

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 12/9/04

APPROVAL DATE: 1/4/05

PERMIT
INDEXED

P 521 610

A 5149214N

03341186
ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

WTC III Plumbing & Htg., Inc. _____ IS PERMITTED TO INSTALL ALTER

ADDRESS: 1820 Gillis Falls Rd., Woodbine PHONE NUMBER: 410-489-4457

SUBDIVISION: Archer's Glen LOT NUMBER: 14

ADDRESS: 1742 Archers Glen PROPERTY OWNER: Henry Chan

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: 150 HOUSE SERVED BY PUBLIC WATER

| | |
|-----------|---|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Place the septic tank and trenches as shown on the approved building permit plan. Ensure at least 18' cover on tank but no more than 3'. |
| NOTES: | Basement not gravity service. |

PLANS APPROVED: Kacie Noonan *(KN)* DATE: 7/29/04

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

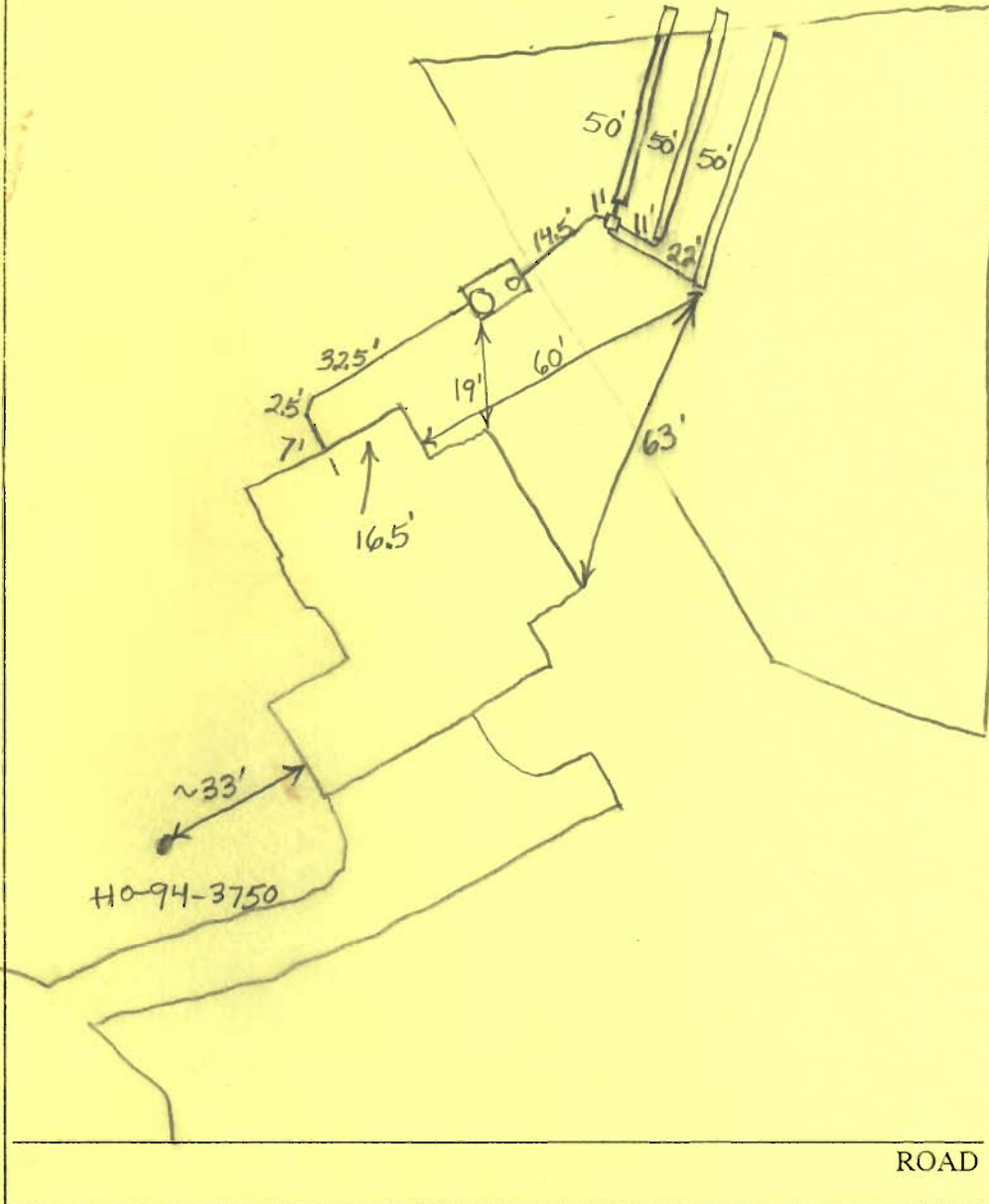
NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
AND RETURNED
AND RETURNED

BUILDING PERMITS SIGNED
AND RETURNED
5/18/06 302159685 - DELLK

A514921-N

NOT TO SCALE



| TRENCH/DRAINFIELD DATA | | |
|-------------------------|-------|-----------------|
| WIDTH | INLET | BOTTOM |
| 3' | 4.5' | 6.5' |
| NUMBER OF TRENCHES | | 3 |
| TOTAL LENGTH | | 150' |
| ABSORPTION AREA | | 450' + Sidewall |
| DISTRIBUTION BOX LEVEL | | Yes |
| DISTRIBUTION BOX BAFFLE | | Yes |
| DISTRIBUTION BOX PORT | | No |

| SEPTIC TANK DATA | |
|---------------------|----------|
| SEPTIC TANK 1 LEVEL | ✓ |
| CAPACITY | 1500 GAL |
| SEAM LOC | Top |
| TANK LID DEPTH | 15'-2' |
| BAFFLES | |
| BAFFLE FILTER | No |
| MANHOLE LOC | Front |
| 6" PORT LOC | Rear |
| WATERTIGHT TEST | No |
| SEPTIC TANK 2 LEVEL | N/A |
| CAPACITY | GAL |
| SEAM LOC | |
| TANK LID DEPTH | |
| BAFFLES | |
| BAFFLE FILTER | |
| MANHOLE LOC | |
| 6" PORT LOC | |
| WATERTIGHT TEST | |

PRE-CONSTRUCTION 12/10/04 - SRA staked, con to be accurate, can't add area as written in BP because an elec box & INSTALLATION underground lines run through area. Install (3) 50' trenches in original SRA (SO) 12/10/04 Tank set. House connection made (BP) 12/15/04 Can't tell if all baffles installed in septic tank, lid frozen onto tank. Will try to call Bill and confirm. Rest of system O.K. (BB) 1/4/05 - Baffles installed (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 1/4/05

BUILDING PERMIT DIVISION
AND RETURNED

**HOW ARD 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) !!!!! COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WTC III Plumbing & Heating Telephone #: 410 489-4457
Address: 1820 Gillis Falls Rd Woodbine Md 21797

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

Name (print): William T Cumberland III License# 7979

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

Name of Property Owner: Wiking Dev Telephone #: 443 398 1982
Subdivision: Archer Glen Lot #: 14 Well Tag #: HO-94-3750
Site Address: _____

| | | |
|------------------------------|--------------------------|--|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit Make:</u> |
| Make: <u>Myers</u> | Make: <u>Campbell</u> | Two piece watertight cap: <u>YES</u> |
| Model #: <u>3ST52-8</u> | Model#: <u>B10 X</u> | Screened, vented well cap: <u>YES</u> |
| Pump Capacity _____ | GPM Depth:- (36" min) | Cap secured to casing: <u>YES</u> |
| Well Yield: <u>GPM</u> | NSF approved: <u>YES</u> | Conduit min 18" B.G.: <u>YES</u> |

Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap:- If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 Torque arrestors or Cable guards are required -Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt -

| | |
|--|--|
| <u>Piping to House</u> | <u>House Connection</u> |
| Type: <u>Plastic</u> | PVC sleeved to undisturbed soil at wall penetration <u>yes</u> |
| PSI: <u>160</u> (160psi Min) | Approximate Length of sleeve <u>5ft</u> |
| Depth of supply line: <u>48</u> (36"min) | Sleeve sealed and calked properly: <u>yes</u> |

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]
Signature of company representative responsible for installation

Sept 27 04
Date

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

Date Insp. Requested: _____ Date Insp. Approved: 3/30/05 BB BB
 Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
 Two piece cap installed and attached to casing securely No O-Ring 9/27/04
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ BB
 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 ✓ 12/16/04
 Adequate grout observed below pitless adapter ✓
3/30/05
Cap Bolts Tight BB
O-Ring Installed Incorrectly Left Note BB

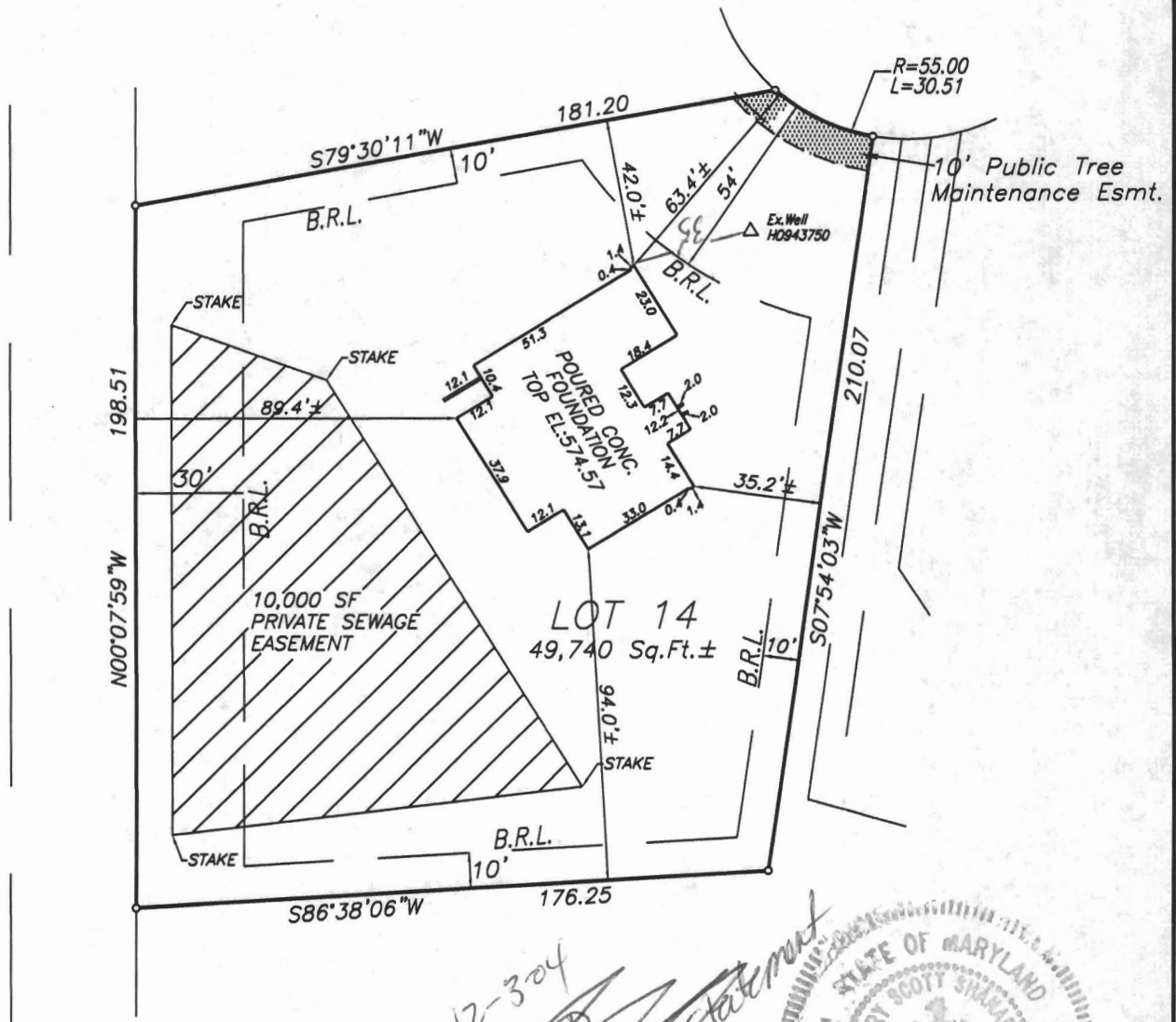
THE PROPERTY SHOWN HEREON LIES IN "NO SPECIAL FLOOD HAZARD AREAS" AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044 0009B(UNPRINTED)

NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.2'
5. ACCURACY OF SETBACK DIMENSIONS: 0.4'



ARCHERS GLEN



12-304
 NEED
 with the statement
 OVERSIGHT
 HOUSE WORK
 (KN)
 [Professional Seal of Gregory Scott Shanaberger, Registered Professional Surveyor, State of Maryland, No. 30849]

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

Gregory Scott Shanaberger
SHANABERGER & LANE
 8726 TOWN AND COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21043
 (410)461-9563 FAX:461-9693

LOCATION DRAWING
 LOT 14
"ARCHERS GLEN
 LOTS 6 THRU 22 AND PRESERVATION
 PARCELS 'A' THRU 'C', SHT. 3 OF 3"
 (PLAT #16456)
 ELECTION DISTRICT: 3RD
 DEED REFERENCE:
 COUNTY: HOWARD
 SCALE: 1"=50'
 DATE: SEPTEMBER 15, 2004
 DATE OF LATEST FIELD WORK: 9/15/04

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

| | | | |
|--|-----------------------------|--|--|
| C1 3963 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. |
| 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | | COUNTY NUMBER |

| | | | |
|---|---|---|--|
| ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13 | DATE WELL COMPLETED MM DD YY 08 01 2003 | Depth of Well 22 300 26 (TO NEAREST FOOT) | PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3750 28 29 30 31 32 33 34 35 36 37 |
|---|---|---|--|

OWNER VIRKING DEVELOPMENT
 STREET OR RFD ARCHER'S GLEN TOWN WEST FRIENDSHIP
 SUBDIVISION ARCHER'S GLEN SECTION _____ LOT 14

WELL LOG
Not required for driven wells

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

| DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Overburden Gray Rock | 0 | 70 | |
| water at 86' | 70 | 300 | x |

GROUTING RECORD (yes no)
 Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 96 NO. OF POUNDS 1600
 GALLONS OF WATER 96
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 64 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 75
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 120
 DRILLERS SIGNATURE Andy B. Cook
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JS D 049
 DRILLER SIGNATURE Thomas M. Cook

DEPTH (nearest ft.)
 T 1 2
HO 75 300
 E 1 8 9 11 15 17 21
 A 2 23 24 26 30 32 36
 C 3 38 39 41 45 47 51
 H 2
 S 3
 R 38 39 41 45 47 51
 E 2
 E 3
 N 2
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from _____ to _____

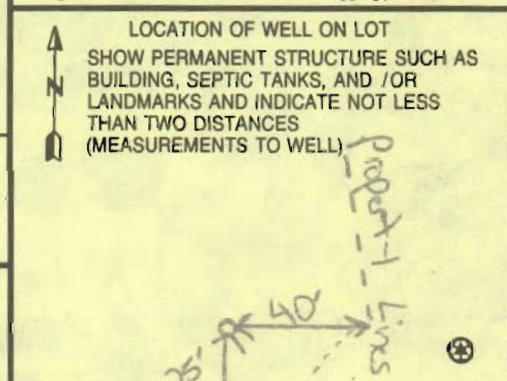
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 38

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) W Q _____
 70 _____ 72 _____

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 11.11
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 21 ft.
 WHEN PUMPING 111 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____
 PUMP HORSE POWER 37 _____ 41 _____
 PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } _____ (nearest foot)
 49 50 51



| | | | | |
|-----|------|--------------------------------|---|--|
| B 1 | 6732 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519017 please type | STATE PERMIT NUMBER 70 <u>HO-94-3750</u> 79 fill in this form completely |
|-----|------|--------------------------------|---|--|

OWNER INFORMATION

Date Received (APA) 06-18-03
8 MM DD YY 13

Viking Development
15 Last Name Owner First Name 34

815 Windriver Drive
36 Street or RFD 55

Sykesville MD 21784
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

Howard
8 COUNTY 21

Wilson Property - ARCHER'S GLEN
23 SUBDIVISION 42

SECTION 14 LOT 14
44 46 48 50

West Friendship
52 NEAREST TOWN 71

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

DRILLER INFORMATION

Sandy B. Cochran M W D 120
Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

[Signature] 6/12/03
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

B 4

1 2

ARCHER'S GLEN
Old Frederick Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

50
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 9 BLK: 22 PARCEL 301

WELL INFORMATION

B 2

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 750
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 06/17/03 Mark Riffin 7/31/04
43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID 54 000 EAST GRID 810 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 81-03

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 ← 000 000

N 5401 ←

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

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

Frederick Rd
32
32

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 2002G 016

PERMIT No. HO-94-3750
70 71 72 73 74 75 76 77 78 79

1228,

| COUNTY # | SOIL PROFILE | ADJ. | WELLS | SOIL PROFILE |
|----------|--|----------------|---------|----------------|
| | 31 30 29 28 27 26 25 24 | Prop. Boundary | 140 150 | NO WELLS OBS'D |
| | | 1232 | 1233 | |
| | | 1231 | 1229 | |
| | | 1228 | 1230 | NO WELLS OBS'D |
| | | 1225 | 1226 | NO WELLS OBS'D |
| | | 1224 | 1222 | |

tan
pink brn
salm
5-15% frags

SLIGHT SWALE →

FLAT →

DUE TO DROUGHT CONDITIONS, APPROVABLE HOLES MUST HAVE 8 FEET FROM OBSERVED GROUNDWATER TO BOTTOM OF PROPOSED SEPTIC SYSTEM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|----------------|---------|-------|----------------|-------|--------|
| | | | START | STOP | START | STOP | |
| 5/6/71 | 1225 | 4 1/2 / 14 | 1:48 | 1:51 | 1:51 | 1:57 | 7 |
| | 1228 | 5 1/2 / 14 1/2 | 11:52 | 11:58 | 11:58 | 12:05 | 7 |
| | 1231 | 5 / 14 | 12:01 | 12:07 | 12:07 | 12:13 | 6 |
| | 1230 | 5 / 13 1/2 | 1:25 | 1:29 | 1:29 | 1:33 | 4 |
| | 1229 | 5 / 13 | 1:29 | 1:32 | 1:32 | 1:35 | 3 |
| | 1233 | 4 1/2 / 13 | 1:34 | 1:37 | 1:37 | 1:41 | 7 |
| | 1232 | 5 1/2 / 14 | 1:40 | 1:44 | 1:44 | 1:48 | 4 |
| | 1224 | 4 / 12 | 2:29 | 2:31 | 2:31 | 2:39 | 8 |
| | 1227 | 4 / 12 1/2 | 2:26 | 2:29 | 2:29 | 2:40 | 11 |
| | 1226 | 4 1/2 / 12 | 2:21 | 2:26 | 2:26 | 2:56 | EST 30 |

REMARKS: OK 15-20% frags, with 25%

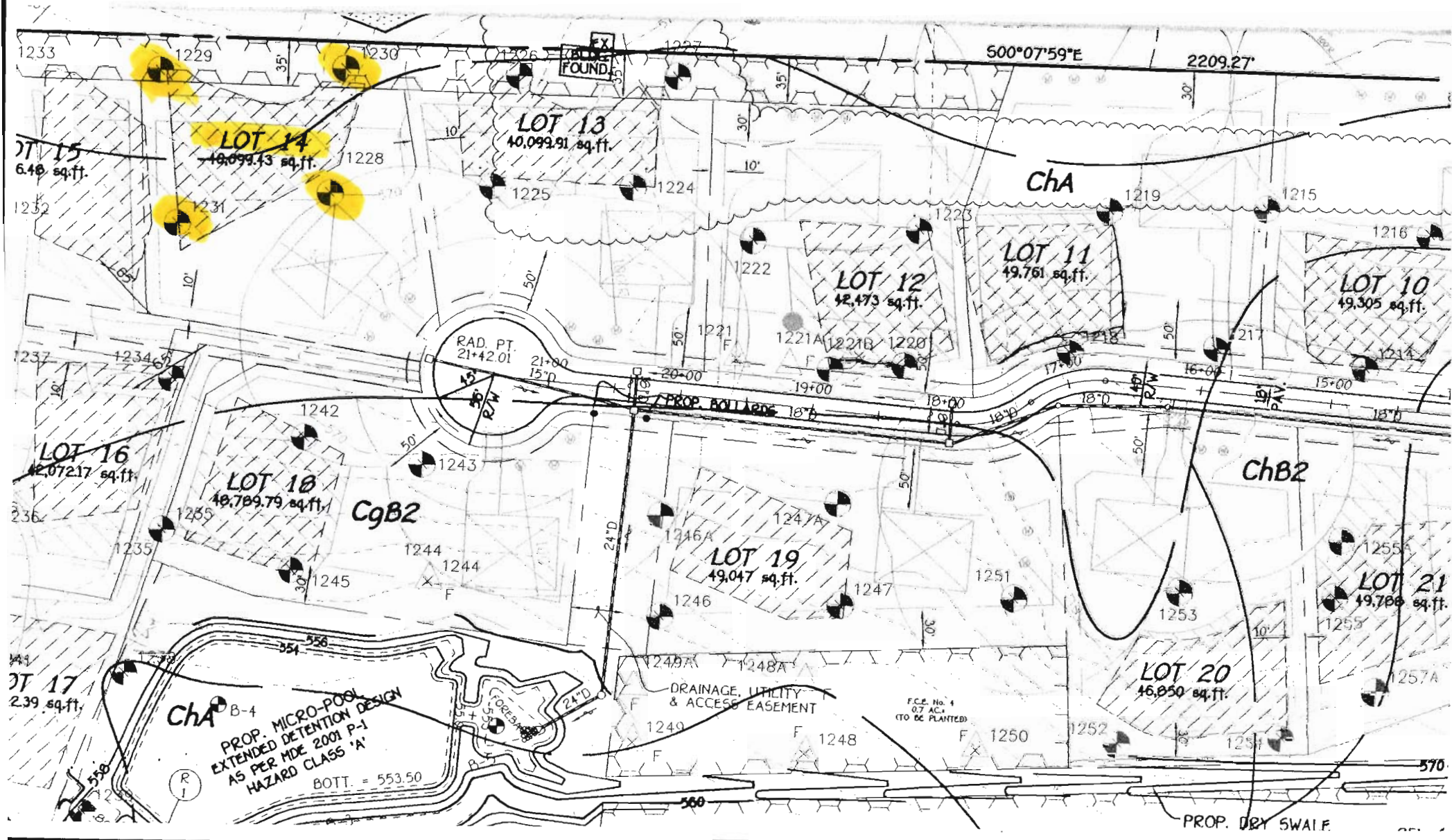
TYPE OF SOIL _____

TESTED BY M. Rifkin ALSO PRESENT M. Johnson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH 4 1/2 MAXIMUM BOTTOM DEPTH 6 1/2 SQ. FT./BEDROOM _____

Copy of
Signed perc cert 4/21/03



(378)

P-02-05

SIGNED 9/4/02

ENC. HOUSE

HEATHERWOOD SECTION 1, AREA 1
PLAN No. 4401

10'W.x34'L
PROP. RAIN
GARDEN

10'W.x62'L
PROP. RAIN
GARDEN

10'W.x46'L
PROP. RAIN
GARDEN

10'W.x20'L
PROP. RAIN
GARDEN

10'W.x22'L
PROP. RAIN
GARDEN

190' CREDIT

EX
BLDG
FOUND

500'07'59"E

LOT 14
49,399 sq.ft.

LOT 15
50,677 sq.ft.

LOT 13
44,893 sq.ft.

LOT 12
43,151 sq.ft.

LOT 11
46,726 sq.ft.

LOT 16
48,734 sq.ft.

LOT 18
47,647 sq.ft.

LOT 19
49,026 sq.ft.

LOT 17
51,189 sq.ft.

LOT 20
46,052 sq.ft.

B-4
PROP. MICRO-POOL
EXTENDED DETENTION DESIGN
AS PER MDE 2001 P-1
HAZARD CLASS 'A'
BOTT. = 553.50

DRAINAGE, UTILITY
& ACCESS EASEMENT

F.C.E. No. 4
0.72 AC.
(TO BE PLANTED)

1268
S.W.M., DRAINAGE &
UTILITY EASEMENT
H.O.A.

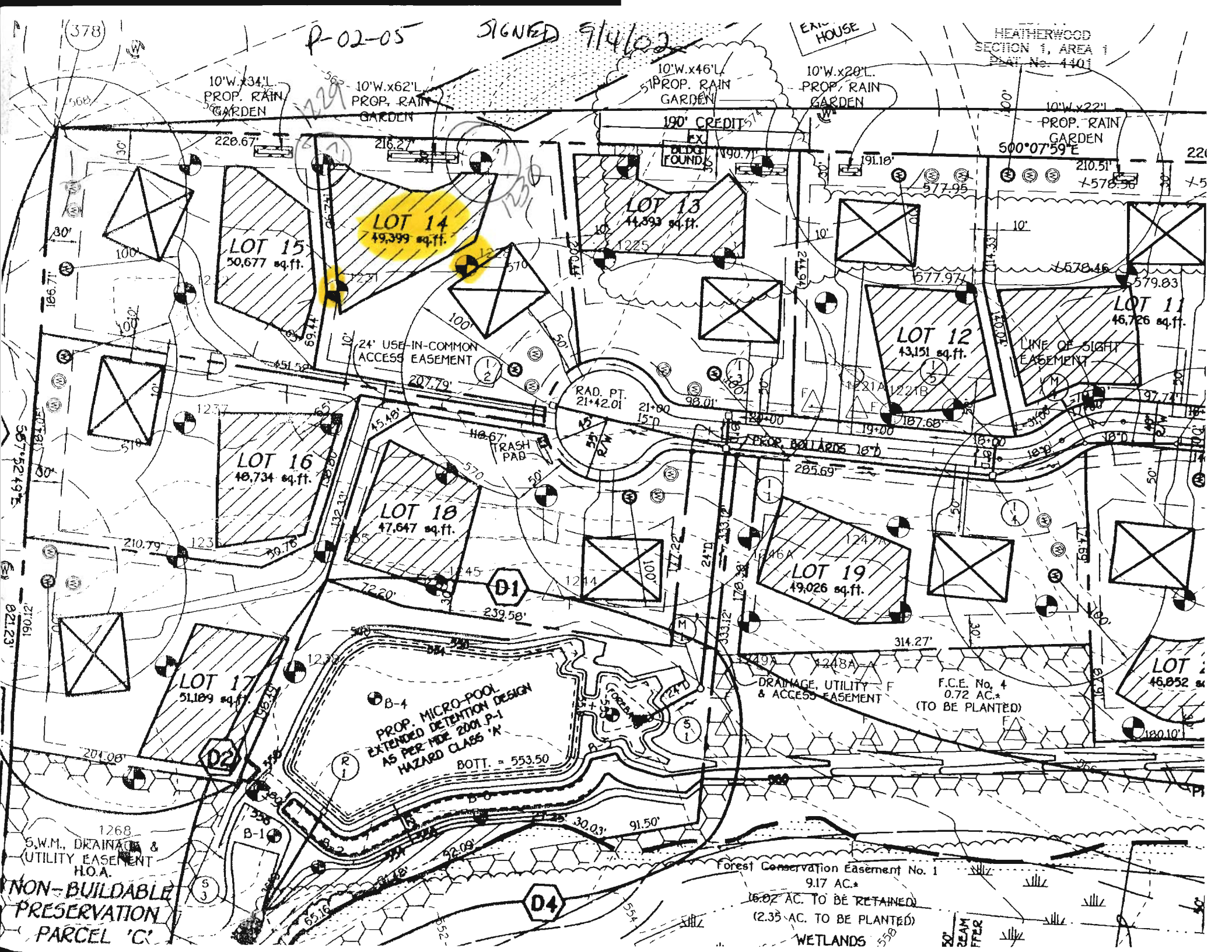
NON-BUILDABLE
PRESERVATION
PARCEL 'C'

Forest Conservation Easement No. 1
9.17 AC.*

16.02 AC. TO BE RETAINED
(2.35 AC. TO BE PLANTED)

WETLANDS

30'
BEAM
FTER



**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B0-149561KN

Building Address 17110 Richers Glen
Sykesville MD 21784
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 603000 Subdivision Richers Glen
Section _____ Area _____ Lot 14
Tax Map 9 Parcel 301 Grid 22
Zoning R112 Map Coordinates 5012 Lot size _____

Property Owner's Name Henry Chan & Si Mo Hung
Address 13413 Rippling Brook Dr
City Silver Spring State MD Zip Code 20910
Home Phone 301 460759 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Vacant lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 450,000
Description of Work 2 story, 4 Bedroom 3 1/2 Baths
unfinished Basement brick front

Contractor Company Viking Development Corp
Contact Person Cary Cumberland
Address 815 W. Barber Dr
City Sykesville State MD Zip Code 21784
License No. 1185
Phone 410 777-2188 Fax 410 549-3340

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

Engineer or Architect Company CADWORKS
Contact Person Dennis
Address Frederick
City _____ State MD Zip Code _____
Phone 301 6959121 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | | Utilities | | Building Characteristics | | Utilities | |
|--------------------------------|--|---|--|--|--|--|--|
| Height: | | Water Supply: | | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> | | Water Supply: | |
| No. of stories: | | Public _____ | | Depth _____ Width _____ | | Public _____ | |
| Gross area, sq. ft. per floor: | | Private _____ | | 1st floor: <u>46</u> <u>61</u> | | <input checked="" type="checkbox"/> Private | |
| Use group: | | Sewage Disposal: | | 2nd floor: <u>46</u> <u>61</u> | | Public _____ | |
| Construction type: | | Public _____ | | Basement: <u>46</u> <u>61</u> | | <input checked="" type="checkbox"/> Private | |
| Reinforced Concrete _____ | | Private _____ | | Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> | | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Structural Steel _____ | | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> | | Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> | | Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Masonry _____ | | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | | No. of Bedrooms <u>4</u> | | Heating System: | |
| Wood Frame _____ | | Heating System: | | Multi-family dwellings: | | Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> | |
| State Certified Modular _____ | | Electric <input type="checkbox"/> Oil <input type="checkbox"/> | | No. of 1 BR units: _____ | | Natural Gas <input type="checkbox"/> | |
| | | Natural Gas <input type="checkbox"/> | | No. of 2 BR units: _____ | | Propane Gas <input checked="" type="checkbox"/> | |
| | | Propane Gas <input type="checkbox"/> | | No. of 3 BR units: _____ | | Sprinkler system: N/A <input checked="" type="checkbox"/> | |
| | | Sprinkler system: N/A <input type="checkbox"/> | | Other Structure: _____ | | NFPA #13D _____ | |
| | | Full _____ | | Dimensions: _____ | | NFPA #13R _____ | |
| | | Partial _____ | | Footings: _____ | | Other: _____ | |
| | | Other Suppression _____ | | Roof: _____ | | | |
| | | # of Heads _____ | | 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Cary Cumberland
Title/Company President Viking Development Corp.

Print Name Cary Cumberland
Date 7-21-04

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# |
|---|----------------|---------------------|---|--------------------------------|
| Land Development DPZ | | | Front _____ | 62941 |
| State Highways | | | Rear _____ | Filing fee \$ <u>100.00</u> |
| Building Official | | | Side _____ | Permit fee \$ _____ |
| Dev. Engineering DPZ | | | Side St. _____ | Excise tax \$ _____ |
| Health | <u>7/29/04</u> | <u>Karen Norman</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l per. fee \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| 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"/> | Sub-total paid \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for NewTown Zone _____ | Balance due \$ _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Check # <u>409</u> |
| Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | | Vandaction # <u>74732</u> |
| Forms PERMIT FRM | | | | Accepted by <u>[Signature]</u> |

BE USED PROVIDED
 THESE SPECIFICATIONS.
 FOR A GIVEN SOIL
 PROFILE SECTION IN
 CONSTRUCTION WITH

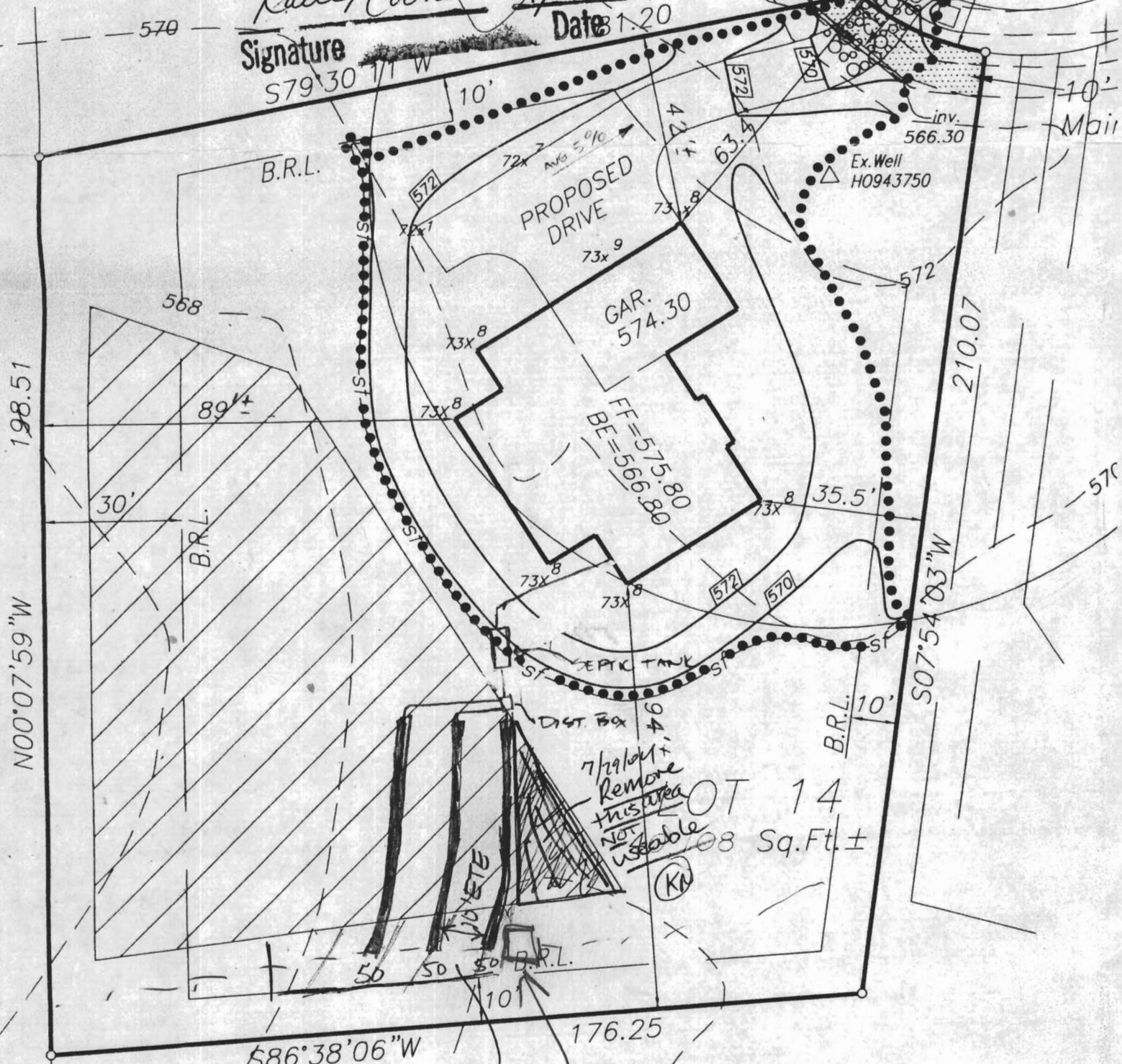
Approved Septic System Plan
 Howard County Health Department

ARCHEL
 GLEN

Kavir Coonar
 Signature
 Date 7/29/04

Storm Drain In-
 Throat 566.11(
 565.74(fe

R=55.00
 L=30.51



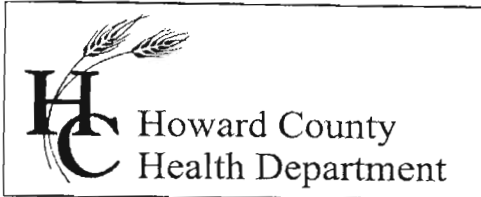
7/29/04
 Remove
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 Not
 Usable
 14
 8 Sq.Ft. ±

7/29/04
 Add
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 Notes
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 No well
 concerns
 KN

GP-05-04

CONSTRUCTION ENTRANCE
 AND EROSION CONTROL DEVICES AND STABILIZE.
 FOUNDATIONS, ROUGH GRADE AND TEMPORARILY STABILIZE.
 SIDEWALKS AND DRIVEWAYS.
 STABILIZE IN ACCORDANCE WITH STDS. & SPECS.
 THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT
 CONTROL DEVICES AND STABILIZE.

| | |
|-----------------|----------------|
| DESIGNED GSS | GRADING, SEDIM |
| DRAWN PF | |



7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 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

March 31, 2005

Henry Huang
13413 Rippling Brook Drive
Silver Spring, MD 20906

FACSIMILE SENT VIA FAX 410-549-3240

RE: Archers Glen, Lot 14
1742 Archers Glen
Sykesville, MD 21784
BP # B00149561
Well Permit # HO-94-3750

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 01/04/2005. Final approval of the well line connection to the dwelling was approved on 03/30/2005.**

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-94-3750. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

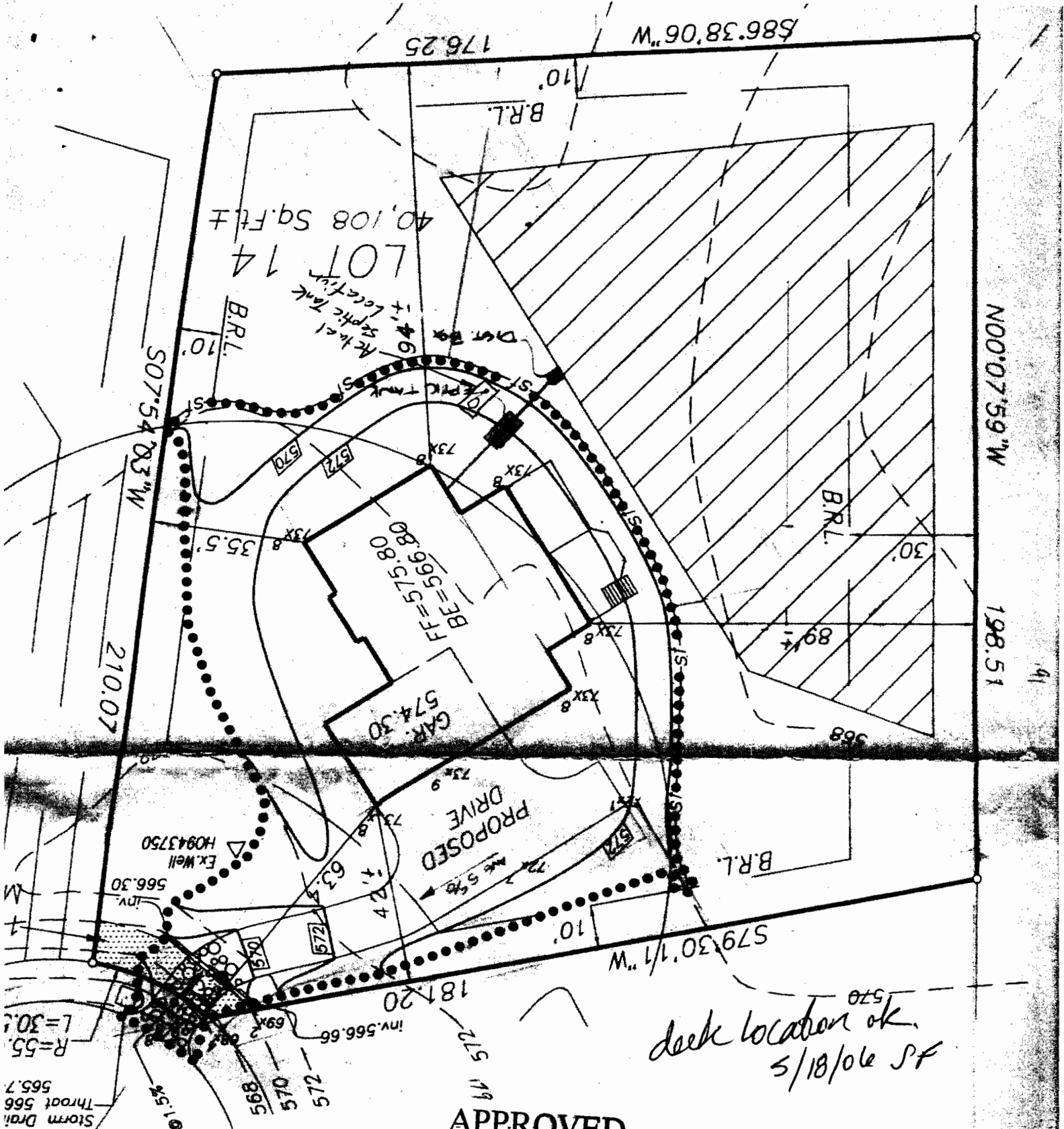
Date of Water Samples: 03/22/2005 & 03/28/2005
Date of Well Completion: 08/01/2003

Respectfully,

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File



ARCHIT
GLEI

APPROVED
WALK-THRU BUILDING PERMIT
 BP# 00159688 A# 14921 N-
 APP. SAN JE DATE: 5/18/06
 DESC. OF WORK:
37' x 15' elevated
deck

*deck location ok.
5/18/06 SF*

OPERATION WITH
 PROFILE SECTION IN
 FOR A GIVEN SOIL
 THESE SPECIFICATIONS.
 MAY BE USED PROVIDED
 SPECIFICATIONS
 SLOPES STEEPER THAN
 DOWN ON THE PLANS.