

7/24/00
9:30-10:00
LAYOUT
11:00
7/27/00
11:00 C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 513624

A 50830-T

ISSUE DATE 6/7/2000

APPROVAL DATE 7/27/00

03-330745

INDEXED

Walter King Plumbing & Heating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 5305 King's Court, Frederick, MD 2170311

PHONE 301-831-4070

SUBDIVISION Brantwood I

LOT NUMBER 12

ADDRESS 11521 Stardust Lane

PROPERTY OWNER Steven & Beverly Koren

PROPERTY OWNER'S ADDRESS 1203 Wild Rose Court

SEPTIC TANK CAPACITY 2500 ²1250 GALLONS TOP SEAMED - IN SERIES

Marriottsville, MD 21104

PUMP CHAMBER CAPACITY _____ GALLONS

*** SPECIAL TANK REQUIRED: TANK TO HAVE TWO EQUAL SIZED 1250 GALLON COMPARTMENTS. Second COMPARTMENT TO BE USED IF A PUMPED SYSTEM IS REQUIRED. ***

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth

4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting at the intersection of the 121.11' and 183.68' lot lines, place the

distribution box 45' down the 183.68' lot line and 86' off the same lot line.

Tank to be set as indicated on diagram.

Layout inspection prior to installation required.

*6/19/00 10:00 Spoke to installer - I agreed to allow installation of 2-1500 gallon top seamed septic tanks in series instead of the above special tanks. DKS

PLANS APPROVED Brian Baker

DATE 6/7/2000

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

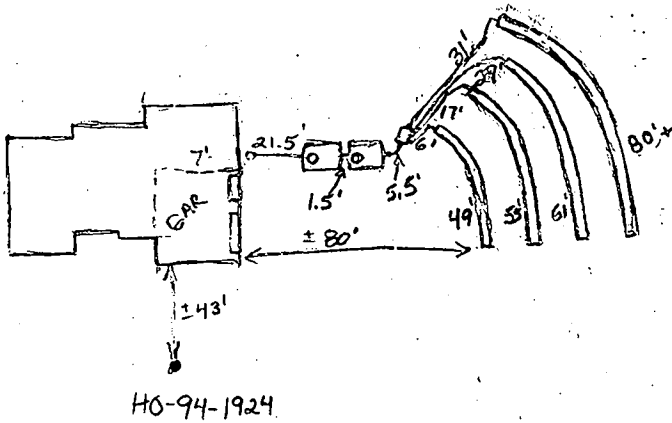
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

P513624

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'
 TRENCH INLET DEPTH 2.0'
 TRENCH BOTTOM DEPTH 4.0'
 DEPTH OF STONE 2.0'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 245'
 ABSORBENT AREA 735 sq. ft. +
 DISTRIBUTION BOX LEVEL Levelers
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 2-1500 TS GALLONS
 MANHOLE RISER None
 6 INCH INSPECTION PORT 2

~~PUMP CHAMBER DATA~~

~~PUMP CHAMBER GALLONS _____~~
~~MANHOLE RISER _____~~
~~ALARM _____~~
~~PUMP PERFORMANCE TEST _____~~

End of Stardust Lane

PRE-CONSTRUCTION INSPECTION: _____

7/24/00 To run three short ^(50'-60') trenches, using part of humped area on top of easement. Trenches can be ±6" in depth due to hump. Will make up remaining length with another trench, possibly as shown, depending on best location and length required after first 3 trenches installed. (BB) 7/27/00 House connection made. Trenches within staked easement area. Longest trench not completed. O.K. to cover rest of system. (BB) 7/27/00 Trenches done. System satisfactory. O.K. to cover. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 7/27/00

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 8/15/95

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 Feagan Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing Inc. c/o Tim Feagan

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808
21042

PROPERTY LOCATION:

SUBDIVISION Feagan Property LOT NO. 1214

ROAD AND DESCRIPTION Rt 194 + Folly Quarter Rd

TAX MAP 16 + 23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- 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.

Mark A. Reil
(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

1039

10' 10' 10'

lgt tan yellow Salm no distinct clay layer 15% rock decayed shale mix hard bottom

1043

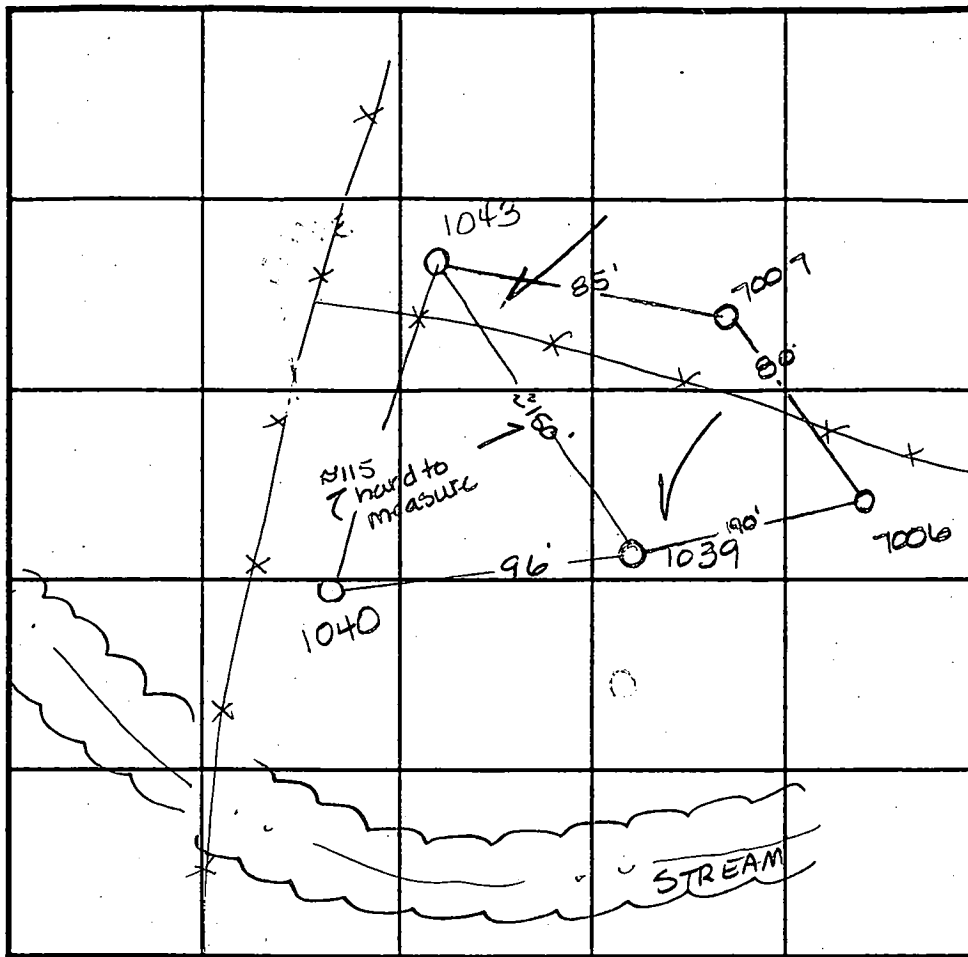
like 1039 but no hard bottom

1040

lgt orange tan Salm

1.5' lgt brn Salm micaceous horizontal bedding Saprolite 10-15%

12'



SOIL PROFILE

7006

0' 6.0' 12.0'

bright orange yellow Salm 20% bright orange Salm
 dark brn Salm 20% shale

7007

lgt brown Salm 20% shale very decayed no clay layer

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-27-95	1039	1.5' / V10	11:19	11:21 ¹⁵	11:21 ¹⁵	11:24	2 ³ / ₄ min
	1043	4' / V12	11:30	11:32	11:32	11:34 ¹⁵	2 ¹ / ₄ min
	1040	3.5' / V12'	11:18 ⁴⁵	11:19 ³⁰	11:19 ³⁰	11:21	1 ¹ / ₂ min
12-10-96	7006	Visual	to 12.0 - see profile -				OK
	7007	Visual	to 13.0 - see profile -				OK

REMARKS wet season testing - land position

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

* DRIVELL FOR 1ST SYSTEM *

C1 4126

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830I

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-19284

OWNER Brantwood LLC STREET OR RFD Stardust Ln TOWN Ellicott City MD SUBDIVISION Brantwood SECTION I LOT 12

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

WATER AT 194-275

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table with columns for depth intervals (1-5) and diameters of screen

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

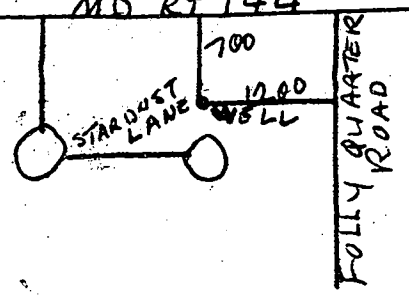
PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DRILLERS LIC. NO. 1 MWD 139 Robert Colme

LIC. NO. 1 MWD 168 Rick Fogle

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

B 1 8611 SEQUENCE NO. (MDE USE ONLY)
2, 3 6
(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-94-1924
70 fill in this form completely 79

Date Received (APA) 10/13/98
8 MM DD YY 13
OWNER INFORMATION
15 Last Name Owner First Name 34
8835 - P Columbia 100 Parkway
36 Street or RFD 55
Columbia, MD 21045
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Feaga Property
23 SUBDIVISION 42
SECTION 44 46 LOT 12 48 50
Pine Orchard meadows
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION
Hartman, David MWD 517
Driller's Name 76 License No. 81
A.C. Schelkes of MD, Inc.
Firm Name
24 South River Road
Address
Howard, MD 21037
Signature Date 10/16/98

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
MD Rt. 144
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 700 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 10
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 800
(GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A50830I
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 10/26/98
CO SIGNATURE EXP. DATE
NORTH GRID 520 000 EAST GRID 820 000
50 55 57 63

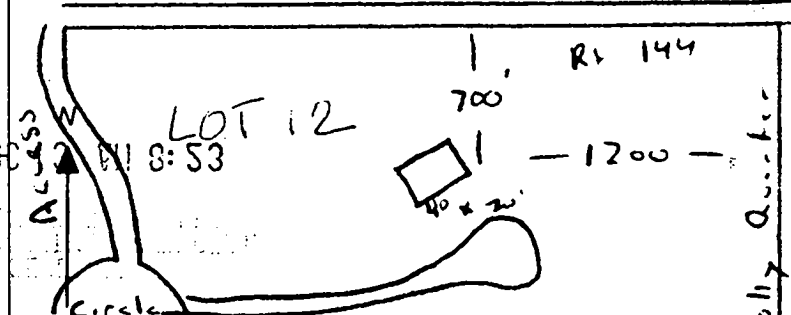
APPROXIMATE DEPTH OF WELL 200 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Tanker
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 820
N 520
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER 54 G A P 63/70
FORCE AM INITIALS IN BOX PERMIT No. HO-94-1924
67 68 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

B 1 **8611** SEQUENCE NO. (MDE USE ONLY)
1 2 3 4 5 6
(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-94-1924
70 fill in this form completely 79

Date Received (APA) **10 13 98**
8 MM DD YY 13
Brantwood LLC
15 Last Name Owner First Name 34
8835-P Columbia 100 Parkway
36 Street or RFD 55
Columbia, MD 21045
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Reaga Property
23 SUBDIVISION 42
SECTION 44 46 LOT **12** 48 50
Pine Orchard meadows
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M I
73 76 77 78

DRILLER INFORMATION
Hartman, David MWD 517
Driller's Name 76 License No. 81
A.C. Schultes of MD, Inc.
Firm Name
24 South River Road
Address
Greenwater, MD 21037
Signature **David P. Hartman** Date **10/16/98**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
MD Rt. 144
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **700** 37
DISTANCE FROM ROAD ENTER FT OR MI **FT** 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE **10**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **800**
(GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co **A56830T**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **10 26 98** **A. McMillan** **10 26 99**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **520 000** EAST GRID **820 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

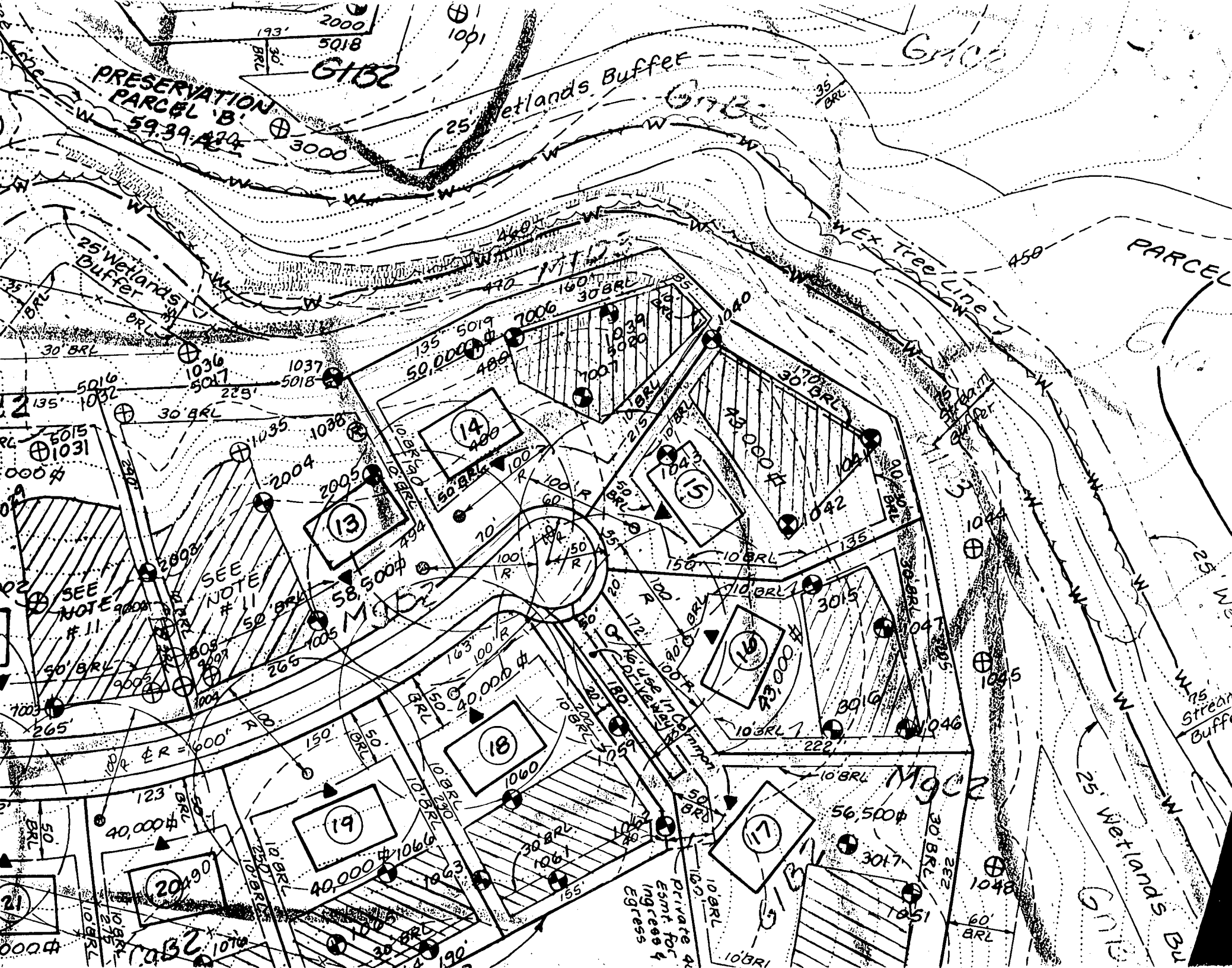
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **Tanker**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **820**
N **520**
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
30 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____ G A P _____
54 63
FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1924**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -
COUNTY

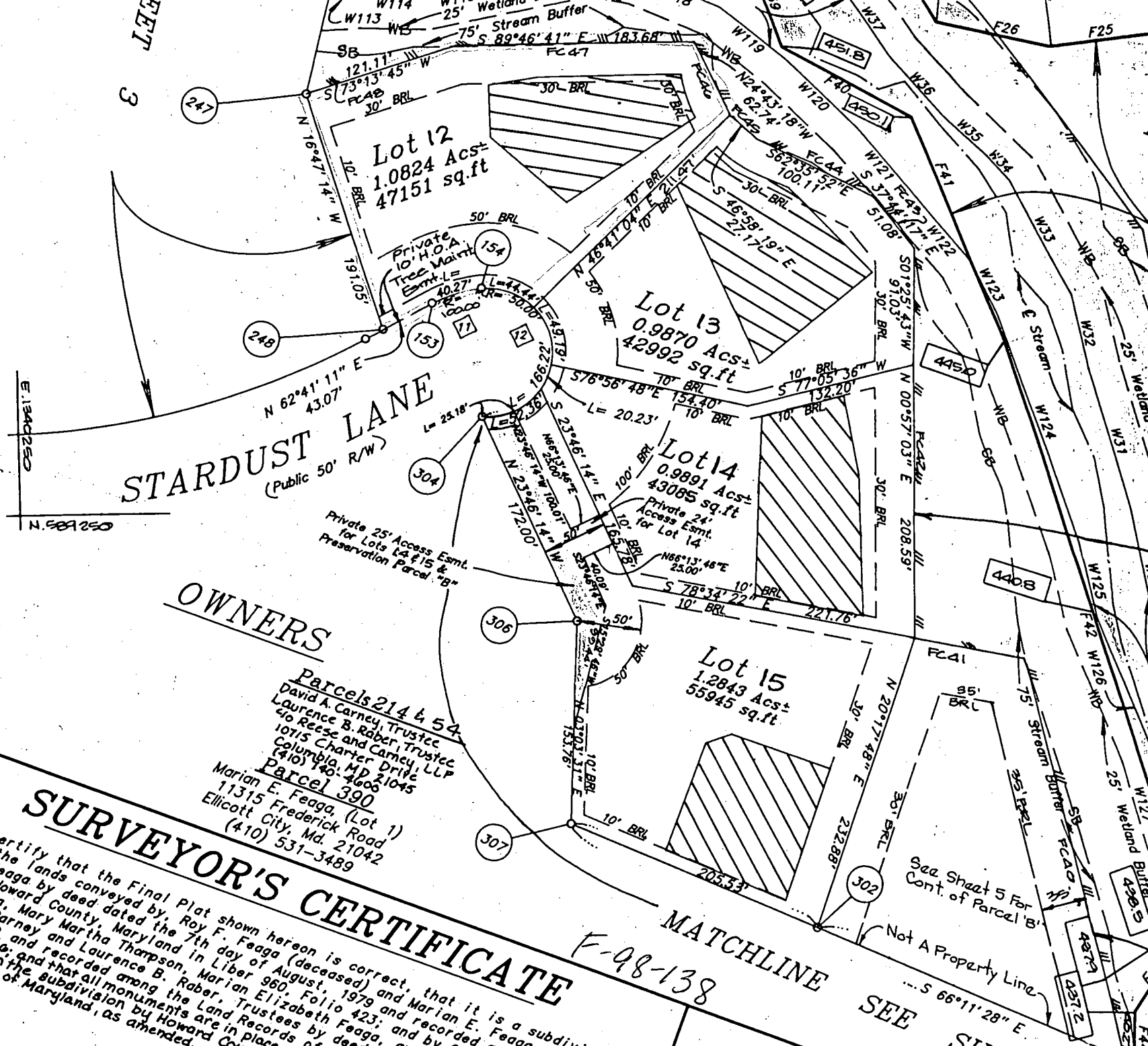


(This Sheet)
Recorded: 4, 701

Parcels: 101
on Parcels: 0
Recorded: 29.5061 Ac±
428 Ac±
Recorded: 25.1633 Ac±
Parcels: 0

Recorded: 1.7016 Ac±
Recorded: 31.2077 Ac±

Article, Annotated Code of
(Amended) as far as they
relating of markers have been
12/10/98
Date



STARDUST LANE
(Public 50' R/W)

OWNERS

Parcels 214 & 54
David A. Carney, Trustee
Laurence B. Rober, Trustee
c/o Reese and Carney, LLP
1075 Charter Drive
Columbia, MD 21045
(410) 746-4600
Parcel 390
Marian E. Feaga, (Lot 1)
11315 Frederick Road
Ellicott City, Md. 21042
(410) 531-3489

SURVEYOR'S CERTIFICATE

I hereby certify that the Final Plat shown hereon is correct, that it is a subdivision of all of the lands conveyed by Roy F. Feaga (deceased) and Marian E. Feaga to Marian Elizabeth Feaga by deed dated the 7th day of August, 1979 and recorded among the Land Records of Howard County, Maryland in Liber 960, Folio 423; and by Charles C. Feaga to Paul J. Feaga, Mary Martha Thompson, Marian Elizabeth Feaga, and Laura Freund to David A. Carney and Laurence B. Rober, Trustees by deed dated the 3rd of February, 1999 and recorded among the Land Records of Howard County, Maryland in Folio 450; and that all monuments are in place or will be in place of the streets in the subdivision by Howard County, as shown in the Annotated Code of Maryland, as amended.

F-98-138

MATCHLINE

SEE SHEET

See Sheet 5 For Cont. of Parcel 'B'

Not A Property Line
S 66°11'28" E

PLEASE INSPECT ASAP. THANK YOU!

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: ROBERT L. FEEZER Co. Telephone #: 410-781-4655
Address: 6321 BARNWOOD AVE.
SYKESVILLE, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): ROBERT L. FEEZER License # 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: KIRKWOOD DEVELOPMENT Telephone #: 410-740-1010
Subdivision: Branthwood Lot #: 12 Well Tag #: HO-94-1924
Site Address: 11521 STAR DUST LANE
FULTON CITY, MD 21042

Submersible Pump Data
Make: _____ Pitless Adapter Make: WALWA
Model #: _____ Model #: PT800
Pump Capacity _____ GPM Depth: 42" (36" min)
Well Yield: _____ GPM NSF approved: YES
Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 178.4
Torque arrestors or Cable guards are required. Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt YES

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

Pipes to house
Type: PVC
PSI: 200 (160 psi min)
Depth of supply line: 12 (36" min)

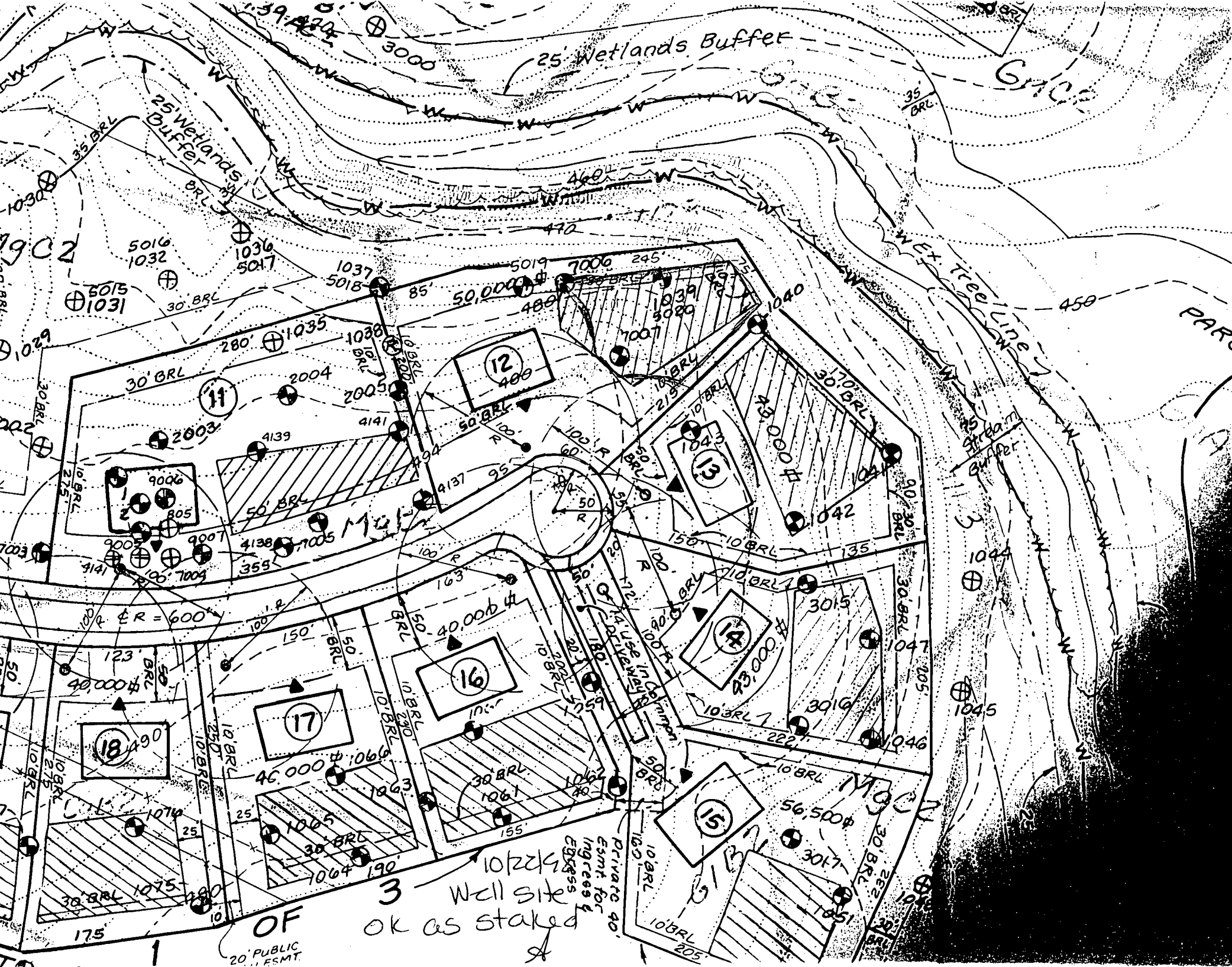
House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 30'
Sleeve caulked and sealed properly: YES

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.

Robert L. Feezer Signature of company representative responsible for installation
9/7/2000 date

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

Date Insp. Requested: _____ Date Insp. Approved: 8/4/00 SRM
Inspection Data: Pitless adapter and 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 installed inside of well 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 _____



25' Wetlands Buffer

GRACE

Wet. Tree Line

PARC

1902

3 Well site
ok as staked

OF
20' PUBLIC
ESMT.

Private 40
Esmt. for
ingress &
egress

5016
1032

1036
5017

1037
5018

5019
7006

245
5020

1039
5020

1040

450

1035

2004

2005

12
400

1043

1044

1042

11
9006
805

2003

4139

4141

4137

4138

7005

355

1043

1042

9006
805
9007
7009

4138

7005

355

16
40,000

1043

1042

14
23,000

3015

1047

3016

1046

18
490

17

46,000

1066

1063

1061

1062

1059

15
56,500

3015

1047

3016

1046

1070

1075

1075

1065

1064

190

1062

1061

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1059

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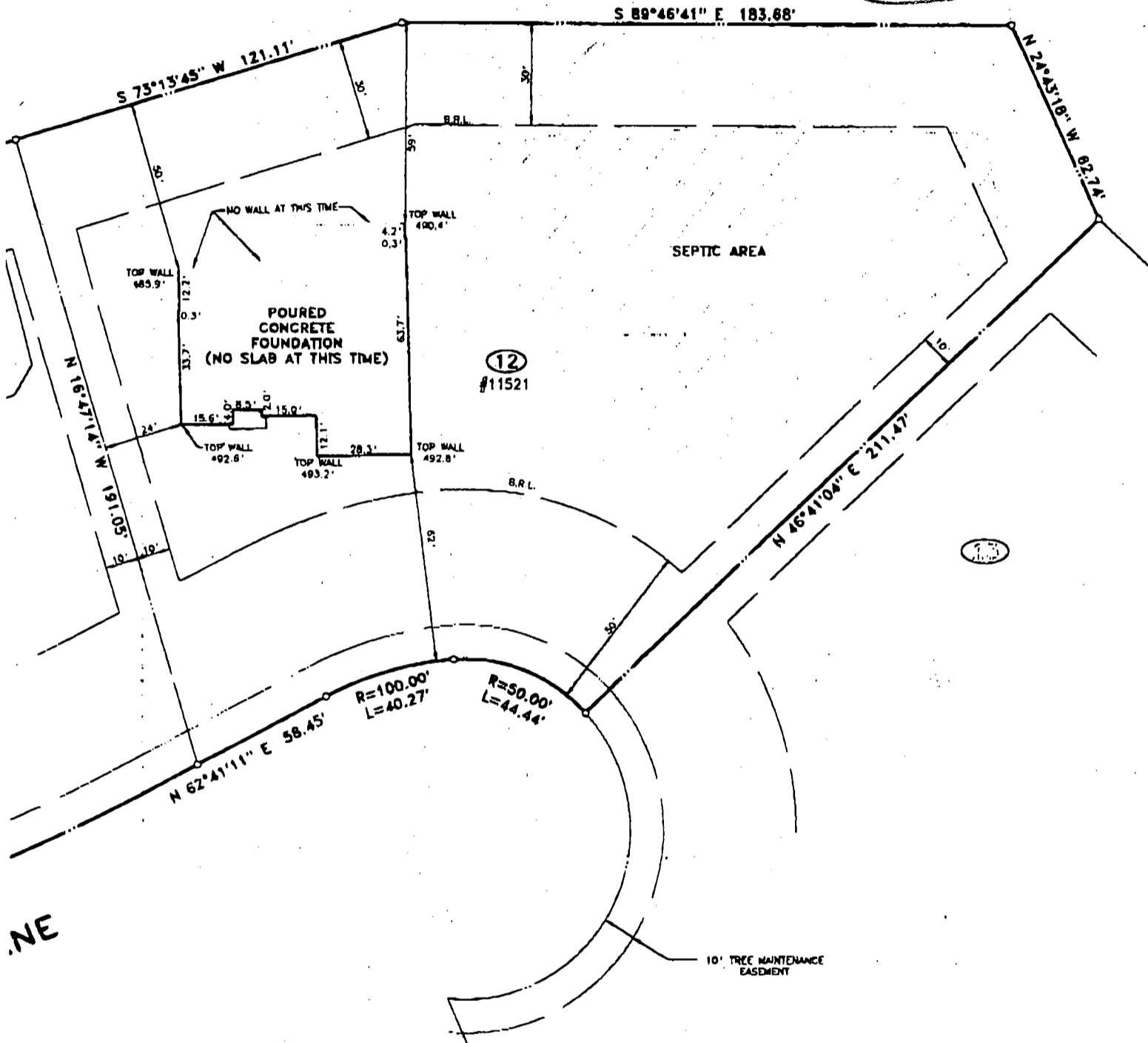
175

175

175

175

6/8/00 Wall Check O.K. *BB*



.NE



SURVEYOR'S CERTIFICATE
 I hereby certify that I have surveyed the property shown herein for the purpose of locating the improvements only and the improvements are located as shown. Exact property lines have not been established.
Robert B. Southard 239
 6-1-00

NOTES
 This plot is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent connected with anticipated transfer, financing, or refinancing. This plot is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or proposed improvements; and
 This plot does not provide for the accurate identification of boundary lines, but such identification may not be required for transfer of title or securing financing or refinancing. The accuracy of the apparent setback dimensions from the property lines to the improvements is within 0.5 feet of being greater than the dimension shown.
 The subject property lies within Flood Zone "C" (Area of Minimal Flooding) as shown on Flood Insurance Rate Map No. 22047-010-B, dated December 9, 1989.

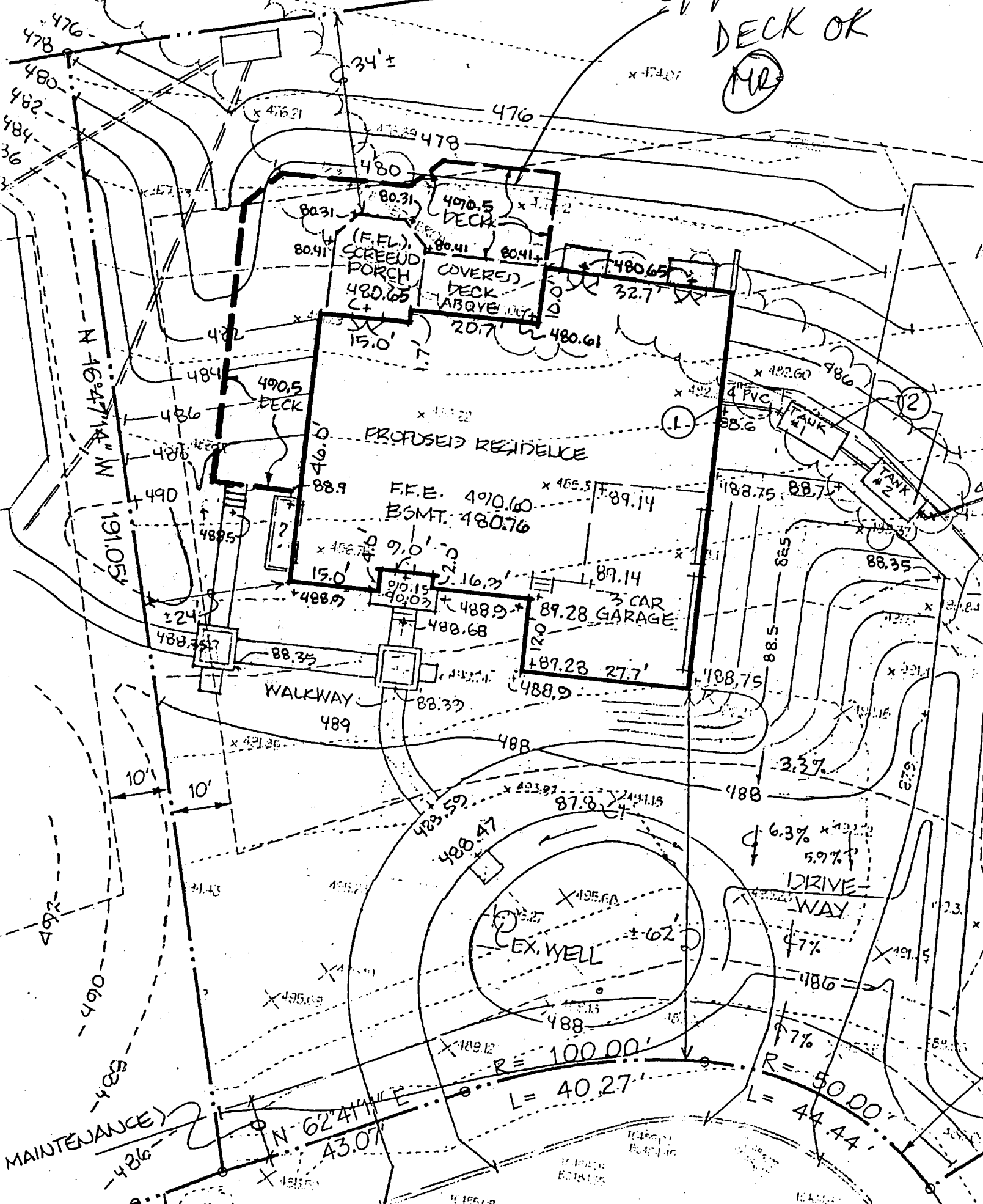
LOCATION DRAWING
LOTS 11 AND 12
BRANTWOOD
 SECTION ONE
 PLAT NUMBERS 13727 AND 13728

DMW
 Draft: McCune, Wa
 A State of Maryland
 Licensed Architect
 Registered Professional
 Engineer
 Scale: 1" = 30'
 Printed by: [Signature]

N 73°13'45" E 121.11'

5/3/00

DECK OK
(MR)



PROPOSED RESIDENCE

F.F.E. 490.60
BSMT. 480.76

3 CAR GARAGE

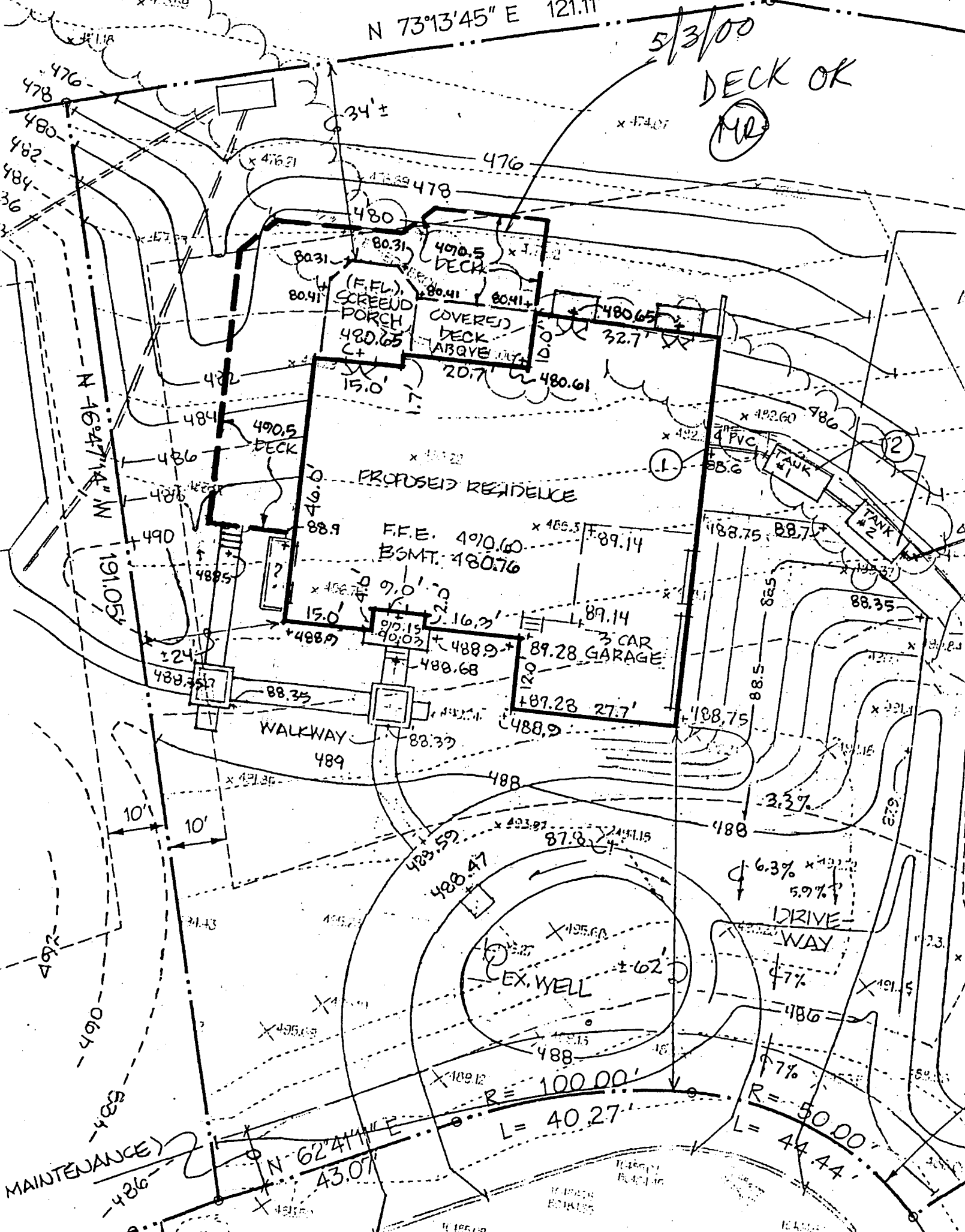
EX. WELL

R = 100.00'
L = 40.27'

R = 50.00'
L = 44.44'

MAINTENANCE
N 62°41' E 43.07'

DRIVE WAY
6.3%
5.9%
7%



Building Address <u>11521 Starbuck Lane</u>		Property Owner's Name <u>Steven S. Kuren</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>1203 W. ...</u>	
Census Tract _____ Subdivision <u>Brentwood</u>		City <u>...</u> State <u>MD</u> Zip Code <u>21044</u>	
Section <u>1</u> Area _____ Lot <u>12</u>		Home Phone <u>410 442 2771</u> Work Phone <u>410 740 1110</u>	
Tax Map <u>16</u> Parcel <u>A1214</u> Grd <u>22</u>		Applicant's Name & Mailing Address, (if other than stated hereon):	
Zoning <u>RC-20</u> Map Coordinates <u>11A6</u> Lot size _____		Phone _____ Fax _____	
Existing Use <u>SFD</u>		Contractor Company _____	
Proposed Use <u>SFD-DECK</u>		Contact Person _____	
Estimated Construction Cost \$ <u>75,000.00</u>		Address _____	
Description of Work <u>Deck-Proposed w/2" legs</u> <u>50x15 and 50x15 each/5.5m x 5m</u>		City _____ State _____ Zip Code _____	
Occupant or Tenant _____		License No. _____ Phone _____ Fax _____	
Contact Name _____		Engineer or Architect Company _____	
Address _____		Contact Person _____	
City _____ State _____ Zip Code _____		Address _____	
Phone _____ Fax _____		City _____ State _____ Zip Code _____	
Phone _____ Fax _____		Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> 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: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: <u>...</u> Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other.
<input type="checkbox"/> State Certified Modular		<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 HERETO; (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 Steven S. Kuren Title/Company _____
 Print Name Steven S. Kuren Date 5-2-00

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

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID# <u>44909</u>
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>2</u>
Building Official <u>5/2/00</u>			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ <u>5/3/00</u>		<u>Mark E. Kiffin</u>	Side St: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>30</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>1078</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>27049</u>
			Accepted by <u>[Signature]</u>	

FOREST CONSERVATION EASEMENT AREA

S 89°46'41" E 183.60'

N 73°13'45" E 121.11'

N 24°35'18" W 62.71'

BUILDING RESTRICTION LINE (TYP.)

LOT 12
BRANTWOOD

PLAT NO. 13770
Total linear feet of trench
ADDITIONAL trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

Depth of stone required below
distribution pipe 2.0 feet

LOT 13
BRANTWOOD
PLAT NO. 13728
BRANTWOOD, LLC

SEPTIC SYSTEM
(4 BEDROOMS)

- ① INVERT @ WALL 1486.67
- ② 1-2500 GAL. TOP BEAMED SEPTIC, 2 COMPARTMENT, EQUAL SIZE TANK PROVIDE MIN 6" TO GRADE EACH SIDE
EX. GRADE @ TANK: 488
FIN. GRADE @ TANK: 489.3
INVERT IN: 486.43
INVERT OUT: 486.26
- ③ DISTRIBUTION BOX (5 OUTLETS MIN.)
EX. GRADE @ BOX: 487.0
FIN. GRADE @ BOX: 487.0
INVERT IN: 486.00
- ④ TRENCH DESIGN: (8051/BR x 4 - 240 LF. OF TRENCH REQUIRED)

Approved Septic System Plan
Howard County Health Department

Brian Baker
Signature Date 6/8/00

GENERAL NOTES:

- 1. EXISTING CONDITIONS SHOWN ON LOT 12 ARE AS SHOWN ON APPROVED GRADING & SEDIMENT CONTROL PLAN G.P. 00-53.
- 2. EROSION & SEDIMENT CONTROL MEASURES SHALL BE SHOWN ON APPROVED GRADING & SEDIMENT CONTROL PLAN G.P. 00-53.

APPROVED FOR PUBLIC WATER & PUBLIC SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT	
COUNTY HEALTH OFFICER	DATE
APPROVED: HOWARD COUNTY DEPT. OF PLANNING & ZONING	
DIRECTOR	DATE
CHIEF, DIVISION OF COMMUNITY PLANNING & LAND DEVELOPMENT	
DIRECTOR	DATE
APPROVED: FOR PUBLIC WATER & PUBLIC SEWERAGE, STORM DRAINAGE SYSTEMS AND PUBLIC ROADS, HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS	
DIRECTOR	DATE
CHIEF, BUREAU OF ENGINEERING	
DIRECTOR	DATE

OWNER / DEVELOPER

STEVEN S. AND BEVERLY A. KOREN
1203 WILD ROSE COURT
MARIOTTVILLE, MD. 21104

DAFT McCUNE Walker, Inc.
A Team of Land Planners, Landscape Architects, Engineers, Surveyors & Environmental Professionals
200 East Pennsylvania Avenue
Towson, Maryland 21286
410 296-3333
AREA: WEST FRIENDS

SUBDIVISION NAME	SECTION/AREA	LOT/PARCEL
BRANTWOOD	SECTION ONE	LOT 12 PARCEL 54
PLAT OR LOT BLOCK #	TAX MAP #	ELECT. DISTRICT
ZONE	6030	6030
RATER CODE	SEWER CODE	ZONE 12C-DEN

TITLE BRANTWOOD LOT 12		
Des By	Scale	Proj. No.
DM By	1"=20'	99004
CHK By	DATE	1 OF 1
BKC	1.18.00	
	Approved	

Septic REVISED 6.15.00
REVISED 4.28.00
REVISED 2.24.00

Date

N 689250

NORTH