

Layout 1/16/02 10:30am

05-408229

1/18/02 - Final 1/17/02 Follow-up

ISSUE DATE: 1/15/2002 3:00

P 516471

APPROVAL DATE: 1/18/02

A 38501

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Farm & Home Excavating, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 901 Driver Road, Marriottsville PHONE NUMBER: 410-442-2139

SUBDIVISION: Greenbank Property LOT NUMBER: ~~7B~~ 8

ADDRESS: 13700
~~13740~~ Route 108 PROPERTY OWNER: Robert Craney

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the bend in the left lot line (340.00'/191.14' intersection), place the distribution box 25' down the 191.14' lot line and 105' off this same lot line. Run (3) trenches on contour to right side of lot.
NOTES:	Install trenches 10' apart center-to-center to allow adequate room for repairs.

PLANS APPROVED: MER 5/11/01 OK (BB) DATE: 5/10/01

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

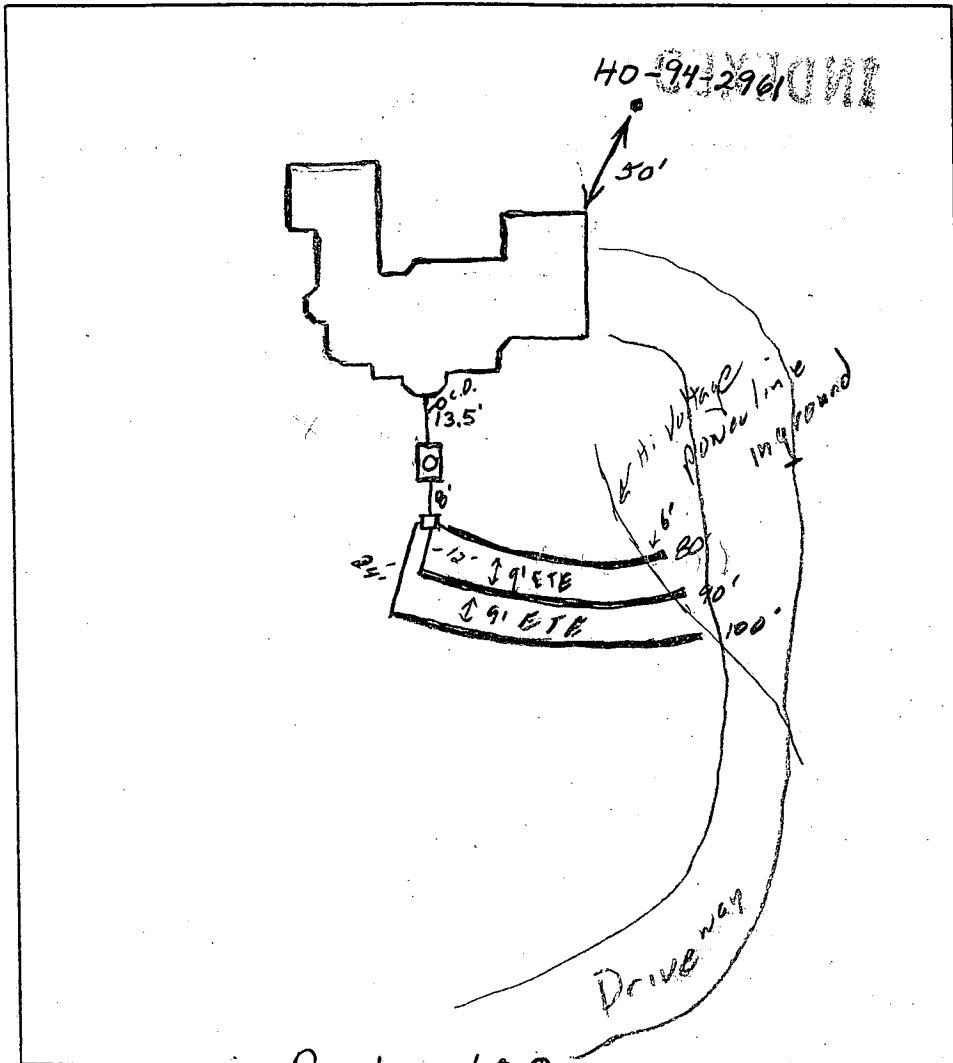
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED 1-31-02
B00133901 - PROPANE TANK

A38501

TAX MAP 40, GRID # 9, PARCEL # 306

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 4'
 TRENCH BOTTOM DEPTH 6'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 270'
 ABSORBENT AREA 810 #
 DISTRIBUTION BOX LEVEL yes
 BAFFLE IN DISTRIBUTION BOX yes

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER Center - 1.5'
 6 INCH INSPECTION PORT None

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM _____
 PUMP PERFORMANCE TEST _____

Route 108

PRE-CONSTRUCTION INSPECTION: 1/16/02 To install as per B. P. plan. (BB)

INSPECTION COMMENTS: 1/17/02 OK to cover 80' x 90' trenches, S.T & D.B.

Contractor cut thru electric line. Can't finish last trench (C)

1/18/02 OK to cover all work (C)

INSPECTOR

[Signature]

DATE SYSTEM APPROVED

BUILDING PERMIT SIGNED
 A.S. [Signature]



RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2002 MR 26 PM 3:12

DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

March 25, 2002

Mr. Robert Craney
13740 Clarksville Pike
Highland, MD 20777

Dear Mr. Craney:

**RE: Address Change, Tax Map No. 40, Grid No. 9, Parcel
No. 306 Permit #: B00129685**

The purpose of this letter is to notify you regarding the correct street address assigned to the above referenced property in accordance with the Howard County Street Address Grid System.

At your request, and with the concurrence of Richard Jordan in the Bureau of Communications (9-1-1), the address for your parcel is being changed as it is a duplicate number of another residence on your street.

OLD/INCORRECT ADDRESS:	13740 Clarksville Pike
CORRECTED ADDRESS: <i>Robert Craney Lot 8</i>	13700 Clarksville Pike Tax Map 40, Grid 9, Parcel 306 Note: This does not effect the existing number 13740 on adjacent Parcel 423.

A30714
P31319

Upon receipt of this letter, the address change will take effect. The Department of Planning and Zoning will notify the agencies as copied below.

It is essential that you use the "corrected address" so that emergency response of fire, police and medical services to your location will not be inhibited. The County's 9-1-1 system, coupled with a computer-aided-dispatch system, bases responses according to street addresses.

March 25, 2002

In accordance with Section 16.400 of the Howard County Code, "Street Names and House Numbers," all buildings (commercial and residential) must have the correct street address displayed in a conspicuous place over or near the principal entrance. The numbers must be easily legible figures not less than two inches (2") high and in a color contrasting with their background. The Department of Fire & Rescue Services recommends reflective numbers.

If you have any questions, please contact Derrick Jones at (410) 313-2350.

Sincerely,



Kent Sheubrooks
Division of Land Development

KS:dj

CERTIFIED MAIL / RECEIPT REQUESTED

- cc: Department of Finance, Water Billing
- Department of Fire & Rescue Services
- Tax Assessment
- Department of Inspections, Licenses and Permits
- Inspections Enforcement - Brenda Saucedo
- Health Department
- Election Board
- DPZ - Graphics - Mike White
- DPZ - Research
- DPZ - Derrick Jones
- DPZ - Development Engineering Div., Land Development
- Public Information, Linda Brown
- Dick Jordan, Bureau of Communications
- Postmaster, Ellicott City
- Verizon
- Baltimore Gas & Electric
- Benchmark Engineering, Inc.

[Handwritten notes]

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00129685

Building Address 13740 Lot 7B Rt 108/Clarksville Rd
Highland MD, 20777
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6051.01 Subdivision _____
Section _____ Area _____ Lot 7
Tax Map 40 Parcel 306 Grid 9
Zoning RR Map Coordinates 18A1 Lot size _____

Property Owner's Name Robert Craney
Address 3981 View Top Rd
City Ellicott City State MD Zip Code 21042
Home Phone 410 461 1177 Work Phone 410 977 3388
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410 461 1177 Fax 410 461 8670

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 345,000
Description of Work New 2.5 BR, 2 1/2 Bath, 2 1/2 car garage
2 1/2 BR, 1 1/2 Bath, 4 BR

Contractor Company Castlewood Homes
Contact Person Robert Craney
Address Same as above
City _____ State _____ Zip Code _____
License No. M.B.R.# 1244
Phone _____ Fax 410 461 8670

Occupant or Tenant None
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company RH Johnston & Assoc.
Contact Person Ren Johnston
Address _____
City _____ State _____ Zip Code _____
Phone 410 442 3667 Fax SAME

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: Depth <u>714</u> Width <u>832</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>38</u> <u>832</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>36</u> <u>832</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 Robert Craney
Title/Company Robert Castlewood Homes

Print Name Robert Craney
Date 4-18-01

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>5/10/01</u>	<u>Mark R. Flynn</u>
Health		
Fire Protection		
Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>50291</u>
Rear: _____	Filing fee \$ <u>15.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>791</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

BRIARIDGE SUBJ
P.B. 22 F 86

THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 10'

613.26'

SEPTIC SYSTEM DESIGN DATA:

1. INVERT AT FOUNDATION WALL: 111.00 FIRST FLOOR SERVICE ONLY (WALL HUNG WITH INTERIOR PUMP PIT FOR BASEMENT SERVICE)
2. 1250 GALLON SEPTIC TANK (4 BEDROOM- PROVIDE MANHOLE TO GRADE) EXISTING GROUND OVER TANK: 114.50 PROPOSED GRADE OVER TANK: 114.50 INVERT IN: 110.90 INVERT OUT: 110.60
3. DISTRIBUTION BOX: (4 OUTLETS MINIMUM) EXISTING GROUND OVER BOX: 114.50 PROPOSED GRADE OVER BOX: 114.50 INVERT IN: 110.50
4. TRENCH DESIGN: 80 LF PER BEDROOM X4 = 320 LF

	(A)	(B)	(C)
EX. GROUND OVER TRENCH:	114.00	112.70	111.00
INVERT TRENCH:	110.00	108.70	107.00
BOTTOM TRENCH:	108.00	106.70	105.00
LENGTH:	60 FT.	80 FT.	100 FT.
WIDTH:	3 FT.	3 FT.	3 FT.

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

LOT 7B

3.00 Ac. ±

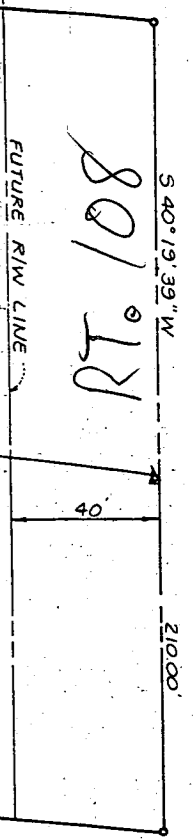
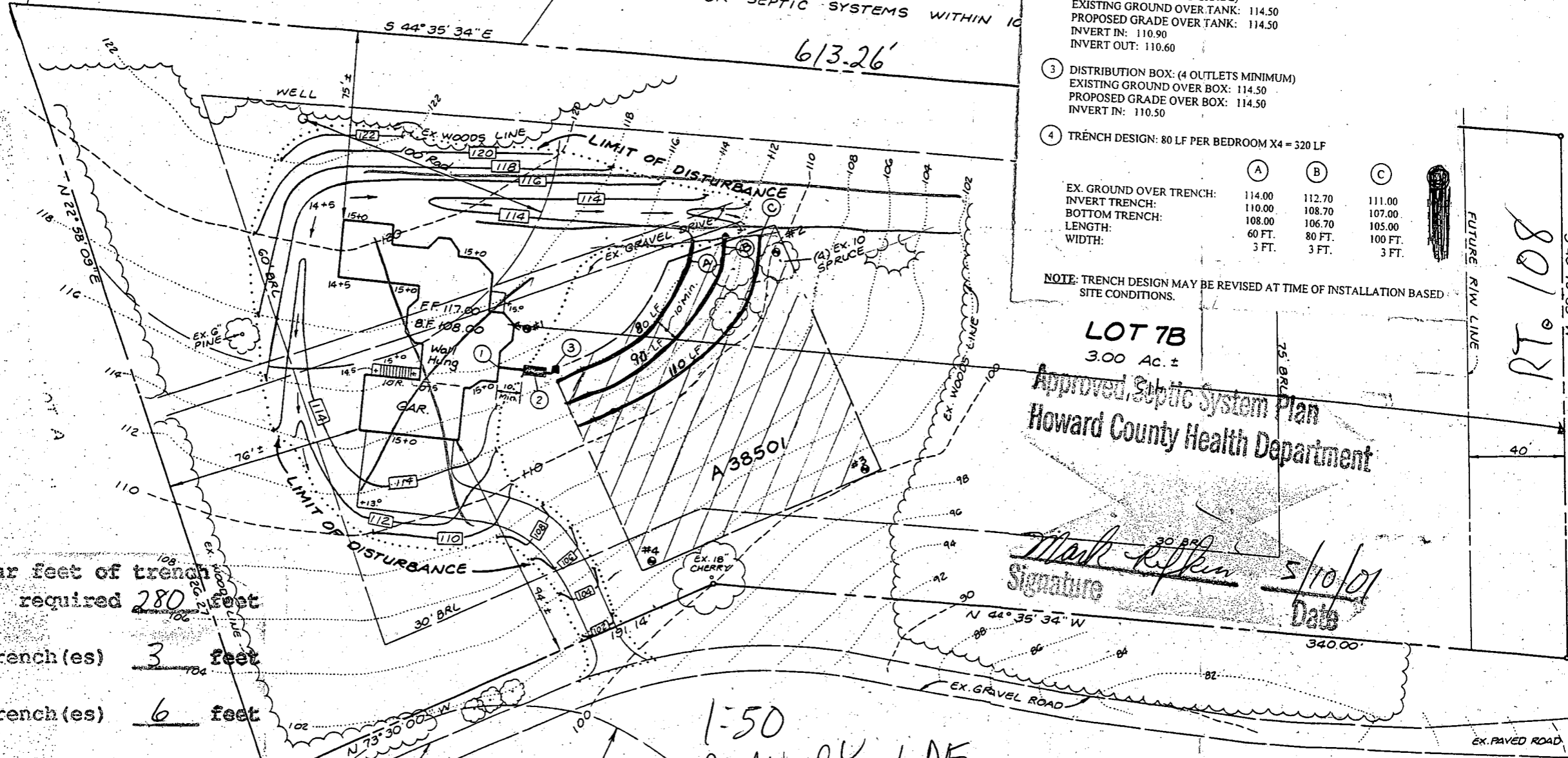
Approved, Septic System Plan
Howard County Health Department

Mark Riffen
Signature
5/10/01
Date

1:50
PLAN BY LDE

HILLINGER, ET AL.
7/148

Total linear feet of trench required 280 feet
Width of trench(es) 3 feet
Depth of trench(es) 6 feet
Depth of stone required below distribution pipe 2 feet



1/29/02 Anytime
3/15/02-10:00

FROM : HCOO-ENVIRO

FAX NO. : 4103132648

Mar. 14 2002 12:53PM P1

(2)

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Cumberland + Co Telephone #: 301 854-6838
Address: 16391 A.E. Mulliken Rd
Woodbine MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Kelly Cumberland License# 61417
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Robert Craney Telephone #: 410 461-1477
Subdivision: NA Lot #: _____ Well Tag #: HO -
Site Address: 13740 Clarksville Pike
Highland MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Summit</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SB 6754A2</u>	Model#: <u>S 1240</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>5'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arresters or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>All</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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

Signature of company representative responsible for installation: Kelly Cumberland date: 3-14-02

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

Date Insp. Requested: _____ Date Insp. Approved: 3/15/02
Inspection Data:
Pitless adapter and water supply line at least 16" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 0286 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
03 20 01

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A38501 OWSRU
3/22/01

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2961

28 29 30 31 32 33 34 35 36 37

OWNER Castlewood Homes last name first name
STREET OR RFD Rt. 108 TOWN Clarksville
SUBDIVISION Greenbank Property SECTION LOT 7B 8

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Overburden	0	15	
Soft Shale	15	40	
Gray Rock	40	300	x
water at 122 & 142'			

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY

NO. OF BAGS 11 NO. OF POUNDS 1100

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 46 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 46

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

E A C H C A S I N G

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL BRASS OPEN HOLE
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Wanna Powell

LIC. NO. M D 241

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

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
E	1	2	3	4	5	6	7	8	9	11	15	17	21							
A																				
C																				
H	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
S																				
C																				
R	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
E																				
E																				
N																				

DIAMETER OF SCREEN (NEAREST INCH)
56 60

from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W. Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.54

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44 ft.

WHEN PUMPING 257 ft.

TYPE OF PUMP USED (for test)

air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED

DRILLER INSTALLED 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 29

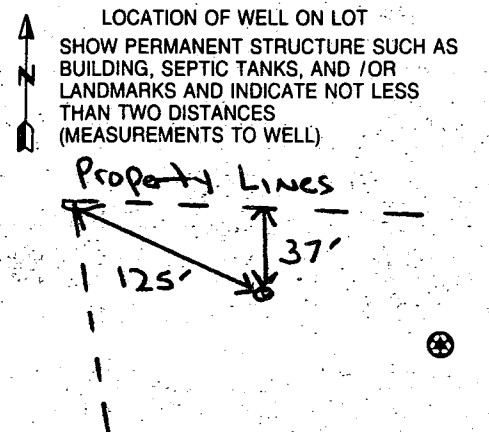
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE (nearest foot)
 below }



B 1 0090

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W514747 please print or type

HO-94-2081 fill in this form completely

Date Received (APA)

1/19/01

OWNER INFORMATION

Castlewood Homes 3981 Viewtop Rd Ellicott City MD 21042

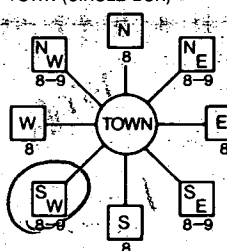
LOCATION OF WELL

Howard Greenbank Property Highland 2 miles from town

DRILLER INFORMATION

Paul M Fabiszak MW0399 G Edgar Harr Sons Corp 12047 Falls Rd Cockeysville 21080

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13740 Route 108 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 200 FT DISTANCE FROM ROAD

APPROX. PUMPING RATE 5 GAL PER MIN. AVERAGE DAILY QUANTITY NEEDED 750 GAL PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

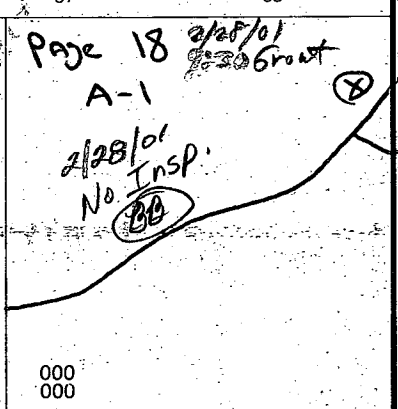
- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A38501 COUNTY NAME COUNTY NO. DATE ISSUED 1/31/01 CO SIGNATURE 1/31/02 EXP. DATE NORTH GRID 480 000 EAST GRID 800 000

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well



METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERCussion (circled) ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 N 480

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER G PERMIT No. HO-94-2081

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

S 44° 35' 34" E

11/31/01
Well site
Staked by
LDE

LOT A
EDWARD J. EGAN
10851 678

WELL

EX. WOODS LINE

100' R

N 22° 58' 09" E

60' BRL

PROP. DWLG.

EX. GRAVEL

EX. 6" PINE

#1

GAR.

110

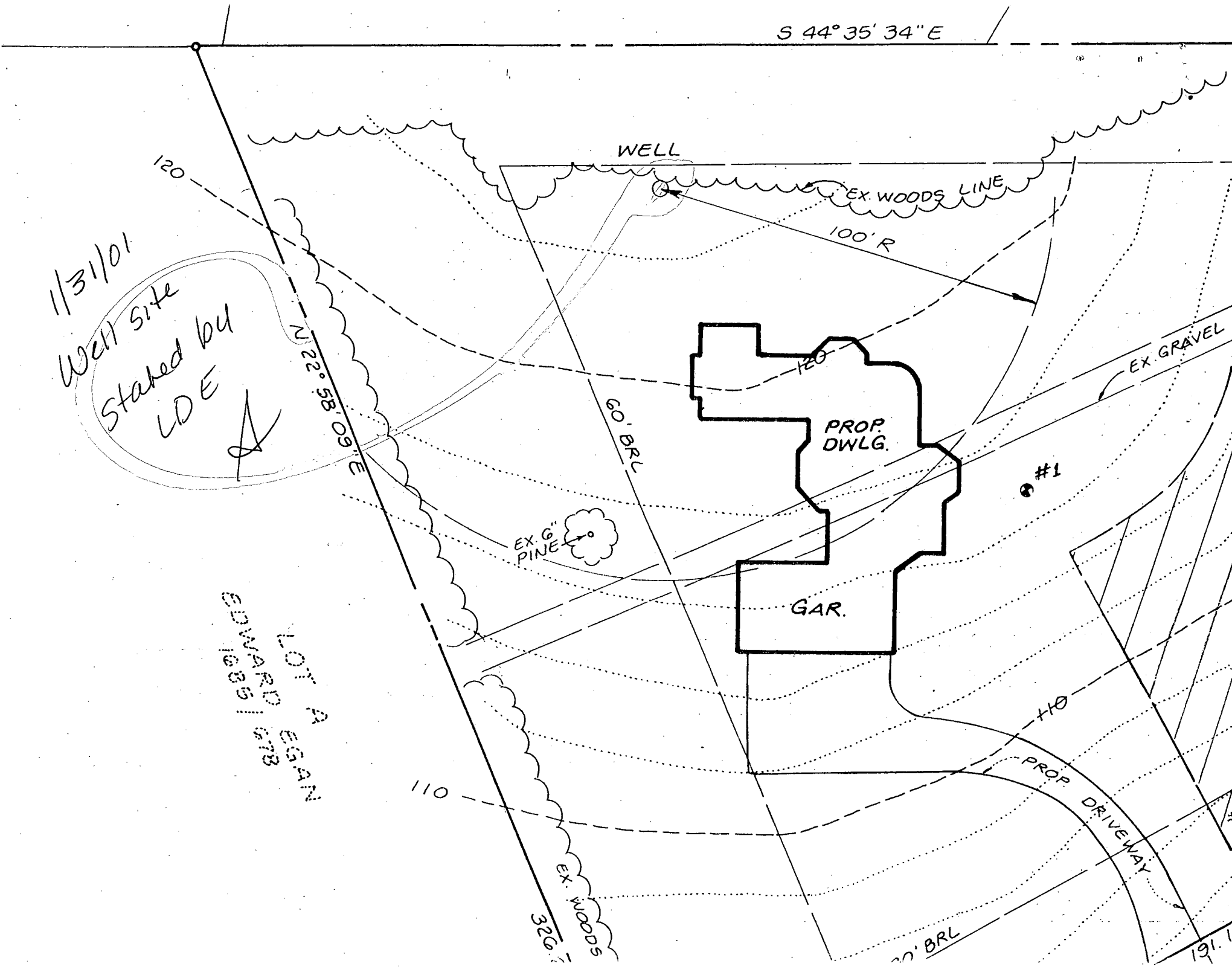
PROP. DRIVEWAY

110

EX. WOODS
320'

20' BRL

191.14

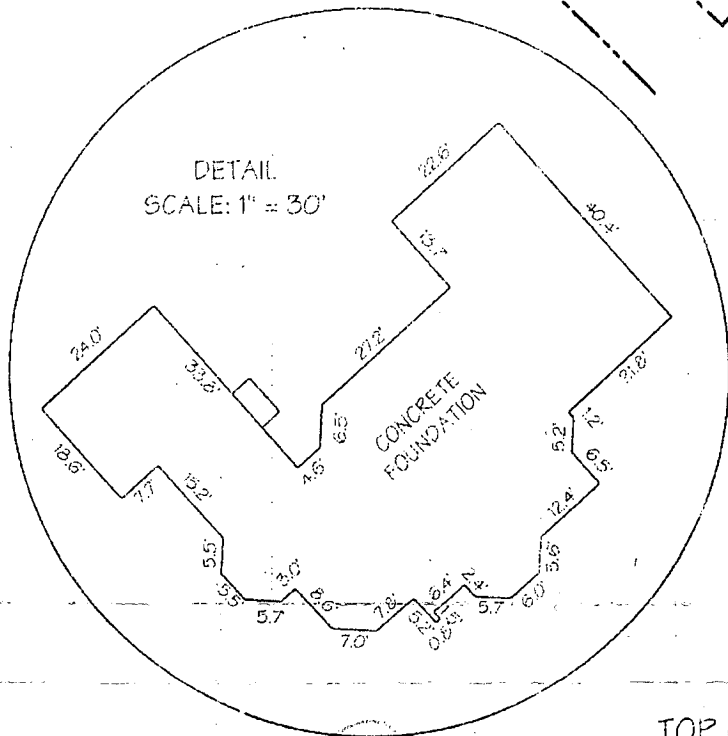
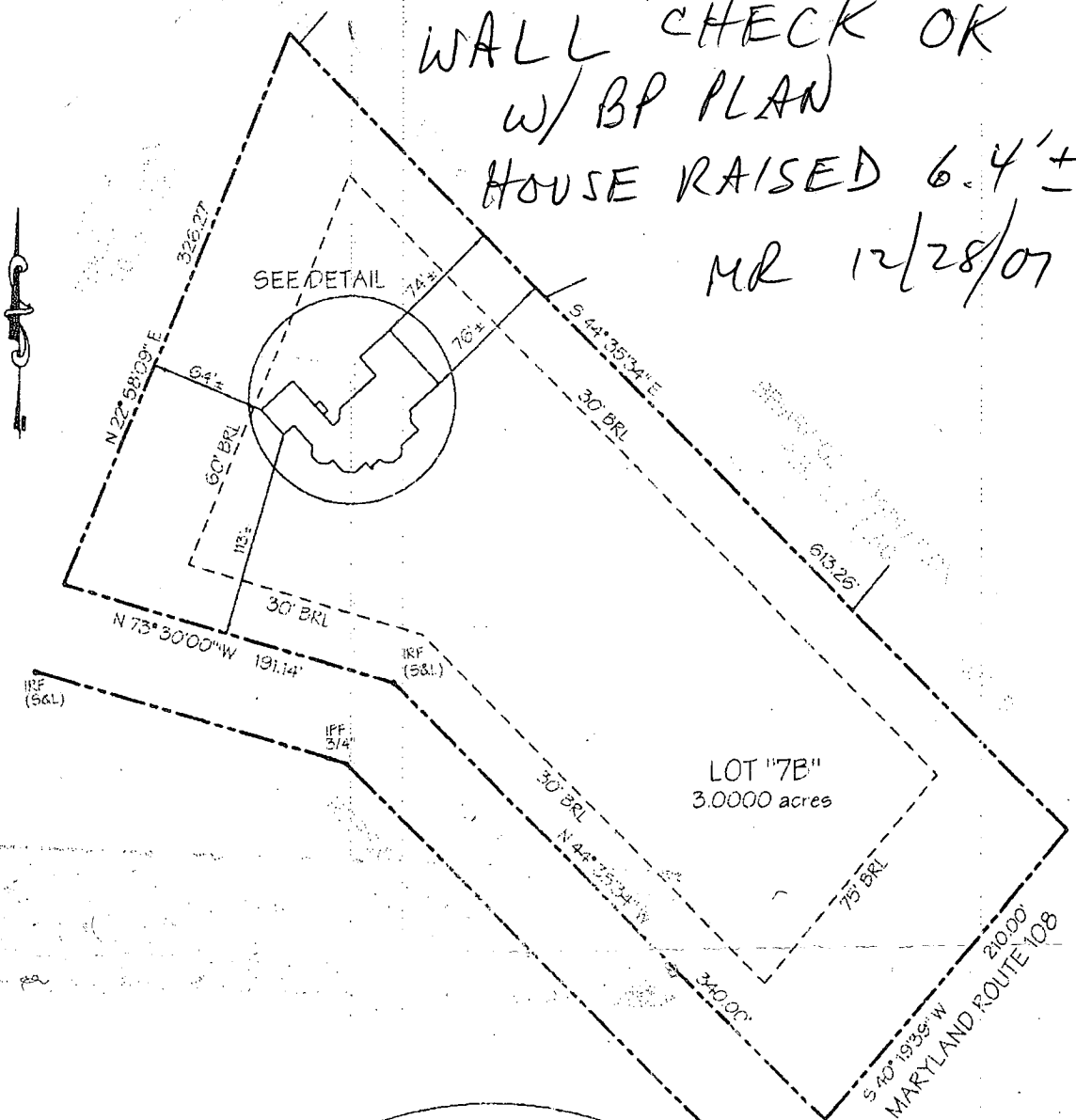


PROPERTY KNOWN AS:
13740 CLARKSVILLE PIKE

THIS PLAT CAN NOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.

Greenback prop.
Lot #7B
Robert Craney

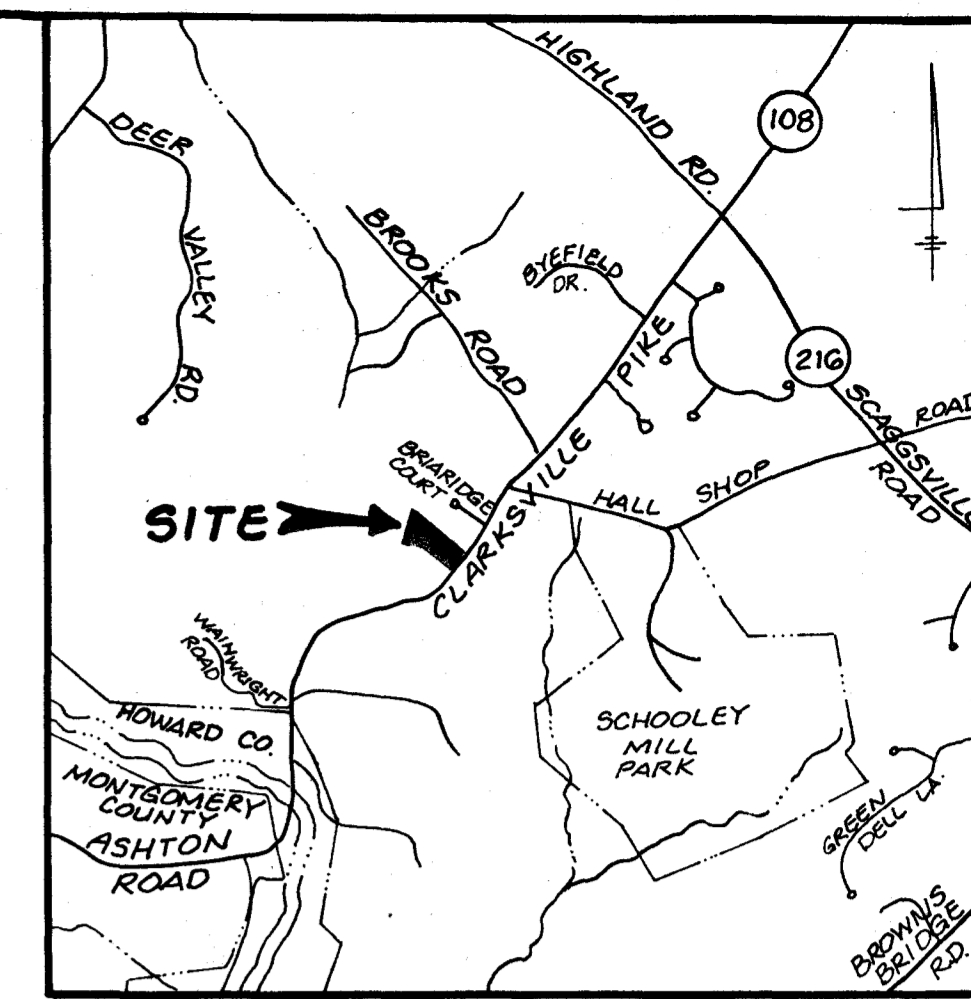
HOUSE MOVED CLOSER TO REAR
WALL CHECK OK
W/ BP PLAN
HOUSE RAISED 6.4' ±
MR 12/28/07



LOCATION DRAWING

TOP OF WALL = 122.4'

CERTIFICATION	SEAL	SCALE 1" = 100'	DATE 8/24/01
<p>This is to certify that I have surveyed the property known as: <u>13740 CLARKSVILLE PIKE</u></p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines. Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p>		<p>LDE Inc. Engineers, Surveyors, Planners</p> <p>9250 Rumsey Road, Suite 106 Columbia, Maryland - 21045 (410) 715-1070 - (301) 596-3424 - FAX (410) 715-9540</p>	



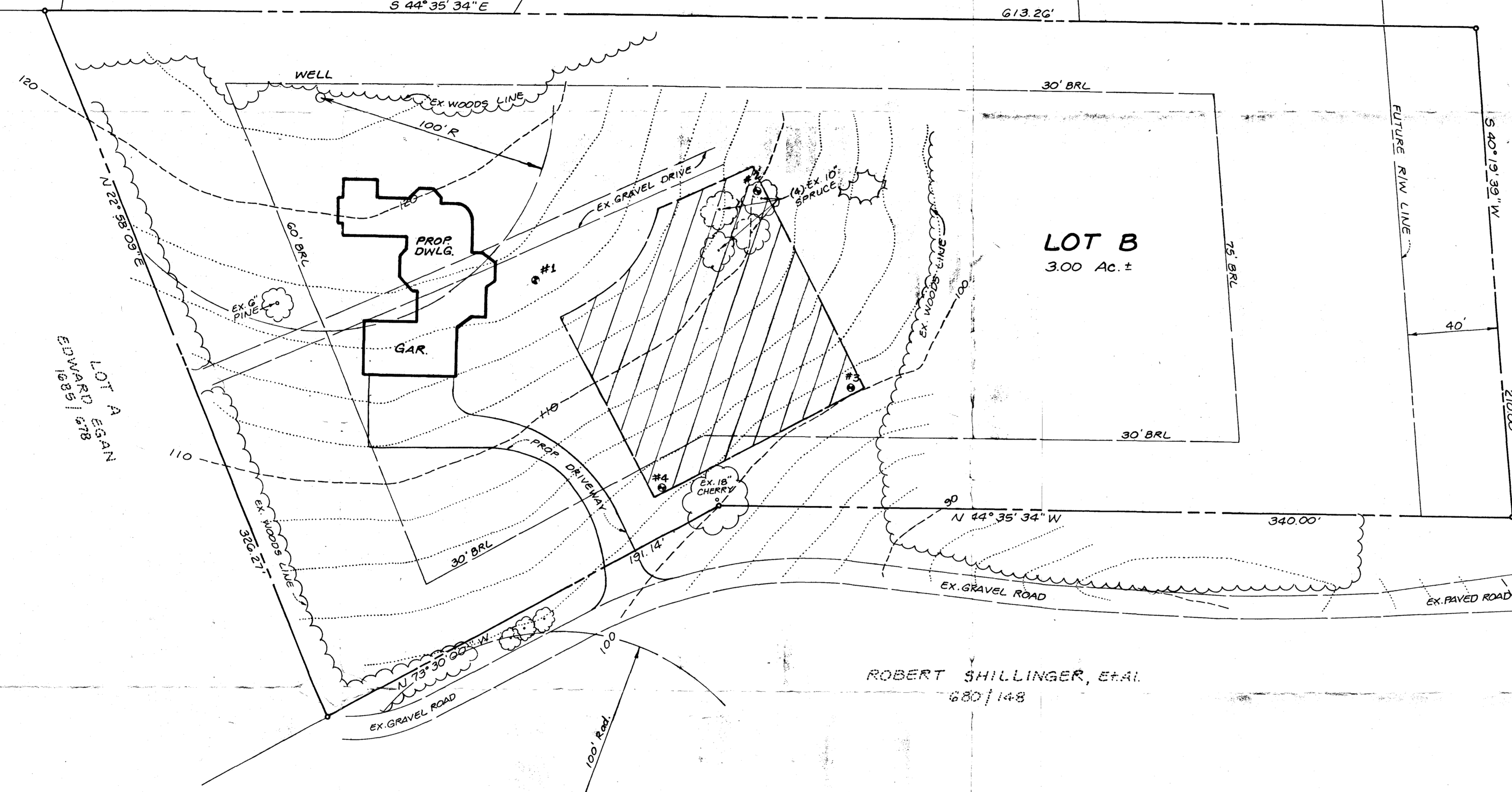
VICINITY MAP
SCALE: 1" = 2000'

BRIARIDGE SUBDIVISION
P.B. 22 F. 82

THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FEET WHICH AFFECT THIS PROPOSAL

NOTES:

1. EXISTING ZONING: RR (RURAL RESIDENTIAL)
2. DEED REFERENCE: LIBER 4924 FOLIO 221
3. TOTAL AREA OF LOT: 3.00 AC.±
4. THE LOT SHOWN COMPLIES WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT
5. EXISTING WELL HAS BEEN SHOWN WITHIN 100 FEET OF THE LOT WHICH MAY AFFECT THIS PROPOSAL.



THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET 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 SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

PERC CERTIFICATION

I certify that the locations shown hereon are based on field locations taken under my direct supervision, and are correct, to the best of my professional knowledge and belief.

[Signature] 1/30/01
D. Wayne Welles, Professional Land Surveyor
MD Reg. No. 10825 Date



APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT
[Signature] 2/1/01
Howard County Health Officer

LDE, INC. 9250 Rumsey Road, Suite 106, Columbia, MD. 21045 (410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)		
DESIGNED: BOB	PERCOLATION CERTIFICATION PLAT	SCALE: 1" = 30'
DRAWN: KBW	GREENBANK PROPERTY LOT B	DRAWING: 1 OF 1
CHECKED: BOB	TAX MAP 40 GRID 9 PARCEL 306 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB No. 00-072
DATE: 01/2001	SIGNED DEVELOPER CASTLEWOOD HOMES 3981 Viewtop Road Ellicott City, MD 21042 (410) 461-1477	FILE No.

A 38501

5/11/81
A.M. late
P.M. late
5/4/81

Approved 5/11/81
L.H. Paul

PERMIT

P 31319
A 30714

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

EX. HOUSE

ELLICOTT CITY

DISTRICT 5th

DATE 4/13/81

INDEXED

Thomas F. Greenbank

IS PERMITTED TO INSTALL ALTER

ADDRESS 16004 Batson Road, Spencerville, Md. 20868

PHONE 421-9151

SUBDIVISION _____ ROAD 13740 Clarksville Pike LOT 7

PROPERTY OWNER Thomas Greenbank

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 188 SQ. FT. per bedroom

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 137 FT. FROM back LOT LINE AND 150 FT. FROM right LOT LINE AS SEEN WHEN

FACING LOT FROM Route 108. Add a ditch 5 ft. off dry well to make additional absorbent area needed. Ditch to be 9 ft. deep, filled with 5 ft. of stone, with inlet at 4 ft. Run the ditch along level ground toward the left lot line as seen when facing lot from Route 108.

PLANS APPROVED BY Raymond Hodges

DATE 10/14/80

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 16 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

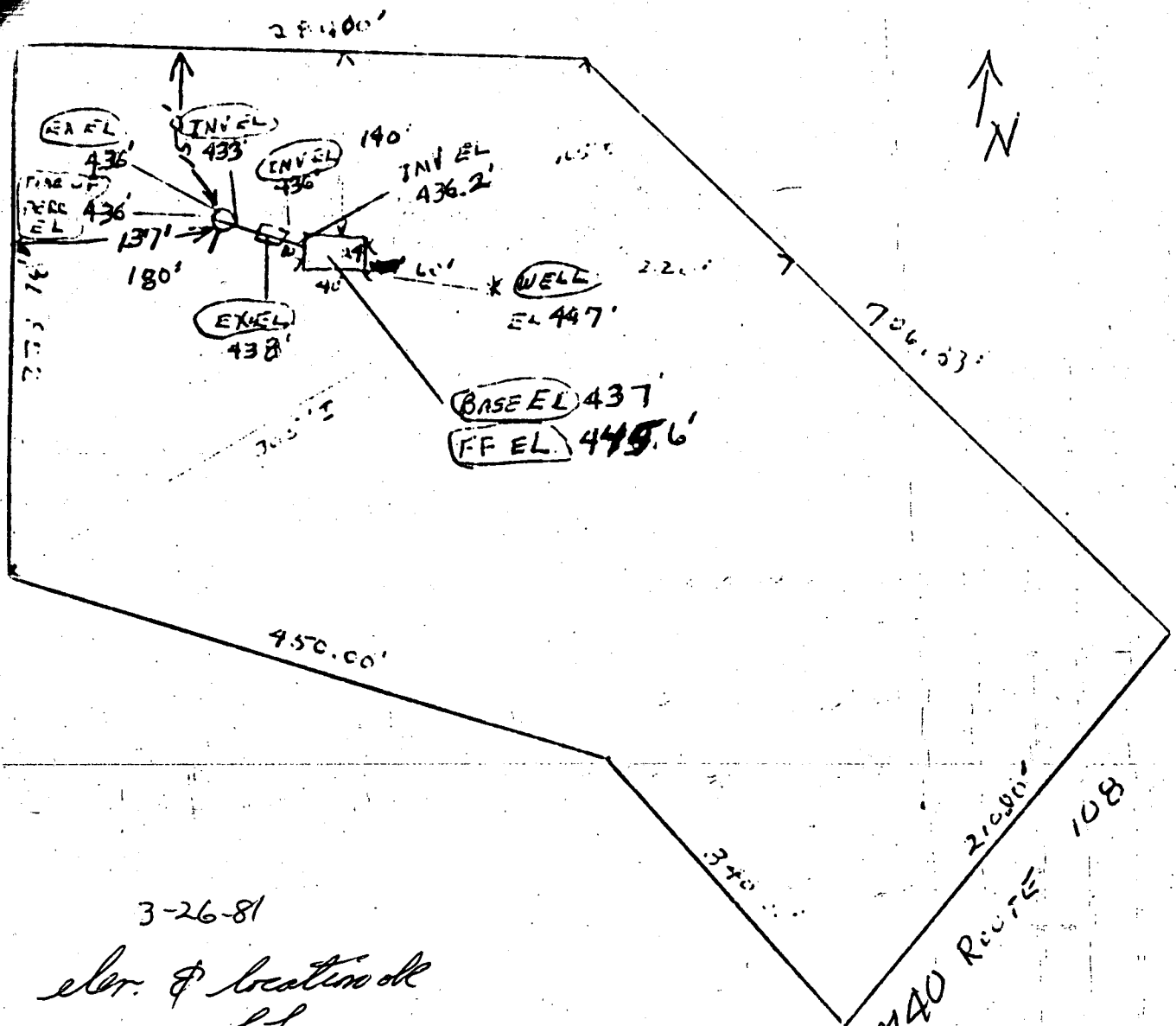
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA

COTTA ACCEPTED.

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

A
30714



3-26-81

el. & location of
S.F.

#13740 ROUTE 108

NO SCALE

I CERTIFY ALL THE MEASUREMENTS
& ELEVATIONS ARE CORRECT FOR
THIS PROPERTY

John R. McCombs

3/23/81

THOMAS GREEN BANK PROPERTY

LOT #7

13,740 RT 108

APPLICATION

PERCOLATION TESTING

A A38501

P _____

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

DISTRICT 5TH

DATE 1-16-87

*Find perc. record for lot 7
GREENBANK, fenced Syms. ago
no need to retest, S. Hall*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Schedule ASAP.

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

PROPERTY OWNER Thomas GREENBANK

ADDRESS 13740 CLARKSVILLE PIKE, Highland, MD 20777 PHONE 854-0228
-460-1600

PROSPECTIVE BUYER Edward + Susan EGAN

ADDRESS 6502 Pumpano Dr., GLEN BURNIE, MD. 21061 PHONE 859-5829

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 7 B

ROAD AND DESCRIPTION 13740 CLARKSVILLE PIKE, Highland, MD. 20777

TAX MAP 40 PARCEL # 306

SIZE OF LOT 3 ACRES TYPE BLDG. SINGLE FAMILY DWELLING
(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. Thomas F. Greenbank

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

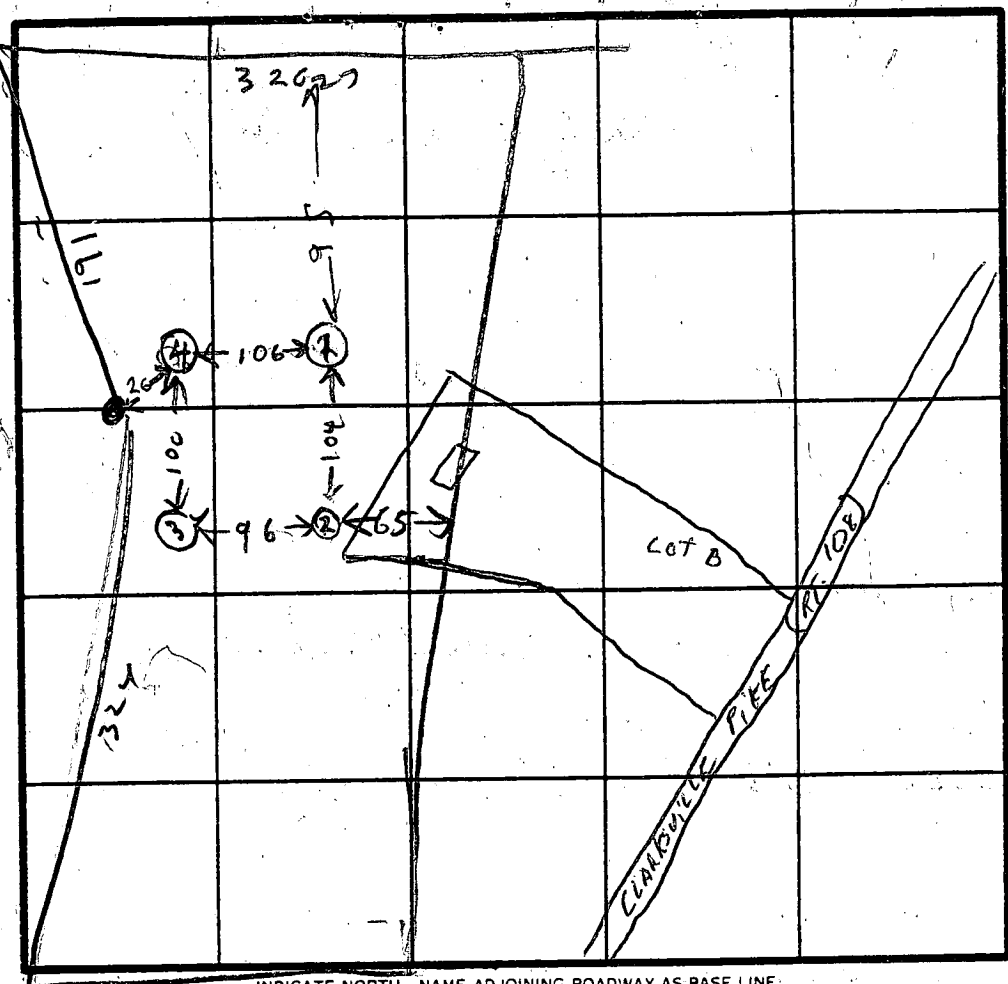
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/9 107 PERC OK SEND FORM LETTER
STATING CERTIFIED HOLD PLAT NEEDED BH

THIS IS NOT A PERMIT

*2-9-87
12:00
ANDY SNOW*

NORTH



HOLE ELEVATION

① = HIGHEST

② = NEXT HIGHEST

④③ = FLOW LOWEST

④ = LOWEST

65

① SOIL PROFILE

0 CLAY

2 BROWN GRAY SAND MICA LOAM

12

②

BROWN CLAY

BROWN SAND MICA LOAM

12

③

BROWN CLAY

BROWN GRAY SAND MICA LOAM 10% SAPROLITE

12

④

DARK BROWN CLAY

BROWN SAND MICA LOAM

EH-12-1079

12

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/28/07	1 P	8	1224	1226	1226	1228	12
	2 S	4.5	1225	1226	1226	1228	12
	IV	12	OK				
	2 S	7.5	1235	1251	1251	1124	21
	2 V	12					
	3 S	4.5	1239	1250	1250	1259	9
	3 V	12.5					
	4 S	4	1277	116	LITTLE PERC		
	4 V	13					
	4 M	5	130	150	150	211	21

REMARKS _____

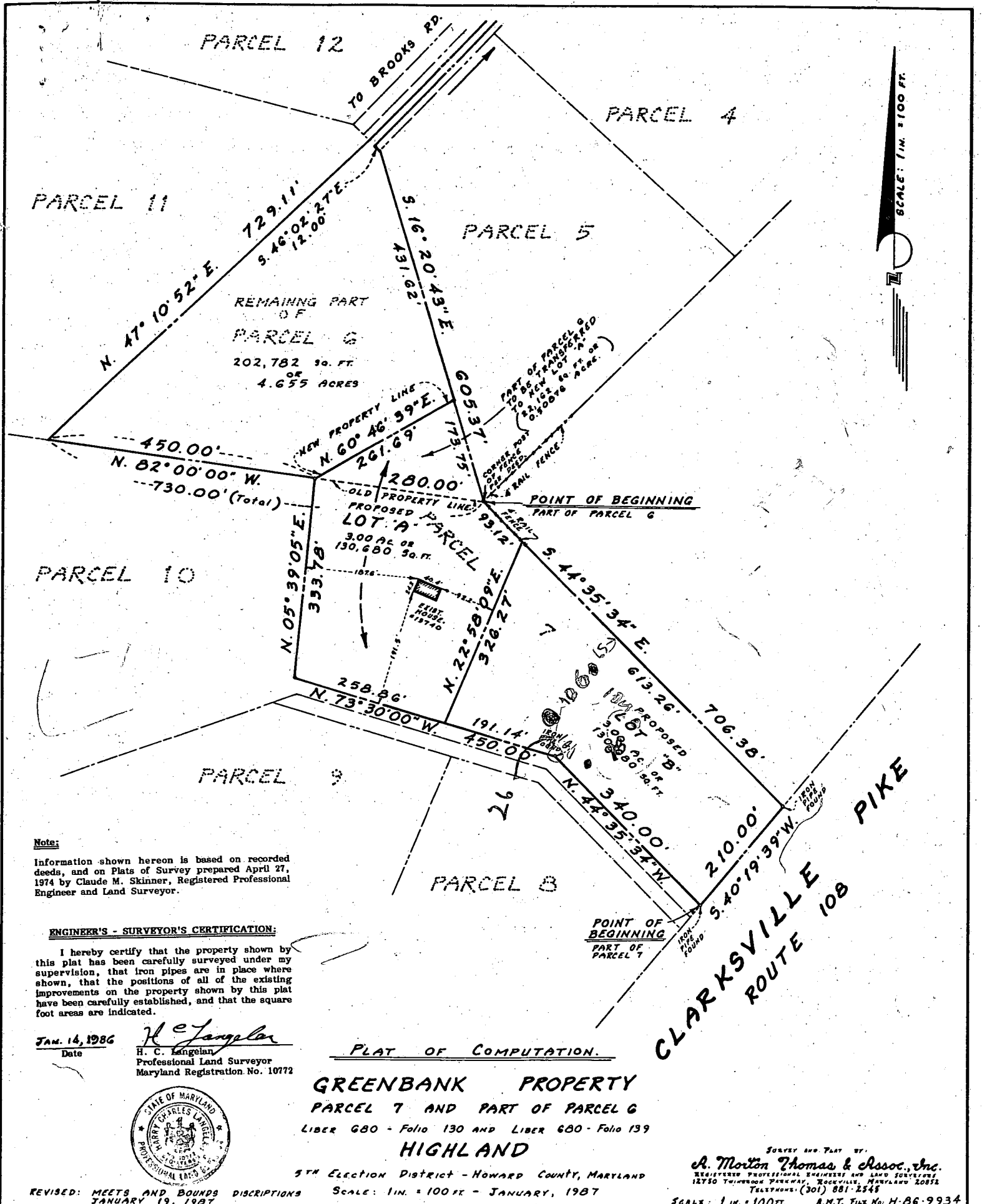
TYPE OF SOIL _____

TESTED BY B HORGES

OWNER THOMAS GREEN BANK

ALSO PRESENT _____

13



SCALE: 1 IN. = 100 FT.

Note:

Information shown hereon is based on recorded deeds, and on Plats of Survey prepared April 27, 1974 by Claude M. Skinner, Registered Professional Engineer and Land Surveyor.

ENGINEER'S - SURVEYOR'S CERTIFICATION:

I hereby certify that the property shown by this plat has been carefully surveyed under my supervision, that iron pipes are in place where shown, that the positions of all of the existing improvements on the property shown by this plat have been carefully established, and that the square foot areas are indicated.

JAN. 14, 1986
Date

H. C. Langelan
H. C. Langelan
Professional Land Surveyor
Maryland Registration No. 10772

PLAT OF COMPUTATION.

GREENBANK PROPERTY
PARCEL 7 AND PART OF PARCEL 6
LIBER 680 - Folio 130 AND LIBER 680 - Folio 139
HIGHLAND

5TH Election District - HOWARD COUNTY, MARYLAND



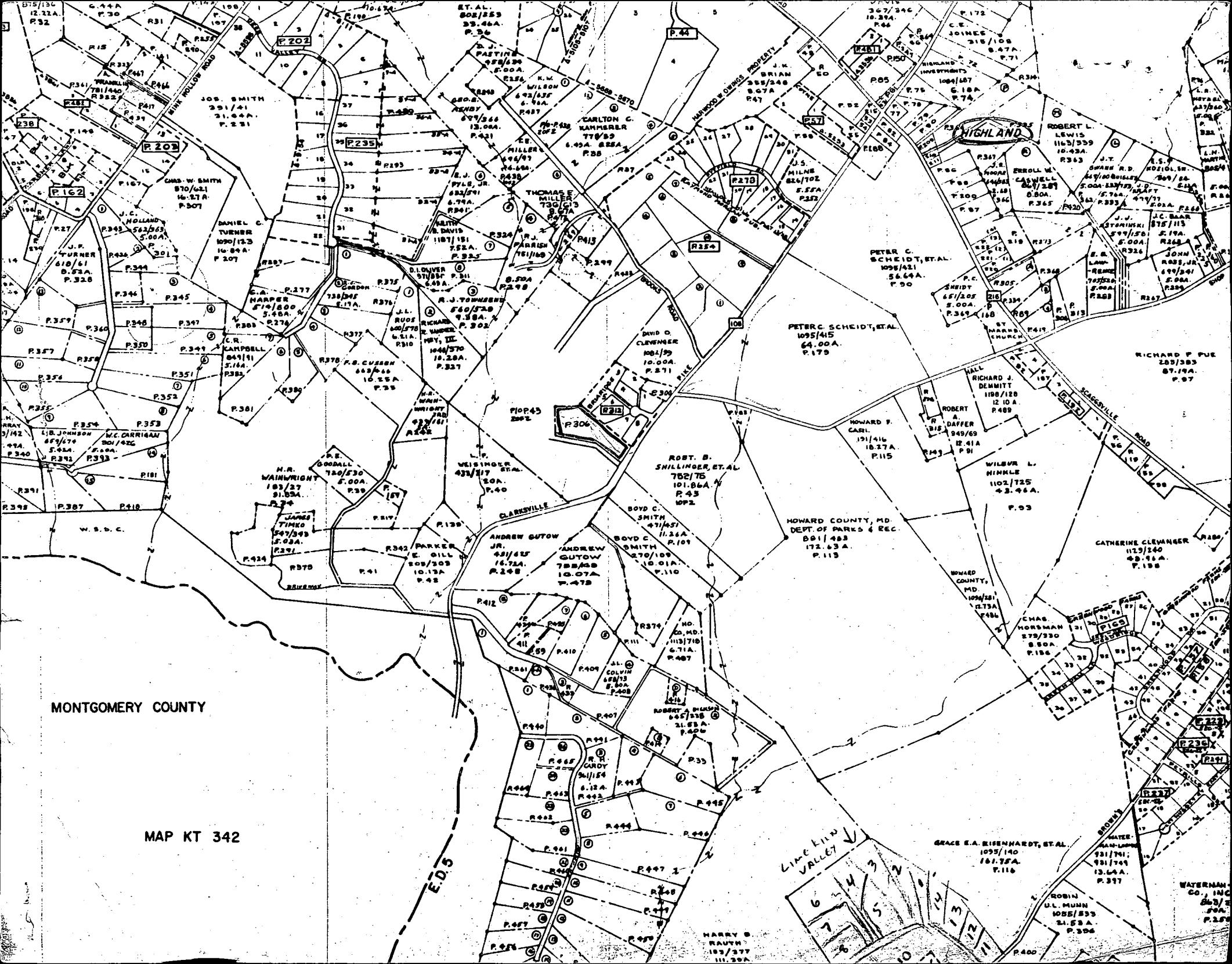
REVISED: MEETS AND BOUNDS DESCRIPTIONS
JANUARY 19, 1987

SCALE: 1 IN. = 100 FT. - JANUARY, 1987

CLARKSVILLE PIKE
ROUTE 108

SURVEY AND PLAT BY:
A. Morton Thomas & Assoc., Inc.
REGISTERED PROFESSIONAL ENGINEERS AND LAND SURVEYORS
12750 TWILYCKE PARKWAY, ROCKVILLE, MARYLAND 20852
TELEPHONE: (301) 881-2548

SCALE: 1 IN. = 100 FT. A.M.T. FILE NO: H-86-9934



MONTGOMERY COUNTY

MAP KT 342

E.D.5

LIME KILN VALLEY

GRACE E.A. EISENHART, ET AL.
1095/140
181.75A.
P. 116

HARRY B. RAUTH
183/277
111.20A

ROBIN U. MUNN
1055/533
21.53A.
P. 306

WATERMAN CO., INC
863/50A.
P. 287

RICHARD P. PUE
233/393
87.15A.
P. 97

CATHERINE CLEMMER
1123/240
48.46A.
P. 198

WILBUR L. NIMBLE
1102/725
42.46A.
P. 93

ROBERT A. DAFFER
949/69
12.41A
P. 91

PETER C. SCHEIDT, ET AL.
1095/415
64.00A.
P. 179

ROBT. B. SHILLINGER, ET AL.
702/75
101.86A.
P. 43
10P2

BOYD C. SMITH
471/451
11.26A
P. 109

ANDREW GUTOW
481/457
16.72A.
P. 248

PARKER
E. GILL
808/303
10.13A
P. 42

H.R. WAINWRIGHT
183/27
91.03A.
P. 187

JAMES TIMKO
547/343
5.02A.
P. 271

DANIEL C. TURNER
1000/153
16.84A.
P. 207

CHAS. W. SMITH
870/421
16.27A.
P. 307

J.C. HOLLAND
781/440
5.00A.
P. 301

J.F. TURNER
618/61
8.72A.
P. 328

J.P. TURNER
781/440
5.00A.
P. 301

ROBERT L. LEWIS
1163/339
10.43A.
P. 363

ERROLL W. CASWELL
867/287
8.00A.
P. 365

PETER C. SCHEIDT, ET AL.
1095/421
56.64A.
P. 50

P.C. SNEYD
451/305
5.00A.
P. 369

HOWARD F. CARL
191/416
18.27A.
P. 115

HOWARD COUNTY, MD.
DEPT. OF PARKS & REC.
881/483
172.43A.
P. 113

BOYD C. SMITH
471/451
11.26A
P. 109

ANDREW GUTOW
481/457
16.72A.
P. 248

ANDREW GUTOW
788/299
10.07A.
P. 479

BOYD C. SMITH
471/451
11.26A
P. 109

NO. CO., MD.
1113/718
C. 71A.
P. 407

AL. COLVIN
688/73
8.80A.
P. 408

ROBERT A. DAFFER
949/69
12.41A
P. 91

WILBUR L. NIMBLE
1102/725
42.46A.
P. 93

ROBERT A. DAFFER
949/69
12.41A
P. 91

HOWARD F. CARL
191/416
18.27A.
P. 115

PETER C. SCHEIDT, ET AL.
1095/415
64.00A.
P. 179

ROBT. B. SHILLINGER, ET AL.
702/75
101.86A.
P. 43
10P2

BOYD C. SMITH
471/451
11.26A
P. 109

ANDREW GUTOW
481/457
16.72A.
P. 248

ANDREW GUTOW
788/299
10.07A.
P. 479

BOYD C. SMITH
471/451
11.26A
P. 109

NO. CO., MD.
1113/718
C. 71A.
P. 407

AL. COLVIN
688/73
8.80A.
P. 408

ROBERT A. DAFFER
949/69
12.41A
P. 91

WILBUR L. NIMBLE
1102/725
42.46A.
P. 93

ROBERT A. DAFFER
949/69
12.41A
P. 91

HOWARD F. CARL
191/416
18.27A.
P. 115

PETER C. SCHEIDT, ET AL.
1095/415
64.00A.
P. 179



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

FAX

Date: 1/26/01

To: Bruce Burton

From: Amy McMillen

Phone: _____

Pages: 1/31/01

Re: Greenbank Prop.

cc: _____

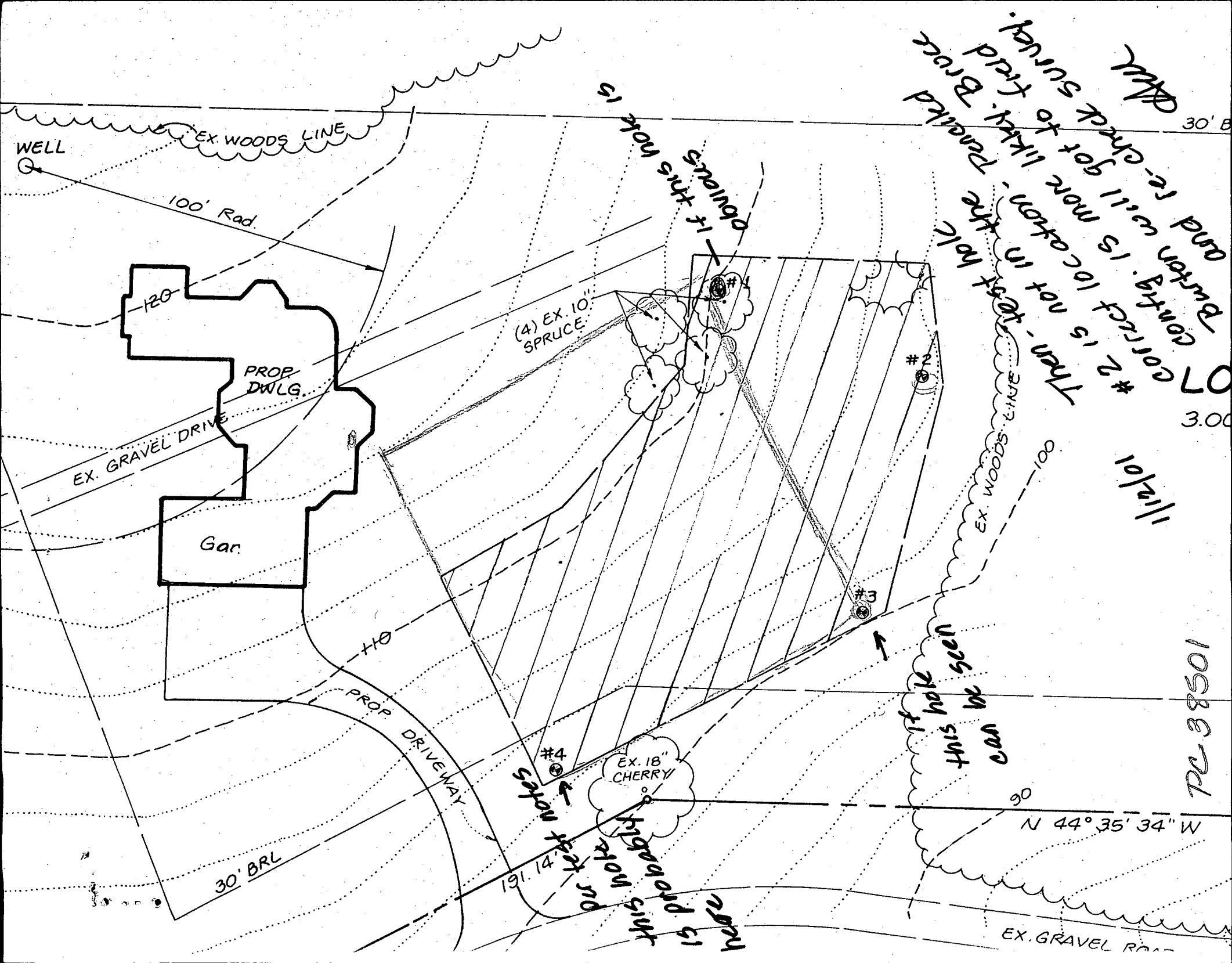
Comments:

Don't know if you knew this, but we have a new note for perc. certs - especially on this one!

I certify that the locations hereon are based on field locations done under my direct supervision, and are correct, to the best of my professional knowledge and belief. Signature of Professional Land Surveyor or Property Line Surveyor

Also, you may want to put the high end on contour (50' trench length) to give them some back yard, make it up above note #3.

Au



If this note is obvious
 #2 is not in the correct location - packed
 Then - test hole
 and re-check survey.
 #2 correct location is more likely. Bruce
 will get to field
 and confirm.

this note is
 on top of
 the garage
 and is
 a
 note
 for
 the
 survey.

if hole
 was
 seen
 in
 car

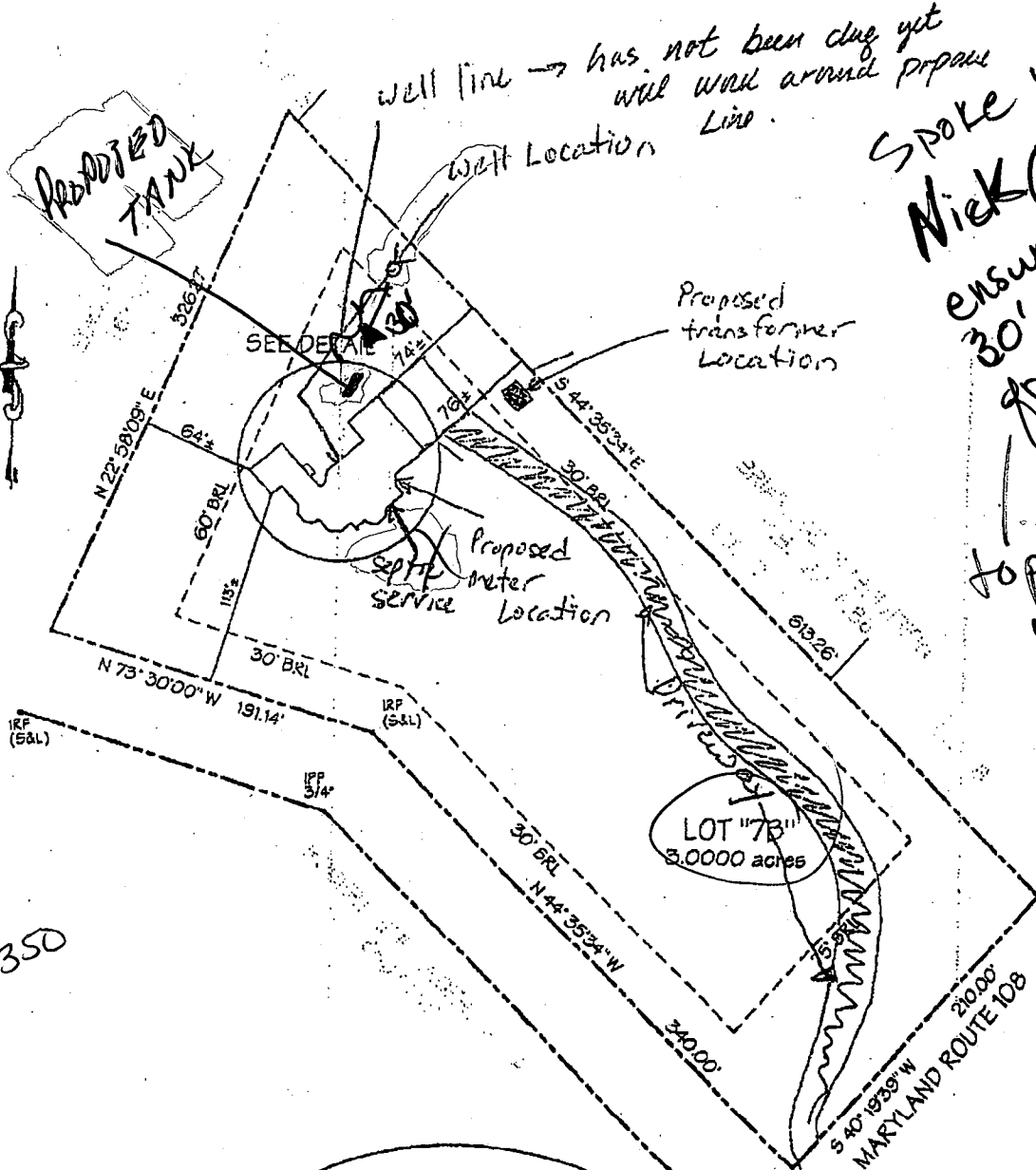
10538-2C

11/1/01

D13709

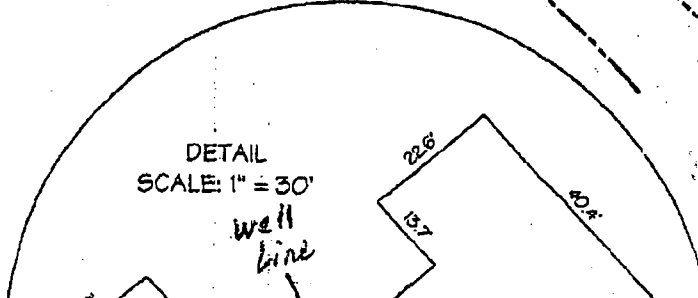
PROPERTY KNOWN AS:
13740 CLARKSVILLE PIKE

THIS PLAT CAN NOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.



Spoke with
Nick Commodari
ensured
30' distance
from well
KG
11/31/02
to propane tank
will be
maintained
800 639 01

1/18/02
Leon
410-261-5350



11/18/02 11:53