

Online Permit
Approved 9/25/20
B 20003214

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Garage/Detached	B20003214	09/23/2020
Description of Work		
SFD/ CONSTRUCT APPROX 28x25 DETACHED GARAGE WITH ATTACHED BREEZEWAY		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
14717	CARRIAGE MILL	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.02522	39.32527
City	State	Zip Code	Primary
WOODBINE	MD	21797	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
908484	158	1.37	241200	608600	367400	RURAL
Legal Description						
IMPSLOT 15 1.37 A[]14717 CARRIAGE MILL DR[]CARRIAGE MILL FARMS PH I						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	15	604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404358414	CARRIAGE MILL FARMS					
Section	Area	Tax Map					
		8					
Grid	Zoning District	ADC Map					
B-16	RC-DEO	4692-F8					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
12212			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1998	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-05	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *		
FADEL ALI A		
Address Line 1		
14717 CARRIAGE MILL DR		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code

WOODBINE	MD	21797
Phone	Primary	
443-852-0100	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010088399	MARYLANDS BEST REMODELING LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	MICHAEL	BRADFORD	CRIDDLE
Primary	Address Line 1		
Yes	1806 SPARROWS DRIVE		
	Address Line 2		
	City	State	ZIP Code
	WOODBINE	MD	217970000
	Phone 1	Phone 2	Fax
	4434747899		0000000000
	E-mail		
	MIKE@MARYLANDSBEST.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	Mike		Criddle
Relationship	Full Name		
-Select-			
Primary	Organization Name		
Yes	Maryland's Best Remodeling		
	Street Address		
	1806 Sparrows Dr		
	Address Line 2		
	City	State	Zip Code
	Woodbine	MD	21797
	Phone	Cell	Fax
	443-474-7899		
	E-mail *		
	mike@marylandsbest.com		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	MICHAEL	BRADF	CRIDDLE
Relationship	Full Name		
-Select-			
Primary	Organization Name		
No	MARYLANDS BEST REMODELING LLC		
	Street Address		
	1806 SPARROWS DRIVE		
	Address Line 2		
	City	State	Zip Code
	WOODBINE	MD	21797-0000
	Phone	Cell	Fax
	4434747899		0000000000
	E-mail		
	MIKE@MARYLANDSBEST.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
80000	0	0	No
Construction Type			
--Select--			

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
No of Stories *	Foundation *	Basement *	No of Rooms *	Full Baths *
1	Slab on Grade	N/A	0	0
			Half Baths *	Existing Use
			0	--Select--
Model *				
detached garage				

check spelling

Other Structure *	Bedrooms *	Porch Deck *	No of Fireplaces *	Type of Fireplace	Energy Code *
2 Car Attached	0	Front Porch	0	--Select--	N/A
W & S Fees Paid	Water *	Sewage *	Utilities *	Heating System *	Sprinkler System *
<input type="radio"/> Yes <input type="radio"/> No	Private	Private	Electric	Electric & Propane Gas	None
1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth
25 FT	28 FT				
Total Square Footage *	Occupiable Square Footage *	Affordable Housing Funding	Foundation Measurement	Footings	
700 SQFT	0 SQFT	--Select--		yes	
Walls	Roof	Change In Use	Grading Permit No		
10		<input type="radio"/> Yes <input checked="" type="radio"/> No			

Additional Description Info

Expiration Date
3/23/2021

check spelling

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel

COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 9/23/2020
To: _____
(Person's Name and Division)
From: _____
(Your Name, Company Name and Telephone Number)
Subject: Project name FADEL RESIDENCE
Project site address 14717 CARRIAGE MILL DR
Permit # B20003214 SDP # _____
Other information pertinent to this project _____

*NO
TRANSMITTAL
SUBMITTED

✓ Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- 2 Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations
- 4 Copies of PLAT PLANS (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Please Print Name _____ Telephone No: _____
E-Mail Address: _____

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

RECEIVED

SEP 23 2020

LICENSES & PERMITS
DIVISION

Received by DROPBOX

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 9/23/2020

To: _____
(Person's Name and Division)

From: _____ (_____) _____
(Your Name, Company Name and Telephone Number)

Subject: Project name FADEL RESIDENCE
Project site address 14717 CARRIAGE MILL DR
Permit # B20003214 SDP # _____
Other information pertinent to this project _____

***NO
TRANSMITTAL
SUBMITTED**

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- Other _____

Contact Person Information: (Required)

Please Print Name

Telephone No:

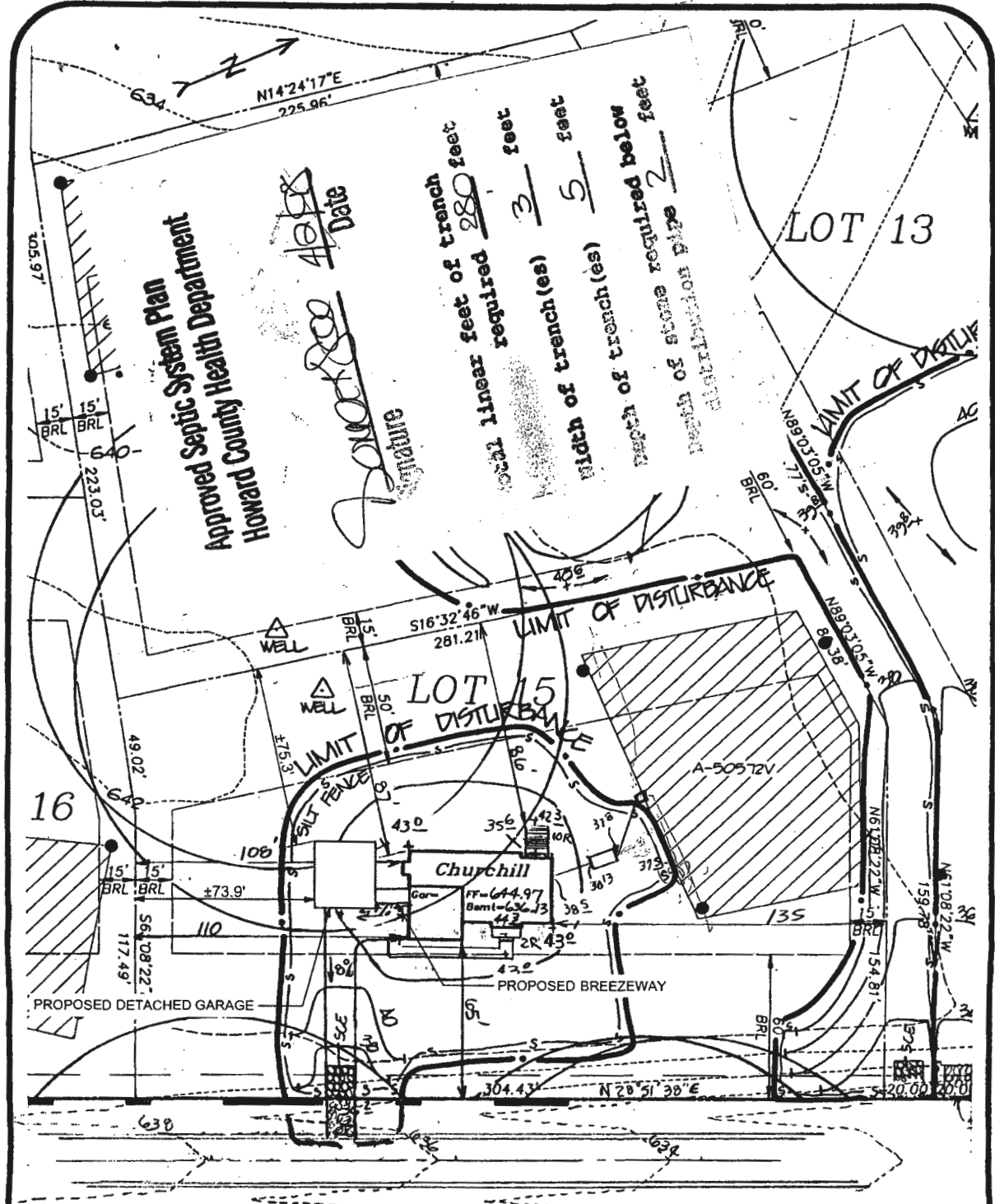
E-Mail Address:

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RECEIVED

SEP 23 2020

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Approved Septic System Plan
Howard County Health Department

Date: 4/28/20
Signature: [Handwritten Signature]

Total linear feet of trench required 280 feet
Width of trench (es) 3 feet
Depth of trench (es) 5 feet
Depth of stone required below distribution pipe 2 feet

LOT 13

LOT 15

Churchill

CARRIAGE MILL DRIVE (F-96-70)

REVISED
Date: 9/23/2020
Comments: 320-3214

CARRIAGE MILL FARMS		SEPTIC DATA		R.M. MOCHI GROUP, P.C. CIVIL ENGINEERS LAND SURVEYORS PLANNING ENVIRONMENTAL
PHASE I LOT 15 BUILDING PERMIT		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		
DATE: 2/24/19	PROJECT NO.: 95005.22	6P-96167		P.O. Box 10 New Market, MD 21774-0010
DRAWN BY: PFB	SCALE: 1"=50'			10120 A Old National Pike Ijamsville, MD 21754-9706

9/18/08
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

~~XXXXXX~~ 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

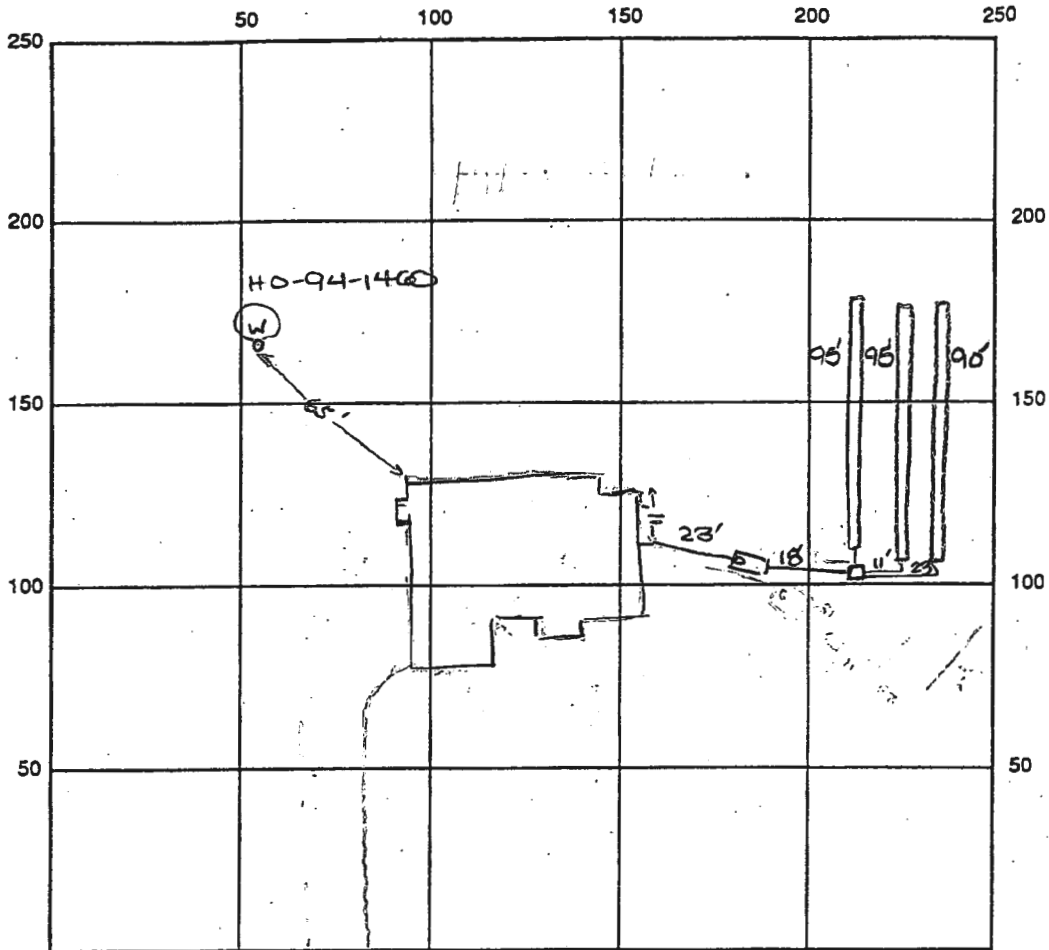
PERMIT VOID AFTER TWO YEARS

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 RVA 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**

A 50572V



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Carriage Mill Drive

SEPTIC TANK LEVEL OK

CLEANOUTS one on st.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 2x95
1x90 FT. → 280

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 6/18/98 FINAL INSP - OK TO COVER ALL WORK - HO/DKS

DATE SYSTEM APPROVED 6/18/98

INSPECTOR J. J. JOE

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
Name of Installer Darren Wilson Telephone 301-888-7057
License Number ISS065
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Oak Hill Prop Telephone 410-498-5499
Subdivision Carriagemill Farms Lot # 15 Well Tag # HO-94-1460
Site Address 14717 Carriagemill Dr.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Goulds
3. Model # 7B508422
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes No
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other
Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage
a. 110
b. 220
Pitless Adapter
1. Make Mattinson
2. Model # B-10X
3. Depth 3 1/2

Tank
1. Capacity 32
2. Pressure relief valve? yes
Piping
1. Type PE
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 3 1/2
Well data
1. Depth 140 ft.
2. Yield 60 GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? yes

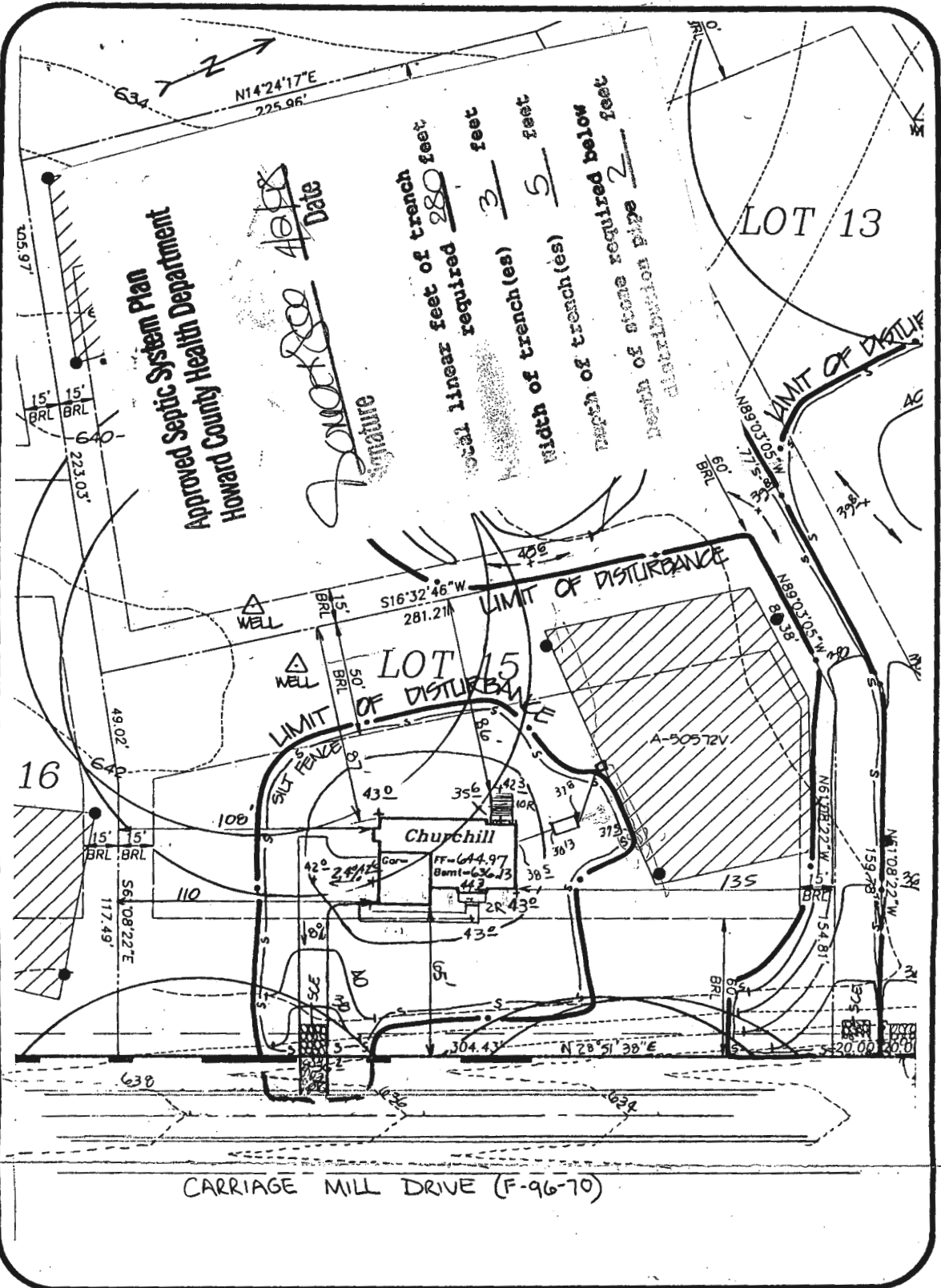
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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 = 637.6
 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 21771-0010

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 3016

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

OLD PERMIT SIGNED

AND RETURNED 4-2-98

Serial # B70110727

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 _____

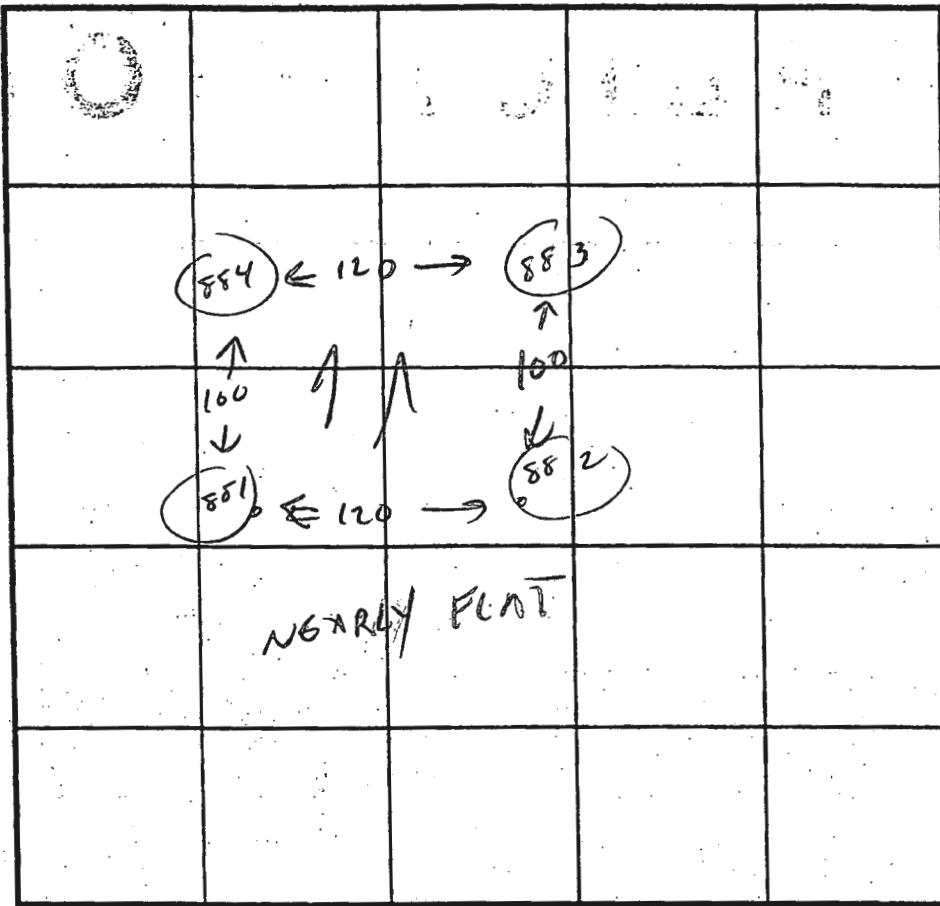
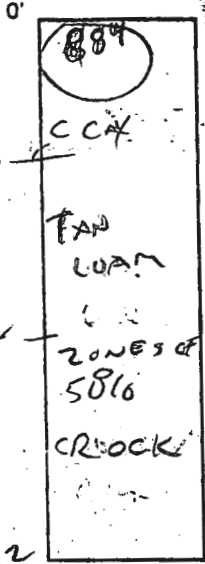
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

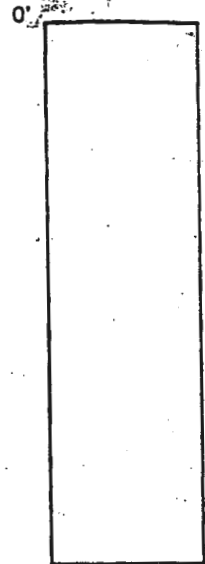
AS0572 V

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	2:21	2:22	2:22	2:24	2 MIN
		8	2:21	2:22	2:22	2:24	
		12	VIS	OK	3-12'		
	881						
		VIS	OK	3-12			LOAD
	888						
		VIS	OK	3-12			
	882	3	2:37	2:40	2:40	2:49	2 MIN
		8	2:37	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

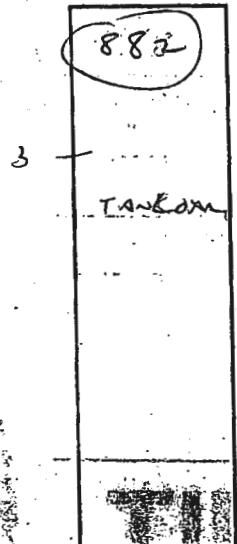
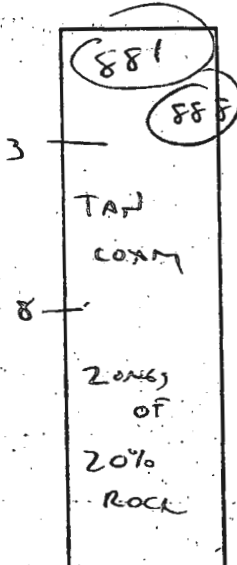
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3

TRENCH WIDTH

INLET DEPTH 3

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



Ⓢ 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.

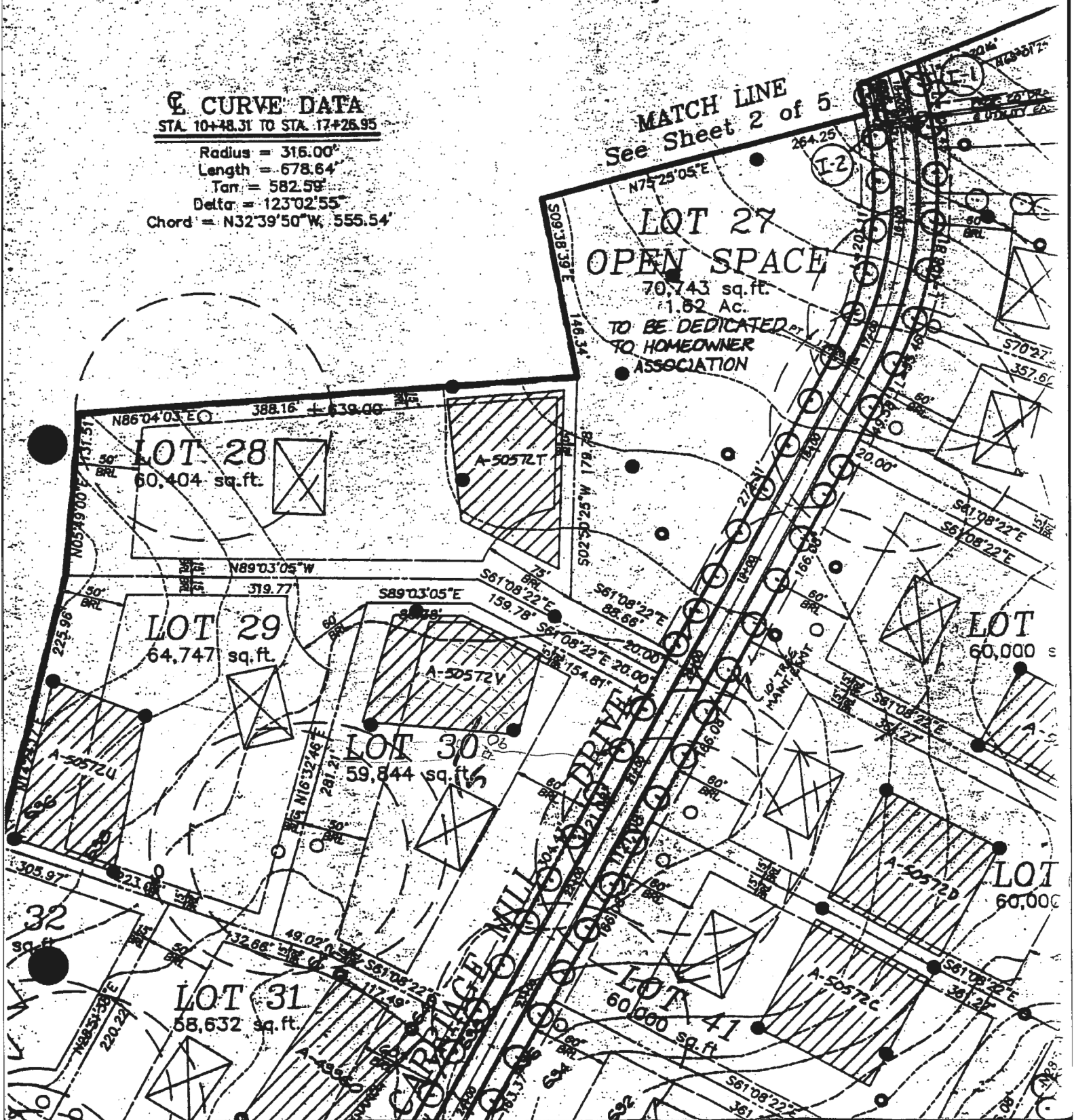
LOT 30
59,844 sq. ft.

LOT 31
58,632 sq. ft.

LOT
60,000

LOT
60,000

LOT 41
60,000 sq. ft.



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

388.16'

48

47

L=230.85'

2

C/C 46

R=291.00'

46

R=341.00'

45

L=270.51'

1

Lot 12

Phase One
"Carriage Mill Farms"
See sheet 4 of 5

LOT 13
60,404 sq. ft.

N89°03'05"E

319.77'

15' BRL

15' BRL

A-50512T

179.78'

DRIVE

49

45

Lot 11

Lot 10

Lot 9

15' BRL

62' BRL

N89°03'05"W 80.38'

N61°08'22"W 159.78'

N61°08'22"W 159.78'

S61°08'22"E 88.66'

S02°30'25"W 179.78'

75' BRL

20.00'

20.00'

154.81'

1121.08'

1121.08'

1121.08'

1121.08'

1121.08'

1121.08'

1121.08'

1121.08'

1121.08'

1121.08'

1121.08'

1121.08'

15' BRL

57°32'46"W 281.21'

10' Public Tree Maintenance Easement

304.43'

50' PUBLIC R/W

1121.08'

1121.08'

1121.08'

1121.08'

1121.08'

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15' BRL

57°32'46"W 281.21'

10' Public Tree Maintenance Easement

304.43'

50' PUBLIC R/W

1121.08'

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

SUBMITTED
FOR
RECORD

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

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.

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

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 03/16/98

22 28 140 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 H0-94-1460

OWNER OAK HILL PROPERTIES, L.L.C. STREET OR RFD 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, red clay, brown shale, brown slate, Mica, brown slate, Mica, brown slate, Mica, Sand Stone, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

diagram for other casing with diameter and depth fields

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), slot size, diameter of screen

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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 F. Esterling

LIC. NO. MWD 501

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

DEPTH (nearest ft.) table with columns 1-3 and rows E1-E3

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

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

C 3

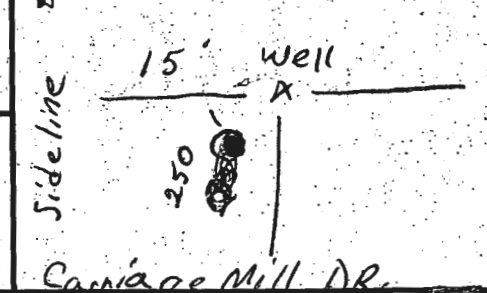
PUMPING TEST

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

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE

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)



COUNTY

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 <small>fill in this form completely</small>
------------	-------------	--------------------------------	---	---

OWNER INFORMATION RN 7381

Date Received (APA) 2/26/98

Oak Hill Properties

15 Last Name Oak Hill Properties Owner First Name _____

36 **107 Loudoun St. NE** Street or RFD

57 **Leesburg, Va. 20175-3106** Town State Zip

LOCATION OF WELL

Howard COUNTY

Carriage Mill Farms SUBDIVISION

SECTION _____ LOT **15**

Cooksville NEAREST TOWN

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

DRILLER INFORMATION

George F. Easterday M WD **040**

Driller's Name License No.

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Carriage Mill Dr NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

250 DISTANCE FROM ROAD Ft.

TAX MAP: 8 BLK: 16 PARCEL 158

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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

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

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 →

DATE ISSUED 3 8 98

43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 3 6 99

NORTH GRID 540 000 EAST GRID 796 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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

AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

MAP 4 C-1

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

APPROP. PERMIT NUMBER GS FORCE 67 INITIALS IN BOX PERMIT No. HO-94-1460

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

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)

COUNTY NUMBER A50572V

ST/CO USE ONLY. DATE RECEIVED

DATE WELL COMPLETED 03/16/98

Depth of Well 140

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1460

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

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, red clay, brown shale, brown slate, Mica, brown slate, Mica, brown slate, Mica, Sand Stone, Mica.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 28. NO. OF POUNDS: 2800. GALLONS OF WATER: 140. DEPTH OF GROUT SEAL: 0 to 71 ft.

CASING RECORD. MAIN CASING TYPE: ST (STEEL). Nominal diameter: 6 inches. Total depth: 80 feet.

OTHER CASING (if used). diameter, depth (feet).

SCREEN RECORD. screen type or open hole: ST (STEEL). BR (BRASS BRONZE). HO (OPEN HOLE).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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. Easterday.

LIC. NO. MWD 501. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): Charles P. Felber.

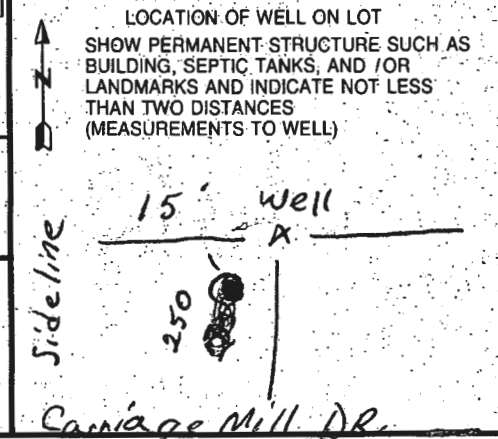
DEPTH (nearest ft.) table with columns for depth intervals (8-11, 11-15, 15-17, 17-21, 21-23, 23-24, 24-26, 26-30, 30-32, 32-36, 36-38, 38-39, 39-41, 41-45, 45-47, 47-51) and rows for casing height (H, O, 78, 140).

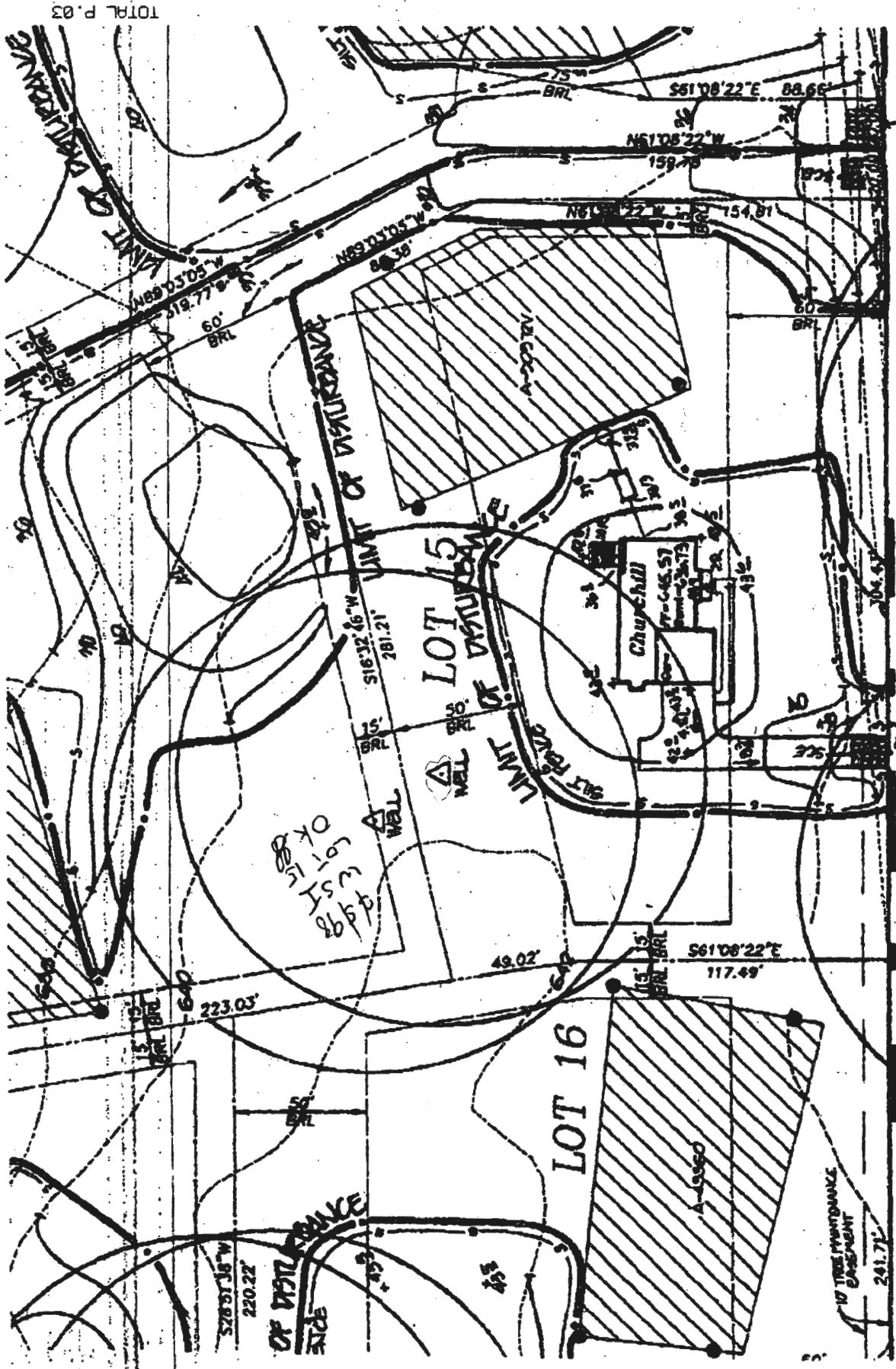
GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

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

PUMPING TEST. HOURS PUMPED: 3. PUMPING RATE: 15.0 gal. per min. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL: 33 ft. BEFORE PUMPING, 42 ft. WHEN PUMPING. TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED. DRILLER WILL INSTALL PUMP: YES (NO). TYPE OF PUMP INSTALLED: S. CAPACITY: GALLONS PER MINUTE (to nearest gallon). PUMP HORSE POWER. PUMP COLUMN LENGTH (nearest ft.). CASING HEIGHT: 4 above, 2 below LAND SURFACE.





MATCH LINE
See Sheet 1 of 3

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

#25

BD0110707
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
CHURCHILL
2 STORY PR - 1/2 AC + 916
2 FIB. THB, FIP
11516

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO
15	753	-		16		
SUB-DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
CARRIAGE MILL FARMS		CD1C	9	4	6010	

OWNER NAME AND ADDRESS
OAK HILL PROPERTIES
107 LOD WOOD ST - SE
LEESBURG VA
PHONE NO. 703 443 0400

SIZE OF BLDG.	FRONT "	DEPTH "	HEIGHT "
4256	31.7	31.9	10
	31.7	14	10
	31.6	31.1	10

OCCUPANT'S NAME AND ADDRESS
SAME
PHONE NO. CTX 03160

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS 4	937	738	1012
ROOMS 9 1/2	459.58		559
BATHS 1			149
FIREPLACES			

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

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	BRICK	WOOD

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

UTILITIES			
WATER <input checked="" type="checkbox"/>	SEWER <input checked="" type="checkbox"/>	GAS <input checked="" type="checkbox"/>	ELECTRIC <input checked="" type="checkbox"/>
TYPE OF HEAT		AC	
GAS		REC	

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 completed with.

EXISTING USE
VACANT LOT
PROPOSED USE
NEW HOME

SIGNATURE
TITLE
DATE

EST. CONSTRUCTION COST 75000
LICENSE NUMBER CTX 03160
PERMIT FEE

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)

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

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.

LP-69-591
[Signature]

DISTRIBUTION OF COPIES:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.
APPROVED DATE
A