clarksville, MD 21029

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Well Chlorinated and tested by Water Lab

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

re-chlorination of well. Will be
re tested by water Lab.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO-94-2755 will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

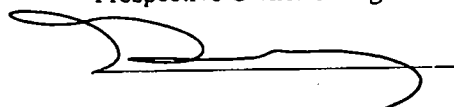
a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO 94 2755 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) who intend to live in the dwelling]

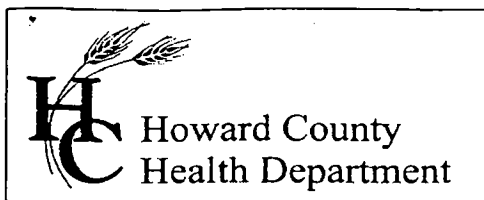


Meredith Phillips

Prospective Owner's Day Time Phone Number(s)

(410) 977-0864

(410) 740-8130



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

January 12, 2005

Gregory Philips
10544 Jason Lane
Columbia, MD 21044

SENT VIA FACSIMILE 410-730-2157

RE: Thaler Estates, Lot 2
14059 Highland Road
Clarksville, MD 21029
BP #: B00140585
Well Permit # HO-94-2755

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 06/15/2004. Final approval of the well line connection to the dwelling was approved on 06/15/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2755. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 12/20/2004 & 12/27/2004
Date of Well Completion: 12/08/2000

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File