

6/16/97 3:00
6-17-97 3:00
9/24/97 10:00
9/28/97 11:00 meet install

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-312828

P 58030D

A38487

DISTRICT 3rd

DATE 3-18-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 9/28/97

INSPECTOR SRH

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4105 Ten Oaks Road Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Triadelphia Woods LOT 40 ROAD 12615 Fawn Run Court

PROPERTY OWNER Stephen & Dalys Keith

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS TOP SEAMED

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 300

*****PUMP SYSTEM REQUIRED*****

INSTALL: 1500 Gallon Top Seamed Pump Chamber with single/dual effluent pumps controls and alarms.

CONTRACTOR: To supply pump detail prior to issuance of septic permit

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe. (NOTE: Bottom maximum depth 5 feet, Invert @ 3 feet is acceptable per plans 03/03/97-highest part of revised septic area only)

LOCATION - Place the distribution box 40 feet from front (376.70') lot line and 120 feet from the right (406.09') lot line. Install trenches on contour in both directions from distribution box.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. MAINTAIN 25 FT. SEPARATION TO HOUSE GRADING IF SLOPE IS GREATER THAN 25%.

PLANS APPROVED BY Ronald J. Pinkley/Glen Savage OK 3/12/97 REVISED DATE 031397

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**

A 38487

APPLICATION

PERCOLATION TESTING

A 98487

P _____

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

DISTRICT 3

DATE 10/29/86

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 Patuxent Land Co. Inc. ↙ 461-1661
DR. RAJU Varghese

ADDRESS _____ PHONE 531-5539

PROSPECTIVE BUYER Woodelphia Woods

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Woodelphia Woods LOT NO. LOT 40 Prelim. 2038 6/29

ROAD AND DESCRIPTION Woodelphia Road on Right 1/2 mile West of Carroll Hill Road. 12615 FAWN RUN CT

TAX MAP 22 PARCEL # 528

SIZE OF LOT 3+ acres 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.

Michael J. Donnell
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

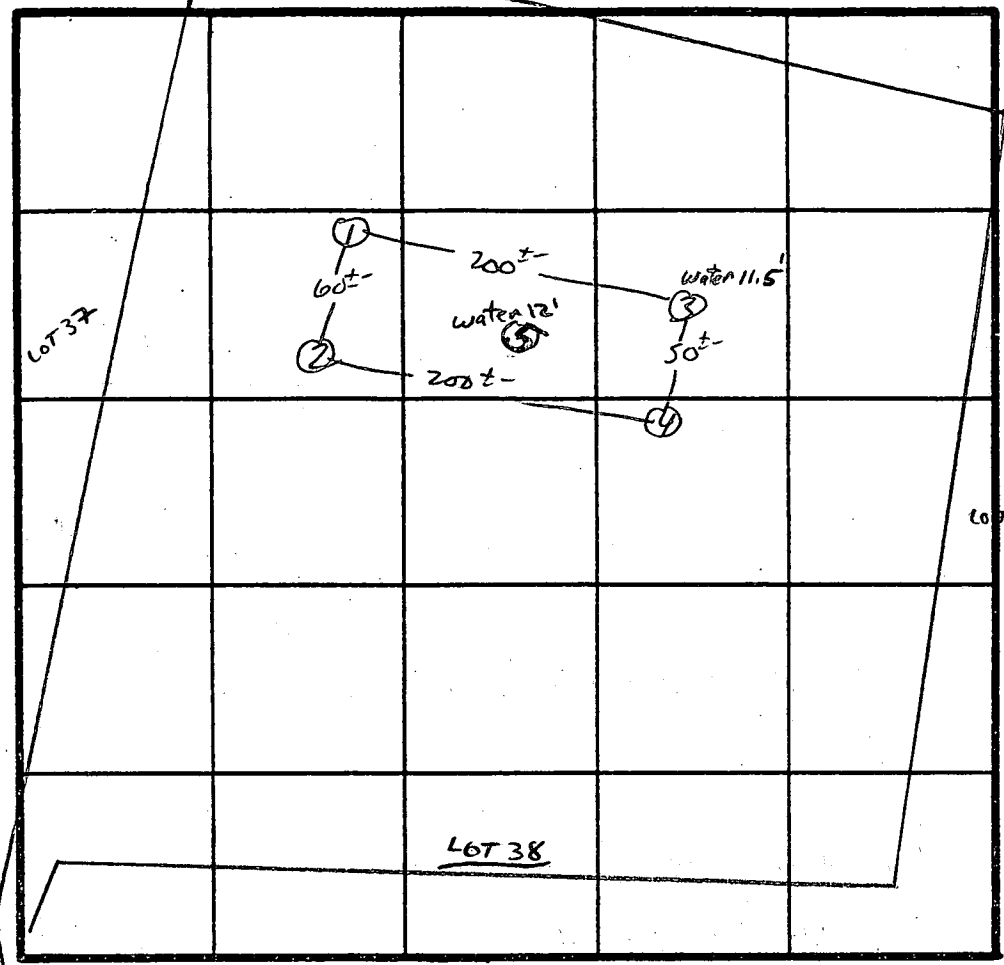
REASONS FOR REJECTION OR HOLDING 2-17-87 Perc Satisfactory; Hold for subdivision plat. S. Don

THIS IS NOT A PERMIT

①②③④⑤
SOIL PROFILE

0"	A1-3
4"	Yellow BR Silt LOAM 9-12% clay <10% frags
3'	Yellow BR Silty SAND LOAM Highly micaceous 20-30% Frags

12-12-87



X PERC
5 MIN
160 #/BR
INLET 3"
LOT 40 BOTTOM 4.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
↓ TO TIAIADOLPHIA Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/17/87	1 S V	3.5 12"	10:30	10:32	10:32	10:36	4 MIN
	2 S M	4" 7.5"	10:33	10:34	10:34	10:37	4 MIN 3 MIN
	2 V	12.5"	UNIFORM SOIL below 3"				
	3 S V	3" 12"	10:38	10:42	10:42	10:49	7 MIN
	4 V	12"	UNIFORM SOIL below 3"				
	5 V	12"	WATER AT 12" (hole open all night)				

REMARKS Holes Diff than Plat / Shallow Syst. only
 TYPE OF SOIL M ANDR
 TESTED BY S. Mcd ALSO PRESENT Richman, Neil, Kenny

EH-12-1079

APPLICATION

PERCOLATION TESTING

RETEST TO CONFIRM
ACCEPTABLE SOIL

A 38487

P _____

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

DISTRICT _____

DATE 10-23-96

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 RAJU VARGHESE STEPHEN & Daisie Keith

ADDRESS 3776 PUM MEADOWS ES. PHONE 21042

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TRIADELPHIA WOODS LOT NO. 40

ROAD AND DESCRIPTION 12615 FAUN RUN CT.

**BLDG. PERMIT SIGNED
AND RETURNED 3/13/97
Luella B00104127**

TAX MAP 22 PARCEL # 528

SIZE OF LOT _____ TYPE BLDG. SFD-4Bdw.
(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)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

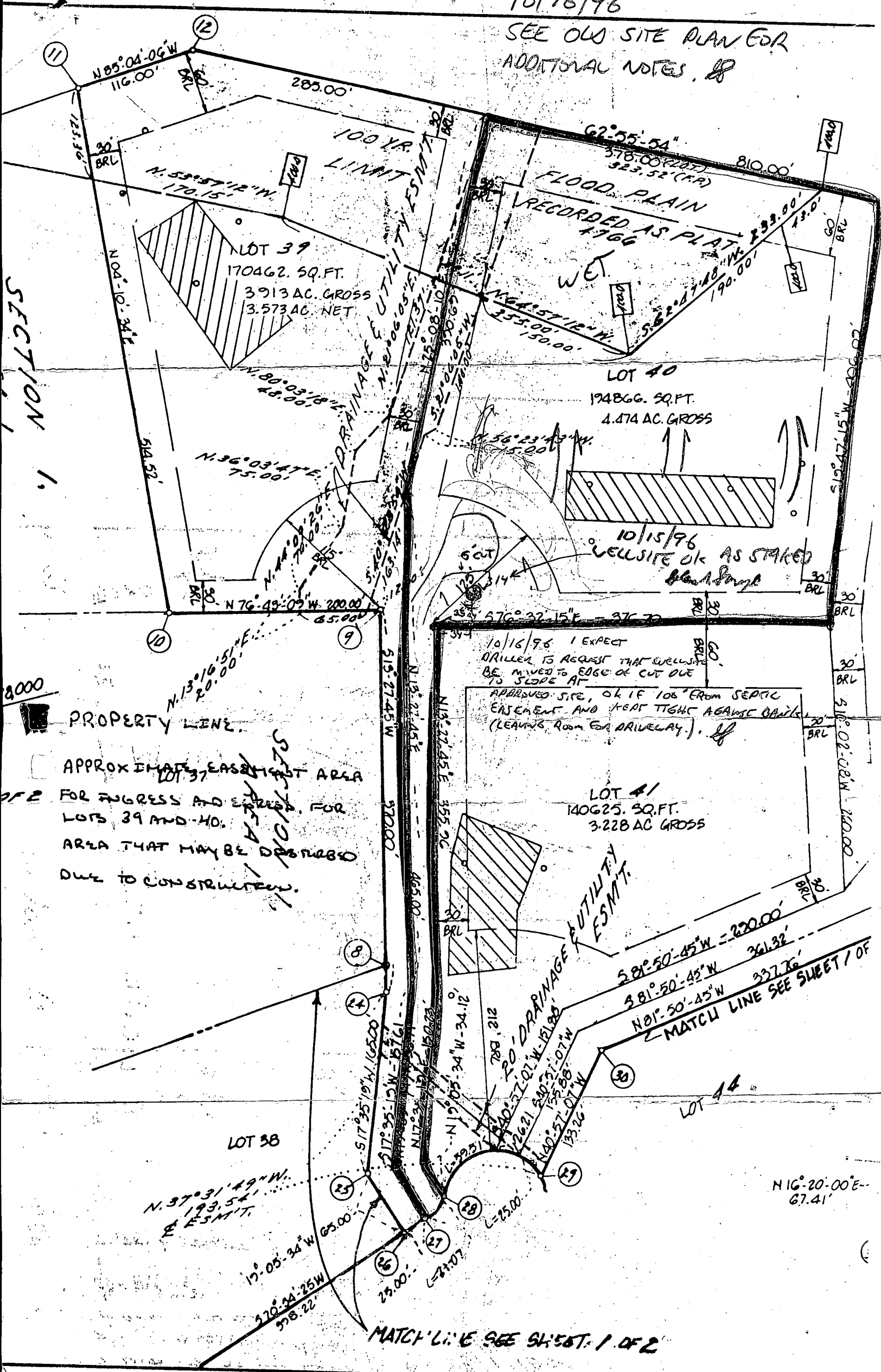
REASONS FOR REJECTION OR HOLDING _____

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

10/16/96
 SEE OLD SITE PLAN FOR
 ADDITIONAL NOTES.



SECTION 1

PROPERTY LINE

APPROXIMATE EASEMENT AREA FOR ACCESS AND UTILITIES FOR LOTS 39 AND 40. AREA THAT MAY BE DISTURBED DUE TO CONSTRUCTION.

OWNER'S STATEMENT

SUR

C1 7866

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 A-38487

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 111196

DEPTH OF WELL grid: 505

PERMIT NO. grid: AC-94-0959

OWNER VARGHESE RASU STREET OR RFD FAUN RUN CT TOWN W. FRIENDSHIP SUBDIVISION TRIADOLPHIA WOODS SECTION LOT 40

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for soft brown dirt, med hard brown rock, etc.

385' dry hole, 308' dry hole, 205' dry hole. A & S

CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. 304 David Kelly

DRILLERS SIGNATURE Harvey W. Knapp LIC. NO. 509

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

GROUTING RECORD. WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1100

CASING RECORD. casing types insert appropriate code below. (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER

MAIN CASING TYPE. Nominal diameter top (main casing) (nearest inch)! Total depth of main casing (nearest foot). (P) (L) (6) (4) (8)

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

SCREEN RECORD. screen type or open hole. (S) STEEL (B) BRASS (H) OPEN HOLE (P) PLASTIC (O) OTHER

DEPTH (nearest ft.) grid: H 0 4 7 5 0 5

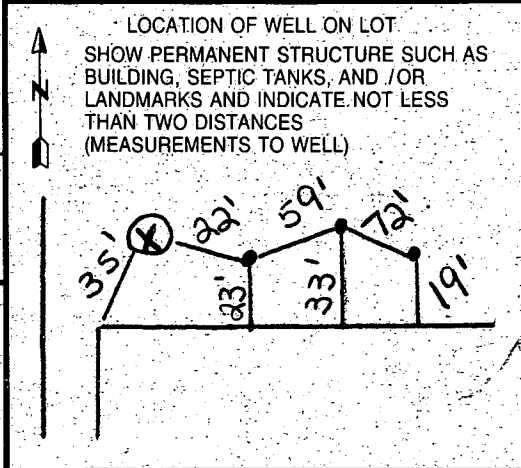
SLOT SIZE: 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) grid

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 (nearest hour) 6 PUMPING RATE (gal. per min.) 2.43 METHOD USED TO MEASURE PUMPING RATE timer WATER LEVEL (distance from land surface) BEFORE PUMPING 1.0 WHEN PUMPING 1.40 TYPE OF PUMP USED (for test) (S) submersible

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 (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 1 (nearest foot)



JONES WELL DRILLING, INC.
 3700 RUSH ROAD
 JARRETTSVILLE, MD 21084

*Completion report
 OK 3/3/97 PJP*

Page 1

Date Test Completed: 11-08-96

Telephone (410) 692-6981

Well Depth: 505 Feet

Initials: _____

Permit No: HO-94-0959

Subdivision TRIDELPHIA WOODS

Section: _____ Lot 40

Road: Tridelphia Rd.

District: _____

	Time	Water Level Feet	Time to Fill 5-Gallon Bucket Seconds	Gallons Per Minute
1	10:00	10	18	16.67
2	15	140	120	2.50
3	30	140	123	2.44
4	45	140	124	2.42
5	11:00	140	123	2.44
6	15	140	123	2.44
7	30	140	124	2.42
8	45	140	123	2.44
9	12:00	140	123	2.44
10	15	140	123	2.44
11	30	140	124	2.42
12	45	140	124	2.42
13	1:00	140	123	2.44
14	15	140	124	2.42
15	30	140	123	2.44
16	45	140	123	2.44
17	2:00	140	123	2.44
18	15	140	124	2.42
19	30	140	123	2.43
20	45	140	123	2.43
21	3:00	140	123	2.43
22	15	140	123	2.43
23	30	140	124	2.41
24	45	140	123	2.43
25	4:00	140	123	2.43
26	15	140	123	2.43
27				
28				

EMERGENCY/TEMP NO. IF ANY

B 1 **7833** SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-0959
fill in this form completely

Date Received (APA) **092496**

OWNER INFORMATION

MARGHESE RAJU
Last Name Owner First Name

3770 PLUM MEADOW DR
Street or RFD

ELLICOTT CITY MD 21104
Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

TRIDELPHIA WOODS SUBDIVISION

SECTION **40** LOT **40**

WEST FRIENDSHIP NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **3** MI.

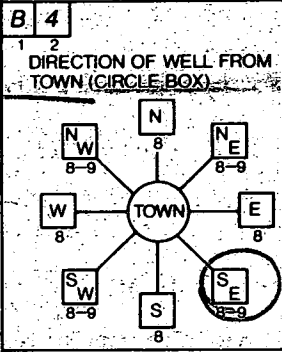
DRILLER INFORMATION

David Kelly 692-6981304
Driller's Name License No. 80

Jones Well Drilling Inc
Firm Name

3700 Rush Rd HARRETSVILLE
Address

David Kelly 9-23-96
Signature Date



TRIDELPHIA RD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

APPROX 600 DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **4**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**

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 HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A-38487

COUNTY NAME COUNTY NO.

DATE ISSUED **10/22/96** EXP. DATE **10/22/97**

NORTH GRID **815000** EAST GRID **0528000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or, Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

Other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. _____

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

8185
528

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

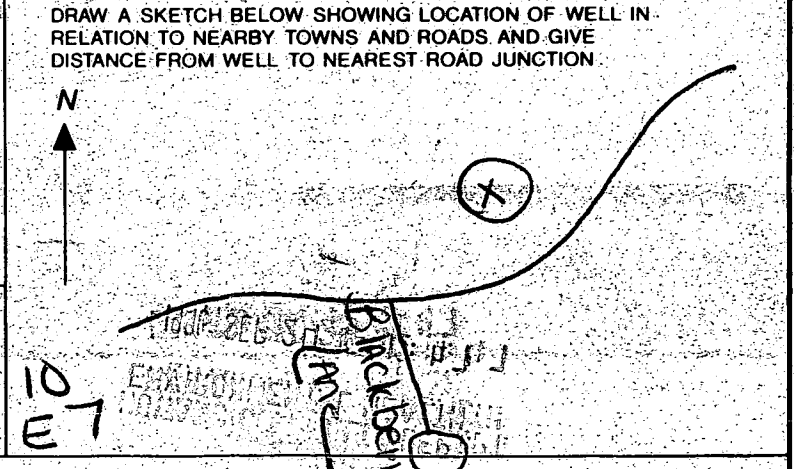
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) _____



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

APPROX. PERMIT NUMBER **GAP**

FORCE **GS** WRITE INITIALS IN BOX

PERMIT No. **40-94-0959**

B 1 2275 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-88-0452 fill in this form completely

Date Received (APA) 022789 OWNER INFORMATION STEWART CARIG 8329 MAIN ST FELLICOFF CITYVA MD 21043

LOCATION OF WELL ACWARD ARNDDELPHIA WOODS SECTION 44 LOT 48 GLENDELG MILES FROM TOWN 2 1/2 MI

DRILLER INFORMATION Joseph L. Mayne 238 Driller's Name License No. 80 Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy, Md. 21771 Address Signature Date 2/25/89

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Fawn Run Ct NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 500 FT

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 HEALTH DEPARTMENT APPROVAL) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE

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 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

Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER FORCE C4 INITIALS PERMIT NO. H0-88-0452

SPECIAL CONDITIONS COUNTY

5/15/97
a.m. WPI

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

~~410-247-8864~~ PHONE: (410) 313-2640
FAX: (410) 313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement _____ Receipt # _____
 Date _____
 Name of Installer John Gaske Telephone 410-247-6963
 License Number 3189
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
 Name of Property Owner Stephen Keith Telephone 410-7306418
 Subdivision ELICOTT MILLS WOOD Lot # 40 Well Tag # HO-94-0959
 Site Address 115 FAWN RUN

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible 56510422
 2. Make Goolds
 3. Model # 56510422
 4. Capacity 5 GPM
 5. Pump exceeds well capacity Yes X No _____
 6. If Yes, is low pressure cutoff switch installed? Yes X No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations?
 Torque arrestors X Cable guards X Other Tape, wire Tied

Motor
 1. Horsepower _____
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220 X

Pitless Adapter
 1. Make HARVARD
 2. Model # 100
 3. Depth 48"

Tank
 1. Capacity Wx35.0
 2. Pressure relief valve? RUSO

Piping
 1. Type 200 PSI
 2. Size 1"
 3. NSF and/or BOCA Code approved YES
 4. Depth of supply line 480

Well data
 1. Depth 505 ft.
 2. Yield 2.5 GPM
 3. Static water level 10' ft.
 4. Will water supply be disinfected by installer? NO

5/15/97
WPI Inspection
well line 4' below grade
well casing 14' above grade
2 pc cap installed. OK TO COVER. (D.S.)

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: John Gaske
Date: 5-14-97

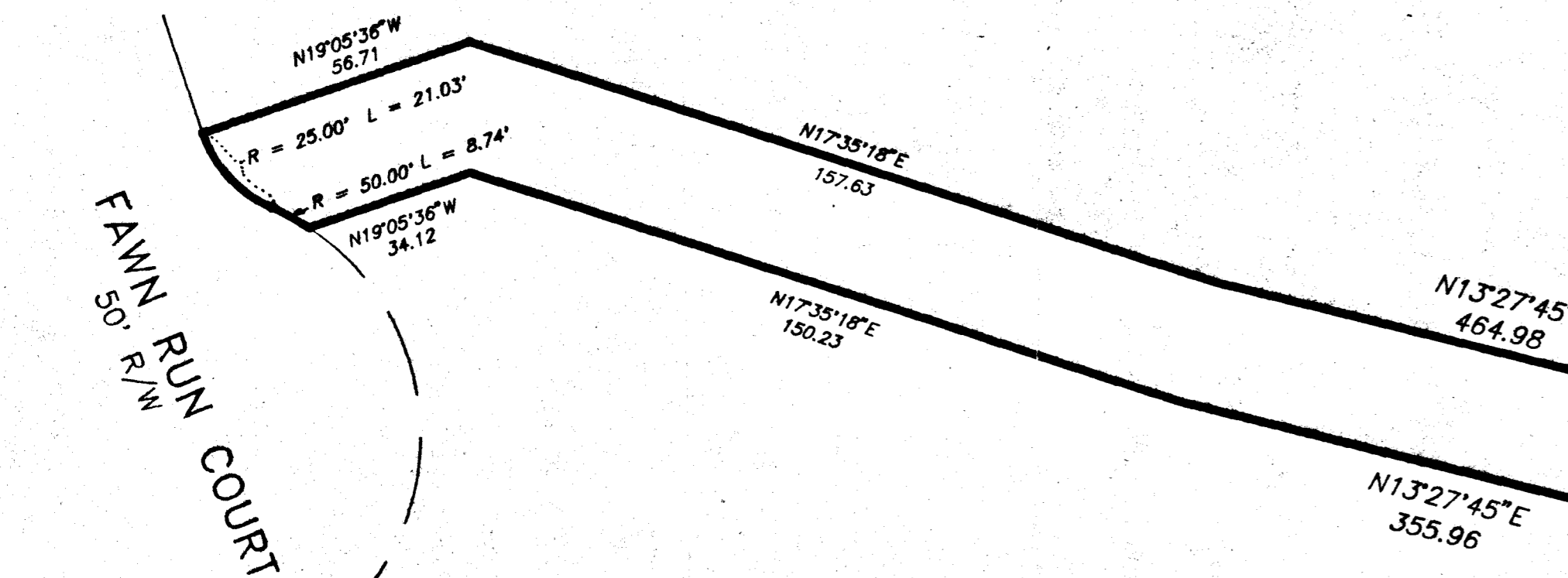
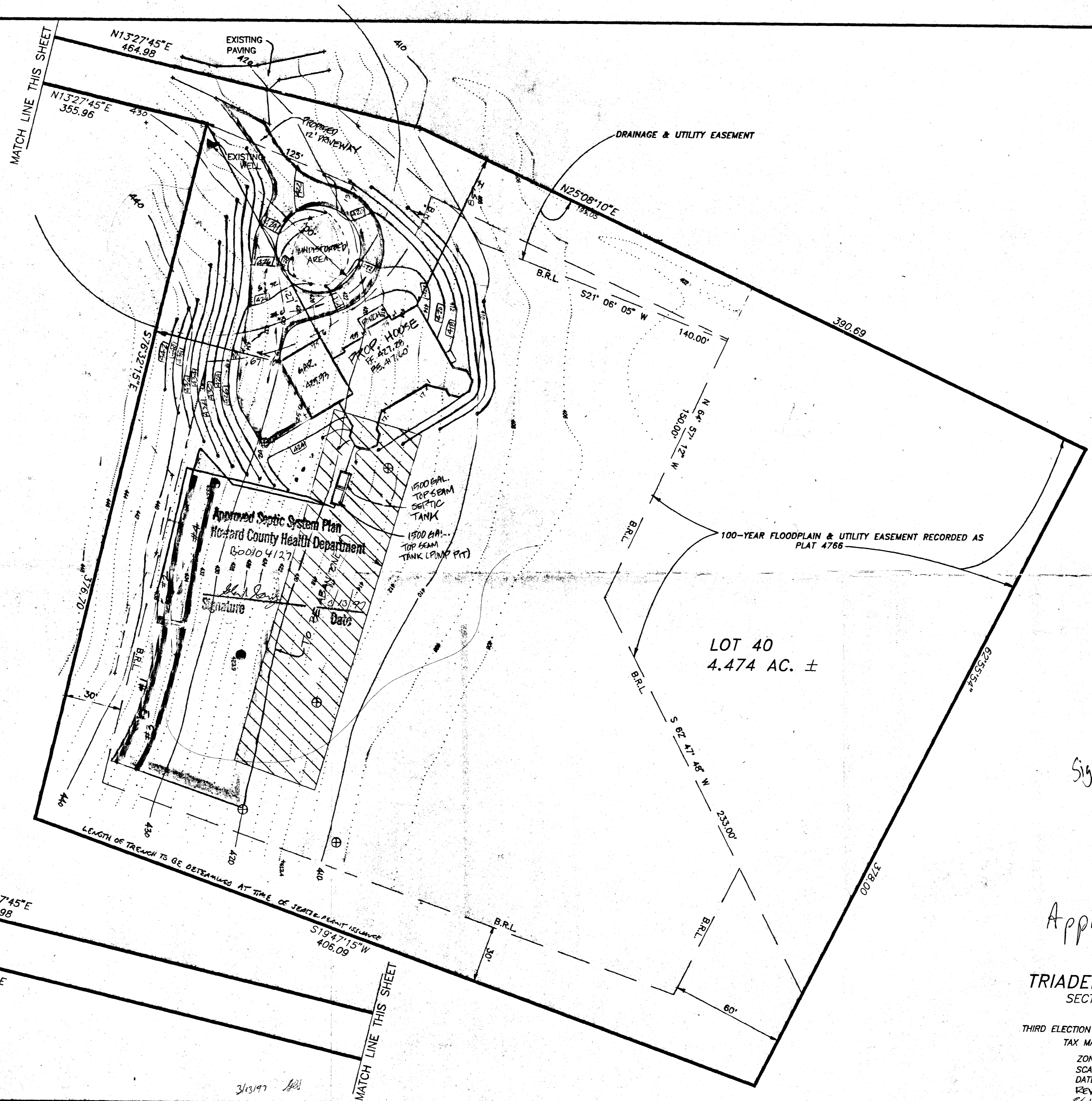
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

SEPTIC SYSTEM DATA

RM. AT HOUSE	415.1			
SEPTIC TANK				
EX. GRADE	419			
FIN. GRADE	419			
RM. IN	414.8			
RM. OUT	414.7			
DISTRIBUTION BOX				
EX. GRADE	436.2			
FIN. GRADE	436.2			
RM. IN	433.7			
RM. OUT	433.7			
TRENCHES				
EX. GRADE	#1	#2	#3	#4
FIN. GRADE	436	436	433.2	433.2
RM. IN	433	433	430.2	430.2
BOTTOM	431	431	429.2	429.2
LENGTH	45'	50'	70'	71'

***EFFLUENT TO BE PUMPED FROM PUMP PIT TO DISTRIBUTION BOX.**
 NOTE: WHEN LINE FROM PUMP PIT TO DISTRIBUTION BOX IS INSTALLED, IT SHOULD BE MARKED TO PREVENT DISTURBANCE DURING INSTALLATION OR MAINTENANCE OF TRENCHES.

- NOTES:**
- THE TOPOGRAPHY SHOWN HEREON WAS FIELD RUN BY SHANABERGER & LANE IN DECEMBER OF 1996.
 - B.R.L. DESIGNATES BUILDING RESTRICTION LINE.
 - ***** DESIGNATES LIMIT OF DISTURBANCE.
 - DESIGNATES FAILED PERC TEST (1996).
 - ⊕ DESIGNATES APPROVED PERC TEST (1996).
 - ⊕ DESIGNATES PREVIOUSLY APPROVED PERC TEST AS SHOWN ON PLAT # 7741.
 - THIS AREA DESIGNATES A PROPOSED REVISED PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. REORDINATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY. THERE IS A 10,000 S.F. MINIMUM RESTRICTION ON THE SEWAGE EASEMENT.
 - THIS AREA DESIGNATES APPROVED PRIVATE SEWAGE EASEMENT AS SHOWN ON PLAT # 7741.
 - TOTAL AREA DISTURBED: 20,905 ±
 - A PUMPED SEPTIC SYSTEM IS REQUIRED.



SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 104
 ELLICOTT CITY, MD. 21043
 (410) 461-9563

LOT 40
 4.474 AC. ±

Signe 3/5/97

Approved BP Plan
 SITE PLAN
 LOT 40
 TRIADELPHIA WOODS
 SECTION 1, AREA 2
 PLAT #7741
 THIRD ELECTION DISTRICT, HOWARD COUNTY, MD
 TAX MAP 22, PARCEL 528
 ZONED: RC-DEO
 SCALE: 1"=30'
 DATE: JAN. 17, 1997
 REV: FEB. 24, 1997
 REV: MARCH 10, 1997

(Kid's Play Area)

Note: 12'-14'6" Width Stairs

Grill Station

6/6/00 (MR)

DECK ACCEPTED
ALTHO
< 10'
SEPARATION;
CONTRACTOR
ADVISED TO
MAINTAIN
10' IN FUTURE

Septic

(Breakfast Room)

Residence

Deck

Open

Note: 1st Floor Garden Space

Walkway from Basement

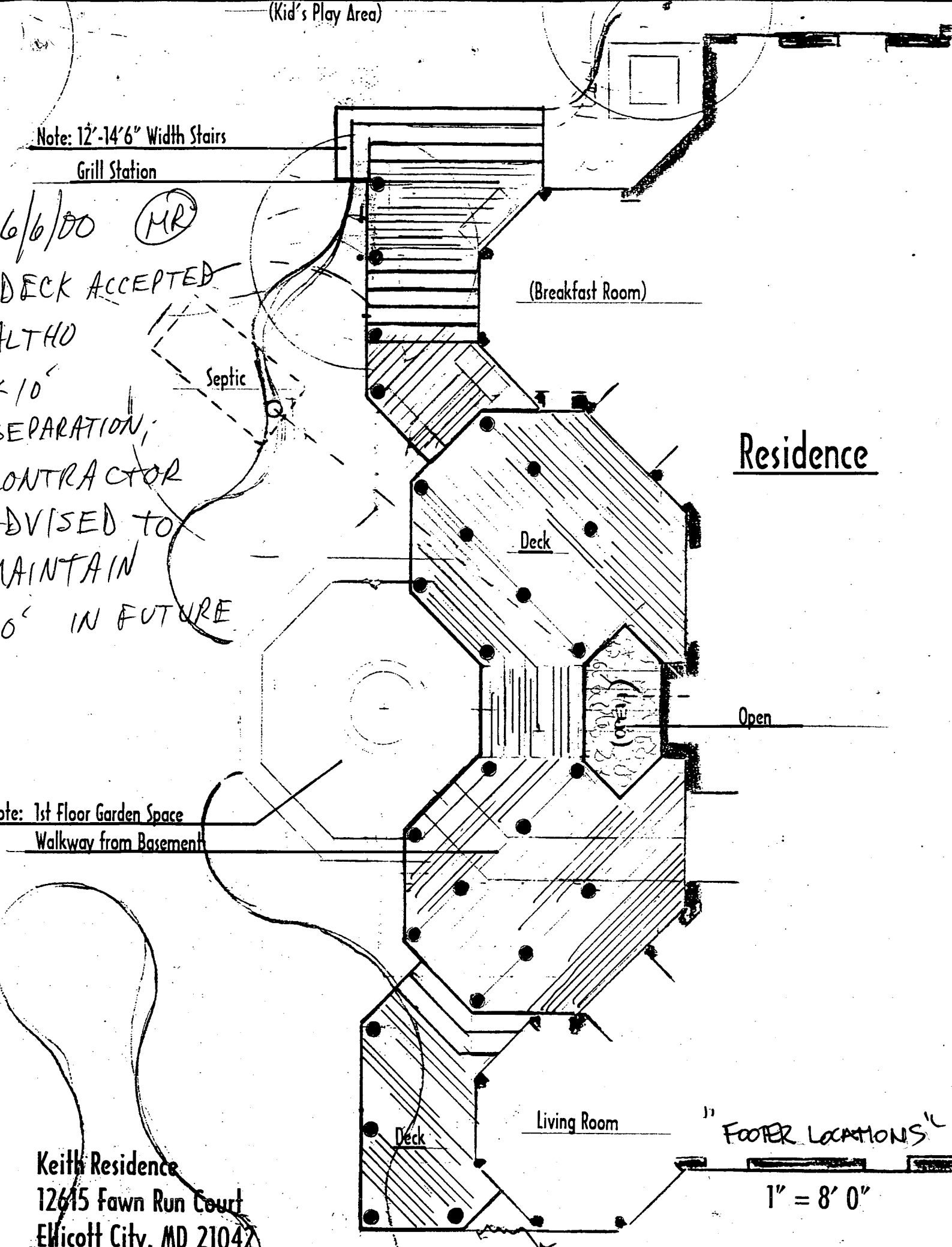
Living Room

Deck

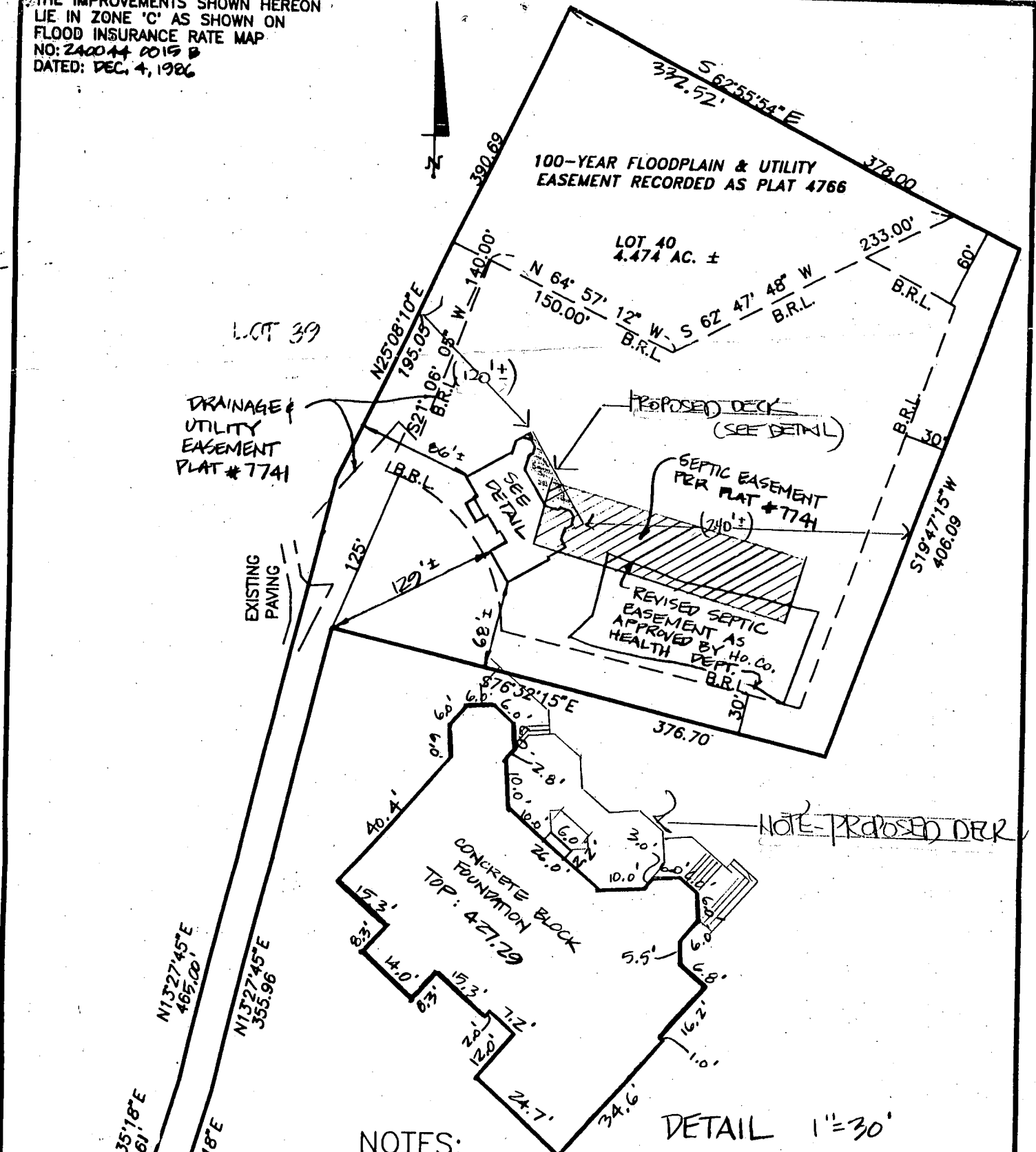
FOOTER LOCATIONS

1" = 8' 0"

Keith Residence
12615 Fawn Run Court
Ellicott City, MD 21042



THE IMPROVEMENTS SHOWN HEREON
 LIE IN ZONE 'C' AS SHOWN ON
 FLOOD INSURANCE RATE MAP
 NO: 240044 0019 B
 DATED: DEC. 4, 1986



NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 1'
6. ACCURACY OF ELEVATIONS: 0.2'

N19°05'34"W 56.71
 R = 25.00'
 L = 21.03'
 N17°35'18"E 157.61'
 N17°35'18"E 150.23'
 N13°27'45"E 465.00'
 N13°27'45"E 355.96'

FAWN RUN COURT
 50' R/W

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

G. Scott Shanaberger
 G. SCOTT SHANABERGER DATE 5/16/97
 PROFESSIONAL LAND SURVEYOR # 10849

SHANABERGER & LANE
 8726 TOWN AND COUNTRY BLVD.
 SUITE 104
 ELLICOTT CITY, MD. 21043
 (410) 461-9563 FAX: (410) 461-9693

FOUNDATION LOCATION DRAWING
 LOT 40
TRIADELPHIA WOODS
 SECTION 1, AREA 2
 PLAT #7741
 THIRD ELECTION DISTRICT, HOWARD COUNTY, MD
 TAX MAP 22, PARCEL 528

SCALE : 1"=100'
 DATE : MAY 16, 1997
 DATE OF LATEST FIELD WORK: 5/15/97

Building Address: 12615 Fawn Run Ct
Ellicott City, MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract: 6030 Subdivision: Terradelp

Section: 1 Area: 2 Lot: 45

Tax Map: 22 Parcel: 528 Grid: 5

Zoning: AR-DC0 Map Coordinates: 1007 Lot size: _____

Property Owner's Name: Dalys & Stephen Keith

Address: 12615 Fawn Run Ct

City: Ellicott City State: MD Zip Code: 21042

Home Phone: 410 331 22 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Botanical Decoratives
3011 B Oldrye Dr
Annapolis MD 20635

Phone: 301 918 6675 Fax: 301 747 3323

Existing Use: Single Family Home

Proposed Use: Single Family Home w/Deck

Estimated Construction Cost: \$ 30,000.00

Description of Work: Deck w/Steps

Contractor Company: Botanical Decoratives

Contact Person: Kathy Wampler

Address: Above

City: _____ State: _____ Zip Code: _____

License No.: 30775 Phone: 301 918 6675 Fax: _____

Occupant or Tenant: Keith Family

Contact Name: Above

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Engineer or Architect Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<p><u>Building Characteristics</u></p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular</p>	<p><u>Utilities</u></p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads: _____</p>	<p><u>Building Characteristics</u></p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____</p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____</p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</p>	<p><u>Utilities</u></p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NEPA #13D <input type="checkbox"/> NEPA #13R <input type="checkbox"/> Other:</p>

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 THERE TO, (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 THIS WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Title/Company: Botanical Decoratives

Print Name: Kathy Wampler Date: 6/1/00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 FOR OFFICE USE ONLY

<p>AGENCY: <u>Land Development DPZ</u> DATE: <u>6/1/00</u> SIGNATURE APPROVAL: <u>[Signature]</u></p> <p>State Highways: _____</p> <p>Building Official: _____</p> <p>Dev. Engineering DPZ: <u>[Signature]</u></p> <p>Health: <u>[Signature]</u></p> <p>Fire Protection: _____</p> <p>Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/></p>	<p>DPZ SETBACK INFORMATION</p> <p>Front: _____</p> <p>Rear: _____</p> <p>Side: _____</p> <p>Side St.: _____</p> <p>All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Lot Coverage for New Town Zone _____</p> <p>SDP/Red-line approval date _____ Accepted by _____</p>	<p>PROPERTY ID#: <u>28308</u></p> <p>Filing fee: \$ _____</p> <p>Permit fee: \$ <u>70</u></p> <p>Excise tax: \$ _____</p> <p>Sub-total paid: \$ _____</p> <p>Add'l permit fee: \$ _____</p> <p>TOTAL FEES: \$ _____</p> <p>Balance due: \$ _____</p> <p>Check # <u>102</u></p> <p>Validation # _____</p>
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