

Layout ASAP 12/11

PERMIT

P 514695

SEWAGE DISPOSAL SYSTEM

A43095

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

DATE 12/1/2000

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 3/12/01

INSPECTOR S.R.K.

RPS#414830

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER _____

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Brierly LOT 22 ROAD 13700 Highland Road

PROPERTY OWNER Washington Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY ¹⁸⁰⁰~~1250~~ GALLONS (TOP SEAM) BUILDING PERMIT SIGNED AND RETURNED

NUMBER OF BEDROOMS 5 per septic contractor 423-03 BOD 141423-DECK

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ~~210~~ 262.5

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet from the breakpoint in the left lot line (181.87'/471.85' intersection and 175 feet off the front lot line. Run trenches on contour toward 471.85' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/19/99 JKS

CALL FOR LAYOUT INSP

PLANS APPROVED BY Mark Rifkin REVISED DATE 4-05-99

COVER NO WORK UNTIL INSPECTED AND APPROVED REVISED 11/28/00 SRK

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

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

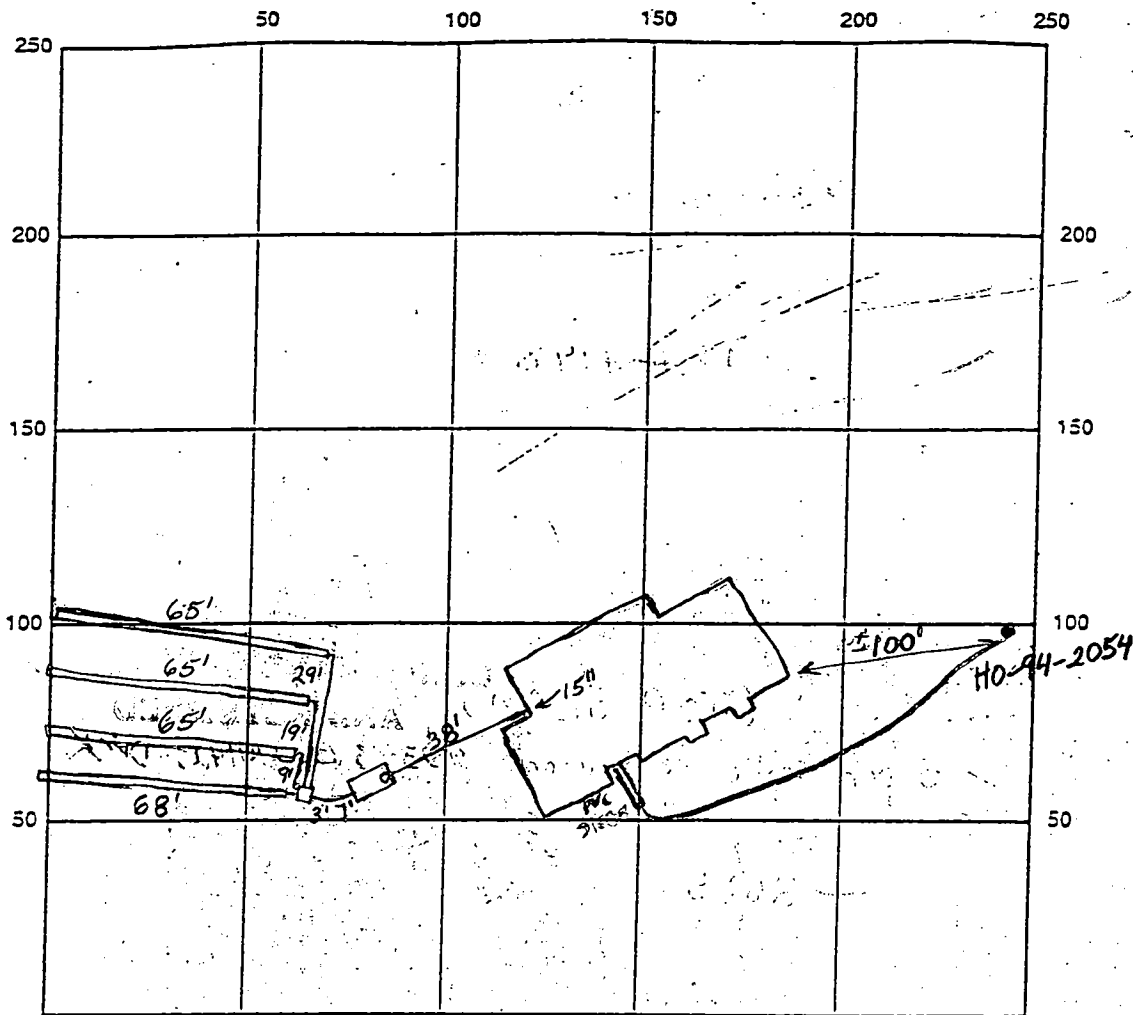
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

P 514695



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Highland Road

SERTIC TANK LEVEL 1500 TS CLEANOUTS 1-6" Tank

DISTRIBUTION BOX LEVEL OK - Baffle

DRAIN FIELD/TITLE DEPTH 8.0' FT. TRENCH WIDTH 2.0' FT. INLET DEPTH 4.0' FT.

EFFECTIVE GRAVEL DEPTH 4.0' FT. TOTAL LENGTH 263' FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL ~~BOTTOM AREA~~ 1050 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 12/11/00 - SPOKE TO FYOCK ON PHONE, OK TO INSTALL TRENCHES - AREA STAKED
CONTOUR OK - (SRK) 12/11/00 O.K. to cover well line. Well cap cracked, Conduit
not secure. System satisfactory. O.K. to cover. Need house connection. (B-B)
3/12/01 - SPOKE TO BUILDER, HE VERIFIES HOUSE CONNECTION HAS BEEN MADE - (SRK)

DATE SYSTEM APPROVED 3/12/01 INSPECTOR Steven R. Krieg

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: C. MAYES P+H Telephone #: 410 923 0510
Address: 688 VERIL AVE
MILLERSVILLE, MD
21108

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: _____ License # 3276
Name (Print): CHARLES MAYES

* 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: BOB & MARG Telephone #: 301 421 1000
Subdivision: DRIFLET Lot # 22 Well Tag #: HO-99-2054
Site Address: 13700 HIGHLAND RD

Submersible Pump Data

Make: VERE
Model #: 244307900 Y
Pump Capacity: 4 GPM
Well Yield: 2.3 GPM
Depth of well encountered at time of pump installation: 25 (feet)

Pitless Adapter

Make: AMT
Model #: 5210
Depth: 12" (36" min)
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 1 1/2" B.G.: YES
Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrenches or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt YES.

Piping to house

Type: POLY
PSI: YES (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 4'
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.

Signature of company representative responsible for installation: Charles Mayes date: 3-8-01

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

Date Insp. Requested: 12/12/00 Date Insp. Approved: 3/12/01

- 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

Issues resolved - SRK
12/12
Cap and conduit broken
SRK

OPEN SPACE

S 72°28'22" W 525.55'

30' B.R.L.

25' WETLAND BUFFER

75' STREAM BUFFER

LOT 22
4.1463 AC±

30' B.R.L.

S 24°55'04" E 471.85'

LOT 21

122'

POURED CONC. FOUNDATION
TOP OF WALL = 492.81

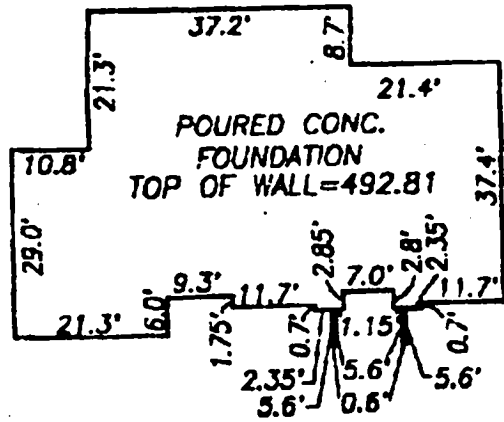
VEHICULAR INGRESS & EGRESS IS RESTRICTED

S 17°16'39" W 634.07'

HIGHLAND ROAD
80' R/W

30' B.R.L.

181.87'
N 78°43'21" W
510' 90' R/W FOR PRIVATE
INGRESS & EGRESS FOR
LOTS 21 & 22



HOUSE DETAIL
NOT TO SCALE

WALL CHECK OK
w/ SITE PLAN
MR 12/5/00



NOTES:
1. FOOTINGS AND FOUNDATION ARE IN PLACE AS SHOWN.

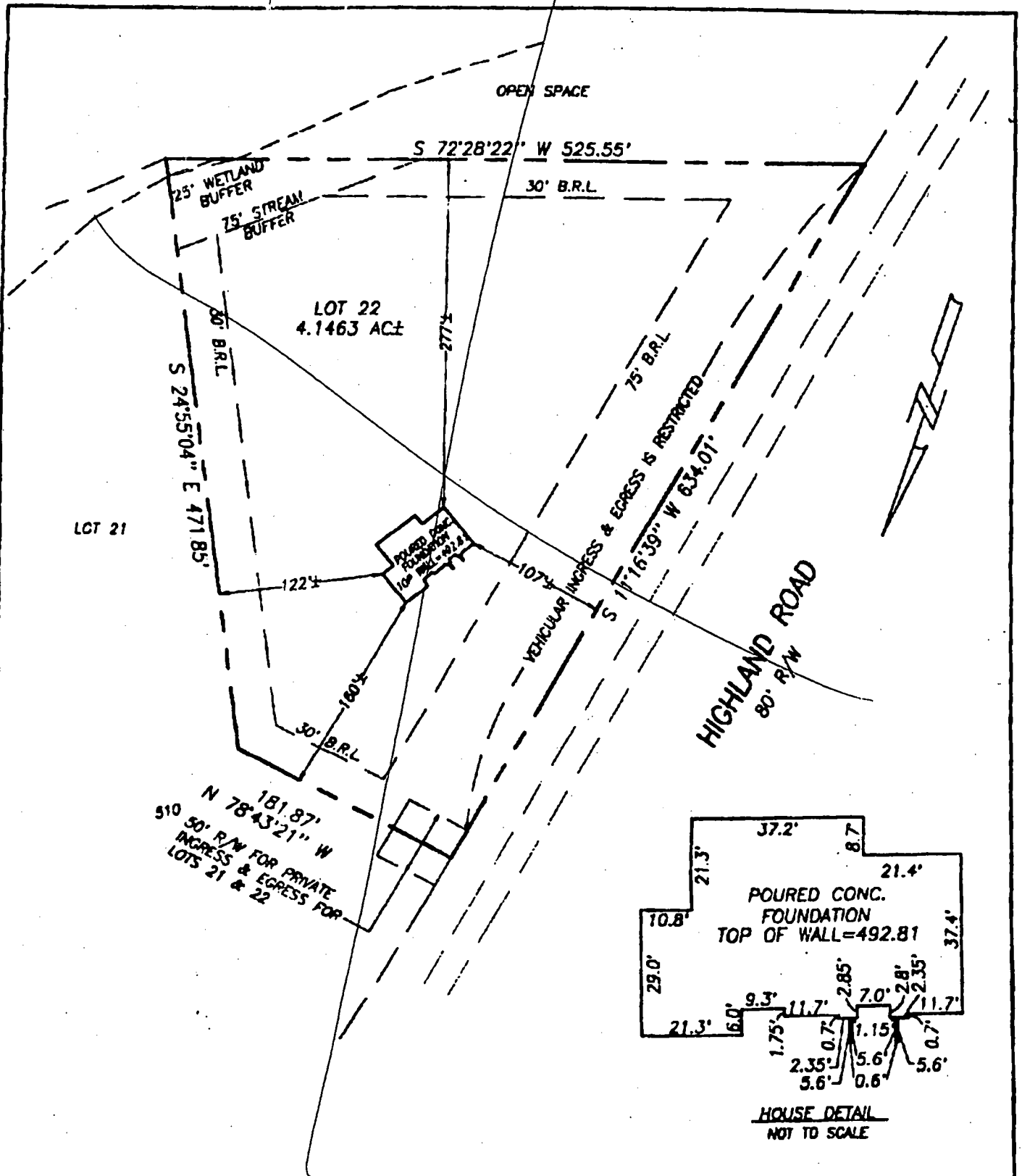
WALL CHECK DRAWING
LOT 22, SECTION 1
BRIERLY
13700 HIGHLAND ROAD
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' SEPTEMBER, 2000

CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street P.O. box 328
Mount Airy, Maryland 21771
(301) 828 2890 (301) 831 5015 (410) 548 2731

REFERENCE	JOB NO.
PLAT 10005	38-4254



NOTES:
 1. FOOTINGS AND FOUNDATION ARE IN PLACE AS SHOWN.

WALL CHECK DRAWING
 LOT 22, SECTION 1

BRIERLY

13700 HIGHLAND ROAD
 FIFTH ELECTION DISTRICT
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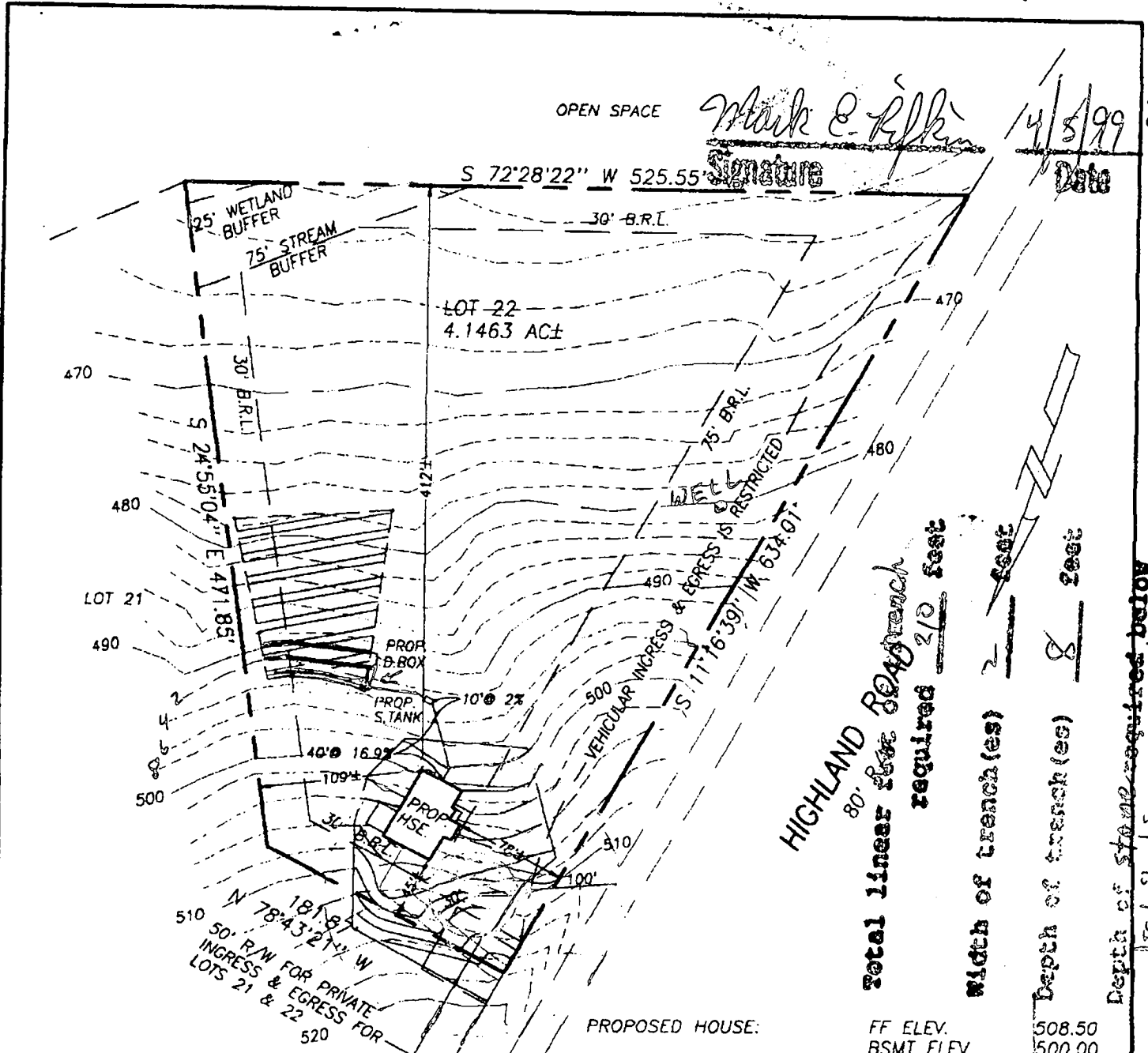
REFERENCE	JOB NO.
PLAT 10005	38-4254

CHESTER

OPEN SPACE

Mark E. Riffkin
Signature

4/5/99?
Date

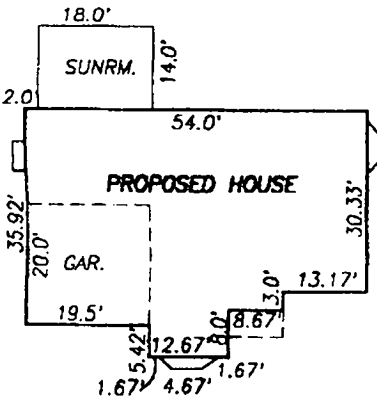


HIGHLAND ROAD
80' linear feet trench required 2/0 feet
width of trench (es) 2 feet
Depth of trench (es) 8 feet
Depth of stone required below distribution pipe 4 feet

PROPOSED HOUSE:	FF ELEV.	508.50
	BSMT ELEV.	500.00
	INV. OUT ELEV.	497.00
PROPOSED SEPTIC TANK:	EX. ELEV.	493.00
	INV. IN	490.25
	INV. OUT	490.00
PROPOSED DISTRIBUTION BOX:	EX. ELEV.	491.50
	INV. IN	487.75
	INV. OUT	487.50

PROPOSED TRENCHES:
2 @ 55' = 110 LINEAR FEET
2' WIDE, 4' STONE, MAX. DEPTH = 8 FEET
*NOTE: ACTUAL LENGTH AND NUMBER OF TRENCHES FOR SEWERAGE ARE TO BE DETERMINED AT THE TIME OF SEPTIC SYSTEM PERMIT ISSUANCE.

LIMITS OF DISTURBANCE: 18,200 S.F.



HOUSE DETAIL
SCALE: 1"=30'



PLOT PLAN
LOT 22, SECTION I
BRIERLY
SITUATED ON HIGHLAND ROAD
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' FEBRUARY, 1999
REV: 2/23/99 PROP. GRADING, LOD

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street P.O. box 328
Mount Airy, Maryland 21771
(301) 829 2890 (301)831 5015 (410) 549 2751

REFERENCE	JOB NO.
PLAT 10005	98-4254

File name: T:\EPA\JOBS\98-4254\LOT22PP

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300116932

Building Address: 13700 Highland Rd
W. Laurel Rd 21094
 Suite/Apt. #: _____ SDP/MP/Petition #: _____
 Census Tract: 605101 Subdivision: PRICKLY
 Section: 1 Area: N/A Lot: 122
 Tax Map: 7A Parcel: 7 Grid: 2
 Zoning: RR-750 Map Coordinates: _____ Lot size: 4.11/100

Property Owner's Name: Wichington Homes
 Address: 1702 Trightreat Rd
 City: Lanham State: MD Zip Code: 20785
 Home Phone: _____ Work Phone: 301-772-7415
 Applicant's Name & Mailing Address (if other than stated hereon):
Cancelled
 Phone: _____ Fax: _____

Existing Use: Open Land
 Proposed Use: Single Family Dwelling
 Estimated Construction Cost: \$125,000
 Description of Work: Van Buren FED
4 BRs 4 BR 3 BA Garage
upstairs

Contractor Company: Wichington Homes
 Contact Person: Eric Greenwell
 Address: 1702 Trightreat Rd
 City: Lanham State: MD Zip Code: 20785
 License No.: UT170215
 Phone: 301-772-7415 Fax: 301-772-8125

Occupant or Tenant: None as of now
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Engineer or Architect Company: Urban Architects
 Contact Person: _____
 Address: 310 South Main St
 City: MD State: MD Zip Code: 21771
 Phone: 410-519-0771 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"/>
Use group: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling: <input checked="" type="checkbox"/> SF Townhouse: <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth: _____ Width: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement: <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space: <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms: <u>4</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
No. of efficiency units: _____	NEPA #13D _____
No. of 1 BR units: _____	NEPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
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 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Eric Greenwell
 Title/Company: Wichington Homes

Print Name: Eric Greenwell
 Date: 3-11-99

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		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>4/5/99</u>	<u>Mark E. Ripke</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>40538</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # _____
Accepted by _____	Validation # _____

APPLICATION

PERCOLATION TESTING

A 4309S

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 522

DATE 9-20-88

5/8/87
Retst

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER RUSSELL ZEPP Washington HOMES Inc

ADDRESS 13790 HIGHLAND RD PHONE 854-2797

PROSPECTIVE BUYER HENRY L. BLEVINS

ADDRESS 3600 WATERSVILLE RD. PHONE 795-2337

PROPERTY LOCATION MT. AIRY, MD 21771

SUBDIVISION ZEPP SUBDIVISION LOT NO. 2422 on prelim

ROAD AND DESCRIPTION HIGHLAND ROAD HOWARD CO

ZIP: 21029

TAX MAP 34 PARCEL # 7

SIZE OF LOT 3.00 AC ± TYPE BLDG SINGLE FAMILY-4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMITS SIGNED
AND RETURNED 4-5-88
Serial # B 00116932

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 Henry C. Blevins
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

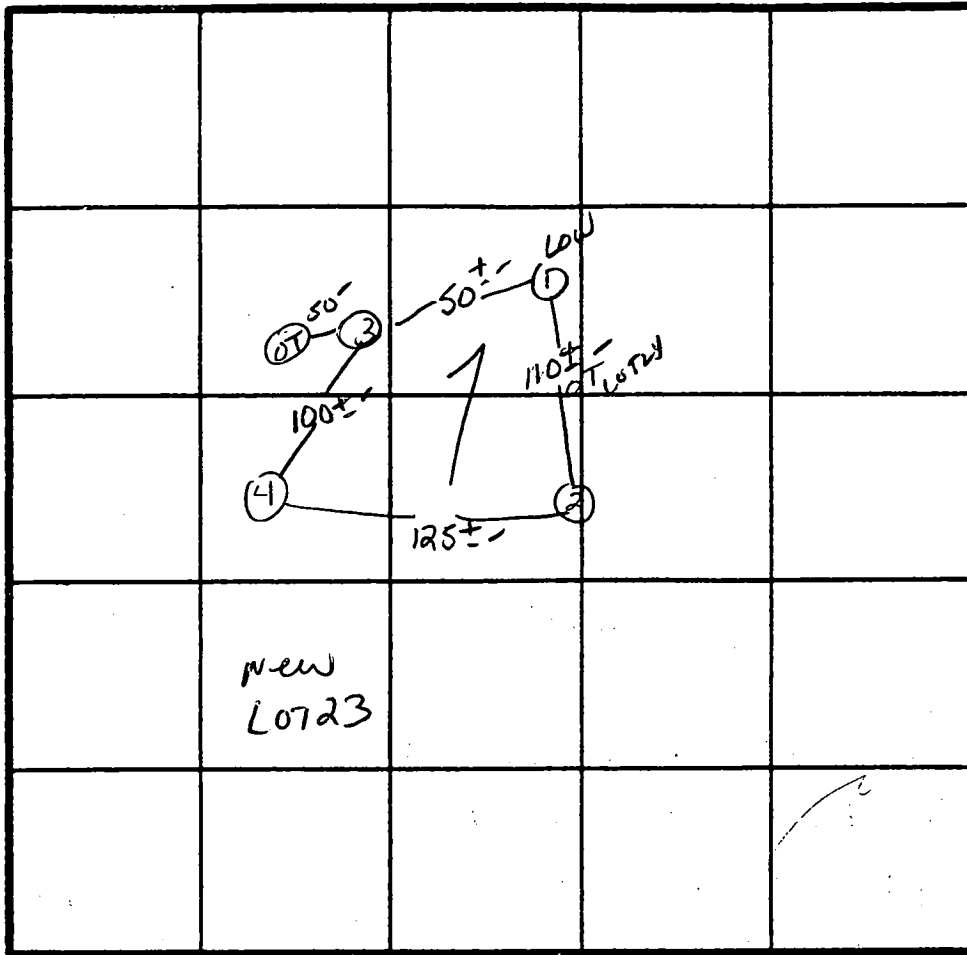
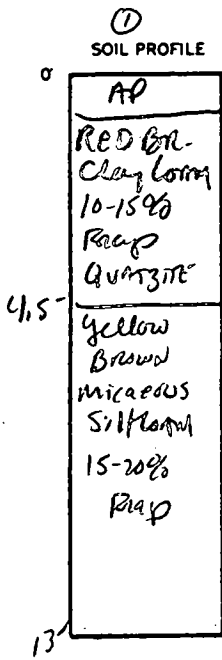
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-8-89 Reperc satisfactory - hold for plat sub

HD-216

THIS IS NOT A PERMIT

A-43095



210 P1BR
2 Perc 14
Inlet 4.0
Bottom 8.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Highland Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/6/89	3S 3V	4.0' 12.0'	12:44	12:57	12:57	1:24	21"
	1S 1V	4.0' 13.0'	12:46	12:58	12:58	1:28	21"
	2S 2V	4.5' 12.5'	1:19	1:23	1:23	1:35	12 min
	4S 4V	4.5' 12.0'	12:50	1:00	1:00	1:15	15 min
	3S 3V	5'	1:25	1:30	1:30	1:37	7 min
	1S 1V	4.5'	1:30	1:36	1:36	1:58	22 min

REMARKS: Hole approx. flat - shelf on avg is 1' higher than horizon change between B+C - START DRAIN AND REPAIR @ - SAME

TYPE OF SOIL: Plastic Gravelly Loam

TESTED BY: S. Abel

ALSO PRESENT: _____

APPLICATION

PERCOLATION TESTING

A 43095

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 572

DATE 9-20-88

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER RUSSELL ZEPP

ADDRESS 13790 HIGHLAND RD PHONE 854-2797

PROSPECTIVE BUYER HENRY L. BLEVINS

ADDRESS 3600 WATERSVILLE RD. PHONE 795-2337

PROPERTY LOCATION: MT. AIRY, MD 21771

SUBDIVISION ZEPP SUBDIVISION LOT NO. 24 *22 Prelim*

ROAD AND DESCRIPTION HIGHLAND ROAD HOWARD CO

ZIP: 21029

TAX MAP 34 PARCEL # 7

SIZE OF LOT 3.00 AC ± TYPE BLDG SINGLE FAMILY

(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

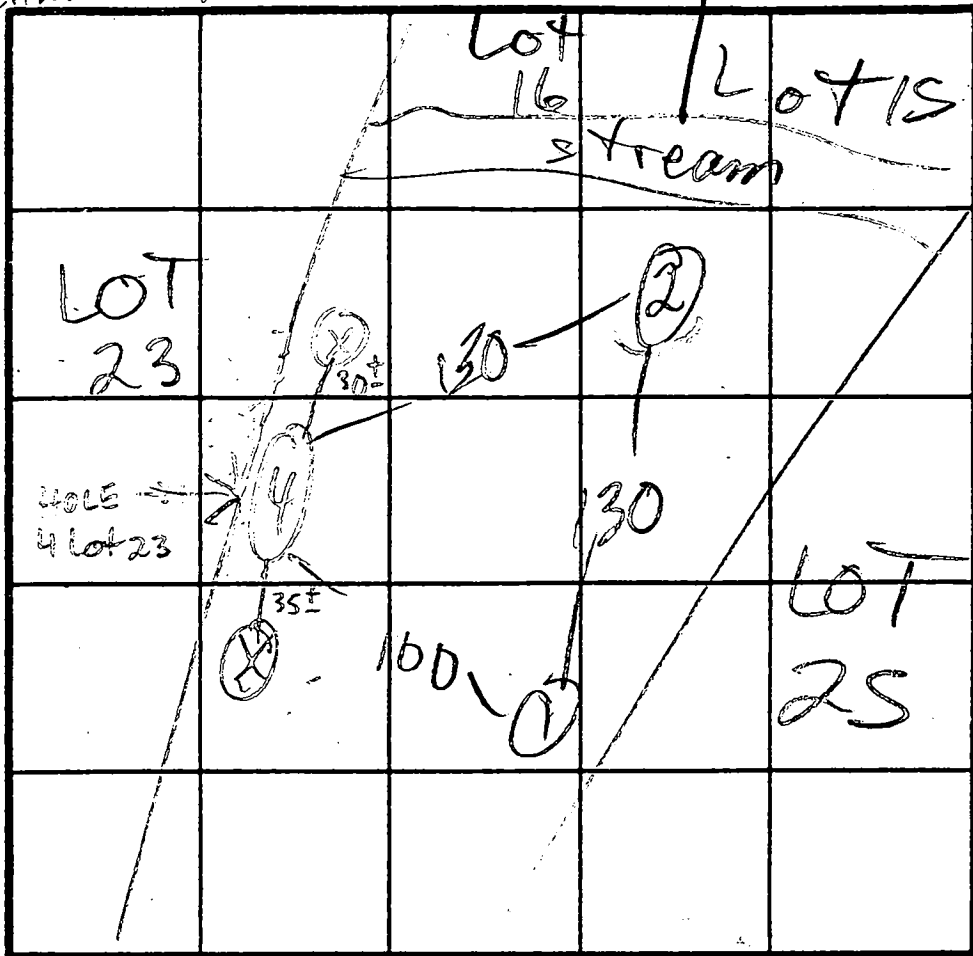
Lot 24 part of 22 on prelim

A 43095

①

SOIL PROFILE

6"
topsoil
dk red
brasil
clay
loam
5'
dk brn
to H.
brn
sandy
silt loam
12'
W&F 1095



$\bar{X} = 6$
180 BR
Inlet $3\frac{1}{2}$
Bottom 5

HIGHLAND RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/8/89	1	5	3:42	4:01	4:01	4:09	8
	1V	12	clay	4 to 5'	10%	Frag	
	2	3	3:16	3:21	3:21	3:27	6
	2V	13	WATER AT 10'				
	3						
	3V						
	4		ON	LOT 23			
	4V			SHEET			

REMARKS HOLES ① & ② DIG PER ADJUSTED PLAT

TYPE OF SOIL _____
TESTED BY M. Rifkin ALSO PRESENT D. Hopkins

APPLICATION

PERCOLATION TESTING

A 43094

P _____

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

DISTRICT 8TH

DATE 9-20-88

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER RUSSELL ZEPP

ADDRESS 13790 HIGHLAND RD PHONE 854-2797

PROSPECTIVE BUYER HENRY L. BLEVINS

ADDRESS 3600 WATERSVILLE RD PHONE 795-2337

PROPERTY LOCATION: MT. AIRY, MD 21771

SUBDIVISION ZEPP SUBDIVISION LOT NO. 25 FAILED
TESTS

ROAD AND DESCRIPTION HIGHLAND ROAD HOWARD CO

ZIP: 21029

TAX MAP 34 PARCEL # 7

SIZE OF LOT 5.00 AC ± TYPE BLDG SINGLE FAMILY
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

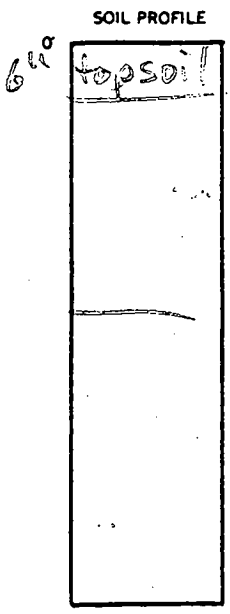
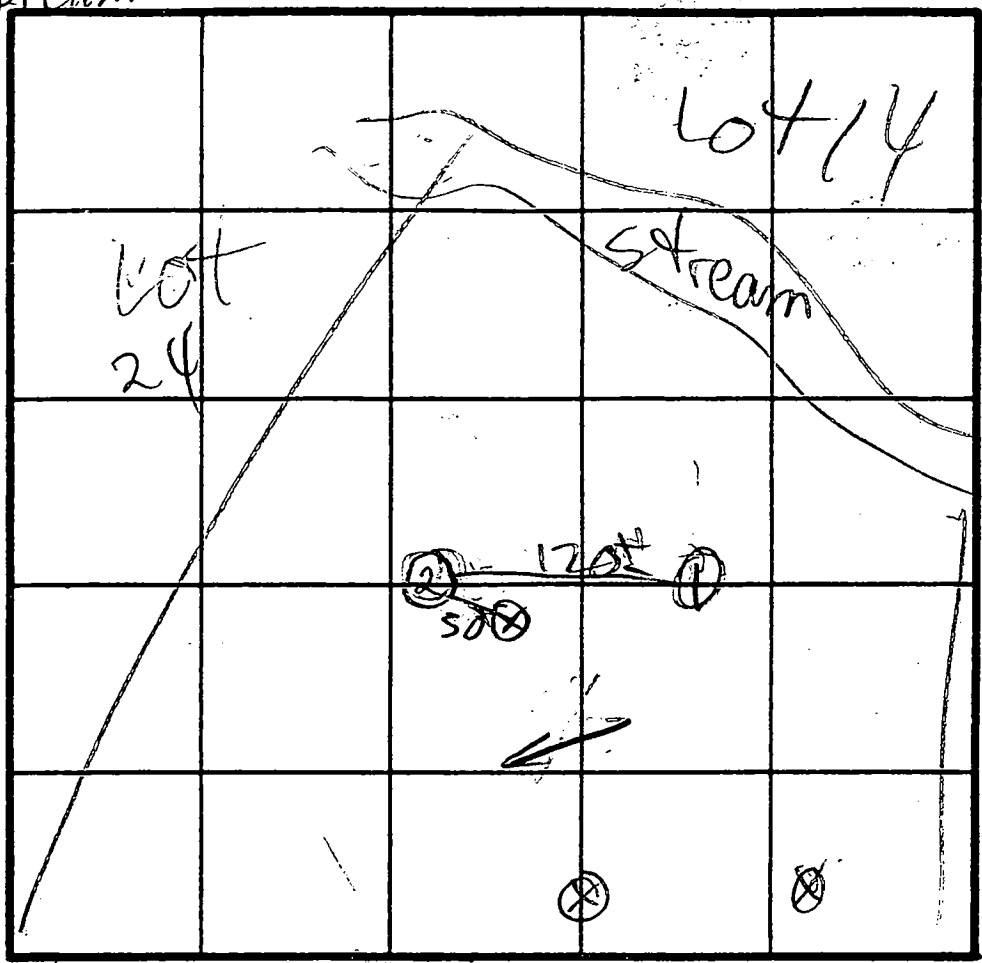
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HD-216

Lot 23 part of 22
on prelim
A43096



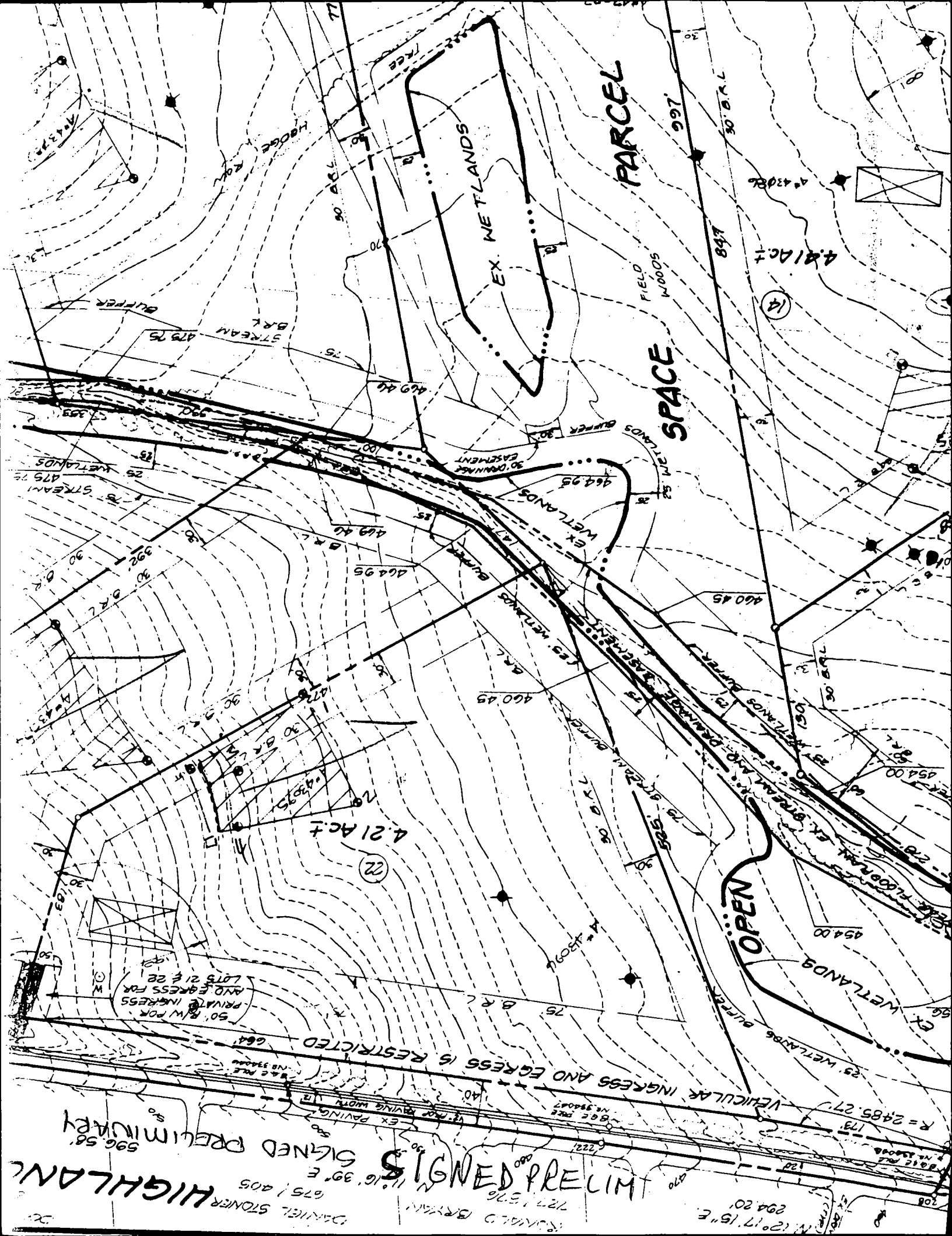
HIGHLAND RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/8/89	1						
	1v		WATER AT 5'				
	2						
	(2)v		WATER AT 6'				
	3						
	3v		NOT DUG				
	4						
	4v		NOT DUG				

REMARKS LOT FAILS, NO SPACE FOR ADD'L TESTS

TYPE OF SOIL _____

TESTED BY M. Ripkin ALSO PRESENT D. Hopkins



DANIEL STONER HIGHLAND
SIGNED PRELIMINARY
596.58'
727.1376'
N 12° 17' 15" E 294.20'
N 11° 16' 39" E 675.1405'

SIGNED PRELIMINARY

50' B.W. FOR
PRIVATE INGRESS
AND EGRESS FOR
LOTS 21 & 22

VEHICULAR INGRESS AND EGRESS IS RESTRICTED

OPEN

SPACE

PARCEL

EX. WETLANDS

STREAM
B.R.K.

BUFFER

FIELD
WOODS

4.21 AC ±

(14)

4.21 AC ±

(22)

EX. WETLANDS

EX. WETLANDS

EX. WETLANDS

EX. WETLANDS

EX. WETLANDS

EX. WETLANDS

C1 9858 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 A 43095

ST/CO USE ONLY DATE RECEIVED 03 09 99

DATE WELL COMPLETED 1 9 99 DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2054

OWNER Washington Homes STREET OR RFD Highland Rd TOWN Clarksville SUBDIVISION BRIERLY SECTION LOT 22

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. Brown soil 0 25 HARD BROWN SANDSTONE 25 38 MEDIUM HARD GRAY MICA ROCK 38 300 60 90 134

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1034 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 42 ft

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 42

OTHER CASING (if used) diameter inch depth (feet) from to

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

NUMBER OF UNSUCCESSFUL WELLS: 3

WELL HYDROFRACTURED (Y) (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. MDD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 341 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) HO 42 300

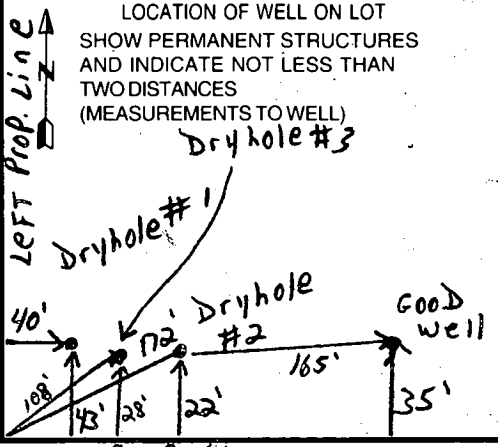
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.3 METHOD USED TO MEASURE PUMPING RATE Wash + Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 ft. WHEN PUMPING 133 ft. TYPE OF PUMP USED (for test) 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. 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 () below LAND SURFACE 2 (nearest foot)



B 1 **5106** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2054
 fill in this form completely

Date Received (APA) **12-09-98**

OWNER INFORMATION
 Washington Homes, Inc.
 1802 Brightseat Road 6th Floor
 Landover MD 20785

B 3 **Howard** LOCATION OF WELL
 COUNTY **BRIERLY**
 SUBDIVISION **CLARKSVILLE**
 SECTION **I** LOT **22**
 NEAREST TOWN **CLARKSVILLE**
 MILES FROM TOWN (enter 0 if in town) **1** M. 1/4

DRILLER INFORMATION
 MICHAEL BARLOW MD D355
 MICHAEL BARLOW Well Drilling Svc. Inc.
 912 Fawn Court Joppa, MD 21085
 Signature *[Signature]* Date **12-8-98**

B 4 **Highland Road**
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) **W**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **N**
 DISTANCE FROM ROAD **50**
 ENTER FT OR MI **FT**
 TAX MAP **34** BLK **3** PARCEL **7**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A43095
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S **S**
 DATE ISSUED **01 20 99** Mark E. Piffkin 1/20/99
 CO SIGNATURE EXP. DATE
 NORTH GRID **506** 000 EAST GRID **0801** 000

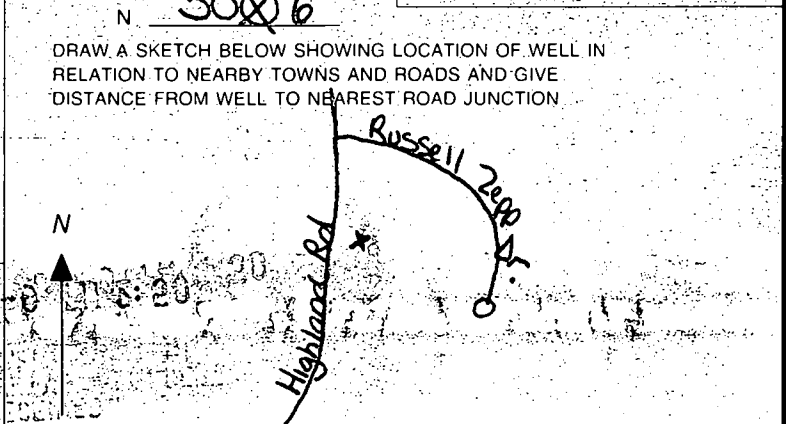
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

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

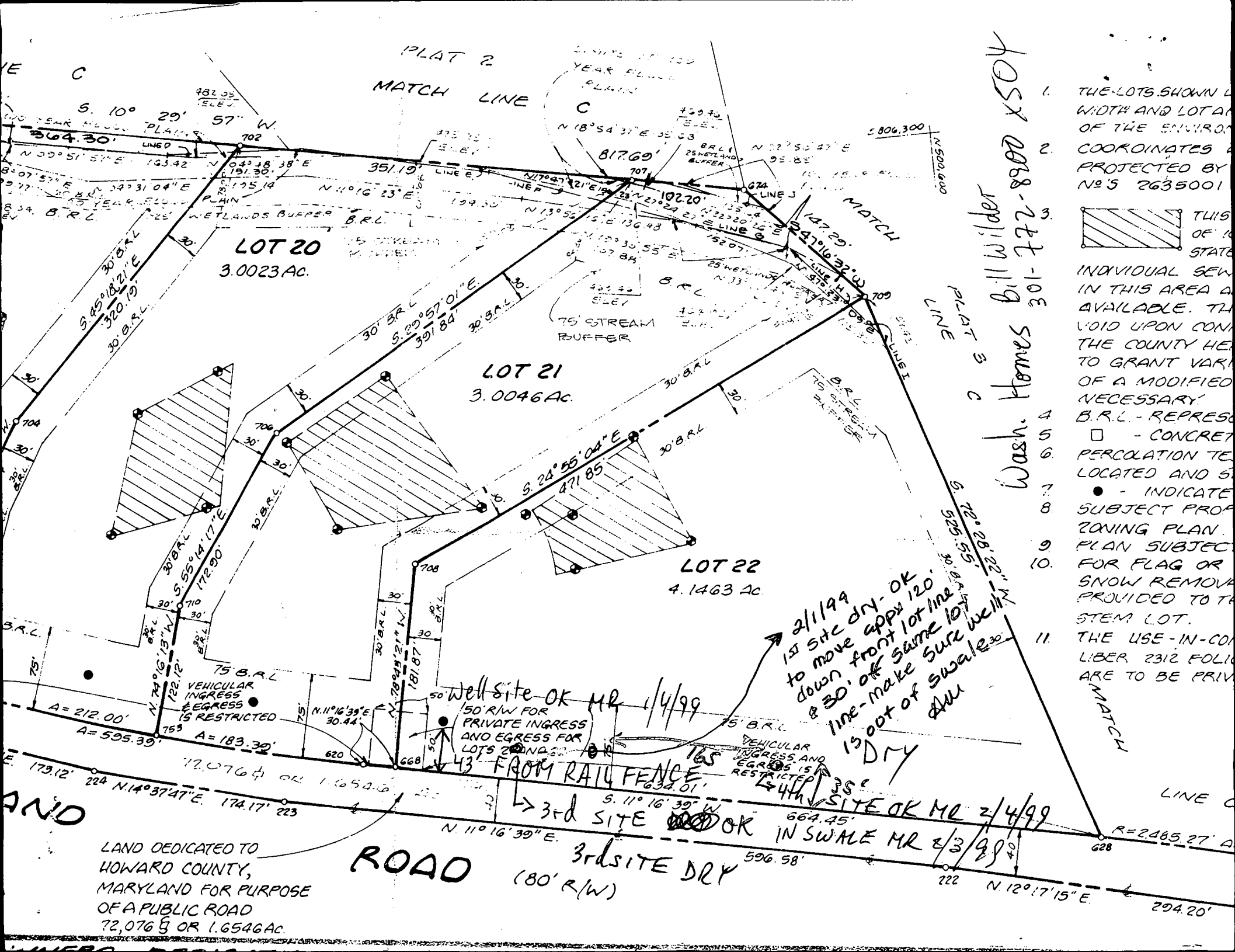
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. not yet started
 2. **Km**
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8001**
 N **5006**

METHOD OF DRILLING (circle one)
 BORE (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-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) _____

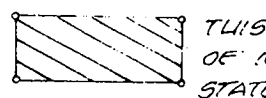


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 PERMIT No **HO-94-2054**



Wash. Homes Bill Wilder
 301-772-8908 x504

1. THE LOTS SHOWN L...
2. COORDINATES A...
3. PROTECTED BY...
4. NO'S 2635001



5. INDIVIDUAL SEW...
6. IN THIS AREA A...
7. AVAILABLE. TH...
8. VOID UPON CON...
9. THE COUNTY HE...
10. TO GRANT VARI...
11. OF A MODIFIED...
12. NECESSARY.
13. B.R.L. - REPRESENTS
14. □ - CONCRETE
15. PERCOLATION TEST
16. LOCATED AND S...
17. ● - INDICATE
18. SUBJECT PROP...
19. ZONING PLAN.
20. PLAN SUBJECT
21. FOR FLAG OR
22. SNOW REMOVA...
23. PROVIDED TO T...
24. STEM LOT.
25. THE USE-IN-COM...
26. LIBER 2312 FOLIO
27. ARE TO BE PRIV...

LAND DEDICATED TO
 HOWARD COUNTY,
 MARYLAND FOR PURPOSE
 OF A PUBLIC ROAD
 72,076 ± OR 1.6546 AC.

ROAD

3rd SITE DRY
 (80' R/W)

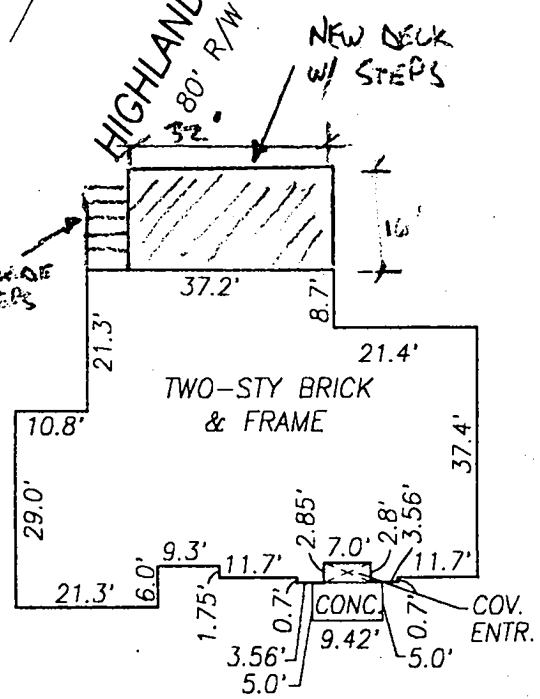
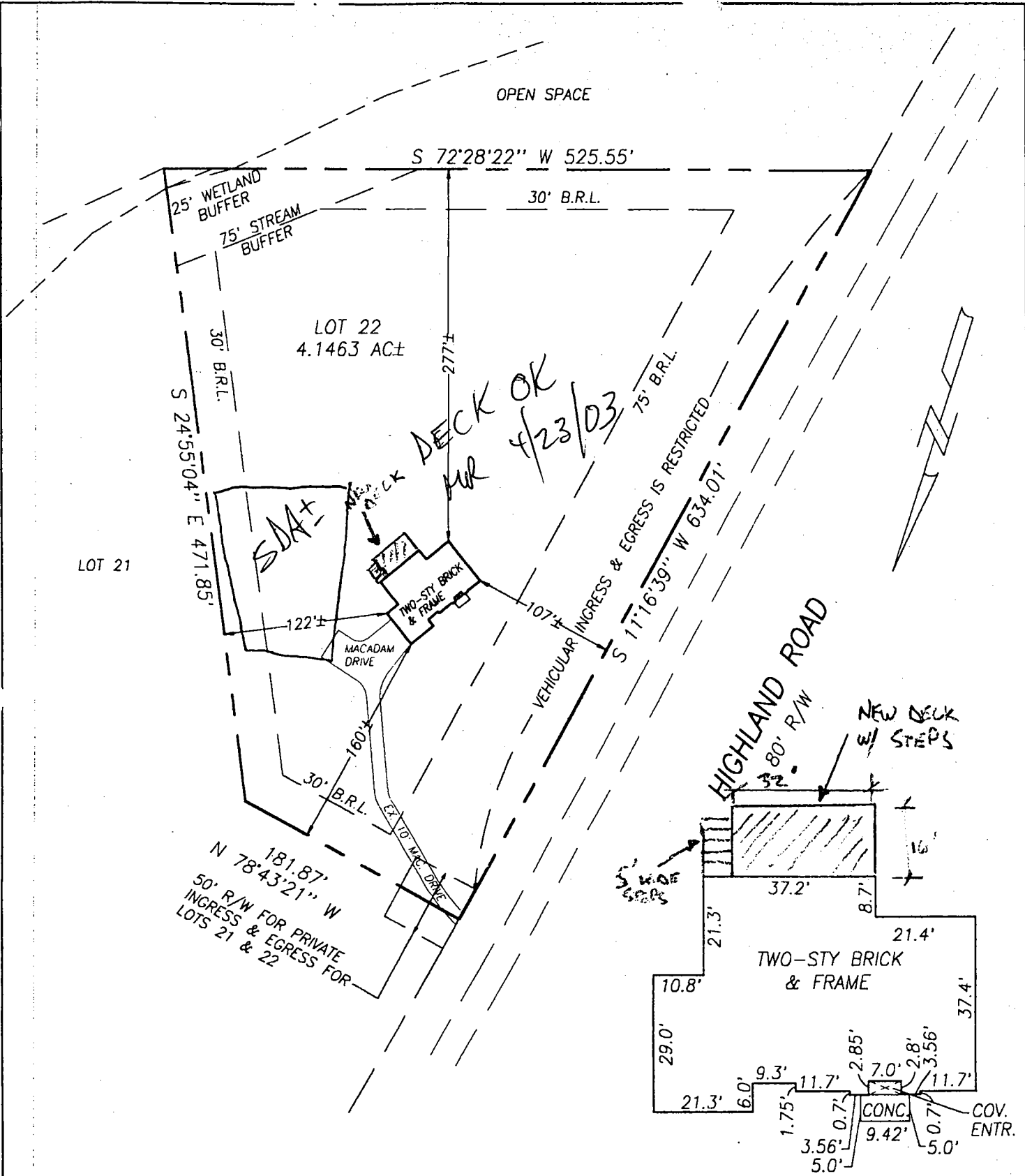
2/1/99
 site dry - OK
 to move appx 120'
 down front lot line
 & 30' off same lot
 line - make sure well
 15' out of swale
 DW

3rd SITE OK MR 2/4/99
 4th SITE OK MR 2/3/99

AND

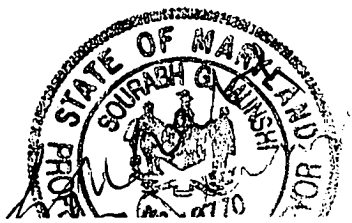
LINE C

294.20'



HOUSE DETAIL
NOT TO SCALE

HOUSE LOCATION DRAWING
 LOT 22, SECTION I
BRIERLY
 13700 HIGHLAND ROAD
 FIFTH ELECTION DISTRICT



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00141423

Building Address 13700 HIGHLAND RD
CLARKSVILLE, MD 21029

Property Owner's Name KEVIN - SUEANNE WONG
Address 13700 HIGHLAND RD

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

City CLARKSVILLE State MD Zip Code 21029

Census Tract 6051.01 Subdivision BRIGELY

Home Phone 301 764 1699 Work Phone 410 363 3900

Section _____ Area _____ Lot 22

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

Tax Map 34 Parcel 7 Grid 3

STEVENS BUILDERS INC
3705 NATIONAL DR. S-100
BURTONSVILLE MD 20835
Phone 301 421 1700 Fax 301 421 9056

Zoning RR Map Coordinates 1327 Lot size 4.14 Ac

Existing Use SINGLE FAMILY HOME

Contractor Company STEVENS BUILDERS INC

Proposed Use SINGLE FAMILY HOME

Contact Person MARK STEVENS

Estimated Construction Cost \$ 16,000

Address 3705 NATIONAL DR S-100

Description of Work NEW 10' x 32' DECK w/

City BURTONSVILLE State MD Zip Code 20835

STAIRS & DIMENSIONAL FRAMING w/ 2x6

License No. MHC 91537 MHR 86

TRUCK DECKING

Phone 301 421 1700 Fax 301 421 7251

Occupant or Tenant KEVIN - SUEANNE WONG'S

Engineer or Architect Company N/A

Contact Name KEVIN WONG

Contact Person _____

Address 13700 HIGHLAND RD

Address _____

City CLARKSVILLE State MD Zip Code 21029

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads: _____

SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms: _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: Deck
Dimensions: 10' x 32'
Footings: _____
Roof: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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 Mark Stevens

Print Name MARK STEVENS
Date 4/23/03

Title/Company MR 4/23/03

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