

5/11/00
15/11

PERMIT

P 513376

SEWAGE DISPOSAL SYSTEM

A REPAIR

HOWARD COUNTY HEALTH DEPARTMENT

INDEXED

BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

ISSUE DATE

04-350308

APPROVAL DATE 5/11/00

W.R.F. & Son Plumbing & Heating, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 15 N. Main Street Mt. Airy, MD 21771 PHONE

SUBDIVISION Quail Meadow LOT NUMBER 6 ADDRESS 16606 Bahner Court

PROPERTY OWNER Keith Robbins PROPERTY OWNER'S ADDRESS

SEPTIC TANK CAPACITY Ex. 1000 GALLONS MIDSEAM

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS N/A

SQUARE FEET PER BEDROOM N/A

LINEAR FEET OF TRENCH REQUIRED N/A

TRENCHES: Trenches to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. feet of stone below distribution box.

LOCATION:

REPAIR - PURPOSE: In support of building permit for addition B00123451 (RELOCATE SEPTIC TANK)
Call for inspection when ground is opened so sanitarian can recommend repair. 04/18/00

PLANS APPROVED DKS DATE 5/11/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

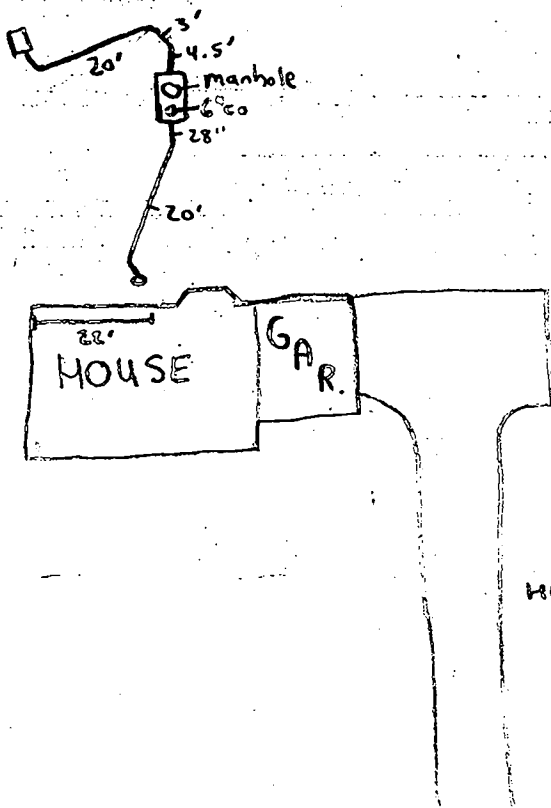
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

B00131951 Inlet 500 gallon propane tank for heat
9/13/01
RECEIVED
MAY 11 2000

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

P 513376

NOT TO SCALE



BAHNER CT.

TRENCH DATA

TRENCH WIDTH N/A
 TRENCH INLET DEPTH N/A
 TRENCH BOTTOM DEPTH N/A
 DEPTH OF STONE N/A
 NUMBER OF TRENCHES N/A
 TOTAL TRENCH LENGTH N/A
 ABSORBENT AREA N/A
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1000 M.S. GALLONS
 MANHOLE RISER ON TANK
 6 INCH INSPECTION PORT ON TANK
 4 INCH INSPECTION PORT AT HOUSE EX.
PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM N/A
 PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: N/A

INSPECTION COMMENTS: 5/11/00 - WELL CAP IS OLD 1 PIECE AND NOT SECURED TIGHTLY, EXISTING TANK PUMPED AND EXTRACTED, NO APPARENT DEFECTS IN TANK SO EXISTING TANK WILL BE MOVED TO NEW LOCATION, > THAN 3' COVER SO MANHOLE ADDED BUT MAY BE BURIED BELOW GRADE AT OWNER'S REQUEST, OK TO CONTINUE WORK - (SR)
5/11/00 - TANK RELOCATION COMPLETE, INSTALLER AND I NOTICE LIQUID FLOWING BACK FROM OUTLET IN DBOX, SYSTEM APPEARS TO BE FAILING OK TO COVER, ALL WORK - (SR)

INSPECTOR Steven R. Kueg

TANK RELOCATION DATE SYSTEM APPROVED 5/11/00



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

31
May 22, 2000

Keith Robbins
16606 Bahner Court
Mt. Airy, MD 21771

RE: Septic system and well issues
Quail Meadow, Lot - 6
16606 Bahner Court
Well Permit #: HO-88-0552

Dear Mr. Robbins:

I am writing to inform you of issues encountered during the recent site inspection conducted on your property. These issues discussed below are meant to provide you with information which you may use at your discretion.

On May 11, 2000 a portion of your septic system was relocated in order to comply with the proper setback requirements from your proposed building permit additions. Although the installation was completed and the work was inspected and approved, it was observed by both the installer and myself that liquid was flowing back into the distribution box.

This observation may be an indication that the soil within the septic system trenches is clogged and that these soils are at the end of their useful life. It is also possible that groundwater is saturating the septic system and causing this condition to occur. Regardless of the cause of the problem, what was observed at the distribution box is an indication that your septic system was not functioning properly at that time.

No specific time can be predicted as to when a serious problem will occur; however, conventional trench septic systems installed in appropriate soil conditions will eventually cease to function properly and may cause problems necessitating a repair. This repair/replacement most commonly involves the installation of additional trenches into the designated reserve sewage disposal area.

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
Director (410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

Additionally, it was also observed that the cap on your water well was an old, one-piece conduit well cap and was not installed securely to the well casing. This well cap, which was acceptable several years ago, does not effectively prevent certain insects from entering the inside of the well casing. Insect infestation within the well casing, may contribute to coliform bacteria contamination of your water supply, premature well pump failure and or clogged plumbing fittings. It is suggested, but not required that you contact an appropriate **licensed** contractor (Well Driller, Plumber or Well Pump Installer) and have them replace this well cap with a modern two piece watertight well cap that is screened and vented. If you choose to have this done, no inspection is required by this office for the work performed.

In conclusion, this agency does not require you to make any corrective action for the above mentioned issues; however, it is important that you are informed about them. Please feel free to call me directly at (410) 313-2669 if you would like to discuss these matters in further detail.

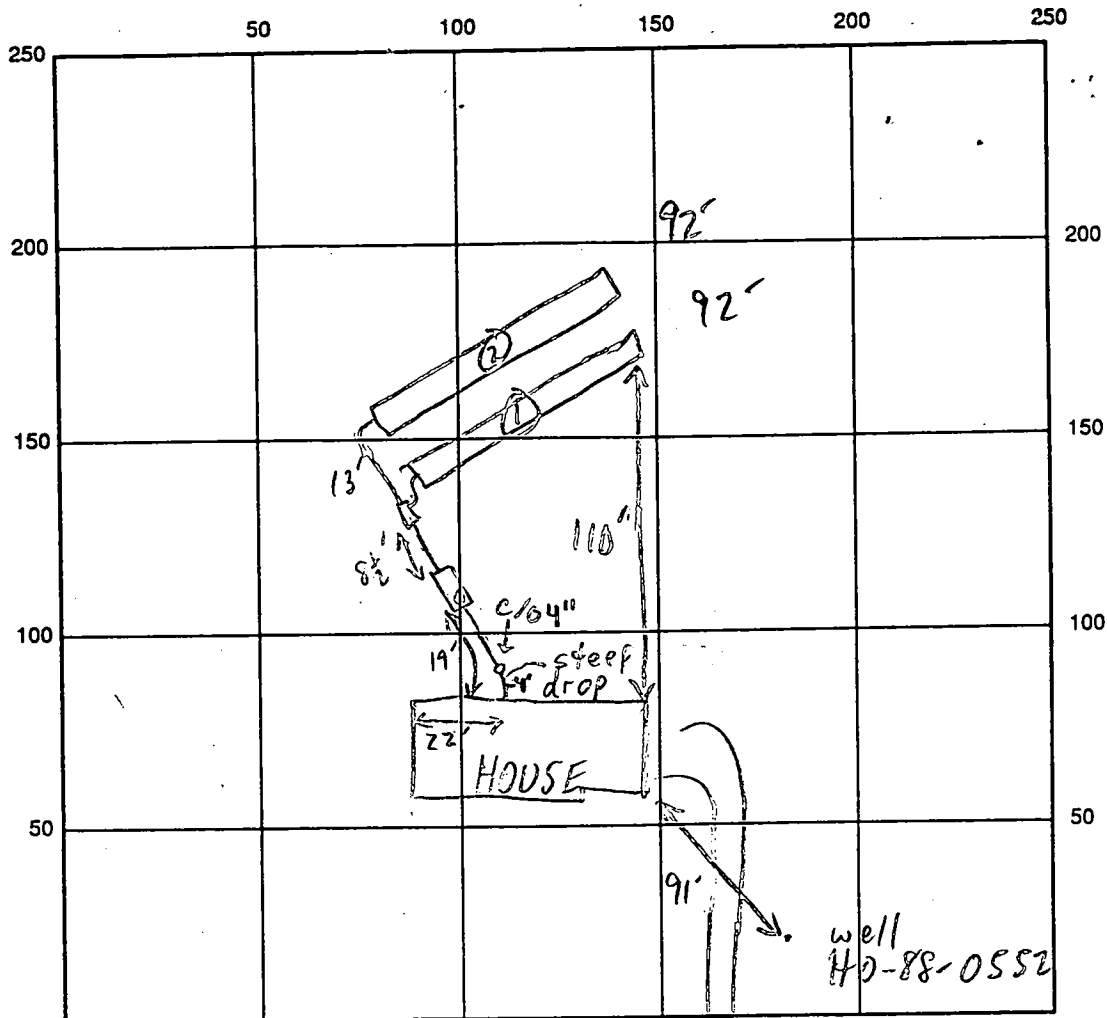
Respectfully,



Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

Cc: W. R. F. & Son Plumbing and Heating, Inc.
File ✓



BANNER CT INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 GAL Midream CLEANOUTS OK 4" at house

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 6 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 1/3 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH ① 92 ② 92 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA ① 276 ② 276 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 552 SQ. FT.

REMARKS: 9/30/91 JK TO COVER ALL MR

DATE SYSTEM APPROVED 9/30/91 INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 42101
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 4TH.
DATE 4/2/88

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 EDWARD J. AND PATRICIA KUNTZE Frall Development, Inc
ADDRESS 2828 FLORENCE ROAD, WOODBINE, MD. 21797 PHONE 439-4969 ⁷⁹⁵⁻¹⁸⁶⁶

PROSPECTIVE BUYER CARMAN ASSOCIATES
ADDRESS P.O. BOX 122, ELLICOTT CITY, MARYLAND 21043 PHONE 442-5613

PROPERTY LOCATION: N/S MD. ROUTE 144 APPROX 1200' EAST OF WATERSVILLE ROAD

SUBDIVISION PROPERTY OF LAVINIA L. HOOD LOT NO 6 on Final

ROAD AND DESCRIPTION COURT 'A' (16606 Banner Court)

TAX MAP 7 PARCEL # 482

SIZE OF LOT 3 ACRES + TYPE BLDG SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]
CARMAN ASSOCIATES
GENERAL PARTNER
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Uebel FOR Steward French DATE 11-21-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/25/88 Perc SATISFACTORY - hold for PERM. S. Ouel

BLDG. PERMIT. SIGNED
AND RETURNED 6/4/91
Serial # 38124 - SFD
3 Decisions

THIS IS NOT A PERMIT

HD-216

A-42101

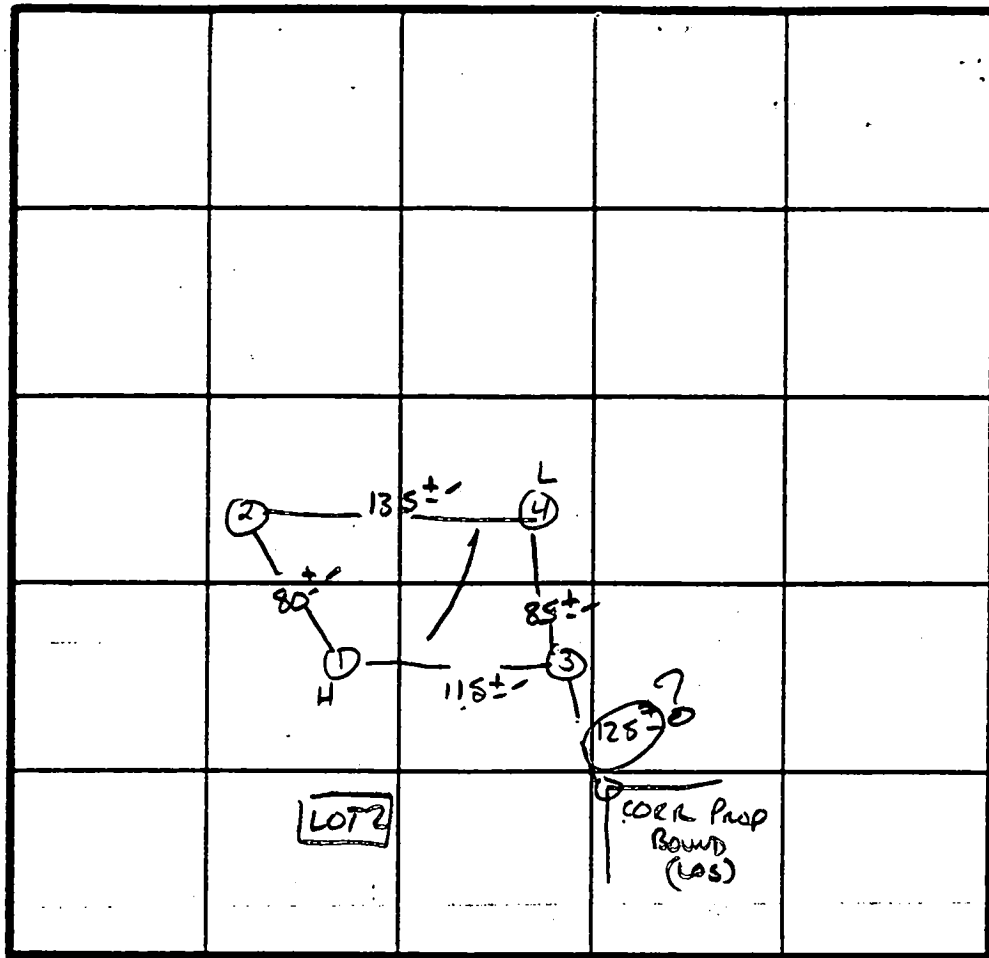
SOIL PROFILE

AP

6" Yellow Br Silty loam (clayey) 15-20% FRAP

3-35 Yellow Br Silty loam 30-35% FRAP (shaly)

12"



X Perc
3min
180 Ø BR
INLET 3.0
BOTTOM 5.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
RT144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/25/88	1 S	4.5	10:23	10:27	10:27	10:31	4min
		8"	10:23	10:25	10:25	10:28	3min
	1 V	12.5'	UNIFORM soil below 3.5'				
	2 S	4'	10:22	10:24	10:24	10:27	3min
	2 V	13'	UNIFORM soil below 3.5' - FRAP 25-30% AT 13"				
	3 S	4'	10:29	10:32	10:32	10:37	5min
	3 V	12.0'	FRAP ↑ TO 40% AT 11"				
	4 S	4'	10:28	10:29	10:29	10:32	3min
	4 V	12"	UNIFORM soil below 3.0-3.5' - Less FRAP than 1st				

REMARKS Holes slightly diff than prev - shallow 5.5ft only

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT Phil M, Anderson
G. Corral

BD 38-194

PROP. HOUSE
 FF. ELEV. = 767.1
 BSM. ELEV. = 758.6
 INV. ELEV. = 757.4

(B) PROP. SEPTIC TANK
 EX. ELEV. = 760.3
 INV. IN. = 757.2
 INV. OUT. = 756.7

(C) PROP. LIGHT BOX
 EX. ELEV. = 752.4
 INV. ELEV. = 750.7

(D) PROP. TRENCHES
 INV. ELEV. = 750.4
 2' STONE, 5' BOT. MAX.
 LENGTH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT
 ISSUANCE.

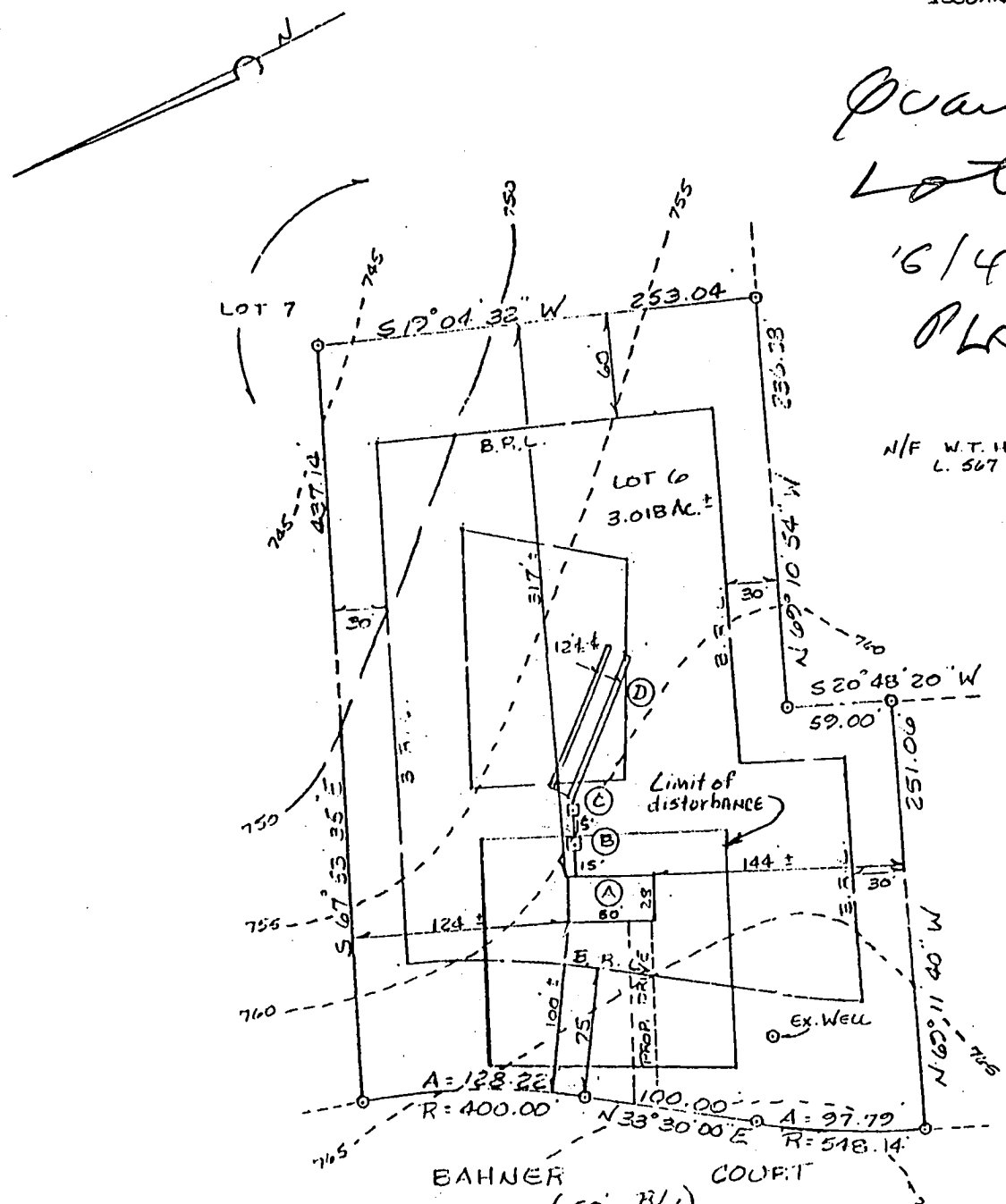
27

Paul Meadows
 Lot 6

6/4/91
 PLANS OK

R/T

N/F W.T. HOOD, JR.
 L. 507 F. 300



BAHNER COURT

EXTENSIVE
REQUESTS

RECEIVED
HOWARD COUNTY
HEALTH DEPT
JUL 11 12 28 PM '85
HEALTH DEPT

Joseph L. Mayne Well Drilling
5512 Ridge Rd. Mt. Airy Md.
21771
10/10/89

Request for Extension of Well Permits

- Lot 13 Quail Meadows - Carman Ass. #0-88-0562
- Lot 16 Quail Meadows - Carman Ass. #0-88-0565
- Lot 9 Quail Meadows - Carman Ass. #0-88-0559
- Lot 15 Quail Meadows - Carman Ass. #0-88-0564
- Lot 2 Quail Meadows - Carman Ass. #0-88-0552

I request that the above permits to
drill a well be extended for a period of six
months. Thank you.

Joseph L. Mayne Lic 238
jlm

All Approved MR 10/11/89

B 1 2220 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

HO-88-0552
fill in this form completely

Date Received (APA)

04/28/89

OWNER INFORMATION

CHARMAN H S S O C I A T E S Owner First Name

PO BOX 192 Street or RFD

ELLICOTT W I L L E T Y M D I C 4 3 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. Wayne 238 Driller's Name 77 License No. 80

Joseph L. Wayne Well Drilling Firm Name

5512 RIDGE RD. Mt. Airy 21221 Address

Joseph L. Wayne 4/10/89 Signature Date

B 3

LOCATION OF WELL

ACWYRD 8 COUNTY

QUAIL MOUNTAINS 23 SUBDIVISION

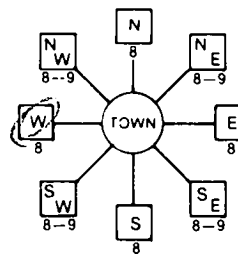
SECTION 44 46 LOT 46 48 50

LISBON 52 NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bahmor Court 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



35 37 DISTANCE FROM ROAD

ENTER FT or MI FT 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12

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

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A. 42101 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 04/18/89 4/18/89 CO SIGNATURE EXP DATE

NORTH GRID 549000 50 55 EAST GRID 0774000 57 63 EXTENDED MR 10/11/89

APPROXIMATE DEPTH OF WELL 260 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 _____

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
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- THIS WELL WILL DEEPEM AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ G A P _____

FORCE JA WRITE INITIALS IN BOX PERMIT No. HO-88-0552

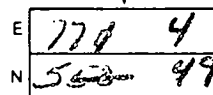
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

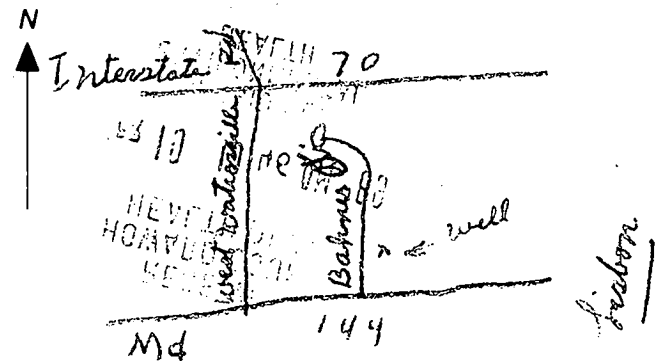
1. Well
- 2.
- 3.

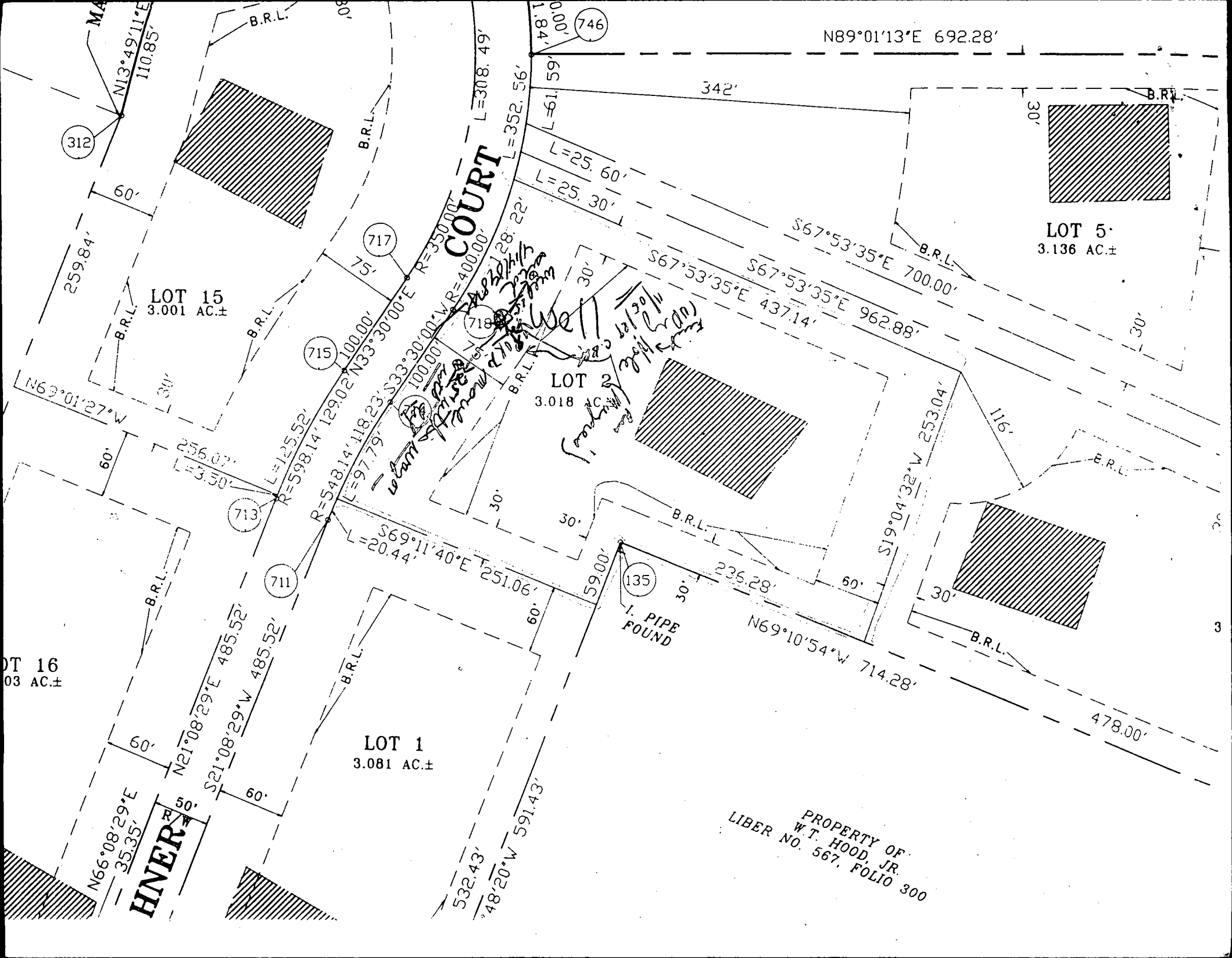
WRITE THE BOX NUMBER FROM THE MAP HERE



11/9/89 GROUT NOT
63' CASING OBS'D
50' OPEN MR
14 BAGS 11/9/89
2' CASING A.G.
VTABOK

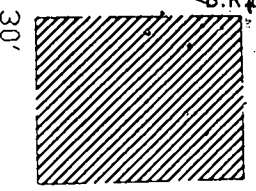
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION





N89°01'13"E 692.28'

342'



LOT 5
3.136 AC.±

COURT

LOT 15
3.001 AC.±

LOT 2
3.018 AC.±

LOT 1
3.081 AC.±

135
I. PIPE FOUND

HNER

PROPERTY OF
W.T. HOOD, JR.
LIBER NO. 567, FOLIO 300

LOT 16
03 AC.±

312

717

715

718

713

711

746

MA
N13°49'11"E
110.85'

N63°01'27"W
259.84'

N66°08'29"E
35.35'
N21°08'29"E 485.52'
S21°08'29"W 485.52'

N66°08'29"E
35.35'

50'

L=125.52'
R=598.14'
L=256.07'
L=3.50'

R=548.14'
L=97.79'

R=548.14'
L=100.00'
S33°30'00"E
R=400.00'

S69°11'40"E
L=20.44'

532.43'
S48°20'W 591.43'

60'

60'

60'

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

L=308.49'

L=352.56'

L=25.60'

L=25.30'

30'

30'

30'

60'

60'

60'

L=61.59'

L=25.60'

L=25.30'

30'

30'

30'

30'

60'

60'

60'

L=25.60'

L=25.30'

30'

30'

30'

30'

30'

60'

60'

60'

S67°53'35"E 437.14'

S67°53'35"E 962.88'

S67°53'35"E 700.00'

S19°04'32"W 253.04'

236.28'

60'

60'

60'

60'

60'

116'

116'

116'

116'

116'

116'

116'

116'

116'

116'

478.00'

478.00'

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478.00'

478.00'

478.00'

Page 1 of 1
 Date 7/11/89

Review OK MR W/11/89

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0552
 Location of property (road) RAHWER Ct.
 Subdivision QUAIL MEADOWS Lot 2 Block Plat Sec.
 Well Driller J. Mays Owner CARMAN ASSOC.

Depth of well 285'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 105'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm
 Total time 3 min to reach pumping water level 81 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	84'	4 sec		15
7:30	81	9		6.5
7:45	81	9		6.5
8:00	81	9		6.5
8:15	81	9		6.5
8:30	81	9		6.5
8:45	81	9		6.5
9:00	81	9		6.5
9:15	81	9		6.5
9:30	81	9		6.5
9:45	81	9		6.5
10:00	81	9		6.5
10:15	81	9		6.5

10/9/91
10/15/91

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # 47547
Date 10/11/91
Name of Installer Van Sant P/bq + H/c Telephone 795-6566
License Number 1467
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Trail Developers Telephone 795-1866
Subdivision Quail Meadows Lot # 6 Well Tag # 40-88-0552
Site Address 14606 Bahner Ct

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

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve?

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved
4. Depth of supply line _____

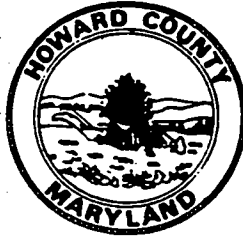
Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer?

OK 10/9/91 m.r.
NOTHING VISIBLE 10/15/91 MR

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

All information given above is true to the best of my knowledge.
Signature of Applicant: [Signature]
Date: 10.11.91

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



(File Copy)

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 12, 1991

Reply to:

Name *FRALL DEVELOPERS, INC.*
Address *P.O. BOX 659*
City, State, Zip Code

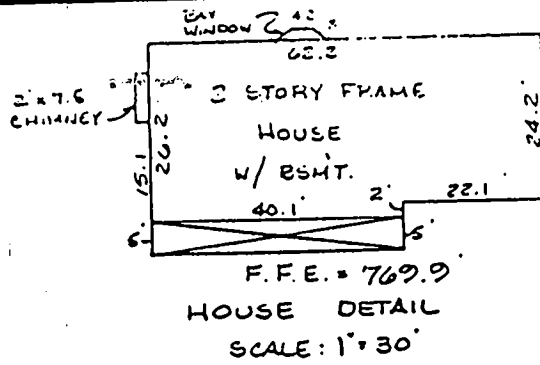
Mt. Airy, Maryland 21771

Re: *LOT #6 QUAIL MEADOWS*
16606 BANNER COURT
MT. AIRY, MD. 21771
HC-88-0552

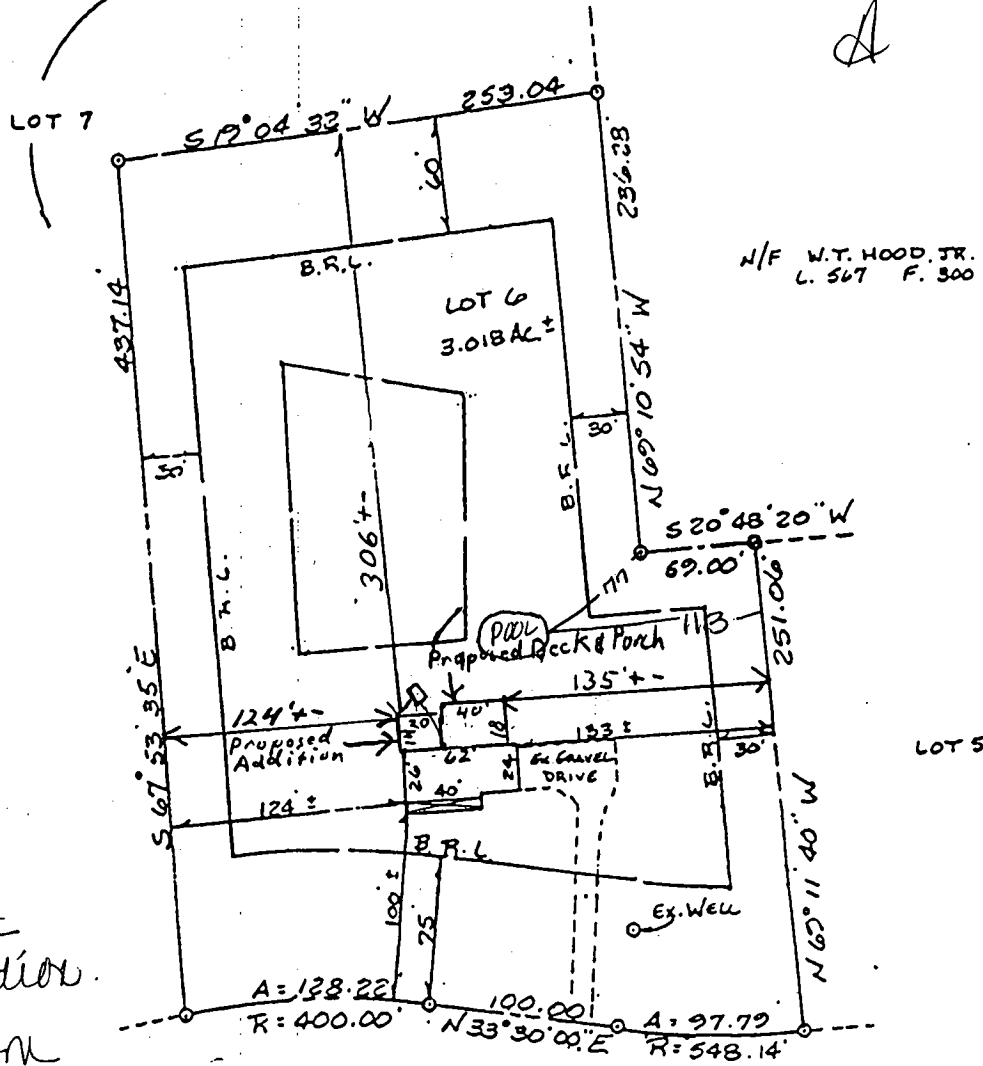
The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 13.0 parts per million. COMAR 26.04.04.09 prohibits approval of any water supply with nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once the device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent your home, you must make any potentially-buyer/tenant aware of the above condition.



6/13/01
 B00130822
 Shown pool
 location
 OK
 A



N/F W.T. HOOD, JR.
 L. 507 F. 300

4/28/00
 OK to proceed
 w/RP application.
 Proposed room
 addition to be extension
 of family room only.
 Sepsic tank to be either
 relocated or replaced prior
 to start of excavation of room.

(Signature)

HOUSE LOCATION SURVEY
 LOT 6
 QUAIL MEADOW
 16606 BAHNER COURT
 ELECTION DISTRICT N 8 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' OCT. 1991



Raymond Day

10/28/91

NOTE: PROPERTY IS NOT LOCATED WITHIN A FLOOD HAZARD AREA
 ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM, FLOOD
 INSURANCE RATE MAP, COMMUNITY PANEL NUMBER :
 240 044 0007 B DEC. 4, 1986

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.

LIBERTY SURVEY, INC.
 3020 BUFFALO ROAD
 NEW WINDSOR, MARYLAND
 301-875-2784 21776

REFERENCE	JOB NO.
PLAT N ^o 9354	91-04

Building Address 16606 BANNER CT
MT AIRY MD 21771

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

Census Tract 6040 Subdivision Quail Meadows

Section _____ Area _____ Lot 6

Tax Map 7 Parcel 482 Grid 4

Zoning RC Map Coordinates 3C8 Lot size _____

Property Owner's Name KEITH ROBBINS

Address 16606 BANNER CT

City MT Airy State MD Zip Code 21771

Home Phone 301 854-6171 Work Phone _____

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

Phone _____ Fax _____

Existing Use DWELLING

Proposed Use DWELLING W/500GAL W.G. PROP TANK

Estimated Construction Cost \$ 1775.00

Description of Work INSTALL 500 GALLON UNDERGROUND PROPANE TANK for Heat T

Contractor Company POSITIVE MECHANICAL

Contact Person CHRIS KOLB

Address 104 TENNYSON CT

City ABINGDON State MD Zip Code 21009

License No. 15627

Phone 443-695-2070 Fax 443-512-0943

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <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: _____	
<input type="checkbox"/> State Certified Modular <input 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 THEREBY; (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 Positive Mechanical

Title/Company _____

Print Name CHRIS KOLB

Date 8-9-10

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#
Planning and Development, DPZ			Front: _____	<u>H5707</u>
State Highways			Rear: _____	Billing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>100.00</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>9/13/10</u>	<u>mark kith</u>	All minimum setbacks met?	Add'l per fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Department Control approval required prior to issuance?			Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION STARTS			Historic District?	Check # <u>7012</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>13364</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
			SDP/Red-line approval date _____	