

04-348506

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511928

A 39215

INDEFINITE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE 6/3/99

DATE SYSTEM APPROVED 6/9/99

FAX 410-861-1333

INSPECTOR SRM

Covey Construction

IS PERMITTED TO INSTALL ALTER _____

ADDRESS P.O. Box 254, Woodstock, MD 21163 PHONE 410-750-0398

SUBDIVISION Foxport Plantation LOT 2 ROAD 15507 Bushy Tail Run

PROPERTY OWNER Knudsen Custom Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

BUILDING PERMIT SIGNED

AND RETURNED

7-10-03 B00142955 - DECK + PORCH
7-24-03 B00143169 - IG POOL
12-9-03 B00145304 - CK' LP TANK

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. 1 1/2 - 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet from the front lot line and 145 feet from the right side line as seen when facing the lot from Bushy Tail Run. Run the trenches along level ground toward left side of property.

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

6/9/99 Moved 25' to bypass solid rock fragments see BP Plan (SRM)

PLANS APPROVED BY Raymond Hodges/Craig Williams ok/cw DATE 11-05-98

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

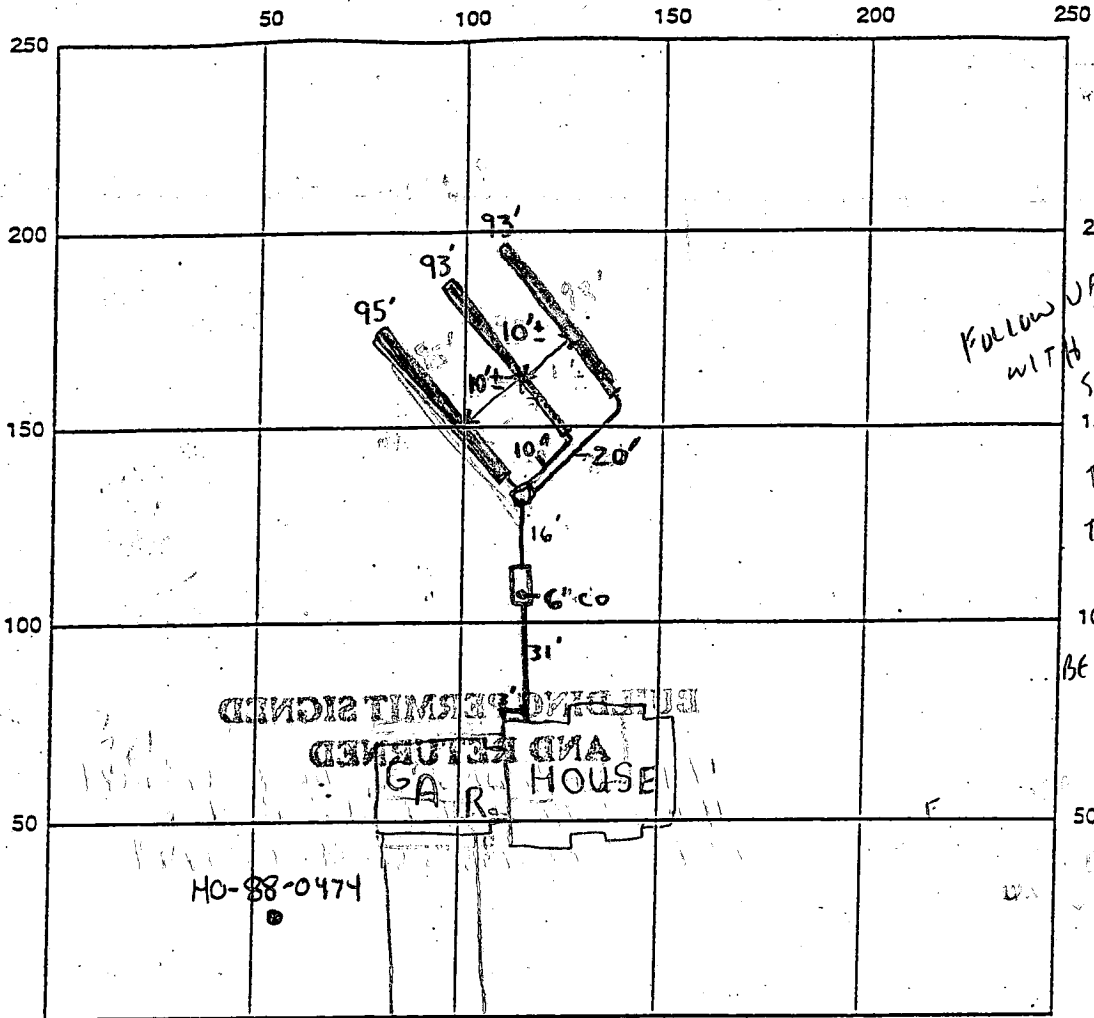
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 3/29/99 B00116792 Garage

A 39215

NOT TO SCALE



FOLLOW UP INSPECTION
 WITH BUILDER CONFIRMS
 SEPTIC AREA
 150 NOT ALTERED
 TO THE EXTENT
 THAT FUTURE
 SYSTEM REPAIR
 100 WOULD BE SEEM TO
 BE INHIBITED,
 OK AS
 APPROVED
 7/2/99
 (CW)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 BUSHY TAIL RUN

SEPTIC TANK LEVEL 1250 midseam tank CLEANOUTS 1-6" @ tank
 DISTRIBUTION BOX LEVEL ✓
 DRAIN FIELD/TILE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 281 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 843 SQ. FT.
 DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.
 ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/9/99 - OK TO COVER FROM HOUSE TO TANK & CONTINUE WORK, DIST.
BOX MOVED DUE TO ROCK PILE IN PROPOSED LOCATIONS SRK 6/9/99 - TRENCHES RAN
ALONG LEVEL GROUND AND SEPTIC EASEMENT UTILIZED AS BEST AS POSSIBLE
ACCORDING TO SEPTIC SPECS. FUTURE REPAIR MAY REQUIRE PUMP SYSTEM
OR DEEPER TRENCHES TO SUPPORT GRAVITY FLOW. (SRK)

DATE SYSTEM APPROVED 6/9/99 INSPECTOR Steven R. Krieg



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 2, 1999

C. Stuart Knudsen
8455 Baltimore National Pike
Ellicott City, MD 21797

RE: Foxport Plantation- Lot 2
15507 Bushy Tail Run

Dear Mr. Knudsen:

This is to confirm our recent conversation that installation of the septic system on the above referenced property involved some issues which could effect access to the future septic repair area.

Complications encountered during installation ~~which~~ caused the initial system to be installed farther into the designated easement than had been planned. Additional site review is needed to determine if sufficient area remains for future system repair or if the easement will need to be redefined.

It was agreed that you would have an excavator contact us to meet at the site to investigate the condition and redefine the sewage disposal easement if necessary.

Thank you for your cooperation in this matter.

Very truly yours,
Craig Williams (SRK)
Craig Williams, Sanitarian
Water and Sewerage Program

SRK: CW/SRK

cc: Covey Construction
File ✓

RESOLVED THRU SITE RE-INSPECTION
WITHOUT NEED FOR
ADJUSTMENT TO SEPTIC AREA.
7/2/99 (CW)

APPLICATION

PERCOLATION TESTING

A 39215
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4TH

DATE 4-24-87

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 DONALD RIPPEON Knudsen Homes, Inc - 465-2222

ADDRESS 15474 BUSHY PARK RD PHONE _____

PROSPECTIVE BUYER UNITED GENERAL CONTRACTORS

ADDRESS 8370 COURT AVE, ELLICOTT CITY PHONE 461-2227

PROPERTY LOCATION: FOX POND PLANTATION
SUBDIVISION RIPPEON PROPERTY LOT NO. 2

ROAD AND DESCRIPTION CORNER OF CARR'S MILL & BUSHY PARK ROAD, WOODINE,
HOWARD COUNTY 15307 Bushy Tail Run

TAX MAP 14 & 8 PARCEL # 9 & 12

SIZE OF LOT @ 3 acre lot TYPE BLDG. SFD - 4 bdr
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
~~AND RETURNED 11-5-98~~
~~Serial # 64114610~~
~~SFD - 4 bdr~~

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.

Donald Rippeon sec/REA
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR Shallow Trench DATE 1/19/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/16/87 Perc OK Hold for Plat R/H

BLDG. PERMIT SIGNED
~~AND RETURNED 3-29-89~~

BLDG. PERMIT SIGNED
~~AND RETURNED 1/18/89~~
~~Serial # 27552~~
~~5 Bedrooms~~

Serial # 116792 - 3 car garage

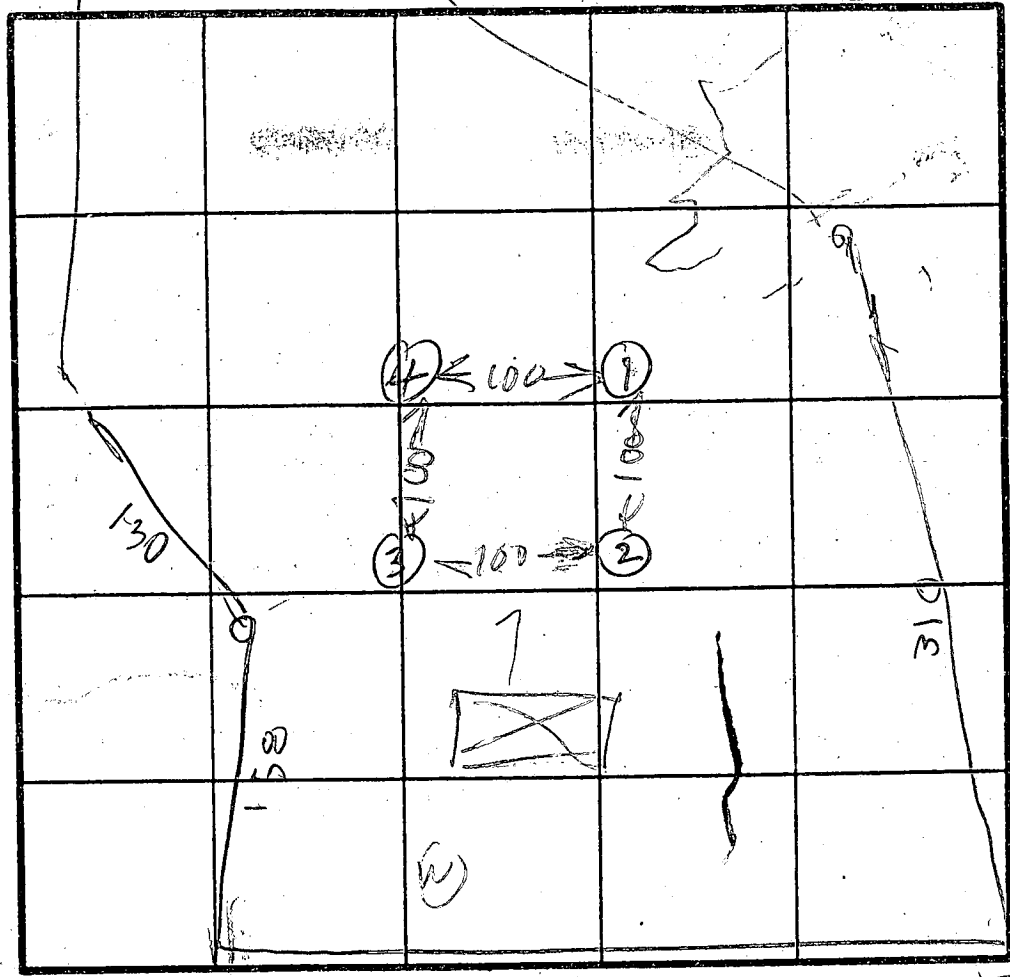
THIS IS NOT A PERMIT

not 2

See plot

SOIL PROFILE

0
BROWN CLAY
PINK BROWN SAND LOAM & FEW ROCKS
12



HOLE ELEVATION

①④ = 1101.1

②③ = 1166.7

max depth 2 ft

artificial 6 min

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BUSHY TAIZ RUN

②
BROWN CLAY
BROWN SAND LOAM & FEW ROCKS
11

③④
CLAY
BROWN SAND LOAM & 20% SANDSTONE
10
THICK

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/16/97	1S	4	1145	1147	1147	1150	3
	1D	2.5	1212	1213	1213	1222	9
	1V	12	OK				
	2S	3	1153	1158	1158	1210	12
	2V	11	OK				
	3S	2.5	1200	1202	1202	1207	5
6/16/97	3V	10	OK	OUT	ROCK	BOTTOM	
	4S	3	1224	1226	1226	1229	3
	4V	10	OK	OUT	ROCK	BOTTOM	

REMARKS: Holes dug per surveyor test plot
 Holes dug per surveyor plot
 TYPE OF SOIL: NONNY BROWN
 TESTED BY: R. HODGES
 ALSO PRESENT: JEFF AUST

EH-12-1079

LOT 10

LOT 9

711

R: 475.00
L: 47.28
N 58°15'00"E
5.32
N 14°23'25"E
36.05

30 B.R.L.
587°59'33"E
30 B.R.L.

R: 25.00
L: 21.03
191
123
127
554°00'00"E
2.55
S 46°46'52"W
80.00

R: 200.00

BUSHY

LOT 3
3.0008 Ac.

LOT 2
4.0008 Ac.

TAIL

LOT 1
3.1492 Ac.

RUN

DRAINAGE & UTILITY EASEMENT

335.00
w/ 5.175
DRAINAGE
APPROX 6/5/59

ROBERT T. DOWD JR.
LOT 1 CMP 5762

EXISTING PAVING

CARRS MILL ROAD

IONS SHEET 30 OF 3

SLOTS
22.1318 Ac

R: 950.00
L: 318.92
126
132
124
142

L: 625.70
380.00

L: 241.54

75' B.R.L.

B.R.L.

N 14°10'00"E

S 14°10'00"W

N 15°50'00"E

N 19°48'12"E

N 75°50'00"E

N 15°50'00"E

N 19°48'12"E

N 75°50'00"E

N 15°50'00"E

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30' B.R.L.

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7/19/99
PM WPI

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6/24/99

Name of Installer T.M. Bernard Pllg & Htg.

Telephone 410-461-6599

License Number #7248

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner C. Knudsen & Son

Telephone 410-465-2222

Subdivision Koyford Plantation Lot # 2

Well Tag # HO-88-0474

Site Address 15507 Bushytail Run

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
- 2. Make Jacuzzi
- 3. Model # _____
- 4. Capacity _____ GPM

Motor

- 1. Horsepower 1/2
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

- 5. Pump exceeds well capacity Yes No
- 6. If Yes, is low pressure cutoff switch installed? Yes No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Tank

- 1. Capacity 17gal
- 2. Pressure relief valve? Yes

Piping

- 1. Type Polyethylene
- 2. Size 1/2"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 42"

Well data

- 1. Depth 46.5 ft.
- 2. Yield 6 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? Yes

well line, P.A. 4" b.g.
well casing 1" a.g.
Needs 2 piece well cap
Needs PVC conduit pipe

DO NOT COVER

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.

6/8/00 - Post ICOP
INSP 2PC CAP
INSTALLED
& PVC CONDUIT ON (SRV)

Signature of Applicant: Timothy M. Bernard

Date: 6/24/99

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

7/19/99
WPI
leave sticker to call for reinspection

C1 2354

SEQUENCE NO. (DENV 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

PERMIT NO. FROM "PERMIT TO DRILL WELL" HU-99-0474

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HU-99-0474

OWNER: last name first name TOWN SUBDIVISION SECTION LOT

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 FROM TO

Check if water bearing

Brown Shale 0 76 Hard rock 76 165

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO. OF BAGS 12 NO. OF POUNDS 1129

CASING RECORD

STEEL CONCRETE PLASTIC OTHER MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)

OTHER CASING (if used)

diameter depth (feet) inch from to

screen type or open hole

SCREEN RECORD

STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2

DEPTH (nearest ft.) EACH SCREEN SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

C3

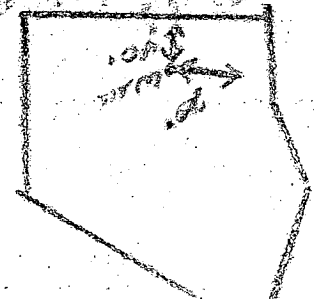
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS



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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 232 DRILLERS SIGNATURE

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

COUNTY

B 1 **7917** 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

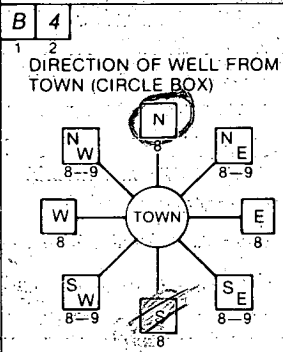
STATE PERMIT NUMBER
HO-08-0474
 fill in this form completely

Date Received (APA)
011031

OWNER INFORMATION
FHE BRYANT GROUP
 Last Name Owner First Name
2815 HARTLAND ROAD
 Street or RFD.
FALLS VIEW WOOD VAD 2043
 Town State Zip

B 3 **LOCATION OF WELL**
HOWARD COUNTY
FOXPORT PLANTATION SUBDIVISION
 SECTION **2** LOT **2**
OLWOOD NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 1/2** MI

DRILLER INFORMATION
Joseph L. Mayne Driller's Name License No. **238**
Joseph L. Mayne Well Drilling Firm Name
5512 RIDGE RD. Mt. Airy MD 21111 Address
Joseph L. Mayne Signature Date **1/16/89**



Bushy tail Run NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 DISTANCE FROM ROAD **40** FT
 ENTER FT or MI **FT**

B 2 **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
HOWARD COUNTY NAME **A 39215** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **9-9-89**
John G. Madenan CO SIGNATURE EXP. DATE
 NORTH GRID **539000** EAST GRID **0786000**

APPROXIMATE DEPTH OF WELL **220** FEET

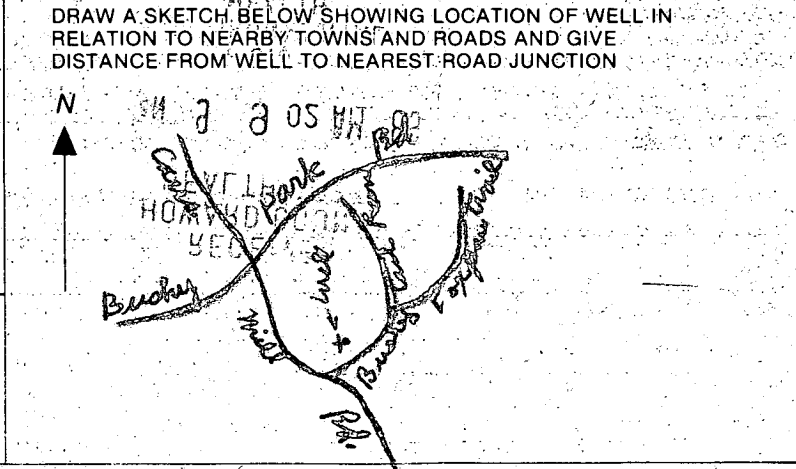
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
16
 E **780**
 N **5309**

6/21/89 *
~~9:30 DELAY 60~~
GROUTED
ABOUT 6/23/89
PER DRILLER
6/27/89 MR

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **IN** WRITE INITIALS IN BOX PERMIT NO. **HO-08-0474**

SPECIAL CONDITIONS _____
 COUNTY _____

LOT NO 1

Approved Septic System Plan
Howard County Health Department

000114600
SEP-4BR 15567

C. W. Allen
Signature
11/5/98
Date

30' BRL
BUSHY TAIL RUN

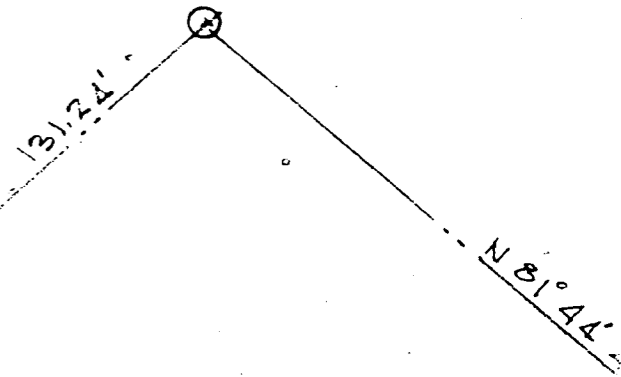
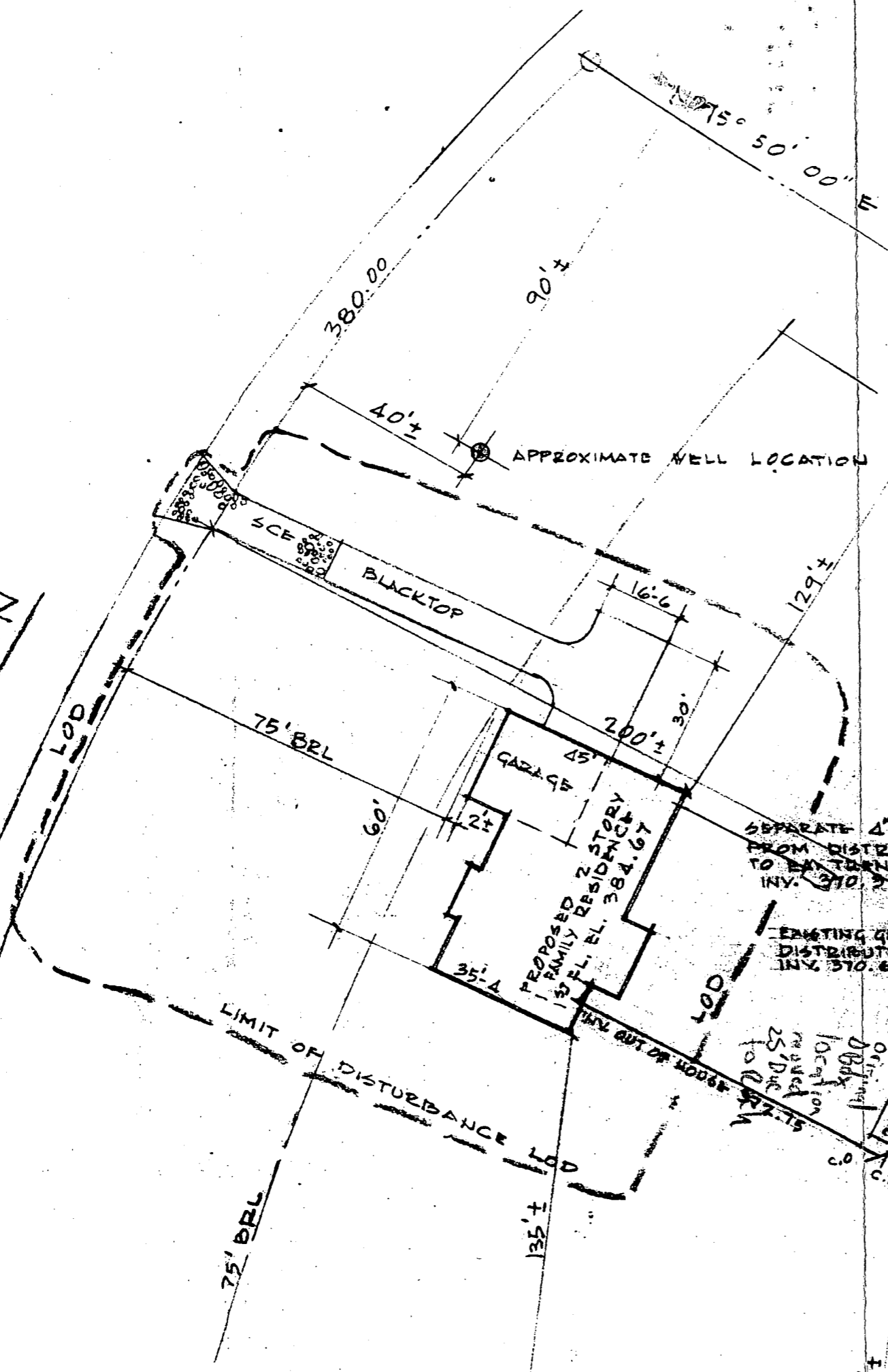
Total linear feet of trench required 280 feet

Width of trench 3 feet

Depth of trench 4 feet

Depth of trench required below distribution pipe 2 feet

BUSHY TAIL RUN
RADIUS = 900.00'



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

000142955

Building Address 15507 Bushy Tail Run
WOODRIDGE MD 21797

Property Owner's Name Sam + Bonnie Taylor
 Address 15507 Bushy Tail Run

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

City WOODRIDGE State MD Zip Code 21797

Census Tract 654-02 Subdivision Fox Pines Plantation

Home Phone 410 552 8724 Work Phone _____

Section 1 Area _____ Lot 2

Applicant's Name & Mailing Address, (if other than stated hereon):
Steve Cooley, Town Creek Lane

Tax Map 14 Parcel 223 Grid 2

510 Sheppard Lane
Sharksville Md 21789

Zoning pe-02 Map Coordinates 851 Lot size _____

Phone 410 554 3510 Fax 410 531 6574

Existing Use _____

Contractor Company Town Creek Landscaping Inc

Proposed Use _____

Contact Person Steve Cooley

Estimated Construction Cost \$ 25,000

Address 510 Sheppard Lane

Description of Work 32 X CURVED DECK

City Sharksville State Md Zip Code 21789

20 x 14 Porch steps to grade

License No. 44916

Phone 410 554 3510 Fax 410 531 6574

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
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 _____ Manufactured Home _____	

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

Applicant's Signature [Signature]

Print Name Steve H. Cooley

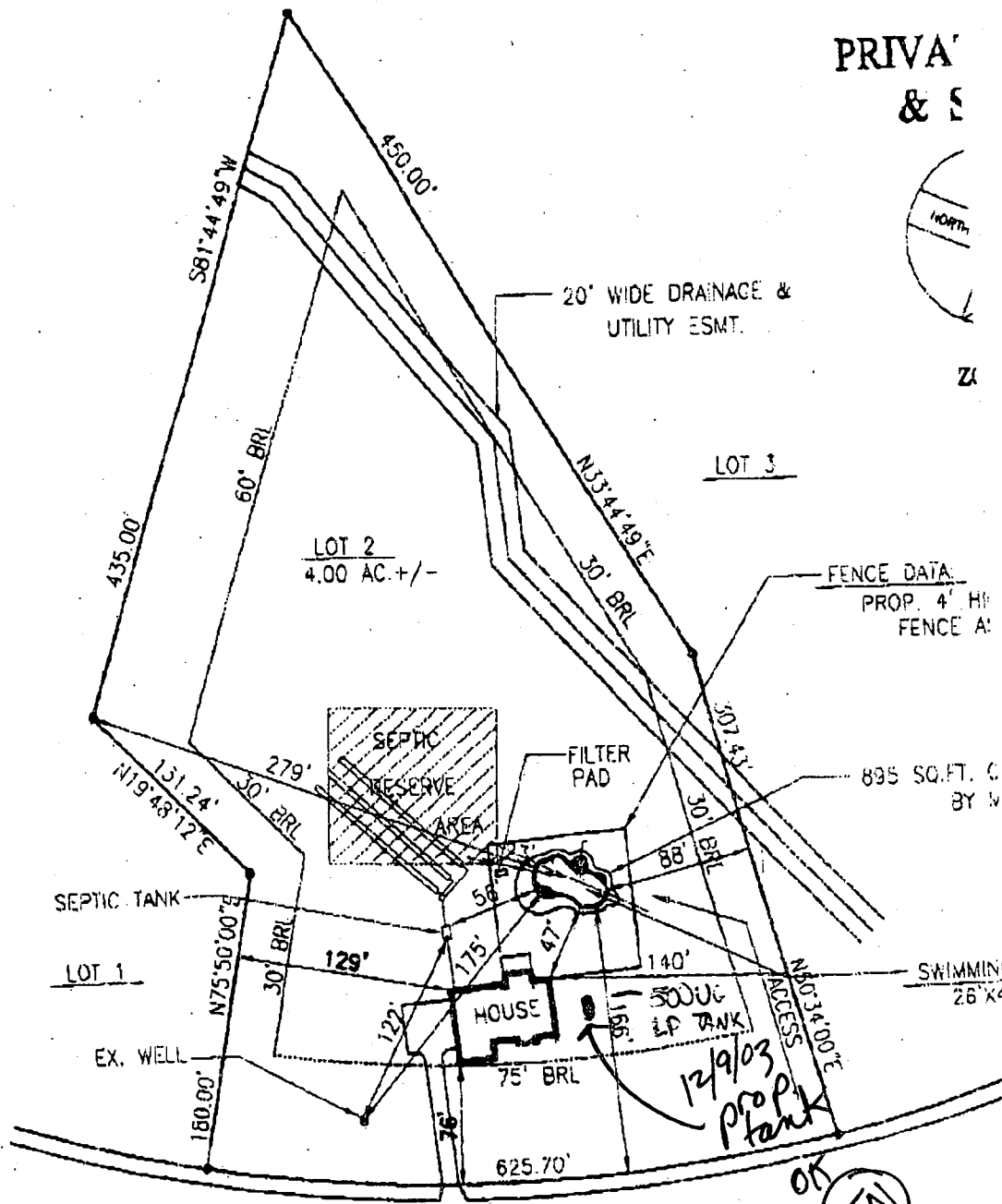
Title/Company OK MR 7/10/03

Date JUL 10 2003

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

76616A
7661129

PRIVA
& S



TANK will BE
Approximately
15' OFF OF
RIGHT SIDE
OF HOUSE

Scale 1:100

BUSHY TAIL RUN

SITE PLAN

000145304