

9/25/00  
CO.

04-361865

# PERMIT

SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 513700

A 43344

ISSUE DATE 7/24/2000

APPROVAL DATE 9/25/00

INDEXED

K & K Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Carriage Mill Farms LOT NUMBER 31 ADDRESS 14764 Carriage Mill Drive

PROPERTY OWNER Oak Hill Properties PROPERTY OWNER'S ADDRESS 107 Loudoun Street S.E.

SEPTIC TANK CAPACITY 1250 GALLONS Leesburg, VA 20175

PUMP CHAMBER CAPACITY 1250 GALLONS \*\*\* ~~TOP SEAMED SEPTIC TANK AND PUMP CHAMBER REQUIRED~~

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280 *65-03 BOD 142-287 - RAYROOM-LAUNDRY ROOM*

**BUILDING PERMITS  
AND RETURNED**

TRENCHES: Trenches to be 3 feet wide. Inlet <sup>4.5</sup>~~3.5~~ feet below original grade. Bottom maximum depth 6.0~~5.5~~ feet below original grade. 1.52 feet of stone below distribution box.

LOCATION: Place the distribution box 65' from the left (311.75') lot line and 90' from the rear (191.03') lot line. Run trenches on contour to right side of lot. Suggested layout: 70', 90', 120' *6/20/00 O.Z. (RB)*  
Maintain a minimum of 100' to the well.

*8/29/00 specs changed to eliminate pumped septic system*

PLANS APPROVED Mark E. Rifkin DATE 4-21-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

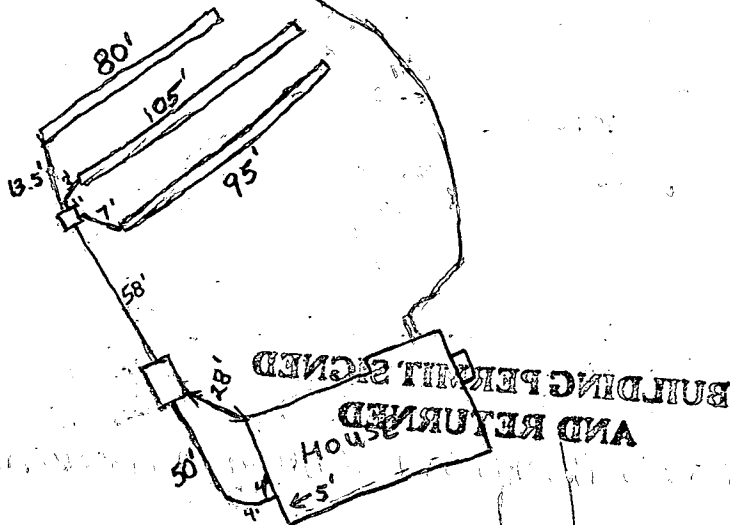
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A43344

NOT TO SCALE

Mo-94-2475

Dry hole abandoned and sealed casing extends above grade to be cut off



TRENCH DATA

TRENCH WIDTH 3.0'  
 TRENCH INLET DEPTH 4.5'  
 TRENCH BOTTOM DEPTH 6.5'  
 DEPTH OF STONE 1.5'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 280'  
 ABSORBENT AREA 840 sq. ft.  
 DISTRIBUTION BOX LEVEL OK  
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS  
 MANHOLE RISER No  
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA N/A

~~PUMP CHAMBER GALLONS \_\_\_\_\_  
 MANHOLE RISER \_\_\_\_\_  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_~~

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 7/31/00 - WELL LINE APPEARS TO BE RUNNING THROUGH SEPTIC AREA BUILDER TO STAKE SEPTIC AREA TO VERIFY, KETTERMAN & EASTERDAY NOTIFIED, IF SO WELL LINE MUST BE RE-ROUTED (SRM) 8/16/00 - WELL LINE RE-ROUTED PROPERLY ON (SRM) 9/5/00 Grade needs to be raised to 7" below siding. Well line more than 10' from trenches. O.K. to cover everything. Final approval pending grade change to cover house to tank line (BB) 9/25/00 Superintendent (Steve Dennis) said that there is 18" of cover over house connection (BB)

INSPECTOR B. Baber DATE SYSTEM APPROVED 9/25/00

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

~~401-8833~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt #  
Date 7-28-00

Name of Installer Dallon E Wilson

Telephone 301-8317057

License Number JSD 065  
Certified Well Pump Installer \_\_\_\_\_ Well Driller

Registered Plumber \_\_\_\_\_

Name of Property Owner Oak Hill Prop  
Subdivision Carriage Mill Farm Lot # 31  
Site Address 14764 Carriage Mill Rd

Telephone \_\_\_\_\_  
Well Tag # HC-44-2475

- Pump**
- Type
    - Deep well jet \_\_\_\_\_
    - Shallow well jet \_\_\_\_\_
    - Submersible
  - Make Goulds
  - Model # 5G807422
  - Capacity 5 GPM
  - Pump exceeds well capacity Yes \_\_\_\_\_ No
  - If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
  - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

- Motor**
- Horsepower \_\_\_\_\_
  - RPM 3450
  - Voltage \_\_\_\_\_
    - 110 \_\_\_\_\_
    - 220

- Pitless Adapter**
- Make Martinson
  - Model # B-101
  - Depth 3 1/2

8/16/00  
WPI OK  
SRK (BB)

- Tank**
- Capacity 32
  - Pressure relief valve? yes

- Piping**
- Type PE
  - Size 1"
  - NSF and/or BOCA Code approved yes
  - Depth of supply line 3 1/2

- Well data**
- Depth 400 ft.
  - Yield 8 GPM
  - Static water level \_\_\_\_\_ ft.
  - Will water supply be disinfected by installer? yes

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: [Signature]  
Date: 8-14-00

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

# APPLICATION

PERCOLATION TESTING

A 43344

P \_\_\_\_\_

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

NOT A  
FINAL  
PLAT

DISTRICT 4TH

DATE 1-6-89

*Asylous 12/28/85*

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 (JOSEPH B. BERKE) OAK HILL PROPERTIES, 107 LOUDOUN STREET S.E.  
LEESBURG, VA 20175

ADDRESS 414 TIMBERCOVE CIRCLE - LOANWOOD, FL. 32779 PHONE 407-869-6717

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION (BERKSHIRE Estates) CARRIAGE MILL FARMS LOT NO. Final lot 31  
11/5

ROAD AND DESCRIPTION \_\_\_\_\_

**BUILD PERMITS ISSUED  
AND RECEIVED 4/21/00**  
Serial# 800123330  
SFD - 4 BRMS

TAX MAP 8 PARCEL # 158

SIZE OF LOT 3.03 TYPE BLDG. SF  
(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.

Joseph B. Berke  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING { 4/5 shallow only in P.M. Test area }  
{ only close to #12 test area }  
C.B.

HD-216

# THIS IS NOT A PERMIT

43344

#11

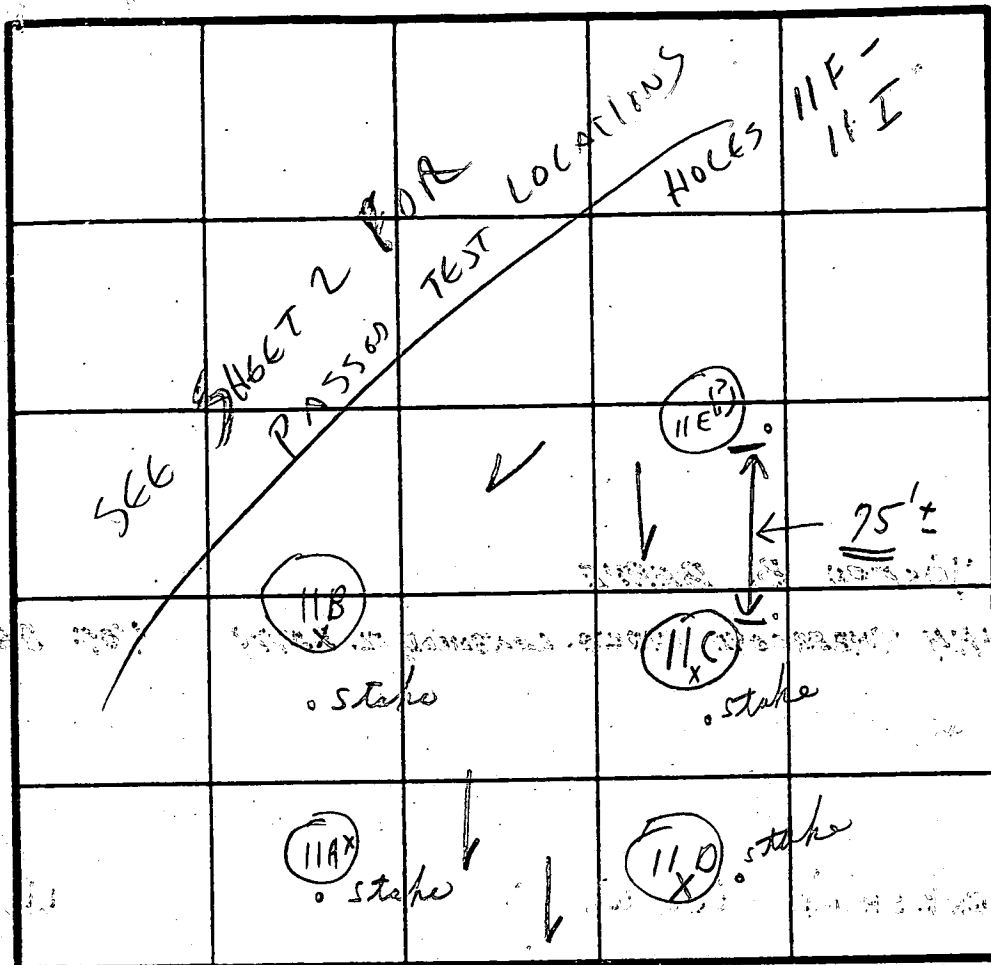
(Payload)

SOIL PROFILE

T. SOIL

CLAY

LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/5/89	11D	1m AM	Water	6 1/2'	4/5/		X
	11D	{ ' }	Water	11'	4/4		X
	11A	{ ' }	[ Water (?) only 7' caved in ]				X
	11A	{ ' }	- Water	11'	4/4		X
	11C	{ ' }	[ Clay + Water ]	9 1/2'	4/5		X
	11B	1m A.M. 4/5	@	9'-3" to 9 1/2'	Water		X
	11B	[ Water on 4/4 @		12'	7 1/2'		X
	11E	[ 5' ± Clay		(?)	(?)		X
	11E	[ 13' ± Water		(?)	(?)		X

REMARKS 4/4 Late ; 4/5 { [ Water - +/- on clay ]  
 TYPE OF SOIL Reject all holes in field  
 TESTED BY C.B.O. ALSO PRESENT { annals men }  
 Pg 1 of 2

# APPLICATION

548 of 11

PERCOLATION TESTING

A 43334

P \_\_\_\_\_

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

DISTRICT 4TH

DATE 1-6-89

arrived  
12-19-88  
3pm<sup>+</sup>

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 JOSEPH B. BERKE

ADDRESS 414 TIMBERCOVE CIRCLE - LONGWOOD, FL. 32779 PHONE 407-869-6717

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

SUBDIVISION BERKSHIRE ESTATES LOT NO. 151

mail lot 31  
Need a  
need #1  
43334

ROAD AND DESCRIPTION OLD FREDERIC RD.

TAX MAP 8 PARCEL # 158

SIZE OF LOT 4.72 A TYPE BLDG. SF  
(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.

Joseph B. Berke  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT





Carrage Mill Est  
Signed Perc Cert  
8-29-95

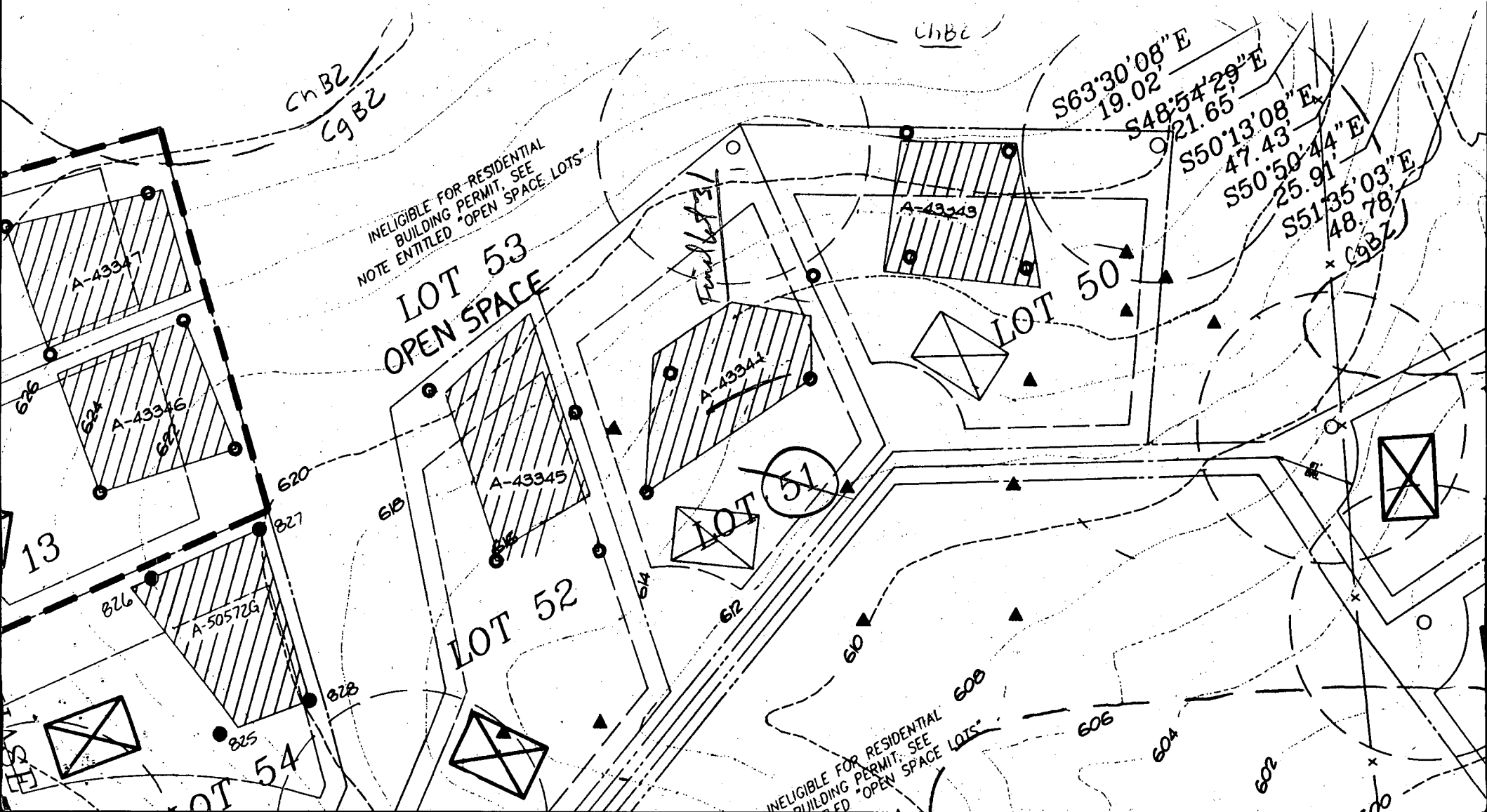
Ch B2  
C9 B2

Ch B2

INELIGIBLE FOR RESIDENTIAL  
BUILDING PERMIT. SEE  
NOTE ENTITLED "OPEN SPACE LOTS"

LOT 53  
OPEN SPACE

INELIGIBLE FOR RESIDENTIAL  
BUILDING PERMIT. SEE  
NOTE ENTITLED "OPEN SPACE LOTS"



# BALTIMORE NATIONAL PIKE (I-70)

(SEE SHA PLATS 42060, 42581, 42596, AND 9258)

S58°23'55"E  
121.47'

S64°06'33"E

500.00'

S63°20'00"E

Lot 33  
Open Space

Part of  
Lot 33 Open Space

VEHICULAR INGRESS/EGRESS RESTRICTED

To be dedicated to Howard County, Maryland  
Partial Area This Plat - 250,365 sq.ft., 5.7476 Ac.  
Total Area = 383,152 sq.ft., 8.7960 Ac.

S60°03'58"E

319.09'

Lot 36

581.41'

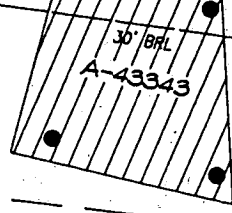
N 54°44'00"

65 dBA Line

N79°40'58"E

S61°41'08"E

30' BRL



Lot 35

N12°38'17"E

N17°44'52"E

30' BRL

328.74'

191.03'

30' BRL

151.6952'

N 96°30'40"S

LOT 30  
63,723 sq.ft.

See Plat 2 of 5  
Phase Two  
"Carriage Mill Farms"

Lot 34

N50°52'36"E  
74.14'

N50°52'36"E  
166.25'

30' BRL

LOT 32  
57,050 sq.ft.

LOT 31  
51,948 sq.ft.

186.53' 10' BRL

N62°23'39"W

N62°23'39"W

N62°23'39"W 26'

S62°23'39"E 249'

Existing Public Access Easement between Future Open Space

Preservation Parcel A

Existing Public Stormwater Management, Drainage & Utility Easement

CARRIAGE MILL DRIVE

R=341.00'

L=82.04'

S68°01'25"W

S68°01'25"E

S68°01'25"E

Lot 53

S68°01'25"W

S68°01'25"E

S68°01'25"E

20.16'

N88°24'12"W

317.38'

(91)

F-99-01  
Unsigned

Lot 12

Phase One

"Carriage Mill Farms"

N00°03'49"W

15.71'

183.85'

S89°13'08"W

S845

TE17

TE18

TE16

TE15

TE14

TE13

TE12

TE11

TE10

TE9

TE8

TE7

TE6

TE5

TE4

TE3

TE2

TE1

FR7

(603.0)

Lot 54

See Plat 2 of 5  
Phase Two  
"Carriage Mill Farms"

B 1 14788

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

MD-94-2475 fill in this form completely

Date Received (APA) 10/3/99

OWNER INFORMATION RN 8065

B 3 LOCATION OF WELL HOWARD CC#

Oak Hill Properties 107 Loudoun St., N E Leesburg, Va. 20175-3106

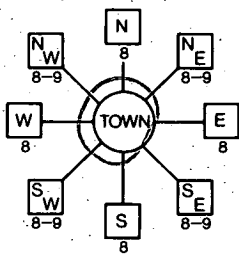
Carriage Mill Farms Cooksville

DRILLER INFORMATION

George F. Easterday M WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

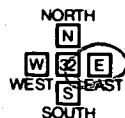
MILES FROM TOWN (enter 0 if in town) 0

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Carriage Mill Dr. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



230 DISTANCE FROM ROAD ENTER FT OR MI

B 2 WELL INFORMATION APPROX. PUMPING RATE 5

AVERAGE DAILY QUANTITY NEEDED 500

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 A43344 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/3/99 AM Miller 101800

CO SIGNATURE EXP. DATE NORTH GRID 540 000 EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) AIR-PERcussion ROTARY (Hydraulic Rotary) JETTED Jetted & DRIVEN CABLE REVerse-ROTary Drive-POINT other

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 PERMIT No. MD-94-2475

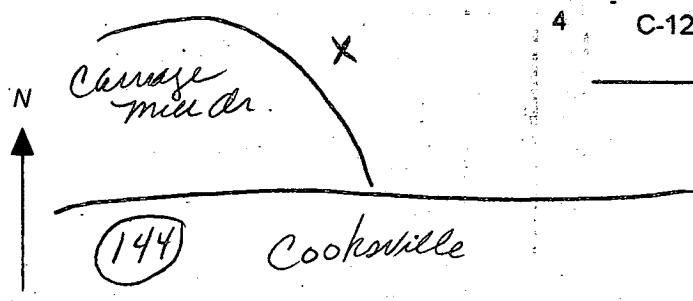
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 N 540

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



2400 GROUT FIRST WELL 10/30 AB. X No insp. 2/14/00 BB/AN 2/11/00 110' casing, 32 bags Well abandoned that was reported to have caved to 90' - 23 bags.

SPECIAL CONDITIONS

C1 01867 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A 43344

ST/CO USE ONLY DATE Received MM DD YY 2/11/00

DATE WELL COMPLETED MM DD YY 2/11/00 Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2475

OWNER OAK HILL PROPERTIES STREET OR RFD CARRIAGE MILL DRIVE TOWN COOKSVILLE SUBDIVISION CARRIAGE MILL FARMS SECTION LOT 31

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Shale, White Sand, Tan Sand, White Sand, Sand stone silt, Tan mica, Blue mica, Brown mica, Blue mica.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 32, NO. OF POUNDS 3200. GALLONS OF WATER 192. DEPTH OF GROUT SEAL 0 to 56 ft.

CASING RECORD. MAIN CASING TYPE ST (STEEL). Nominal diameter top (main) casing 6 inches. Total depth of main casing 109 feet.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD. screen type or open hole ST (STEEL). BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

PUMPING TEST. HOURS PUMPED 3. PUMPING RATE 8.5 gal. per min. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL BEFORE PUMPING 23 ft. WHEN PUMPING 199 ft. TYPE OF PUMP USED: S (submersible).

NUMBER OF UNSUCCESSFUL WELLS: 1. WELL HYDROFRACTURED: Y (yes).

- CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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...

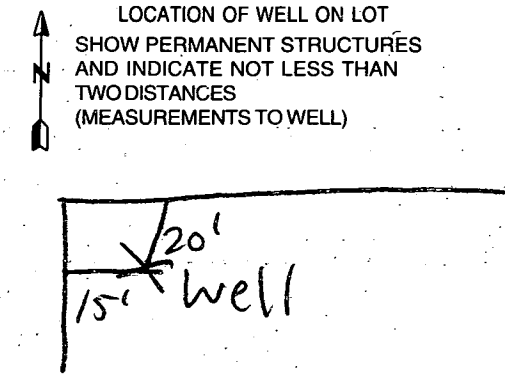
DRILLERS LIC. NO. MW D 040. DRILLERS SIGNATURE George F. Esterley. LIC. NO. AW D 328.

DEPTH (nearest ft.) table with columns T, E, A, C, H, S, R, E, N. Values: 107, 400. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN 56 to 60 inches.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). T (E.R.O.S.), W Q.

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. CAPACITY: GALLONS PER MINUTE 31 to 35. PUMP HORSE POWER 37 to 41. PUMP COLUMN LENGTH (nearest ft.) 43 to 47. CASING HEIGHT (circle appropriate box and enter casing height) + above 49, - below 2 (nearest foot).



SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee). TELESCOPE CASING LOG INDICATOR OTHER DATA

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B0023330

Building Address 14764 CARRIAGE MILL DRIVE WOODRIDGE MD 21777  
 Suite/Apt # N/A SDP/WP/Petition # N/A  
 Census Tract 6040 Subdivision CARRIAGE MILL  
 Section N/A Area N/A Lot 31  
 Tax Map 808 Parcel 15 Grid 16  
 Zoning DCO Map Coordinates 4517 Lot size

Property Owner's Name OAK HILL PROPERTIES  
 Address 107 LOLDOWN ST. LEESBURG  
 City LEESBURG State VA Zip Code 20175  
 Home Phone 831 5056 Work Phone 443 6100  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone 703 Fax 443 0404

Existing Use VACANT LOT  
 Proposed Use NEW HOME  
 Estimated Construction Cost \$ 70,000  
 Description of Work CONSTRUCT A 1 1/2 STORY PART CONT. 9K 2 1/2 BDR FR + 2 CAR GARAGE (4 BR)

Contractor Company CELESTINE  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. CT 0160 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant OAK HILL PROPERTIES  
 Contact Name KEVIN ROBERTS  
 Address 703  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company R.M. MOCH PC  
 Contact Person BOB MOCHT  
 Address P.O. BOX 10  
 City NEW MARKET State MD Zip Code 21774  
 Phone 301 865-5858 Fax 301 865-5111

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <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	Sprinkler system: <u>N/A</u> <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>346"</u> <u>54'8"</u> 2nd floor: <u>30'</u> <u>54'8"</u> Basement: <u>30'</u> <u>34'8"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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 THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Kevin Roberts  
 Title/Company \_\_\_\_\_

Print Name KEVIN ROBERTS  
 Date 4/4/2000

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>4/2/00</u>	<u>Mark E. Pflin</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? <u>N/A</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check cash # _____
SDP/Red-line approval date _____	Validation # <u>30492</u>
Accepted by _____	

Total linear feet of trench  
required 280 feet

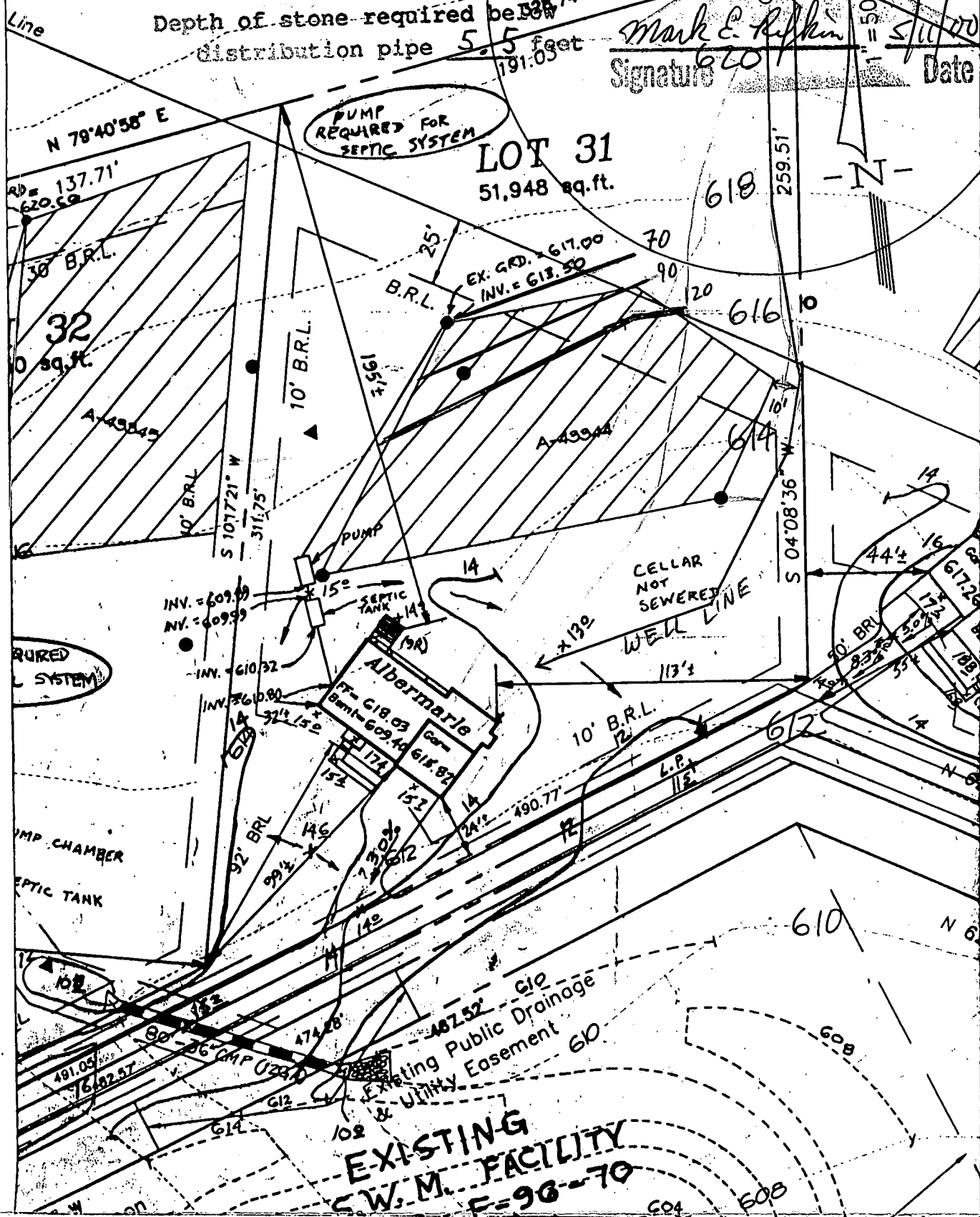
Approved Septic System Plan  
Howard County Health Department

83,152 sq. ft. width of trench(es) 3 feet

Depth of trench(es) 2 feet

Depth of stone required below  
distribution pipe 5.5 feet

Mark E. Ruffin  
Signature  
Date 3/11/00



CARRIAGE MILL FARMS

PHASE II  
LOT 31  
BUILDING PERMIT

SEPTIC DATA

INV. OUT OF HOUSE = 610.80  
INV. INTO SEPTIC TANK = 610.32  
INV. OUT SEPTIC TANK = 609.99  
INV. INTO DIST. BOX = 613.50  
EX. ELEV. @ DIST. BOX = 617.00

CP 99-126

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS  
LAND SURVEYORS  
PLANNERS  
ENVIRONMENTAL

P.O. Box 10  
New Market, MD 21774-0010

10120 A Old National Pike  
Ijamsville, MD 21754-9706

(301) 865-5858  
Fax: (301) 865-5111

DATE: 3/31/00

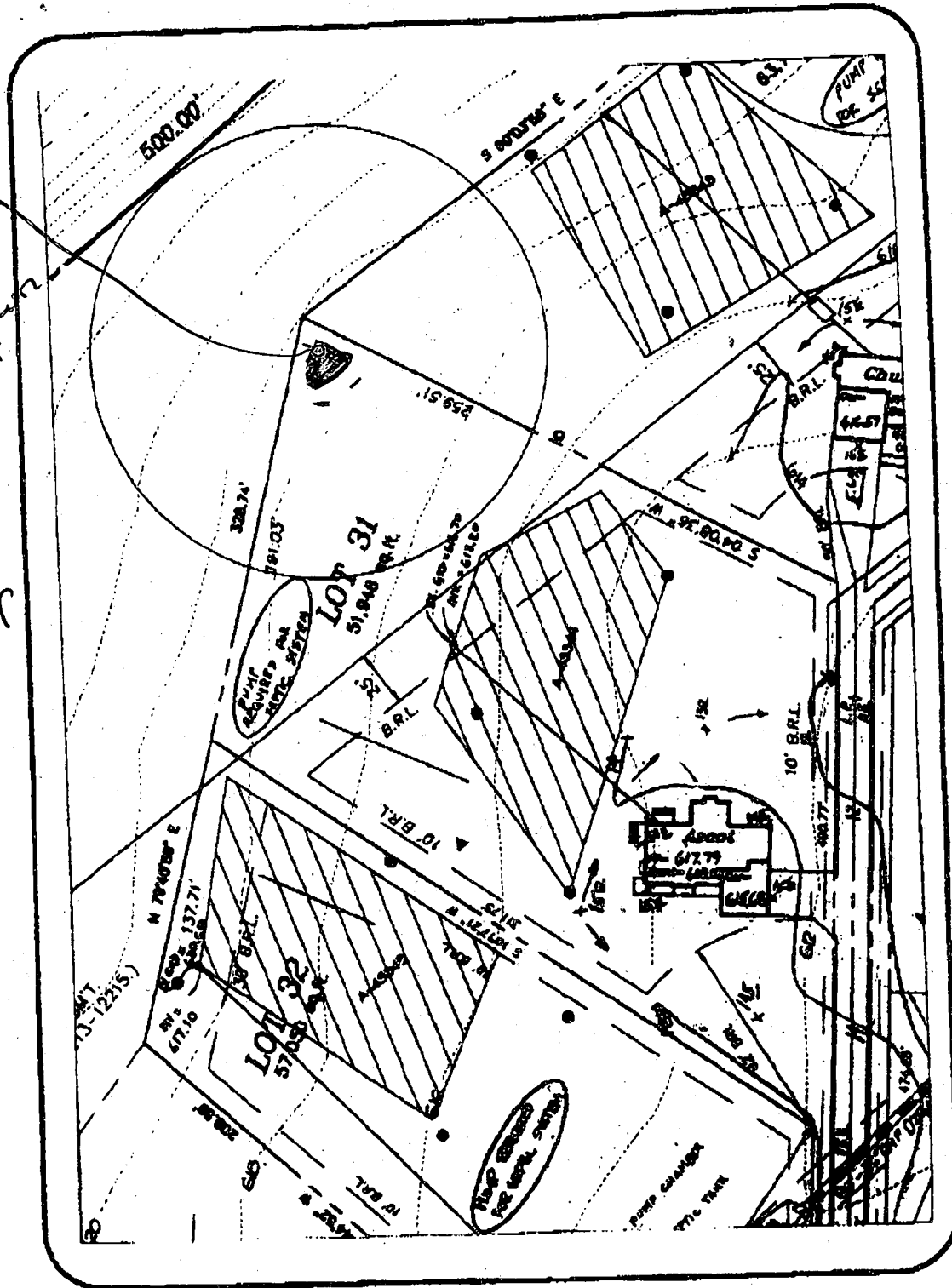
PROJECT NO.: 95005.22

DRAWN BY: SMZ

SCALE: 1"=50'

2/18/00  
 Driller not  
 reports not  
 enough casing  
 put in well OK  
 to abandon &  
 move 10-15' down  
 or to the left  
 Au

10/18/99  
 Site started  
 by surveyor  
 \*



<b>LOT 31</b>			
<b>CARRIAGE MILL FARMS - PHASE II WELL PERMIT</b>			
DATE: 9/29/99	PROJECT NO: 95005.22	P.O. Box 10 New Market, MD 21774-0010 10120 A Old National Pike (Gowells, MD 21754-0708)	
DRAWN BY: JMZ	SCALE: 1" = 50'		

Distances From Deck To Property Lines

rear - 130'

LEFT - 60'

Right - 62'

FRONT - 127'

1" = 50'

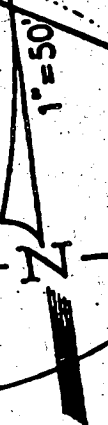
2/26/01 B00128622  
Shown deck location  
will have no impact  
on the existing well  
or septic.

A. McMill

PUMP  
REQUIRED FOR  
SEPTIC SYSTEM

LOT 31  
51,948 sq. ft.

100 yds



N 78°40'55" E

137.71'

32' B.R.L.

32' B.R.L.

A-43345

10' B.R.L.

S 107°21' W

311.75'

10' B.R.L.

S 85°15' E

195.2'

B.R.L.

25'

617.00

618.00

670

618

259.51'

616

S 04°08'36" W

Proposed  
DECK

CELLAR  
NOT  
SEWERED

Albertario

618.03

618.87

618.87

618.87

618.87

618.87

618.87

618.87

618.87

618.87

618.87

618.87

618.87

SEPTIC SYSTEM

PUMP CHAMBER

SEPTIC TANK

Existing Public Drainage  
& Utility Easement

EXISTING  
S.W.M. FACILITY  
F-98-70

610

608

604

608

3

100 yds  
20  
10  
30