

11-2-00
am layout
12/20/00
11:00
12/21/00
Pump Test
Noon

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 514607
A 59833-m
ISSUE DATE 10/23/00
APPROVAL DATE 12/21/00

RPS433533
INDEXED

Whitworth Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 410-531-5033

SUBDIVISION Holly Crest LOT NUMBER 10 ADDRESS 13813 Holly Crest Lane

PROPERTY OWNER Allan Homes, Inc. PROPERTY OWNER'S ADDRESS P.O. Box 1058

SEPTIC TANK CAPACITY 1250 GALLONS
PUMP CHAMBER CAPACITY 1250 GALLONS
Columbia, MD 21044

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

**BUILDING PERMIT SIGNED
AND RETURNED 8-28-02
800138174-DECK**

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 the intersection of the 22933 & 139.53 lot lines, begin trenches 160 feet up the 13953 lot line & 40 feet off that same lot line. Run trenches on contour in both directions. 7/18/00 OK Alum

PLANS APPROVED Amy McMillan DATE 6/21/2000

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

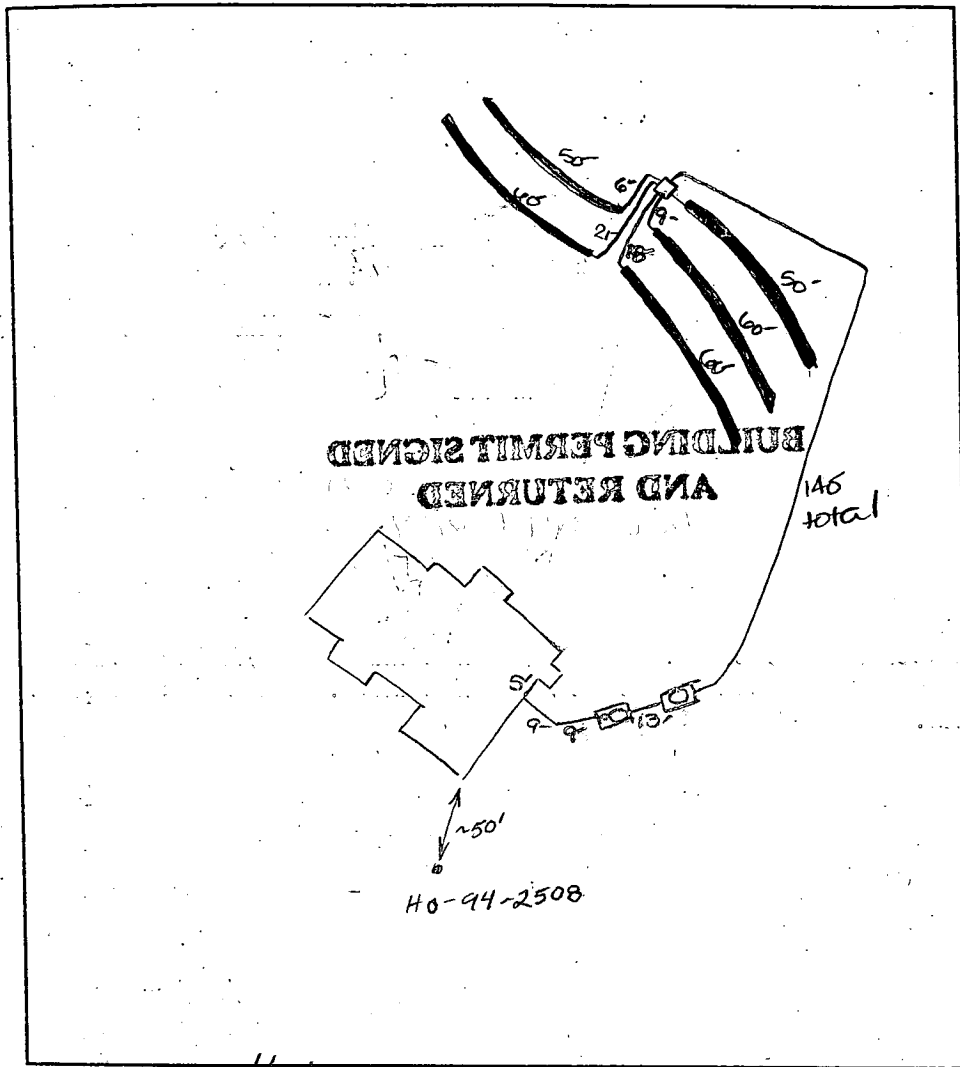
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P514607

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3
TRENCH INLET DEPTH	3
TRENCH BOTTOM DEPTH	5
DEPTH OF STONE	2
NUMBER OF TRENCHES	5
TOTAL TRENCH LENGTH	280
ABSORBENT AREA	840
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1500 T.S./comp GALLONS
MANHOLE RISER	<input checked="" type="checkbox"/>
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1500 + S./comp
MANHOLE RISER	<input checked="" type="checkbox"/>
ALARM	<input checked="" type="checkbox"/>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

Holly Crest Lane

PRE-CONSTRUCTION INSPECTION: 11/2/00 layout confirmed - tanks OK, SDA stalled DKC

INSPECTION COMMENTS: 11/2/00 12:00 OK to cover first two trenches and continue DKC

11/2/00 3:30 OK to cover all septic work - Need pump performance test for final approval.

12/20/00 Pump and alarm not working. (BB) DKC

12/21/00 Pump test OK (DKC)

INSPECTOR [Signature] DATE SYSTEM APPROVED 12/21/00

APPLICATION

PERCOLATION TESTING

A 59833

P _____

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

DISTRICT _____

DATE 2/18/98

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 Allen Brown

ADDRESS 4609 Linthicum Rd PHONE 410-531-2658

AGENT OR PROSPECTIVE BUYER Greg & Rhonda Carpenter

ADDRESS P.O. Box 440, Clarksville 21029 PHONE 301-498-9433

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 6

ROAD AND DESCRIPTION east side of Linthicum Rd

TAX MAP 28 PARCEL # 4

SIZE OF LOT 41,803 SF 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.

Cindy Del Zoppo
(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
27 32

0'

red brown SiCLM

3.0'

red SiSALM
pocket of
30% Rx Mg
from
7-8'

12.0'

28

brown orange SiCLM

3.0'

pink SiSALM
Saprolite
yellow mottles
No H₂O

12.0'

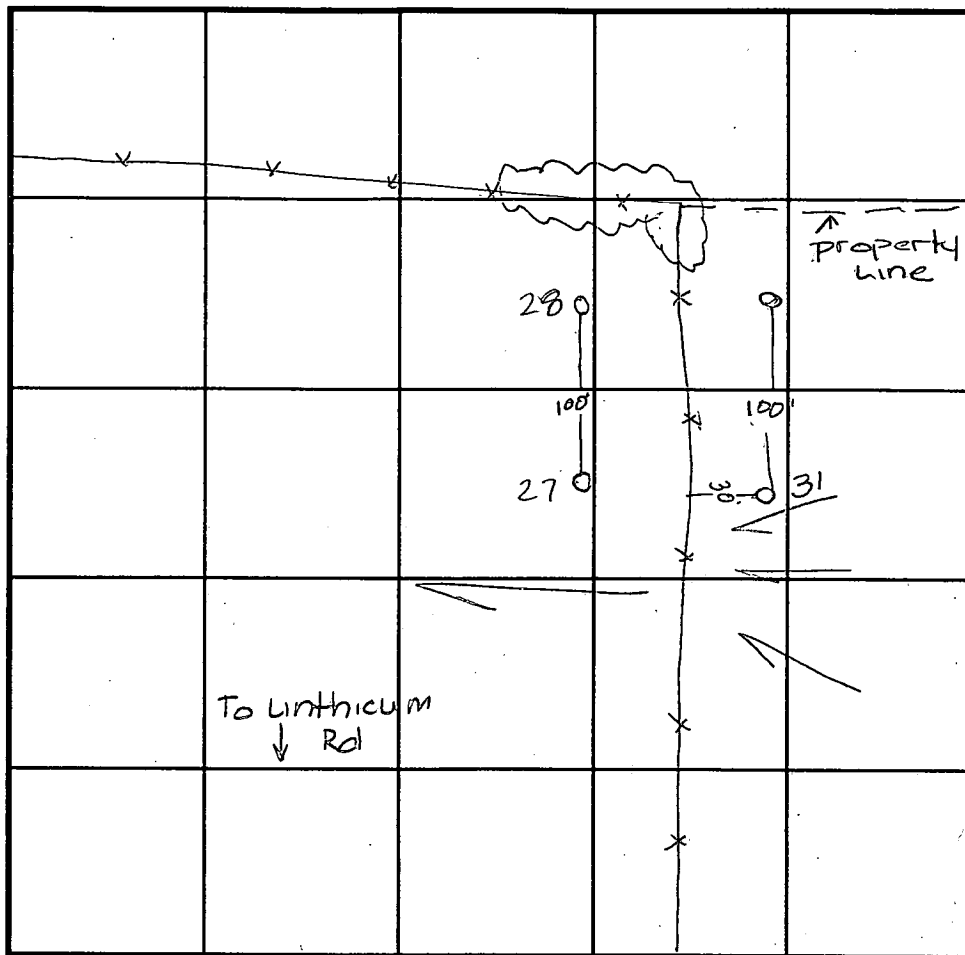
31

dark red SiCLM

3.0'

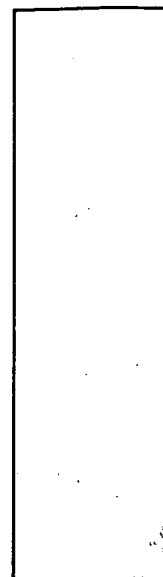
orange brown SiSALM
at bottom
some mottled
yellow SiLM
15% Saprolite

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	
3-20-88	27	3.5 V12.0	12:22	12:29	12:29	12:40	11min
	28	3.0 V12.0	12:24	12:30	12:30	12:35	5min
	31	4.0 V12.0	1:57	2:06	2:06	2:20	14min
	32	Visual to 12.0	see profile				OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

\$2075 \$225.00 per lot

APPLICATION

PERCOLATION TESTING

A 59833

P _____

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

2-25-98
Site insp. - prepare
septic permit proposed
on lots 1,4,8,9 to
be adjusted in
field to facilitate
uphill wells on all
lots.

DISTRICT _____

DATE 2/18/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

ALM

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Allen Brown

ADDRESS 4609 Linthicum Rd ^{extended 210306} PHONE 410-531-2658

AGENT OR PROSPECTIVE BUYER Greg & Rhonda Carpenter

ADDRESS P.O. Box 440 Clarksville 21029 PHONE 301-498-9433

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 9 E/L

ROAD AND DESCRIPTION east side of Linthicum Rd

TAX MAP 28 PARCEL # 4

SIZE OF LOT 40,340 SF 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.

Cindy DelZoppo
(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

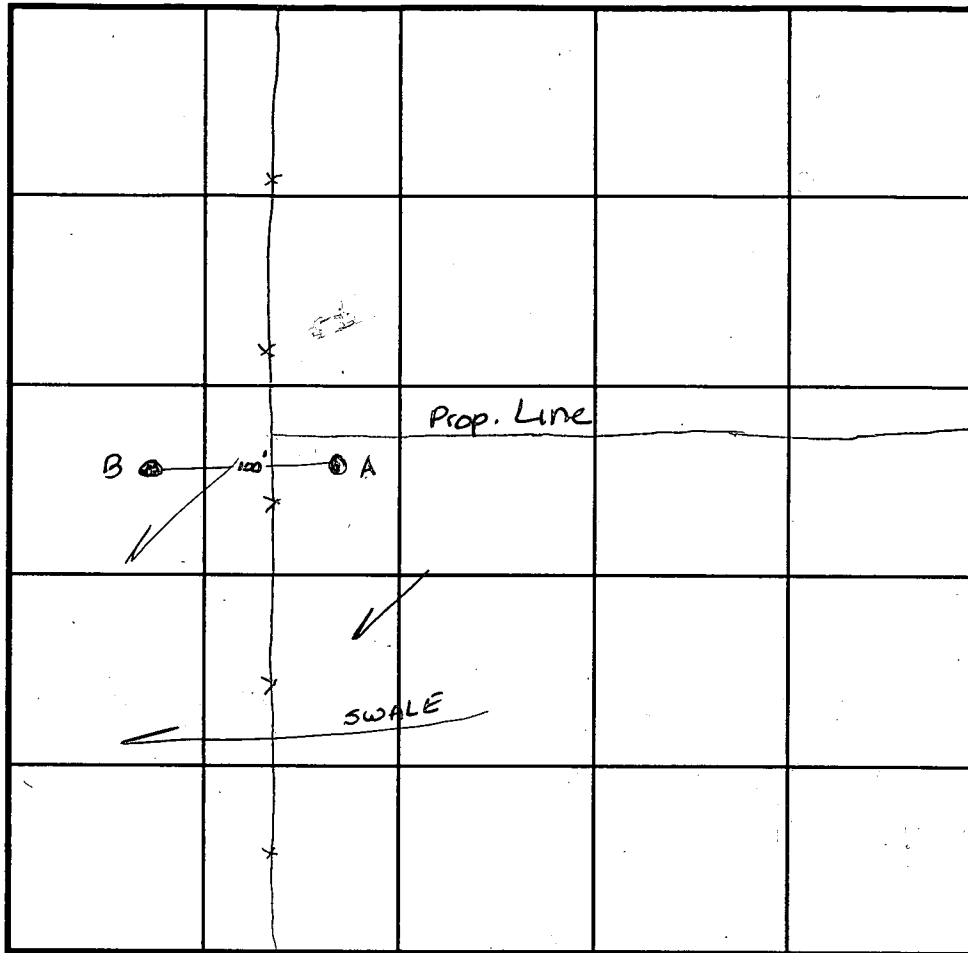
SOIL PROFILE

0' A B
 lgt orange
 silclm

2.0
 dark red
 salm
 micaceous
 10%
 saprolite

3.0

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-10-98	A	3.5 13.0	11:44	11:46	11:46	11:48	2min
	B	Visual to 12.0'	- see profile		—		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

C1 07554 SEQUENCE NO. (MDE 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 A59833M

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 405 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-44-2508

OWNER Allan Homes last name Holly Crest Lane first name TOWN Dayton SUBDIVISION Holly Crest SECTION LOT 10

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 FROM TO check if water bearing. Top Soil 0 2, Sandy 2 40, Sand Stone 40 45, MICKA 45 20, Sand Stone 20 75, MICKA 75 405.

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. casing types insert appropriate code below. MAIN CASING TYPE PL, Nominal diameter top (main) casing 6, Total depth of main casing 58.

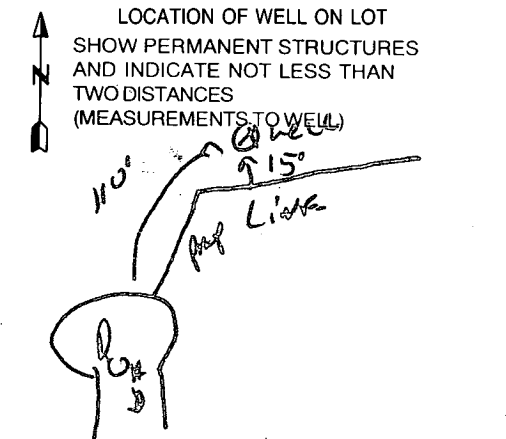
SCREEN RECORD. screen type or open hole. insert appropriate code below. ST, BR, HO, PL, OT.

DEPTH (nearest ft.) table with rows 1-51 and columns 2-21. Values: 1-21: HO, 22-26: 56, 27-31: 405.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 3, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 31, WHEN PUMPING 225, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED. DRILLER INSTALLED PUMP 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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 2 (nearest) foot.



NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED YES Y NO N.

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. MS D 116. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION). LIC. NO. MS D 117.

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 2508
 Location of property (road) Holly Crest Lane
 Subdivision Holly Crest Lot 10 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Allan Homes

Depth of well 405'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 31'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 126 gpm
 Total time 30 min to reach pumping water level 225 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	225 ✓	20 Sec	Flow meter reading column is crossed out with a large X.	3 GPM
8:15	225 ✓	20 Sec		3 GPM
8:30	225 ✓	20 Sec		3 GPM
8:45	225 "	20 "		3 "
9:00	225 "	20 "		3 "
9:15	225 "	20 "		3 "
9:30	225 ✓	20 Sec		3 GPM
9:45	225 ✓	20 Sec		3 GPM
10:00	225 ✓	20 Sec		3 GPM
10:15	225 "	20 "		3 "
10:30	225 "	20 "		3 "
10:45	225 "	20 "		3 "
11:00	225 ✓	20 Sec		3 GPM
11:15	225 ✓	20 Sec		3 GPM
11:30	225 ✓	20 Sec		3 GPM
11:45	225 "	20 "		3 "
12:00	225 "	20 "		3 "
12:15	225 "	20 "		3 "
12:30	225 ✓	20 Sec		3 GPM
12:45	225 ✓	20 Sec		3 GPM
1:00	225 ✓	20 Sec	58 casing	3 GPM
1:15	225 "	20 "	30' open	3 "
1:30	225 "	20 "	15' open	3 "
1:45	225 ✓	20 Sec		3 GPM
2:00	225 ✓	20 Sec		3 GPM

B 1 1958

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2508 fill in this form completely

Date Received (APA) 12 02 99

OWNER INFORMATION

Allen Homes Inc, PO Box 1058, Columbia MD 21044

B 3 LOCATION OF WELL

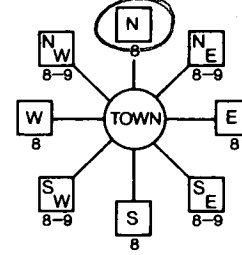
Howard County, Holly Crest, Dayton

DRILLER INFORMATION

Ralph Mayne MSD 116, Ralph Mayne Well Drilling, 9120 Brown Church Rd Mt Airy, State Mayne 11-27-99

MILES FROM TOWN (enter 0 if in town) 7.3

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Holly Crest LA

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, SOUTH, EAST

110 DISTANCE FROM ROAD ENTER FT OR MI

B 2 WELL INFORMATION, APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

- USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County AS9833M, STATE SIGNATURE, DATE ISSUED 12/8/00, NORTH GRID 520 000, EAST GRID 800 000

APPROXIMATE DEPTH OF WELL 150 FEET

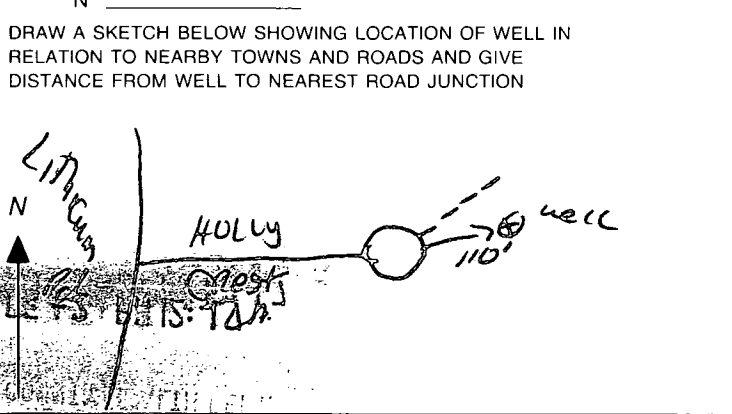
APPROXIMATE DIAMETER OF WELL 6" INCH

METHOD OF DRILLING (circle one): AIR-ROTARY

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: well, WRITE THE BOX NUMBER FROM THE MAP HERE: 800, 520

Not to be filled in by driller (MDE OR COUNTY USE ONLY), APPROP. PERMIT NUMBER 54, PERMIT No. HO-94-2508

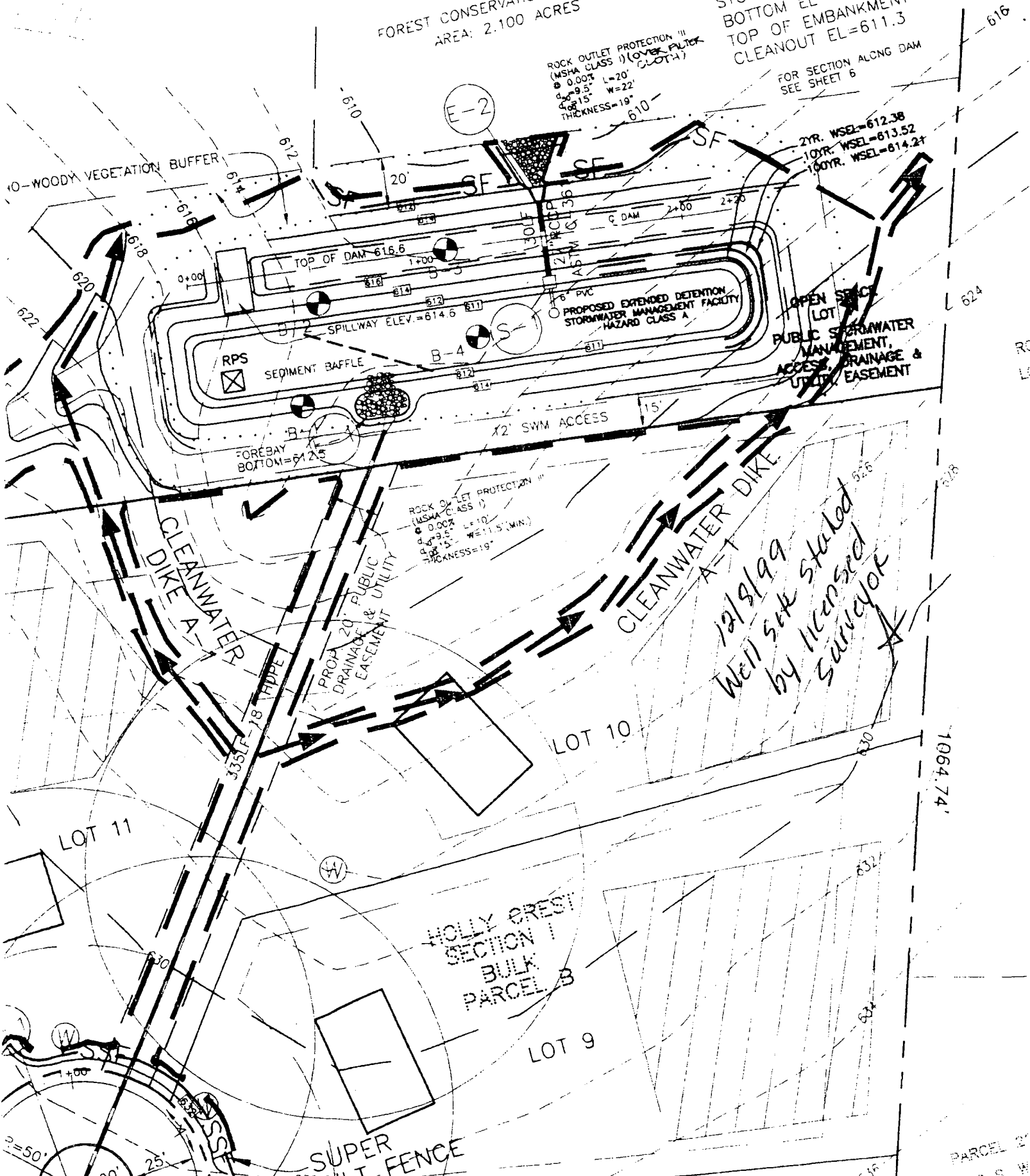


SPECIAL CONDITIONS

CgC2

FOREST CONSERVATION EASEMENT
AREA: 2.100 ACRES

SEDIMENT
 DRAINAGE AREA=2.0 AC.
 STORAGE REQUIRED=7200 CF
 STORAGE PROVIDED=7200 CF
 STORAGE (DRY) REQUIRED=3600 CF
 STORAGE (WET) REQUIRED=3600 CF
 WET STORAGE: EL 611.0 TO EL 612.1
 DRY STORAGE: EL 611.6 TO EL 612.1
 STORAGE DEPTH=0.6'(WET), 0.5'(DRY)
 BOTTOM EL=611.0
 TOP OF EMBANKMENT=615.6
 CLEANOUT EL=611.3



FOR SECTION ALONG DAM
SEE SHEET 6

2YR. WSEL=612.38
 10YR. WSEL=613.52
 100YR. WSEL=614.21

ROCK OUTLET PROTECTION III
 (MSHA CLASS I)
 @ 0.00% L=10'
 @ 9.5% W=22'
 @ 15% W=33'
 THICKNESS=19"

12/8/99
 Well site staked
 by licensed
 surveyor

PARCEL 27
 S.W.

10/27/00 AM WPI

10/27/00 Arrived at 11:30 AM.

Spoke to plumber on 10/26
He said he sleeved house conn.
w/ pvc to a point where the
10' separation begins ON SRN

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

Well line and well
backfilled BB

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Receipt # _____
Replacement _____ Date _____

Name of Installer DRUXIE PLUMBING + HEATING Telephone 410-549-2118

License Number 8494
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner ALLAN HOMES INC. Telephone 410-381-1414
Subdivision HOLLY CREST Lot # 10 Well Tag # HO-94-2508
Site Address 13813 HOLLY CREST LAKE

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>HARVARD</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>PT-800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4'</u>
c. Submersible <u>X</u>	a. 110 _____	
2. Make <u>Goulds</u>	b. 220 <u>X</u>	
3. Model # <u>26507412 L</u>		
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes <u>X</u> No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <u>X</u>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <u>X</u> Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type <u>CRII FLEX</u>	1. Depth <u>405</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>3</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>31</u> ft.
	4. Depth of supply line <u>3'-4'</u>	4. Will water supply be disinfected by installer? <u>NO</u>

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).

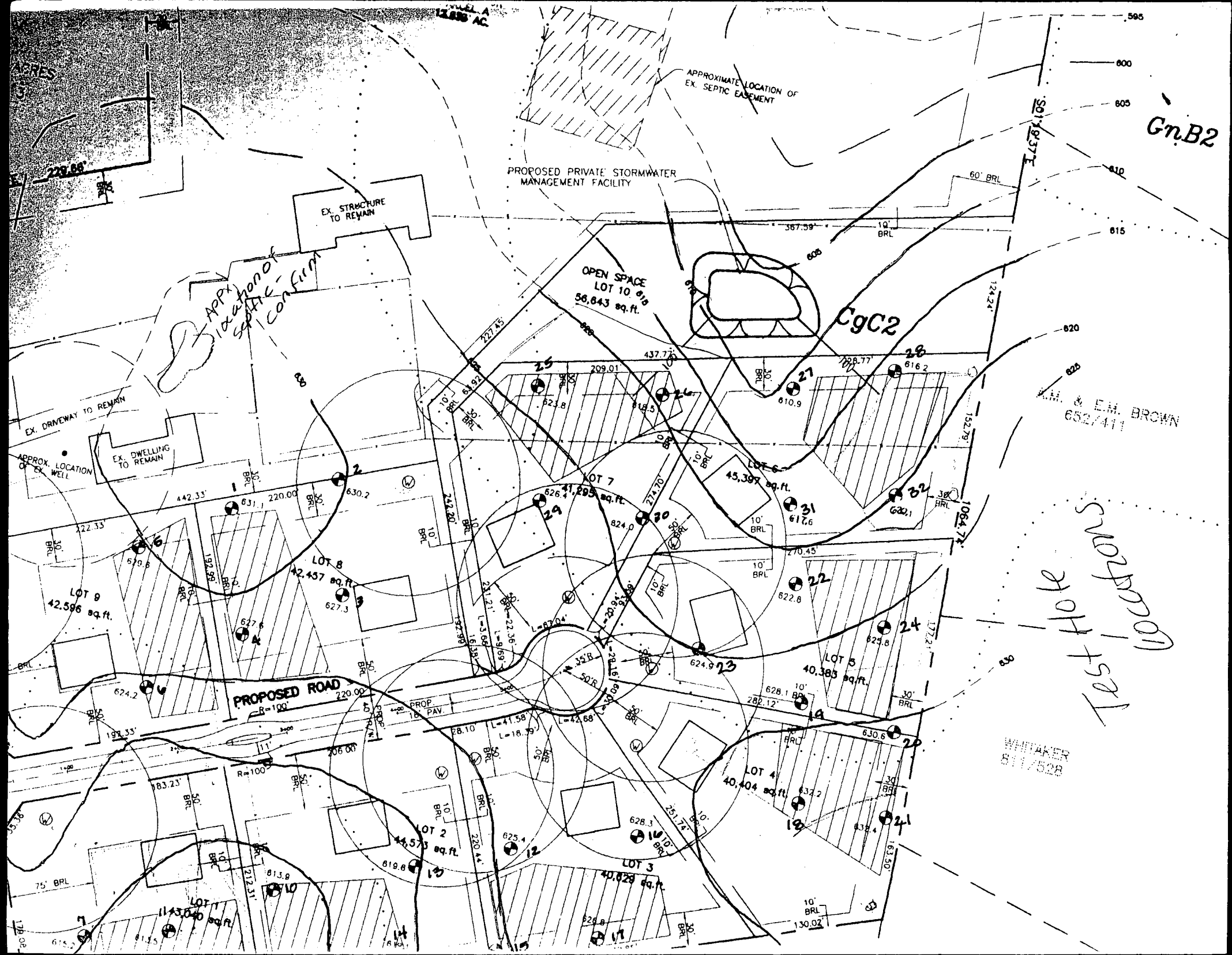
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 10-4-00

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

HD-215 OLD FORM ACCEPTED DUE TO NEATNESS SRN
NOTIFIED INSTALLER



228.86°

12.888 AC

APPROXIMATE LOCATION OF EX. SEPTIC EASEMENT

PROPOSED PRIVATE STORMWATER MANAGEMENT FACILITY

EX. STRUCTURE TO REMAIN

APPROX. LOCATION OF EX. SEPTIC CONFIRM

OPEN SPACE LOT 10 59.9 56,643 sq. ft.

Cgc2

Gn.B2

W. H. & E. M. BROWN 652/411

S. 1st St - 15 ft

WHITAKER 811/528

EX. DRIVEWAY TO REMAIN

APPROX. LOCATION OF EX. WELL

EX. DWELLING TO REMAIN

LOT 9 42,596 sq. ft.

PROPOSED ROAD R=100'

LOT 7 41,295 sq. ft.

LOT 6 45,397 sq. ft.

LOT 5 40,383 sq. ft.

LOT 4 40,404 sq. ft.

LOT 3 40,828 sq. ft.

LOT 2 44,573 sq. ft.

LOT 1 11,330 sq. ft.

595
600
605
610
615

620

625

630

75' BRL

50' BRL

R=100'

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

178.02

61.5

61.5

61.3.8

61.9.8

619.8

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

178.02

61.5

61.5

61.3.8

61.9.8

619.8

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

178.02

61.5

61.5

61.3.8

61.9.8

619.8

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

625.4

178.02

61.5

61.5

61.3.8

61.9.8

619.8

625.4

625.4

625.4

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625.4

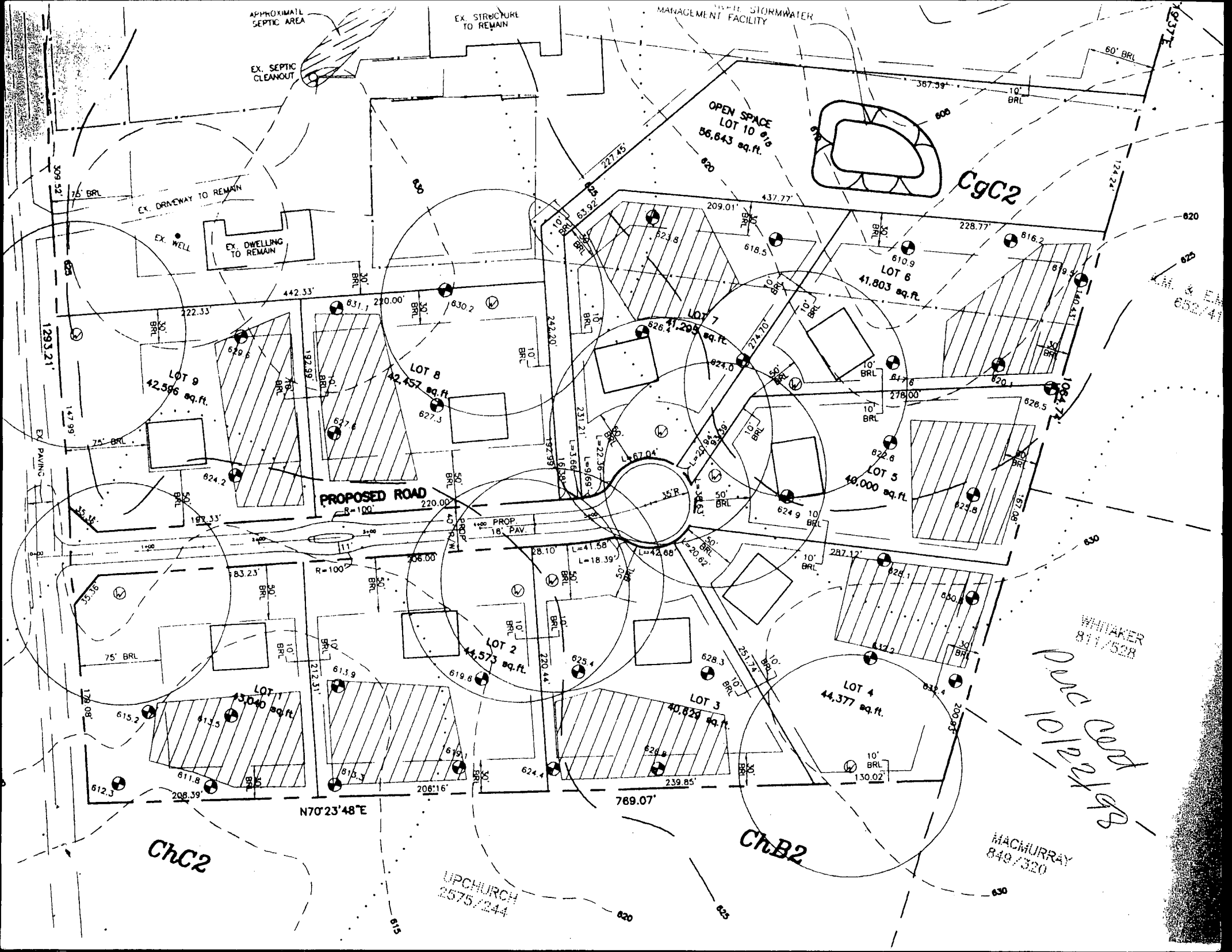
625.4

625.4

625.4

625.4

625.4



APPROXIMATE SEPTIC AREA

EX. STRUCTURE TO REMAIN

EXISTING STORMWATER MANAGEMENT FACILITY

EX. SEPTIC CLEANOUT

EX. DRIVEWAY TO REMAIN

EX. WELL

EX. DWELLING TO REMAIN

OPEN SPACE LOT 10 @ 56,643 sq. ft.

C9C2

LOT 9
42,596 sq. ft.

LOT 8
42,457 sq. ft.

LOT 7
41,295 sq. ft.

LOT 6
41,803 sq. ft.

LOT 5
40,000 sq. ft.

LOT 2
44,573 sq. ft.

LOT 3
40,829 sq. ft.

LOT 4
44,377 sq. ft.

CHC2

UPCHURCH
2575/244

CHB2

WHITAKER
811/528

Handwritten signature

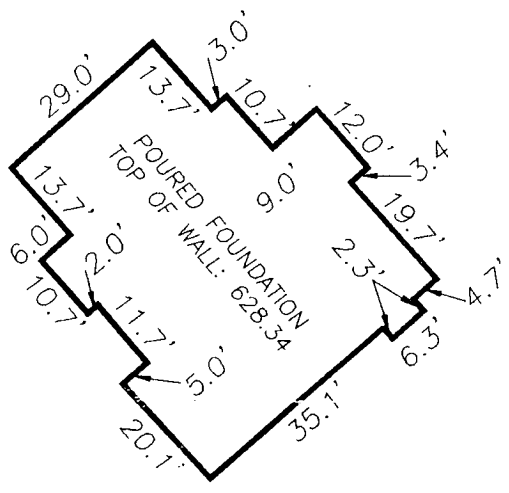
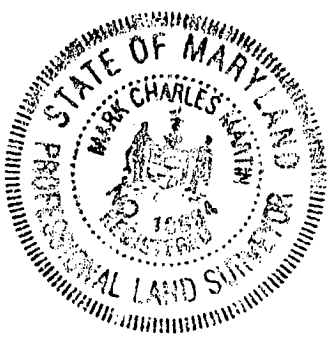
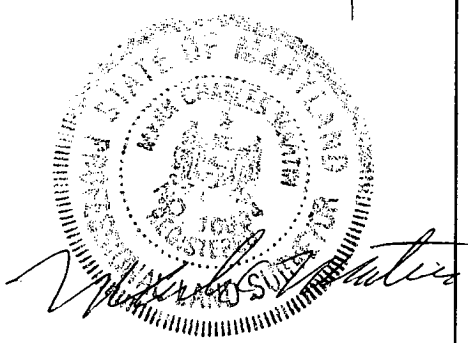
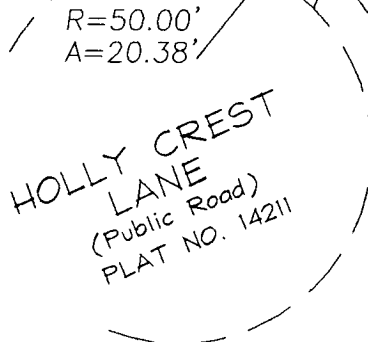
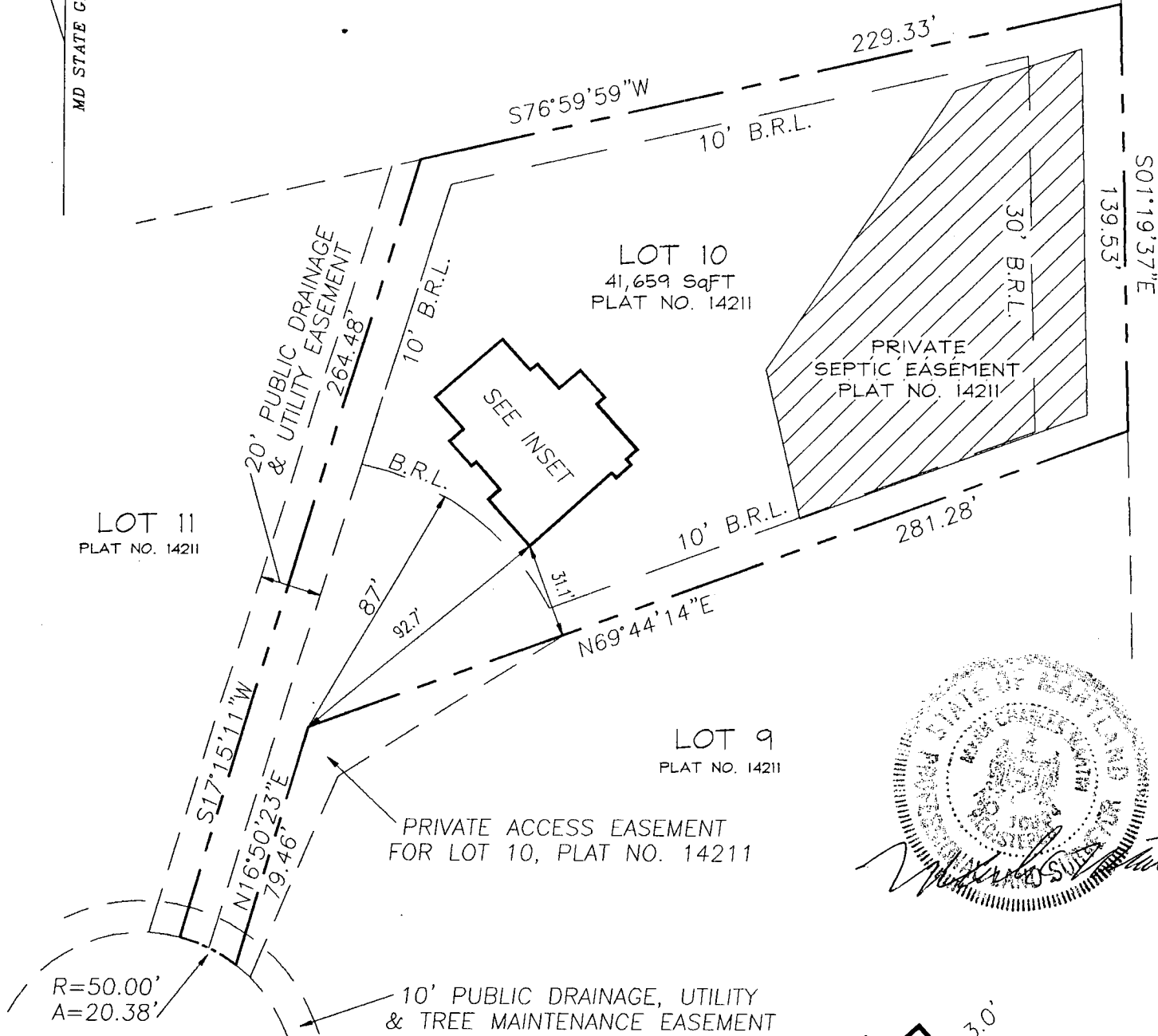
MAGMURRAY
849/320

9/25/00 (MR)

WALL CHECK
OR w/BP PLAN

OPEN SPACE LOT 12
PLAT NO. 14211

MD STATE GRID MERIDIAN



INSET
SCALE: 1"=30'

RECORD REFERENCES

LIBER/FOLIO _____
PLAT BOOK _____ N/A
PLAT NO./FOLIO _____ 14211

SCALE _____ 1"=50'
DATE _____ 09-15-00

**WALL CHECK
OF**

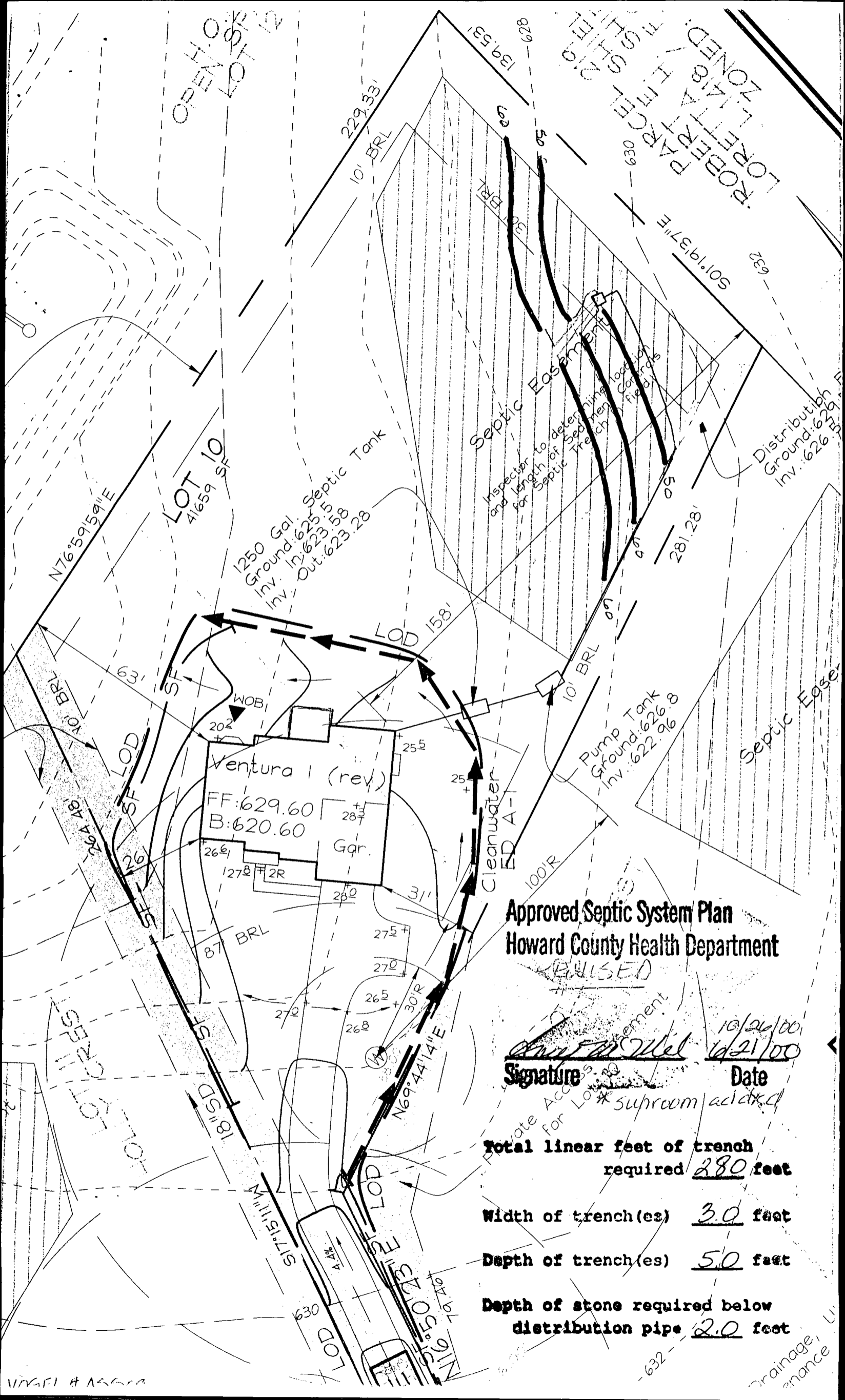
**LOT 10
HOLLY CREST
HOWARD COUNTY
MARYLAND**

VOGEL & ASSOCIATES, INC.

CONSULTING ENGINEERS-SURVEYORS-PLANNERS
3691 PARK AVE. #101 ELLICOTT CITY, MD 21043
TELEPHONE (410)461-5828 FAX (410)465-3966

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Mark C. Martin 9/15/2000
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884



**Approved Septic System Plan
Howard County Health Department**

REUSED
10/26/00
10/21/00
Signature *[Signature]* **Date**

- Total linear feet of trench required** 280 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

OPEN SPACE LOT 12

PLAT NO. 14211

REBAR & CAP SET

MD STATE GRID MERIDIAN

REBAR & CAP SET

S76°59'59"W

229.33'

10' B.R.L.

50:19.37'E
139.53'

LOT 10

41,659 SqFT
PLAT NO. 14211

PRIVATE SEPTIC EASEMENT
PLAT NO. 14211

20' PUBLIC DRAINAGE & UTILITY EASEMENT
UTILITY
264.45'

10' B.R.L.



LOT 11
PLAT NO. 14211

MACADAM DRIVEWAY

DRIVEWAY ENCROACHMENT

REBAR & CAP SET

REBAR & CAP SET

PRIVATE ACCESS EASEMENT FOR LOT 10, PLAT NO. 14211

REBAR & CAP SET

10' PUBLIC DRAINAGE, UTILITY & TREE MAINTENANCE EASEMENT

REBAR & CAP SET

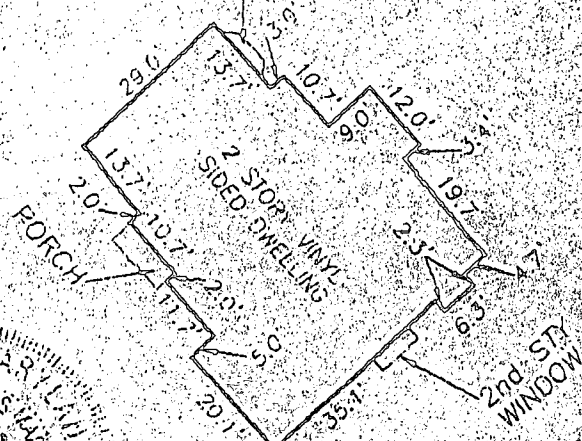
LOT 9
PLAT NO. 14211

8/28/02
DECK LOCATION OKAY
KN

BAY WINDOW

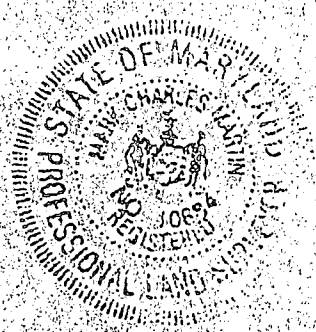
HOLLY CREST LANE
(Public Road)
PLAT NO. 14211

R=50.00
A=20.38'



INSET

SCALE 1" = 30'



RECORD REFERENCES	BOUNDARY AND LOCATION SURVEY	VOGEL & ASSOCIATES, INC.
LIBER/FO: 10	LOT 10	CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE #101 ELICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)463-3966
PLAT BOOK N/A	HOLLY CREST	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN AND THE PROPERTY CORNERS HAVE BEEN SET AS SHOWN
PLAT NO./VOL. 1421	HOWARD COUNTY	<i>Mark C. Martin</i> 12/10/00
SCALE 1" = 50'	MARYLAND	MARK C. MARTIN PROFESSIONAL LAND SURVEYOR #10884
DATE 12-10-00		

READ THE ENCLAVES CAREFULLY TO THEM ONE

Building Address 13813 HOLLY CREST LA.
DAYTON, MD 21036

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

Census Tract 605101 Subdivision Holly Crest

Section 1 Area - Lot 10

Tax Map 28 Parcel 4 Grid 1

Zoning RR Map Coordinates 13H1 Lot size _____

Property Owner's Name LESTER SPENCER

Address 13513 HOLLY CREST

City DAYTON State MD Zip Code 21036

Home Phone (443) 535-1400 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 9500

Description of Work 20' x 15' DECK +
steps.

Contractor Company OUTDOOR CARPENTRY & DESIGN

Contact Person LUIS BALDERAMA

Address 7761 MD RTE 175

City JESSUP State MD Zip Code 20794

License No. 33116

Phone (301) 621-1720 Fax _____

Occupant or Tenant _____

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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company _____

Print Name LUIS BALDERAMA

Date 3/25/02

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

FOR OFFICE USE ONLY		PROPERTY ID: <u>46741</u>
AGENCY <u>Land Development, DPZ</u>	DATE <u>3/29/02</u>	Filing fee \$ _____
STATE HIGHWAYS _____	SIGNATURE APPROVAL <u>[Signature]</u>	Permit fee \$ _____
BUILDING OFFICIAL _____		Excise tax \$ _____
DEV. ENGINEERING, DPZ _____		Add'l per. fee \$ _____
HEALTH <u>3/29/02 Rache Norman</u>		TOTAL FEES \$ <u>1518</u>
FIRE PROTECTION _____		Sub-total paid \$ _____
IS SEDIMENT CONTROL APPROVAL REQUIRED PRIOR TO ISSUANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DPZ SETBACK INFORMATION Front: <u>30</u> Rear: <u>10</u> Side: <u>12A</u> Side St. _____	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check <u>1518</u>
ONE STOP SHOP: <input type="checkbox"/>	Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Validation <u>15190</u>
	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by <u>[Signature]</u>
	Lot Coverage for NewTown Zone _____	
	SDP/Red-line approval date _____	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		