

PERMIT NUMBER: B

DATE ACCEPTED:

RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 3190 L... City: Woodline State: MD Zip Code: 21797 Subdivision/Village/Complex Name: SDP/WP/BA #: Lot: Tax Map: Parcel: Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: Estimated Cost: \$ Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Primary Residence: Yes No Owner's Street Address: City: State: Zip Code: Phone: Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Contact Name: Street Address: City: State: Zip Code: Phone: Email:

CONTRACTOR INFORMATION REQUIRED

Business Name: Licensee's Name: License #: Street Address: City: State: Zip Code: Phone: Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Name: Street Address: City: State: Zip Code: Phone: Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic) Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: # Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: # of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*): # Rooms: # Full Baths: # Half Baths: # Fireplaces: Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial 1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth: Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area: sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE DATE SIGNED

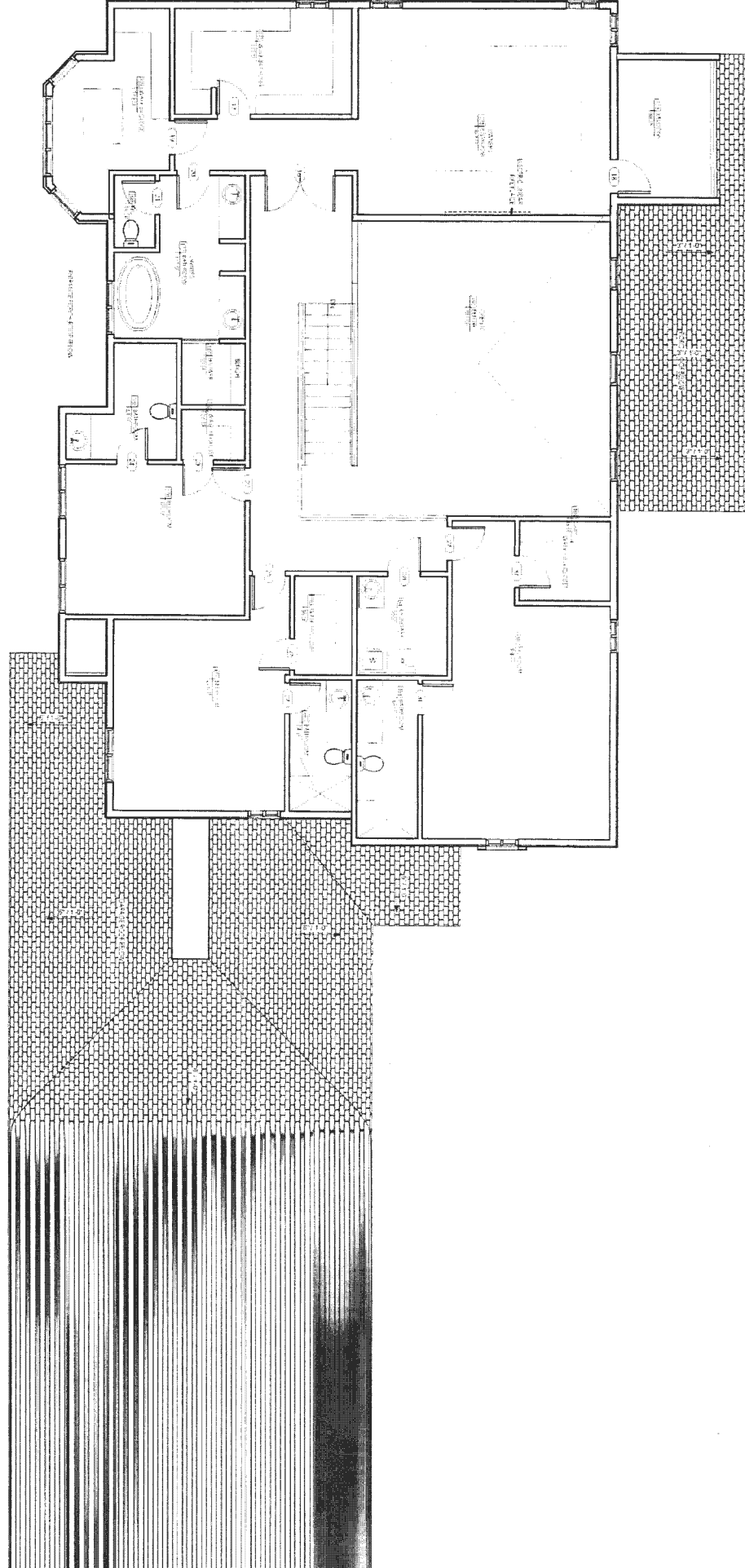
FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

PR DPZ DED Health SHA CID

SUBMITTAL FEES: PAYMENT: ACCEPTED BY:



1/4" = 1'-0"

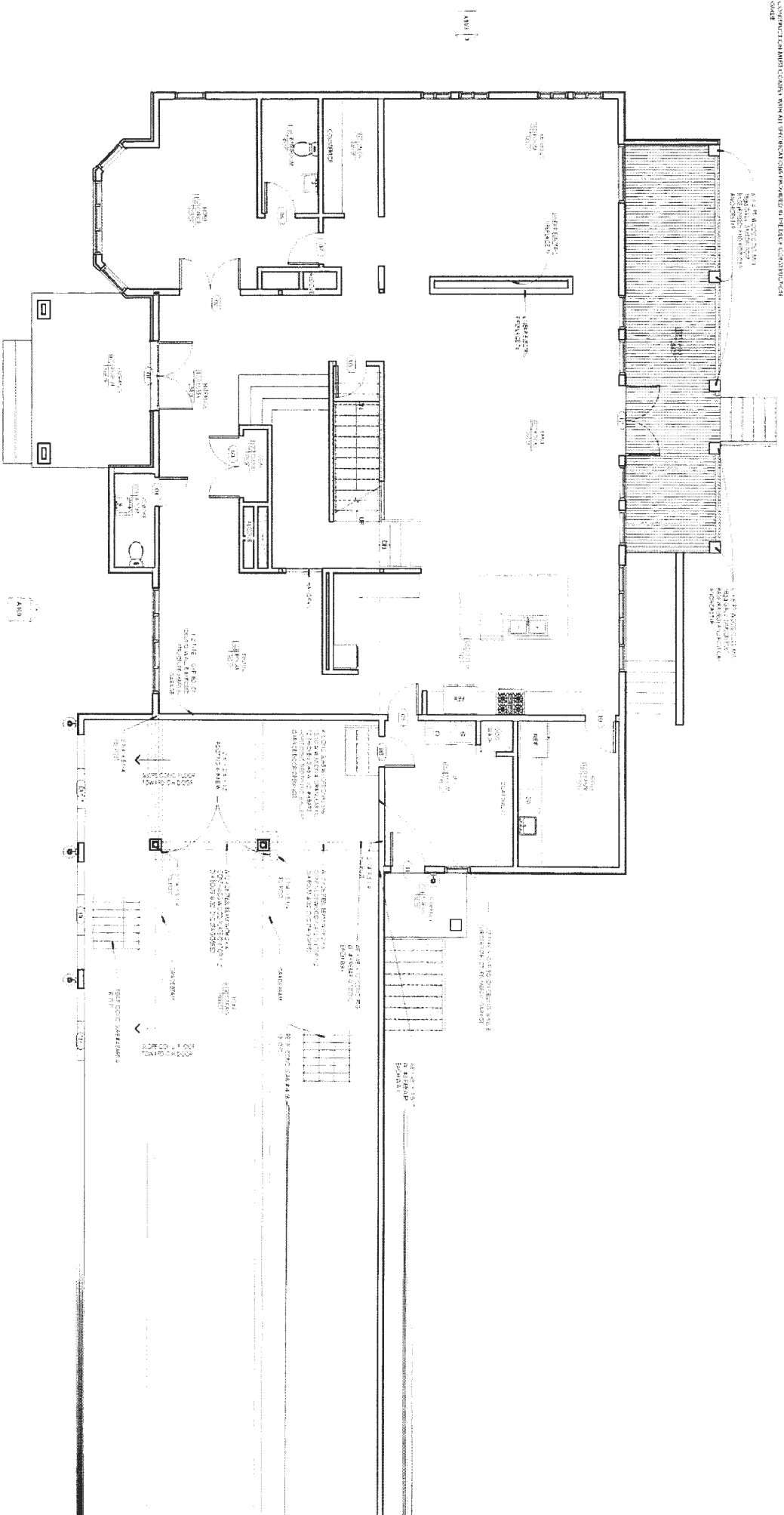
UPPER LEVEL FLOOR PLAN



GRAPHIC SCALE

- WOOD AND POLYMER FINISHES, GROUT, STAIRS, AND OTHER FINISHES TO BE INSTALLED AS SHOWN. A FINISH SCHEDULE IS TO BE SUBMITTED FOR APPROVAL.
- INTERIOR WALLS TO BE FINISHED WITH 5/8" GYPSUM BOARD OVER 1/2" SHEETROCK. INTERIOR CEILING TO BE FINISHED WITH 5/8" GYPSUM BOARD OVER 1/2" SHEETROCK. INTERIOR FLOORS TO BE FINISHED WITH 1/2" GYPSUM BOARD OVER 1/2" SHEETROCK.
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MAIN LEVEL FLOOR PLAN

1/4" = 1'-0"

Maryland Department of Assessments and Taxation Real Property Data Search (vw4.2A) HOWARD COUNTY	Go Back View Map New Search GroundRent Redemption GroundRent Registration
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Account Identifier: District - 04 Account Number - 346033 3190 Daisy

Owner Information

Owner Name:	REMEMBRANCE BIBLE INCORPORATED	Use:	RESIDENTIAL
Mailing Address:	7359 HALLMARK RD CLARKSVILLE MD 21029-1808	Principal Residence:	NO
		Deed Reference:	1) /01777/ 00455 2)

Location & Structure Information

Premises Address	Legal Description
DAISY RD WOODBINE 21797-0000	.998 A DAISY RD

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:
0020	0006	0122		0000				2	Plat Ref:

Special Tax Areas	Town	NONE
	Ad Valorem	100
	Tax Class	

Primary Structure Built	Enclosed Area	Property Land Area	County Use
		43,472 SF	

Stories	Basement	Type	Exterior

Value Information

	Base Value	Value	Phase-in Assessments	
			As Of	As Of
			01/01/2011	07/01/2011
Land	229,870	149,800		As Of 07/01/2012
Improvements:	0	0		
Total:	229,870	149,800	149,800	149,800
Preferential Land:	0			0

Transfer Information

Seller:	YOO BYONG W	Date:	01/25/1988	Price:	\$1,000
Type:	ARMS LENGTH IMPROVED	Deed1:	/01777/ 00455	Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	

Exemption Information

Partial Exempt Assessments	Class	07/01/2011	07/01/2012
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	0.00

Tax Exempt:	Special Tax Recapture:
Exempt Class:	NONE

Homestead Application Information

Homestead Application Status: No Application

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 32607

P _____

DISTRICT 452

DATE 3/31/83

3190 Daisy Rd.
(see also 3200)
04-346033

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER BYUNG W YOO

ADDRESS 3200 Daisy Rd Waltham Md PHONE 854-6088
21797

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. Parcel 105

ROAD AND DESCRIPTION off Daisy Rd (3200 Daisy Rd)

SIZE OF LOT 1 Acre TYPE BLDG. 8 B.D
(NUMBER OF BEDROOMS)

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. Byung W Yoo
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

Final
4/28/83
9:30 A.M.
(2 lots)

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

~~4/25/83~~
9:30 A.M.

A 32607

P _____

DISTRICT 4th

DATE 3/31/83

*These Perce were old test
on Remembrance Bible*

7/20/84
84

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER BYONG W. YOO

ADDRESS 3200 Daisy Rd Woodbine, Md PHONE 854-6088
21797

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel 105

ROAD AND DESCRIPTION off Daisy Rd (3200 Daisy Rd)

SIZE OF LOT 1 Acre TYPE BLDG. 8 BD
(NUMBER OF BEDROOMS)

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. Byong W Yoo
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS None Perce DATE 4-20-83

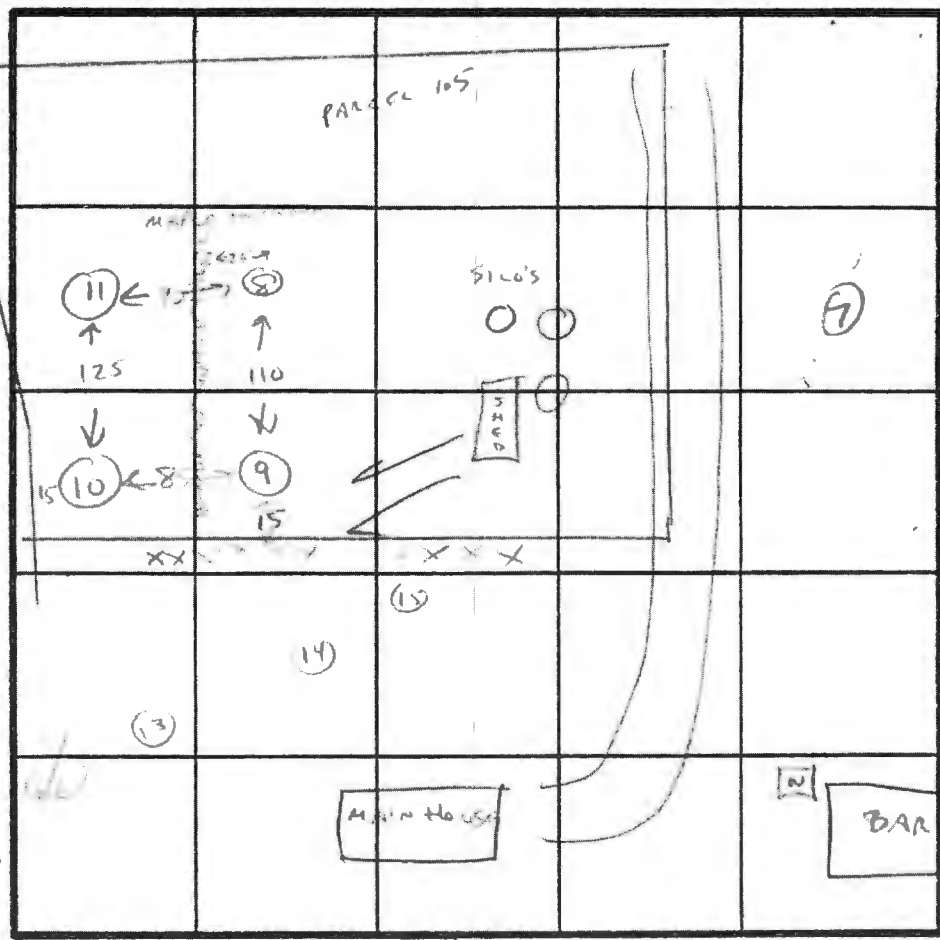
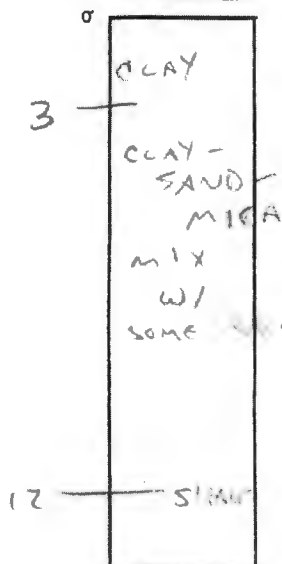
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A 32607

#8-11

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

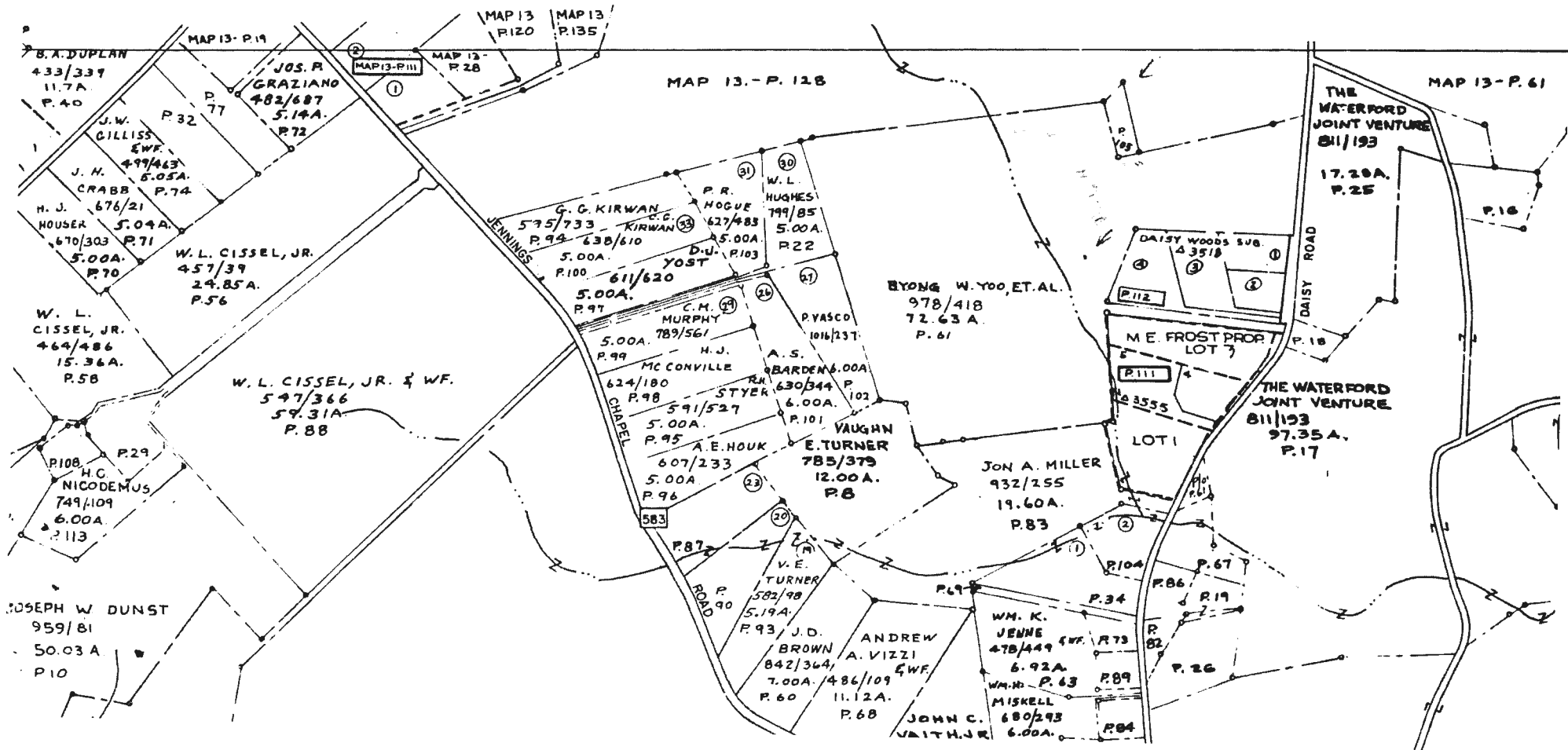
8+9 HIGH HOLES

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-28-83	8	3' 12'	1:26	1:34	1:34	1:42	8 MIN
4-28-83	9	3' 12'	2:09	2:14	2:14	2:21	7 MIN
4-28-83	10	3' 12'					
4-28-83	11	3' 12'					
OTHER HOLES TESTED THIS DATE ARE ON PARCEL 61							
USE RESULTS #9+10 TO PRICE AS HIGH HOLES ON							
PARCEL 61							

X) HOLE

EH-12-1079

REMARKS _____
 TYPE OF SOIL SAND-CLAY SHALE BOTTOM AT 12'
 TESTED BY C. Williams ANDY SNOW
 ALSO PRESENT BYONG YOO



APPLICATION

PERCOLATION TESTING

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

A 41115
~~4115~~

P _____

DISTRICT 4TH

DATE 3-3-88

3190 Daisy Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Reimbursement Billing, INC

ADDRESS 7357 Hallmark Rd Shikelle, MD 21157 PHONE 301 771-2741

PROSPECTIVE BUYER Clyde + Nina McPherson

ADDRESS 3210 Daisy Rd Ellicott City, MD 21117 PHONE 301 257-4712

PROPERTY LOCATION:
SUBDIVISION Dist 4 MAP 20 GRID 6 PLOT 122 LOT NO LIBERTY 177 FOLIO 455

ROAD AND DESCRIPTION 3210 Daisy Rd Ellicott City, MD

TAX MAP _____ PARCEL # _____

SIZE OF LOT 9784 TYPE BLDG _____ (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.

Mary A. Baer, President
(SIGNATURE OF APPLICANT)
Reimbursement Billing, INC

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

41115
4115

A _____
P _____

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

DISTRICT 4TH
DATE 3.3-88

Handwritten:
12588
11:30 AM

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Remembrance Bibles, INC

✓ ADDRESS 7357 Hallmark Rd Clarksville, MD 21029 PHONE 301-776-2941

PROSPECTIVE BUYER Clyde + Niva McPherson

✓ ADDRESS 3200 Daisy Rd Woodbine, MD 21797 PHONE 301-854-6708

PROPERTY LOCATION:

SUBDIVISION Dist 04 MAP 20 Grid 6 Parcel 122 LOT NO Liber 1777 FOLIO 455 *Read Ref.*

ROAD AND DESCRIPTION 3200 Daisy Road Woodbine, MD

TAX MAP 13/28 PARCEL # P/O (ADJ?) TO P. 128 (WARFIELD)

SIZE OF LOT .998A TYPE BLDG S.F.D.
(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.

Mary A. Barnes, President
Remembrance Bibles, INC
(SIGNATURE OF APPLICANT)

APPROVED BY Craig Wilke FOR T. [unclear] DATE 3/1/88

REJECTED BY _____ FOR _____ DATE _____

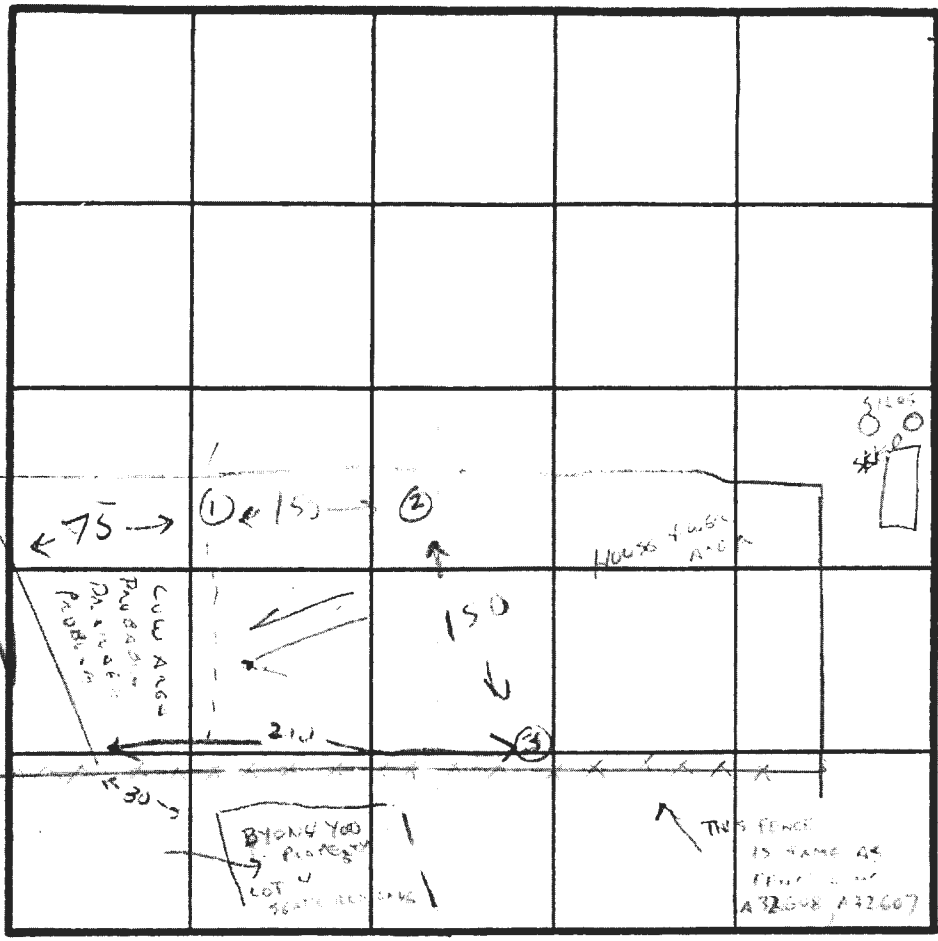
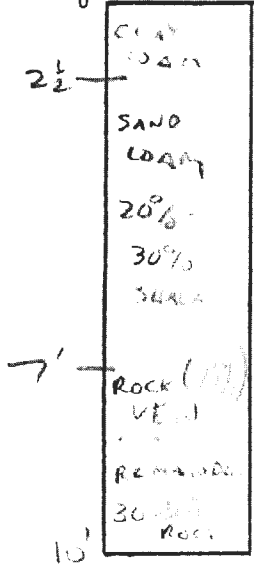
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

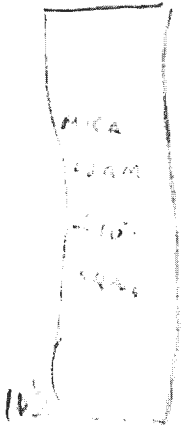
THIS IS NOT A PERMIT

#1 SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

#2 & 3



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/25/88	1	3	2:05	2:49	2:07	2:57	8 M J
		9	ROCK AT 7'		ROCK AT 7'		
	2	3	3:02	3:05	3:05	3:12	7 M J
		11 1/2	VISOR LOAM				
	3	3	3:14	3:18	3:18	3:24	6 M J
		12	VISOR LOAM				

REMARKS: Sales OK, Not required SEE ALSO NEW LOTS A32608, 32607 OF 4/25/88

TYPE OF SOIL: MICR LOAM 100% FURROW PORTION OF FASHION

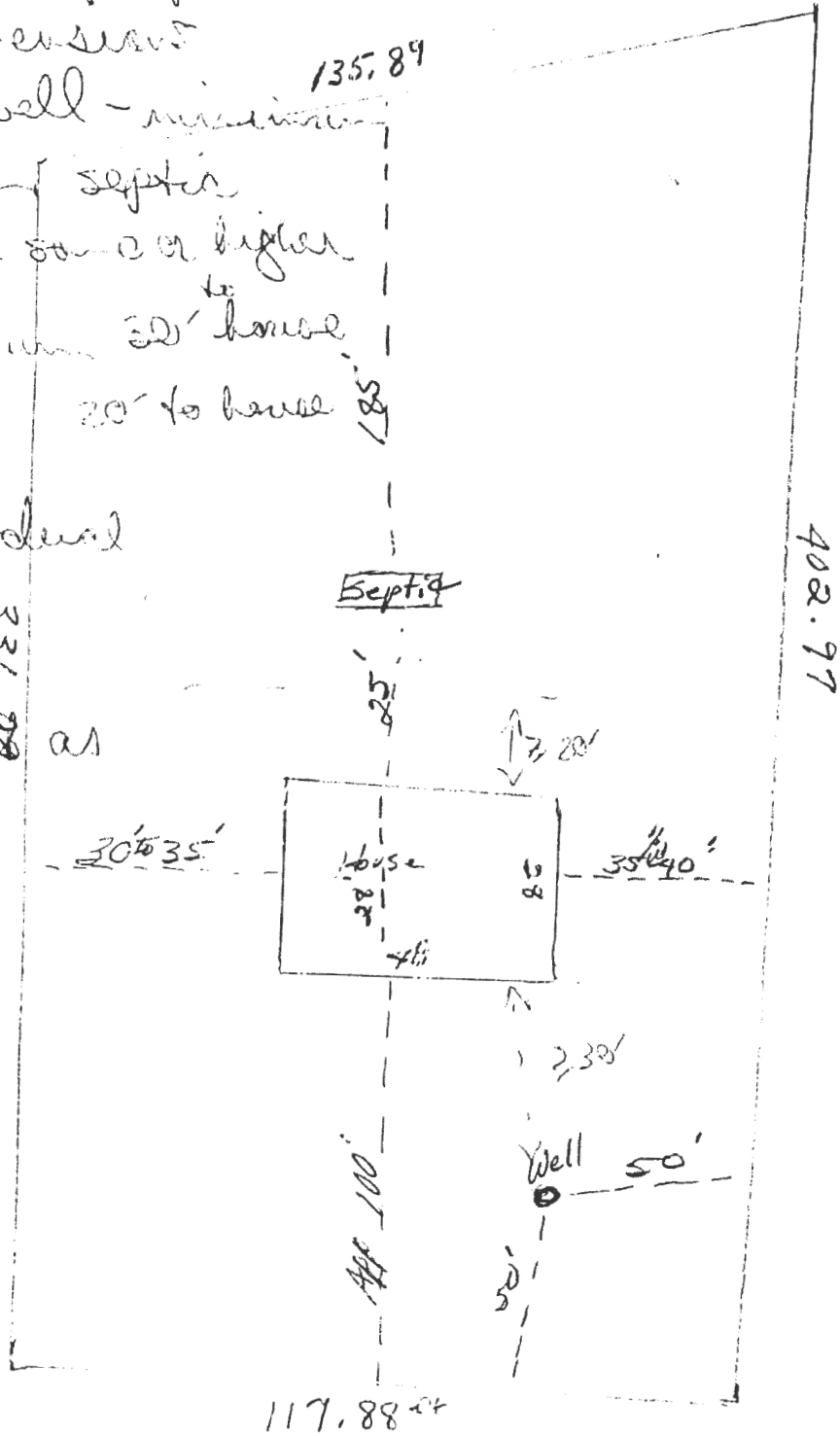
TESTED BY: [Signature] ALSO PRESENT: Silas, McPherson

septic field - minimum 10,000 sq
(100' x 100')

owner (you) propose location
& dimensions

propose well - minimum
100' from septic
elevation same or higher
well minimum 30' house
septic " 20' to house

need to produce
signed
revised plat
showing lot as
drawn is
approved.



Best Offer
461-9933

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

May 16, 1988

Mr. Clyde McPherson
3200 Daisy Road
Woodbine, Maryland 21797

RE: Percolation Testing
Former Byong Yoo Property
Tax Map 20 Parcel 122
Daisy Road

Dear Mr. McPherson:

Percolation testing conducted April 25, 1988 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Tax Assessment Office

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

May 16, 1988

Mr. Clyde McPherson
3200 Daisy Road
Woodbine, Maryland 21797

RE: Percolation Testing
Former Byong Yoo Property
Tax Map 20 Parcel 122
Daisy Road

Dear Mr. McPherson:

Percolation testing conducted April 25, 1988 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Tax Assessment Office

CLYDE MCPHEA SUU
31900 DAISY RD

A 41115

SUBDIVISION:

LOT NUMBER:

TAX MAP 13
PARCEL 128

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

_____ 2 sq. ft./bedroom

Trench to be _____ 2 wide.

Inlet _____ 4 feet below original grade.

Bottom maximum depth _____ 9 feet below original grade.

Effective area begins at _____ 4 feet below original grade.

_____ 5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX AT THE HIGHEST
POINT IN THE SEPTIC RESERVE AREA. STARTING FROM
THE RIGHT-FRONT (SOUTH-EAST) LOT CORNER, THIS LOCATION
IS APPROXIMATELY 166' DOWN THE RIGHT (402.97') LOT LINE
AND 20' OFF THAT LOT LINE. RUN TRENCHES ALONG
CONTOUR IN BOTH DIRECTIONS, COMING NO CLOSER THAN 100' TO
THE WELL.

9/1/88 C. Wellman

C1 24146

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 TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 03 DD 04 YY 13

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 11/3/15 SC OK 11/3/15 SC 28 29 30 31 32 33 34 35 36 37

OWNER PROBUILT CONSTRUCTION WELL SITE ADDRESS 390 DAISY ROAD TOWN GREENWOOD SUBDIVISION REMEMBRANCE PROPERTY SECTION LOT

WELL LOG

Not required for driven wells

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 22 NO. OF POUNDS 2068 GALLONS OF WATER 137 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 8 1/2 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface)

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: SOIL, Red clay, Brown shale, Red clay, Schist.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 86

BEFORE PUMPING 41 ft. WHEN PUMPING 52 ft. TYPE OF PUMP USED (for test) S submersible

OTHER CASING (if used)

SCREEN RECORD insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO HOLE OT OTHER

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 36 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 PERFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MWD355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AWD902

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

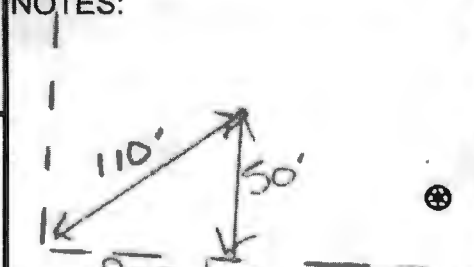
DEPTH (nearest ft.) 86 300

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

LATITUDE 39.28179 LONGITUDE 77.07343 (DEFAULT COORD. WGS 84)



B 1	2422	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-95-2364</u> <small>fill in this form completely</small>
Date Received (APA) <u>08/29/12</u>		B 3 LOCATION OF WELL		
OWNER INFORMATION		8 COUNTY <u>Howard</u> 21		
15 <u>Prohvit Construction</u> Last Name Owner First Name 34		23 SUBDIVISION <u>Remembrance Property</u> 42		
36 <u>13330 Clarksville Pike</u> Street or RFD 55		SECTION <u>44</u> 46 LOT <u>48</u> 50		
57 <u>Highland</u> MD 20777 Town State Zip 76		52 NEAREST TOWN <u>Glenwood</u> 71		
DRILLER INFORMATION		B 4 SOURCES OF DRILLING WATER		
76 <u>Michael Barlow</u> MWD355 Driller's Name License No. 81		1. <u>Well</u>		
Firm Name <u>Barlow Well Drilling</u>		2. _____		
Address <u>522 Underwood Lane 21014</u>		3. _____		
Signature <u>[Signature]</u> Date <u>7/27/12</u>		11 <u>3190 DAISSY ROAD</u> 30 STREET ADDRESS		
B 2 WELL INFORMATION		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
1 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12		NORTH WEST EAST SOUTH		
AVERAGE DAILY QUANTITY NEEDED <u>750</u> (GAL. PER DAY) 14 20		34 <u>400</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		TAX MAP: <u>20</u> BLK: <u>6</u> PARCEL <u>122</u>		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> (13) (4537271) COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>8/29/12</u> 43 MM DD YY 48 CO SIGNATURE <u>[Signature]</u> 8/29/12 EXP. DATE		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> OPEN LOOP GEOTHERMAL				
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL				
APPROXIMATE DEPTH OF WELL <u>250</u> FEET 24 28		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <u>770/520</u> <u>Fields End</u> <u>Jennings Chapel Rd</u> <u>DAISSY ROAD</u> N ↑		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN AIR-ROTARY <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) CABLE <u>REVERSE-ROTARY</u> DRIVE-POINT other _____				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		SPECIAL CONDITIONS <u>Grants must be called in 24hrs. prior</u>		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		NOT TO BE FILLED IN BY DRILLER (MDE OR COUNTY USE ONLY)		
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		APPROP. PERMIT NUMBER _____ <u>G</u> _____		
PERMIT No. <u>HO-95-2364</u> 70 71 72 73 74 75 76 77 78 79				



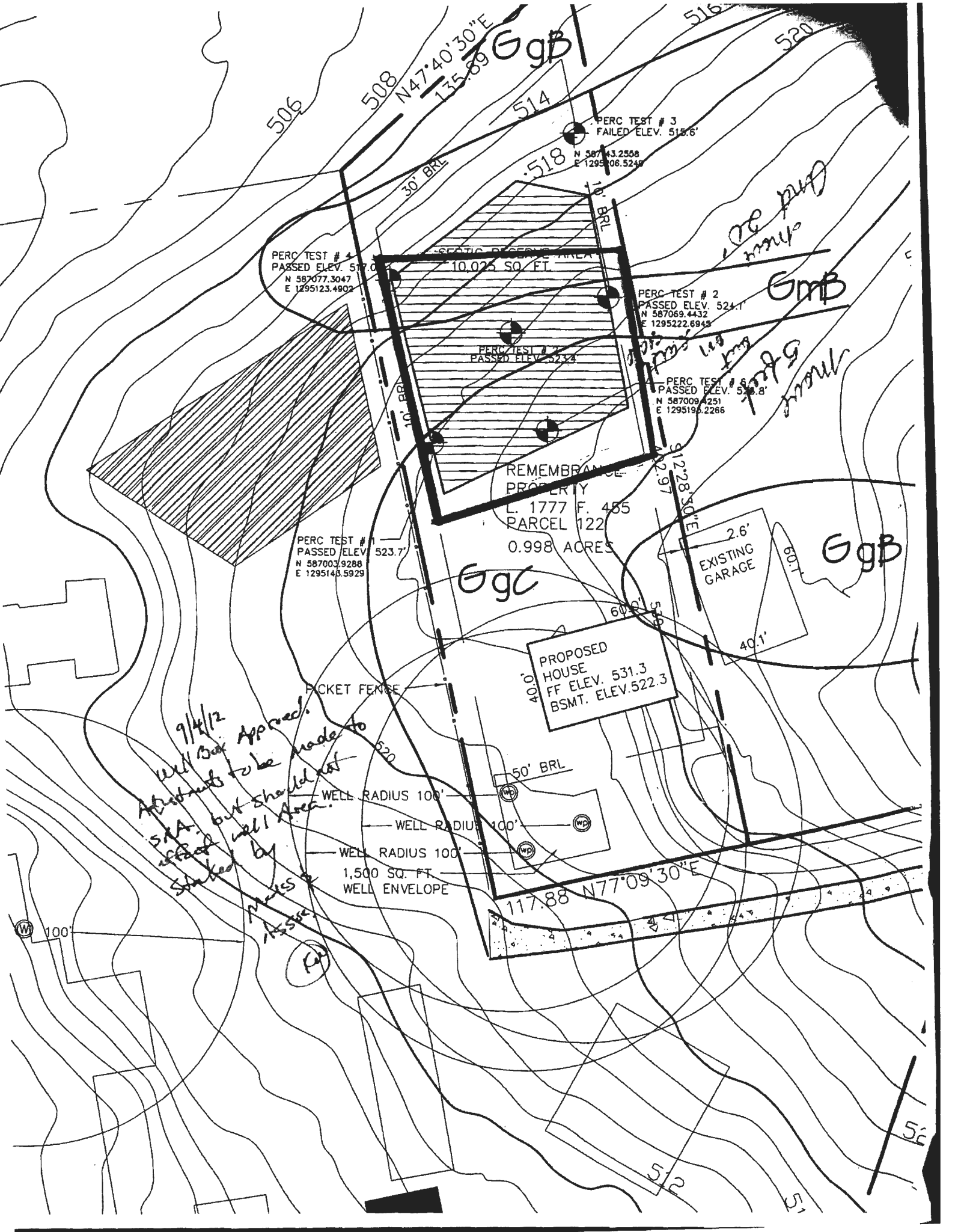
MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	September 15, 2012
Well Depth:	300 feet
Customer	Probuilt Construction
Road	3190 Daisy Road
City	Woodbine
State	Maryland
Permit #	HO-95-2364
Subdivision	_____
Section	_____
Lot #	_____

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:00 AM	41	4	15.00
8:15 AM	48	5	12.00
8:30 AM	50	5	12.00
8:45 AM	52	5	12.00
9:00 AM	52	5	12.00
9:15 AM	52	5	12.00
9:30 AM	52	5	12.00
9:45 AM	52	5	12.00
10:00 AM	52	5	12.00
10:15 AM	52	5	12.00
10:30 AM	52	5	12.00
10:45 AM	52	5	12.00
11:00 AM	52	5	12.00
11:15 AM	52	5	12.00

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.



506
508
N47°40'30"E
135.89

GgB

516
520

PERC TEST # 3
FAILED ELEV. 515.6'

N 58743.2558
E 129506.5249

PERC TEST # 4
PASSED ELEV. 517.0'

N 587077.3047
E 1295123.4902

SEPTIC RESERVE AREA
10,025 SQ. FT.

PERC TEST # 2
PASSED ELEV. 524.1'

N 587089.4432
E 1295222.6945

PERC TEST # 1
PASSED ELEV. 523.3'

PERC TEST # 5
PASSED ELEV. 523.8'

N 587009.4251
E 1295196.2266

REMEMBRANCE
PROPERTY
L. 1777 F. 455
PARCEL 122
0.998 ACRES

PERC TEST # 1
PASSED ELEV. 523.7'

N 587003.9288
E 1295143.5929

EXISTING GARAGE
2.6'

PROPOSED HOUSE
FF ELEV. 531.3
BSMT. ELEV. 522.3

POCKET FENCE

9/4/12
Well Box Approved.
Adjustments to be made to
SRA, but should not
affect well Area.
Staked by
M. S. S. &
A. S. S.

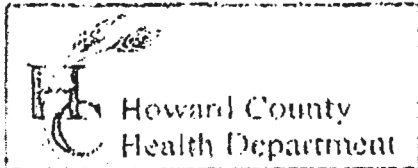
WELL RADIUS 100'
WELL RADIUS 100'
WELL RADIUS 100'
1,500 SQ. FT.
WELL ENVELOPE

50' BRL

117.88 N77°09'30"E

100'

5'



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following: 3190 DASY ROAD

- The well site has been staked by MARKS + ASSOC,
(professional land surveyor or company employing professional land surveyors)
on 8/29/12 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 537271

AGENCY REVIEW: _____

DATE 4-23-12

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH UNKNOWN PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) REMEMBRANCE BIBLES, INC

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 7359 HALLMARK RD CLARKSVILLE MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT PROBUILT CONSTRUCTION INC.

DAYTIME PHONE 301 854 0821 CELL 301 617 0164 FAX 301 854 9632

MAILING ADDRESS 1330 CLARKSVILLE PIKE HIGHLAND MD 20777
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 3190 DAISY RD. WOODBINE MD
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 20 GRID 6 PARCEL(S) 122 PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

