

04316096

LAYOUT 11 am 9/29 INSP 4 10/9/03
INSP 2 10/1 11 AM INSP 5 _____
INSP 3 10/7 2 pm INSP 6 _____

ISSUE DATE: 8/13/2003

PERMIT

P 519084

APPROVAL DATE: 10/7/03

A 41083

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

Whitworth Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS: 12680 Clarksville Pk, Clarksville PHONE NUMBER: 410-531-5033

SUBDIVISION: Wellington 2/2 LOT NUMBER: Parcel D

ADDRESS: 3603 Clear Drive Court PROPERTY OWNER: VanHorn

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet ^{5.5} 4.0 feet below original grade. Bottom maximum depth ^{7.5} 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown per the approved building permit plan. Best trench layout to be determined during the time of layout inspection.
NOTES:	

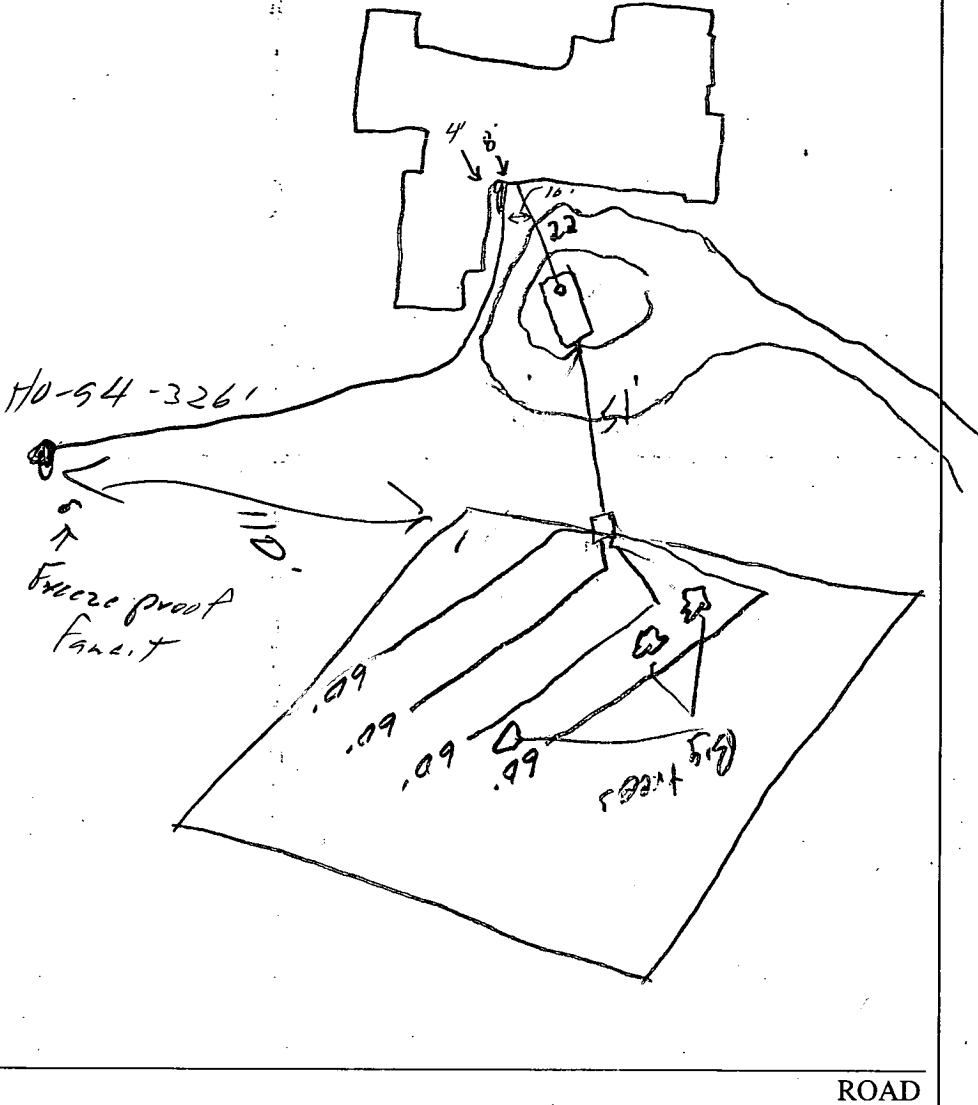
PLANS APPROVED: Steven R. Krieg OK 9/22/02 (SO) DATE: 7/12/2002

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 41083

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	5.5	7.5
NUMBER OF TRENCHES	4	
TOTAL LENGTH	240'	
ABSORPTION AREA	720sf	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	✓	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	6"
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	None
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	M/A
BAFFLE FILTER	M/A
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

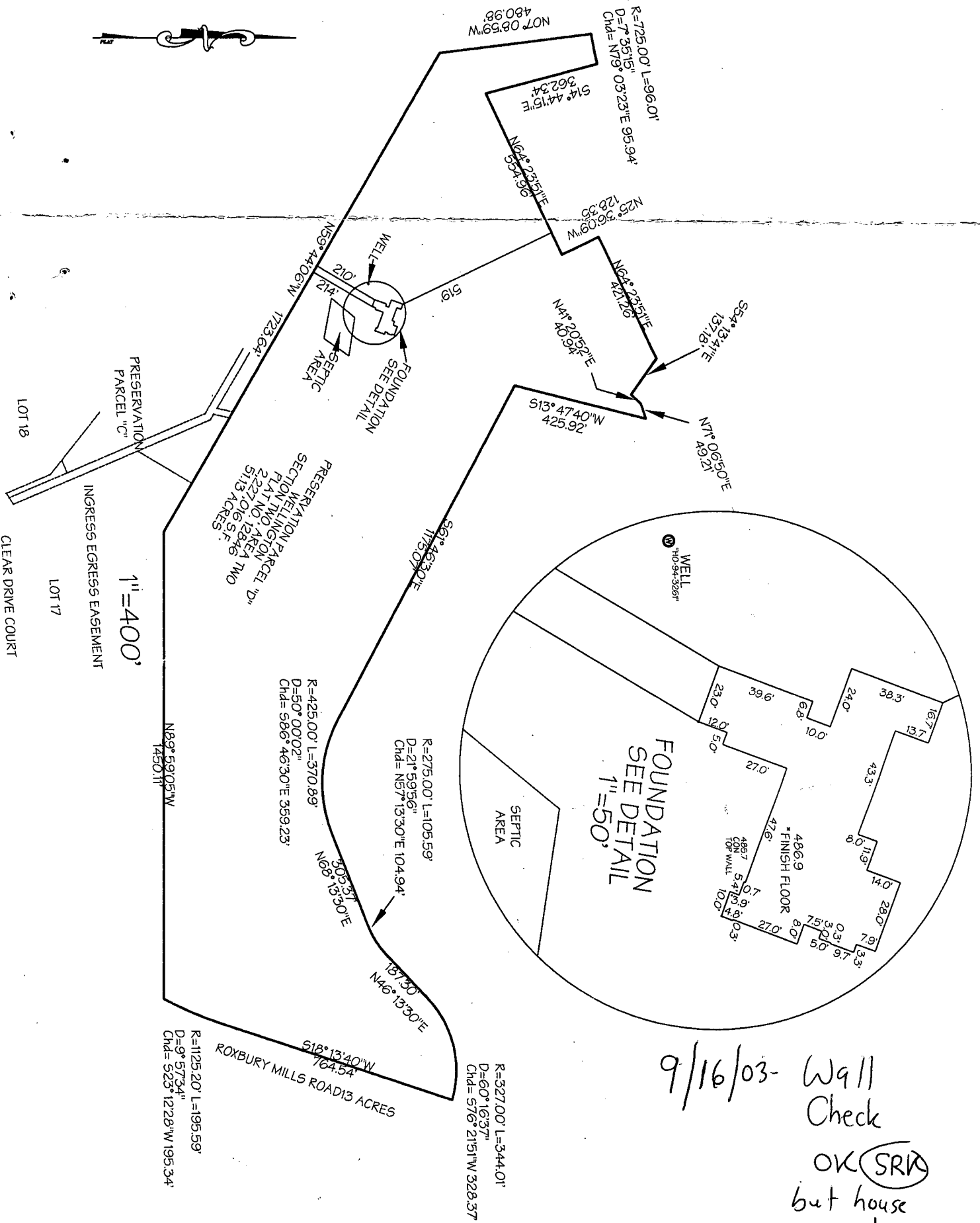
PRE-CONSTRUCTION 9/29/03 SRA Staked, contour will need to be shot, wooded area. May not be able to make fall if D.B. - (4) 60' trenches (SD)

INSTALLATION 10/2/03 - Call from contractor, said they can't make fall on gravity. Install P.T. (SD) 10/3/03 - OK to change inlet to 5.5, bottom 7.5 (SD) 10/7/03 OK to cover all work (SD)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 10/7/03

PROPERTY KNOWN AS:
 PRESERVATION PARCEL "D"
 WELLINGTON
 SECTION TWO, AREA TWO
 PLAT NO. 12846

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



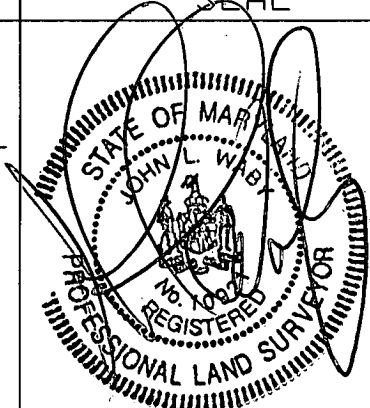
LOCATION DRAWING

CERTIFICATION

This is to certify that I have surveyed the property known as:
 3603 CLEAR VIEW COURT

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.

SEAL



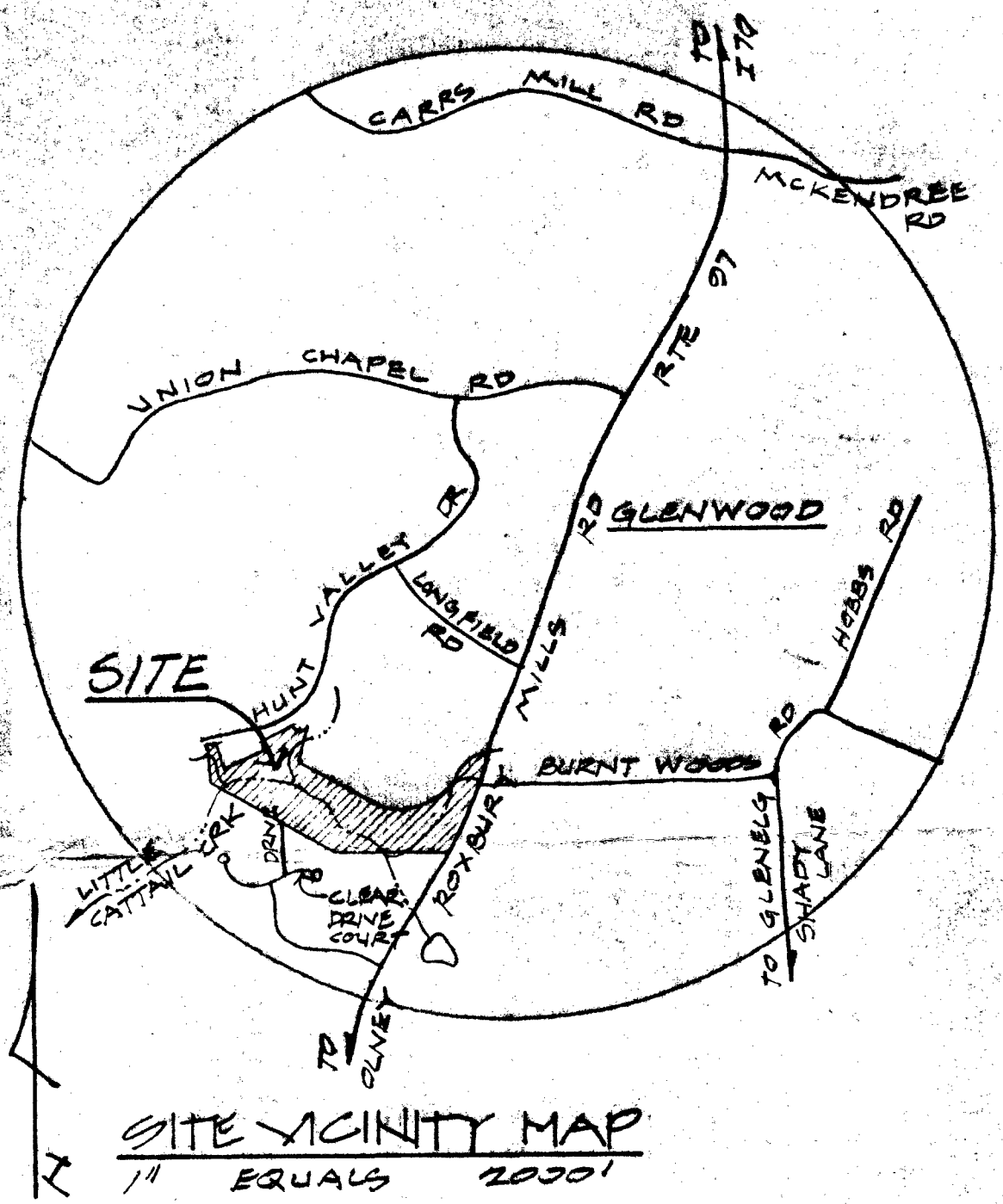
SCALE AS NOTED

DATE 8/15/03

LDE Inc.
 Engineers, Surveyors, Planners

9250 Rumsey Road, Suite 106
 Columbia, Maryland - 21045
 (410)715-1070 - (410)715-9540 Fax

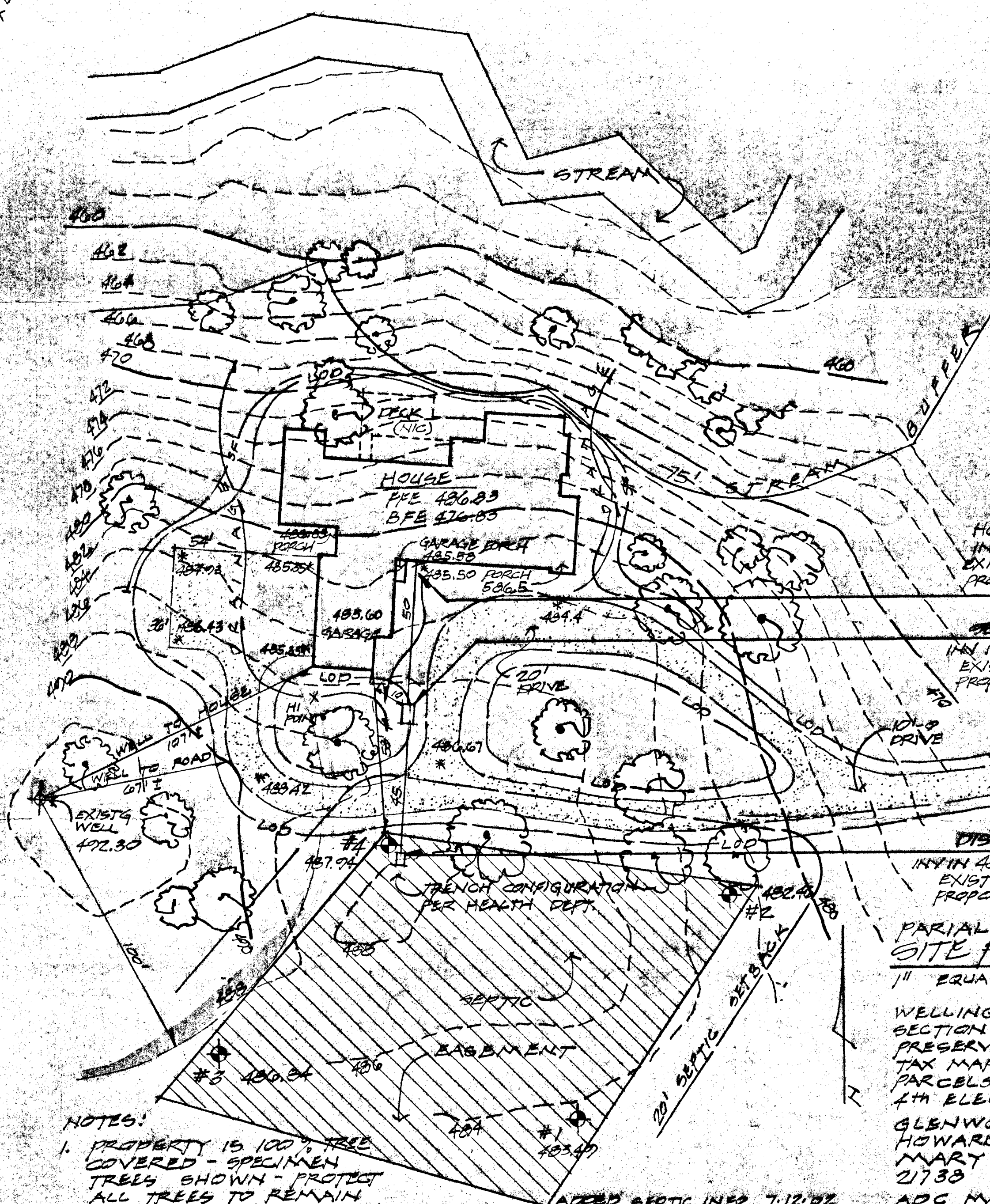
ROXBURY MILLS ROAD - RTE 97



Approved Septic System Plan
Howard County Health Department

Stuart King
Signature Date

ANDRÉ G. FONTAINE ARCHITECT
410-531-3025



Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 6 feet
Depth of stone required below distribution pipe 2 feet

HOUSE SEPTIC INVERT OUT 483.00
EXISTING GRADE 481.90
PROPOSED GRADE 485.50

SEPTIC TANK (2000 GAL)
IN IN 483.47 IN OUT 483.22
EXISTING GRADE 486.0
PROPOSED GRADE 486.5

DISTRIBUTION BOX
IN IN 482.75 IN OUT 482.67
EXISTING GRADE 488.00
PROPOSED GRADE 486.67

PARTIAL SITE PLAN REVISED 5.14.02
1" EQUALS 30'-0"

WELLINGTON SECTION 2 AREA 2 PRESERVATION D1 TAX MAP 14 & 21 GRID 21 PARCELS 230 & 73 4TH ELECTION DISTRICT GLENWOOD HOWARD COUNTY MARYLAND 21738

ADC MAP BOOK MAP 9 GRID A7
ADDED STREET # 2.15.02
REVISED HOUSE FOOTPRINT 11.4.01
RELEASED FOR GRADING PERMIT 07.2.01

- NOTES:
- PROPERTY IS 100% TREE COVERED - SPECIMEN TREES SHOWN - PROTECT ALL TREES TO REMAIN
 - FIELD RUN TOPOGRAPHY PROVIDED BY: BY LDE, 0250 RUMSEY RD, SUITE 106 COLUMBIA, MD. 21045 (410) 715-1070

ADDED SEPTIC INFO 7.12.02
REVISED HOUSE ELEVATIONS BUILDING PERMIT #B00130528
REVISED STREET ADDRESS 7.12.02

PROPOSED RESIDENCE FOR
GAYLE & JACK VAN HORN
3603 CLEAR DRIVE COURT, GLENELG, MD 21738

5.17.02
SHEET
1
OF NINE
0103-7

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: Custom Pkg & Htg Co Telephone #: 410-791-8358
Address: 6482 Greenway Drive
Elkridge Md 21075

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Ormiston License: 8444

*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: Shel Law Horn Telephone #: 410-489-5903
Subdivision: Wellington Lot #: _____ Well Tag #: HO-94-3961
Site Address: 3603 Clear Drive Court
Stenwood Md 21238

Submersible Pump Data
Make: Gould
Model #: 79510412
Pump Capacity: 7 GPM
Well Yield: 15 GPM
Depth of well encountered at time of pump installation: 375 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Pitless Adapter
Make: Medline
Model #: BPD
Depth: 42 (36" min)
NSF approved: YES

Well Cap and Electric Conduit
Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Flange to house
Type: Roll Plug In
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: YES

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: Michael Ormiston Date: 11/9/04

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

Date Insp. Requested: _____ Date Insp. Approved: 10/10/03 (50) BB
Inspection Data: Pitless adapter and water supply line at least 36" 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 0527 SEQUENCE NO. (MDE USE ONLY)

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 **13** **A41085** (Kb 3/13/92)

1 2 3 4 5 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 01 92

Depth of Well
22 380 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3261
28 29 30 31 32 33 34 35 36 37

OWNER Van Horn Jack
STREET OR RFD Clear Drive Court TOWN Woodbine
SUBDIVISION Wellington SECTION 2 LOT Prcc. Parcel D

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	
Top Soil	0	2	
Brown Shale	2	25	
Brown Slate	25	30	
Blue Slate	30	50	
Brown Slate	50	55	✓
Blue Slate	55	290	
Flint Rock	290	295	✓
Blue Slate	295	380	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **(CM)** BENTONITE CLAY **(BC)**
NO. OF BAGS ^{45 46} 14 NO. OF POUNDS ^{45 46} 1400
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 36 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(ST) STEEL **(CO)** CONCRETE
(PL) PLASTIC **(OT)** OTHER
MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 38
60 61 63 64 66 70

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

SCREEN RECORD
screen type or open hole insert appropriate code below
(ST) STEEL **(BR)** BRASS **(HO)** OPEN HOLE
(PL) PLASTIC **(OT)** OTHER

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 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 SD 117
John E. Wayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

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

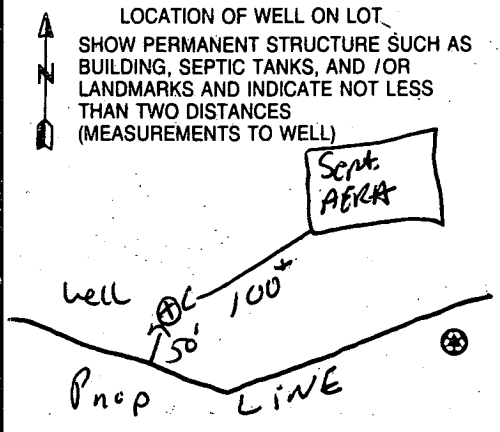
C 2 DEPTH (nearest ft.)
T **HO** 36 380
E 8 9 11 15 17 21
A
C 23 24 26 30 32 36
H
S
C 3 38 39 41 45 47 51
R
E
E SLOT SIZE 1 2 3
N
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W O
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) 3
8 9
PUMPING RATE (gal. per min.) 15
11 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50 ft.
17 20
WHEN PUMPING 380 ft.
22 25
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other (describe below)
27 27 27
J jet **S** submersible
27 27

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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
(-) below } 2 (nearest foot)
49 50 51



B 1 8916

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3261

fill in this form completely

Please print or type

Date Received (APA)

10/11/2001

OWNER INFORMATION

UAN HORN JACK

17024 Handy Rd.

Mt Airy MD 21221

DRILLER INFORMATION

Ralph E. MAYWE M.S.D. 112

Ralph E. MAYWE WELL DRILLING

17024 Handy Rd. Mt Airy MD 21221

Signature Date 10-10-01

LOCATION OF WELL

Howard COUNTY

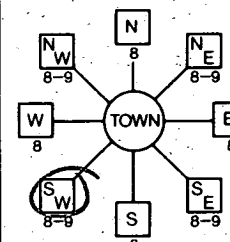
WELLING TOW

SECTION 2 LOT D

Glenwood

MILES FROM TOWN (enter 0 if in town) 1.3

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CLEAR DRIVE Ct. Hunt Valley Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1200

DISTANCE FROM ROAD ENTER FT OR MI 1/4

TAX MAP: 24 BLK: 3 PARCEL 239

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D)
Farming (Livestock Watering & Agricultural Irrigation) (F)
Industrial, Commercial, Dewatering (I)
Public Water Supply Well (P)
Test, Observation, Monitoring (T)
Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY 13 A41085

STATE SIGNATURE INSERT S

DATE ISSUED 2/12/02 Brian Baker 2/12/2003

NORTH GRID 527 000 EAST GRID 788 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (N)
This well will replace a well that will be abandoned and sealed (Y)
This well will replace a well that will be used as a standby-contact local approving authority for policy on-standby wells (S)
This well will deepen an existing well (D)

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

PERMIT No. HO-94-3261

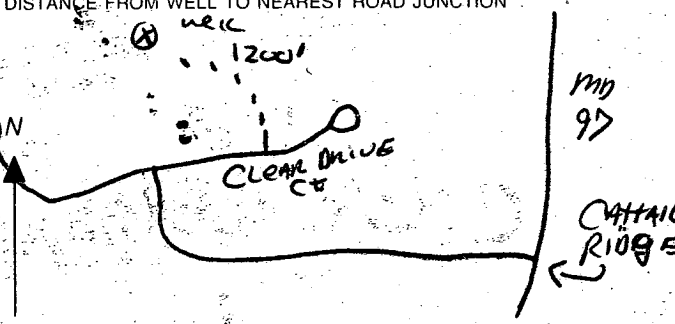
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 788 N 527

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 41083

P _____

DISTRICT 4TH

DATE December 18, 1987

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 C. Oliver Goldsmith, et ux

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION: WELLINGTON

SUBDIVISION Longwood Farm LOT NO. 76

*LOT 72 2ND PROPOSAL
SECT II RESERV D*

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt.97) and
Union Chapel Road

SIZE OF LOT 3+ Acres TYPE BLDG SFD Residential

(NUMBER OF BEDROOMS) *

* Undetermined at this time

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 MOSHA REQUIREMENTS IN TESTING THIS LOT. By: [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

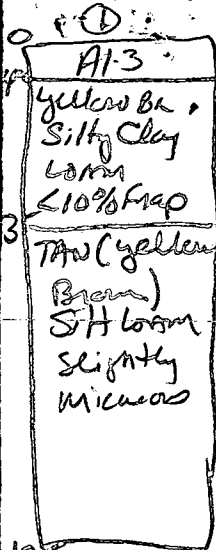
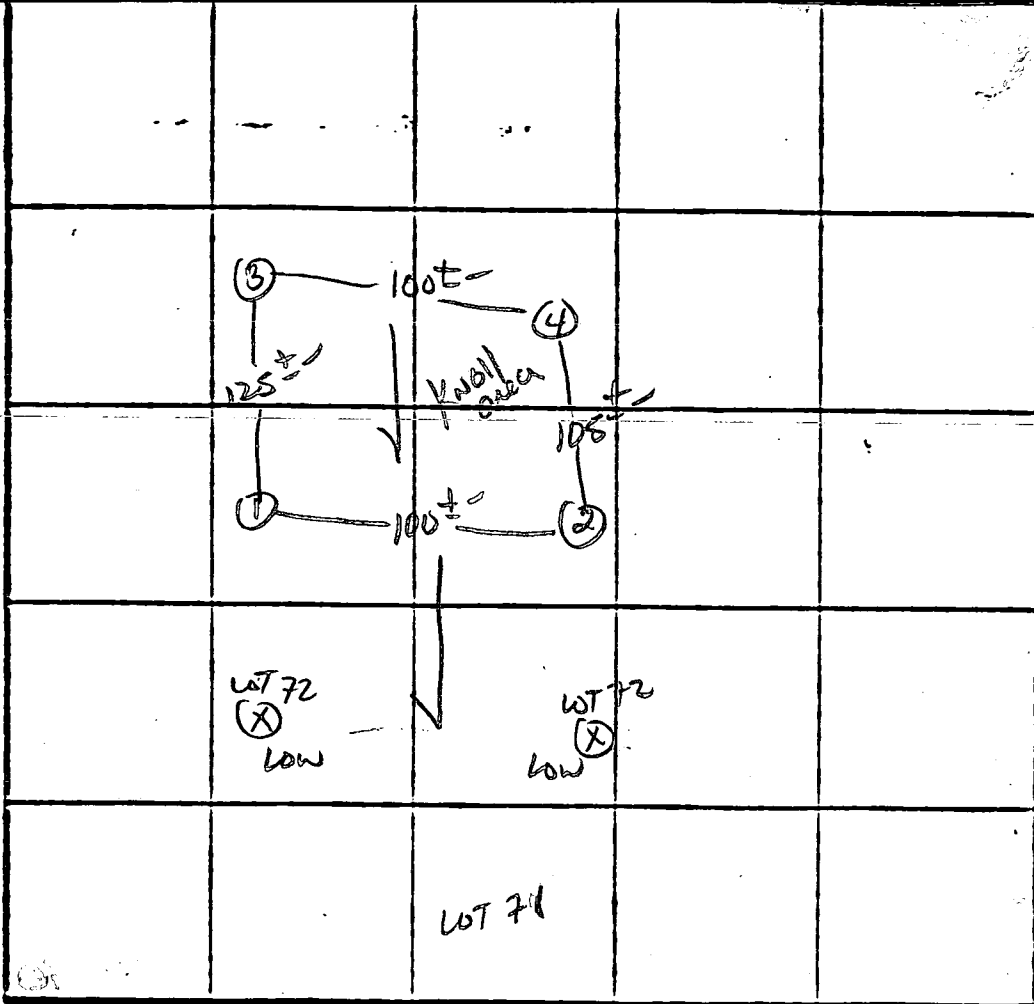
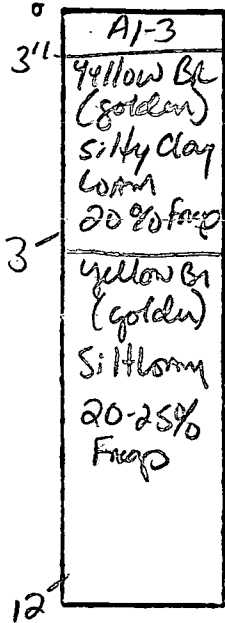
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-11-89 PERC SATISFACTORY - Hold for Plot. 500

THIS IS NOT A PERMIT

A-41083
 LOT 72 2ND PROPSA)

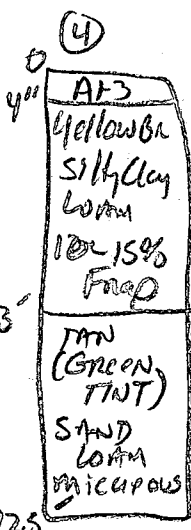
SOIL PROFILE



X PERC 7min
 180Φ/BA
 INLET 3'
 BOTTOM 7'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 97



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/10/69	1 S	3"	11:52	11:54	11:54	11:57	3 min	
	1 V	13"	As profiled					
	2 S	3"	11:55	12:01	12:01	12:13	12 min	
	2 M	7"	11:56	11:58	11:58	12:03	5 min	
	2 N	13"	similar to profile					
	3 S	3"	11:49	11:54	11:54	12:05	11 min	
	3 V	12"	As profiled					
	4 S	3"	11:50	11:53	11:53	11:57	4 min	
	4 V	12.5"	As profiled					

REMARKS Area "Flipped" up hill from original high stakes

TYPE OF SOIL _____

TESTED BY S. Mbel ALSO PRESENT K. Hatfield

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41085

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4TH

DATE December 18, 1987

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 C. Oliver Goldsmith, et ux

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION: NEWINGTON
SUBDIVISION Longwood Farm LOT NO. 72
LOT 70 2ND PROPOSAL
See III Pres. Pd D

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt.97) and
Union Chapel Road

SIZE OF LOT 3+ Acres TYPE BLDG SFD Residential
(NUMBER OF BEDROOMS) *
* Undetermined at this time

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 MOSHA REQUIREMENTS IN TESTING THIS LOT. SEARCH DEVELOPMENT CORP.
By: Steve Breda V.P.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

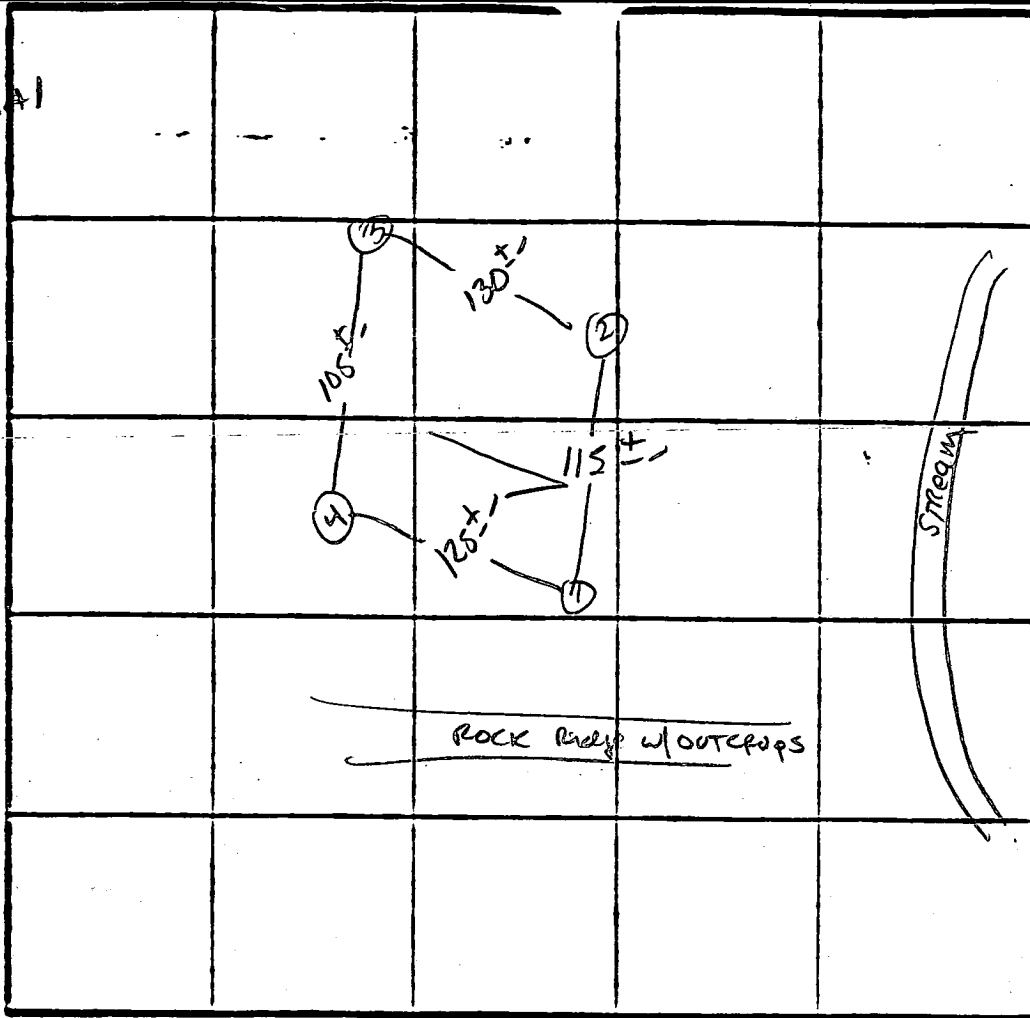
REASONS FOR REJECTION OR HOLDING 2-16-89 Prc Satisfactory - Hold for Permt. Sales

THIS IS NOT A PERMIT

A-41085
 LOT 70 2ND PROPOSAL

SOIL PROFILE

0	4"	A1-3 Yellow Red Silty clay LOAM <10% Frsp
3'	14'	Yellow Bl. (TAN) Silt loam Micaceous 20% Frsp



X 12 MIN
 210 Φ 18"
 INLET 35"
 BOTTOM 7.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT 97 (Remote)

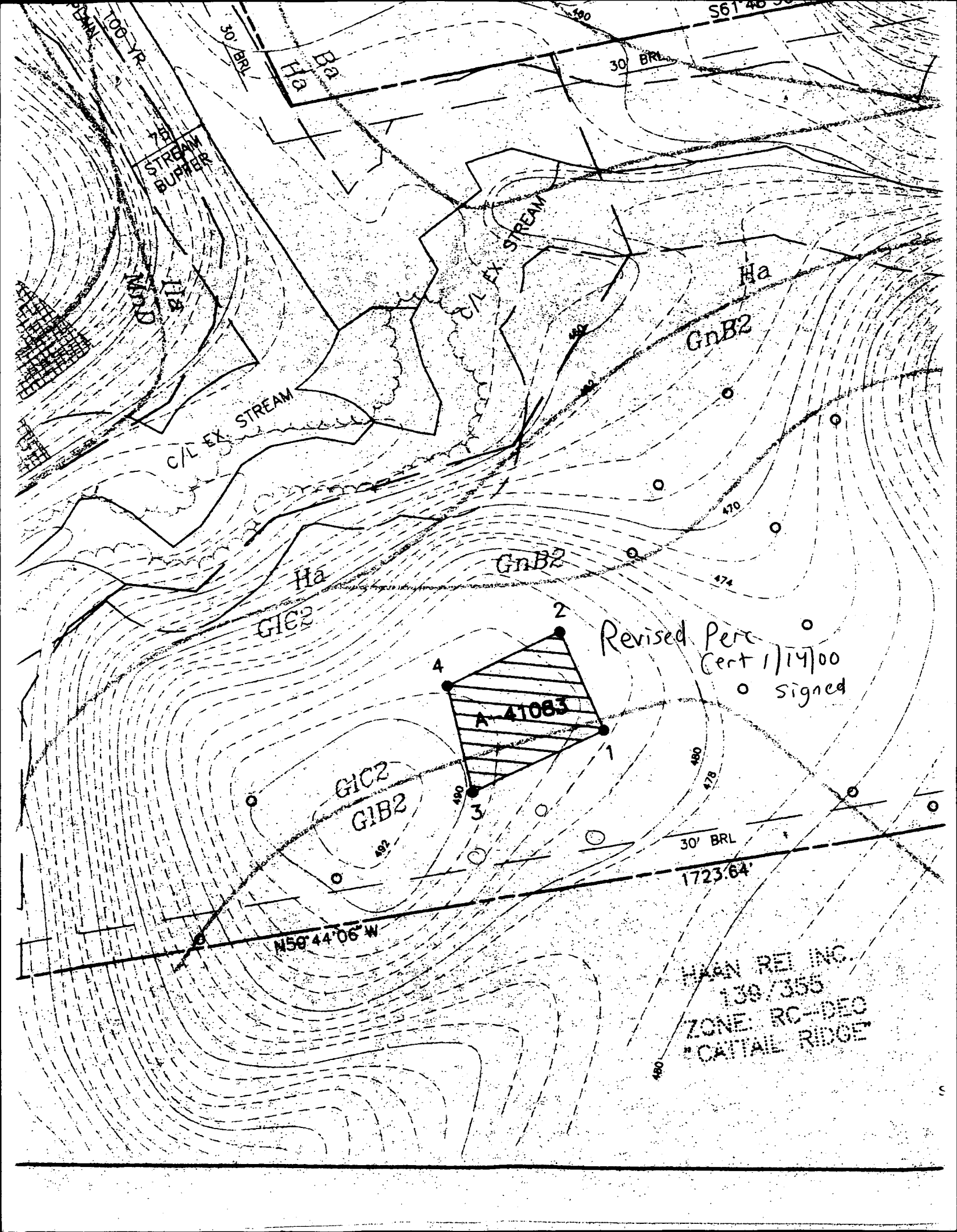
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/16/89	5	3.0'	11:16	11:26	11:26	11:47	21 MIN
	1M	8.0'	11:16	11:25	11:25	11:42	17 MIN
	IV	14'	AS profiled				
	25	3.0'	11:19	11:25	11:25	11:36	11 MIN
	2V	12'	Refusal AT 12' > 50% AT 11'		OTHERWISE SIMILAR TO #1		
	35	3.5'	11:28	11:30	11:30	11:33	3 MIN
	3V	12.5'	SIMILAR TO #2				
	45	3.0'	11:28	11:30	11:30	11:34	4 MIN
	4V	12.0'	SAMPLE AS #1				

REMARKS AS STAKED - TESTED

TYPE OF SOIL M Anoll

TESTED BY S. Abel

ALSO PRESENT R. Hatfield



75' STREAM BUFFER

100-YR

30' BRL

30' BRL

S61 48 30

118

C/L EX. STREAM

EX. STREAM

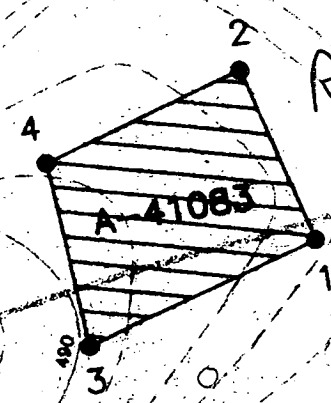
Ha

GnB2

Ha
GIC2

GnB2

Revised Perc
Cent 1/14/00
signed



GIC2
GIB2

30' BRL

1723.64'

N59°44'06" W

HAGEN REI INC.
138/355
ZONE: RC-DEC
"CATTAIL RIDGE"

117507

L-37
R-1

75' STREAM BUFFER

75' STREAM BUFFER

LIMIT OF DISTURBANCE

PROP
CULV

EX. SEPTIC FIELD
A-41088

N89°59'05" W

LIMIT OF DISTURBANCE

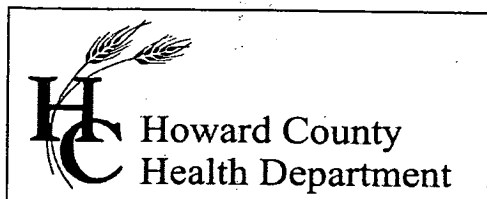
100'

SIGNED PERC
CERT 11-9-95

(NOT USED)

PLAN
SCALE

WELLINGTON WE
PLAN #10362
ZONE 20 into



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

September 28, 2004

John & Gayle VanHorn
3731 Blackberry Lane
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-531-2299

RE: Wellington 2/2, Parcel D
3603 Clear Drive Court
Glenwood, MD 21738
BP # B00136528
Well Permit # HO-94-3261

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/07/2003. Final approval of the well line connection to the dwelling was approved on 10/10/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3261. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 07/01/2004
Date of Well Completion: 03/01/2002

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File

67689 - Call contractor - SFR

Building Address 3603 Clearview Ct.
Glenwood, Md. 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604002 Subdivision Wellington
 Section 3 Area 2 Lot _____
 Tax Map 121 Parcel 73 Grid 3
 Zoning RC Map Coordinates 90111A7 Lot size 51A

Property Owner's Name John & Gayle Vanhorn
 Address 3731 Blackberry Lane
 City Ellicott City State Md. Zip Code 21042
 Home Phone 410-531-6660 Work Phone 410-988-9000
 Applicant's Name & Mailing Address, (if other than stated hereon):
same as contractor
 Phone _____ Fax _____

Existing Use undeveloped land
 Proposed Use single family home
 Estimated Construction Cost \$ 900,000
 Description of Work New Custom build SF home
new SF home with 4 bedroom, w/perm.
basement with plumbing R.I. attached 3000

Contractor Company Howard Thompson Bldg Inc.
 Contact Person Howard Thompson
 Address 6275 Foothorn Lane
 City Taskville State Md. Zip Code 21029
 License No. 19996
 Phone 410-531-2299 Fax 410-531-2299

Occupant or Tenant John & Gayle Vanhorn
 Contact Name John
 Address 3731 Blackberry Lane
 City Ellicott City State Md. Zip Code 21042
 Phone _____ Fax _____

Engineer or Architect Company Audie G. Fontaine BIA
 Contact Person Audie Fontaine
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410-531-3975 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>58</u> <u>100</u> 2nd floor: <u>21</u> <u>50</u> Basement: <u>58</u> <u>100</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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.

Howard H. Thompson
 Applicant's Signature
 Title/Company _____

Howard H. Thompson
 Print Name
5/29/02
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ State Highways Building Official Dev. Engineering DPZ Health Fire Protection Is Sediment Control approval required prior to issuance?	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	<u>54933</u> Filing fee: \$ <u>100</u> Permit fee: \$ _____ Excise tax: \$ _____ Add'l per. fee: \$ _____ TOTAL FEES: \$ _____ Sub-total paid: \$ _____ Balance due: \$ _____ Check # <u>3608</u> Validation # <u>5/153</u>
CONTINUING CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Accepted by: <u>[Signature]</u>	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				