

# PERMIT

SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 514197T

A 58095-R

ISSUE DATE 8/17/2000

APPROVAL DATE 12/21/00

04-362438  
INDEXED

8/24/00  
To follow lot 20  
10/16/00  
layout 11-12  
10-17-00  
work in progress

12/21/00  
Noon

Egle's Septic Clean, Inc.

IS PERMITTED TO INSTALL x ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Wellington West II LOT-NUMBER 19 ADDRESS 15316 Doe Hill Court

PROPERTY OWNER Pulte Homes GIRALDE PROPERTY OWNER'S ADDRESS 1501 S. Edgewood Street

SEPTIC TANK CAPACITY 1250 GALLONS Baltimore, MD 21227

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth  
5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Beginning from Doe Hill Court, begin trenches 80 feet down the 209.83 lot line  
and 80 feet off that same lot line. Run trenches on contour in both directions. 7/19/00

PLANS APPROVED Amy McMillen OUSRU 8/16/00 DATE 6/30/2000

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

**BUILDING PERMIT SIGNED  
AND RETURNED**

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS 7/17/2002 B00137516 DECK

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

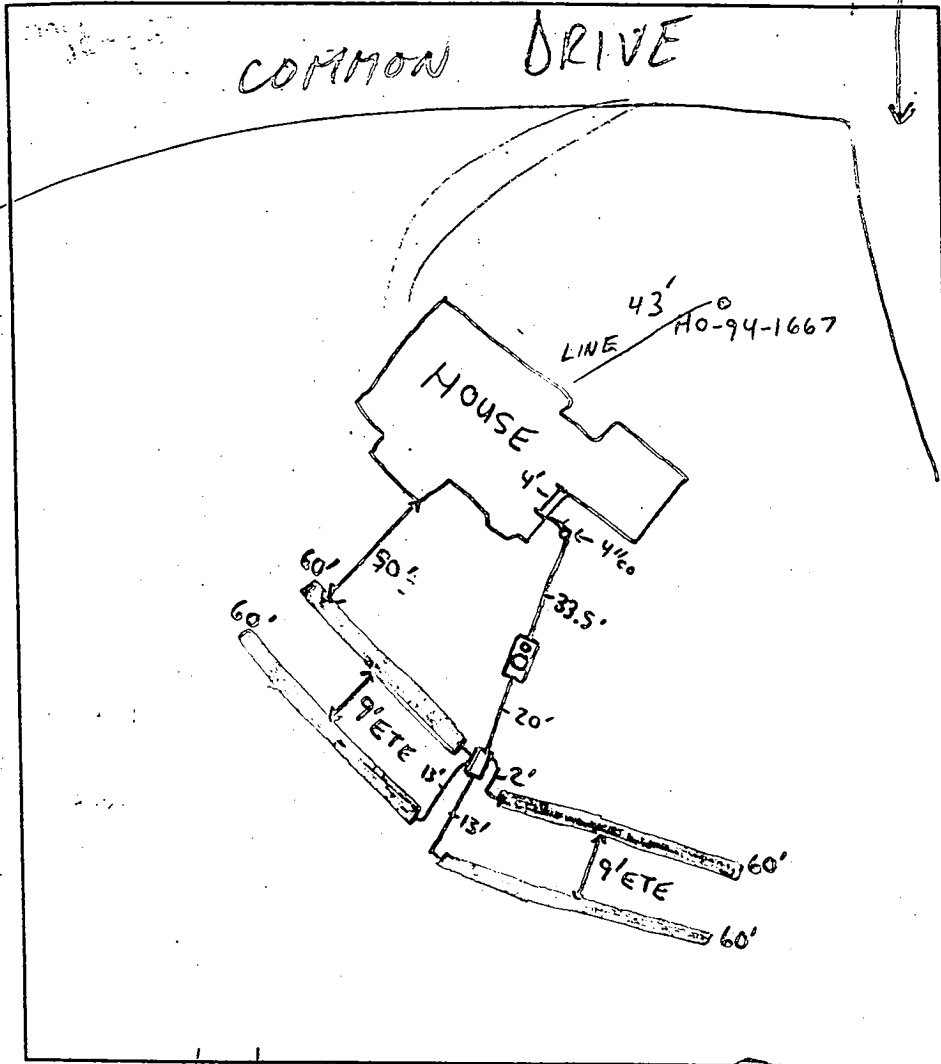
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM

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

P514197T

DOE HILL  
COURT

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	3'
TRENCH BOTTOM DEPTH	5'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	4
TOTAL TRENCH LENGTH	240
ABSORBENT AREA	720 ft <sup>2</sup>
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1250 T.S. GALLONS
BAFFLES IN	<input checked="" type="checkbox"/>
MANHOLE RISER	<input checked="" type="checkbox"/>
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	N/A
ALARM	N/A
PUMP PERFORMANCE TEST	N/A

8/24/00 NO ONE PRESENT (MR)

PRE-CONSTRUCTION INSPECTION:

10/16/00 Layout check confirmed - corners of septic area staked. DC

INSPECTION COMMENTS: 10/17/00 - OK TO COVER ALL WORK, SYSTEM COMPLETE

PENDING HOUSE CONNECTION (SRK) 10/20/00 NO HOUSE CONN (MR)

10/21/00 HOUSE CONN. MADE PER BUILDER (NO INSP PERFORMED TO BUSY &

LIMITED STAFF FOR FIELD INSP) (SRK)

INSPECTOR Steven P. Kueg

DATE SYSTEM APPROVED 12/21/00

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-N ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101  
Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

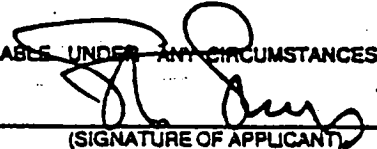
SUBDIVISION Brendel property LOT NO. 22/23

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

  
(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

5309

0' old road bed-1g Rx

3.0 1gt tan SiSalm <5% Rx

5310

orange brown SiCILM

2.0 1gt brown SiLM

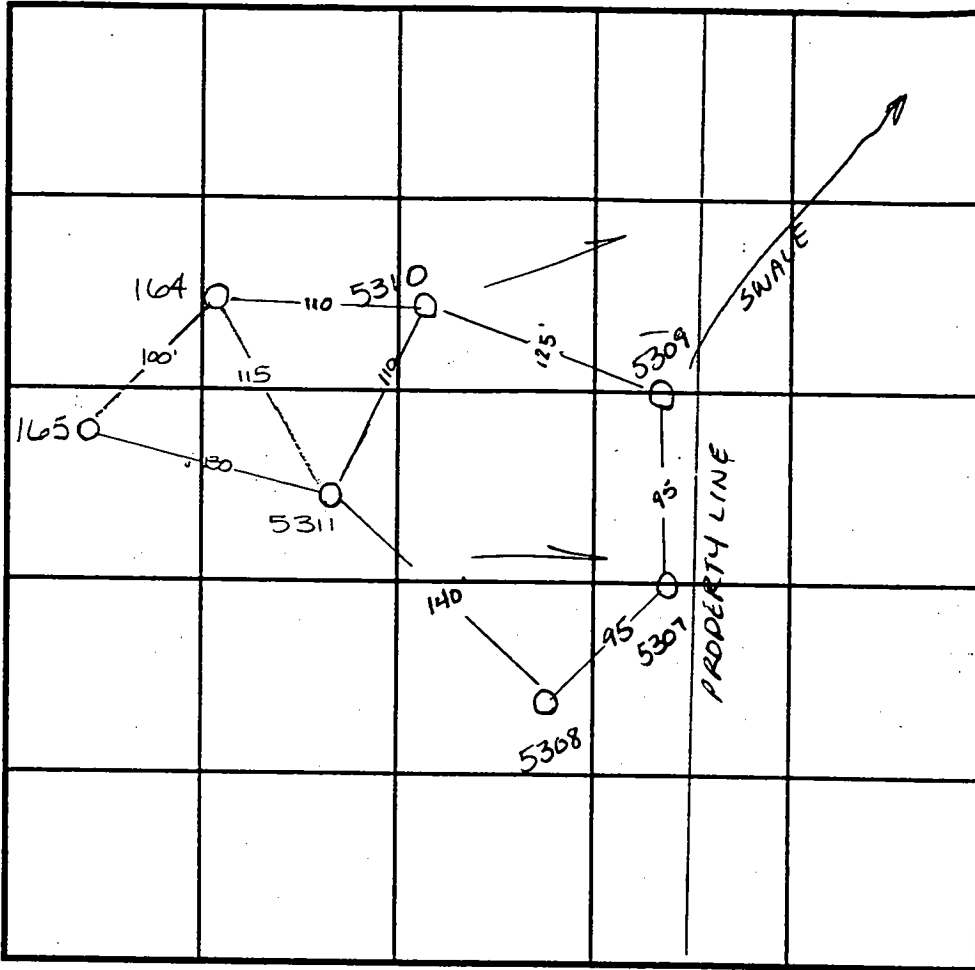
4.0 1gt beige brown SiLM 10% Rx

164/165

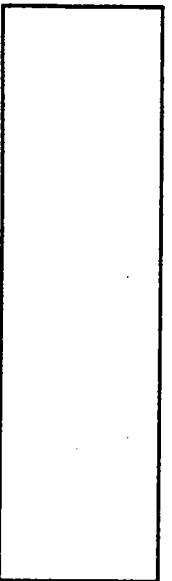
0' topsoil red brn cl lm

3' pale arg brn to tan SiSalm

10-15% Rx



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNION CHAPEL DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-15-97	5309	3.5 √12.0	11:04	11:06	11:06	11:12	6min
	5310	2.5 √12.0	11:10	11:13	11:13	11:20	7min
		7.5 √12.0	11:11	11:12 <sup>30</sup>	11:12 <sup>30</sup>	11:14	1 1/2 min
6-18-97	164	visual	to 11'4" D - see profile		—		OK
	165	3.0 √11'8"	10:24	10:25 <sup>30</sup>	10:25 <sup>30</sup>	10:27 <sup>30</sup>	2

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE 4/11/97

TO: THE COUNTY HEALTH OFFICER  
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PROPERTY OWNER G & L Partnership

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Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

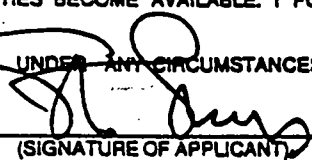
SUBDIVISION Brendel property LOT NO. 23

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

  
(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

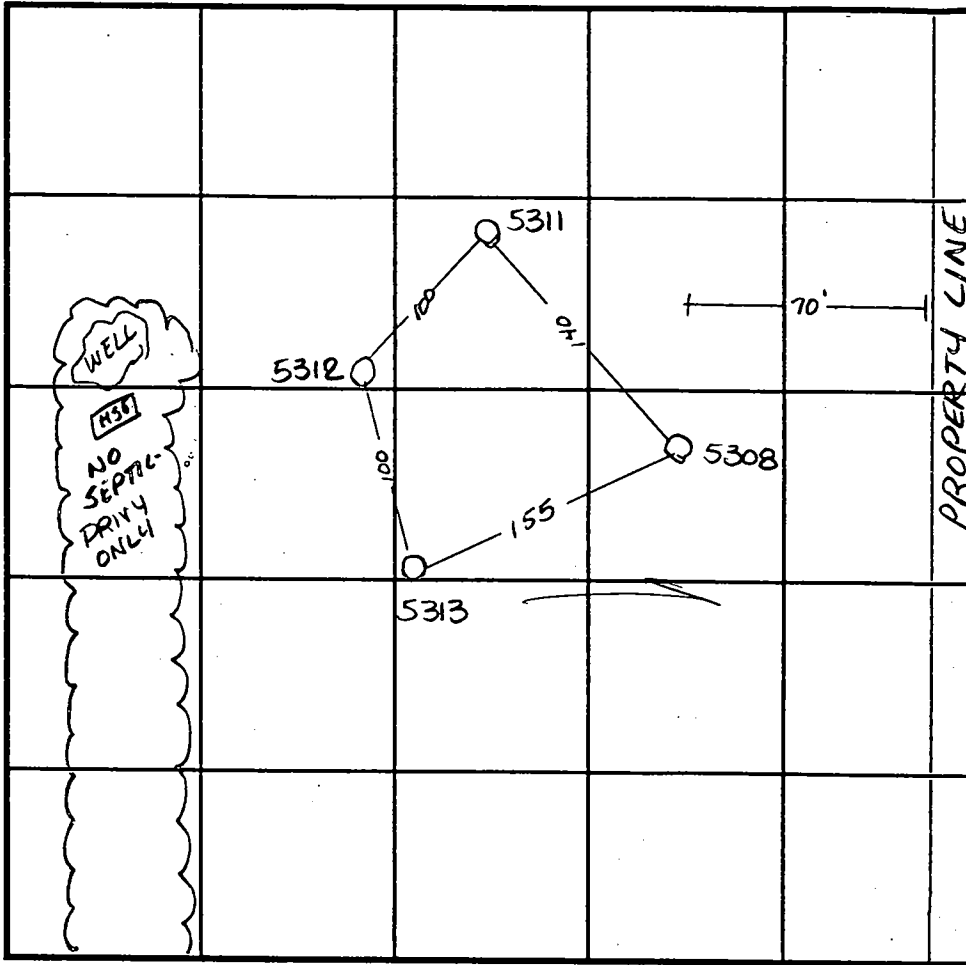
COUNTY #

SOIL PROFILE

0' 5311  
 orange brown Silm  
 2.0  
 1gt brown Silm  
 4.0  
 1gt beigh brown Silm  
 10% Rx  
 12.0

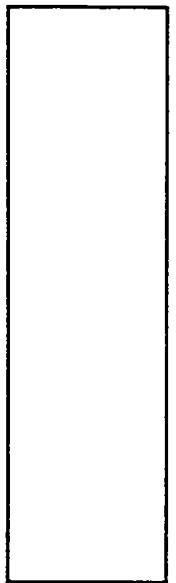
5312  
 no distinct clay layer  
 1gt fan beigh Silm  
 pebbles of decayed quartzite  
 12.0

5313  
 bright red Silm  
 3.0  
 orange tan Silm  
 10% Rx  
 frags  
 12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-15-97	5311	3.0 / √12.0	11:15 <sup>30</sup>	11:19	11:19	11:22	3min
	5312	3.0 / √12.0	11:23	11:28	11:28	11:36	8min
	5313	3.0 / √12.0	11:24	11:28	11:28	11:32	4min

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

4164

SEQUENCE NO. (MDF USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A58095R

ST/CO USE ONLY DATE RECEIVED 08 19 98

DATE WELL COMPLETED 08 14 98

Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1667

OWNER BPMB Assoc last name first name TOWN Glenwood STREET OR RFD Doe Hill Ct SUBDIVISION Wellington West SECTION LOT 19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale, Hard Blue Grafite, etc.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (10), NO. OF POUNDS (940), GALLONS OF WATER (60), DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (S, T), Nominal diameter top (main) casing (6), Total depth of main casing (41).

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

SCREEN RECORD form with fields: screen type or open hole (S, T, BR, HO, PL, OT), DEPTH (nearest ft.) 41, 180.

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL, BEFORE PUMPING (38), WHEN PUMPING (80), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (49), LAND SURFACE (2).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y, N).

CIRCLE APPROPRIATE LETTER: A (well abandoned), 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...

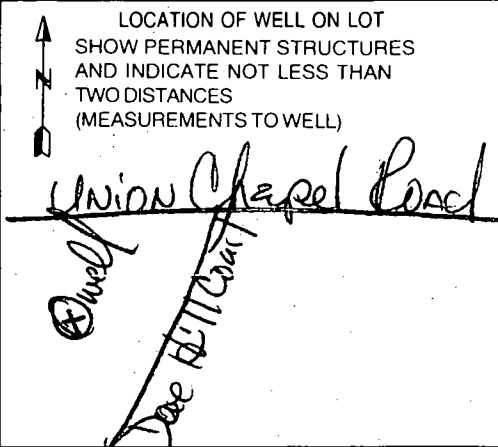
DRILLERS LIC. NO. MWD 296, Dana Kyker Jr II, DRILLERS SIGNATURE, LIC. NO. JWR 334.

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

DEPTH (nearest ft.) table with rows for casing sections and slot size (1, 2, 3), DIAMETER OF SCREEN (56-60).

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

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





B 1- 2091

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1667

Date Received (APA) 08 03 98

OWNER INFORMATION

ASSOCIATES LLC BPM B 15 Last Name Owner First Name 34 15298 Union Chapel Road 36 Street or RFB 55 Woodbine, Md 21797 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard 8 COUNTY 21 Wellington West 23 SUBDIVISION 42 SECTION 2 44 46 LOT 19 48 50 Glenwood 52 NEAREST TOWN 71

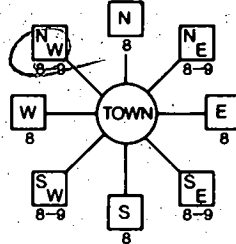
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

DANA RYKEL JR M D 256 76 Driller's Name 81 License No. Westminstel Rotary Well Drilling Inc Firm Name PC Box 861 Westminstel, Md 21157 Address Dan Rykel Jr Signature 7-22-98 Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Doe Hill CT 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



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

TAX MAP: 141 BLK: PARCEL 22

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 7 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 360

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) (I) INDUSTRIAL, COMMERCIAL, DEWATERING (P) PUBLIC WATER SUPPLY WELL (T) TEST, OBSERVATION, MONITORING (G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO A58095 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 080698 A McMillen 8/6/98 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 790 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 240 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (D) THIS WELL WILL DEEPEAN 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)

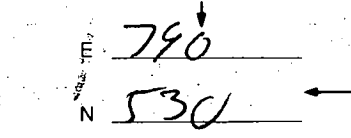
APPROX. PERMIT NUMBER 54 G A P 63

PERMIT No. HO-94-1667 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER. 1. CITY

WRITE THE BOX NUMBER FROM THE MAP HERE



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

8/14/98 GROUT 8:30 No insp All 2 WE 11 000 000

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: WILLOUGHBY PLUMBING SERVICES Telephone #: 410-781-7051  
Address: 6703 PATRICK DR.  
SYKESVILLE MD. 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): CHRIS WILLOUGHBY License# 6092

\*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: PELIE HOME Telephone #: 410-644-5100  
Subdivision: WELLINGTON WBS1 Lot #: 19 Well Tag #: HO 44-1667  
Site Address: 15316 JOE HILL CT  
WOODSIDE MD 21797

Submersible Pump Data

Make: JACUZZI  
Model #: \_\_\_\_\_  
Pump Capacity: \_\_\_\_\_ GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: HARVARD  
Model#: \_\_\_\_\_  
Depth: 48" (36" min)  
NSF approved:

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 180 (feet)  
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

Piping to house

Type: CRESTLINE  
PSI: 1" (160 psi min)  
Depth of supply line:  (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly:

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: Chris Willoughby

date: 12/11/00

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

Date Insp. Requested: 10/20/00 Date Insp. Approved: 10/20/00

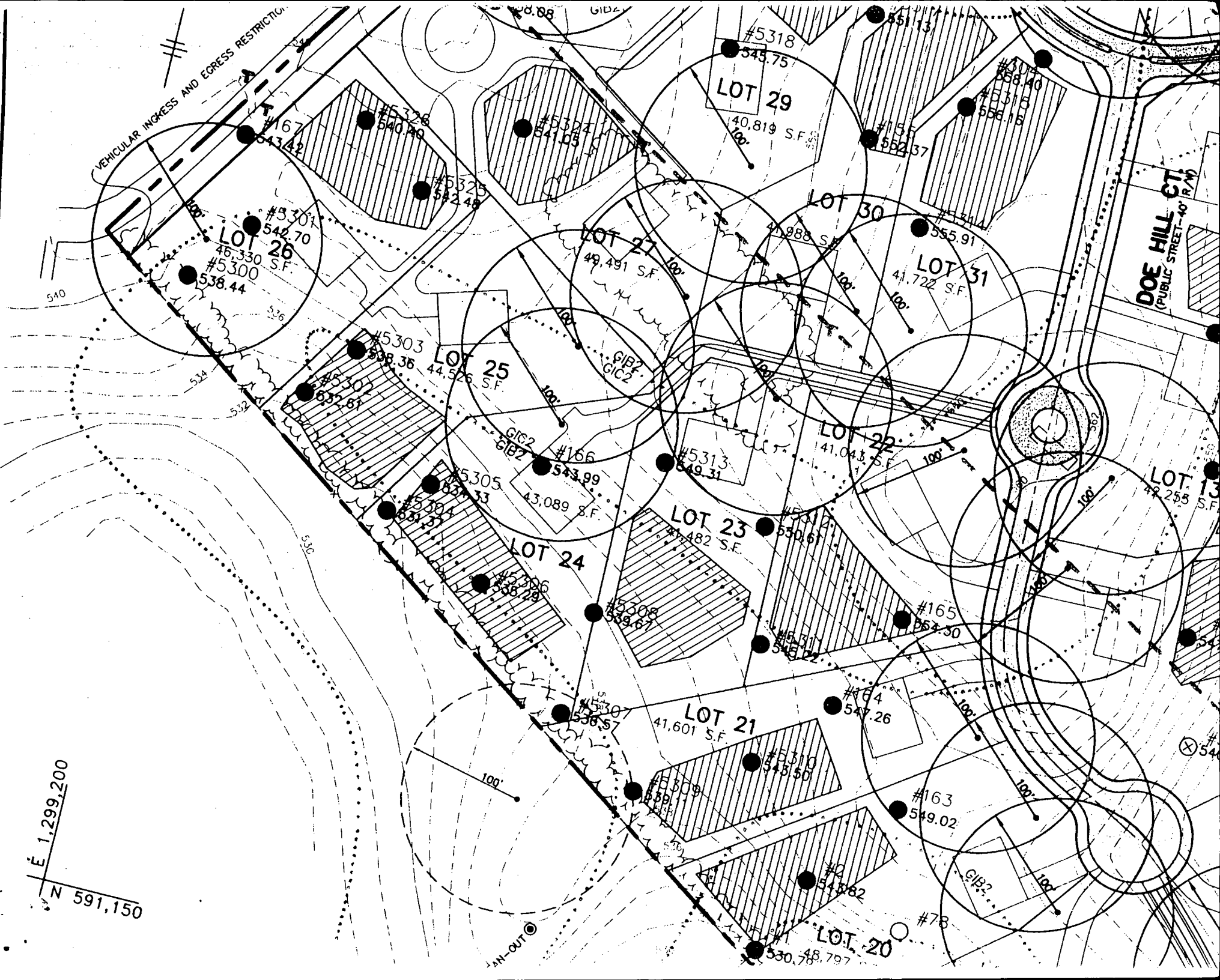
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

MR  
(BB)

VEHICULAR INGRESS AND EGRESS RESTRICTION

E 1,299,200  
N 591,150

DOE HILL CT.  
(PUBLIC STREET - 40' R/W)



LOT 26  
46,330 S.F.  
#5300  
538.44

LOT 29  
40,819 S.F.  
#5318  
545.75

LOT 27  
49,491 S.F.  
#5324  
541.03

LOT 30  
41,988 S.F.  
#5314  
555.91

LOT 31  
41,722 S.F.  
#5316  
558.18

LOT 25  
44,526 S.F.  
#5303  
538.36

LOT 22  
41,043 S.F.  
#5312  
550.61

LOT 13  
42,255 S.F.  
#5317  
559.15

LOT 24  
43,089 S.F.  
#5305  
538.33

LOT 23  
41,482 S.F.  
#5313  
549.31

LOT 21  
41,601 S.F.  
#5309  
539.67

LOT 20  
48,797 S.F.  
#5310  
548.50

IN-OUT

#163  
549.02

#165  
557.30

#164  
547.26

#166  
543.99

#5301  
537.67

#5302  
542.70

#5325  
542.48

#5328  
540.40

#155  
552.37

#55113

#78

#54

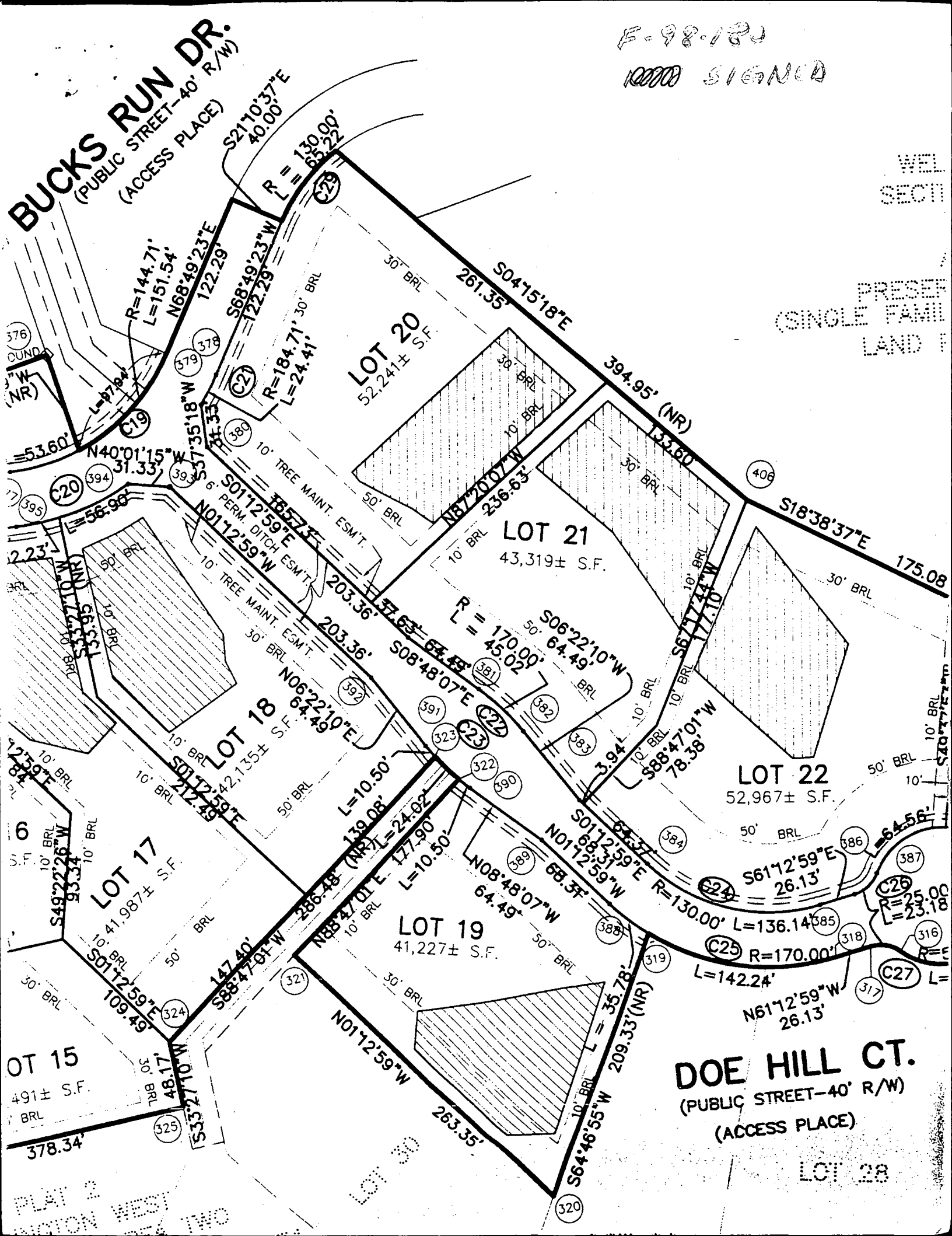
F-98-120

10000 SIGNED

WEL  
SECT

PRESE  
(SINGLE FAMIL  
LAND

**BUCKS RUN DR.**  
(PUBLIC STREET-40' R/W)  
(ACCESS PLACE)



**DOE HILL CT.**  
(PUBLIC STREET-40' R/W)  
(ACCESS PLACE)

LOT 28

PLAT 2  
SECTION WEST  
TWO

Total linear feet of trench required 240 feet

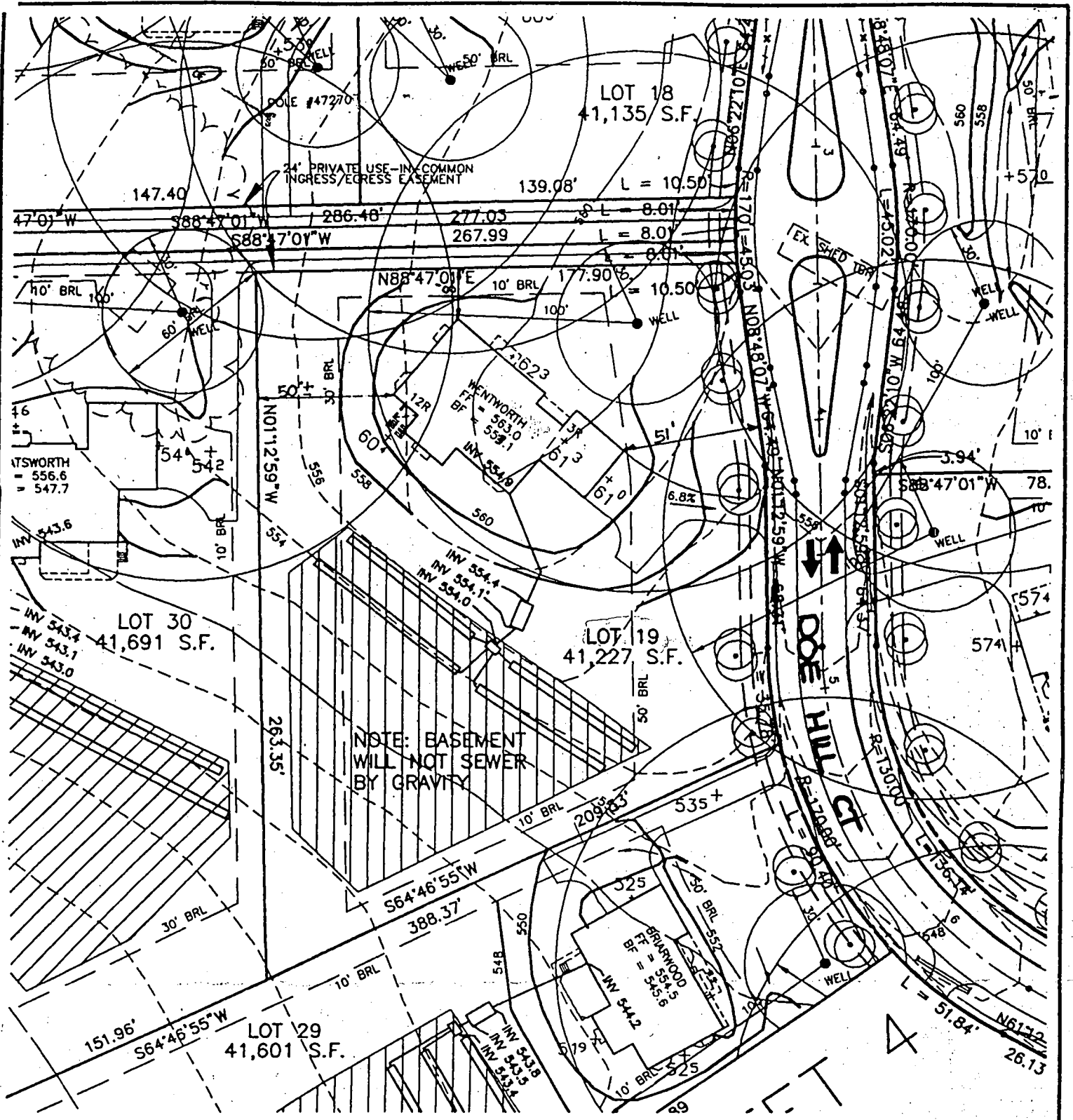
Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
Howard County Health Department

Ann M. Hall 6/30/00  
Signature Date



FIRST FLOOR ELEVATION = 563.0 B00125082  
FOYER ELEVATION = NA  
BASEMENT ELEVATION = 554.1  
SPOT ELEVATION AT GARAGE = 561.0

SLOPE OF DRIVEWAY = 6.8%  
NUMBER OF RISERS IN GAR. = 3  
NUMBER OF RISERS ON LEAD WALK = NA



8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: 2/08/00

5533

\\tso\vol1\Engineer\PROJECTS\1222\DWG\RESITE19.dwg 02/08/2000 09:23:50 AM EST

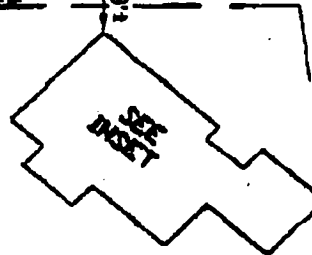


NO1°12'59"W  
263.35'

N88°47'01"E 177.90'

R=170.00'  
L=10.50'

NO8°48'07"W  
64.49'



51'±

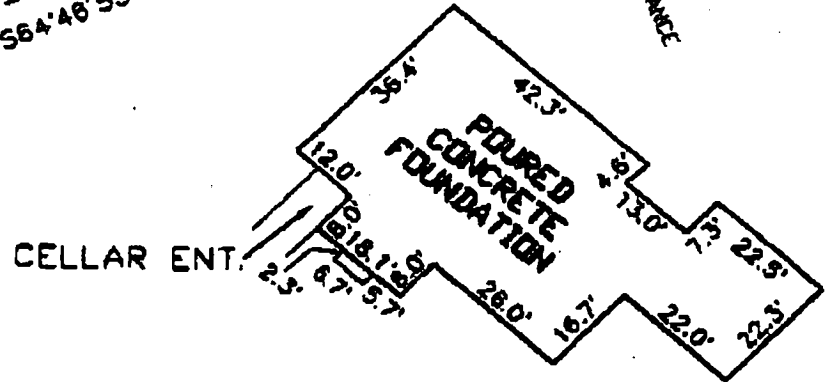
SO1°12'59"E  
68.31'

R=170.00'  
L=35.78'

5' PUBLIC DITCH EASY

10' TREE MAINTENANCE EASEMENT

LOT 19  
10' BRL  
209.33'(NR)  
S64°48'55"W



TOP OF FOUNDATION  
WALL ELEV. = 582.7

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 08-03-00; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED WELLINGTON WEST, SECTION 2, AREA ONE; AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN AS PLAT No. 13635.

**FOUNDATION DETAIL**

SCALE: 1" = 30'



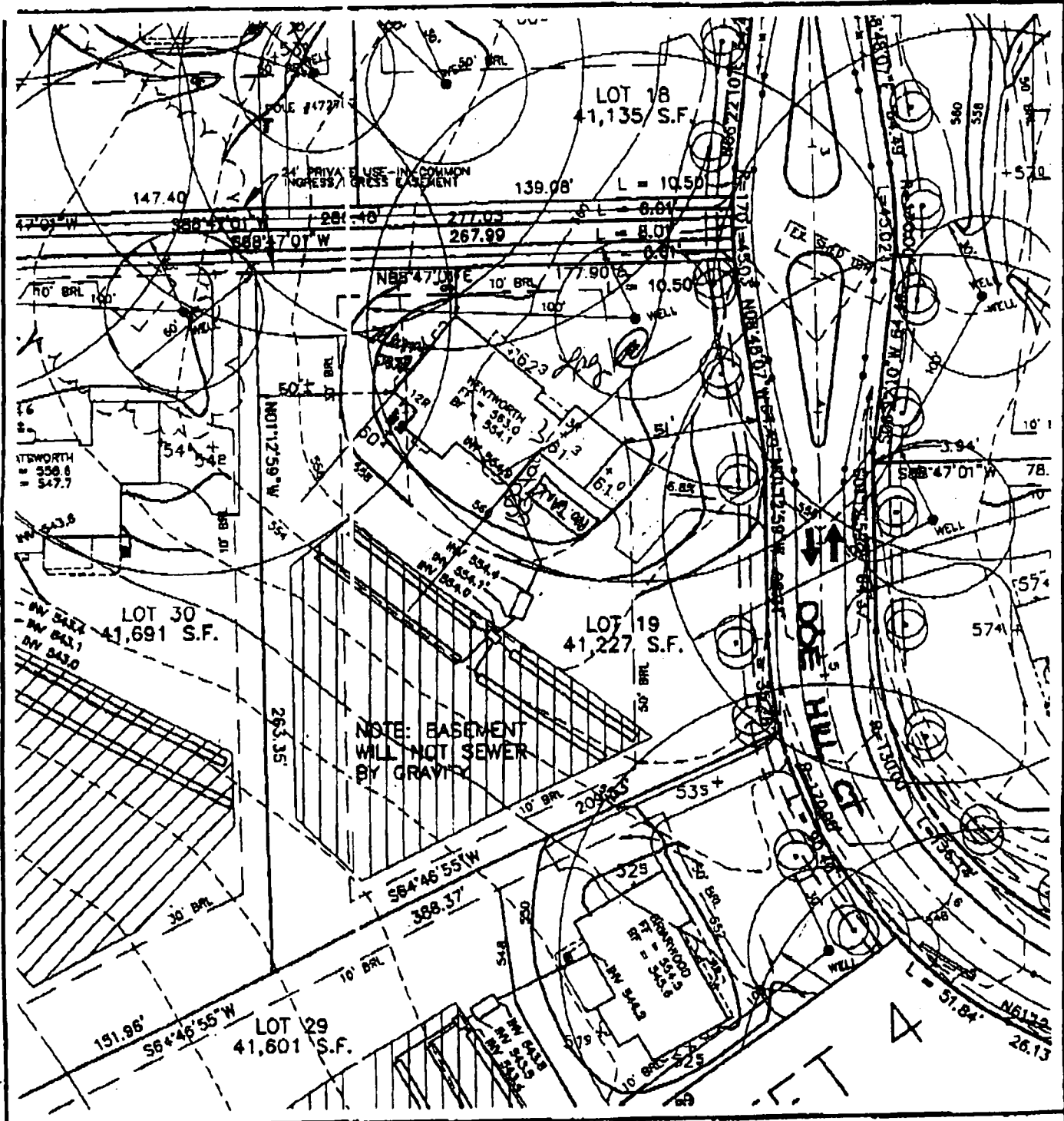
*David M. Harris*  
DAVID M. HARRIS  
REGISTERED PROFESSIONAL LAND SURVEYOR  
MD REG. No. 10978  
FOR BENCHMARK ENGINEERING, INC.  
MD REG. No. 351  
RECORD PLAT No. 13635

**WALL CHECK**

**DOE HILL CT.**  
(PUBLIC STREET-40' R/W)

8/30/00  
 Shown propane  
 tank will have  
 no impact to ex.  
 well or septic.

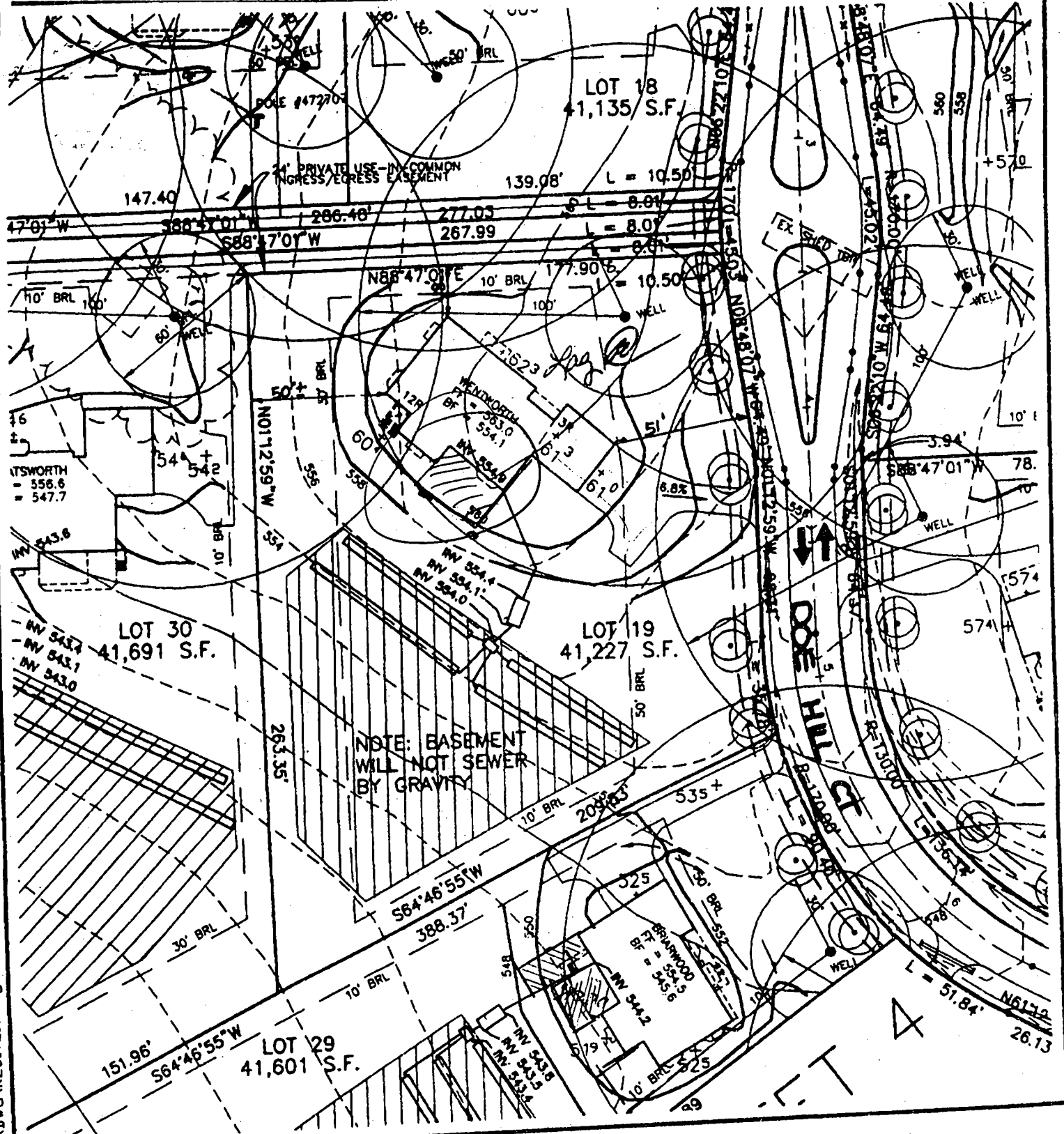
A  
 B00126179



FIRST FLOOR ELEVATION = 563.0

SLOPE OF DRIVEWAY = 6.8%

\\tso\vol1\Engineer\PROJECTS\1222\DWG\RESITE19.dwg 02/08/2000 09:23:50 AM EST



FIRST FLOOR ELEVATION = 563.0  
 FOYER ELEVATION = NA  
 BASEMENT ELEVATION = 554.1  
 SPOT ELEVATION AT GARAGE = 561.0.

SLOPE OF DRIVEWAY = 6.8%  
 NUMBER OF RISERS IN GAR. = 3  
 NUMBER OF RISERS ON LEAD WALK = NA

**BENCHMARK**  
 ENGINEERING, INC.

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 PHONE: 410-465-6105 FAX: 410-465-6644

WELLINGTON WEST SECTION 2  
 LOT 19

4th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 2/08/00

7/17/02 JB  
 OK for Deck

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B00137516

Building Address 15316 Doe Hall Ct  
GLENWOOD MD.

Property Owner's Name ROBERT GERALD  
Address 15316 DOE HALL CT **GIRALDE**

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

City GLENWOOD State MD Zip Code \_\_\_\_\_

Census Tract 6040 Subdivision Wellington Way

Home Phone 410 956 5134 Work Phone 301 280 7627

Section 2 Area 2 Lot 19

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

Tax Map 14 Parcel 69 Grid 20

Zoning RL-DE-D Map Coordinates 8K5 Lot size \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD

Contractor Company CALL PLUS ONE

Proposed Use SFD W/DECK

Contact Person Wm J Cole SR.

Estimated Construction Cost \$ 5615

Address 7654 WOODSTONE RD.

Description of Work FREESTANDING DECK  
20'x20' FREESTANDING DECK 12'x15'

City WOODSTONE State MD Zip Code 21797

License No. 6306 Phone 410 781 6070 Fax N/A

Occupant or Tenant ROBERT GERALD

Engineer or Architect Company \_\_\_\_\_

Contact Name Wm J Cole SR

Contact Person \_\_\_\_\_

Address 7654 WOODSTONE RD.

Address \_\_\_\_\_

City WOODSTONE State MD Zip Code 21797

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 410 781 6070 Fax N/A

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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: 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 # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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 THEREON; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Wm J Cole SR  
Title/Company President

Print Name Wm J Cole SR.  
Date 7/17/02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>7/17/02</u>	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>		
ONE STOP SHOP <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St: \_\_\_\_\_

All minimum setbacks met?  
YES  NO

Is Entrance Permit required?  
YES  NO

Historic District?  
YES  NO

Lot Coverage for NewTown Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID# 46914

Filing fee	\$ _____
Permit fee	\$ <u>300</u>
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>300</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>5429</u>
Validation	# <u>50912</u>

Accepted by [Signature]