



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: B16003943

Building Address: 13005 FORESVILLE RD  
 City: SYKEVILLE State: MD Zip Code: 21784  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 9 Parcel: 74 Grid: 19  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: 440 SFD  
 Proposed Use: SHED  
 Estimated Construction Cost: \$ 25,000.  
 Description of Work: 16' x 30' 2 STORY SHED WITH  
FRAM. LIMITED LEAN TO (DETACHED  
30'x40') 442'  
 Occupant or Tenant: N/A  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: PULLIE DAVIDSON  
 Address: 13005 FORESVILLE RD  
 City: SYKEVILLE State: MD Zip Code: 21784  
 Phone: (410) 489-4094 Fax: \_\_\_\_\_  
 Email: pdavidson@uwaysolutions.com

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: SELF  
 Contact Person: PULLIE DAVIDSON  
 Address: 13005 FORESVILLE RD  
 City: SYKEVILLE State: MD Zip Code: 21784  
 License No.: \_\_\_\_\_  
 Phone: (410) 257-1803 Fax: \_\_\_\_\_  
 Email: pdavidson@uwaysolutions.com

Engineer/Architect Company: MICHAEL S. WENNER, II  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: 4418 FAIRVIEW RD  
 City: QUINCY State: PA Zip Code: 17912  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	<u>16</u> Depth <u>6</u> Width
Gross-area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____
Area of construction (sq. ft.): _____	Basement: _____
Use group: _____	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input checked="" type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	NONE
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	NONE
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	NONE
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	NONE
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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: \_\_\_\_\_ Print Name: Pullie Davidson  
 Email Address: \_\_\_\_\_ Date: 7/29/16  
 Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>7/29/2016</u>	<u>Paulie Davidson</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

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 New Town Zone: \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# _____

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1	<b>11202</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 545108-A please type	STATE PERMIT NUMBER <b>HO - 95 - 2573</b> 70 fill in this form completely 79
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**OWNER INFORMATION**

Date Received (APA) 07/30/13

8 MM DD YY 13

15 Last Name M&D Properties LLC Owner First Name 34

36 Street or RFD 12545 Indian Hill Dr 55

57 Town Skyaesville, MD 70 State 21784 Zip 76

**LOCATION OF WELL**

8 COUNTY How 21

23 SUBDIVISION \_\_\_\_\_ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Skyaesville 71

**DRILLER INFORMATION**

Driller's Name C. John Hess License No. MW D552 76 81

Firm Name Allied Environmental Service

Address PO Box 129 Annap Junction MD

Signature [Signature] Date 8-29-13

**SOURCES OF DRILLING WATER**

1. Public

2. \_\_\_\_\_

3. \_\_\_\_\_

11 STREET ADDRESS Old Frederick Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  EAST  
 SOUTH

34 DISTANCE FROM ROAD 37

ENTER FT OR MI 38 39

TAX MAP: 09 BLK: 01 PARCEL 77

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 10

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000

**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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 08 08 13 CO SIGNATURE [Signature] EXP. DATE 8/8/14

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

**PROPOSED LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

New Construction

N  
↑

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY Drive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO - 95 - 2573

Pawdser

C1 18696

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COBS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER M3D Properties, LLC WELL SITE ADDRESS Old Frederick Rd TOWN Skyville

WELL LOG

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Red Soil, Brn Red Soil, Med Brn Rock, Weathered Rock, Med Grayish Brn Rock, Med Gray Rock, Gray & Tan Rock, Gray Blk Rock, Gray Rock, Soft Gray Rock, Med Rock, Tan Rock, Med Gray Rock, Tan Broken Rock, Blk Rock, Gray Blk Rock, Gray Blk Broken Rock, Gray Rock, Med Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 18 NO. OF POUNDS 1620

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 80 ft. CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 100

OTHER CASING (if used) diameter 4 1/2 depth (feet) 10, 88

SCREEN RECORD screen type or open hole [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.) 100, 88, 405

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

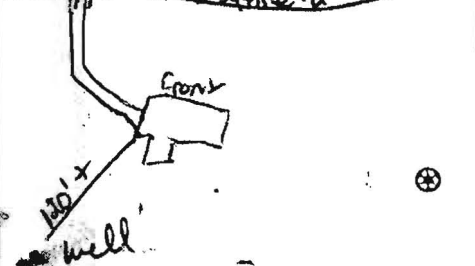
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 805 METHOD USED TO MEASURE PUMPING RATE Time Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 57 ft. WHEN PUMPING 60 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) [F] above LAND SURFACE below 1 (nearest foot)

LATITUDE 39.341139 LONGITUDE 76.991068 (DEFAULT COORD. WGS 84)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED [Y] [N]

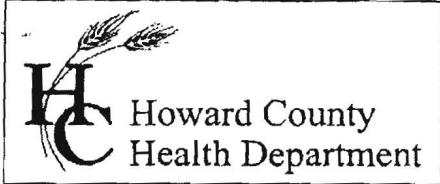
- CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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. MW D553

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. W20097

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



Bureau of Environmental Health  
 7178 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

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 10-22-14 **ONSITE SEWAGE DISPOSAL SYSTEM** P 555284-A

INSTALLATION APPROVAL DATE: 8/17/16 (KMC) **PERMIT** A \_\_\_\_\_  
**CONSTRUCTION**

PROPERTY ADDRESS: 13805 Forsythe Road  
 SUBDIVISION: Barrow Property LOT: \_\_\_\_\_ TAX ID: \_\_\_\_\_  
 CONTRACTOR: South Carroll Backhoe EMAIL: ken@skbackhoe.com  
 CONTRACTOR ADDRESS: 4410 Salem Bottom Road PHONE: 410-596-3618  
 PROPERTY OWNER: M & O Properties EMAIL: \_\_\_\_\_  
 OWNER ADDRESS: 12545 Indian Hill Road PHONE: 410-489-4596

BAT UNIT MODEL: Advantex AX20 Model 3 A BAT UNIT SIZE: 600 GPD  
 PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ PUMP SIZE: \_\_\_\_\_  
 NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: \_\_\_\_\_  
 DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>SEE BAT PLAN 156'</u>	INLET DEPTH: <u>SEE BAT PLAN 4'</u>
	TRENCH WIDTH: <u>SEE BAT PLAN 3'</u>	MAXIMUM BOTTOM DEPTH: <u>SEE BAT PLAN 6'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>SEE BAT PLAN 10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>SEE BAT PLAN 35'</u>
	LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set BAT unit per plan. <u>3x52'</u>	

ISSUED BY: Jeff Williams ISSUE DATE: 10-22-14 EXPIRATION DATE: 10-22-15

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

See As-Built Drawing  
On Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM  
3 4 6

NUMBER OF TRENCHES 3

TOTAL LENGTH 165'

ABSORPTION AREA 495+sidewall

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes

MANUFACTURER Advantex

CAPACITY 2000 GAL

SEAM LOC Top

TANK LID DEPTH 3'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC Front/Rear

6" PORT LOC FRONT - REAR

WATERTIGHT TEST NO

SLOTTED NO

DATE ON LID NONE

PUMP/SEPTIC TANK LEVEL

MANUFACTURER

CAPACITY GAL

SEAM LOC

TANK LID DEPTH

BAFFLES

BAFFLE FILTER

MANHOLE LOC

6" PORT LOC

WATERTIGHT TEST

SLOTTED

DATE ON LID

PRE-CONSTRUCTION:

4/28/2015 Install three 55' trenches on contour across the top northern half of the septic easement. Put the dist. box near the top middle of the septic easement. Tank location staked. Needs close to 1% fall to reach the septic easement by gravity. (BB)

INSTALLATION: 5/1/15 Upper trench 70% complete. Dug w/ transit, looks good. Stone clear, soil consistent w/ perc data. Tank set, ~140' of 4" sch 40 ran from tank to house @ 1.5%. OK to continue. (W)

5/4/15 Pipe to house installed; need house connection. 140' before tank is bedded, rest of pipe on dirt. (SC) 5/6/2015 Didn't have file. House connection made. Got dist. box and trench locations and measurements. Checked levelers. Need start-up certification from Advantex inspector. (BB) 5/27/2015 Rechecked tank

FINAL INSPECTOR H. W. [Signature] DATE OF APPROVAL 8/17/16  
location. Need BAT certification. (BB)

Clerk of the Circuit Court for  
Howard County  
Land Records/Licensing

The Thomas Dorsey Building  
9250 Bendix Road  
Columbia, MD 21045  
410-313-5850

LR - Agreement Recording Fee  
1x 20.00 20.00

Grantor/Grantee Name: m&o properties  
Reference/Control #: 152

LR - Agreement Surcharge  
1x 40.00 40.00

LR - Additional Recording Fee - linked  
1x 0.00 0.00

LR - Agreement Recording Fee  
1x 20.00 20.00

Grantor/Grantee Name: payne  
Reference/Control #: 153

LR - Agreement Surcharge #  
1x 40.00 40.00

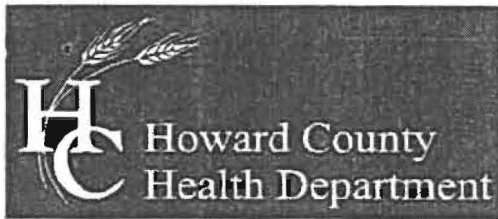
LR - Additional Recording Fee - linked  
1x 0.00 0.00

SubTotal: 120.00  
Total: 120.00

REV-Check-BOA 120.00  
Number : 3203

07/05/2013 08:56 CC13-KC  
#1754735 /496/109  
\*\*\*\*\* DUPLICATE #001 \*\*\*\*\*

07/05/2013 08:57 CC13-KC  
Thank you for visiting us today



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

**OPERATION AND MAINTENANCE AGREEMENT  
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM  
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 10th day of June, 2013, among M&O Properties, LLC, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at Forsythe Road, in the 5th Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 14636 Folio 00375.

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.
- B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
- C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.
- D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.
- E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as

long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

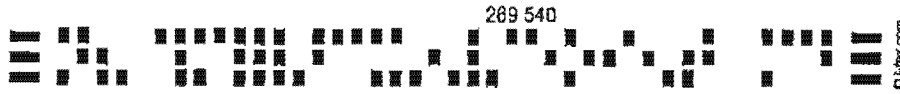
J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

Belle Ann Davidson 6-10-13  
Owner Date

[Signature] 6-10-13  
Owner Date

[Signature] 6/19/13  
Howard County Health Department



# AdvanTex® Field Maintenance Report

## Start-Up Summary Report

Atlantic Solutions, MD  
(877) 814-8426

Property Owner/Tracking #		Operator		Installed Date 07/08/2015	
Site Address 13805 Forsythe Rd, Sykesville MD 21784				Start-Up Date 07/08/2015	
Phone Number	Permit #	Mode Mode 1A	Bedrooms	Occupants	Occupancy Date
Designer/Engineer Atlantic Solutions		Phone (401) 293-0176	Authorized Installer		Phone
AdvanTex Dealer Atlantic Solutions, LTD		Phone (401) 293-0176	Electrician		Phone

### Primary Treatment

If using a single Processing Tank, complete the following:

Processing Tank

Septic Volume ( \_\_\_\_\_ gal.)      Reairo Volume ( \_\_\_\_\_ gal.)

Construction     Concrete     Fiberglass     Other

Manufacturer: \_\_\_\_\_

If using a separate Septic Tank and Reairo Tank, complete the following:

Septic Tank ( \_\_\_\_\_ gal.)

Construction     Concrete     Fiberglass     Other

Manufacturer: \_\_\_\_\_

Reairo Tank ( \_\_\_\_\_ gal.)

Construction     Concrete     Fiberglass     Other

Manufacturer: \_\_\_\_\_

Pump Model: PF300511

Floats set properly at 11 -in. 13 -in. 24 -in.

### Secondary Treatment

RSV setting: \_\_\_\_\_ -in.

Residual head measurement:

Pod #1 \_\_\_\_\_ -in. Pod #2 \_\_\_\_\_ -in. Pod #3 \_\_\_\_\_ -in.

Discharge Tank/Basin ( \_\_\_\_\_ gal.)

Construction     Concrete     Fiberglass     PVC (Basin)

Manufacturer: \_\_\_\_\_

Pump Model: \_\_\_\_\_

Floats set properly at \_\_\_\_\_ -in. \_\_\_\_\_ -in. \_\_\_\_\_ -in.

Discharge pump flow rate (drawdown test): ( \_\_\_\_\_ gpm)

Discharge pump dose volume: ( \_\_\_\_\_ gal./dose)

Comments Start up

### Control Panel

Panel ID (RTU or UL #)	"On" Timer Setting	"Off" Timer Setting
TCOM - MVP		

### Filter Pods

Pod #1 Serial No.	Pod #2 Serial No.	Pod #3 Serial No.
420754		

### Other System Components

Disinfection equipment (manufacturer): \_\_\_\_\_

Dispersal system (type of): \_\_\_\_\_

### Declarations (Initial)

Orenco's Start-Up Procedure was followed.

All lids are secured.

Circuit breakers are on and control panel is latched.

"For Service Call" label with phone # was affixed to panel.

Homeowner Package was reviewed with:

Builder on (date) \_\_\_\_\_

Resident on (date) \_\_\_\_\_

The system is ready for use  Yes  No (explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature [Signature] Date 7-7-15

H0-95-2573

~264'

~295'

13805  
Forsythe  
Road

~239'

~257'

70'

~289'

~294'

298'

4'

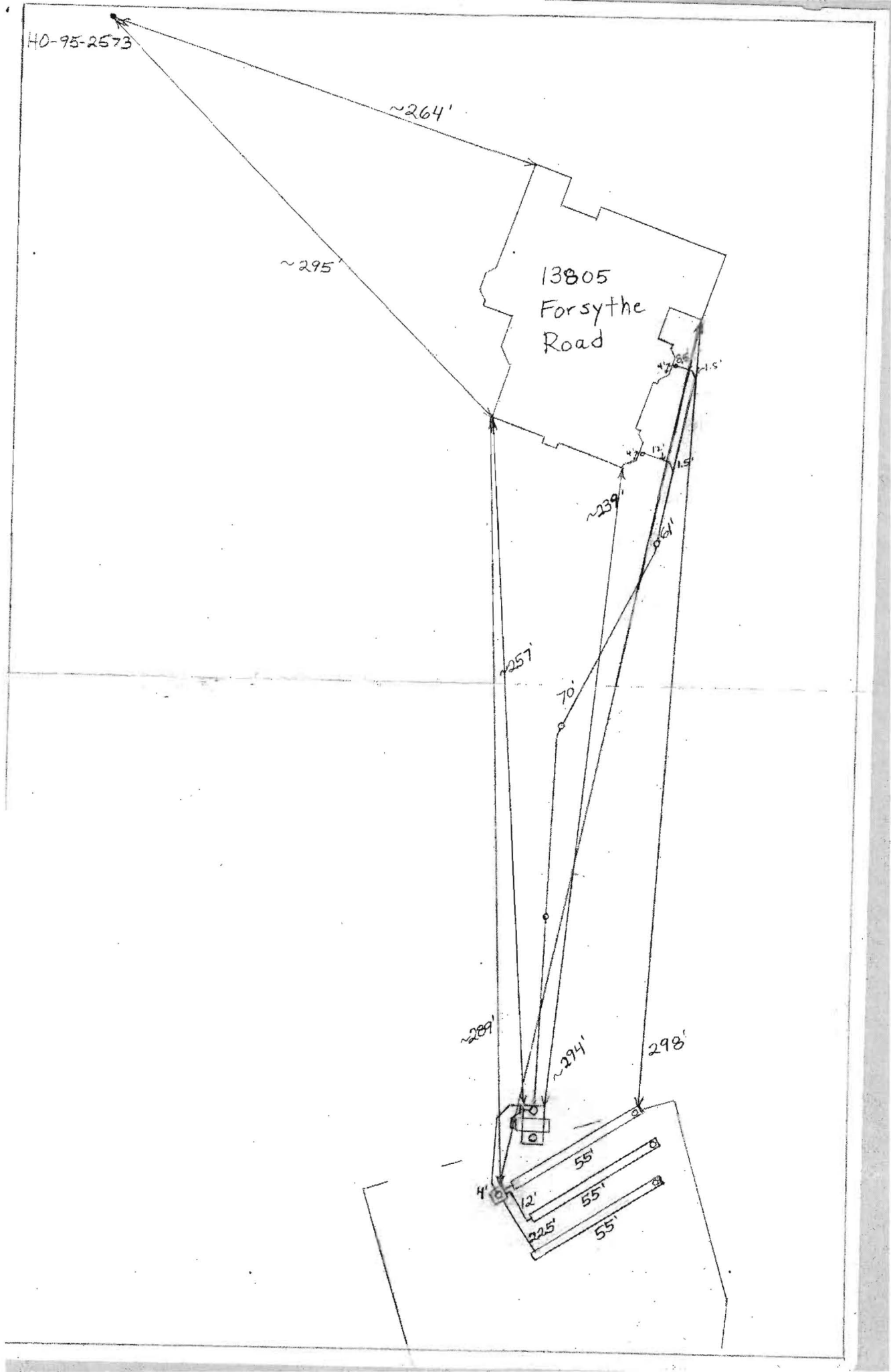
12'

55'

225'

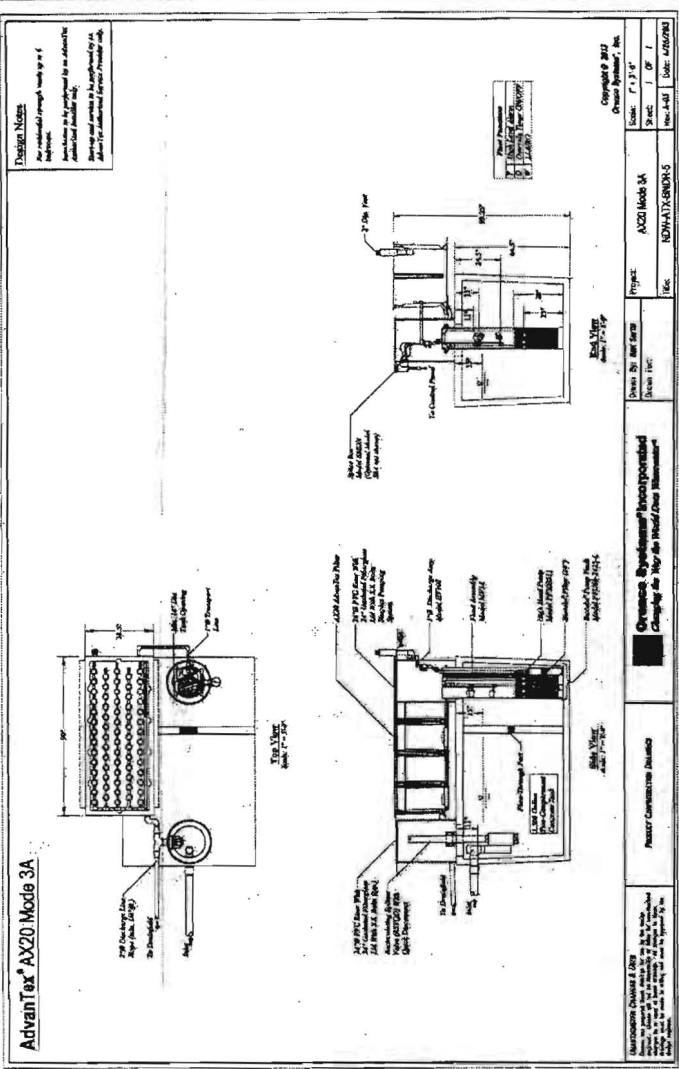
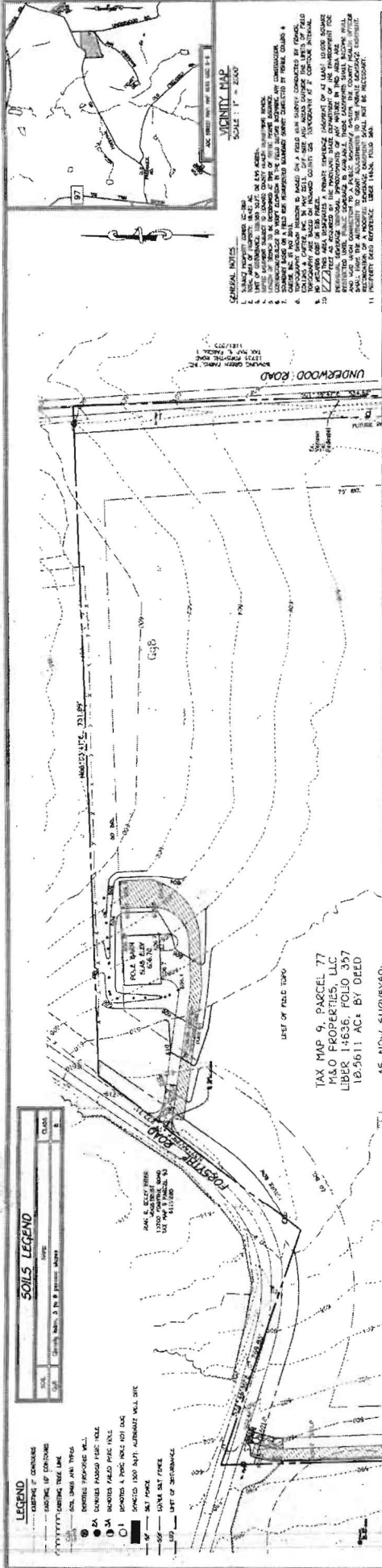
55'

55'









**13805 FORSYTHE ROAD**

**BAT SITE PLAN**

TAX MAP #9 PARCEL #19 PARCEL: 77  
 POWER ELECTION DISTRICT: 10 SCALE: 1"=50' DATE: NOVEMBER, 2013

**PROJECT INFORMATION**

Project: AX20 Mode 3A  
 Scale: 1" = 30'  
 Date: 11/1/13

**DESIGNER**

CHANCE ENGINEERING & CONSULTING, INC.  
 13805 FORSYTHE ROAD, SUITE 100  
 RALEIGH, NC 27615  
 TEL: 919.488.1111 FAX: 919.488.1112  
 WWW.CHANCE-ENGINEERING.COM

**PROFESSIONAL CERTIFICATION**

I, the undersigned, being a duly licensed Professional Engineer in the State of North Carolina, do hereby certify that I am the author of the foregoing and that I am a duly licensed Professional Engineer in the State of North Carolina.

DATE: 12/1/13

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH 3 INLET 4 BOTTOM 6

NUMBER OF TRENCHES 3
TOTAL LENGTH 165'
ABSORPTION AREA 495+sidewalk
DISTRIBUTION BOX LEVEL Levelers
DISTRIBUTION BOX BAFFLE Yes
DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes
MANUFACTURER Advantex
CAPACITY 2000 GAL
SEAM LOC Top
TANK LID DEPTH 3'
BAFFLES YES
BAFFLE FILTER No
MANHOLE LOC Front/Rear
6" PORT LOC FRONT - REAR
WATERTIGHT TEST NO
SLOTTED NO
DATE ON LID NONE

PUMP/SEPTIC TANK LEVEL

MANUFACTURER
CAPACITY GAL
SEAM LOC
TANK LID DEPTH
BAFFLES
BAFFLE FILTER
MANHOLE LOC
6" PORT LOC
WATERTIGHT TEST
SLOTTED
DATE ON LID

See As-Built Drawing
On Separate Sheet

ROAD NAME

PRE-CONSTRUCTION:

4/28/2015 Install three 55' trenches on contour across the top northern half of the septic easement. Put the dist. box near the top middle of the septic easement. Tank location staked. Need close to 1% fall to reach the septic easement by gravity. (BB)

INSTALLATION: 5/1/15 Upper trench 70% complete. Dig w/ front loader, looks good. Slope check, soil consistent w/ perc data. Tank set, ~140' of 4" sch 40 ran from tank to house @ 1.5%. OK to continue (KW)

5/4/15 Pipe to house installed; need house connection. 140' before tank is bedded, rest of pipe on dirt. (SQ)

5/6/2015 Didn't have file, House connection made. Got dist. box and trench locations and measurements. Checked levelers. Need start-up certification from Advantex inspector. (BB) 5/27/2015 Rechecked tank

FINAL INSPECTOR

K. W. [Signature]

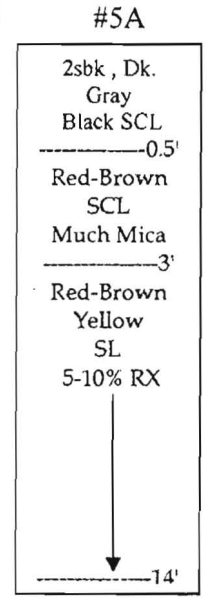
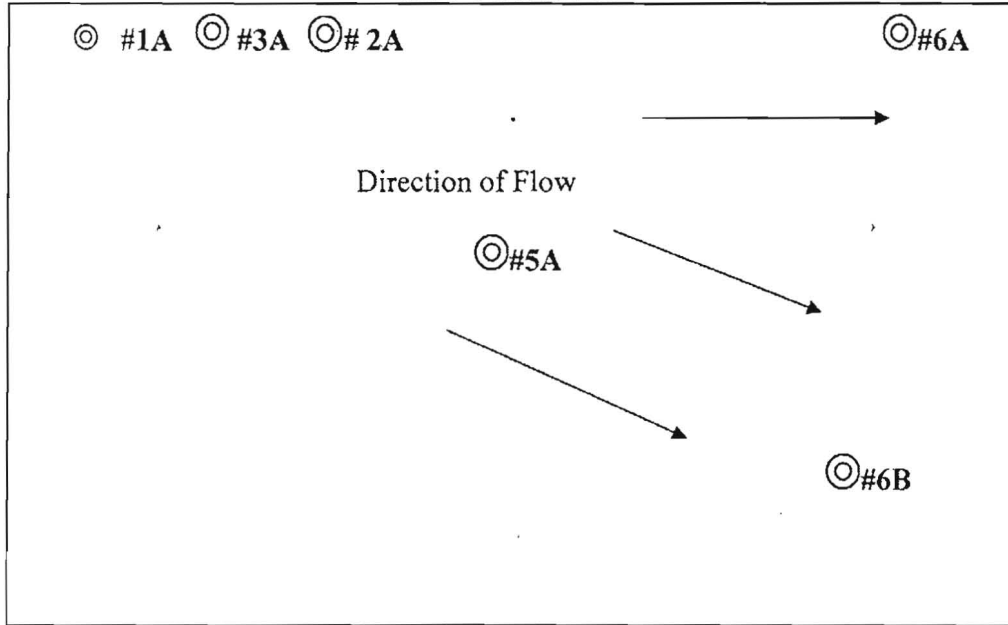
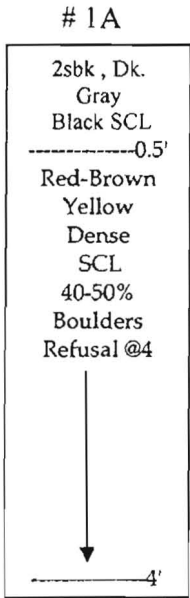
DATE OF APPROVAL

8/17/16

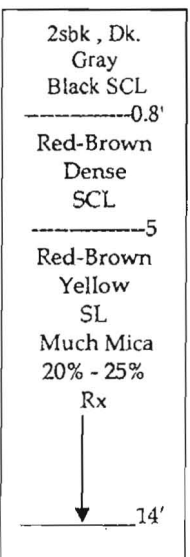
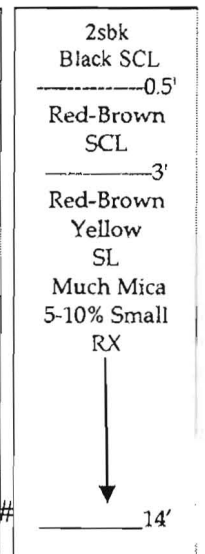
location. Need BAT certification. (BB)

# A 537345 Percolation Information- Barrow Property Parcel 77

NOT TO SCALE



Date	Test	Depth	Start	Break 1" Drop	Break 2" Drop	Time of 2 <sup>nd</sup> Inch	P/F/H
4-24-13	1A	4					Fail
4-24-13	2A	5 / 13	11:09	11:12	11:16	4 min.	Pass
4-24-13	3A	6/14	10:39	11:10			Fail
4-24-13	5A	14	Visual	Pass			Pass
4-24-13	6A	3/ 14	11:20	11:25	11:32	7 min.	Pass
4-24-13	6B	3/ 14	11:35	11:39	11:44	5 min.	Pass

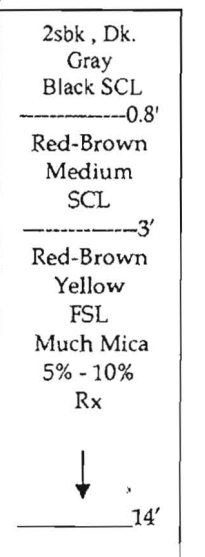


Remarks: Undeveloped Property. Percolation holes must be surveyed on Percolation Certification Plan.

Sanitarian: D. Bernard Backhoe: Jeremy Others:

Test Holes Used in 5 in SDA Avg. Perc Time 6min. SQ.FT/BR

Trench Width 3' Inlet Depth 3' Max Bot.Depth 5' Effective S/W 2



HO-95-2573

~264'

~295'

13805  
Forsythe  
Road

1.5'

~239'

~257'

70'

~289'

~294'

298'

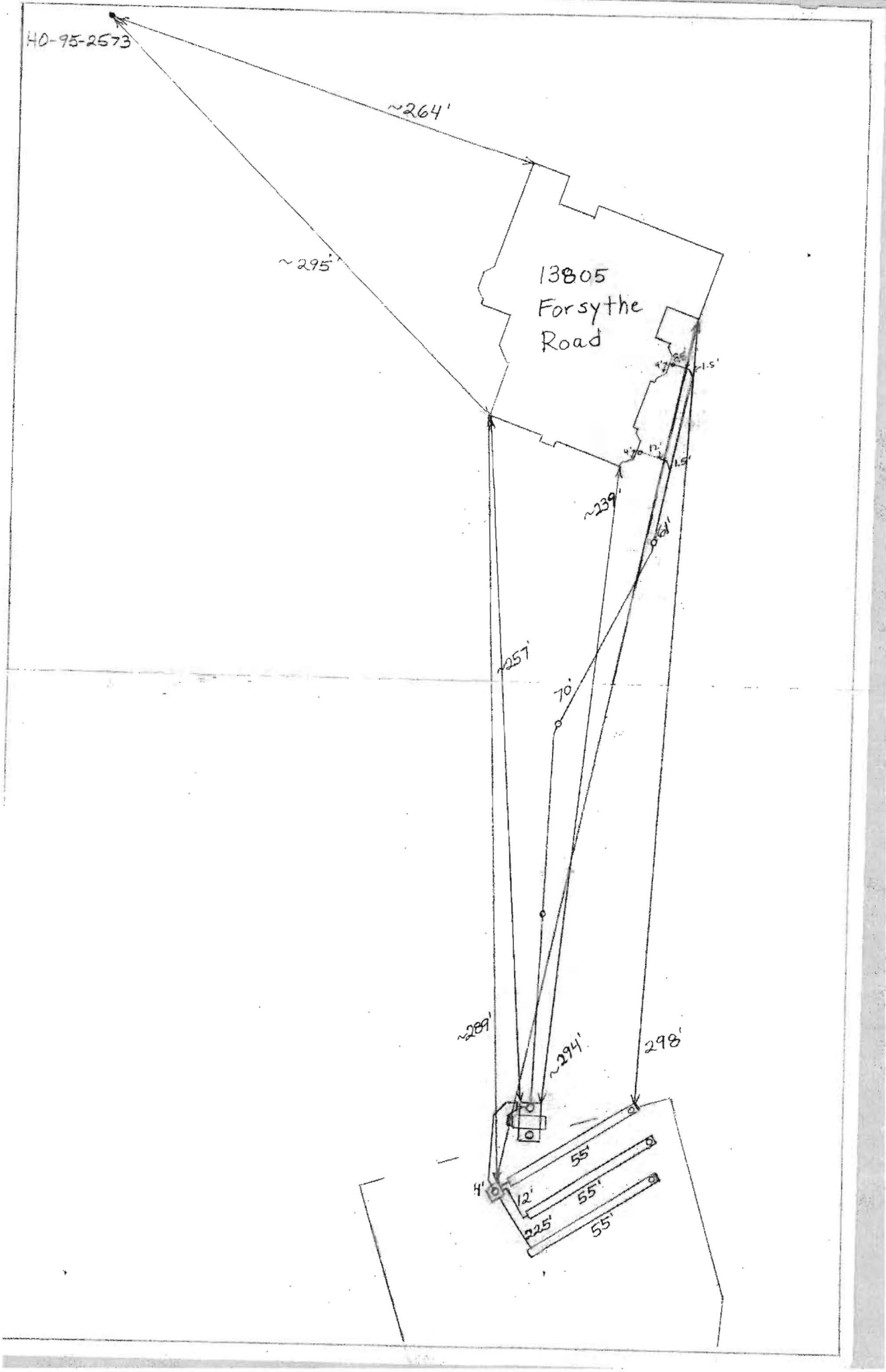
4'

55'

55'

225'

55'





## **Freemon, Robert**

---

**From:** Billie A. Davidson <badavidson@uavsolutions.com>  
**Sent:** Thursday, September 29, 2016 11:32 AM  
**To:** Freemon, Robert  
**Subject:** Re: 13805 Forsythe Rd.

Hi Robert!

There will not be any conditioned space in this structure. Also there will not be electric services.

Thanks,  
Billie Davidson

---

**From:** Freemon, Robert <[rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)>  
**Sent:** Thursday, September 29, 2016 9:14:30 AM  
**To:** Billie A. Davidson  
**Subject:** 13805 Forsythe Rd.

Hi Billie,

I am reviewing the Building Permit for 13805 Forsythe Rd. and I have some questions. Is there any conditioned living space going to be constructed in the 16' x 28' 2 story shed? Also is there going to be any plumbing connection installed in the shed? I need the answers to these questions before we can move forward with this building permit. If you have any questions let me know. Thanks!

**Robert Freemon**  
**Howard County Health Department**  
**8930 Stanford Blvd. Columbia, MD 21045**  
**Well and Septic Program**  
**Phone: 410-313-6357**  
**Email: [rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)**

C11 19305

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6 7 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 09 30 YY 13

DATE WELL COMPLETED MM 08 26 - 13

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO - 95 - 2574

OWNER MGO Prod last name first name WELL SITE ADDRESS Old Frederick Rd TOWN Sykesville, MD SUBDIVISION Forsythe Res SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Red Soil, Sandstone, etc.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (72), NO. OF POUNDS (3600), etc.

CASING RECORD form with fields for MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth, etc.

OTHER CASING (if used) form with fields for diameter, depth, etc.

SCREEN RECORD form with fields for screen type (ST, BR, HO), DIAMETER OF SCREEN, etc.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, WATER LEVEL, etc.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP, CAPACITY, etc.

WELL HYDROFRACTURED form with fields for YES/NO, CIRCLE APPROPRIATE LETTER (A, E, P), etc.

DEPTH (nearest ft.) table with columns for casing depth and slot size.

DRILLERS LIC. NO. MWD 553, DRILLERS SIGNATURE, LIC. NO. 1 W 0 097, etc.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, etc.

LATITUDE 39.341824, LONGITUDE 76.990507, NOTES: Forsythe, and a diagram of the well location.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Allied Environmental Services Telephone #: 301-776-8370  
Address: P.O. Box 129  
Annapolis Junction MD 20701

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

License # and name of individual responsible for the field installation.  
Name (Print): Marshall Arnette License# MSD106

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: M+D Properties LLC Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-2573  
Site Address: Old Frederick Rd Sykesville MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sta-Rite</u>	Make: _____	Two piece watertight cap: _____
Model #: <u>57K07221</u>	Model#: _____	Screened, vented well cap: _____
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8.5</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>405</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'5"</u>
Depth of supply line: <u>42'</u> (36" min)	Sleeve sealed 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 of company representative responsible for installation: Marshall Arnette date: 08/15/14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/11/14 Inspector: (KW)

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 \_\_\_\_\_

*Not called in.  
OK from H2O Tests.*



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

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Company Name: Allied Environmental Services Telephone #: 301-776-8370  
Address: P.O. Box 129  
Annapolis Junction MD 20701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Marshal Arnette License# MSD106

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: M+D Properties LLC Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-2573  
Site Address: Old Frederick Rd Sykesville MD

Submersible Pump Data

Make: Sta-Rite  
Model #: 57K07221  
Pump Capacity 7 GPM  
Well Yield: 8.5 GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: 36" (36" min)  
NSF/WSC 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: 405 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42' (36" min)

House Connection

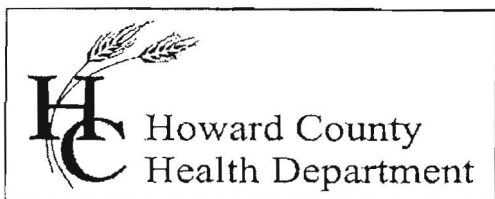
PVC sleeve to undisturbed soil at wall penetration: yes  
Length of sleeve (5' minimum from foundation): 5'5"  
Sleeve sealed properly: yes

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: Marshal Arnette date: 08/15/14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/18/2014 Inspector: BB  
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – February 17, 2017

August 17, 2016

Homeowner  
13805 Forsythe Road  
Sykesville, MD 21784

**RE: Barrow Property  
13805 Forsythe Road  
Building Permit: B14004576  
Well Permit: HO-95-2573**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/13/2016**. Final approval of the well line connection to the dwelling was granted on **8/17/2016**. The well construction was completed on **8/22/2013**. Water samples were collected on **7/29/2015**.

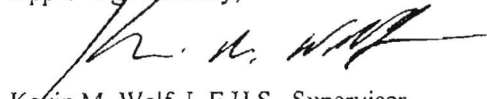
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2573. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, L.E.H.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

GRADE

EACH BORE HOLE (TYP.)

MINIMUM  
HORIZONTAL BURY  
DEPTH 4 FT

FOR CONT.  
SEE PLANS

HORIZONTAL  
PIPING

GROUT ENTIRE ANNULAR  
SPACE AND VERTICAL  
U-TUBE WITH (BENTONITE)  
GROUT.

BORE DEPTH

TAPE

5 TO 10 FOOT SECTION OF  
REBAR TO GUIDE TUBE  
INTO BORE DURING  
INSTALLATION

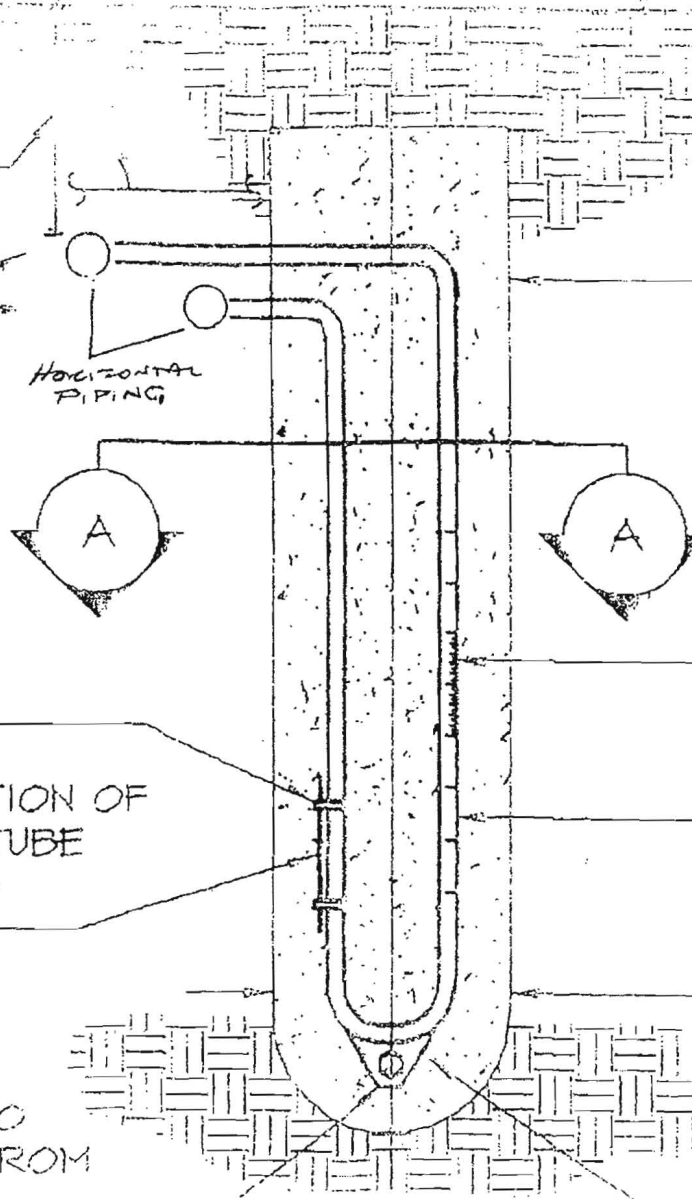
DEPTH MARKINGS IN FEET TO  
INDICATE DEPTH OF INSERTION

TYPICAL VERTICAL U TUBE  
1.5 INCHES

TYPICAL BORE DIAMETER  
6.0 INCHES

ANCHOR FITTING TO  
PREVENT U-TUBE FROM  
SURFACING AFTER  
INSTALLATION

TYPICAL SOCKET U-BEND



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 102270 Account #: 7031  
Reference: Davidson Company: Alder Creek Construction  
Location: 13805 Forsythe Road Requested By: Chuck Alder  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 7/29/2015 1042 Site: 2nd Kitchen Sink  
Date/Time Rec'd: 7/29/2015 1420 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: C. Mooshian 7268CM Well #: HO-95-2573

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2015 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2015 / 1100 / CCH
Nitrate	4.75	mg/L	10	601	7/29/2015 / 1615 / CRS
Turbidity	1.24	NTU	<10	SM18 2130B	7/29/2015 / 1535 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/29/2015 / 1535 / CRS

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy**Building Permit # :** 13004157Date Reported: 7/30/2015

MD State Certification # 133

**LEGEND**

- EXISTING 2' CONTOURS
- EXISTING 10' CONTOURS
- EXISTING TREE LINE
- SOIL LINES AND TYPES
- DENOTES PROPOSED WELL
- 2A DENOTES PASSED PERC HOLE
- 3A DENOTES FAILED PERC HOLE
- 1 DENOTES A PERC HOLE NOT DUG
- DENOTES 1500 Sq.Ft. ALTERNATE WELL SITE
- SF SILT FENCE
- SSF SUPER SILT FENCE
- LOD LIMIT OF DISTURBANCE

**SOILS LEGEND**

SOIL	NAME	CLASS
G9B	Clayey loam, 3 to 8 percent slopes	B

NOTE: TEMPORARY OR PERMANENT STABILIZATION IS TO BE PERFORMED AT THE DISCRETION OF THE SEDIMENT CONTROL INSPECTOR OR AT THE MINIMUM INTERVALS REQUIRED BY THE 2011 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, WHICHEVER IS MORE RESTRICTIVE.

JEAN E. DICKEY INTER VIVOS TRUST  
13700 FORSYTHE ROAD  
TAX MAP 9, PARCEL 93  
6115/295

TAX MAP 9, PARCEL 77  
M&O PROPERTIES, LLC  
LIBER 14636, FOLIO 357  
18.5611 AC± BY DEED

AS NOW SURVEYED:  
802,416 Sq.Ft.±  
18.42 AC±

TAX MAP 9, PARCEL 353  
M&O PROPERTIES, LLC  
LIBER-14636, FOLIO 363  
(3.0444 AC± BY DEED)  
AS NOW SURVEYED:  
135,468 Sq.Ft.±  
3.064 Acres±

MICRO-BIORETENTION PLANT MATERIAL	QUANTITY	NAME	MAXIMUM SPACING (FT.)
80	1.5 TO 3.0 FT.	RED PERSIMMON	1.5 TO 3.0 FT.
3	PLANT MAY BECH INFLOW LOCATION	SILEY DOGWOOD	

MICRO-BIORETENTION									
MICRO-BIO FILTER	A	B	C	D	E	F	G	H	I
1	604.20	604.20	603.70	603.53	601.53	601.29	600.79	600.20	600.79

**BUILDER/DEVELOPER'S CERTIFICATE**

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SOIL EROSION AND SEDIMENT CONTROL AND THAT THE RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SOIL EROSION AND SEDIMENT BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERSONS ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.

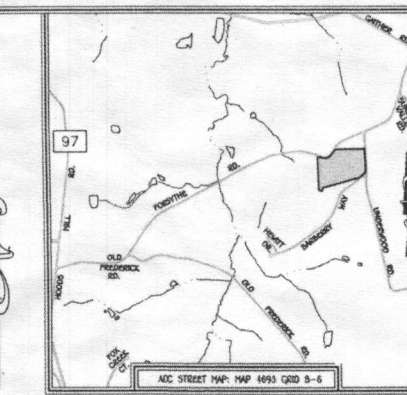
THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.  
APPROVED: *John R. Blanton* 12/10/14  
HOWARD SOIL CONSERVATION DISTRICT

SIGNATURE OF DEVELOPER: *Chad Ochs*  
DATE: 12/10/14

**ENGINEER'S CERTIFICATE**

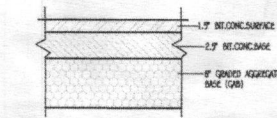
I/WE CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF ENGINEER: *Stephanie Smith* 12/10/14  
DATE: 12/10/14

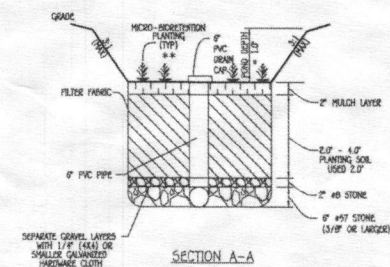


**GENERAL NOTES**

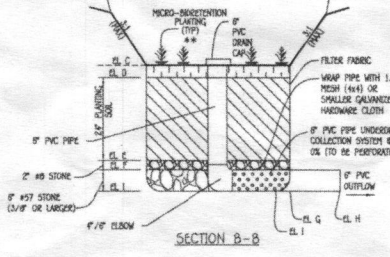
1. SUBJECT PROPERTY ZONED: RC-DEO
2. TOTAL AREA OF PROPERTY: 18.421 AC
3. LIMIT OF DISTURBANCE: 133,495 SQ.FT. OR 3.05 ACRES±
4. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
5. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
6. CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
7. BOUNDARY BASED ON A FIELD RUN MONUMENTED BOUNDARY SURVEY CONDUCTED BY FISHER, COLLINS & CARTER, INC. IN MAY 2013.
8. TOPOGRAPHY SHOWN HEREON IS BASED ON A FIELD RUN SURVEY CONDUCTED BY FISHER, COLLINS & CARTER, INC. IN MAY 2013. OFF-SITE AND AREAS OUTSIDE THE LIMITS OF FIELD TOPOGRAPHY ARE BASED ON HOWARD COUNTY G25 TOPOGRAPHY AT 2' CONTOUR INTERVAL.
9. NO WETLANDS EXIST ON THIS PARCEL.
10. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECONSTRUCTION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
11. DEED REFERENCES: LIBER 14636, FOLIO 363.



**P-1 DRIVEWAY PAVING SECTION**  
NOT TO SCALE



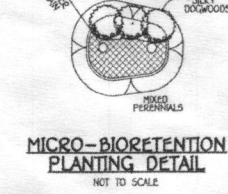
**SECTION A-A**



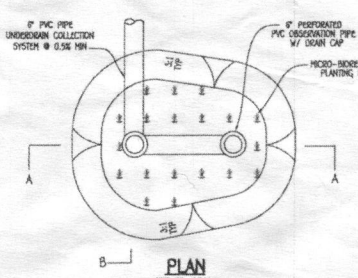
**SECTION B-B**

**MICRO-BIORETENTION DETAIL (M-6)**  
NOT TO SCALE

**MICRO-BIORETENTION PLANTING DETAIL**



**MICRO-BIORETENTION PLANTING DETAIL**  
NOT TO SCALE



**PLAN**  
NOT TO SCALE

**GRADING PLAN**  
**13805 FORSYTHE ROAD**

TAX MAP #9 GRID #19 PARCEL: 77  
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"=50' DATE: SEPTEMBER 23, 2013

GP-14-017

Approved B14603943  
9/29/16 RJE

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
11100 GREEN SPRING PARKWAY, SUITE 100  
SILVER SPRING, MARYLAND 20910  
(301) 581-2800