

6/11/01
Layout
12-1

6/11/01
Anytime
6/18/01
Final
PM

Needs House Connector

ISSUE DATE: 5/30/2001

APPROVAL DATE: 3/21/02

PERMIT INDEXED

P 515265

A 49397

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH TAX ID# 05-421748

Egles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Paternal Gift LOT NUMBER: 8

ADDRESS: 13533 Paternal Gift Drive PROPERTY OWNER: Bill & Julie Farmer

**BUILDING PERMIT SIGNED
AND RETURNED**

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOP SEAM)

92904-BOD 150530-FINISH BASEMENT

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 210

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 130' feet down the right lot line and 70' off this same lot line. Run (4) 55' trenches on contour in either direction.
NOTES:	

PLANS APPROVED: MER ON SRK DATE: 5/7/01

- 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

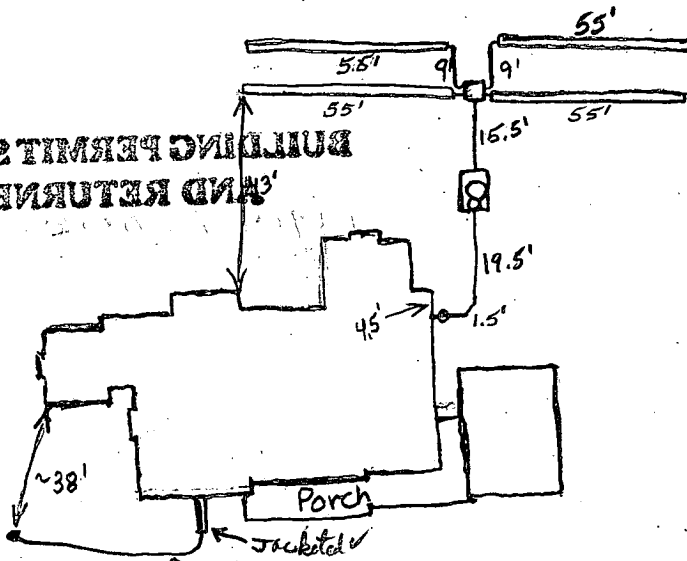
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

449397

NOT TO SCALE

EXISTING

BUILDING PERMITS SIGNED AND RETURNED



HO-94-2853 Well line

Paternal Gift Drive

PRE-CONSTRUCTION INSPECTION: 6/1/01-JOB SHUT DOWN, SEPTIC STAKES NOT ACCURATE

(SRU)

INSPECTION COMMENTS: 6/11/01- NO ONE PRESENT (SRU) 6/18/01 O.K. to cover everything. Need house connection (BB)

3/21/02- HOUSE CONN. MADE PER BUILDER (BOB HOFFMAN) (SRU)

TRENCH DATA

TRENCH WIDTH 2'
 TRENCH INLET DEPTH 4.5'
 TRENCH BOTTOM DEPTH 8.6'
 DEPTH OF STONE 4'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 220'
 ABSORBENT AREA 880 sq. ft.
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

INSPECTOR Steven R. Kriegion

DATE SYSTEM APPROVED 3/21/02

MER

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 2320 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3600	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00128909
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TWO

Building Address <u>13533 Paternall Blvd Dr</u> <u>HIGHLAND, MD 20777</u>	Property Owner's Name <u>Bill & Julie Farmer</u>
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u>	Address <u>17814 Hedges Garden Ln</u>
Census Tract <u>005102</u> Subdivision <u>R.R. 111</u>	City <u>Ashton</u> State <u>MD</u> Zip Code <u>20777</u>
Section <u>N/A</u> Area <u>N/A</u> Lot <u>8</u>	Home Phone <u>301 774 0700</u> Work Phone _____
Tax Map <u>40</u> Parcel <u>90</u> Grid <u>10</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR-DEO</u> Map Coordinates <u>141515</u> Lot size _____	Phone _____ Fax _____

Existing Use <u>Vacant Lot</u>	Contractor Company <u>Frank Dickson Co Inc</u>
Proposed Use <u>Single Family Dwelling</u>	Contact Person <u>Frank Dickson</u>
Estimated Construction Cost \$ <u>400,000</u>	Address <u>9721 Dunes Pkwy Pk</u>
Description of Work <u>Construct SFD 2 story w/</u> <u>basement 3 b.p. 4 bed R. Attached 2 car</u> <u>Garage, Front Porch, Bonus w/ 3 Full Bath</u>	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u>
Occupant or Tenant <u>Same AS above</u>	License No. <u>MH SR 402</u>
Contact Name _____	Phone <u>410 995 0450</u> Fax <u>410 992 6915</u>
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
Building Characteristics	Building Characteristics
Height: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>
No. of stories: _____	<u>Depth</u> <u>Width</u>
Gross area, sq. ft. per floor: _____	1st floor: _____
Use group: _____	2nd floor: _____
Construction type:	Basement: _____
<input type="checkbox"/> Reinforced Concrete	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>
<input type="checkbox"/> Masonry	No. of Bedrooms <u>4</u>
<input type="checkbox"/> Wood Frame	Multi-family dwellings:
<input type="checkbox"/> State Certified Modular	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

Utilities	Utilities
Water Supply:	Water Supply:
<input type="checkbox"/> Public	<input type="checkbox"/> Public
<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Private
Sewage Disposal:	Sewage Disposal:
<input type="checkbox"/> Public	<input type="checkbox"/> Public
<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Private
Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Heating System:	Heating System:
Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Natural Gas <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
Propane Gas <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
<input type="checkbox"/> Full	<input type="checkbox"/> NFPA #13D
<input type="checkbox"/> Partial	<input type="checkbox"/> NFPA #13R
<input type="checkbox"/> Other Suppression	<input type="checkbox"/> Other:
<input type="checkbox"/> # of Heads	

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 UNDER APPLICABLE TITLES; (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: Frank Dickson
 Title/Company: _____ Date: 3/13/01

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#: <u>49934</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> State Highway			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>3/8/01</u>	<u>[Signature]</u>	Side St.: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Lot Coverage for New Town Zone _____	Check # <u>4170</u>
			SDP/Red-line approval date _____	Validation # <u>3234</u>
			Accepted by <u>[Signature]</u>	

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:
 Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 o:\permit.frm Rev. 10/15/98

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2648 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 26.06.04 (MD Well Construction Regulations). Submission of a complete form is required prior to the start of any work.

Company Name: K.H. Plumbing Telephone #: 410-857-0255
Address: 470 Wylie Dr.
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: License # 8300
Name (Print): Keith Hundertmark

*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: Bill + Vicki Farmer Telephone #: 301-774-0780
Subdivision: Paternal Gift Farm Lot #: 8 Well Tag #: HO-94-2853
Site Address: 18539 Paternal Gift Dr.
Highland Md 20927

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Veeco</u>	Make: <u>Jason Gandy</u>	Two piece wrought iron cap
Model #: <u>TS595TRB52</u>	Model: <u>PT800</u>	Screened, vented well cap
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 1 1/2" B.C.
Depth of well encountered at time of pump installation: <u>240</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 14.5.4		
Torque wrenches or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt		

Piping to House Type: 1/2" Polyethylene IPS-DE 3408 **House Connection** FVC inserted to undisturbed soil at wall penetration
PSI: 160 (160 psi min) Approximate length of sleeve: 6
Depth of supply line: 42 (35" min) Sleeve caulked and sealed properly:

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: Keith Hundertmark Date: 12-27-01

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

Date Insp Requested: 6/29/01 Date Insp Approved: 6/29/01 RP
Inspection Data: Pitless adapter and water supply line at least 36" below grade BO
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

C 1 08008

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. On SRU 1/2/01

COUNTY NUMBER A 49397

ST/USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 11/17/00

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2853

OWNER: Schaidt (last name), Susan (first name) TOWN: Highland STREET OR RFD: Paternal Gift Dr. SUBDIVISION: Paternal Gift Farm SECTION: LOT: 8

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Topsoil, Shale, Sand, Sandstone silt, Clay, Gravel, Tan mica, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 82 NO. OF POUNDS 8200 GALLONS OF WATER 492 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 120 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL) Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 145

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

SCREEN RECORD

screen type or open hole: ST (STEEL) BR (BRASS) HO (OPEN HOLE) PL (PLASTIC) OT (OTHER)

DEPTH (nearest ft.)

Table with columns: T, E, A, C, H, S, C, R, E, E, N. Rows for depth intervals: 143, 240, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

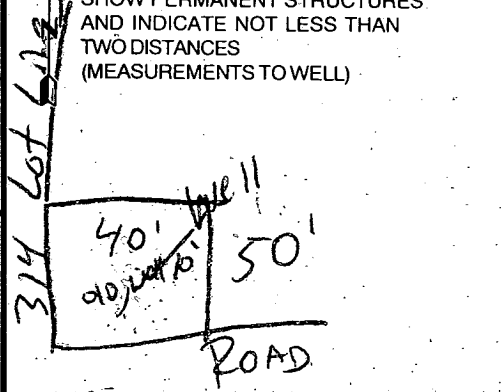
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 92 ft. TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/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. MW D 040 George F. Eusterman DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JWD 328

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

B 1 01464

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2853 fill in this form completely

#514218 please print or type

Date Received (ARA) 8/30/00

OWNER INFORMATION

8385

B 3

LOCATION OF WELL

Scheidt Susan 12730 Hall Shop Highland, Md. 20777

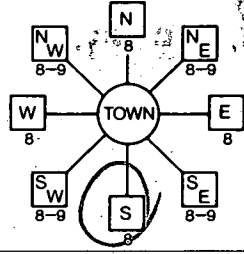
Howard Paternal Gift Farm Highland 52 NEAREST TOWN

DRILLER INFORMATION

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Paternal Gift Drive 20 NEAR WHAT ROAD ON-WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 40 TAX MAP: 40 BLK: 10 PARCEL 90

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 A49397 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 9/18/00 CO SIGNATURE EXP. DATE 9/18/01 NORTH GRID 488 000 EAST GRID 0811 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other

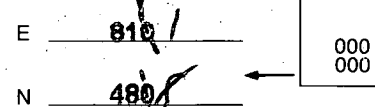
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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



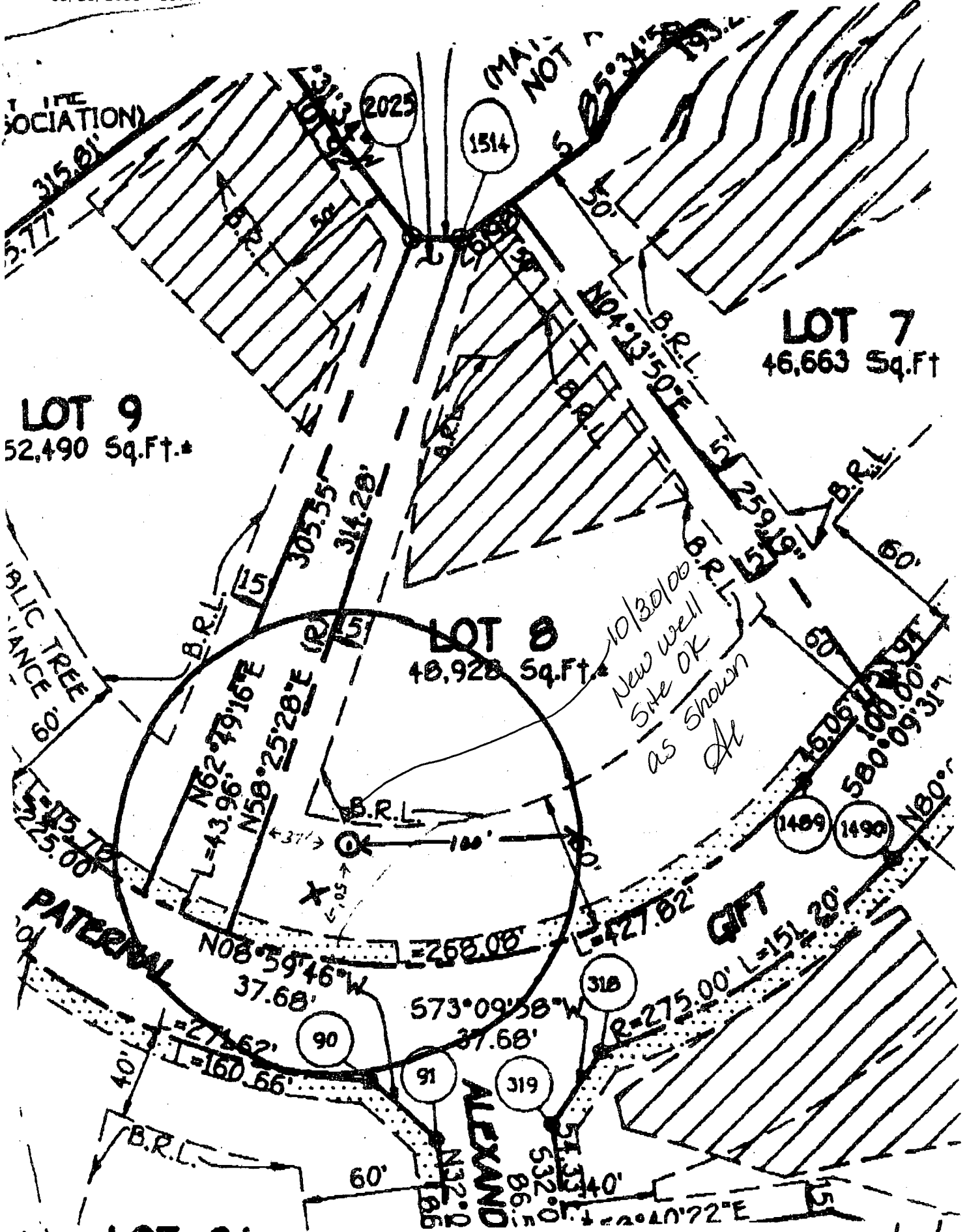
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

18 C 1

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

APPROX. PERMIT NUMBER H096 GAP 007 PERMIT No. H0-94-2853

SPECIAL CONDITIONS



LOT 9
52,490 Sq.Ft.*

LOT 7
46,663 Sq.Ft

LOT 8
48,928 Sq.Ft.*

10/30/00
New well
Site OK
as shown
AL

GIFT

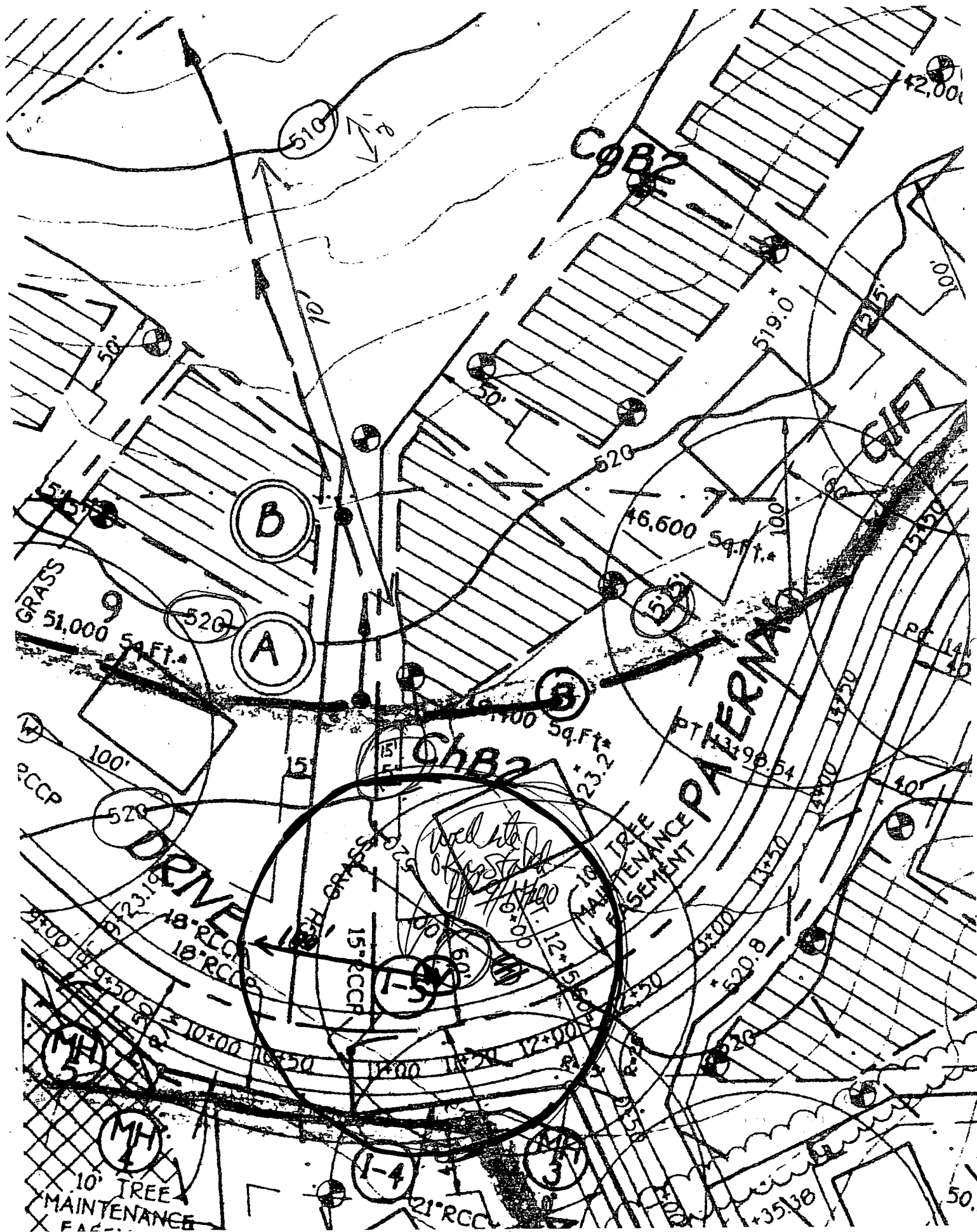
ALEXAND

Scale 1" = 50'

Lot 8

Final Plan

New Site 10/27/00



Lot 8 8/14/2000

Internal GPE Plan
From Prelim Plan

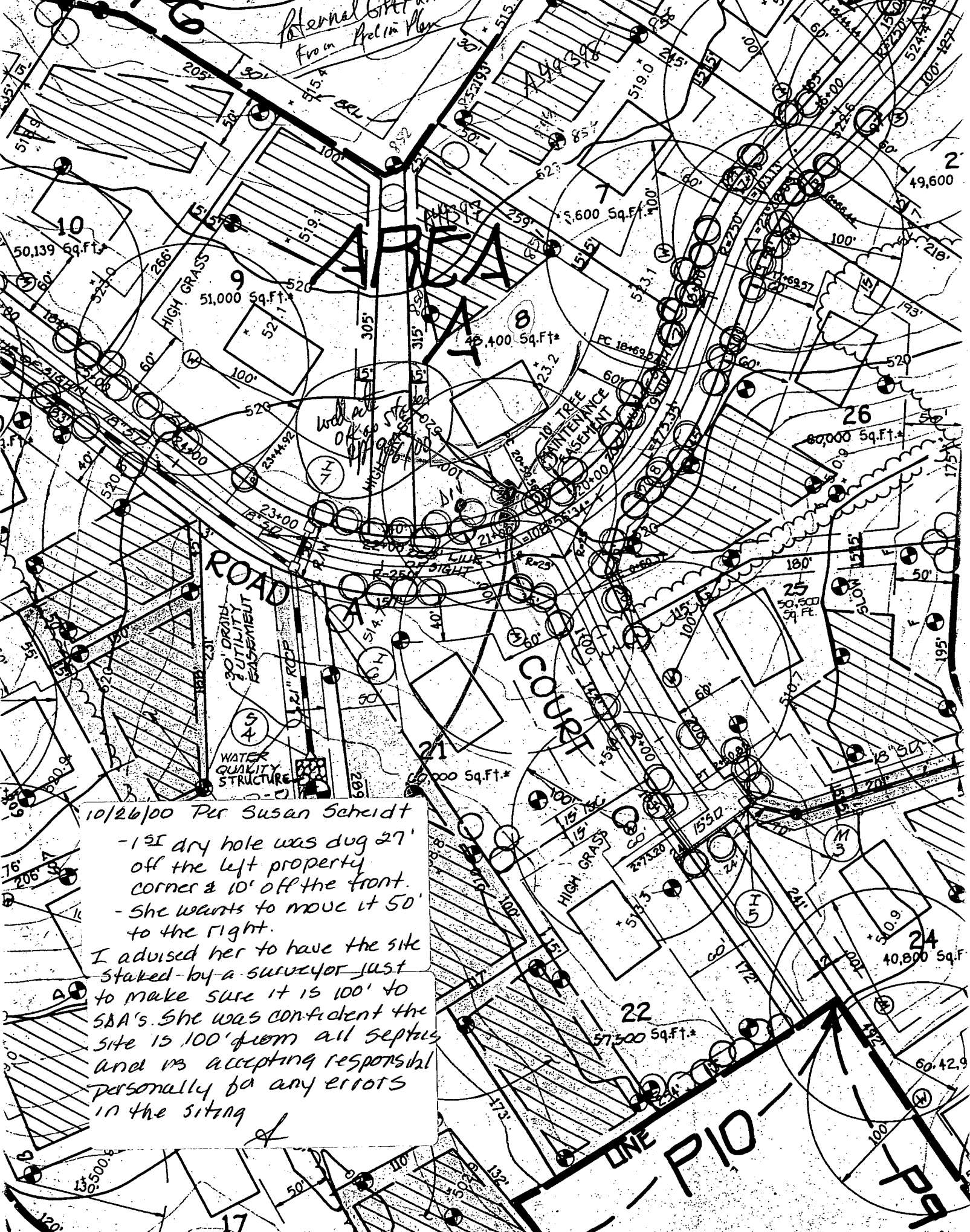
AREA

ROAD

COURT

LINE P10

PP



10/26/00 Per Susan Scheidt

- 1st dry hole was dug 27' off the left property corner & 10' off the front.
- She wants to move it 50' to the right.

I advised her to have the site staked by a surveyor just to make sure it is 100' to SBA's. She was confident the site is 100' from all septs and is accepting responsibility personally for any errors in the siting.

17
COME Sq.Ft.

APPLICATION

PERCOLATION TESTING

A 49397

P _____

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

DISTRICT _____

DATE 7/7/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER SUSAN Scheidt

ADDRESS 12730 HALLS SHOP ROAD HIGHLAND PHONE 531-2326
MD. 20777

AGENT OR PROSPECTIVE BUYER FISHER COLLINS AND CARTER INC.

ADDRESS 9171 BALTIMORE NATIONAL PIKE SUITE 100 PHONE 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION: _____

SUBDIVISION PATERNAL GIFT LOT NO. 8

ROAD AND DESCRIPTION HALLS SHOP ROAD / 216 & 108

TAX MAP 40 PARCEL # 396, 179 & 90

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D.
(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. Zacharia J. Fisch (Agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

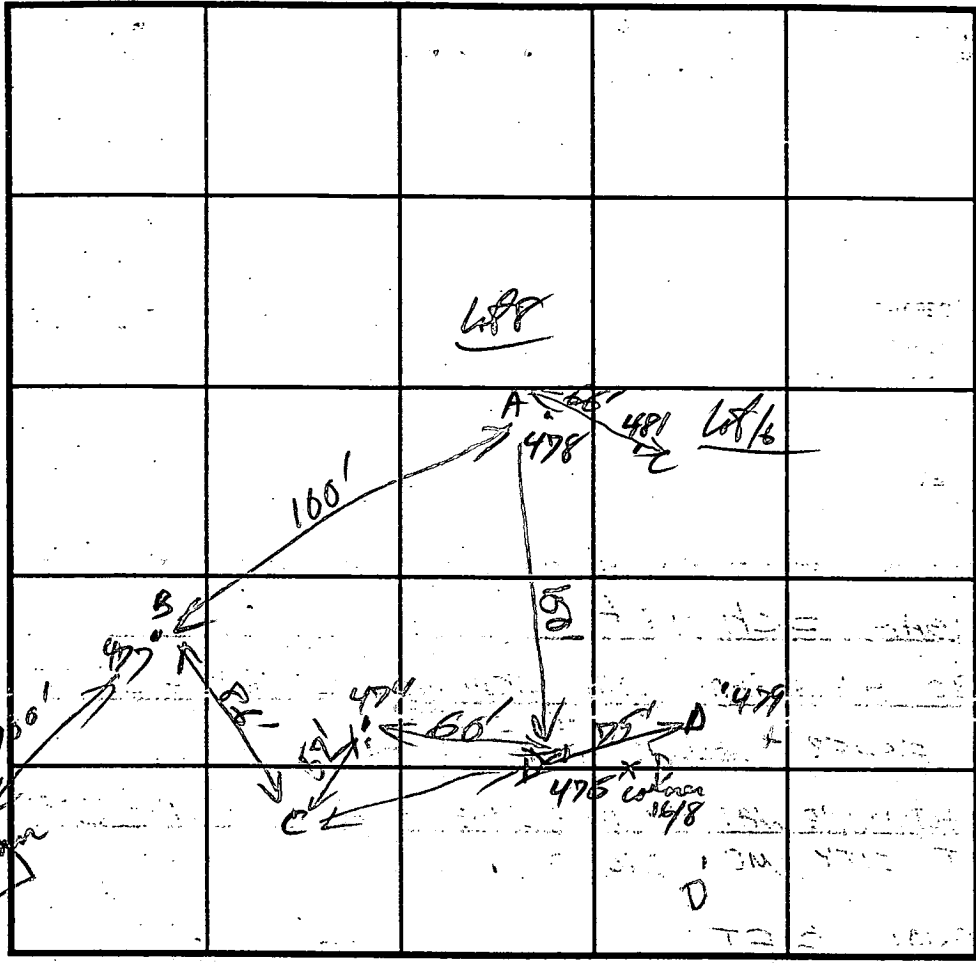
688 49397
COUNTY #

SOIL PROFILE
478 A

0'
Red clay
dry
5'
Red Brown
+ Red
V LSL
Tan
dry
V brown
& white
SL-LS
13

SOIL PROFILE
D

0'
Red-Red
hcl-C
5'
light
Red Brown
to tan
to brown
Loam
micaceous



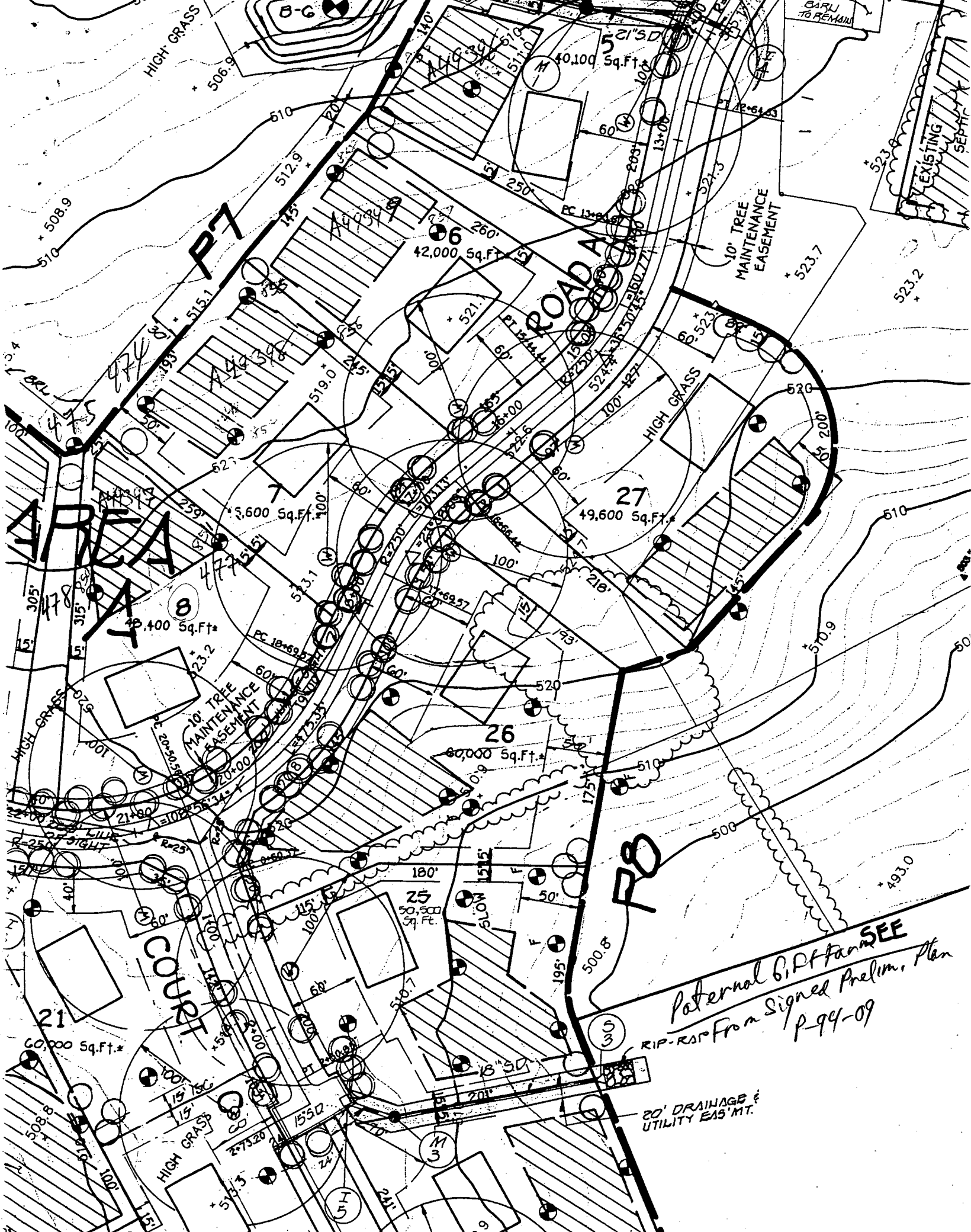
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

477 B
Red
clay
dry
-hcl
4 1/2'
light
Red Brown
to pink
SL
-loam
13

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-7-93	478 A	5 1/2'	Mixed		12:14:00	12:30:00	16 min
		V 13'					
	477 B	5'	Mixed	12:19:30	12:19:30	12:27:30	6 min
		V 13'					
	474 C	4 1/2'	12:51:00	12:44:40	12:54:00		1 1/2 min
		V 13'					
	475 D	4 1/2'	Mixed		12:42:00	12:43:30	1 1/2 min
		V 12 1/2'					

Red Brown
Red
Some clay
4-4 1/2'
light
Red Brown
to tan
micaceous
13

REMARKS _____
TYPE OF SOIL Chertan
TESTED BY A. Kelly ALSO PRESENT _____
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 11 min TRENCH WIDTH 3
INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 210
4 1/2 8 1/2 SHALLOW REPAIRS



P7

ROAD A

AREA A

COURT

P8

PATERVAL B, PATTANU
RIP-RAP FROM SIGNED PRELIM. PLAN
SEE P-94-09

20' DRAINAGE & UTILITY EAS' MT.

HIGH GRASS

10' TREE MAINTENANCE EASEMENT

EXISTING SEPTIC

STOP

Paternal Gift Farm
From Signed Final Plat
R-95-79

SHEET

SEE

PARCEL A
(AGRICULTURAL
PRESERVATION)
AREA = 0.228 AC.
SEE SHEET 2
(PRIVATELY OWNED AND
MAINTAINED BY THE
HOMEOWNER'S ASSOCIATION)

LINE

LOT 7
16,663 Sq.Ft.

LOT 8
18,928 Sq.Ft.

LOT 9
52,190 Sq.Ft.

LOT 20
51,830 Sq.Ft.

LOT 19
55,787 Sq.Ft.

LOT 26
59,461 Sq.Ft.

LOT 21
58,793 Sq.Ft.

LOT 25
48,976 Sq.Ft.

ALEXANDER DRIVE

PATERNAL DRIVE

LOT 18
57,089 Sq.Ft.

PRESERVATION
PARCEL A
(AGRICULTURAL
PRESERVATION)
AREA = 0.295 AC.
MATCH LINE ONLY
NOT A LOT LINE

PRESERVATION
PARCEL A
(AGRICULTURAL
PRESERVATION)
AREA = 0.295 AC.
MATCH LINE ONLY
NOT A LOT LINE

PRIVATE EASEMENT
DEDICATED TO
PATERNAL GIFT
FARM
HOMEOWNER'S
ASSOCIATION FOR
AGRICULTURAL USE.
SEE GENERAL USE
NOTE No. 27

PRIVATE EASEMENT 30'
DEDICATED TO
PATERNAL GIFT
FARM
HOMEOWNER'S
ASSOCIATION

LOT 16
51,830 Sq.Ft.

LOT 17
51,830 Sq.Ft.

LOT 18
57,089 Sq.Ft.

LOT 19
55,787 Sq.Ft.

LOT 20
51,830 Sq.Ft.

LOT 21
58,793 Sq.Ft.

LOT 22
51,830 Sq.Ft.

LOT 23
51,830 Sq.Ft.

LOT 24
51,830 Sq.Ft.

LOT 25
48,976 Sq.Ft.

LOT 26
59,461 Sq.Ft.

LOT 27
51,830 Sq.Ft.

LOT 28
51,830 Sq.Ft.

LOT 29
51,830 Sq.Ft.

LOT 30
51,830 Sq.Ft.

LOT 31
51,830 Sq.Ft.

LOT 32
51,830 Sq.Ft.

LOT 33
51,830 Sq.Ft.

LOT 34
51,830 Sq.Ft.

LOT 35
51,830 Sq.Ft.

LOT 36
51,830 Sq.Ft.

LOT 37
51,830 Sq.Ft.

LOT 38
51,830 Sq.Ft.

LOT 39
51,830 Sq.Ft.

LOT 40
51,830 Sq.Ft.

LOT 41
51,830 Sq.Ft.

LOT 42
51,830 Sq.Ft.

LOT 43
51,830 Sq.Ft.

LOT 44
51,830 Sq.Ft.

LOT 45
51,830 Sq.Ft.

LOT 46
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LOT 47
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LOT 48
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LOT 49
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LOT 50
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LOT 51
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LOT 52
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LOT 53
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LOT 55
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LOT 56
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LOT 57
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LOT 70
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LOT 71
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LOT 72
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LOT 74
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LOT 75
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LOT 76
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LOT 80
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LOT 81
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LOT 82
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LOT 83
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LOT 84
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LOT 85
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LOT 86
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LOT 87
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LOT 88
51,830 Sq.Ft.

LOT 89
51,830 Sq.Ft.

LOT 90
51,830 Sq.Ft.

LOT 91
51,830 Sq.Ft.

LOT 92
51,830 Sq.Ft.

LOT 93
51,830 Sq.Ft.

LOT 94
51,830 Sq.Ft.

LOT 95
51,830 Sq.Ft.

LOT 96
51,830 Sq.Ft.

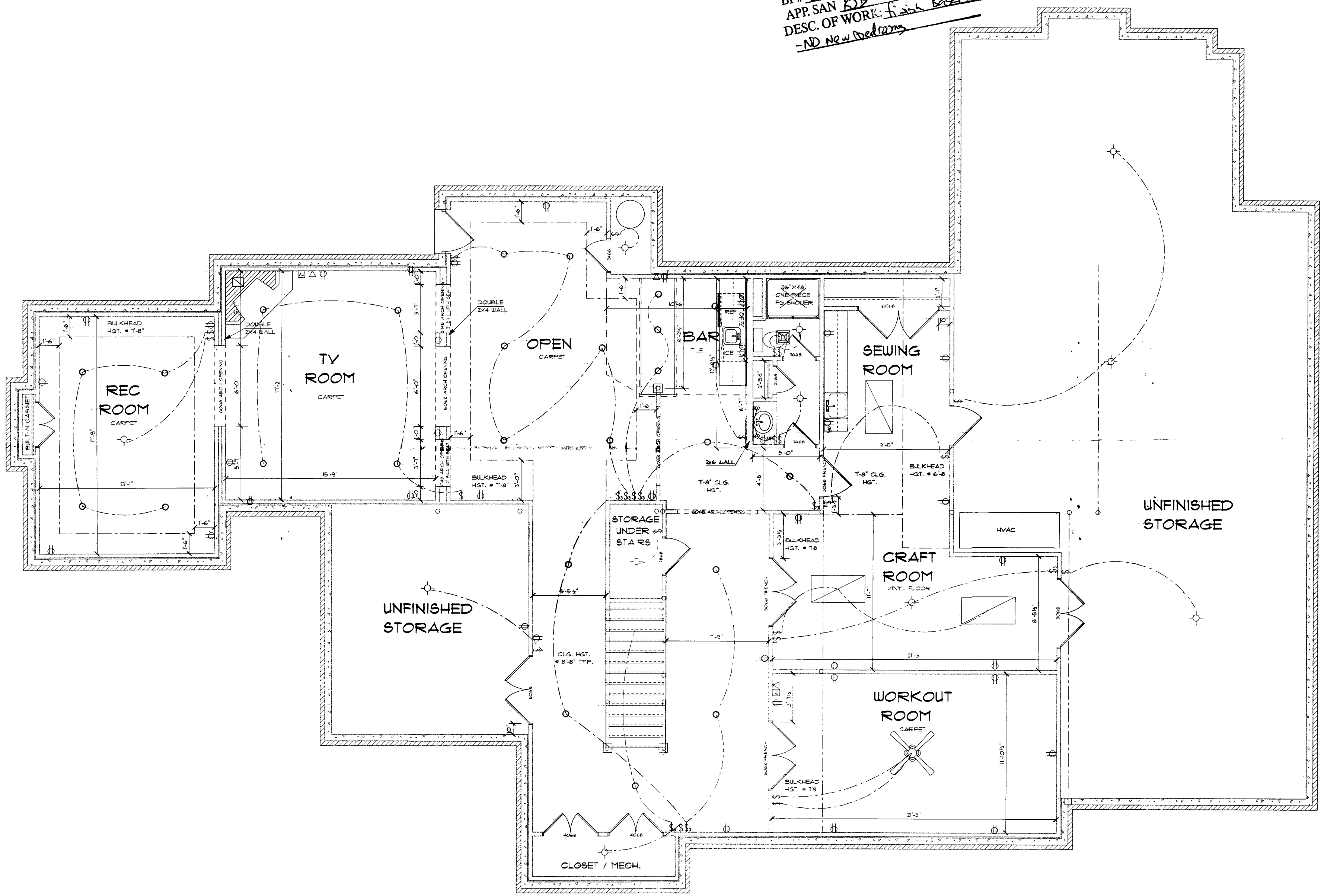
LOT 97
51,830 Sq.Ft.

LOT 98
51,830 Sq.Ft.

LOT 99
51,830 Sq.Ft.

LOT 100
51,830 Sq.Ft.

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# BLD150330 A# 49397
 APP. SAN KJB DATE: 7/2/11
 DESC. OF WORK: finish basement
 -ND New Med. room



FRED C. DICKSON CO.
 MHB# No. 402 www.fcdicksonco.biz MHC No. 81516
 9724 OWEN BROWN RD. COLUMBIA, MD 21045
 410-995-0454 FAX 410-992-6915

FARMER BASEMENT
 PATERNAL GIFT FARMS
 HIGHLAND, MD 21111

SCALE: 3/16" = 1'
 DRAWN BY: BGD
 PAGE: 1 / 1

DATE: 09-03-04
 REVISED: bid set