

LAYOUT 7/13/04 INSP 4 _____
 INSP 2 7/20/04 > 1:00 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 7/8/2004 TAX ID #03-319307 P 520769
 APPROVAL DATE: 7/20/04 **PERMIT INDEXED** A 513323

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

Farm & Home Excavating, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Meadowood LOT NUMBER: 82

ADDRESS: 1336 Crows Foot Road PROPERTY OWNER: Agnes Kribbeler

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

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 250 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the upper corner easement stake that is closest to the house as shown on the approved building permit plan. Run trenches on contour towards the driveway. The septic tank and trenches must be 100 feet from the well.
NOTES:	Any pipe under the driveway area should be sleeved and the trench filled with gravel to help prevent settling. The well line cannot cross the septic line.

PLANS APPROVED: Brian Baker OK/MR DATE: 10/30/03

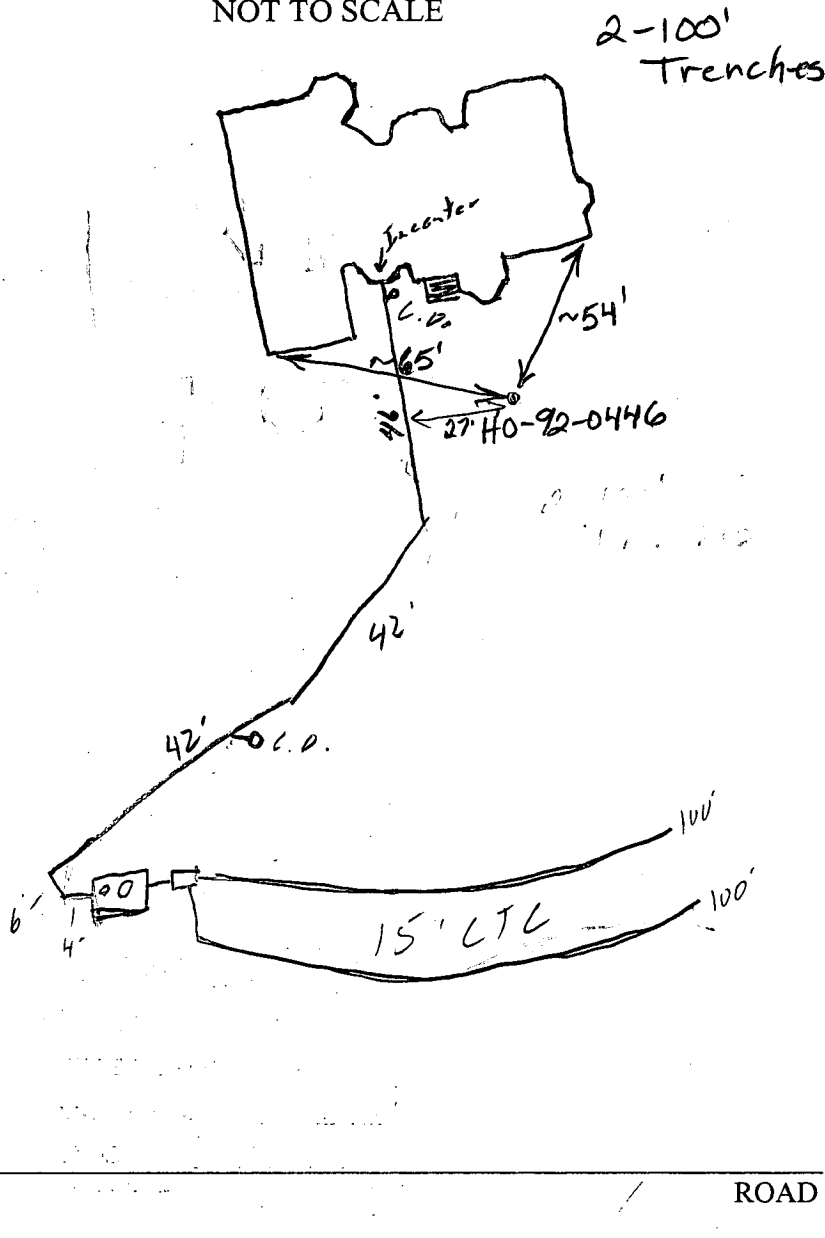
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS 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
 BUILDING PERMIT SIGNED AND RETURNED
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

2-28-05 800 52385-UG LP TANK
5/23/05 800 513323 FINISH BASEMENT

A513323

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		200'
ABSORPTION AREA		600 sq
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

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

PRE-CONSTRUCTION 7/13/04 Part of easement not usable. Well located

even closer to easement than shown on B.P. plan. Dug perc

INSTALLATION test hole near old hole #2. Soil O.K. to 10 feet. O.K. to install 2-100' trenches with 2.5' of gravel below inlet instead of 2' to conserve space and increase sidewall (BB)

7/14/04 - Tank set, Trenches installed, OK to cover (SC)

7/20/04 - OK to cover all work (SC)

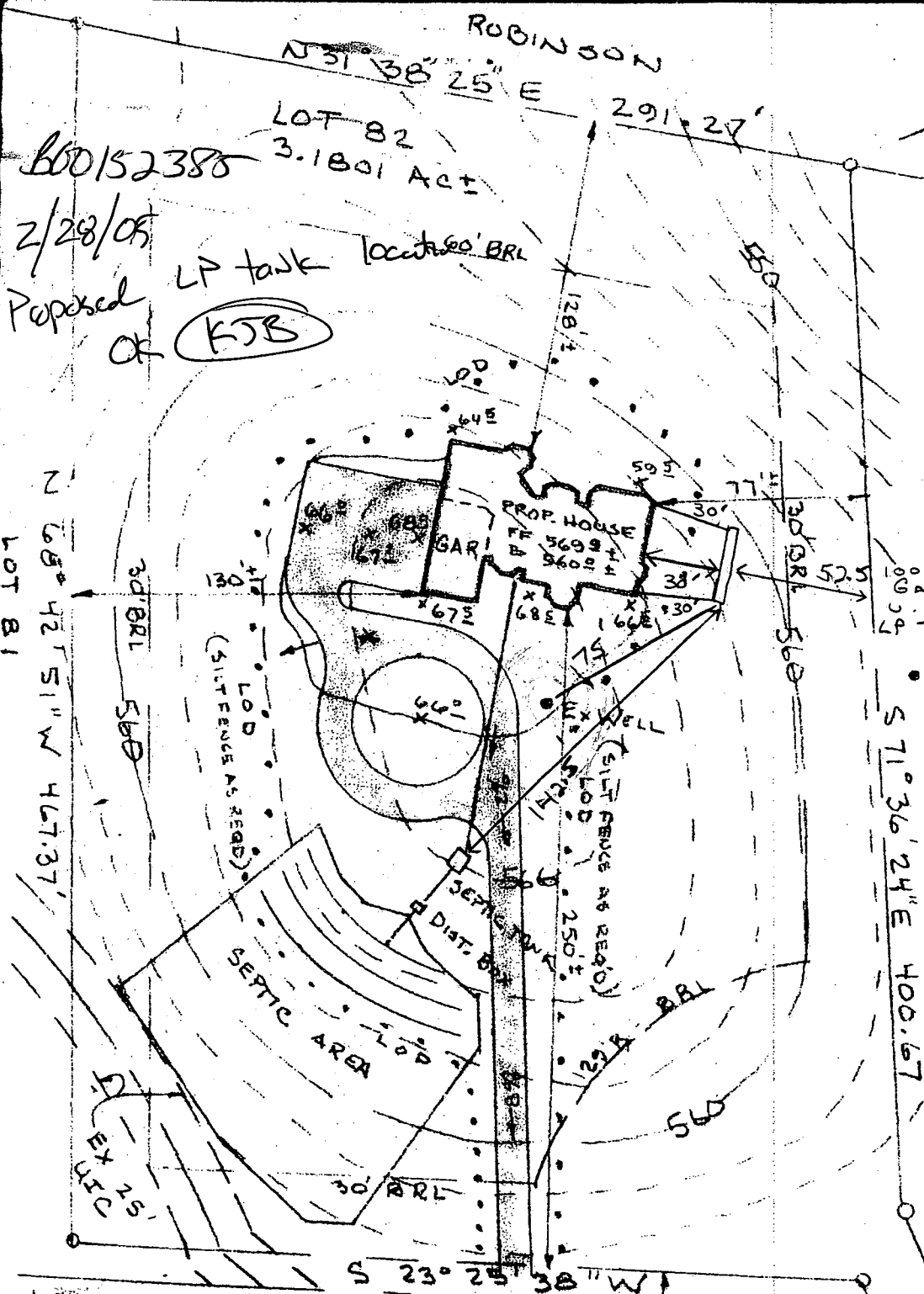
BUILDING PERMIT SIGNATURE
 AND RETURNED

FINAL INSPECTOR

John De...

DATE OF APPROVAL

7/20/04

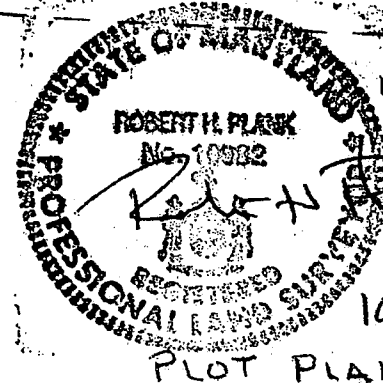


SEPTIC ELEVATIONS:

WELL	567.3
HOUSE EFF.	569.0
INV @ HSE	564.5
GRD @ TANK	566.0
INV IN @ TANK	563.5
INV IN @ TANK	563.2
GRD @ BOX	569.0
INV @ BOX	560.8
GRD @ TRENCH	564.5
INV @ TRENCH	560.5

600152388
2/28/05
Proposed
OR
KJB

- EX WELL
 - BSMT EJECTOR REQUIRED!
- LOT 62**
- PROVIDE EROSION SEDIMENT CONTROL TO MEET HOWARD CO. & MARYLAND STDS & SPECS
 - * DRIVEWAY PAVING TO BE 2" ASPHALT PAVING ON 4" MIN STONE BASE.



LOT 60

EX 25' USE-IN COMMON ACC. TO CIVIL CODES

PLOT PLAN

**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: Acad Plumbing Telephone #: 410-489-5550
Address: 14029 Monticello Dr.
Croftsville Md. 21223

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Richard Teng License# MR 30047

*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: _____ Telephone #: _____
Subdivision: Meadow woods Lot #: _____ Well Tag #: HO - 94- 0446
Site Address: 1336 Cross Point Rd.

Submersible Pump Data

Make: Meyer
Model #: DW 50
Pump Capacity: 8 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: Hayes Comble
Model#: B10 Pitless
Depth: 42" (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 145 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 178.4
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

ASPM B2239 Spec
Piping to house

Type: Polyethylene
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 7'
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: _____ date: 6/1/05

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

Date Insp. Requested: _____ Date Insp. Approved: 6/2/05 Inspector: (50) RB
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

0529

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A # 38135

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 062794

Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No-92-0440

OWNER SPRING HILL ASSOC. last name first name TOWN CYKESVILLE STREET OR RFD CRAWFORD ROAD SUBDIVISION MEADOWOOD SECTION 2 LOT 87

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sand & Silt, Silt & Clay, Sandstone, Mica, Sandstone, Mica, Sandstone, Mica, Sandstone, Mica, Sandstone, Mica, Sandstone, Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 15, NO. OF POUNDS 1500, GALLONS OF WATER 75, DEPTH OF GROUT SEAL 40 ft.

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: ST, Nominal diameter top (main) casing 60 inch, Total depth of main casing 48 feet.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

SCREEN DEPTH (nearest ft.) table with columns: 1, 2, 3. Values: 40, 46, 160.

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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...

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

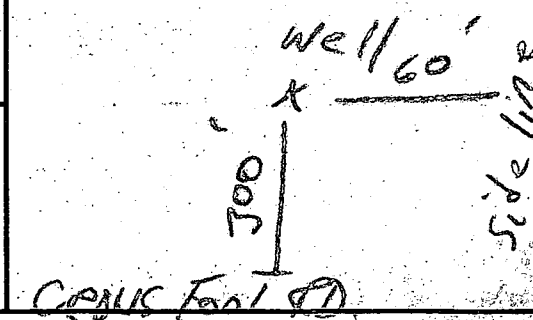
GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), WQ (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 4 gal. per min. to nearest gal., METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING 51, WHEN PUMPING 90, TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height) above/below LAND SURFACE.

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



B 1 05489 SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

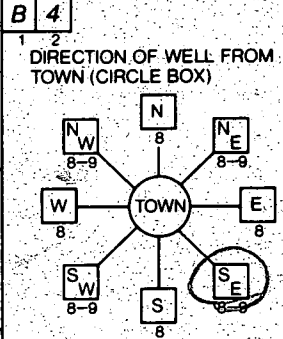
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 40-92-0446
 fill in this form completely

Date Received (APA)
OWNER INFORMATION
 SPRING HILL ASSOC
 1432 RT 32D
 SYKESVILLE MD 21784

B 3 LOCATION OF WELL
 HOWARD
 MEADOWOOD
 SECTION 2 LOT 82
 SYKESVILLE
 3 MI

DRILLER INFORMATION
 George F. Easterday
 L. Franklin Easterday, Inc.
 9265 Brown Church Rd., Mt. Airy, Md. 21771
 Henry F. Easterday



NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD
 ENTER FT or MI

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

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
 HOWARD A# 38135
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED
 Charles Bryan Shesher 8/31/94
 NORTH GRID 540000 EAST GRID 0818000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

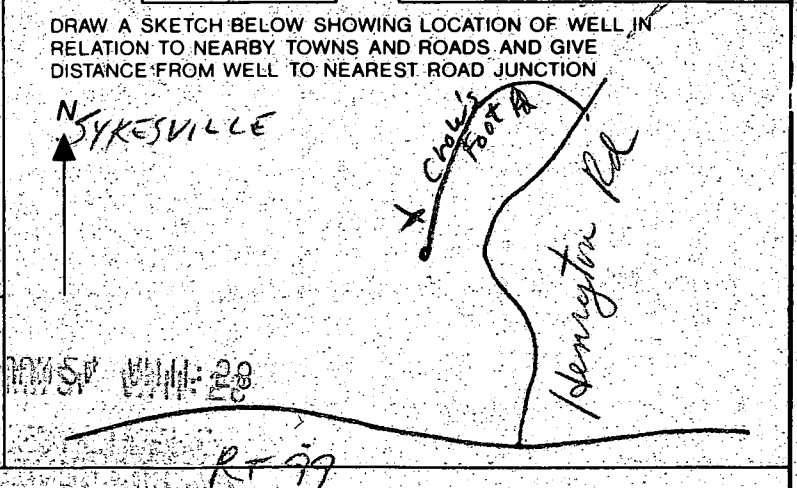
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Wells
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 810 8
 N 540 0

6/21/94 Poss. grout per well profiles
 Bag of cement
 casing
 Open
 casing above ground
 on top

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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE WRITE INITIALS IN BOX PERMIT No. 40-92-0446

SPECIAL CONDITIONS

APPLICATION

PERCOLATION TESTING

A 38/35
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 11/28/84

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood AREA 2 Sec. 3 LOT NO. 28 LOT 61

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3⁺ Acres TYPE BLDG. Single Family
(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.

Dike Sedgwick
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-14-87 PERC SATISFACTORY. HOLD FOR SUBDIVISION PROJ. S. ALD

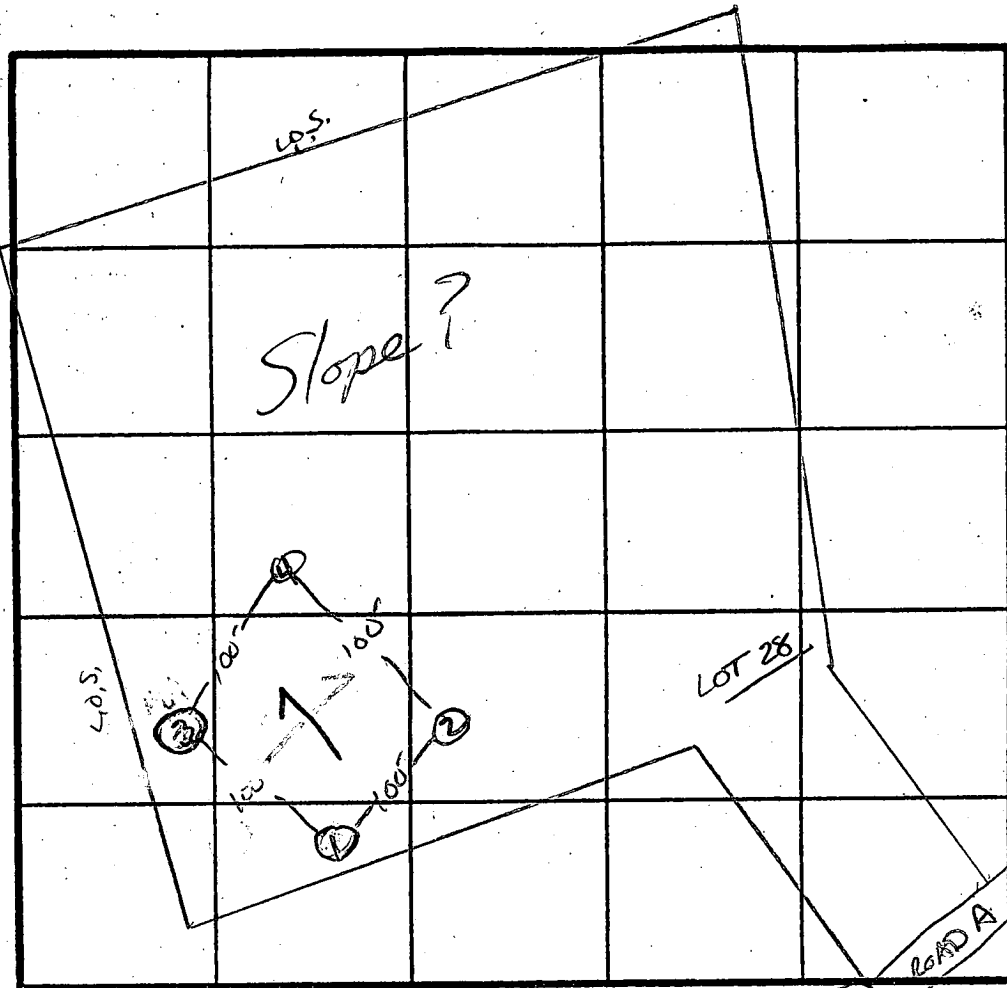
THIS IS NOT A PERMIT

20/61

①

SOIL PROFILE

AP
Yellow Br silty clay loam 9% clay 10% Fangs
Yellow Br silty loam 25-35% Fangs



2 Perc
2 min.
160φ1BR
INLET 3'
BOTTOM 7'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/14/87	1 S	3"	3:01	3:02	3:02	3:03	1 min
	1 V	10" Uniform soil below 3"					
	2 S	3.5"	3:14	3:15	3:15	3:16	1 min
	2 M	6.5"	3:13	3:14	3:14	3:16	2 min
	2 V	12" UNIFORM soil below 3"					
	3 S	3"	3:23	3:24	3:24	3:25	1 min
	3 V	10" UNIFORM soil below 3"					
	4 S	3.5"	3:37	3:38	3:38	3:40	2 min
	4 V	11.5" UNIFORM soil below					

REMARKS Holes Per Plat / Shallow Syst. only

TYPE OF SOIL Glenelg / Chester

TESTED BY S. Abel ALSO PRESENT Ray, Bowers, G.D. Bell

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 513323
P _____

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

DISTRICT _____

DATE 3/16/00

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 CARLYN ALIAH

ADDRESS 1340 CROWS FOOT PHONE 410-442-5575

AGENT OR PROSPECTIVE BUYER SHANABERGER & LANE

ADDRESS 6726 TOWN & COUNTRY BLVD.
ELLICOTT CITY, MD 21043 PHONE 410 461-9563

PROPERTY LOCATION: RESUBDIVISION OF MEADOWOOD S.2, A.3, LOT 61 & ALIAH PROP.

SUBDIVISION _____ LOT NO. 82

ROAD AND DESCRIPTION CROWS FOOT ROAD, 1230' ± WEST

TAX MAP 10 PARCEL # 312

SIZE OF LOT 3 AC ± TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Julie Immler
(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

513323

COUNTY #

SOIL PROFILE

(696)

Red-Brn
clay
Loam

Or-Brn
Sandy
Loam

20%
Rock

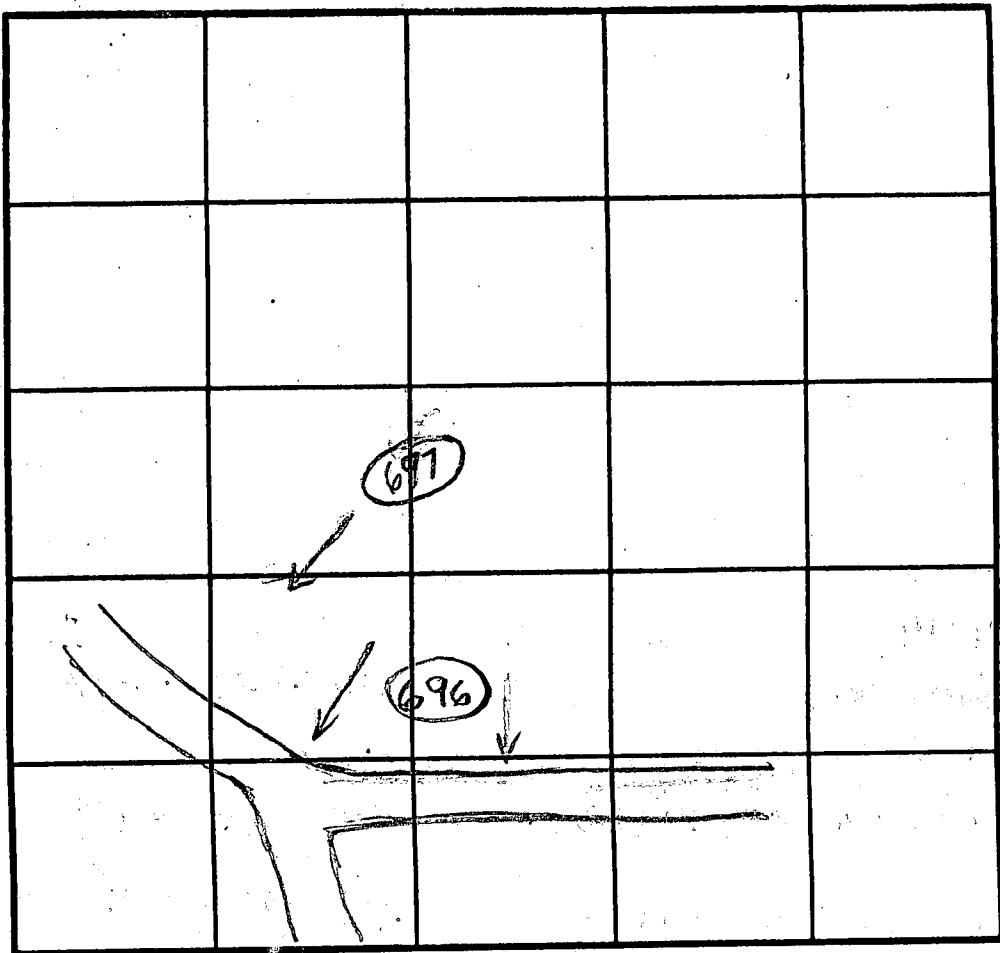
(697)

Or Brn
Sandy
clay Loam

Red-Brn
Sandy
Loam

20%
Rock

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/3/00	696	4' / 11'v	2:04	2:06	2:06	2:08	2
	697	3.5' / 8.5'	2:26	2:28	2:28	2:31	3

REMARKS _____

TYPE OF SOIL _____

TESTED BY Brian Baker ALSO PRESENT Julie, Covey Const

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

8.5'

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: Meadowood A 513323
 STREET NAME: 1336 Crows Foot Rd. LOT NUMBER: 82
 AVERAGE PERCOLATION RATE: 2 SQUARE FEET PER BEDROOM: 180
 NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM: 60
 TOTAL LINEAR FEET OF TRENCH: 250 SEPTIC TANK CAPACITY: 1250
 TOP SEAMED TANK REQUIRED? YES OR NO COMPARTMENTED TANK REQUIRED? YES OR NO

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

PUMPED SYSTEM PROPOSED: YES OR NO

Pumped Septic System Detail: _____ gallon(s) pump chamber.

Top Seamed Pump Chamber Required? YES OR NO

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

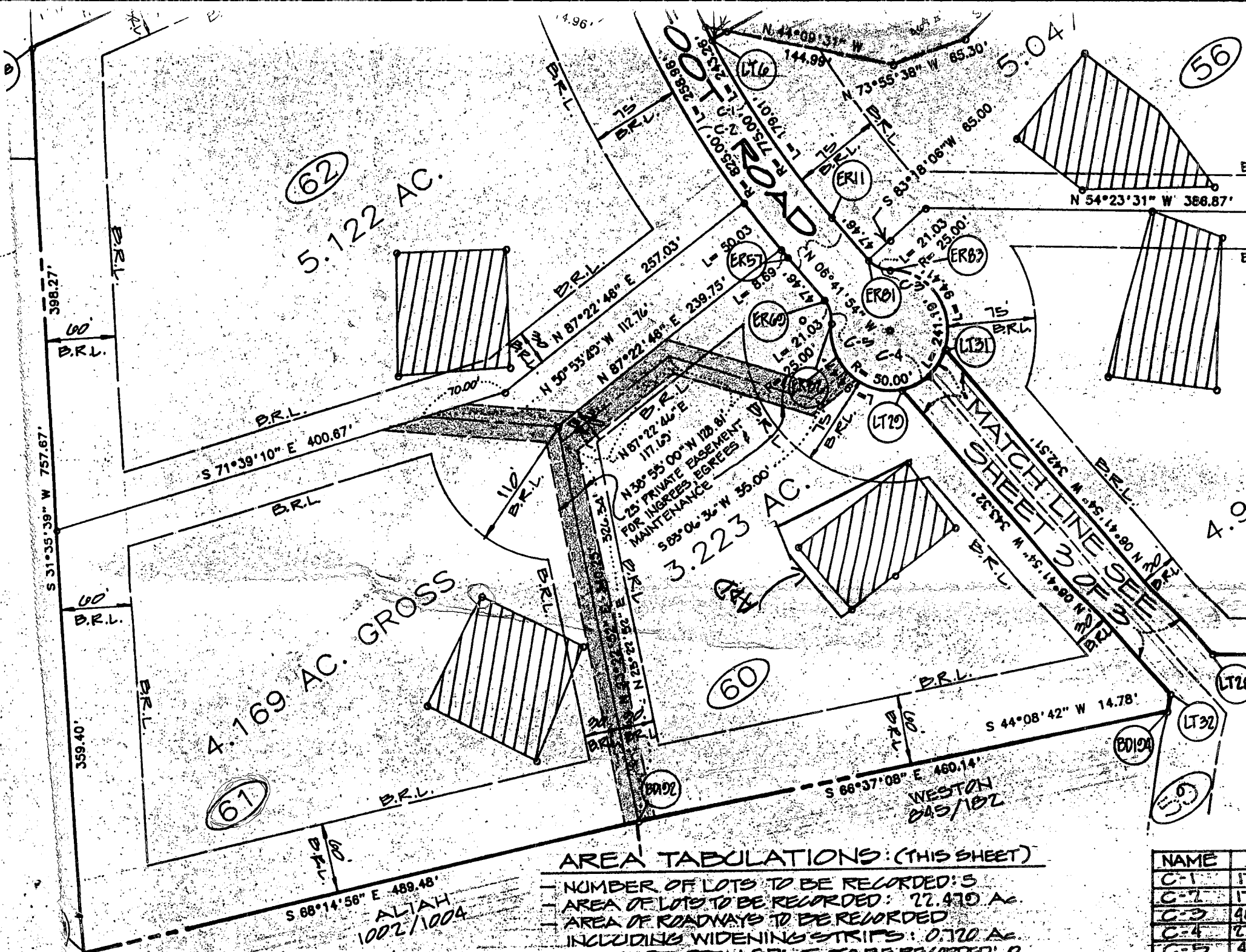
Note 2: Pump performance test is necessary prior to Health Department approval of pump septic system.

LOCATION: Place the distribution box near the upper corner easement stake that is closest to the house. (see the permit plan). Run trenches on contour towards the driveway. The septic tank and trenches must be 100 feet from the well.

ADDITIONAL NOTES: Any pipe under the driveway area should be sleeved and the trench filled with gravel to help prevent settling. The well line cannot cross the septic line.

Reviewer: B. Baber

Date: 10/30/03



AREA TABULATIONS: (THIS SHEET)

- NUMBER OF LOTS TO BE RECORDED: 5
- AREA OF LOTS TO BE RECORDED: 22.470 AC.
- AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS: 0.720 AC.
- AREA OF OPEN SPACE TO BE RECORDED: 0
- AREA OF FLOOD PLAIN TO BE RECORDED: 5.200 AC.
- AREA OF SUBDIVISION TO BE RECORDED: 23.100 AC.

AREA OF FLOODPLAIN (AC)	AREA OF SLOPES 25% OR GREATER (AC)	NET AREA (AC)
0.000	0.000	0.000

TOTAL AREA TABULATION	
TOTAL NUMBER OF BUIL	
TOTAL AREA OF BUIL	

NAME	
C-1	17
C-2	17
C-3	48
C-4	2
C-5	4

ALTAH
1002/1004

WESTON
045/102

MATCH LINE TO SHEET 2 OF SUBDIVISION

C-3 PRIVATE EASEMENT FOR INGRESS EGRESS & MAINTENANCE



N 31°35'39"E 910.99

359.40

398.27

LOT 61
4.165 Ac.

LOT 55
2.22 Ac.

A-38135

A-38134

N 23°22'52"E 340.25

LOT 60
3.223 Ac.

CROWS

A-38150

PREESA
51467.47

N 06°41'54"W 380.75

N 06°41'54"W 342.51

LOT 57
4.915 Ac.

A-38132

LOT 56
2.047 Ac.

W.S. EL.
FLOOD

S 88°14'58"E 489.48

S 88°37'08"E 460.14

S 51

(12)

(15)

(14)

(16)

(17)

(18)

(19)

(20)

(21)

(22)

(23)

(24)

(25)

(26)

(27)

(28)

(29)

(30)

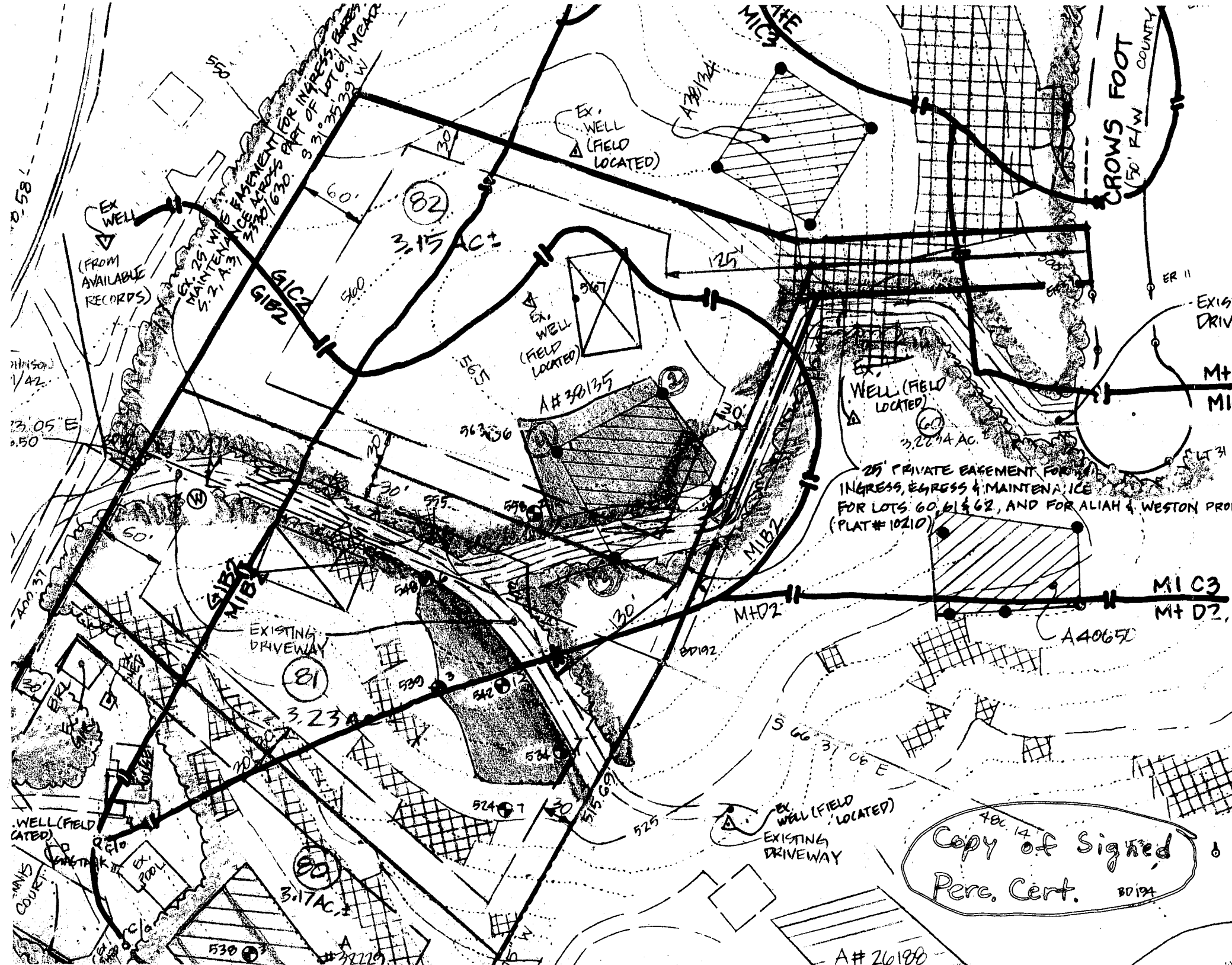
(31)

(32)

(33)

(34)

(35)



EX. WELL (FROM AVAILABLE RECORDS)

11/15/50
1/42
13.05" E
0.50

ADD 37

WELL (FIELD LOCATED)
EXISTING DRIVEWAY
WELLS COURT

530

25' WIDE EASEMENT FOR INGRESS, EGRESS & MAINTENANCE ACROSS PART OF LOT 61, MEAS. 33'00" / 63'0"

25' PRIVATE EASEMENT FOR INGRESS, EGRESS & MAINTENANCE FOR LOTS 60, 61 & 62, AND FOR ALIAH & WESTON PROPERTIES (PLAT # 10210)

(82)
3.15 AC ±

(81)
3.23 AC ±

(80)
3.17 AC ±

EX. WELL (FIELD LOCATED)
A# 38135

524
525
527
529

EX. WELL (FIELD LOCATED)
EXISTING DRIVEWAY

EX. WELL (FIELD LOCATED)
3.2074 AC ±

Copy of Signed
Perc. Cert. 80194

A# 26188

CROWS FOOT COUNTY
(50' E/W)

MIC3
M+D2

M+D
MIC

EXIST. DRIVE

ER 11

LT 31

A# 40650

40.14

80194

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 1336 Crows Foot Rd
Mariettaville RD 21104

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

Census Tract 6030 Subdivision Meadowood

Section 2 Area 3 Lot 82

Tax Map 9 Parcel 312 Grid 12

Zoning RR1ED Map Coordinates S70 Lot size _____

Property Owner's Name Ange Keblan

Address 1336 Crows Foot Rd

City Mariettaville State MD Zip Code 21104

Home Phone _____ Work Phone 301-510-9091

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME

Proposed Use Same

Estimated Construction Cost \$ 9,000

Description of Work Basement - Rec-Room and one Bath 5GT.FT.

Contractor Company Legend Builders INC

Contact Person Rene Sandoval

Address P.O. Box 511

City Burtonsville State MD Zip Code 20866

License No. HB1200147

Phone 240-375-6160 Fax _____

Occupant or Tenant Owner

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 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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	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 _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
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.

Rene Sandoval
Applicant's Signature

Rene Sandoval
Print Name

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		
Building Official		
Dev. Engineering DPZ		
Health	<u>5/23/05</u>	<u>Rene Sandoval</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	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 # _____
SDP/Red-line approval date _____	Validation # _____

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

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# 513323
APP. SAN PAM DATE: 5/23/05
DESC. OF WORK: Partial finished
Basement

Rec-Room

BATH

FURNES

UN Finished
Area.

DOOR
5'-0"

7'-8"

3'-0"

4'-2"

10'-0"

7'-6"

4'-11"

10/30/03

Building Address 1936 LAWS FOOT ROAD
MARIOTTVILLE, MD, 21104

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

Census Tract 60007 Subdivision Marlboro

Section 2 Area 3 Lot 82

Tax Map 9 Parcel 31A Grid 12

Zoning R10 Map Coordinates _____ Lot size 318

Property Owner's Name AGNES KRIBBELER

Address 1936 LAWS FOOT ROAD

City MARIOTTVILLE State MD Zip Code 21104

Home Phone _____ Work Phone _____

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

Phone 240-375-6160 Fax _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use SINGLE FAMILY DWELLING

Estimated Construction Cost \$ 100,000

Description of Work WE ARE CONSTRUCTING NEW
CUSTOM SINGLE FAMILY HOME
WITH ATTACHED 2-CAR GARAGE
4 BEDROOMS 3 BATHROOMS FRONT PORCH

Contractor Company LEGEND BUILDERS INC

Contact Person RENE SANDOVAL

Address P.O. BOX 511
JURTOWNSVILLE

City JURTOWNSVILLE State MD Zip Code 21366

License No. 00147 Phone 240-375-6160 Fax _____

Occupant or Tenant AGNES KRIBBELER

Contact Name AGNES KRIBBELER

Address 1936 LAWS FOOT ROAD

City MARIOTTVILLE State MD Zip Code 21104

Phone 240-375-6160 Fax _____

Engineer or Architect Company NASSAUX-HENDLEY, INC.

Contact Person ROBERT H. PLANK

Address 204 S. MAIN STREET

City MOUNT AIRY State MD Zip Code 21771

Phone 301-829-2296 Fax _____

BUILDING DESCRIPTION - COMMERCIAL | **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/>	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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor Depth _____ Width _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
2nd floor _____	Electric: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement <input checked="" type="checkbox"/>	Gas: Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> NFFA #13D <input type="checkbox"/> NFFA #13R <input type="checkbox"/> Other <input type="checkbox"/>
No. of Bedrooms: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular <input checked="" 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature AGNES KRIBBELER
 HOMEOWNER

AGNES KRIBBELER
 20 Print Name

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	DPZ SETBACK INFORMATION	PROPERTY ID
Card Development DPZ			Front _____	59038
State Highways			Rear _____	
Building Official			Side _____	
Dev Engineering DPZ			Side St _____	
Health	<u>10/30/03</u>	<u>Brian Baker</u>	All minimum setbacks met? <input type="checkbox"/>	Filing fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Sediment Control approval required prior to issuance?			Excise tax \$ _____	Add'l per. fee \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Balance due \$ <u>10.21</u>
			Accepted by _____	Check # _____
				Validation # _____

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Jun 1, 2005

County Howard

Lab Number 05-2669

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: United Framers, Inc.
Attn: Rene Sandoval
21900 New Hampshire Avenue
Brookville, Maryland 20833

Property Sampled: U&O: 1336 Crows Foot Road

Station Sampled: Powder Room Tap

Date/Time Sampled: May 31, 2005 12:40 pm

Owner, Telephone No.: Kribbeler

Subdivision Name: Meadowood

Building Permit No.: 800144648

Well Number: HQ-92-0446

Tax Map #: 10

Parcel #: 312

Sampler: 67246P

Lot Number: 82

Observation: 3-Piece Cap
Cap Loose
3 Bolts loose
1 Bolt missing

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	6.1 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: NONE

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



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

June 2, 2005

Agnes Kribbeler
1336 Crows Foot Road
Marriottsville, MD 21104

SENT VIA FACSIMILE ~~301-854-6325~~

RE: 1336 Crows Foot Road
Marriottsville, MD 21104
BP #: B00144648
Well Permit # HO-92-0446

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 07/20/2004. Final approval of the well line connection to the dwelling was approved on 06/02/2005.**

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-92-0446. 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.

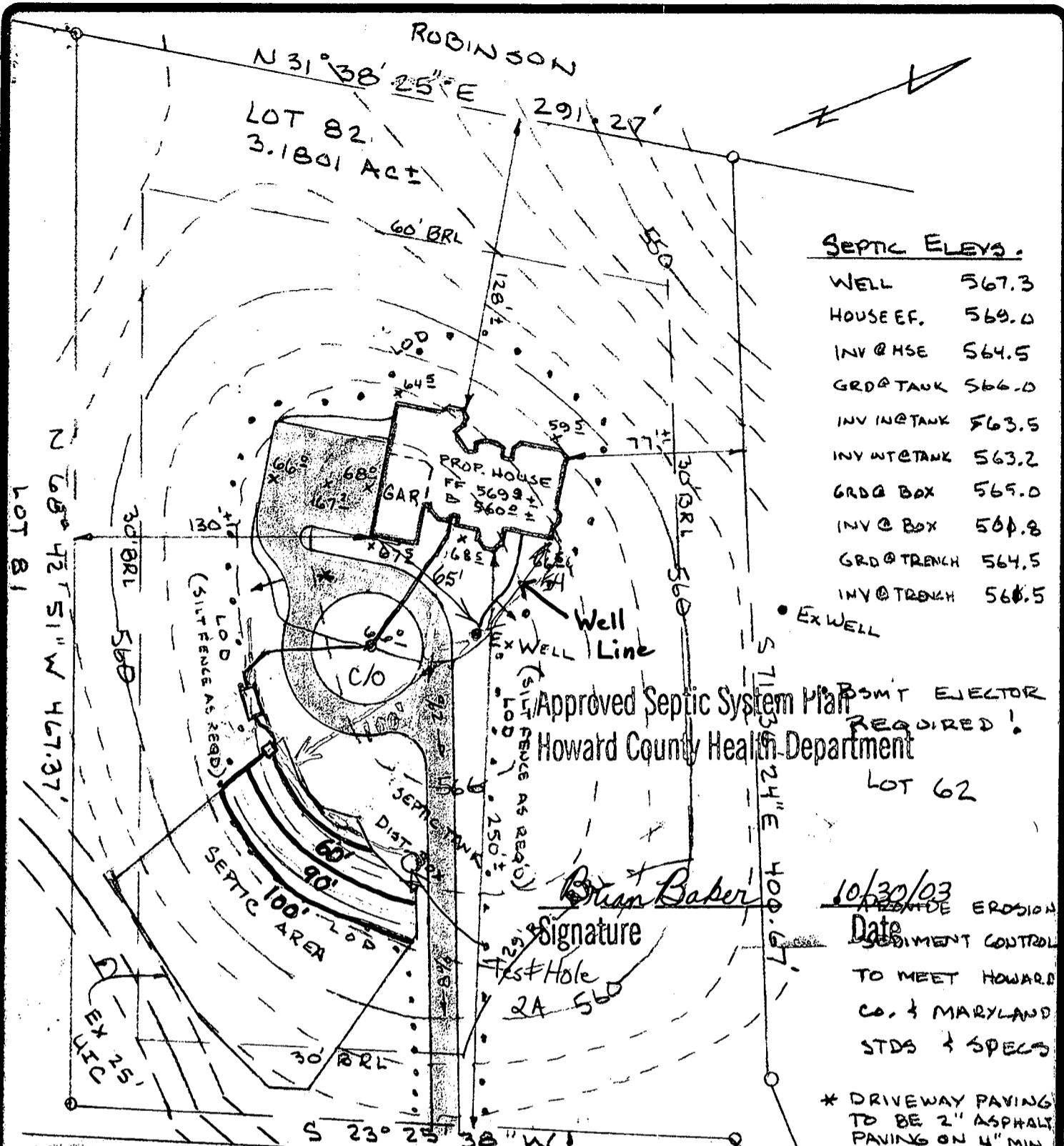
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Sample(s): 05/31/2005
Date of Well Completion: 06/27/1994

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



SEPTIC ELEVATIONS:

WELL	567.3
HOUSE EF.	569.0
INV @ HSE	564.5
GRD @ TANK	566.0
INV IN @ TANK	563.5
INV IN @ TANK	563.2
GRD @ BOX	565.0
INV @ BOX	564.8
GRD @ TRENCH	564.5
INV @ TRENCH	564.5

APPROVED SEPTIC SYSTEM PLAN
 HOWARD COUNTY HEALTH DEPARTMENT

LOT 62

10/30/03
 DATE
 PREPARE EROSION
 SEDIMENT CONTROL
 TO MEET HOWARD
 CO. & MARYLAND
 STDS & SPECS

* DRIVEWAY PAVING
 TO BE 2" ASPHALT
 PAVING ON 4" MIN
 STONE BASE.

Brian Baber
 Signature
 Test Hole
 2A 560

STATE OF MARYLAND
 ROBERT H. FLECK
 No. 10022
 PROFESSIONAL LAND SURVEYOR
 10-17-03
 PLOT PLAN

LOT 82 MEADOWOOD
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 60'
 SEPT. 2003
 OCT. 2003

TAPD FROM SURVEY BY PITS/NHI
 CONDUCTED SEPT. 2003.

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT
 OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG
 THE LAND RECORDS OF HOWARD COUNTY,
 MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT 14802	030Y4101

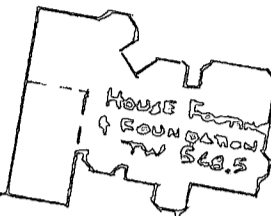
NH NASSAUX-HEMSLEY, INC.
 204 S. MAIN STREET
 MOUNT AIRY, MARYLAND 21771
 (301) 829-2296

N/F ROBINSON

N 31° 38' 25" E 291.27'

LOT 82
3.1801 AC.

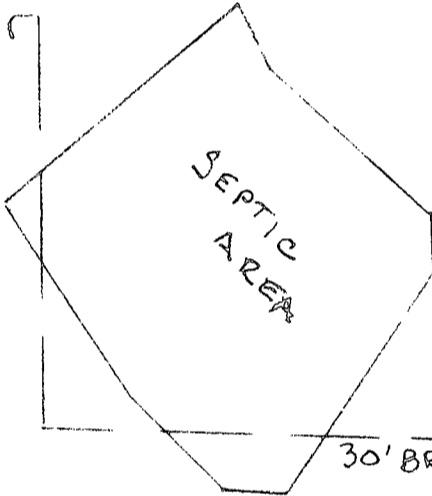
60' BRL



EX. WELL

N 68° 42' 51" W 467.37'

30' BRL



SEPTIC AREA

250' ±

129' R. BRL

30' BRL

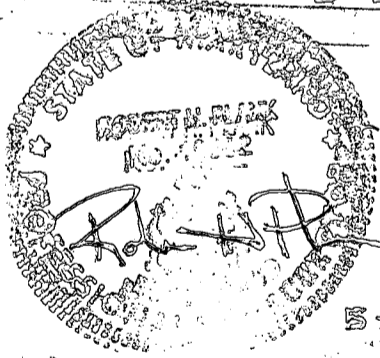
S 71° 36' 24" E 400.67'

LOT 62

WALL CHECK
OK
MR 7/8/04

LOT 81

S 23° 25' 38" W 291.00'



LOT 60

EX 25' USE IN COMMON ACCESS (TO CROW'S FOOT RD)

N 87° 25' 32" E 257.03'
S 87° 25' 32" W 240.32'

CROW'S FOOT RD
50' HW

WALL CHECK

LOT 82 MEADOWWOOD
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1"=60' FEB., 2004

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



NASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND 21771
(301) 829-2296

REFERENCE

JOB NO.

PLAT 14802

03SY 4101