

10-2-98
anytime
12/17/98
WPI + Hour Conn
PMO

10/2/98 Needs house
conn D&S

12/17/98 has house conn KM
P 510697

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

04-359089

A 49644-A

DISTRICT 4th

DATE 9/21/98

DATE SYSTEM APPROVED 12/17/98

INSPECTOR KM

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE (410) 795-5670

SUBDIVISION Cattail Woods, Section II LOT 7 ROAD 1701 Cattail Meadows Drive

PROPERTY OWNER Palte Home Corporation LEO BOECKH

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start trenches 100 feet up the right (391.99') lot line and 20 feet off that same lot line as seen when facing the lot from Cattail Meadows Drive. Run first trench along contour towards Cattail Meadows Drive; run all other trenches along contour in both directions.

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

OK KM 8/28/98

PLANS APPROVED BY Kim Maiste/Donna K. Soe REVISED DATE 08/26/98

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

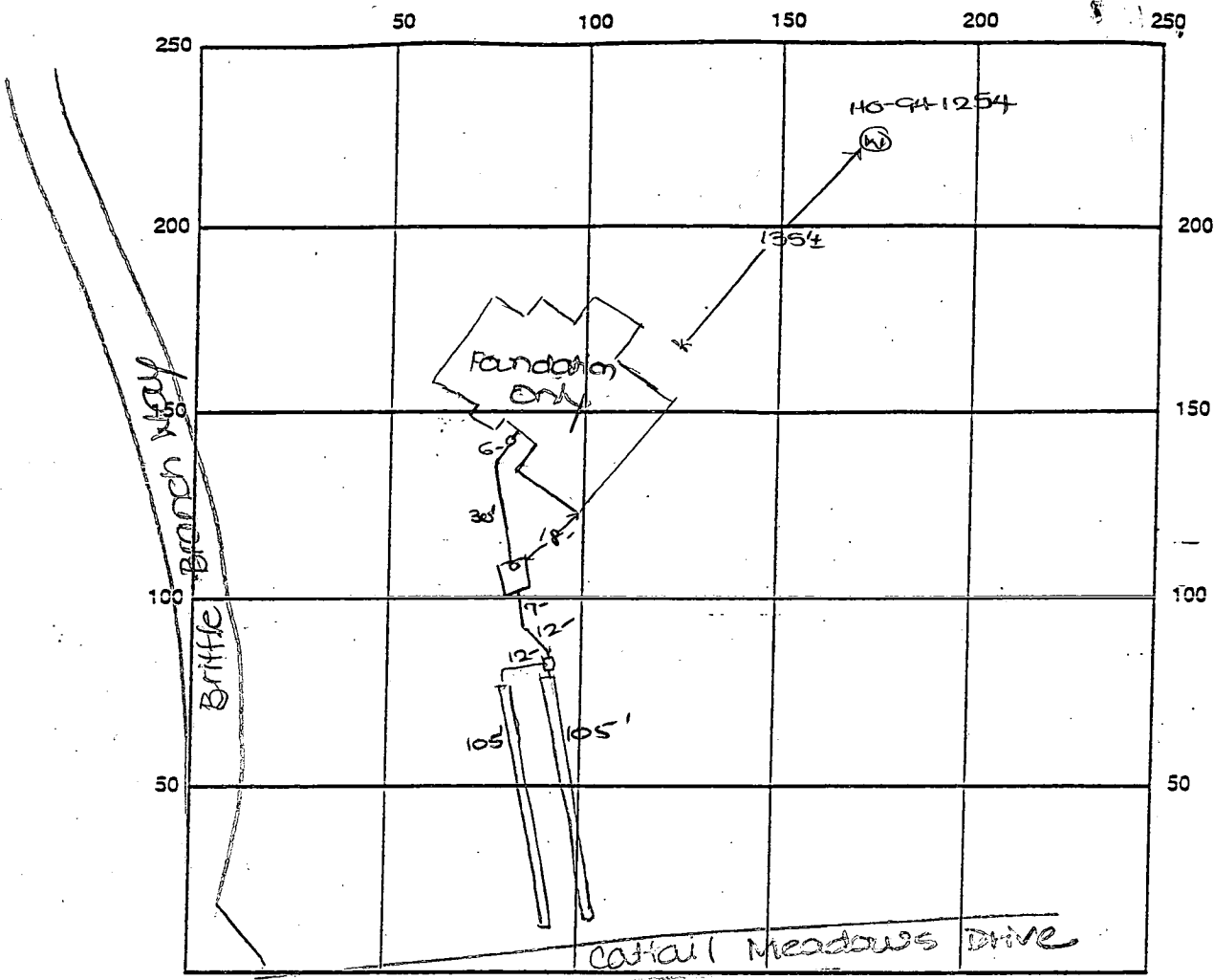
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

REQ. PERMIT SIGNED
AND RETURNED 6/1/99
Maiste KM 11/22/98
dick

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

49644-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1000 gal CLEANOUTS one at house, one on st.
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2 x 105 FT. → 210
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 630 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 10/2/98 Needs house connection. OK to cover all septic work. DKS
12/17/98 has house connection ok to cover KM
12/17/98 WPI - already covered KM

DATE SYSTEM APPROVED 12/17/98 INSPECTOR Kim Maisto

3/26/97
10:00 am

APPLICATION

PERCOLATION TESTING
2-28-97
CALL FOGLE'S SEPTIC CLEAN
WITH A TEST DATE
AGENT TO PROVIDE TEST PLAN *HC*

A 57698

P _____

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

DISTRICT _____

DATE 2/28/97

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 Pulte Home Corporation

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Pulte Homes

ADDRESS 15015 Edgewood Street Suite K PHONE 644-5603
Baltimore, Md. 21227

PROPERTY LOCATION:
SUBDIVISION Cattail Woods LOT NO. 7

ROAD AND DESCRIPTION Re-perc these septic Areas
(1701 Cattail Meadows Drive)

BLDG. PERMIT SIGNED
AND RETURNED 8-26-97
Sub # B10 113475

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1.5 Acres TYPE BLDG. SFR - 4 Bms
(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. Dale H. Egan
(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

A 57698

COUNTY #

SOIL PROFILE

A B

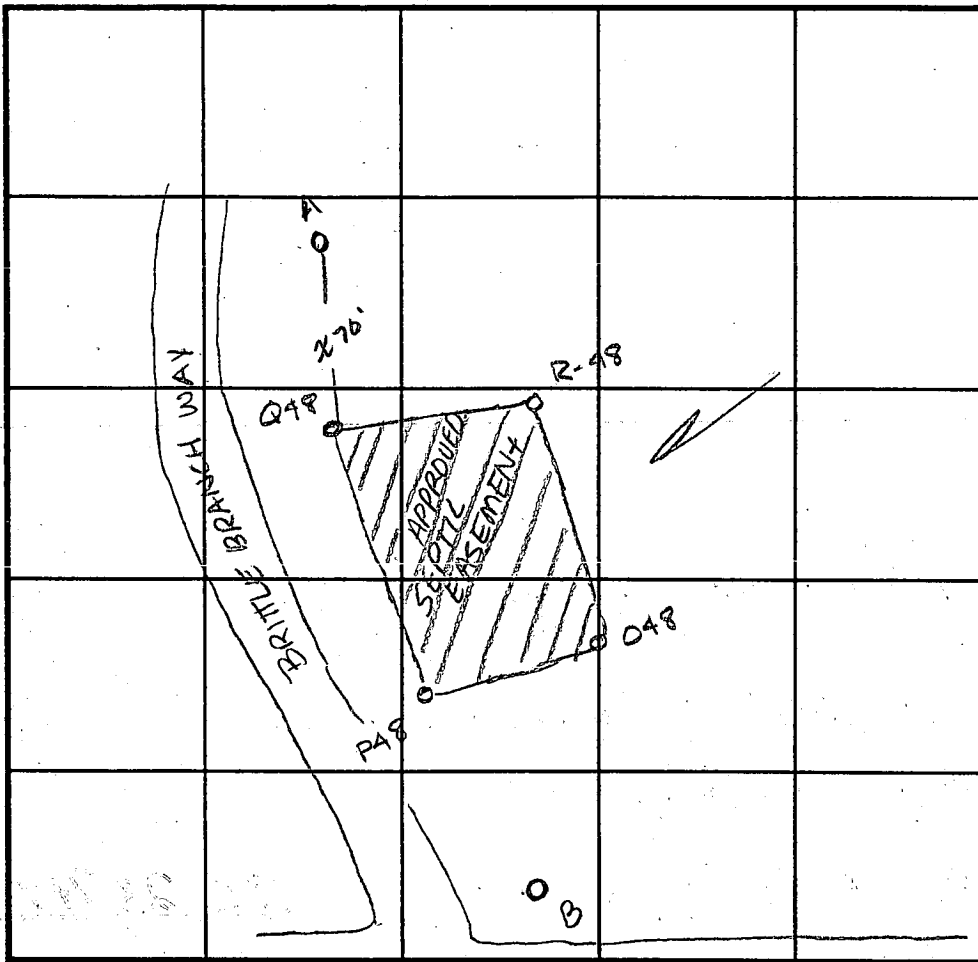
0' or brown
Siclm

2.0 band
of yellow
Siclm

3.0 lgt pink
Siclm
20%
shale
decayed
frags

SOIL PROFILE

0' [Empty box for soil profile data]



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. CATTAIL MEADOW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-97	A	4.0 1/2.0	11:05	11:06 ³⁰	11:06 ³⁰	11:13	6 1/2 min
	B	4.0 1/2.0	10:54	11:03	11:03	11:13	10 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 49644A

P _____

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

DISTRICT _____

DATE 9-27-93

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 Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE _____

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION CatHail Woods Sec II LOT NO. 7

ROAD AND DESCRIPTION Rt 97 sld

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 ACRE TYPE BLDG. SFD
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

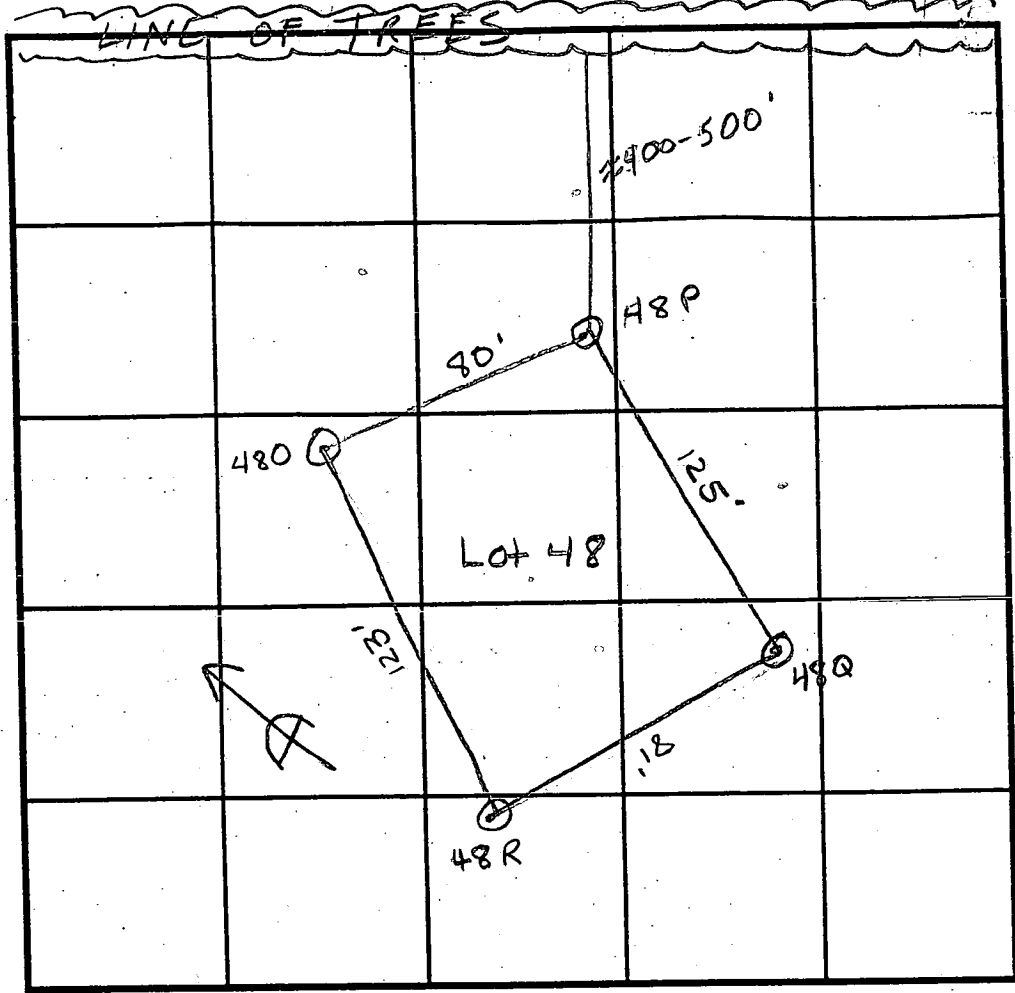
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

Lot 48 987

A49644A
COUNTY#



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
48-O
1' topsoil
1' orange/brn C
2 1/2' red/brn SIL
10% decayed shale
11 1/2'

48-R
3 1/2' yel brn C
bright red/brn SIL w/ yellow streaks
11 1/2'

48-Q
1' topsoil
1' yel brn C
4 1/2' bright red SIL

SOIL PROFILE
0' orange/brn C
2' red C
3' orange/brn SIL
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/17/93	48-O	3' / VII 1/2'	2:01 ¹⁵	1:07	1:07	1:18	17 min
	48-R	4' / VII 1/2'	2:12 ¹⁵	1:16	1:16	1:21 ³⁰	5 1/2 min
	48-Q	5' / VI 2'	2:19 ³⁰	2:29	2:29	2:46	17 min
	48-P	6 1/2' / VI 2'	1:49	1:53	1:53	2:59	6 min
		3 1/2' / VI 2'	1:49 ⁴⁵	1:53 ³⁰	1:53 ³⁰	1:59	5 1/2 min

REMARKS _____
 TYPE OF SOIL Glenelg Loam
 TESTED BY CRAIG WILLIAMS & Amy McMullen ALSO PRESENT Bobby
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 min TRENCH WIDTH 2'
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 7' SQ. FT./BEDROOM 210

Lot 45

COUNTY #

SOIL PROFILE H-45

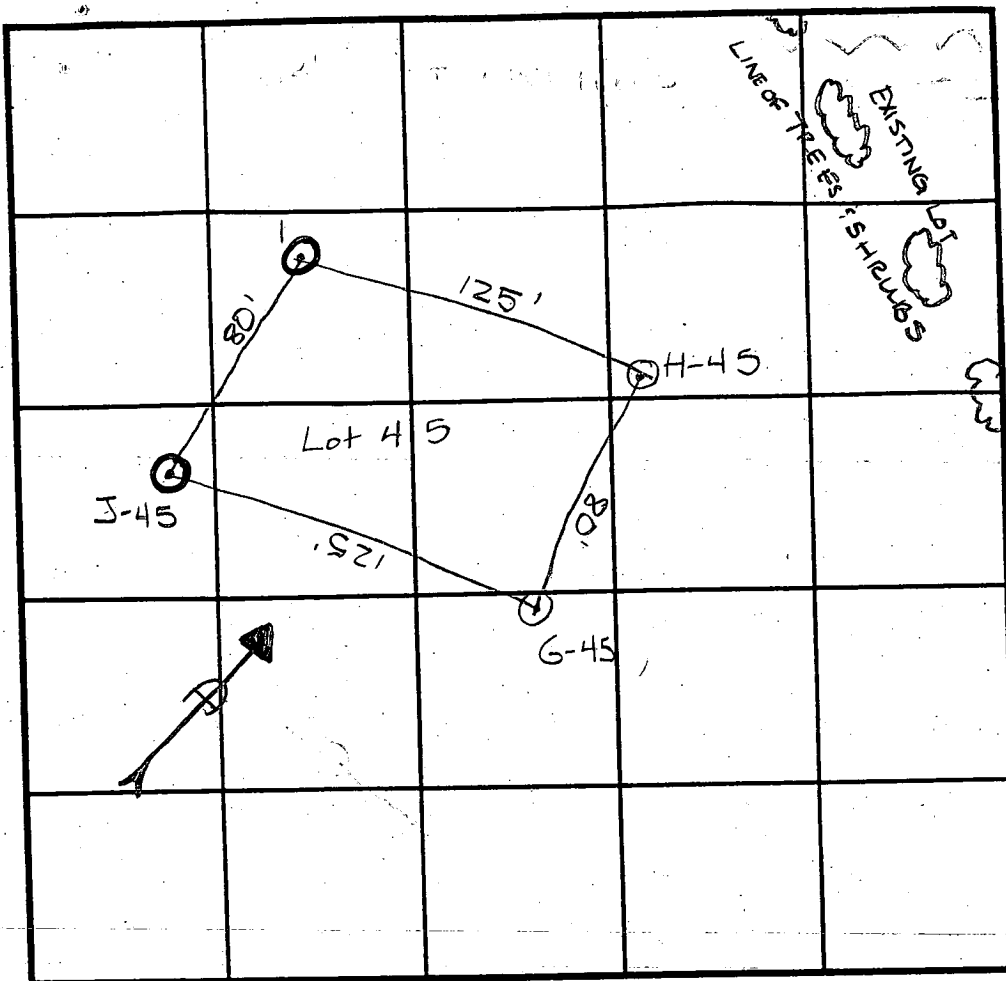
0'	topsoil
1'	brn c
4'	brn w/ red streaks
12'	

J-45

3'	brn-orange c
	red/brn sil
7'	questionable >50% shale
11'	

G-45

1 1/2'	red/brn c
2 1/2'	brn c
	sil
	brn orange/red
7'	Very weathered decayed shale approaching 50%
14'	



SOIL PROFILE

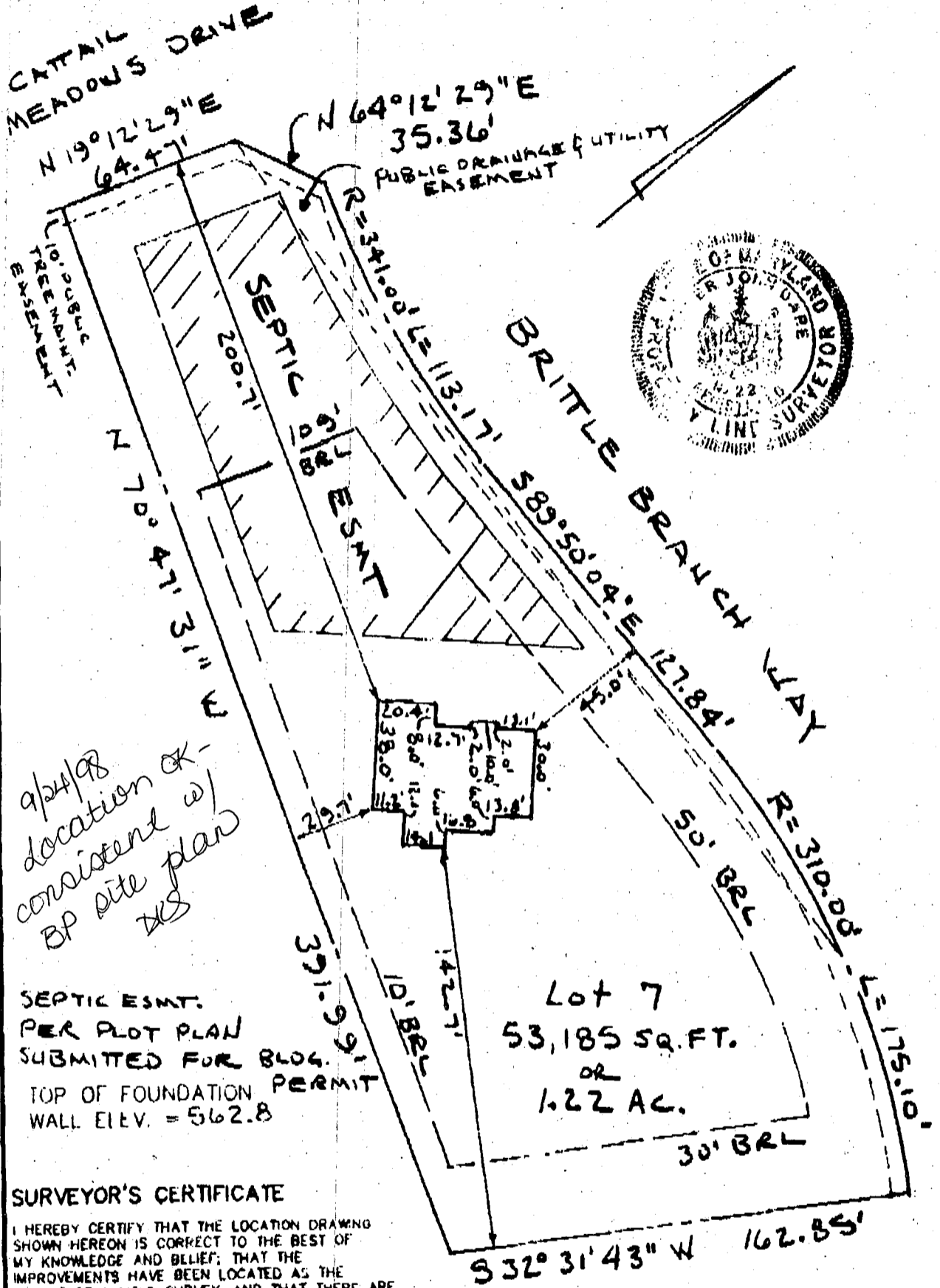
0'	topsoil
6"	brn c
3'	red/brn c
5'	brn sil
6'	>50% shale rock
12'	

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/17/93	1	5' V12'	11:48	11:50	11:50	11:54	4min	F
	G-45	5 1/2' V14'	11:49 ³⁰	11:55	11:55	12:00	5min	
	H-45	5' V12'	12:09	12:15	12:15	12:26	11min	
	J-45	3' VII'	12:56	12:58	12:58	1:03	5min	F

REMARKS _____
 TYPE OF SOIL Glenelg Loam
 TESTED BY CRAIG WILLIAMS & AMV McMILLEN ALSO PRESENT BOBBY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY IN CONNECTION WITH FINANCING THE PROPERTY OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY LINES OR HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



9/24/98
location ok -
consistent w/
BP site plan
DES

SEPTIC ESMT.
PER PLOT PLAN
SUBMITTED FOR BLDG. PERMIT
TOP OF FOUNDATION
WALL ELEV. = 562.8

SURVEYOR'S CERTIFICATE
I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA FIRM IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Darr
PETER J. DARR
MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 12497
FEMA FIRM No. 240044 0007B
DATED DEC. 4, 1986

TSA GROUP, INC.
planning • architecture • engineering • surveying
8480 BALTIMORE NATIONAL PIKE SUITE 418
ELLCOTT CITY, MARYLAND 21043
(410) 465-8105

LOCATION DRAWING
1701 CATTAIL MEADOWS DRIVE
LOT 7
CATTAIL WOODS
SECTION 2

4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 9/2/98



$\Delta = 61^{\circ}10'37''$
 $R = 335.00'$
 $L = 376.45'$

STA 0+00 = STA 3+05.26

PARCEL DIVISION LINE

$\Delta = 11^{\circ}59'37''$
 $R = 600.00'$
 $L = 125.60'$

$\Delta = 19^{\circ}02'34''$
 $R = 316.00'$
 $L = 105.03'$

BRANCH

MATCH

BRITTLE

EX. 50' R/W
EX. 22' PAVEMENT

Copy of
Signed Plan
Prelim. Plan

510 PRESERVATION
PARCEL 'A'
AFTER SUBMISSION

EX. SEPTIC AREA

10 TREE MAINT. ESMT.

CATALPA

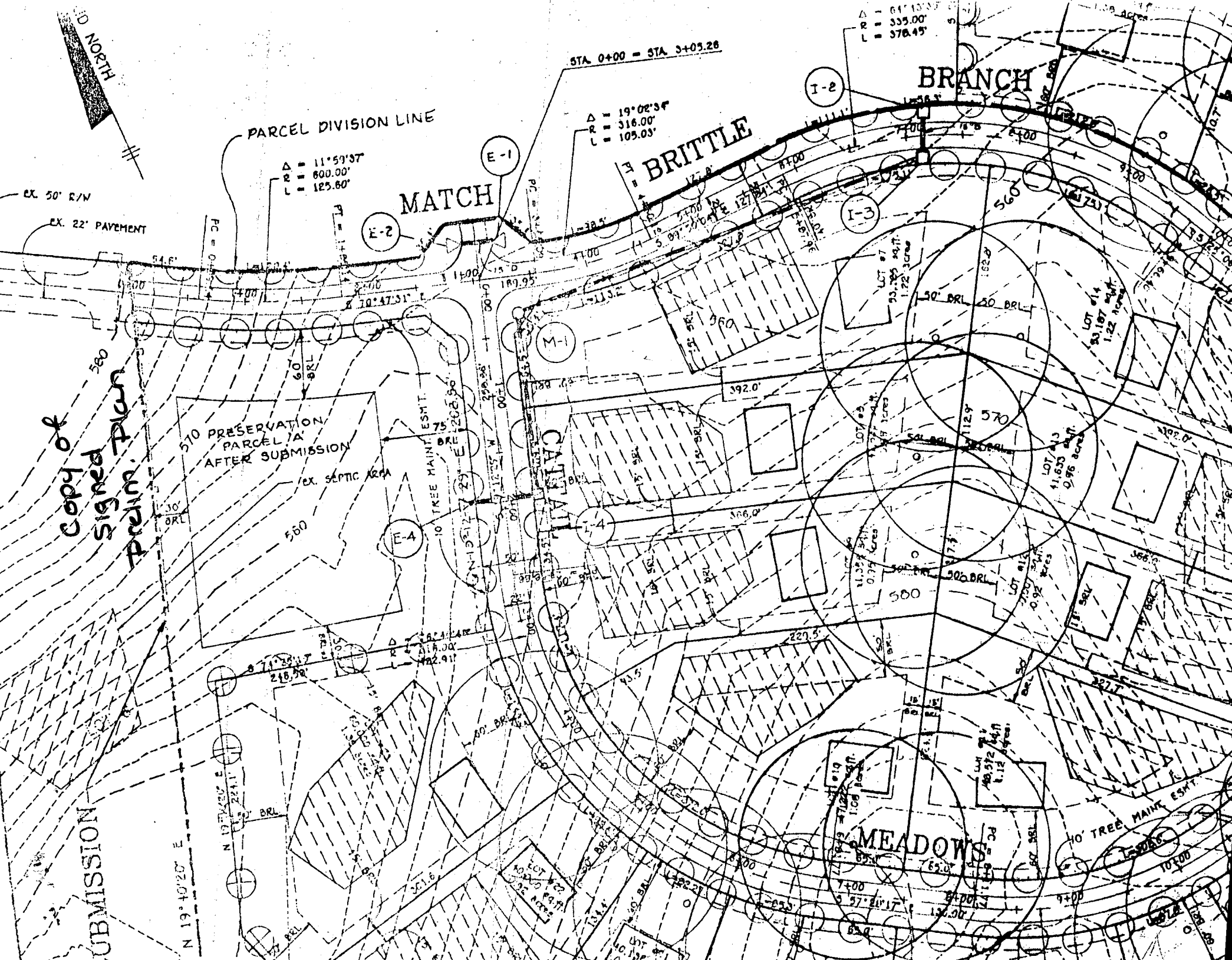
MEADOWS

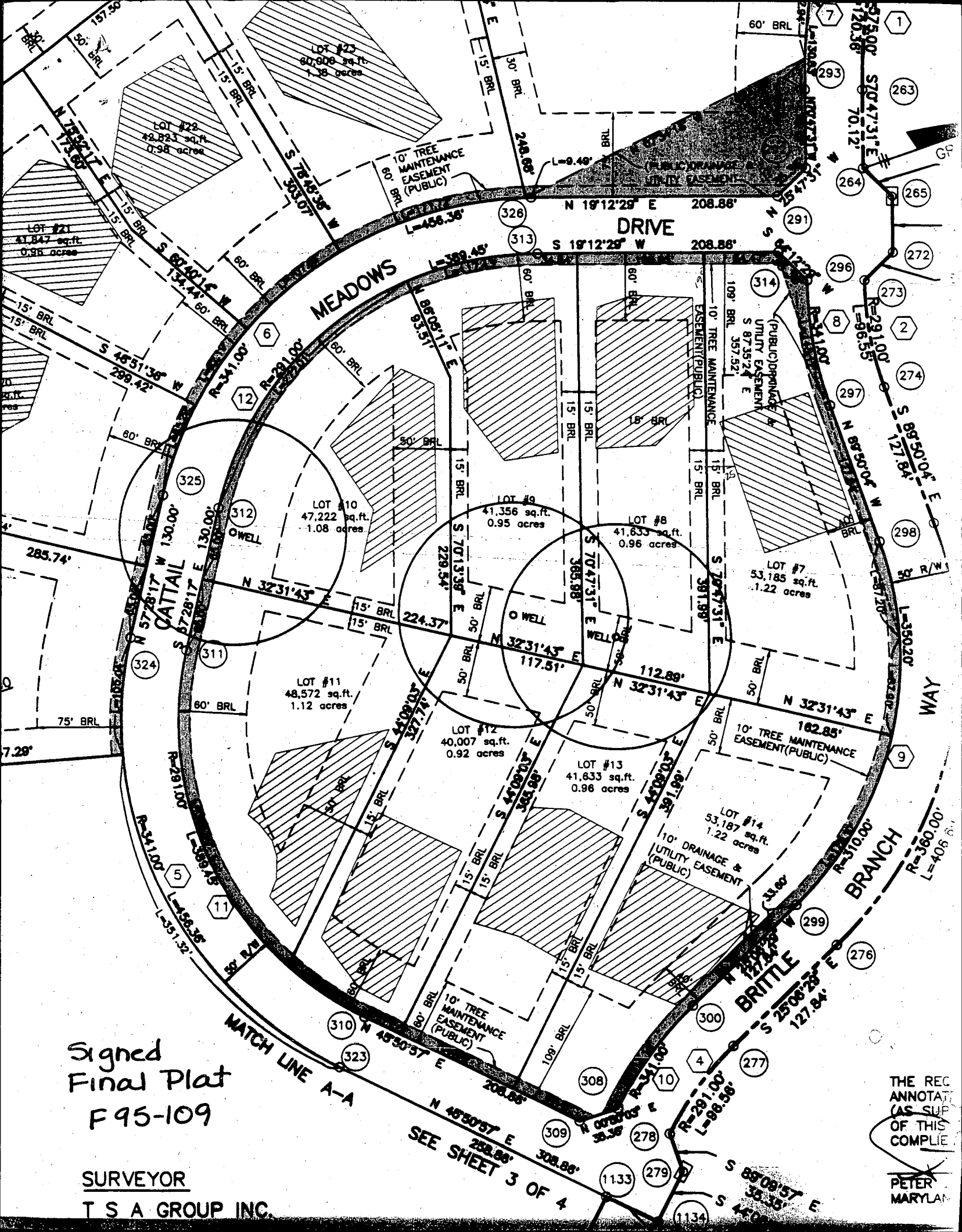
SUBMISSION

N 19° 40' 20" E

N 10° 24' 00" E

10 TREE MAINT. ESMT.

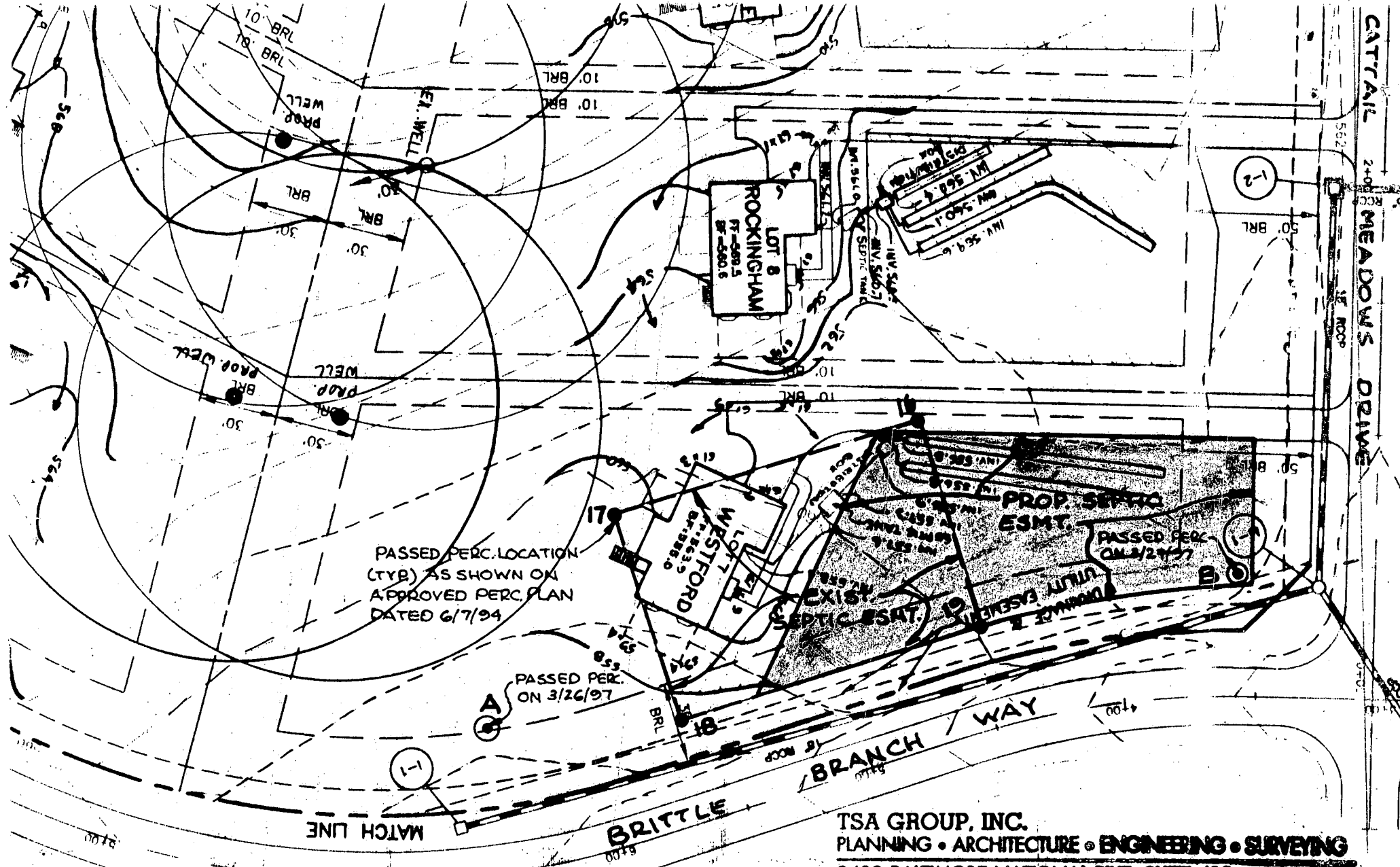




Signed
 Final Plat
 F 95-109

SURVEYOR
 T S A GROUP INC.

THE REC
 ANNOTAT
 (AS SUP
 OF THIS COMPLE
 PETER
 MARYLAN

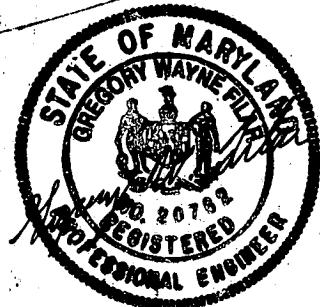


PASSED PERC. LOCATION (TYPE) AS SHOWN ON APPROVED PERC. PLAN DATED 6/7/94

PASSED PERC. ON 3/26/97

PASSED PERC. ON 2/24/97

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEM. HOWARD COUNTY HEALTH DEPARTMENT
John M. [Signature] 4-22-97
 HOWARD COUNTY HEALTH OFFICER ALM DATE



TSA GROUP, INC.
 PLANNING • ARCHITECTURE • ENGINEERING • SURVEYING
 8480 BALTIMORE NATIONAL PKE, SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 465-6105

All wells and septic within 100 feet of property boundaries have been shown.
CATTAIL WOODS SECTION 2 PERCOLATION CERTIFICATION PLAN REVISION, LOT 7

SCALE: 1"=50' APRIL 7, 1997

The purpose of this document is to revise the location of the recorded sewage disposal easement.

Westminster Pottery Well Drilling, Inc. 8/11/97
Cottail Woods.

LINE

7

sewage easement charged
as shown on final keep
100' away from
Septic

8/6/97
Well site ok as
Staked (KM)

STA 3+05.26

$\Delta = 84^{\circ}43'38''$
 $R = 335.00'$
 $L = 578.47'$

BRANCH

BRITTLE

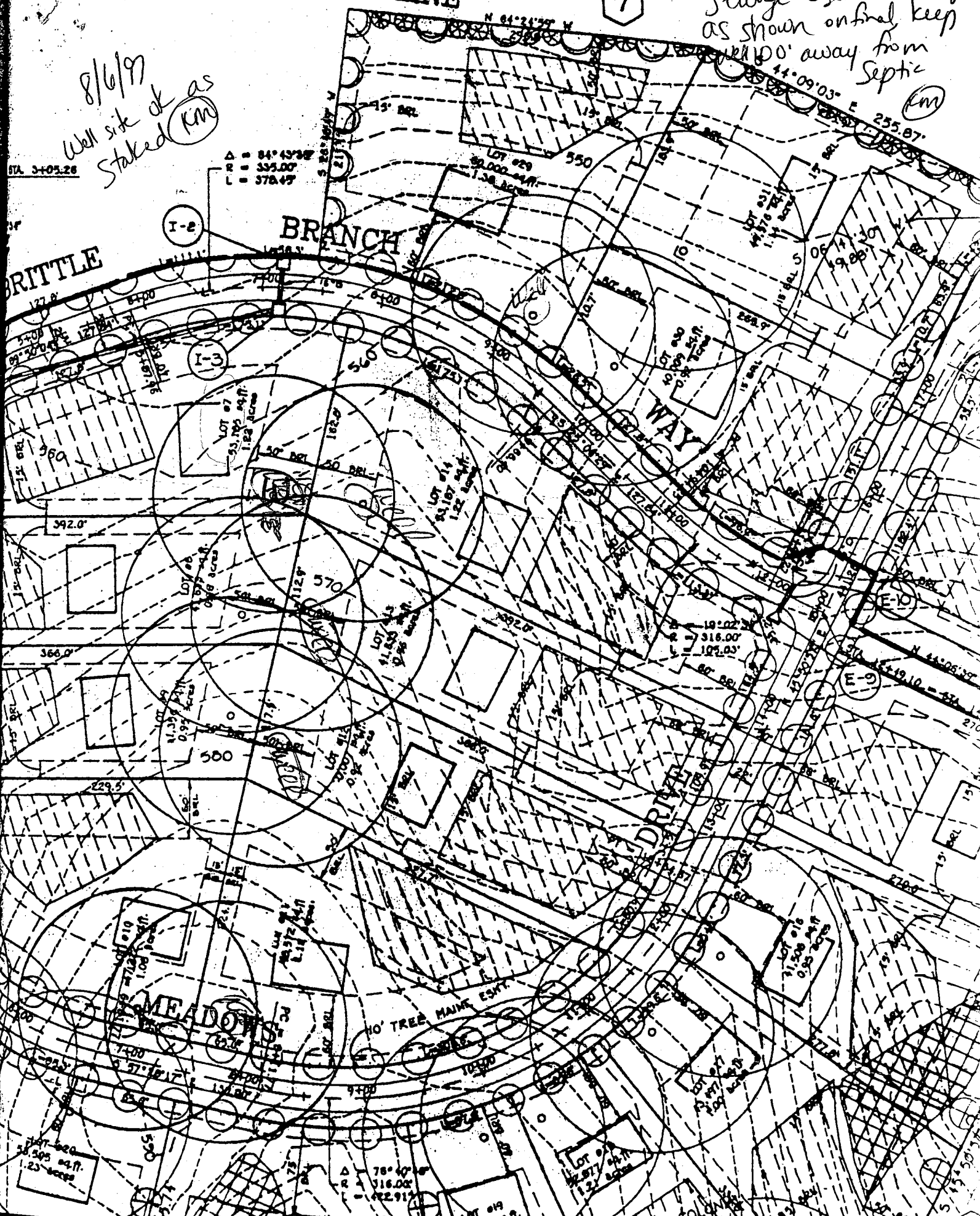
WYWAY

DRIVE

MEADOWS

10' TREE MAINT. EASY

$\Delta = 78^{\circ}40'00''$
 $R = 316.00'$
 $L = 422.91'$



11/18/98
A.M. -
(Contractor should
be @ site to complete
application)

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

PHONE: 410-313-2640 FAX: 410-313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 12-15-98

Name of Installer RWR Plumbing

Telephone (410) 531-2982

License Number 4605
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Pulse Home Corp Telephone 410-644-5603
Subdivision Cattail Woods Lot # 7 Well Tag # HO-94-1255
Site Address 1701 CATTAIL MEADOW DR

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage <u>110</u>	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <input checked="" type="checkbox"/>	
2. Make <u>ORCETTI</u>	b. 220 _____	
3. Model # <u>T754712B-5?</u>		
4. Capacity <u>2.5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <u>YES</u> Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity <u>40</u>	1. Type <u>WELL TUBING</u>	1. Depth <u>4</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>2.4</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <u>46</u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>NO</u>

11/18/98
Missed
in SP
AW

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: 12-16-98

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

C1 9540

SEQUENCE NO. (MDE 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 A49644-A

DATE RECEIVED 09/05/97

DATE WELL COMPLETED 08/26/97

DEPTH OF WELL 427 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1254

OWNER Joint Ventures, STREET OR RFD Br. He Branch Way, TOWN Lisbon, SUBDIVISION Cattail Woods, SECTION 2, LOT 7

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, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale, Hard Br. Shale, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 35, NO. OF POUNDS 3290, GALLONS OF WATER 210, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (S, T), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

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...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. MWD 256, Dana Kyker Jr II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. JWD334, Dana Kyker Jr II

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

DEPTH (nearest ft.) HO 101 427

Table for depth measurements in feet

SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

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 74 75 76

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 2.4, METHOD USED TO MEASURE PUMPING RATE submersible, WATER LEVEL (distance from land surface) BEFORE PUMPING 46, WHEN PUMPING 332, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL 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 (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above, - below, LAND SURFACE (nearest foot) 2

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Br. He Branch Way, Well

B 1 **8792** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **H0-94-1254**
70 fill in this form completely 78

OWNER INFORMATION
 Date Received (APA) **080497**
 OWNER: **VENTURE POINT** (Last Name) **ROE** (First Name)
15555 UNION CHAPEL RD (Street or RFD)
WOODBINE (Town) **MD 21797** (State Zip)

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
DIANA R. TRUD JR II (Driller's Name) **2051** (License No.)
WESTMINSTER ROTARY WELL DRILLING (Firm Name)
P.O. Box 861 WESTMINSTER, MD (Address)
Diana R. Trud Jr II (Signature) **7-24-97** (Date)

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**

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)

APPROXIMATE DEPTH OF WELL **230** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY 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
 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 DEEPEN 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 _____
 FORCE **KM** WRITE INITIALS IN BOX PERMIT No. **H0-94-1254**

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

LOCATION OF WELL
HOWARD (County)
CATTAIL WOODS (Subdivision)
LISBON (Nearest Town)
7 MILES FROM TOWN (enter 0 if in town)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

BRITTLE BRANCH WAY (Near what road)
20 DISTANCE FROM ROAD (ENTER FT OR MI)
 TAX MAP: **7** BLK: _____ PARCEL: **137**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (County Name) **A 49644-A** (County No.)
 STATE SIGNATURE _____ DATE ISSUED **081197** (Kimberly Maisto) **8/11/98** (Exp. Date)
 NORTH GRID **542000** EAST GRID **0781000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
 1. **CITY**
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **781**
 N **542**

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

BRITTLE BRANCH WAY
x well

Maureen

49644-D

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELICOTT CITY, MD 21043
 PERMITS (410) 313-2488; INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B00118261

Building Address 1701 CATTAIL MEADOWS DR
WOODBRIDGE MD 21797

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

Census Tract 6010 Subdivision Cattail Wood

Section 2 Area _____ Lot 7

Tax Map 7 Parcel 137 Grid 17

Zoning R1-DEU Map Coordinates 3E12 Lot size _____

Property Owner's Name Leo Boeckl

Address 1701 CATTAIL MEADOWS DR

City Woodbridge State MD Zip Code 21797

Home Phone 410 482 1921 Work Phone 301 303 2175

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Single family dwelling

Proposed Use same w/ deck

Estimated Construction Cost \$ 14,300

Description of Work Building Deck off house.
Irregular shape 32' x 28' with steps
to grade

Contractor Company Same as above

Contact Person Leo

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Leo Boeckl

Contact Name Leo Boeckl

Address 1701 CATTAIL MEADOWS

City Woodbridge State MD Zip Code 21797

Phone 410 482 1921 Fax _____

Engineer or Architect Company Same as above

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: <u>Post & pier</u> 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.

Maureen
 Applicant's Signature

 Title/Company

LEO BOECKL
 Print Name

5/27/99
 Date

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

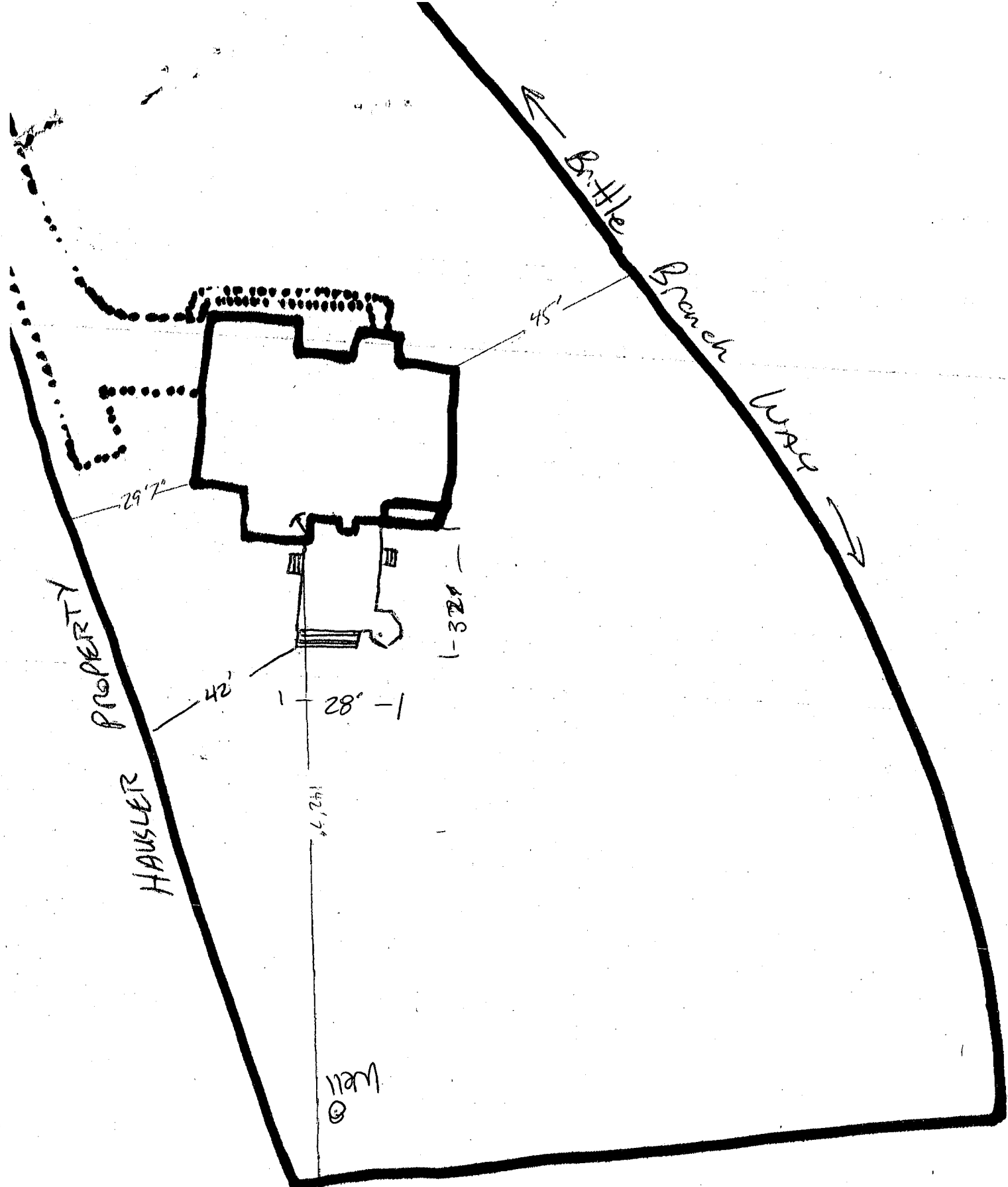
AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>5/1/99</u>	<u>A. McMillan</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>29289</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2016</u>
Accepted by _____	Validation # <u>32220</u>



PROPERTY

HAUSLER

Brittle

Branch

Way

29'7"

45'

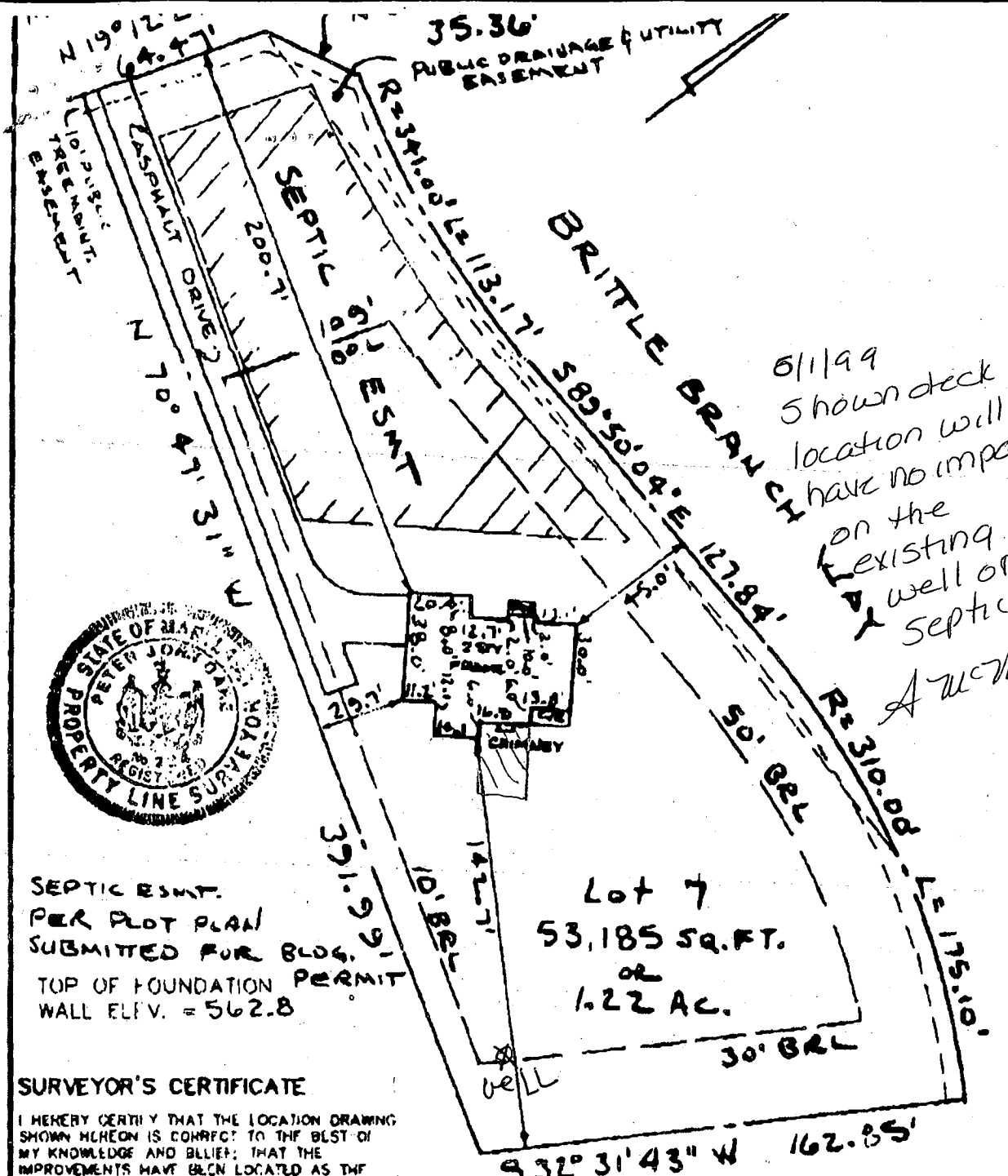
42'

1-28'-1

1-32'-1

4, 24'

Well



SEPTIC ESMT.
 PER PLOT PLAN
 SUBMITTED FOR BLDG.
 TOP OF FOUNDATION PERMIT
 WALL ELEV. = 562.8

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA OR THE IFMA FIRM IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET

Peter J. Darr 12-17-98
 PETER J. DARR
 MD. PROPERTY LINE SURVEYOR #274

RECORD PLAT No. 12497
 FLMA FIRM No. 240044 0007B
 DATED DEC. 4, 1986

THA GROUP, INC.
 planning • architecture • engineering • surveying
 8480 BALTIMORE NATIONAL PIKE SUITE 618
 ELLICOTT CITY, MARYLAND 21043
 (410) 485 8105

LOCATION DRAWING
 1701 CATTAIL MEADOWS DRIVE
 LOT 7
 CATTAIL WOODS
 SECTION 2

4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 9/2/98

Boeckl