

Bureau of Environmental Health

8930 Stanford Boulevard, 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

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

RECEIPT DATE: 1/14/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572925

APPROVAL DATE: _____ **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 14717 Carriage Mill Road

SUBDIVISION: _____ LOT: _____ TAX ID: 04-358414

CONTRACTOR: SOUTH CARROLL BACKHOE EMAIL: SCBACKHOE@COMCAST.NET

CONTRACTOR ADDRESS: 4410 SALEM BOTTOM ROAD, WESTMINSTER, MD 21157 PHONE: 410-596-3618

PROPERTY OWNER: Ali Fadal EMAIL: _____

OWNER ADDRESS: 14717 Carriage Mill Road, Cooksville, MD 21723 PHONE: _____

SEPTIC TANK SIZE (GALLONS): _____ PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>N/A</u>	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES:

ISSUED BY: D. Brown ISSUE DATE: 1/14/21 EXPIRATION DATE: 1/14/22

- 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
 ELECTRICAL PERMIT ISSUED E N/A
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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.**

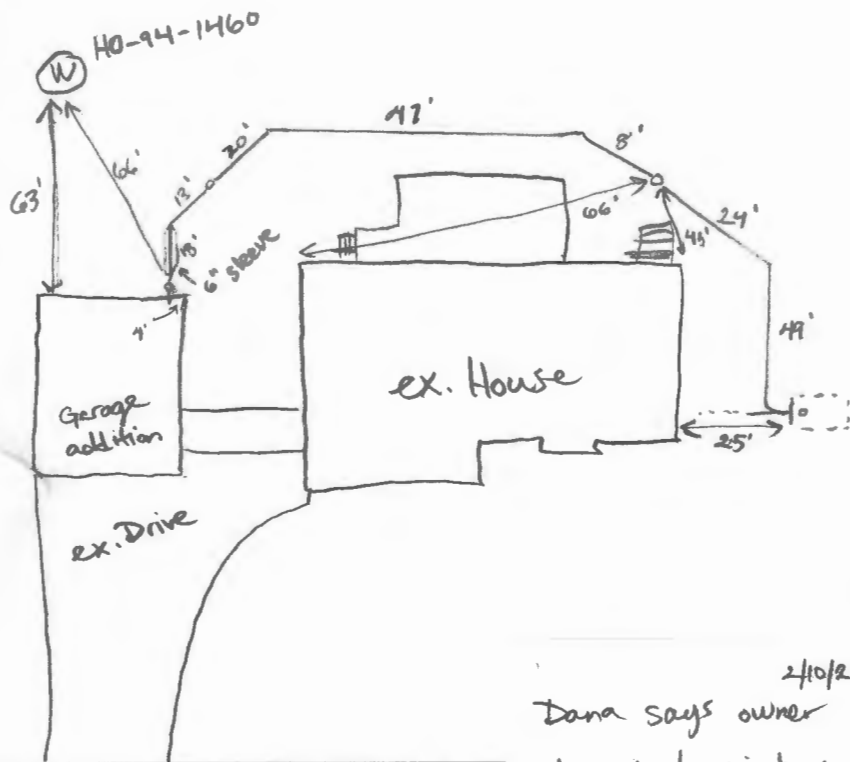
14717 Carriage Mill Dr

N/A 9

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		



SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY 1250 GAL ← *per old records*

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

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 _____

Carriage Mill **ROAD NAME** Dr

2/10/21
Dana says owner described project as office w/ half bath

PRE-CONSTRUCTION:

INSTALLATION: 2/9/21 New line installed to hook up garage addition (with living space above) into tank. Contractor reported the line had just over 1-1/2 fall. Line connected into old line going into tank inlet 2-5' below grade.

FINAL INSPECTOR Susan Thomas DATE OF APPROVAL 2/10/21

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

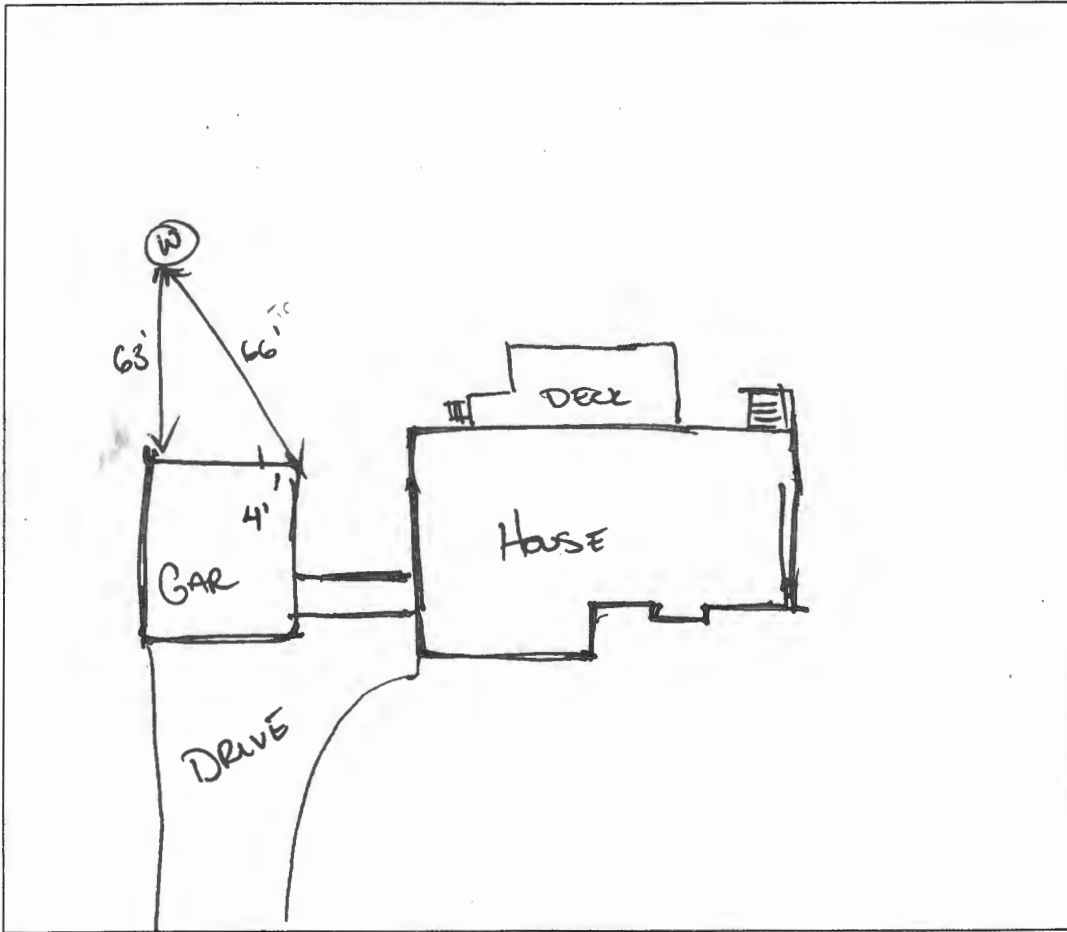
ADDRESS: 14717 CARRIAGE MILL CONTRACTOR: S. CARROLL

WELL TAG #: HO-94-1460

SUBDIVISION: _____ LOT: _____ COUNTY #: HOWARD

PROPOSAL: NEW SEWER LINE TIE IN TO EXISTING TANK

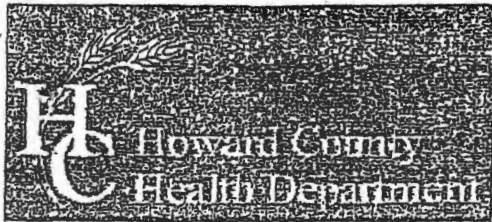
LOCATION DIAGRAM



COMMENTS: AWAITING MISS UTILITY.

DATE: 02/08/2021

INSPECTOR: [Signature]
061997



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 Twitter: HowardCoHealthDep

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

INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- Collapsed septic tank
- Collapsed drywell

Has the septic tank been pumped within the last month?

- Yes Date pumped: _____
- No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Yes Explain observations: _____
- No

Was a visual inspection of the sewage line conducted?

- Yes
 - Blockage leading to the tank
 - Yes. Explain: _____
 - No
 - Blockage leading to the field
 - Yes. Explain: _____
 - No
- No

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Is discharge surfacing on the ground?

- Yes
- No

Additional Comments: Tie Addition
in Front of Tank

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: South Carroll Park Contractor's Phone: 410-596-3618
 Contractor's Address: 4410 Salem Bottom Rd Westminster 21157
 Property Address: 14717 Carriage Mill Dr. County file: _____
 Subdivision: _____ Lot: _____ Year Built: _____
 Owner's Name: ATI FADAL Owner's Phone: _____

Name of previous owners: _____ Existing bedrooms: _____
 Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): Kevin
 Public Sewer available/nearby: NA

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

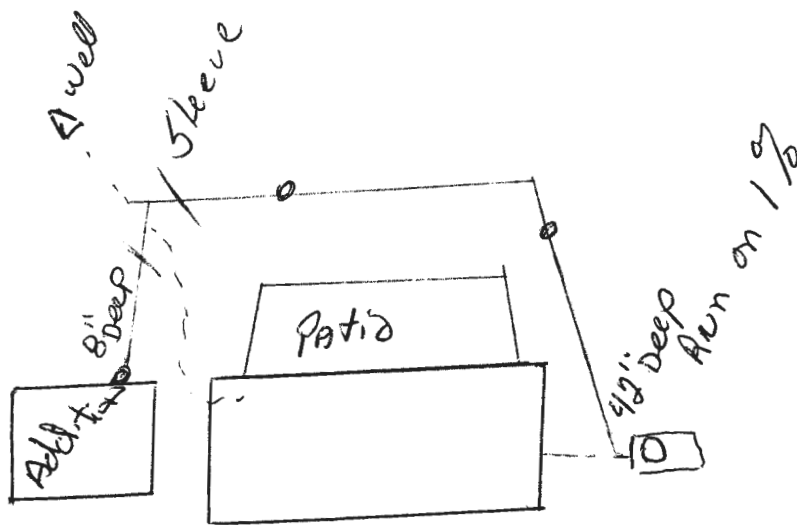
Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required: If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.



Ali Fadoc

14717 Carriage Mill Dr

Woodbine

Scale 1" = 40'

Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 572925

RESIDENTIAL PERMIT
(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT
(DESIGN FLOW: _____ GPD)

PERMITEE: South Carroll Bookhoe

LOCATION: 4717 Carriage Mill Road

****POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD****

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

Inspector Date

WORK IS SATISFACTORY, OK TO CONTINUE

Inspector Date

COMMENTS: _____

FINAL INSPECTION MADE, OK TO COVER ALL WORK

Inspector Date

0/18/08
anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-358414

P 510206

A 50572-V

DISTRICT 4th

DATE 6/15/98

DATE SYSTEM APPROVED 6/18/98

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

Olen Ketterman IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 410-442-1336

SUBDIVISION Carriage Mills Estates LOT 15 ROAD 14717 Carriage Mill Drive

PROPERTY OWNER Oak Hill Properties

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 125 feet from the front lot line and 100 feet off the right lot line as seen when facing property from Carriage Mill Drive. Run trenches along contour in both directions.

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

OK KM 4-7-98

PLANS APPROVED BY K. Sykes/Donna K. Soe DATE 04/02/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8-3-98

Name of Installer Darren Wilson

Telephone 301-838-7057

License Number TS0065
Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner Oak Hill Prop
Subdivision Carriagemill Farms Lot # 15
Site Address 14717 Carriagemill Dr.

Telephone 410-498-5499
Well Tag # HO-99-1460

- Pump
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
 - Make Goulds
 - Model # 7GS05422
 - Capacity 7 GPM
 - Pump exceeds well capacity Yes _____ No
 - If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

- Motor
- Horsepower 3/4
 - RPM 3450
 - Voltage _____
 - 110 _____
 - 220

- Pitless Adapter
- Make Mattinson
 - Model # B-10X
 - Depth 3 1/2

- Tank
- Capacity 32
 - Pressure relief valve? yes

- Piping
- Type PE
 - Size 1"
 - NSF and/or BOCA Code approved yes
 - Depth of supply line 3 1/2

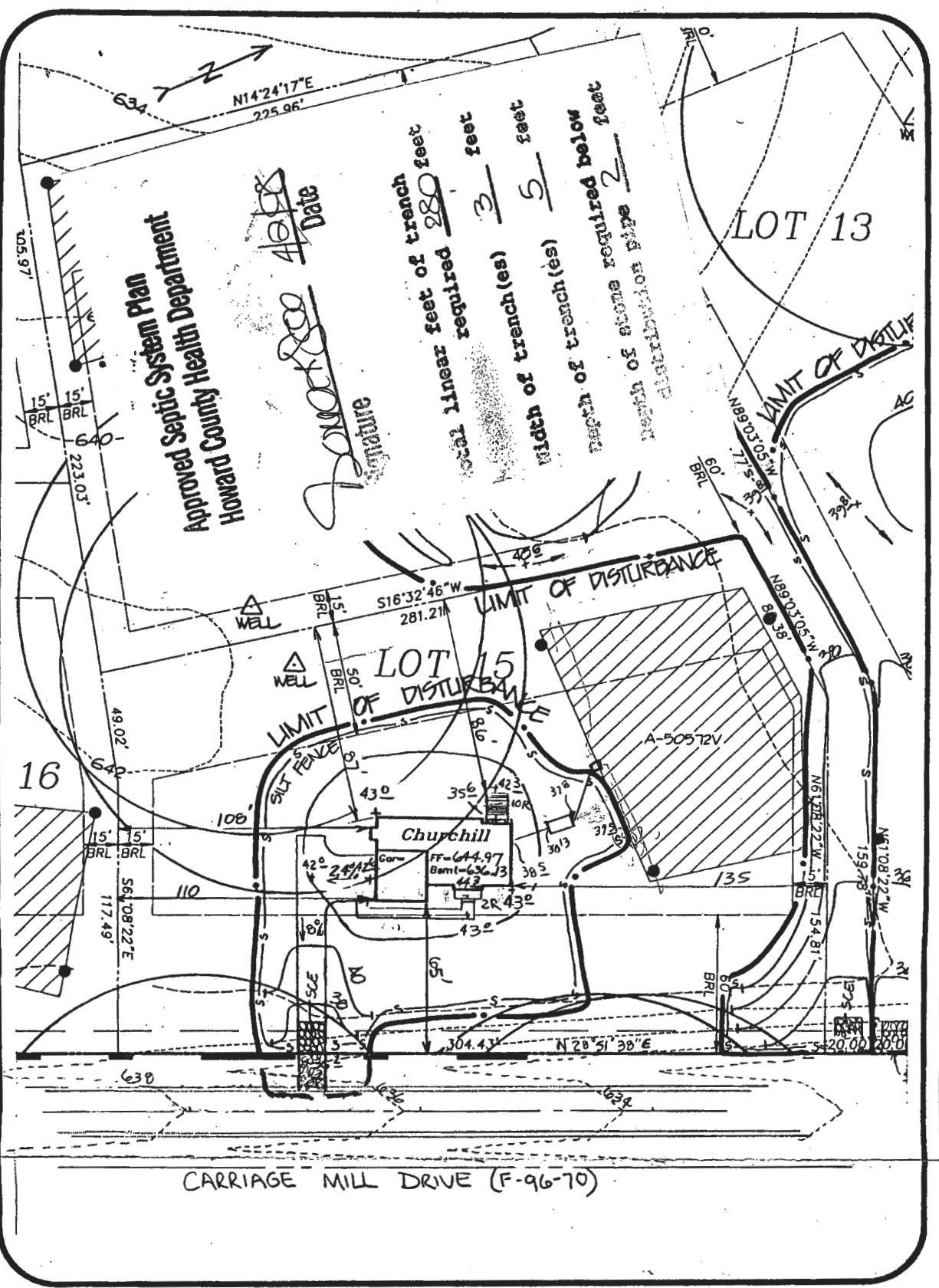
- Well data
- Depth 140 ft.
 - Yield 60 GPM
 - Static water level _____ ft.
 - Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: [Signature]
Date: 8-3-98

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



CARRIAGE MILL FARMS

PHASE I
LOT 15
BUILDING PERMIT

DATE: 2/24/98
PROJECT NO.: 95005.22
DRAWN BY: PFB
SCALE: 1"=50'

SEPTIC DATA

INV. OUT OF HOUSE = 638.5
INV. INTO SEPTIC TANK = 638.13
INV. OUT SEPTIC TANK = 637.8
INV. INTO DIST. BOX = 637.5
EX. ELEV. DIST. BOX = 640.5

6P-96167

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS
PLANNERS
ENVIRONMENTAL

P.O. Box 10
New Market, MD 21774-0010

10120 A Old National Pike
Ijamsville, MD 21754-9706

(301) 865-5858
Fax: (301) 865-5111

APPLICATION

PERCOLATION TESTING

A 50572V

P _____

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

DISTRICT 4

DATE March 6, 1995

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 Oak Hill Properties, L.L.C.

ADDRESS 11501 Huff Court, North Bethesda, MD 20895 PHONE 301 816 9433

AGENT OR PROSPECTIVE BUYER Oak Hill Properties, L.L.C. c/o Ralph E. Bice, III

ADDRESS Same as Above PHONE Same As Above

PROPERTY LOCATION:

SUBDIVISION Berkshire Estates LOT NO. 42 30/16

ROAD AND DESCRIPTION Property is located on the Northeast Side of the intersection of Route 144 and Old Frederick Road. (14717 CARRIAGE MILL DRIVE)

BLDG. PERMIT SIGNED

AND RETURNED 4-2-98

Serial # B7110727

TAX MAP 8 PARCEL # 158 & 79

SIZE OF LOT Average size equals 60,000Sq. Feet 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.

(SIGNATURE OF APPLICANT)

Ralph E. Bice, III

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

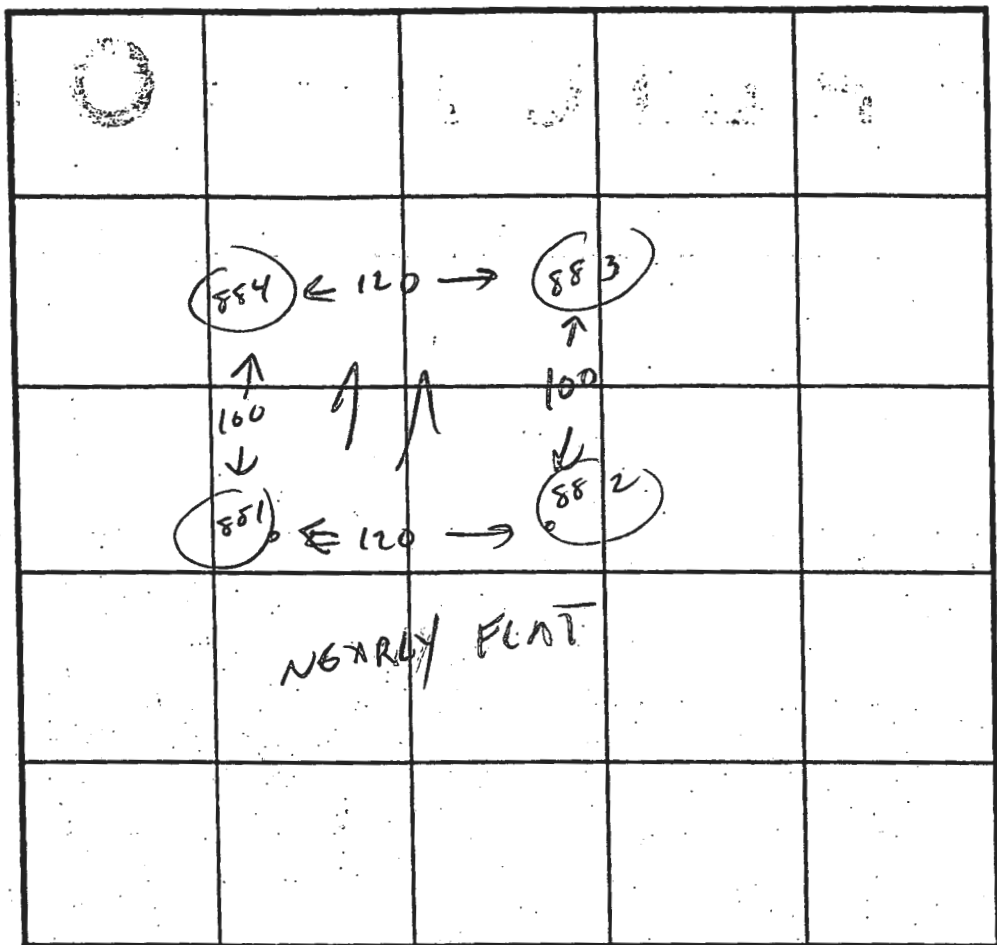
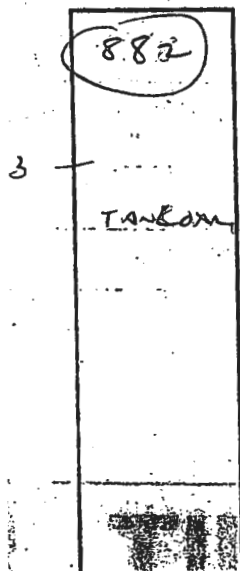
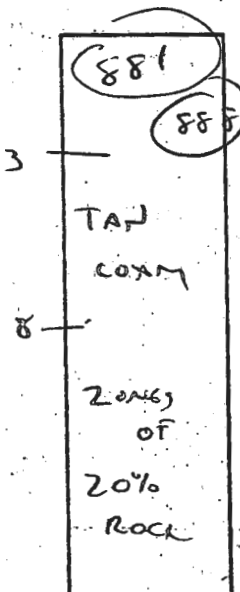
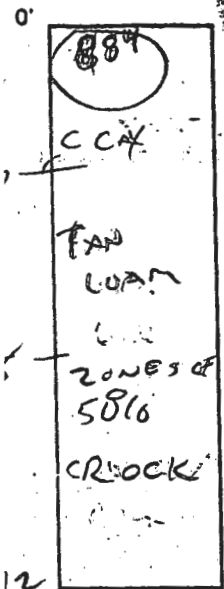
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

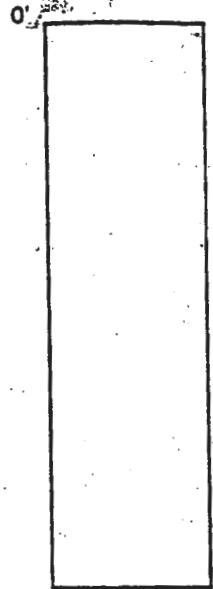
THIS IS NOT A PERMIT

A50572 V
COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/13/95	884	3/8	2:21	2:22	2:22	2:24	2 MIN	
		12	2:21	2:22	2:22	2:24		
	881	12	OK	3-12'				
	888	15	OK	3-12			LOADS	
	882	3/8	2:37	2:40	2:40	2:49	2 MIN	
		12	2:34	2:35	2:35	2:37	2 MIN	
		12	VIS OK TO 9' SOME ROCK ZONES BELOW					

REMARKS _____
 TYPE OF SOIL SHALLOW SYSTEM ONLY
 TESTED BY CWEL ALSO PRESENT R. BICE
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

C CURVE DATA
 STA. 10+48.31 TO STA. 17+26.95

Radius = 316.00'
 Length = 678.64'
 Tan = 582.59'
 Delta = 123°02'55"
 Chord = N32°39'50"W, 555.54'

MATCH LINE
 See Sheet 2 of 5

LOT 27
OPEN SPACE
 70,743 sq. ft.
 1.62 Ac.

TO BE DEDICATED
 TO HOMEOWNER
 ASSOCIATION

LOT 28
 60,404 sq. ft.

LOT 29
 64,747 sq. ft.

LOT 30
 59,844 sq. ft.

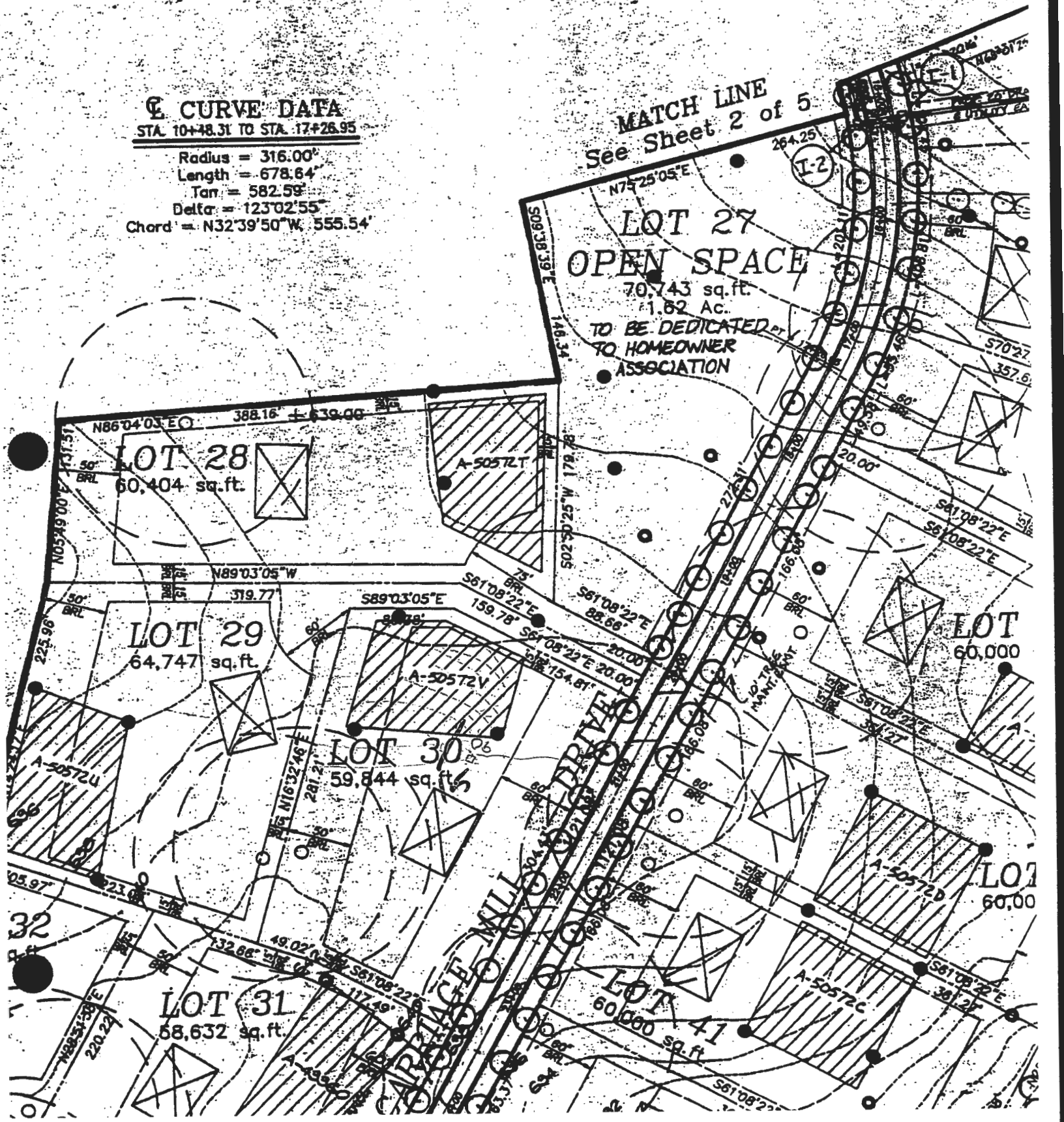
LOT 31
 58,632 sq. ft.

LOT 41
 60,000 sq. ft.

LOT
 60,000

LOT
 60,000

CONFERENCE MILL DRIVE



N75° 5' 75"
 N74°25'59"E 765.24'

N73°24'30"E
 50.00'

Part of
Non-Buildable Bulk Parcel C
 Partial Area This Plat = 191,534 sq. ft., 4.3970 ac.
 Total Area = 2,024,783 sq. ft., 46.4826 ac.

Non-Buildable
 Bulk Parcel B

N86°04'03"E

LOT 13
 60,404 sq. ft.

N89°03'05"E
 319.77'

LOT 15
 59,844 sq. ft.

DRIVE

MILL

CARRIAGE

LOT 5

Phase One
 "Carriage Mill Farms"
 See sheet 5 of 5

PRINTED
 NOV 16 1995
 P.M. MOCHI GROUP, P.C.
 ELLICOTT CITY, MD

SUBMITTED FOR REVIEW

The requirements of § 3-108, the Real Property Article, Annotated Code of Maryland, 1988 Replacement Volume, (as supplemented) as far as they relate to the making of this plat and the setting of markers have been complied with.

Steven R. Peters, P.L.S. 582

Date

0193

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A50572V

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 03/16/98

Depth of Well

140 (FO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-99-1460

OWNER OAK HILL PROPERTIES, L.L.C. STREET OR RFD last name first name TOWN COOKSVILLE SUBDIVISION CARRIAGE MILL SECTION LOT 15

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: TOP soil (0-2), red clay (2-6), brown shale (6-10), brown slate (10-72), Mica (72-85), brown slate (85-86), Mica (86-100), brown slate (100-102), Mica (102-105), Sand Stone (105-106), Mica (106-140).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES (Y) NO (N). TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC). NO. OF BAGS 28 NO. OF POUNDS 2800. GALLONS OF WATER 140. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 71 ft.

CASING RECORD. casing types insert appropriate code below. ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

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

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

SCREEN RECORD. screen type or open hole insert appropriate code below. ST (STEEL), BR (BRASS BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for casing sections (1-3).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: 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.

TYPE (MWD/MSD/MGD) DRILLERS LIC. NO. 040

DRILLERS SIGNATURE George J. Esterling

LIC. NO. MWD 501

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

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 (74, 75, 76)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 150

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft.

WHEN PUMPING 42 ft.

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

PUMP INSTALLED

DRILLER WILL INSTALL 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.

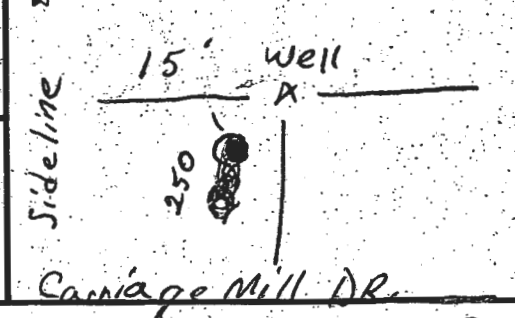
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) above LAND SURFACE below (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	5403	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1460 <i>fill in this form completely</i>
------------	-------------	--------------------------------	---------------------------------------------------------------------------------	---------------------------------------------------------------------------------

OWNER INFORMATION RN 7381

Date Received (APA) 2/26/98

Oak Hill Properties

15 Last Name Oak Hill Properties Owner First Name _____ 34

36 107 Loudoun St. N E Street or RFD 55

57 Leesburg, Va. 20175-3106 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard COUNTY 21 CCH# _____

23 Carriage Mill Farms SUBDIVISION 42

SECTION 15 LOT 15

44 46 48 50

Cooksville NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 0 M I

73 76 77 78

DRILLER INFORMATION

George F. Easterday M WD 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc. Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771 Address

George F. Easterday 2/25/98 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Carriage Mill Dr NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 250 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 16 PARCEL: 158

B 2 WELL INFORMATION

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 **I** INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A 505726 COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 3 6 98 CO SIGNATURE [Signature] 3698 EXP. DATE

43 MM DD YY 48

NORTH GRID 540 000 EAST GRID 790 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST

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 790

N 540

000 000

3-17-98
11:30 GROUT
NO WSP

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)

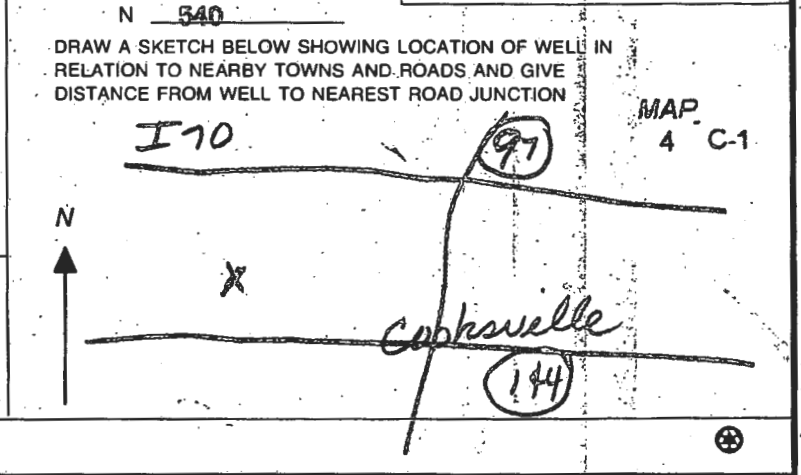
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39 **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 GAP

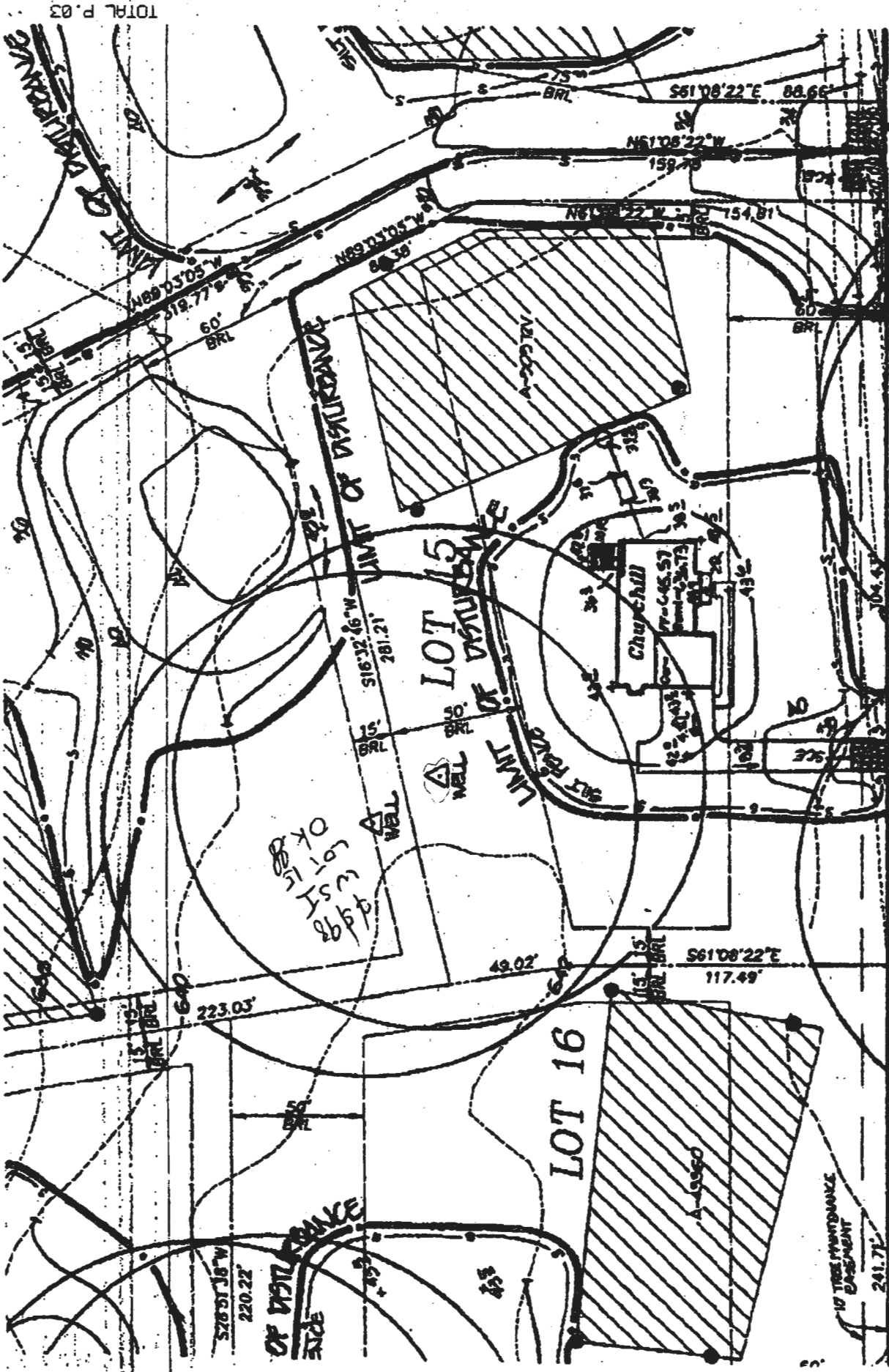
54 63

FORCE 65 WRITE INITIALS IN BOX PERMIT No. HO-94-1460

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



MATCH LINE
See Sheet 1 of 3

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

BO01072
6P-91107

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

14717 CARRIAGE MILL DRIVE
WOODBINE MD 21797

GRADING/SEDIMENT CONTROL YES NO
SDP #

DESCRIPTION OF WORK AUTHORIZED
CHORCHILL
2 STORY BRICK + GRC
2 FIB. IFR, FR
1/2" C

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO
15	15B			16		
SUB-DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
CARRIAGE MILL FARMS		C12C	8	4	6010	

OWNER NAME AND ADDRESS
OAKHILL PROPERTIES
107 LOU BOON ST - SE
LEESBURG VA 24103
PHONE NO. 703 443 0400

OCCUPANT'S NAME AND ADDRESS
SAME
PHONE NO. CTR-03160

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
R.M. MOCHT GROUP, PC
P.O. BOX 10
NEW MARKET MD 21774-0010
PHONE NO. 301 865 5858

CONTRACTOR'S NAME AND ADDRESS
SAME AS ABOVE
(OAKHILL)
PHONE NO.

SIZE OF BLDG.	FRONT "	DEPTH "	HEIGHT "
4256	51.7	31.7	10
	51.7	31.4	10
	36.6	31.6	10

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS 4	957	732	10/12
ROOMS 9 1/2	459.58		
BATHS 2			
FIREPLACES 1			

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	CRK	WOOD

UTILITIES				
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT AC
				GAS 72.5

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE: [Signature]
TITLE: COO
DATE: 3/24/98

EXISTING USE	PROPOSED USE	
VACANT LOT	NEW HOME	
EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
75000	CTR-07160	

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK (CORNER LOT ONLY)
Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT	4/2/98	[Signature]
FIRE PROTECTION		
STORM WATER MGN		

APPROVED: [Signature] DATE: [Blank]
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A. A

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

309000910

Building Address 19717 CARRIAGE MILL DR
WOODBINE, MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision CARRIAGE MILL FRMS
Section _____ Area _____ Lot 15
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JEFF CORNELIUS
Address 19717 CARRIAGE MILL DR
City WOODBINE State MD Zip Code 21797
Phone 410-266-7266 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
MARTY DILLON 9554 DOWNMAN CASTLE CT.
LAUREL, MD 20723
Phone 301-490-0600 Fax 301-438-8656

Existing Use SFD
Proposed Use SPD
Estimated Construction Cost \$ 13,500
Description of Work CONSTRUCT 440 sq. ft. DECK
W/ 2 SETS OF 4 STEPS
20x16 & 12x20

Contractor, Company HOME DECK INC.
Contact Person MARTY DILLON
Address 9554 DOWNMAN CASTLE CT. LAUREL
City LAUREL State MD Zip Code 20723
License No. 88935
Phone 301-490-0600 Fax 301-438-8656

Occupant or Tenant JEFF CORNELIUS
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone 410-266-7266 Fax 7266

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: 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: _____ Public _____ Private _____
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
No. of Bedrooms: _____	
Height: _____	
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 Height: _____	
State Certified Modular _____ Manufactured Home _____	

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

Applicant's Signature _____ Print Name MARTY DILLON
Date 2-26-09

Title/Company _____

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

FOR OFFICE USE ONLY.

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	5
State Highways			Rear: _____	4
Building Official			Side: _____	3
Dev. Engineering, DPZ			Side St. _____	5
Health	<u>2-26-09</u>	<u>[Signature]</u>	All minimum setbacks met?	5
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	5
Sediment Control approval (required prior to issuance)?			Is Entrance Permit required?	5
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	5
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	7
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for New Town Zone _____	
White: Building Official			SOP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Gold: SMA
Yellow: DED, DPZ			Pink: Health	
Pink: Health			Gold: SMA	
Gold: SMA				



14

N 16°32'46" E

281.21'

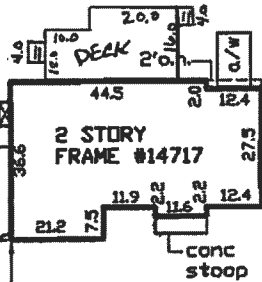
S 69°03'05" E 80.38'

N 70°27'44" V 49.02'
N 61°08'22" V 108.0'±5.0'
N 117'49'

30' brl

LOT 15

59,884 sf



APPROVED
WALKING BUILDING PERMIT
50572-V
HS
2-26-09
20'x16' & 12'x20' deck

16

10'±0.1'

S 28°51'38" W

304.43'

10' tree maintenance esmt

CARRIAGE MILL DRIVE



No evidence of property corners was found.
Apparent occupation is shown.

Date: 02-14-08 Scale: 1"=45' Dm: R.C.D.
Plat Book:
Plat No.: 12212 NO TITLE REPORT FURNISHED
Work Order: 08-1169
Address: 14717 CARRIAGE MILL DRIVE
District: 4
Jurisdiction: HOWARD COUNTY, MD

Surveyor's Certification

I hereby certify that the survey shown hereon is correct to the best of my knowledge and that, unless noted otherwise, it has been prepared utilizing description of record. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Fence lines, if shown, are approximate in location. Building restriction lines shown are as per available information and are subject to the interpretation of the originator.

Stephen J. Wenthold

LOCATION DRAWING
LOT 15
PHASE ONE
CARRIAGE MILL FARMS

NOTE: This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but



Meridian Surveys, Inc.
811 Russell Avenue
Suite #303
Gaithersburg, MD 20879
(301) 721-9400