

Real Property Data Search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration					
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Account Identifier:		District - 03 Account Number - 345165								
Owner Information										
Owner Name:		SINGH MANDEEP SINGH GURDEEP N			Use:		RESIDENTIAL			
Mailing Address:		11062 HUNTERS VIEW RD ELLCOTT CITY MD 21042-			Principal Residence:		YES			
					Deed Reference:		/13381/ 00023			
Location & Structure Information										
Premises Address:		11062 HUNTERS VIEW RD ELLCOTT CITY 21042-0000			Legal Description:		LOT 13 1.117 A 11062 HUNTERS VIEW RD RIVERWOOD PHASE 1			
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	18039
0029	0004	0020		2042		9999	13	2019	Plat Ref:	
Special Tax Areas:					Town:		NONE			
					Ad Valorem:		100			
					Tax Class:					
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
2011		4,383 SF		1575 SF		1.1100 AC		000000		
Stories	Basement	Type		Exterior	Full/Half Bath	Garage	Last Major Renovation			
2	YES	STANDARD UNIT		FRAME	3 full/ 1 half	1 Attached				
Value Information										
		Base Value		Value		Phase-in Assessments				
				As of		As of		As of		
				01/01/2019		07/01/2018		07/01/2019		
Land:		302,200		161,100						
Improvements		640,700		725,800						
Total:		942,900		886,900		942,900		886,900		
Preferential Land:		0						0		
Transfer Information										
Seller: WINCHESTER HOMES INC				Date: 08/10/2011			Price: \$819,168			
Type: ARMS LENGTH IMPROVED				Deed1: /13381/ 00023			Deed2:			
Seller: WINCHESTER HOMES INC				Date: 06/29/2006			Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /10101/ 00305			Deed2:			
Seller:				Date:			Price:			
Type:				Deed1:			Deed2:			
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019				
County:		000		0.00						
State:		000		0.00						
Municipal:		000		0.00 0.00		0.00 0.00				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Homestead Application Information										

LAYOUT 5-13-11 INSP 4 _____
 INSP 2 5-18-11 INSP 5 _____
 INSP 3 5-13-11 INSP 6 _____

ISSUE DATE: _____

PERMIT

P 534512

APPROVAL DATE: 5-13-11

A 516084

Tax ID # 03-345165
ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 519 Annapolis Junction 20701 PHONE NUMBER: 301/8546172

SUBDIVISION: Riverwood LOT NUMBER: 13

ADDRESS: 11062 Hunters View Road PROPERTY OWNER: Winchester Homes Inc.

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4 APPLICATION RATE: 1.2

SQUARE FOOTAGE OF HOUSE: Unkwn

LINEAR FEET OF TRENCH REQUIRED: 140'

TRENCHES:	Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade with 2.0 feet of stone below distribution pipe.
LOCATION:	Set septic tank per layout inspection. Set distribution box per layout inspection. Distribution box should be installed at the center of the easement at the highest point closest to the house. Install 140 feet of trench on contour per layout inspection.
NOTES:	Do not order the septic tank until after layout inspection and Sanitarian approval. Stake easement corners. Call for layout inspection. Mark utilities. Gravel tickets must be available for Environmental Sanitarians. Stone must be approved by the Howard County Health Department. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.

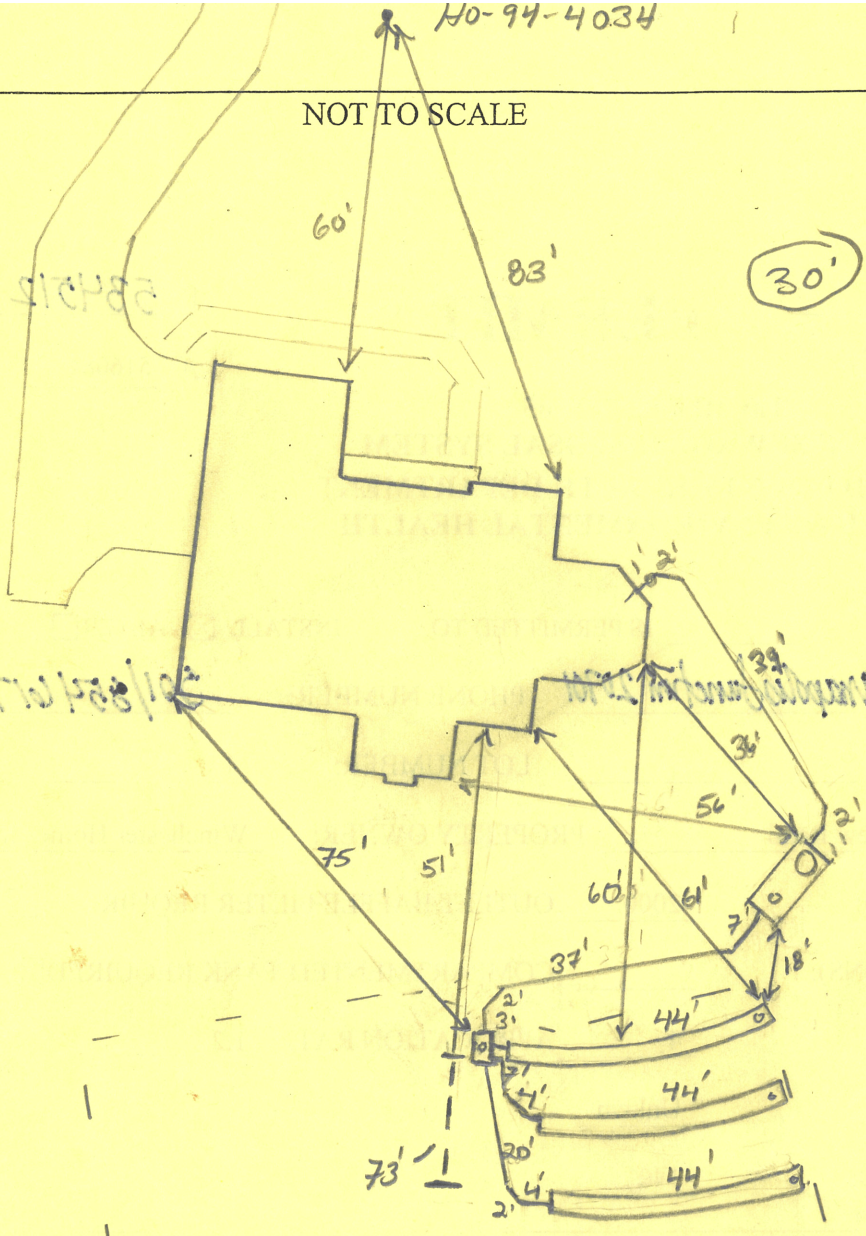
PLANS APPROVED: Dana Bernard DATE: 01/26/11

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

HO-94-4034

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		132'
ABSORPTION AREA		396' + SW
DISTRIBUTION BOX LEVEL		Leveler
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'
BAFFLES	Yes
BAFFLE FILTER	---
MANHOLE LOC	Front
6" PORT LOC	Reel
WATERTIGHT TEST	---
SLOTTED	Yes
DATE ON LID	4/13/11
PUMP/SEPTIC TANK LEVEL	N/A
MANUFACTURER	---
CAPACITY	---
SEAM LOC	---
TANK LID DEPTH	---
BAFFLES	---
BAFFLE FILTER	---
MANHOLE LOC	---
6" PORT LOC	---
WATERTIGHT TEST	---
SLOTTED	---
DATE ON LID	---

ROAD NAME

PRE-CONSTRUCTION:

5/13/11 Set tank according to BP plan. Set D box 48' in from top right corner of SRA. Install 3x44' trenches on center as pointed out in field.

INSTALLATION: 5/18/11 Contractors working. Very rainy all day. Could not perform site insp. due to heavy rains. (X)

5/19/11 System complete. OK to cover all work (X)

FINAL INSPECTOR

K. Way

DATE OF APPROVAL

5/19/11

SEPTIC SPECIFICATIONS WORKSHEET- 11062 Hunter's View Road

Subdivision Riverwood

A 516084

Street Name 11062 Hunter's View Road

Lot Number 13

Average Percolation Rate (min. / in.) 4 min. /inch

Application Rate (GPD/sq. ft.) 1.2

Number of Bedrooms 4

Design Flow (BRx150) $4 \times 150 = 600$

Square Footage (of House) Unknown

Septic Tank Capacity (gal.) 2000

Sidewall Credit / % Reduction 1 foot / 0.83% **Total Length of Trench (ft.) 138.33 Feet \approx 140'**

***All Septic/Pump tanks must be top seamed unless otherwise approved by this agency.**

***All Septic tanks must be compartmented unless otherwise approved by this agency.**

Baffle Filter Required? Yes No

TRENCH DIMENSIONS: Trench to 3 feet wide. Inlet at 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 4 feet below original grade.

2 feet of stone below the distribution pipe. $\frac{4 \times 150}{1.2} = \frac{500}{3} = 166.66 \times 0.83 = 138.33 \text{ Feet} \approx 140'$
(Total Length of Trench)

PUMP SYSTEM PROPOSED? YES NO

Pump system details: _____ gallon pump chamber.

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test required prior to Health Department approval of pumped septic system.

LOCATION: 1. Set septic tank per layout inspection

2. Set pump tank per layout inspection.

3. Set distribution box per layout inspection.

Note: Distribution box should be installed at the center of the easement at the highest point closest to the house.

4. Install 140 feet of trench on contour per layout inspection.

ADDITIONAL NOTES:

1. Stake septic easement corners and addition corners for layout inspection.

2. Call for layout inspection.

3. Mark utilities.

4. Gravel tickets must be available for Environmental Sanitarians.

5. Stones used must be approved by Howard County Health Department. **Subject to approval.**

Reviewed by: Dana Bernard

Date: 01/26/2011

Peter L. Beilenson, M.D., M.P.H., Health Officer

000186

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN
 ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and MANDEEP & GURDEEP SINGH ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11062 HUNTER'S VIEW Rd, ELLICOTT CITY and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 0029 Block # 9999, Parcel # 0020 Deed Reference # 1010/00308 and Tax Account # 03345165 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

20
20
M
WHEREAS, the Owner has installed a residential drinking well under well permit HO-94-4034 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department 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 their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

6/22/11

Date

6/22/11

Date

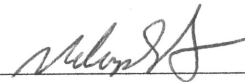


6/23/2011

Date

Witness

Witness

JUN 23 2011
 10:17 AM
 REPORT # 2012
 DPK # 1384
 40.40
 60.00
 40.40
 60.00

 MANDEEP SINGH
 Owner
 GURDEEP SINGH
 Owner
 Howard County Health Department

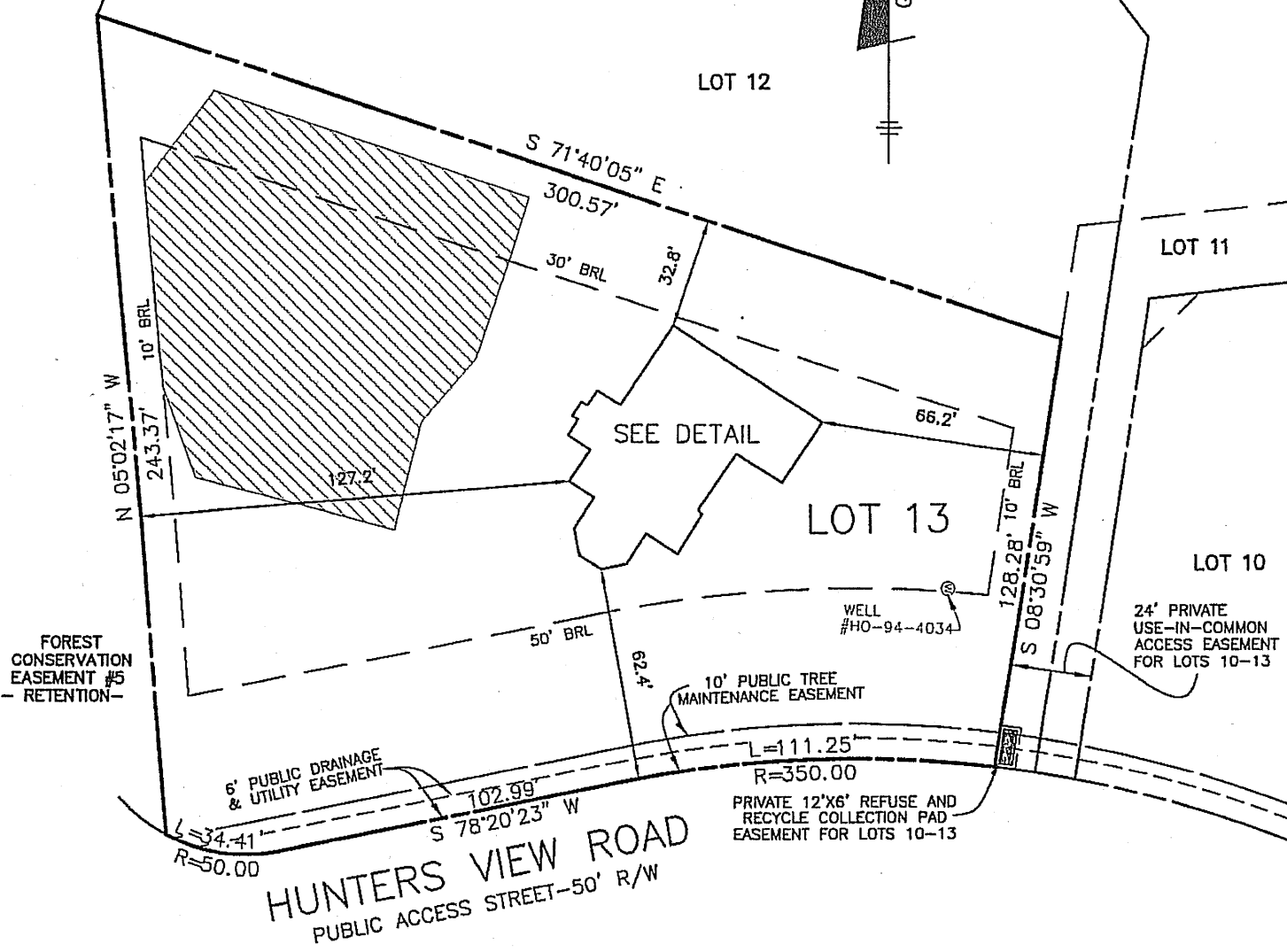
10000400528

NOTICE

Per HB 72, the *Budget Reconciliation Act of 2011*, effective July 1, 2011, the surcharge for each type of instrument recorded among the land records and the financing statement records executed on or after July 1, 2011, will be \$40.00. However, the surcharge will not apply to a Notice of Judgment, Notice of Sale, or a Power of Attorney.

*Wall check
OK 3-17-11
EWF*

GRID NORTH



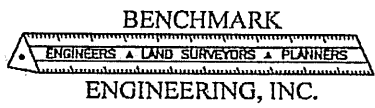
TOP OF FOUNDATION WALL ELEVATION = 445.9'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 03/08/11.

Donald A. Mason
DONALD A. MASON
PROFESSIONAL LAND SURVEYOR 1329

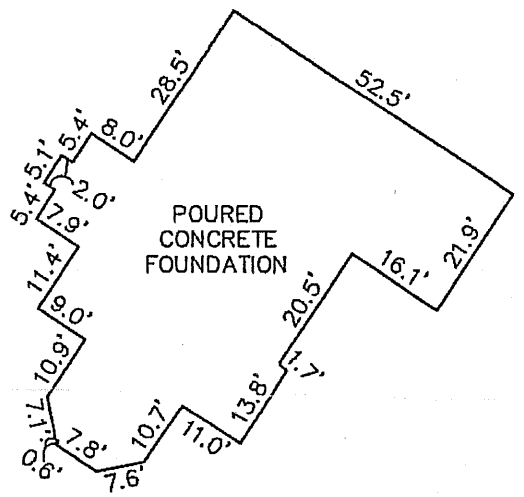
MD REG. No. 21320
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
FEMA FIRM No. 240044 0027 C
ZONE: X
DATED: 04/02/97



8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELLCOTT CITY, MARYLAND 21043
phone: 410-465-6105 & fax: 410-465-6644
www.bei-civilengineering.com

P:\1950 RIVERWOOD HSE5\dwg\8588B13.dwg, wallcheck, 3/9/2011 1:30:32 PM
\\CENTRAL\kyocera CS-3050 KX

FIELD OBS. BY PHIL
COMP. BY EWF
DRAWN BY EWF



FOUNDATION DETAIL
SCALE: 1" = 30'

**WALL CHECK
RIVERWOOD
PHASE 1
PLAT No. 18039
LOT No. 13**

11062 HUNTERS VIEW ROAD

3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 03/08/11

APPLICATION

PERCOLATION TESTING

A 516084
P _____

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

DISTRICT _____

DATE _____

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 SECURITY DEVELOPMENT, L.L.C.
P.O. BOX 417
ADDRESS ELLICOTT CITY, MD 21041 PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION HOMWOOD LOT NO. 31
ROAD AND DESCRIPTION HOMWOOD ROAD

TAX MAP 23 & 29 PARCEL # 20 & 86
SIZE OF LOT 1 ACRE ± TYPE BLDG. SINGLE FAMILY DETACHED
(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. SECURITY DEVELOPMENT LLC
BY: [Signature]
(SIGNATURE OF APPLICANT) STEVEN K. BIRFORD

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

516084

COUNTY #

SOIL PROFILE

31-C

0' Tan Cl Loam
2'-3' Or Red Loam Very Micaceous ~5% Rock
6'-5' Or Red Sa Loam ~5% Rock
16'

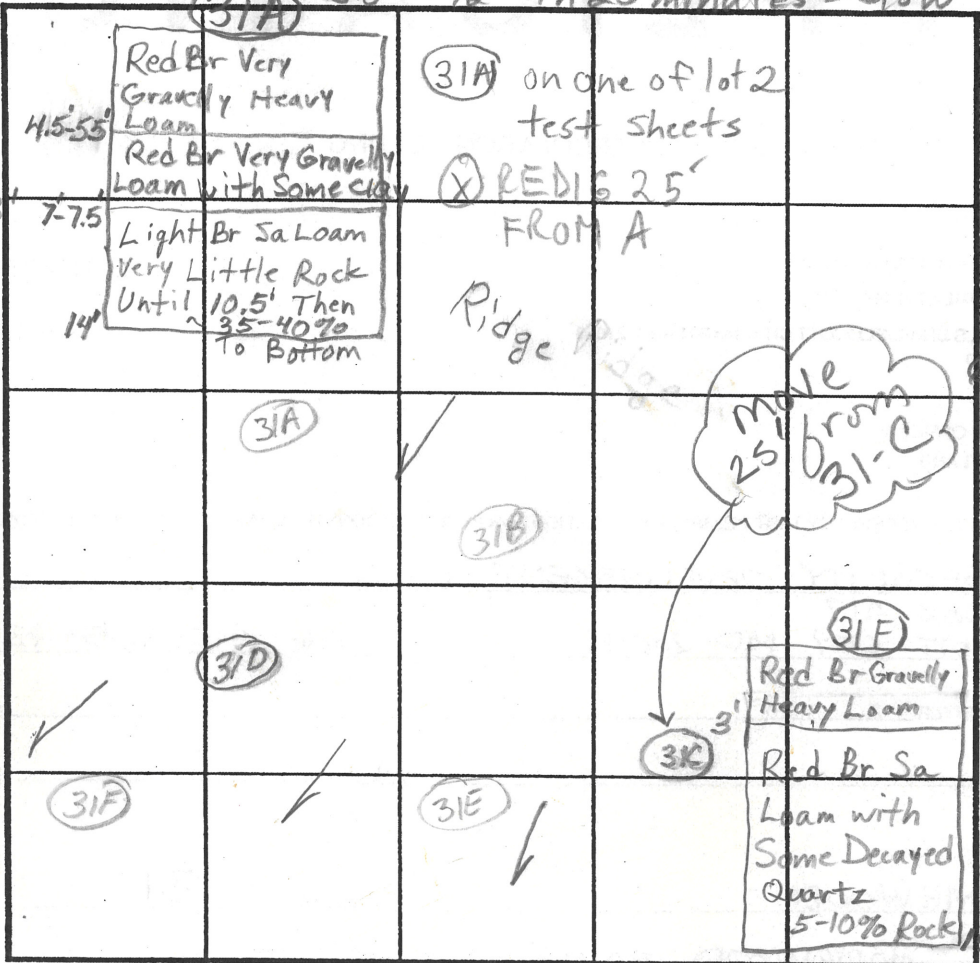
31E

3' Yellow Br Si Cl Loam
Or Br Sa Loam - Some Clay ~5% Rock

5' Light Br Sa Loam ~5% Rock
11.5' 7 1/2' uphill on N side (perc holes)

31D

15.5' Red Br Heavy Loam
3.5-4' org brn brn silm Rx 5-10% pebbles
6 1/2' tan org brn sand Rx 5-10%



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Homewood Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-23-02	31-C	4' / 16' V	10:32:30	10:38	10:38	10:57	19 min
	RETEST	7'	10:30	10:30:20	10:30:20	10:30:50	30 sec
	31E	6' 10" / 15.5' V	10:54:07	10:59:03	10:59	11:06	7 min
		3 1/2'	10:59:19	11:05	11:05	11:18	13
	31D	4' / 15' V	11:24:30	~ 1/2" in 20 minutes			Slow
		7'	11:23:25	11:24:05	11:24:05	11:25:20	1 1/4
		Repour	11:29:20	11:30:55	11:30:55	11:33:10	3 3/4
	31B	4' / 14.5'	11:40	11:45	11:45	11:48:30	3 1/2
		8'	11:44:15	11:45:30	11:45:30	12:47:15	1 3/4
	31F	4' / 15' V	12:02	12:03	12:03	12:04	1

REMARKS Repair 4' 12:09:20 12:10:45 12:10:45 12:12:45 2
 TYPE OF SOIL 7' 12:11:10 12:11:55 12:11:55 12:13 ~1
 TESTED BY BB/KN Repair 7' 12:14:15 12:15:25 12:15:25 ALSO PRESENT 12:17:15 1 min 50 sec
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

SOIL PROFILE

31B

0' Red Br Gravelly Heavy Loam
3.5' Or Red Br Sa Loam ~5% Rock
6'-7.5' Light Br Sa Loam Pockets of ~30-40% Rock ~25% Rock Average
14.5'

12' x 12" Retest
OK
OK
OK
OK

Copy of signed
perc plan by
H.O. 7-10-03



C1 3812

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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A516084

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

11/16/04

22 200 26

1/24/05 O.K. (RB)

HO-94-4034

OWNER Winchester Homes, Inc. STREET OR RFD Hunters View Road TOWN Ellicott City SUBDIVISION Riverwood SECTION 1 LOT 13

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y 44 N 44

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 42 NO. OF POUNDS 4200

GALLONS OF WATER 252

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 70 BOTTOM 58 ft.

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 topsoil, brownish/orange rocky clay, brown sandy clay, brown sandstone, brown sandy clay w/mica, brown sandstone, green slate, brown sandstone, limestone.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

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...

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE

LIC. NO. 1 JWD 727 SITE SUPERVISOR

DEPTH (nearest ft.)

Table for depth measurements with columns 1-3 and 4-6.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 63 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

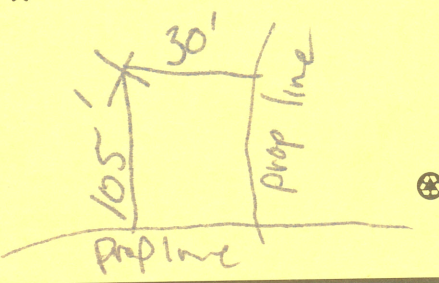
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 9715

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520762

STATE PERMIT NUMBER

HO-94-4034 fill in this form completely

Date Received (APA)

OWNER INFORMATION

9764

8 MM DD YY 13

Winchester Homes, Inc

15 Last Name Owner First Name 34 6905 Rockledge Drive, Suite 800

36 Street or RFD 55 Bethesda, Md 20817

57 Town 70 State 72 Zip 76

B 3

Howard

LOCATION OF WELL

GC#

8 COUNTY 21 Riverwood

23 SUBDIVISION 1 42

SECTION 44 46 LOT 48 50 13 Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name 76 License No. 81

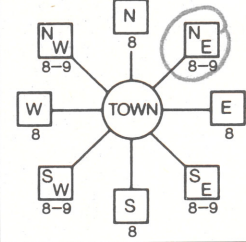
L. Franklin Easterday, Inc.

Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771

Address Signature Date 6/28/04

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunters View Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 4 PARCEL 20

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 516084 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 10/14/2004 Brian Baker 10/14/2005

43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 514 000 EAST GRID 828 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL 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 HO2004G007

PERMIT No. HO-94-4034

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

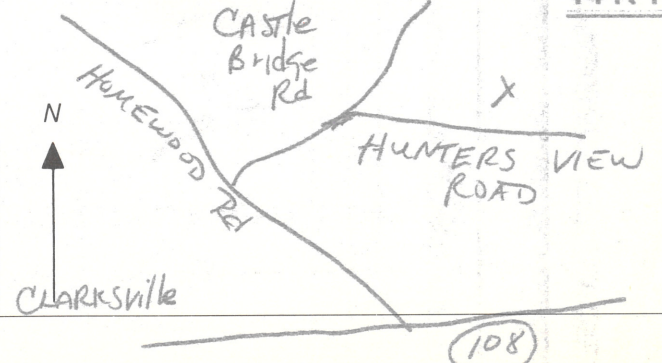
SOURCES OF DRILLING WATER

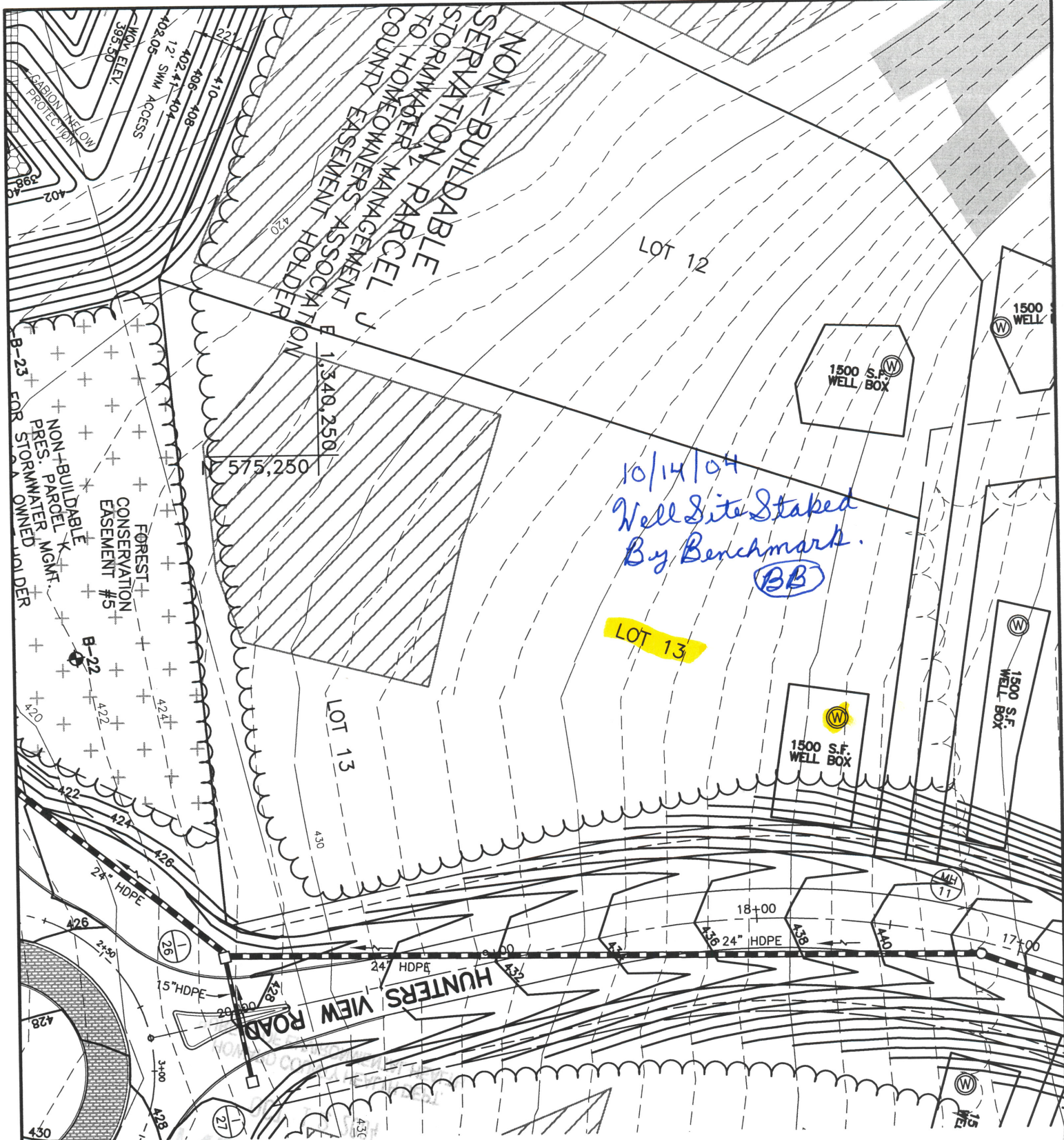
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 828 000
N 514 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 K 1





RECEIVED

RIVERWOOD

BENCHMARK

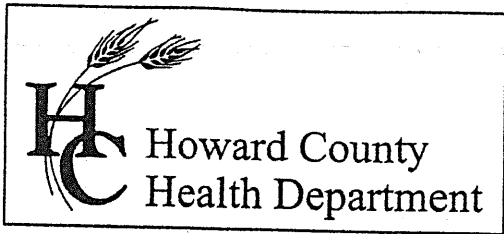
LOT 13

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 10/12/04

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



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate ~~one~~ of the following:

- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Winchester Homes

<u>Lots</u>	<u>1-10</u>	<u>Phase I</u>
	<u>12-23</u>	<u>Riverwood</u>
	<u>34-41</u>	

All are staked

**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: _____ Telephone #: _____
Address: _____

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

***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: _____ Telephone #: _____
Subdivision: Rimwood Lot #: 13 Well Tag #: HO - 95 - 4034 ✓
Site Address: 1062

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 3/9/11 Date Insp. Approved: 6/13/11
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 ✓

3/9/11 (KW)
Builder was informed on-site
- Need steel band.
zip tie with net work.

6/13/11
approved by (MS)

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 #: 80176 Account #: 3123
Reference: Riverwood Lot 13 Company: National Water Servicing
Location: 11062 Hunter's View Road Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 6/29/2011 1414 Site: Pressure Tank
Date/Time Rec'd: 6/29/2011 1600 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: K. Eichstedt 2870KE Well #: HO-94-4034

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.48	NTU	<10	SM18 2130B	6/29/2011 / 1610 / KME
Iron	<0.01	mg/L	0.3	FR, 45 (126)	6/30/2011 / 1300 / CCH

NOTES

- 1 **Neutralizer/Softener/Sed. Filter/Multi Stage
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B11000139

Date Reported: 6/30/2011

MD State Certification # 133

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 #: 79808 Account #: 3123
Reference: Riverwood Lot 13 Company: National Water Servicing
Location: 11062 Hunter's View Road Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 6/7/2011 1125 Site: Test Port after Equipment
Date/Time Rec'd: 6/7/2011 1355 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 8.0
Collected By: K. Eichstedt 2870KE Well #: HO-94-4034

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	<2.7	pCi/L	15	900.0	6/9/2011 / 1355 / MJN
Gross Beta	3.7	pCi/L	50	900.0	6/9/2011 / 1355 / MJN

Result B OK
Need
Radon
signed
Agreement
Rechecked

NOTES

- 1 **Neutralizer/Softener/Sed. Filter/Multi Stage OK
- 2 Gross Alpha Detection Limit: 2.7 pCi/L
- 3 Gross Beta Detection Limit: 2.5 pCi/L
- 4 pCi/L = picocuries per liter
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sub-contracted to Lab #278
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B11000139

Date Reported: 6/14/2011

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1113 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 874-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 79783 Account #: 3123
 Reference: Riverwood Lot 13 Company: National Water Servicing
 Location: 11062 Hunter's View Road Requested By: Dave Rycke
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 6/6/2011 0945 Site: Test Port after Equipment
 Date/Time Rec'd: 6/6/2011 1200 Treatment: **
 Chlorine ppm: Free: ND Total: ND pH: 7.2
 Collected By: J.Yeager 6176JY Well #: HO-94-4034

Post Treated??

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Turbidity	2.66	NTU	<10	SM18 2130B	6/6/2011 / 1410 / KME

Must be before Treatment

NOTES

- 1 **Neutralizer/Softener/Sed. Filter/Multi Stage
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B11000139

Date Reported: 6/6/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1415 Old Fareytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	79679	Account #:	3123
Reference:	Riverwood Lot 13	Company:	National Water Servicing
Location:	11062 Hunter's View Road	Requested By:	Dave Rycke
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	5/26/2011 1245	Site:	Post Treatment Test Port
Date/Time Rec'd:	5/26/2011 1445	Treatment:	Neutralizer/Softener/Sed. Filter
Chlorine ppm:	Free: ND Total: ND	pH:	7.3
Collected By:	B. Dutterer 4717BD	Well #:	HO-94-4034

OK must be low treated

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	13.5	NTU	<10	SM18 2130B	5/27/2011 / 0805 / CCH

Retest 6/6/11

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B11000139

Date Reported: 5/27/2011

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 #: 79645 Account #: 3123
 Reference: Riverwood Lot 13 Company: National Water Servicing
 Location: 11062 Hunter's View Road Requested By: Dave Rycke
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 5/25/2011 1125 Site: Pressure Tank
 Date/Time Rec'd: 5/25/2011 1325 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.1
 Collected By: K. Eichstedt 2870KE Well #: HO-94-4034

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	10.7	NTU	<10	SM18 2130B	5/25/2011 / 1415 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	5/25/2011 / 1415 / KME

NOTES

- 1 NS = None Seen (NS indicates less than 5 mg/L)
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Scaled, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B11000139

Date Reported: 5/25/2011

MD State Certification # 133

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 #:	79527	Account #:	3123
Reference:	Riverwood Lot 13	Company:	National Water Servicing
Location:	11062 Hunter's View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	5/18/2011 0935	Source:	Well Water
Date/Time Rec'd:	5/18/2011 1140	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.2
		Well #:	HO-94-4034

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	14.4	pCi/L	15	900.0	5/20/2011 / 1101 / MJN
Gross Beta	13.2	pCi/L	50	900.0	5/20/2011 / 1101 / MJN

↓
 Re-test
 w/ Treatment
 Plus Radium
 Argument

NOTES

- 1 *Revised Report 5/25/11 for address correction BD
- 2 Gross Alpha Detection Limit: 1.7 pCi/L
- 3 Gross Beta Detection Limit: 2.3 pCi/L
- 4 pCi/L = picocuries per liter
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Subcontracted to Reference Lab #278
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B11000139

Date Reported: 5/25/2011

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1418 Old Taneytown Rd., Westminster, MD 21157-1014 Phone: 410-376-5544 Fax: 410-376-5545

REPORT OF ANALYSIS

Laboratory ID #:	79525	Account #:	3123
Reference:	Riverwood Lot 13	Company:	National Water Servicing
Location:	11062 Hunter's View Road	Requested By:	Dave Rycke
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	5/18/2011 0935	Site:	Pressure Tank
Date/Time Rec'd:	5/18/2011 1140	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	J.Yeager 6176JY	Well #:	HO-94-4034

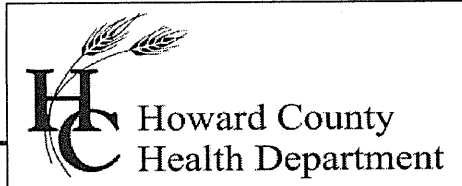
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/19/2011 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/19/2011 / 0830 / CCH
Nitrate	5.76	mg/L	10	601	5/18/2011 / 1530 / CCH
Turbidity	66.7	NTU	<10	SM18 2130B	5/18/2011 / 1200 / KME
Sand	Present	mg/L	5	Visual/Gravimetric	5/18/2011 / 1200 / KME

NOTES

- 1 *Revised Report 5/25/11 for address correction KE
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml) = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Scaled, vented cap
- 9 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B11000139

Date Reported: 5/25/2011



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

Peter Beilenson, M.D., M.P.H., Health Officer

June 30, 2011

Homeowner
11062 Hunters View Road
Ellicott City, MD 21042

RE: Riverwood, Lot 13
11062 Hunters View Road
BP #: B11000139
Well Tag: HO-94-4034

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/19/2011. Final approval of the well line connection to the dwelling was approved on 06/13/2011.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 06/07/2011. Results showed a post-treated Gross Alpha level of **< 2.7 pCi/L** and **Gross Beta** level of **3.7 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Your water softener has been unit appears to be working as it should to effectively treat the high levels of Radium in your water supply.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-4034 Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

Date of Water Samples: 05/18/2011, 05/25/2011, 05/26/2011, 06/06/2011, & 6/29/2011
Date of Radium Samples: 05/18/2011
Date of Well Completion: 11/16/2004

Approving Authority,



Kevin M. Wolf, R.E.H.S./R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

Circuit Court for
HOWARD COUNTY
Clerk of the Court,
MARGARET D. RAPPAPORT
8368 COURT AVENUE
ELLCOTT CITY, MD 21043-
(410) 313-2111

Transaction Block:	1584
Ref: 184	
DISC	AMOUNT
EXP FD SURE \$5	20.00
RECORDING FEE \$20.00	20.00
SUBTOTAL:	40.00
TOTAL CHARGES:	40.00
PAYMENTS	
CASH	50.00
TOTAL TENDERED:	50.00
CHANGE:	10.00

Cashier: CBH Reg # H008
Rcpt # 59152
Date: Jun 23, 2011 Time: 03:17pm

**HOWARD COUNTY
PERMIT APPLICATION**

**B11000139
PERMIT NUMBER**

Building Address 11062 Woodrow Wilson Rd
Ellicott City MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 603000 Subdivision Pinecroft
Section _____ Area _____ Lot 13
Tax Map 29 Parcel 20 Grid 4
Zoning R1B5 Map Coordinates _____ Lot Size 1.11 AC

Property Owner's Name Carol Jones
Address 675 R...
City Baltimore State MD Zip Code 21201
Home Phone _____ Work Phone 410 465 1400
Applicant's Name & Mailing Address, (if other than stated herein):
Carol Jones
Phone _____ Fax _____
410 279 1634

Existing Use VACANT
Proposed Use SSD
Estimated Construction Cost \$ 350,000
Description of Work Garage 2x10x10
3x12 4 BR 450 sq ft 2 car garage
Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contractor Company William J. Jones
Contact Person William J. Jones
Address ...
City _____ State _____ Zip Code _____
License No. 57
Phone _____ Fax _____
Engineer or Architect Company Beaumont
Contact Person John...
Address 8480 Baltimore National Pike
City Ellicott City State MD Zip Code 21043
Phone 410 465 8105 Fax 410 465 6644

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: <u>58 x 69</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: <u>42 x 56</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>58 x 69</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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

Applicant's Signature Carol Jones
Title/Company _____

Print Name Carol Jones
Date 12 23 10

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 Officials			
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health	<u>1-26-11</u>	<u>DBernard</u>	
<input type="checkbox"/> Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

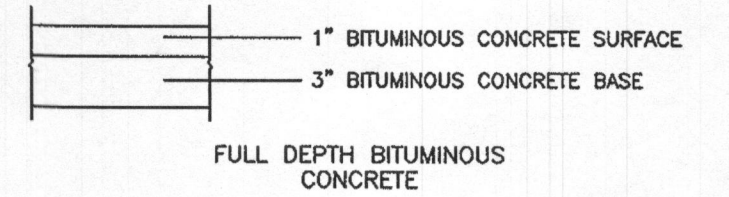
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ <u>110.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ <u>50.00</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone SDP/Red-line approval date _____	Check # _____
	Validation # _____
	Accepted by _____

GRID NORTH

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PHASE 1, PLAT No. 18039. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT 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. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-05-31 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND HAS BEEN FIELD VERIFIED BY J.A. RICE, INC., ON OR ABOUT SEPTEMBER 2002.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-4034, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
11. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
12. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
13. STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED IN FACILITY #4, MICROPOOL-ED POND, AS SHOWN ON THE FINAL ROAD CONSTRUCTION PLANS, F-04-82.
14. THE PURPOSE FOR THIS PERCOLATION CERTIFICATION PLAN IS TO Redesign Septic Easement IN ORDER TO FIT THIS PARTICULAR HOUSE AND GRADING.



PAVING SECTION
NOT TO SCALE

LEGEND

- EXISTING CONTOURS ESTABLISHED UNDER F-04-0P2
- FIELD SURVEYED WELL LOCATION
- PASSED PERCOLATION TEST PER TEST NOTES
- FAILED PERCOLATION TEST PER TEST NOTES
- EXISTING APPROVED SEPTIC RESERVE AREA
- PROPOSED REVISED SEPTIC RESERVE AREA

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.

John M. Carney 11/17/10
PLAN PREPARER
JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

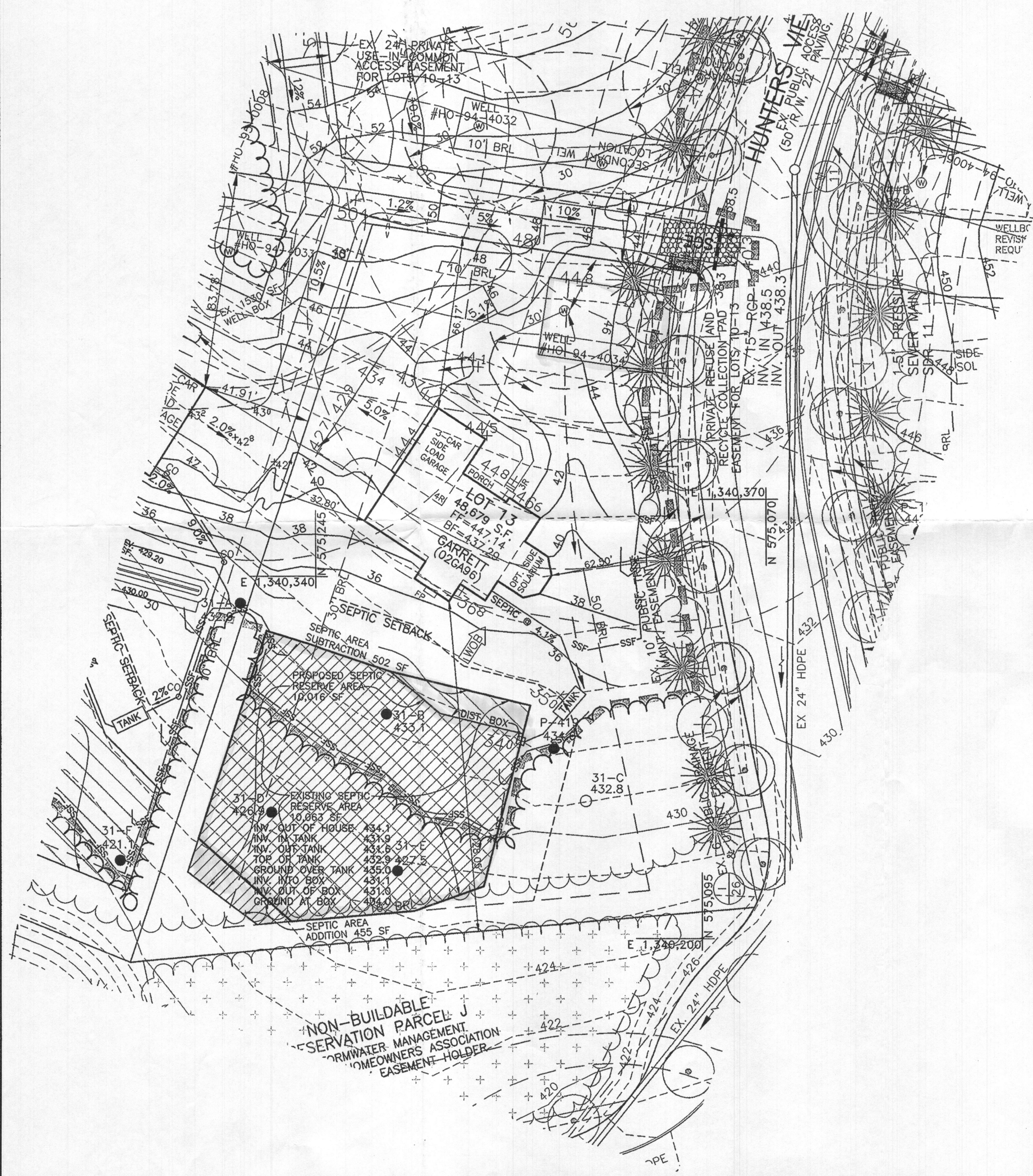
Robert Peter Bilenson 12/6/2010
COUNTY HEALTH OFFICER *RB* DATE *12/6/2010*

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

6480 BALTIMORE NATIONAL PIKE # SUITE 418 • ELLICOTT CITY, MARYLAND 21043
(P) 410-465-6105 (F) 410-465-6644

60 THOMAS JOHNSON DRIVE • FREDERICK, MARYLAND 21702
(P) 301-371-3505 (F) 301-371-3508
WWW.BE-CVLENGINEERING.COM

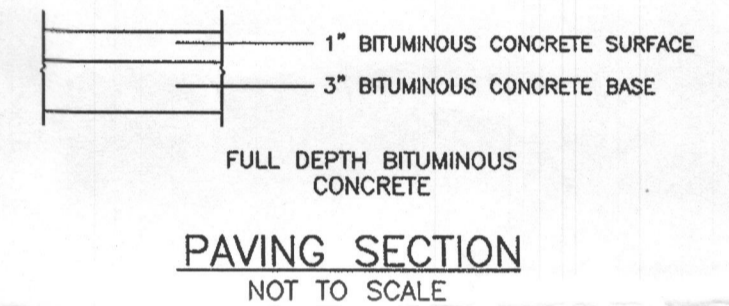
OWNER/BUILDER: CAMBERLEY HOMES, INC. 6905 ROCKLEDGE DRIVE SUITE 800 BETHESDA, MD 20817 PHONE: 301-803-4800 FAX: 301-803-4929		PROJECT: RIVERWOOD LOT 13	
LOCATION: 11062 HUNTERS VIEW ROAD ELLICOTT CITY, MD 21042 TAX MAP No. 29 - BLOCK Nos. 3, 4, 9 & 10 - PARCEL No. 20 3rd ELECTION DISTRICT, HOWARD COUNTY, MARYLAND		TITLE: BUILDING PERMIT AND PERCOLATION CERTIFICATION REVISION PLAN	
HOUSE TYPE: GARRETT		DATE: MARCH 25, 2010 NOVEMBER 17, 2010	
DESIGN: JMC	DRAFT: JMC	SCALE: 1" = 30'	PROJECT NO. 1950 DRAWING 1 OF 1



GRID NORTH

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14. THE PURPOSE FOR THIS PERCOLATION CERTIFICATION PLAN IS TO RELOCATE THE WELL ENVELOPE IN ORDER TO FIT THIS PARTICULAR HOUSE AND GRADING.



LEGEND

- EXISTING CONTOURS ESTABLISHED UNDER F-04-082
- FIELD SURVEYED WELL LOCATION
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John M. Carney 11/17/10

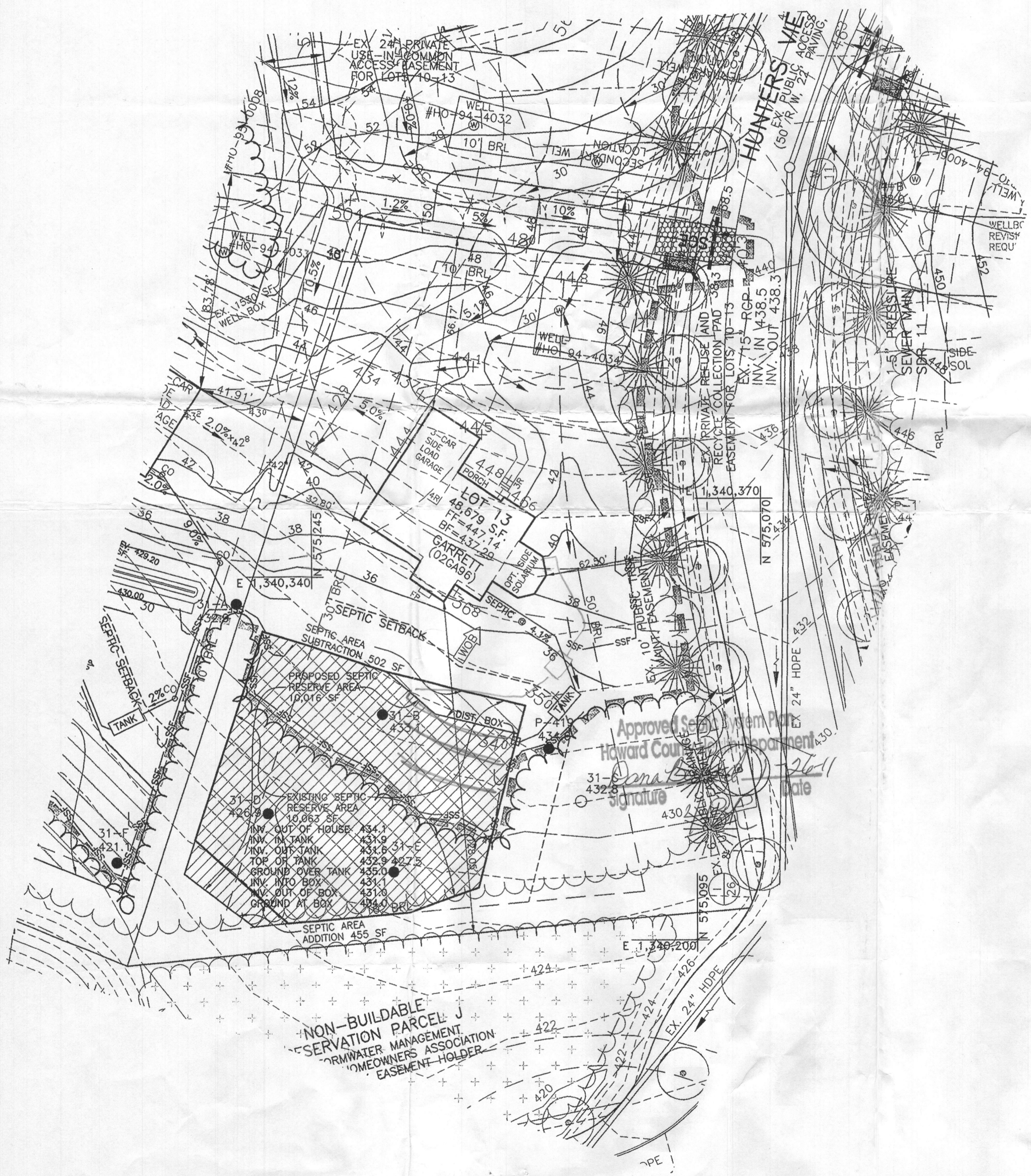
PLAN PREPARER
JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE

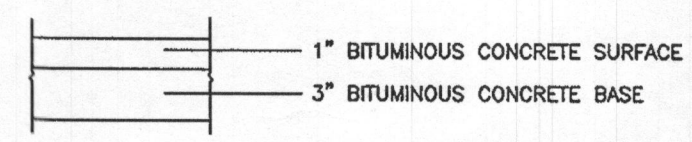
<p>BENCHMARK ENGINEERS • LAND SURVEYORS • PLANNERS ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MARYLAND 21043 (P) 410-465-6105 (F) 410-465-6844 60 THOMAS JOHNSON DRIVE • FREDERICK, MARYLAND 21702 (P) 301-371-3505 (F) 301-371-3508 WWW.BEI-CVLENGINEERING.COM</p>	
OWNER/BUILDER:	PROJECT:
CAMBERLEY HOMES, INC. 6905 ROCKLEDGE DRIVE SUITE 800 BETHESDA, MD 20817 PHONE: 301-803-4800 FAX: 301-803-4929	RIVERWOOD LOT 13
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TAX MAP No. 29 - BLOCK Nos. 3, 4, 9 & 10 - PARCEL No. 20 3rd ELECTION DISTRICT, HOWARD COUNTY, MARYLAND	
TITLE:	BUILDING PERMIT AND PERCOLATION CERTIFICATION REVISION PLAN
HOUSE TYPE:	GARRETT
DATE:	MARCH 25, 2010 NOVEMBER 17, 2010
PROJECT NO.	1950
DESIGN:	JMC
DRAFT:	JMC
SCALE:	1" = 30'
DRAWING	1 OF 1



GRID NORTH

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PAVING SECTION
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PLAN PREPARER
JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

B. Wilson for Peter B. Wilson 12/6/2010
COUNTY HEALTH OFFICER *sw* DATE

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