

05 433797

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 8/26/04

05-433797
PERMIT
INDEXED

P 520848

APPROVAL DATE: 9/21/04

A 511556 - G

RPS #
433797

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Hedgerow Estates LOT NUMBER: 2

ADDRESS: 13511 Bella Notte Way PROPERTY OWNER: Greg Greben

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: 162 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Install the distribution box in the upper most useable portion of the sewage disposal area.
NOTES:	Install two trenches 81' long with 10' edge to edge separation.

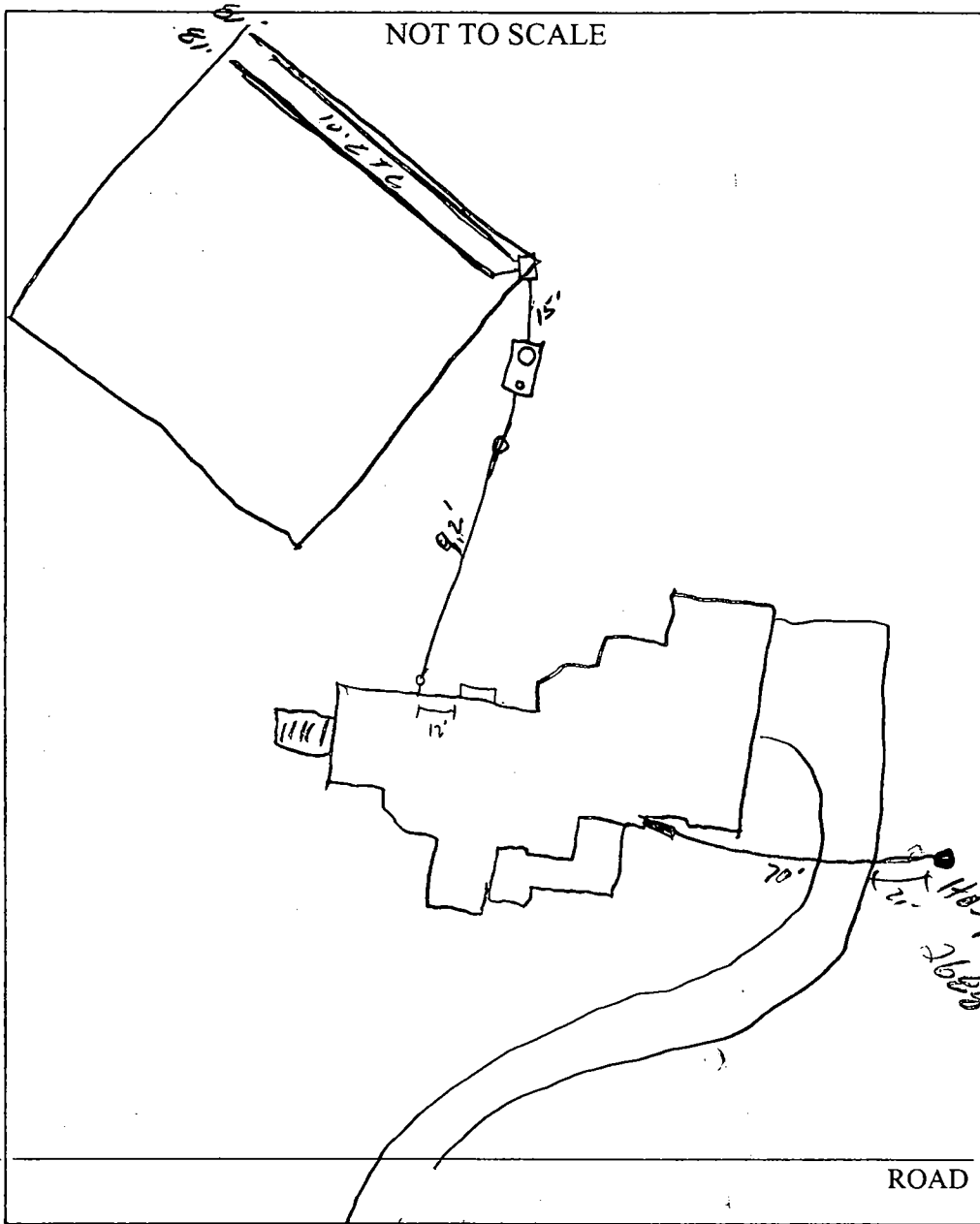
PLANS APPROVED: John A. Boris Reviewed by: (Signature) 9/15/04 DATE: 11/20/03

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
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED
AND RETURNED
9/17/05 BOD 155886 - EG POOL
9/22/05 BOD 156141 - ROFFINE TANK

A 511556 - G



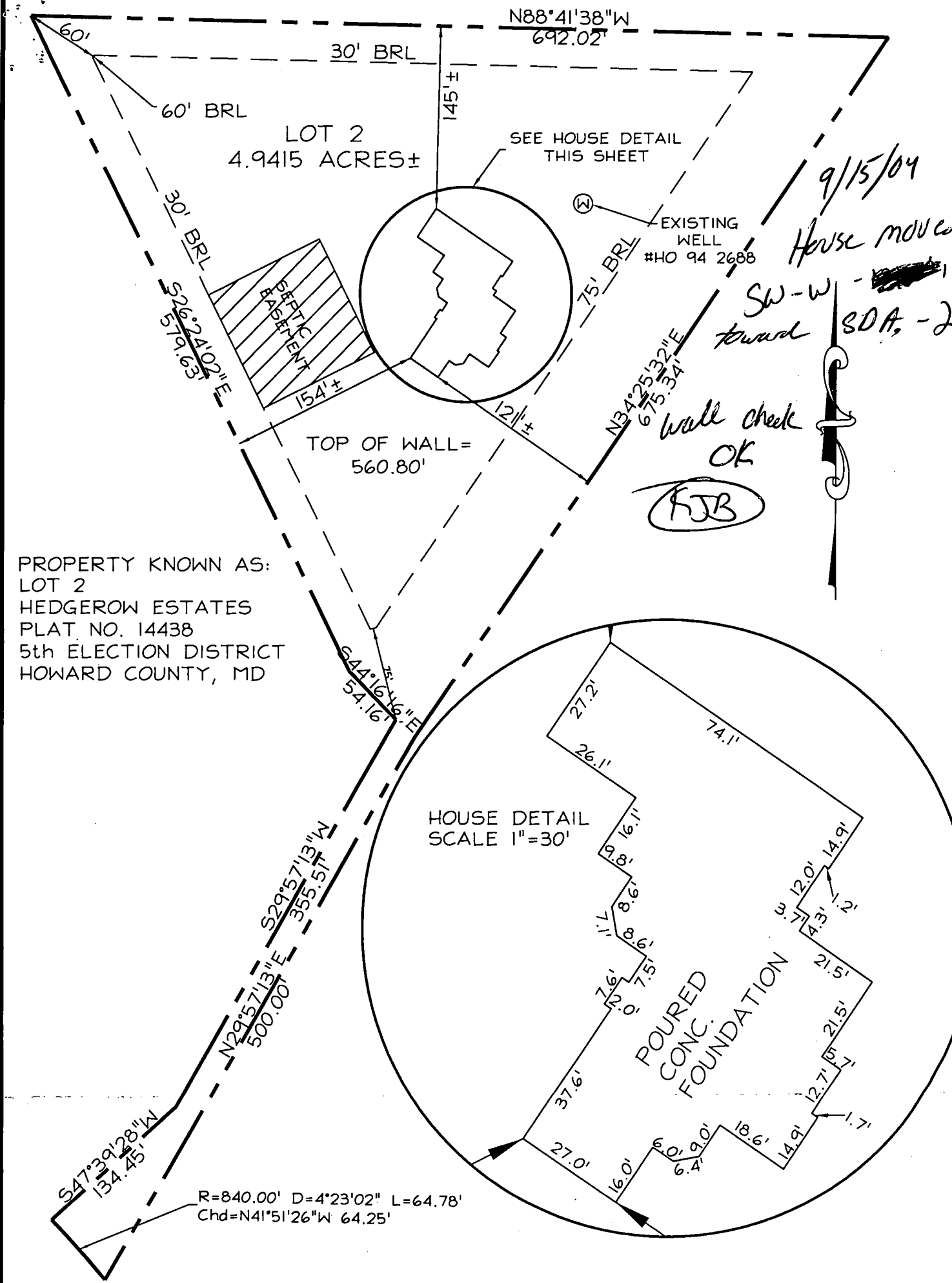
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	4.0	8.5
NUMBER OF TRENCHES		2
TOTAL LENGTH		162'
ABSORPTION AREA		648 7
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	1.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Back
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 9/21/04 - SRA staked, contours accurate. Install (2) 81' trench per B.P. (SO) 9/21/04 - Complete system
 INSTALLATION installed OK to cover all work (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 9/21/04

LOCATION DRAWING

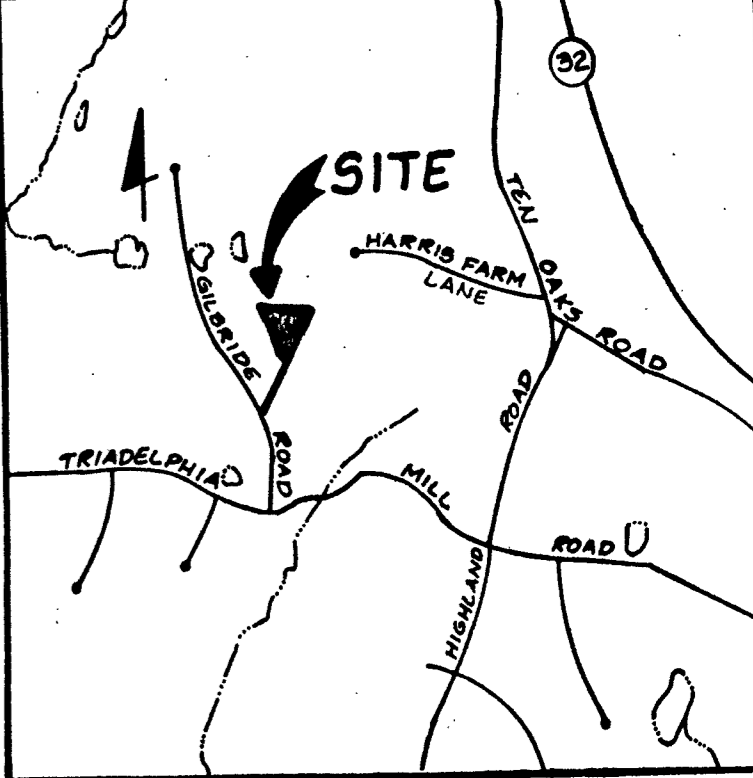


THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

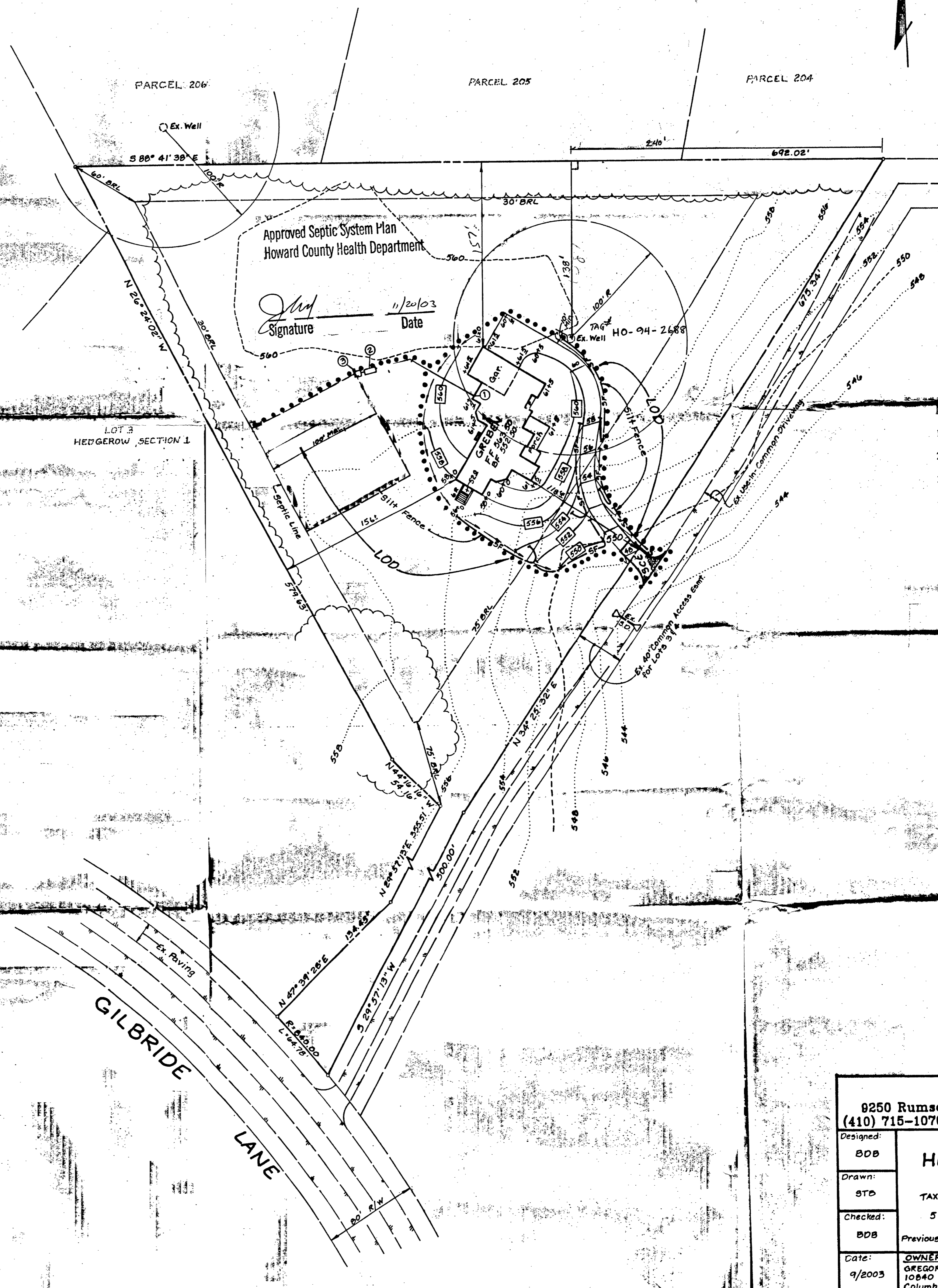
<p>CERTIFICATION</p> <p>This is to certify that I have surveyed the property known as:</p> <p><u>LOT 2 GILBRIDE LANE</u></p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, 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>SEAL</p> <p>9/13/04</p>	<p>SCALE: 1"=100'</p>	<p>DATE: 1/6/2004</p> <p>LDE Inc. Engineers, Surveyors, Planners</p> <p>9250 Rumsey Road, Suite 106 Columbia, Maryland - 21045 (410)715-1070 - (410)715-9540 Fax</p>
---	-----------------------------------	-----------------------	---

LEGEND

- 520 --- EXISTING GROUND
- 520 — PROPOSED GRADE
- ⊙ EXISTING WELL
- - - DRAINAGE FLOW
- SF - SF - SUPER SILT FENCE
- LIMIT OF DISTURBANCE
- SF — SF — SILT FENCE
- ☼ EX. TREE TO REMAIN
- SCE** STABILIZED CONSTRUCTION ENTRANCE
- ECM EROSION CONTROL MATTING



VICINITY MAP
Scale: 1" = 2000'



NOTES:

1. Existing Zoning: RR (Rural Residential)
2. Plat Reference: 14438
3. Limit of Disturbance: 28,790 Sq. Ft. ±
4. The proposed driveway for this lot shall be a minimum of 10 feet wide, 6 inch crusher run with 2 1/2 inch macadam surface.
5. The topography shown is taken from the Percolation Certification Plat prepared by NJR & Associates, dated 9/11/00, revised 9/25/00.
6. See Architectural Plans for building dimensions.
7. Well, Located by LDE, Inc. At 138 ft. off Northern property border. Well tag # HO - 94 - 2688

SEWAGE SYSTEM DESIGN DATA / LOT 2

- ① Invert at Foundation Wall: 558.50 (Wall Hung)
(Interior Pump Required for Basement Service)
- ② 1500 Gallon Septic Tank (5 Bedrooms)
Provide Manhole to Finished Grade
A. Ex. Ground Over Tank: 559.90
B. Prop. Grade Over Tank: 559.90
C. Invert In: 557.30
D. Invert Out: 557.00
- ③ Distribution Box: (Provide 3 Outlets Minimum)
A. Ex. Ground Over Box: 559.80
B. Prop. Grade Over Box: 559.80
C. Invert In: 556.80

No well location statement (KSB) 9/15/04

LDE, INC.		
9250 Rumsey Road, Suite 108, Columbia, MD. 21045 (410) 715-1070 (301) 586-3424 (410) 715-9540 (Fax)		
Designed:	PLOT PLAN FOR BUILDING PERMIT	Scale:
BDB	HEDGEROW ESTATES	1" = 80'
Drawn:	LOT 2	Drawing:
STG	TAX MAP 28 GRID 20 P/O PARCEL 61	1 of 1
Checked:	5th ELECTION DISTRICT HOWARD CO, MD	Job No:
BDB	Previous Submittals:	03-047
Date:	OWNER	File No:
9/2003	GREGORY J. & JEANNE M. GREBEN 10840 Harmel Drive Columbia, MD 21044	

**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: D.W. Albright Inc. Telephone #: 410-536-1885
Address: 5200 Leedes AVE
ARUBUTS MD 21227

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): Donald W. Albright License # 3015
*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: GREG GREHA Telephone #: _____
Subdivision: Hedge Row Lot #: 2W Well Tag #: HO-94-2688
Site Address: 13511 BELLA NOTTE WAY

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos-pump</u>	Make: <u>Campbell</u>	Two piece watertight cap: _____
Model #: <u>2765</u>	Model #: <u>B-10</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>40</u> (56" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	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

Piping to house
Type: Black well pipe
PSI: 180 (160 psi min)
Depth of supply line: 40" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: 6'
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: Donald W. Albright date: 10/12/04

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

Date Insp. Requested: _____ Date Insp. Approved: 11/15/04 Inspector: SO RB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

621151

C1 07769

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. On 7/26/00 SRU

COUNTY NUMBER A 511556

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-94-2688

OWNER Phillips (last name) GREGG (first name) STREET OR RFD Gilmore Lane TOWN Carverville SUBDIVISION Hedgerow Estates SECTION LOT 2

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Topsoil, Tan Sandy Mica, Br. mica, Tan Sandstone, Gray mica, Quartzite, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 7700 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 70

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 80

OTHER CASING (if used) diameter inch depth (feet) from to

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (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. 1 MW D 040 George F. Eustending DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 386 Wendy R. [Signature]

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

DEPTH (nearest ft.) 1 2 40 78 400

SCREEN RECORD table with columns 1-51 and rows A, C, H, S, R, 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

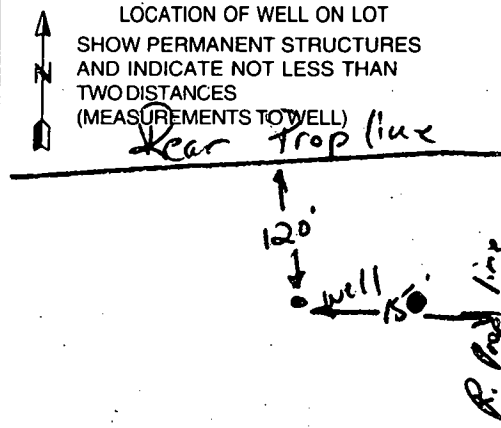
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 166 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 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 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 - below LAND SURFACE 2 (nearest foot)



Date _____ of _____

mm 5-29-00 1:00

Review OU SRU
7/26/00

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2088
Location of property (road) Gilbode lane
Subdivision Hedgerow Estates Lot 2 Block _____ Plat _____ Sec. _____
Well Driller Easterdall Owner Phillips

Depth of well 400 36m
Distance of measuring point (M.P.) above ground 2 FT
Static water level (S.W.L.) below M.P. 25 FT

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 AM Pumping rate 15 GPM
Total time 15 min to reach pumping water level 165 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 1 gallon bucket	FLOW METER READING (if used) Pump SET	CALCULATED FLOW (gallons per minute)
8:30 AM	165 FT	20 sec	385 FT	3 GPM
8:45 AM	165 FT	20 SEC	385 FT	3 GPM
9:00 AM	165 FT	20 sec	385 FT	3 GPM
9:15 AM	165 FT	20 sec	385 FT	3 GPM
9:30 AM	165 FT	20 sec	385 FT	3 GPM
9:45 AM	165 FT	20 sec	385 FT	3 GPM
10:00 AM	165 FT	20 sec	385 FT	3 GPM
10:15 AM	165 FT	20 sec	385 FT	3 GPM
10:30 AM	165 FT	20 sec	385 FT	3 GPM
10:45 AM	165 FT	20 sec	385 FT	3 GPM
11:00 AM	165 FT	20 sec	385 FT	3 GPM
11:15 AM	166 FT	20 sec	385 FT	3 GPM
11:30 AM	166 FT	20 sec	385 FT	3 GPM
11:45 AM	166 FT	20 sec	385 FT	3 GPM
12:00 PM	166 FT	20 sec	385 FT	3 GPM
12:15 PM	166 FT	20 SEC	385 FT	3 GPM
12:30 PM	166 FT	20 SEC	385 FT	3 GPM
12:45 PM	166 FT	20 sec	385 FT	3 GPM
1:00 PM	166 FT	20 SEC	385 FT	3 GPM
1:15 PM	166 FT	20 Sec	385 FT	3 GPM
1:30 PM	166 FT	20 sec	385 FT	3 GPM
1:45 PM	166 FT	20 sec	385 FT	3 GPM
2:00 PM	166 FT	20 sec	385 FT	3 GPM
2:15 PM	166 FT	20 sec	385 FT	3 GPM
HD-224 2:30 pm	166 FT	20 sec	385 FT	3 GPM

1351310101581

Date Received (APA) **04/21/00**
 8 MM. DD YY. 13
Phillips Greg
 15 Last Name Owner First Name 34
8815 Centre Park Drive
 36 Street or RFD 55
Columbia, Md. 21045
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL CC#
 8 COUNTY 21
Hedgerow Estates
 23 SUBDIVISION 42
 SECTION LOT 2
 44 46 48 50
~~Dayton~~ **Clarksville**
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday M W D **040**
 76 License No. 81
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd.. MT. Airv. Md. 21771
 Address
 Signature *George F. Easterday* Date **4/21/2000**

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Gilbride Lane
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH EAST
 WEST SOUTH
 34 **950** 37
 DISTANCE FROM ROAD Ft.
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 14 20

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 A. 511556
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **05/17/00** *TONY K...* 41
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **505 000** EAST GRID **0805 000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
5/20/00 8:30 Missed location OK 11 logs 5/3/00 PEP
 SOURCES OF DRILLING WATER
 1. **wells**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 800
 N 500
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 36 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other _____

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
 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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

13 K 6
 15
 Philadelphia

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 _____ 63
 PERMIT No. **HO-94-2688**
 70 71 72 73 74 75 76 77 78 79

PARCEL 206
LIBER 661, FOLIO 257

PARCEL 204
LIBER 1375, FOLI

EXIST. WELL

300' TO EX. SEPTIC CLEANOUT

300' TO EX. SEPTIC CLEANOUT

400' TO EX. WELL

300' TO EX. SEPTIC CLEANOUT

400' TO EX. WELL

4' WIRE FE

IPS

3/4" IPF IN
BASE OF TREE

S 88°41'36" E 1541.36'

558.37 559.48 560.05 559.42 692.02' 559.42 560.05

30' B.R.L.

LOT 2
4.9415 ACRES
4.8458 AC. (W/O ACCESS)

5/2/06
well site as stated
[Handwritten signature]

LOT 3
HEDGEROW SECTION 1
PLAT No. 8932

10,000 S.F.

PROPOSED HOUSE LOCATION

PROPOSED COMMON AC

APPROX. LOCATION OF EXISTING OF SEPTIC FIELD (NO WELL)

PROPOSED HOUSE LOCATION

LOT 4
4.9109 A
4.8776 AC. (W/

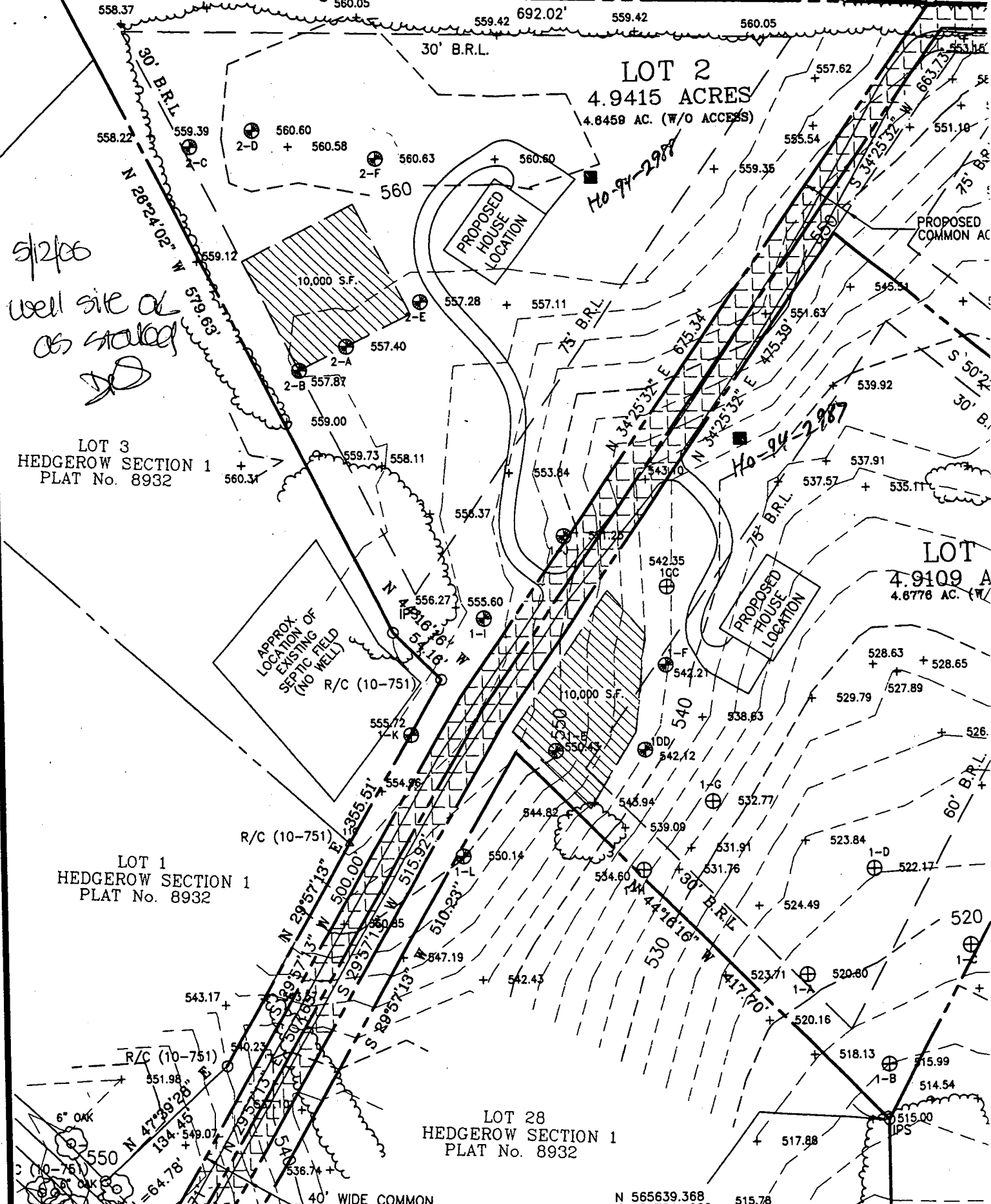
LOT 1
HEDGEROW SECTION 1
PLAT No. 8932

LOT 28
HEDGEROW SECTION 1
PLAT No. 8932

40' WIDE COMMON ACCESS EASEMENT

N 565639.368
E 1317044.660

511.30



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. Thaler

ADDRESS 13550 Triadelphia Mill Road PHONE 444-691-4740

AGENT OR PROSPECTIVE BUYER Gregory B. Phillips

ADDRESS 8815 Centre Park Drive, PHONE 410-740-1200
Columbia, MD 21045

PROPERTY LOCATION:

SUBDIVISION The Thaler Property LOT NO. 2

ROAD AND DESCRIPTION Highway Road to Triadelphia Mill Road

TAX MAP 28 PARCEL # 61

SIZE OF LOT approx 5 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

COUNTY #

SOIL PROFILE 2F

0' topsoil

1' red brn cl lm

5' med pk brn si lm

15% rock

12' wh/org si cl lm

13'

0' 2A

1' topsoil

5' org brn cl lm

13.5' pale org brn si lm

10-15% rock

0' 2B

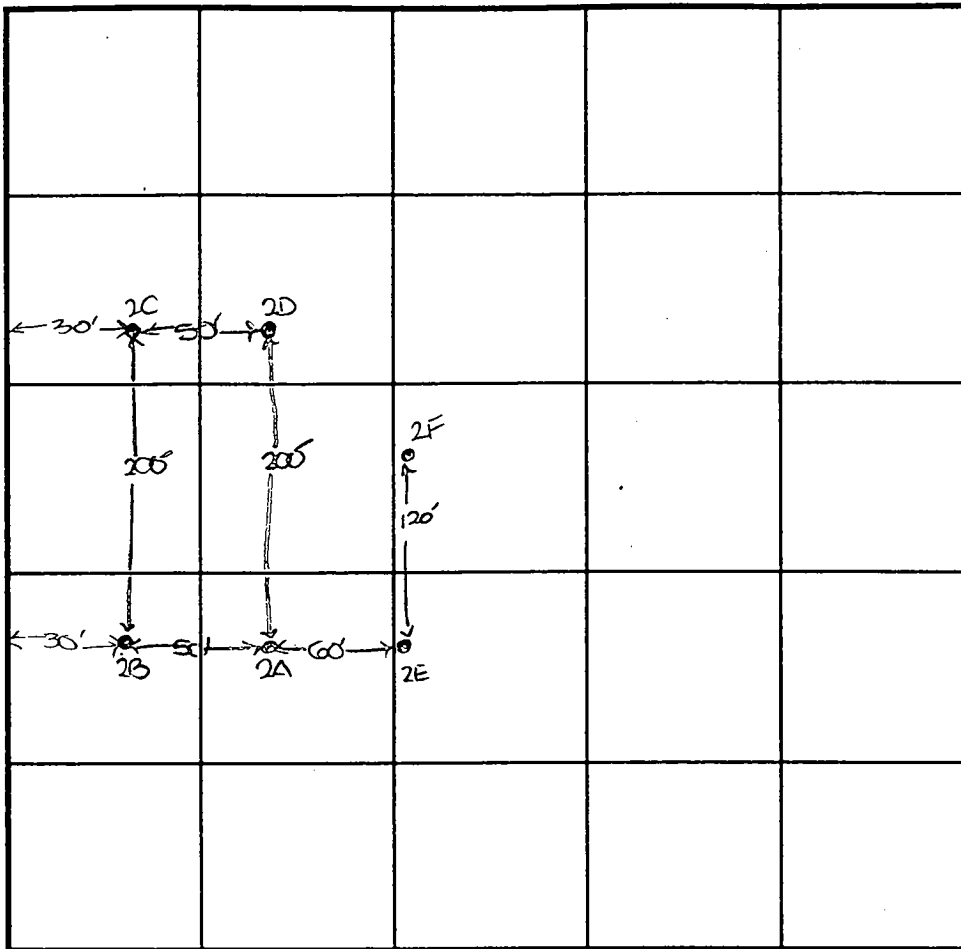
1' topsoil

4.5' red brn cl lm

pale org tan si lm

15% rock

14'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 2F

0' topsoil

1' org brn cl lm

5' pale org red brn si lm

12.5' evidence of moths

13.5'

0' 2D/2C

1' topsoil

5' org red brn cl lm

14' org/wh si ch lm

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-30-99	2E	6.0' S	1:16	1:18 ₃	1:18 ₃	1:22	4 ✓
		13.0' D	visual	-see	profile		OK ✓
	2A	13.5' D	visual	-see	profile		OK ✓
	2B	5.5' S	1:23 ₃	1:28	1:28	1:36	8 ✓
		14.0' D	visual	-see	profile		OK ✓
	2F	5.5' S	1:41	1:45	1:45	1:50	5 ✓
		13.0' D	visual	-see	profile		OK
	2D	14.0' D	visual	-see	profile		DO NOT USE
	2C	14.0' D	visual	-see	profile		

REMARKS _____

TYPE OF SOIL _____

TESTED BY J. SOE ALSO PRESENT Hatfield's

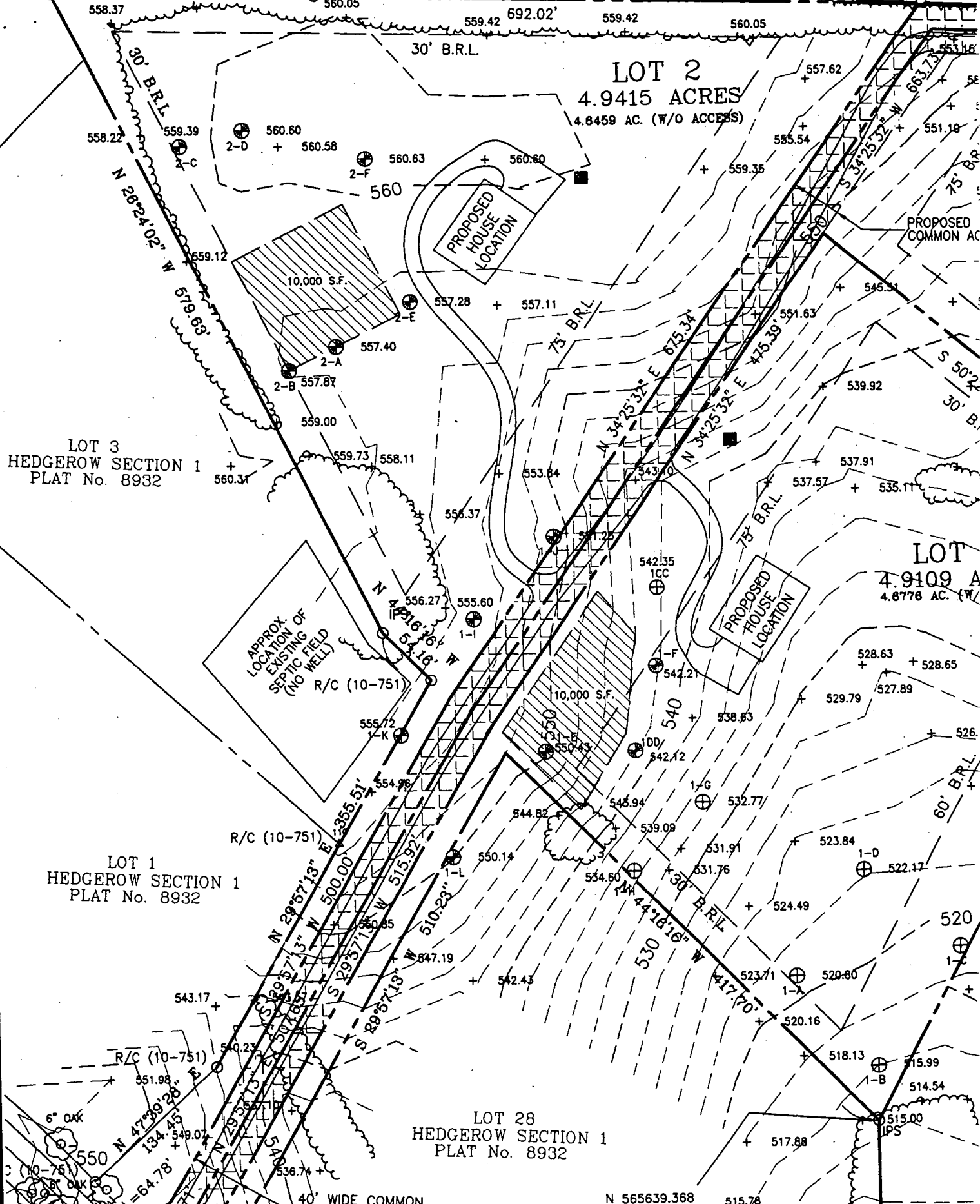
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

PARCEL 206
LIBER 661, FOLIO 257

PARCEL 204
LIBER 1375, FOLI

EXIST. WELL
300' TO EX. SEPTIC CLEANOUT
3/4" IPF IN BASE OF TREE
300' TO EX. SEPTIC CLEANOUT
400' TO EX. WELL
S 88°41'36" E 1541.36'
300' TO EX. SEPTIC CLEANOUT
400' TO EX. WELL
4' WIRE FE



LOT 3
HEDGEROW SECTION 1
PLAT No. 8932

LOT 1
HEDGEROW SECTION 1
PLAT No. 8932

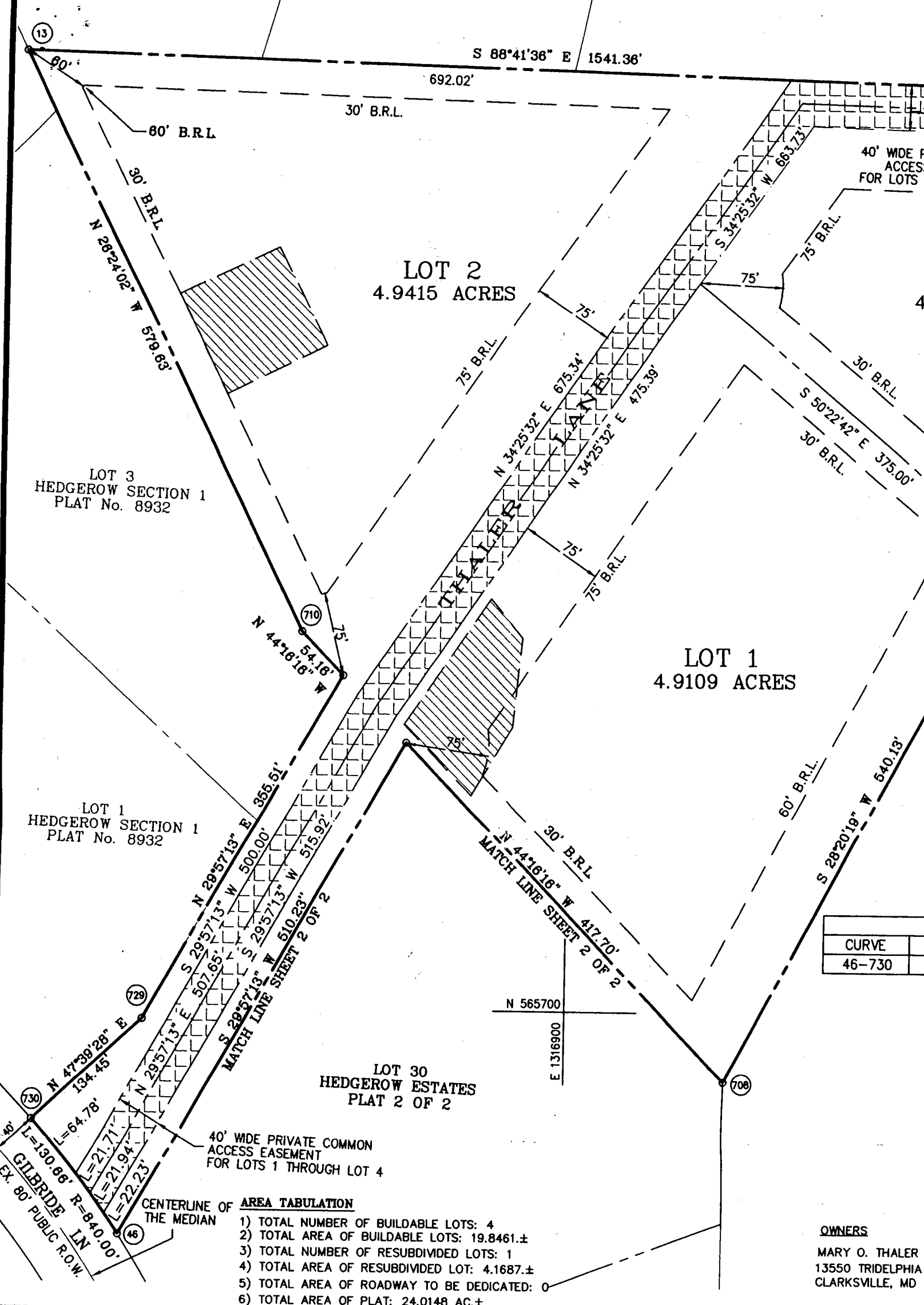
LOT 28
HEDGEROW SECTION 1
PLAT No. 8932

N 565639.368
E 1317044.660

LOT 2
4.9415 ACRES
4.8459 AC. (W/O ACCESS)

LOT
4.9109 A
4.8778 AC. (W/

40' WIDE COMMON
ACCESS EASEMENT



CURVE
46-730

- AREA TABULATION**
- 1) TOTAL NUMBER OF BUILDABLE LOTS: 4
 - 2) TOTAL AREA OF BUILDABLE LOTS: 19.8461±
 - 3) TOTAL NUMBER OF RESUBDIVIDED LOTS: 1
 - 4) TOTAL AREA OF RESUBDIVIDED LOT: 4.1687±
 - 5) TOTAL AREA OF ROADWAY TO BE DEDICATED: 0
 - 6) TOTAL AREA OF PLAT: 24.0148 AC±

OWNERS
 MARY O. THALER &
 13550 TRIDELPHIA
 CLARKSVILLE, MD 2

APPROVED: FOR PRIVATE WATER & SEWER SYSTEMS.
 HOWRAD COUNTY HEALTH DEPARTMENT.

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

SURVEYOR'S CERTIFICATE
 I HEREBY CERTIFY THAT THE FINAL PLAN SHOWN HEREON
 THAT IT IS A SUBDIVISION OF PARCEL 61, TAX MAP 28, C
 TO MARY O. THALER AND RAYMOND SCZUDLO, TRUSTEES,
 AUGUST 25, 1999 AND RECORDED AMONG THE LAND REC
 COUNTY, MARYLAND IN LIBER 4860, AT FOLIO 06 AND LO
 SECTION ONE, PLAT NUMBER 8932, CONVEYED TO MARY O

14438

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
330 COUNTY HOUSE DRIVE
ELKEMPTON CITY, MD 21024
PERMITS (410) 313-2438 INSPECTIONS (410) 313-7810
AUTOMATED INFORMATION (410) 313-3880

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00144774

Building Address 13511 BELLA NOTTE WAY
CLARKSVILLE, MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision Hedgecroft Estates
Section _____ Area 4.93 Lot # 2
Tax Map 28 Parcel 61 Grid 20
Zoning RD20 Map Coordinates 1355 Lot size _____

Property Owner's Name GREG & JEANNE GREEN
Address 10840 HARMEL DR.
City COLUMBIA State MD Zip Code 21044
Home Phone 410-521-5087 Work Phone SAME
Applicant's Name & Mailing Address (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use NEW SINGLE FAMILY HOME
Estimated Construction Cost \$ 800,000
Description of Work 5 BED ROOMS 2 STORY
HOME, 5'S BATHS, BASEMENT REAR ONLY

Contractor Company OWNER
Contact Person GREG GREEN
Address SAME AS ABOVE
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

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

Engineer or Architect Company HOFFMAN DESIGN
Contact Person BOB HOFFMAN
Address 2822 GRANITE RD.
City WOODSTOCK State MD Zip Code 21163
Phone 443-250-0702 Fax 410-521-5770

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 _____ 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 Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>48'</u> Width <u>109'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>63'x</u> <u>53'x</u>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>5</u>	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: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____	
Dimensions: _____	
Footings: _____	
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 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 Greg Green

Print Name Greg M. Green
Date 10-27-03

Title/Company _____

Date _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

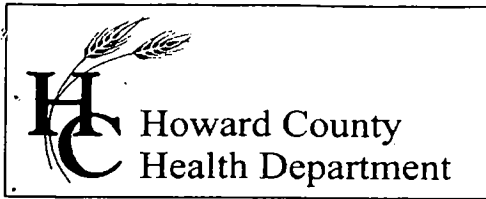
** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Fire Protection		
Sediment Control approval required prior to issuance?		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID: <u>59961</u>
Front: <u>75'</u>	Filing fee \$ <u>11</u>
Rear: <u>60'</u>	Permit fee \$ _____
Side: <u>30'</u>	Excise tax \$ _____
Side St: _____	Add'l per fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>5025</u>
SDP/Red/Blue approval date _____	Validation # <u>34069</u>
	Accepted by <u>[Signature]</u>

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



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

November 16, 2004

Mr. & Mrs. Greg Greben
10840 Harmel Drive
Columbia, MD 21044

RE: Hedgerow Estates, Lot 2
13511 Bella Notte Way
Clarksville, MD 21029
BP #: B00144774
Well Permit # HO-94-2688

Dear Sir:

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 09/21/2004. Final approval of the well line connection to the dwelling was approved on 11/15/2004.**

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-94-2688. 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 Samples: 11/02/2004 & 11/11/2004
Date of Well Completion: 05/30/2000

Approving Authority,


Stuart Oster, R. S.

Well & Septic Program

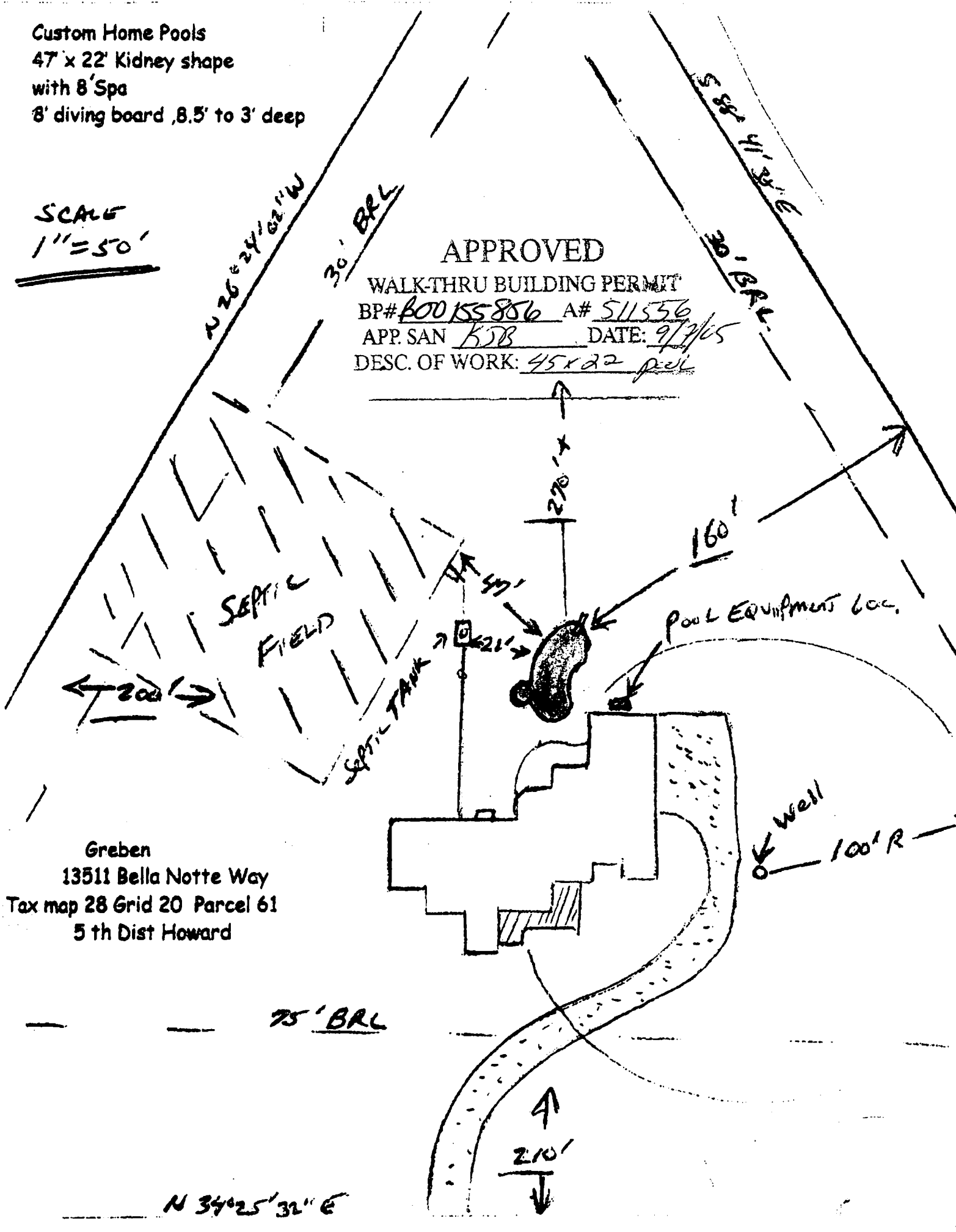
cc: Building Inspector's Office
Community Health Services
File

Custom Home Pools
47' x 22' Kidney shape
with 8' Spa
8' diving board, 8.5' to 3' deep

SCALE
1" = 50'

APPROVED

WALK-THRU BUILDING PERMIT
BP# 800155806 A# 511536
APP. SAN KJB DATE: 9/7/05
DESC. OF WORK: 45x22 pool



Greben
13511 Bella Notte Way
Tax map 28 Grid 20 Parcel 61
5 th Dist Howard

N 34° 25' 32" E

LOT 3
H. DIEROW SECTION 1

N 26° 24' 02" W

30' BRL

560

APPROVED
WALK-THRU BUILDING PERMIT
 BP# 100156141 A# 515561
 APP. SAN PHY DATE: 01/23/22
 DESC. OF WORK: Tank

579.63

Septic Line

10' Min.

100' MAX

Pool

Tank

GREBEN
FF 563.50
BF 552.50

Gar.

Porch

Ex. Well

29° 57' 13" E 353.51'

N 44° 16' 16" W
54.16'

75' BRL

554

N 34° 25' 32" E

548

546

544

Ex. 40' Cor. for Lots

Access Easmt.

Ex. Use In-Common Driveway

30' BRL

560

100' R

550

556

554

692.02'

SPEGS

135

A5115326
P520848

LDE, INC. 9250 Rumsey Road, Suite 108, Columbia, MD. 21045 (410) 715-1070 (301) 598-3424 (410) 715-9540 (Fax)		
Designed: BDB	PLOT PLAN FOR BUILDING PERMIT HEDGEROW ESTATES LOT 2 TAX MAP 28 GRID 20 P/O PARCEL 61 5th ELECTION DISTRICT HOWARD CO., MD Previous Submittals:	Scale: 1" = 50'
Drawn: STB		Drawing: 1 of 1
Checked: BDB		Job No: 03-047
Date: 9/2003		File No: ✓
OWNER GREGORY J & JEANNE M. GREBEN 10846 Harmel Drive Columbia, MD 21044		

2005 SEP 22 PM 5:04
HARD COUNTY ENVIRONMENTAL