

3/2/98  
1:00  
3/3/98

WPI  
4/14/98  
A. Fogle

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-359240

P 59818C

A 49644-H

DISTRICT 4th

DATE 2-11-98

DATE SYSTEM APPROVED 3/4/98

INSPECTOR KM

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~410-313-2640~~ 410-313-2640

### INDEXED

Fogle's Septic Clean

IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Cattail Woods Sec. II LOT 26 ROAD 1708 Cattail Woods Lane

PROPERTY OWNER Pulte Home Corp. Alex Storolyanik

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 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - From the intersection of the 391.01' and 225.67' lot lines, place the distribution box 165 feet down the 225.67' lot line and 115 feet off that same lot line as seen when facing the lot from Cattail Woods Lane. Run trenches on contour towards the front of the property.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. **\*\*\*MANHOLE CLEANOUT REQUIRED IF FINAL GRADE OVER SEPTIC TANK IS GREATER THAN 3 FEET.\*\*\*** *ok 2/25/98 o/c*

PLANS APPROVED BY Kimberly Maiste/Amy McMillen DATE 01/16/98

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 **NO PERMIT SIGNATURE**

PERMIT VOID AFTER TWO YEARS

**AND RETURNED** 2-21-99

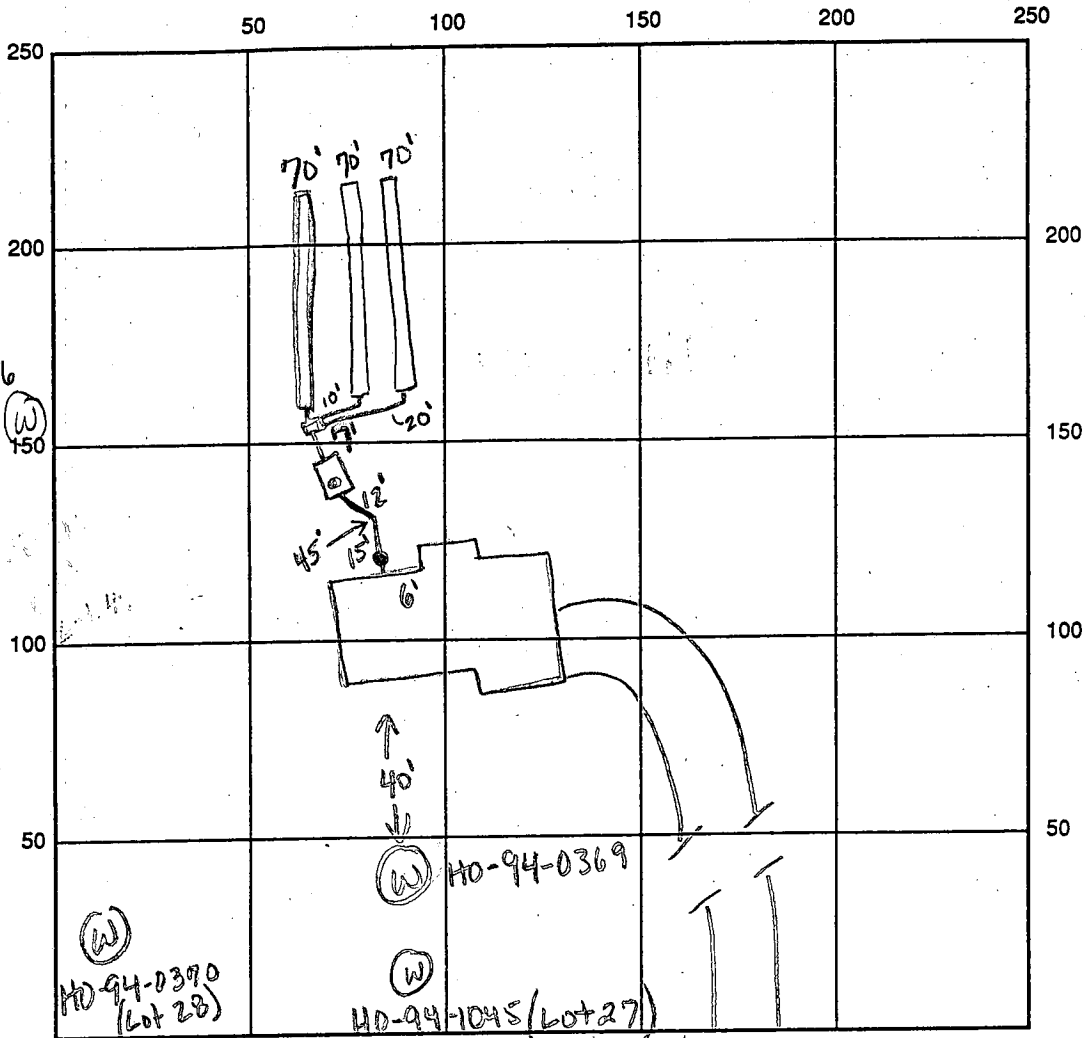
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*David # 607 11 9456  
Dick*

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A  
116644-H



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS 1 on tank, 1 at house  
 DISTRIBUTION BOX LEVEL OK, baffle in  
 DRAIN FIELD/TITLE DEPTH 8.0 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.0 FT.  
 EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 70 x 3 FT. → 210  
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS: 3/2/98 ok to cover 1st trench and continue leaving ends of other  
2 trenches open, has house conn, maintained 100' separation from all wells  
to septic per contractor, at time of inspection well casing is less than 8" below  
grade, sent letter to inform builder that casing must be at least 8" above final  
grade before ICOP will be issued (KM)  
3/3/98 spoke with Kurt wanted to cover remaining two trenches due to snow, ok'd with  
 DATE SYSTEM APPROVED 3/4/98 INSPECTOR Kimberly Maiste  
them submitting drawing containing remaining measurements to include in file.  
3/4/98 spoke with Ricky of Fogler's who confirmed final measurements and correct installation (KM)

# APPLICATION

## PERCOLATION TESTING

A 49645 H

P \_\_\_\_\_

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

DISTRICT 4th

DATE 9/30/93

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.

Parcel 137, Inc.

PROPERTY OWNER \_\_\_\_\_  
ADDRESS 15298 Union Chapel Road \_\_\_\_\_ PHONE (410) 442-2101  
Woodbine, MD 21797 \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc. \_\_\_\_\_  
ADDRESS 8480 Baltimore National Pike, Ste. 418 \_\_\_\_\_ PHONE (410) 465-6105  
Ellicott City, MD 21043 \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 26

ROAD AND DESCRIPTION End of Brittle Branch Way

TAX MAP 7 PARCEL # 137

**BLDG. PERMIT SIGNED**

**AND RETURNED 1-16-98**

*Serial # B17/19378*

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4 Brms.  
(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. Parcel 137, Inc. Bruce B. Bandal President  
(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

COUNTY # \_\_\_\_\_

SOIL PROFILE

0'


SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

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 49645H

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 200

PROPERTY LOCATION:

SUBDIVISION Cattail Woods Sec II LOT NO. 26

ROAD AND DESCRIPTION Rt 97 sid

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 \_\_\_\_\_

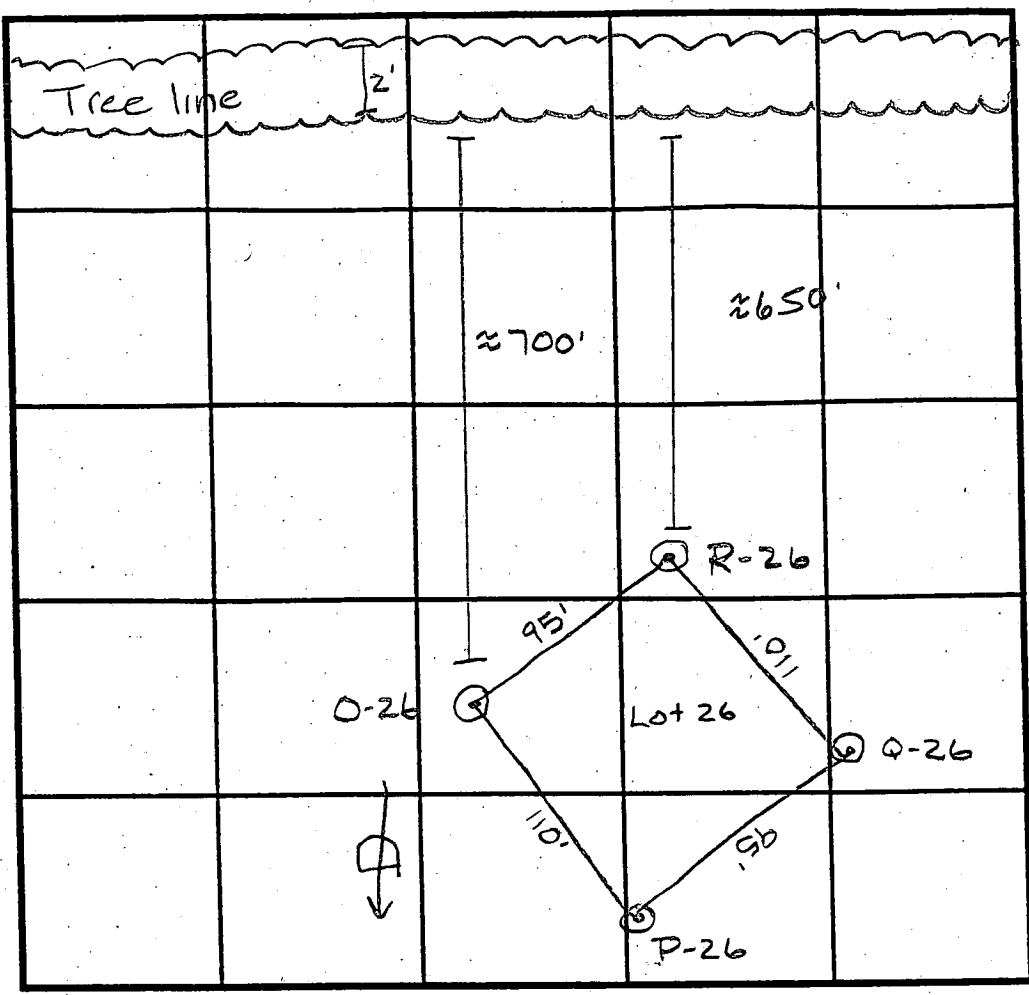
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

## THIS IS NOT A PERMIT

A49645H

Lot 26 28 24 26

COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE P26  
 1 0' orange/brn c  
 2 1/2' reddish brn sil  
 few rock frags

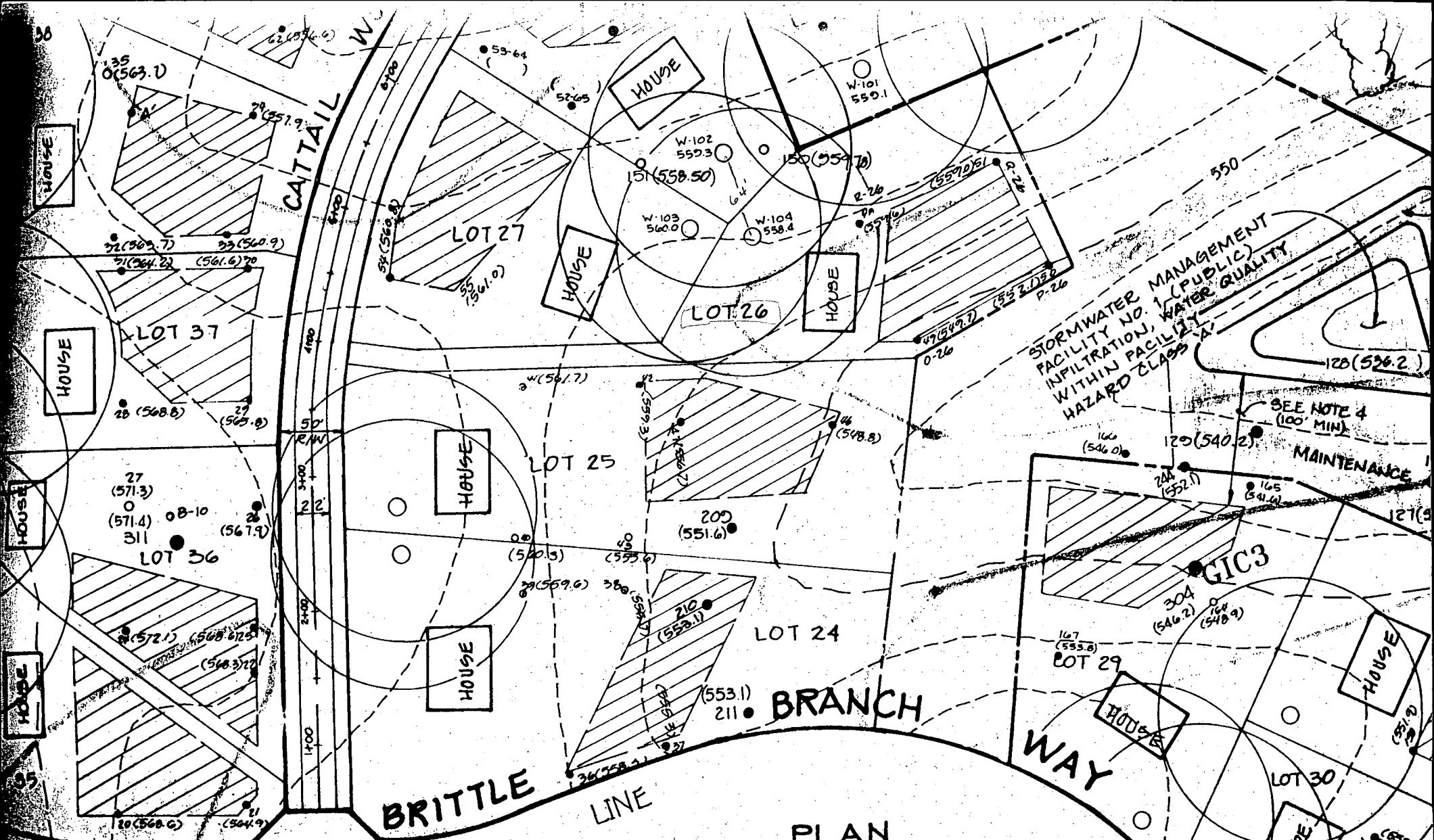
SOIL PROFILE O-26  
 0' yell/brn c  
 4' red sil  
 12'

Q-26  
 2' orange brn c  
 brn w/ yellow and red sil

R-26  
 6' topsoil  
 bright red c  
 w/ yellow spots of c  
 3' red sil

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/17/93	R-26	3' V13'	1:20 <sup>30</sup>	1:24	1:24	1:28	4min
		7' V13'	1:21	1:24	1:24	1:29	5min
	Q-26	2 1/2' V12'	2:10	2:13	2:13	2:16	3min
	P-26	2 1/2' VII'	1:55	1:59	1:59	2:08	9min
	O-26	4' V12'	1:34	1:40	1:40	1:47	7min

REMARKS \_\_\_\_\_  
 TYPE OF SOIL Glenely loam  
 TESTED BY CRAIG WILLIAMS & AMY McMILLEN ALSO PRESENT B. SANDERS  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7min TRENCH WIDTH 2'  
 INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 8' SQ. FT./BEDROOM 210 ft<sup>2</sup>



TO 8 PERCENT SLOPES, MODERATELY ERODED.  
 LOCAL ALLUVIUM, 3 TO 8 PERCENT SLOPES,  
 TO 8 PERCENT SLOPES, MODERATELY ERODED.  
 TO 8 PERCENT SLOPES, MODERATELY ERODED.  
 TO 15 PERCENT SLOPES, MODERATELY ERODED.  
 TO 15 PERCENT SLOPES, SEVERELY ERODED.  
 TO 25 PERCENT SLOPES, MODERATELY ERODED.  
 TO 25 PERCENT SLOPES, SEVERELY ERODED.  
 TO 0 TO 3 PERCENT SLOPES.  
 TO 3 TO 8 PERCENT SLOPES, MODERATELY ERODED.  
 PERCENT SLOPES, SEVERELY ERODED.

Signed pers  
 cert plat.  
 6-7-94

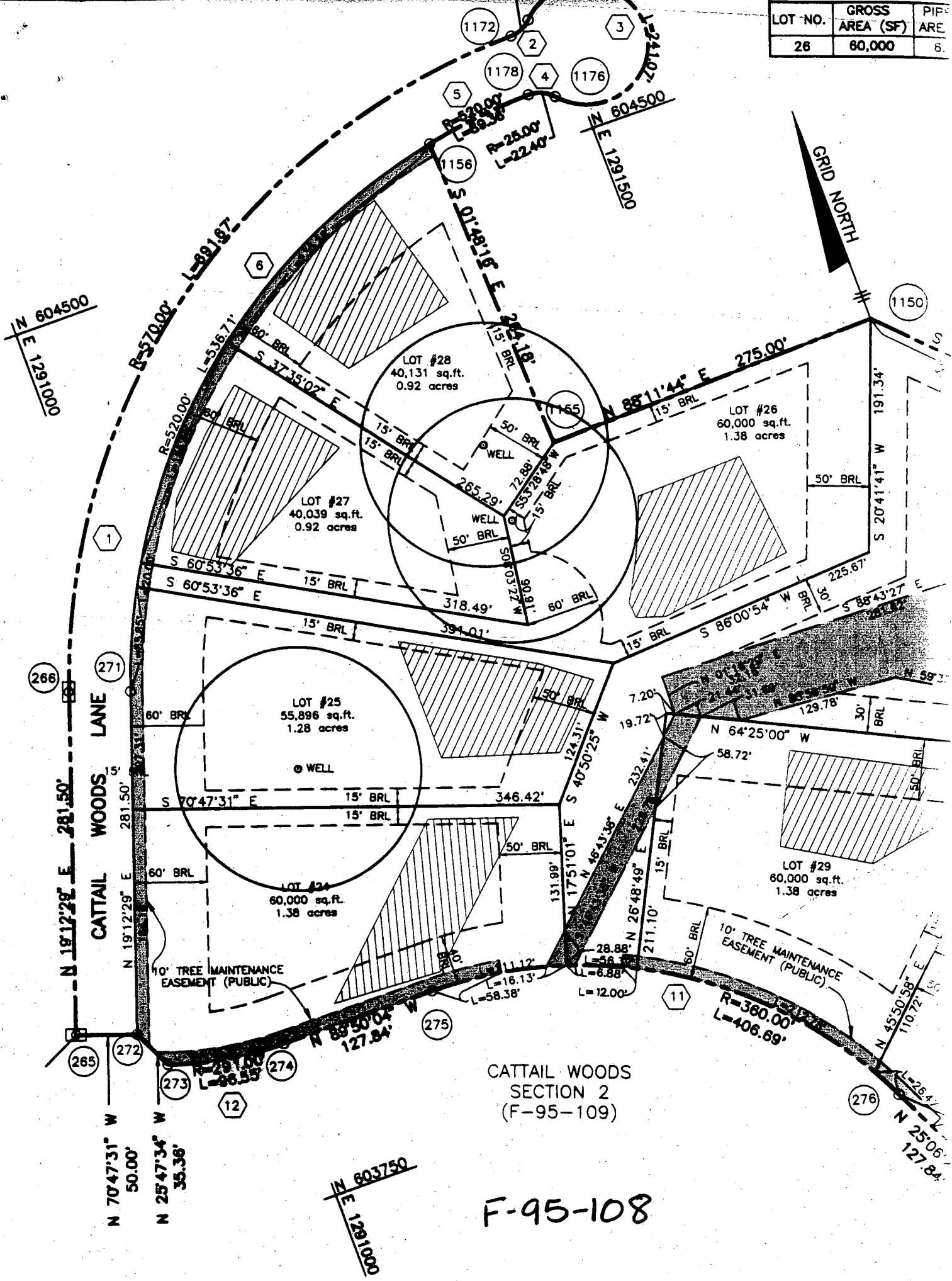
**GENERAL NOTES**

1. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.





LOT NO.	GROSS AREA (SF)	PIPS ARE
28	60,000	6.

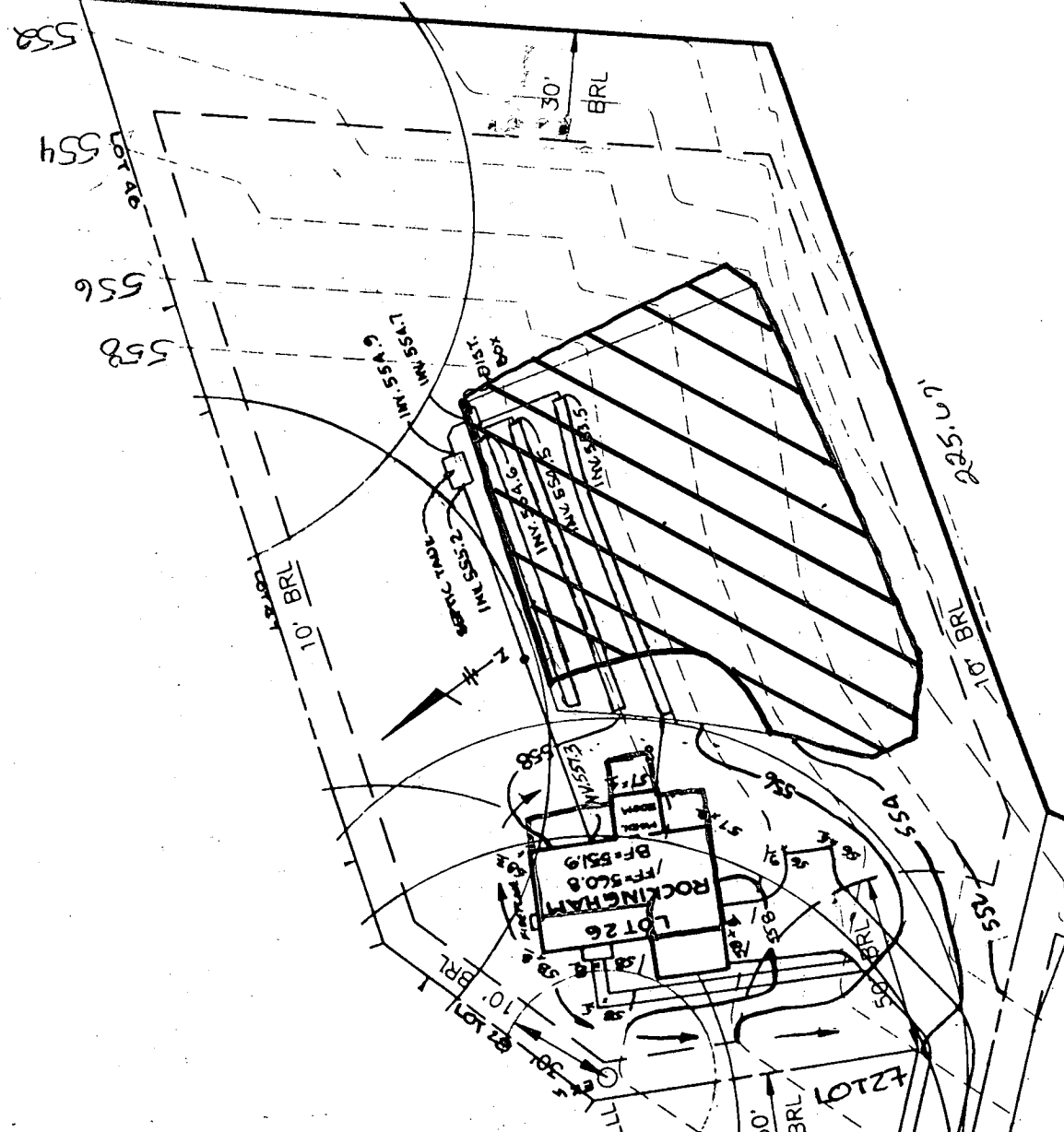


CATTAIL WOODS  
SECTION 2  
(F-95-109)

F-95-108

N 603750  
E 1291000

CATTAIL WOODS LANE



Approved Septic System Plan  
 Howard County Health Department

Revised  
 House & septic  
 easement.  
 Approved  
 2-20-98  
 ALM

HOWARD COUNTY HEALTH DEPT.  
 ENVIRONMENTAL HEALTH

1998 JAN -9 P 1:04

*Kimberly Maister*  
 Signature

1/16/98  
 Date

Total linear feet of trench  
 required 210 feet

Width of trench(es) 2 feet

Depth of trench(es) 8' feet

Depth of stone required below  
 distribution pipe 4 feet

FF=560.8  
 BF=551.9

PLOT PLAN  
**CATTAIL WOODS**

LOT 26  
 SECTION TWO, PARCEL 5

NOTE:  
 FOR SEDIMENT CONTROL FEATURES SEE APPROVED  
 GRADING PLAN GP-97-130.

**T S A GROUP INC.**  
 8480 BALTIMORE NATIONAL PIKE, SUITE 418  
 ELLICOTT CITY, MARYLAND 21043  
 (410) 465 - 6105

TAX MAP NO.7 PARCEL 137  
 PLAT NOS. 12500-12502  
 4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND  
 SCALE: 1"=50' DATE: DEC 17, 1997

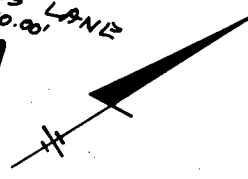
1-10-98

Builder called to request to move house 16' further back on the lot - I left a message telling him the move would put the house  $\approx$  20' from septic.


He is also informing me that topo is off - actual elevation is 2' lower than what is shown on the approved building permit plan/pecc. cert. I told him we would have to adjust plumbing inside - where it comes out of the house - in order to make the septic work on gravity.

A McMullen

CATTAIL WOODS LANE  
R=520.00'  
L=2040'

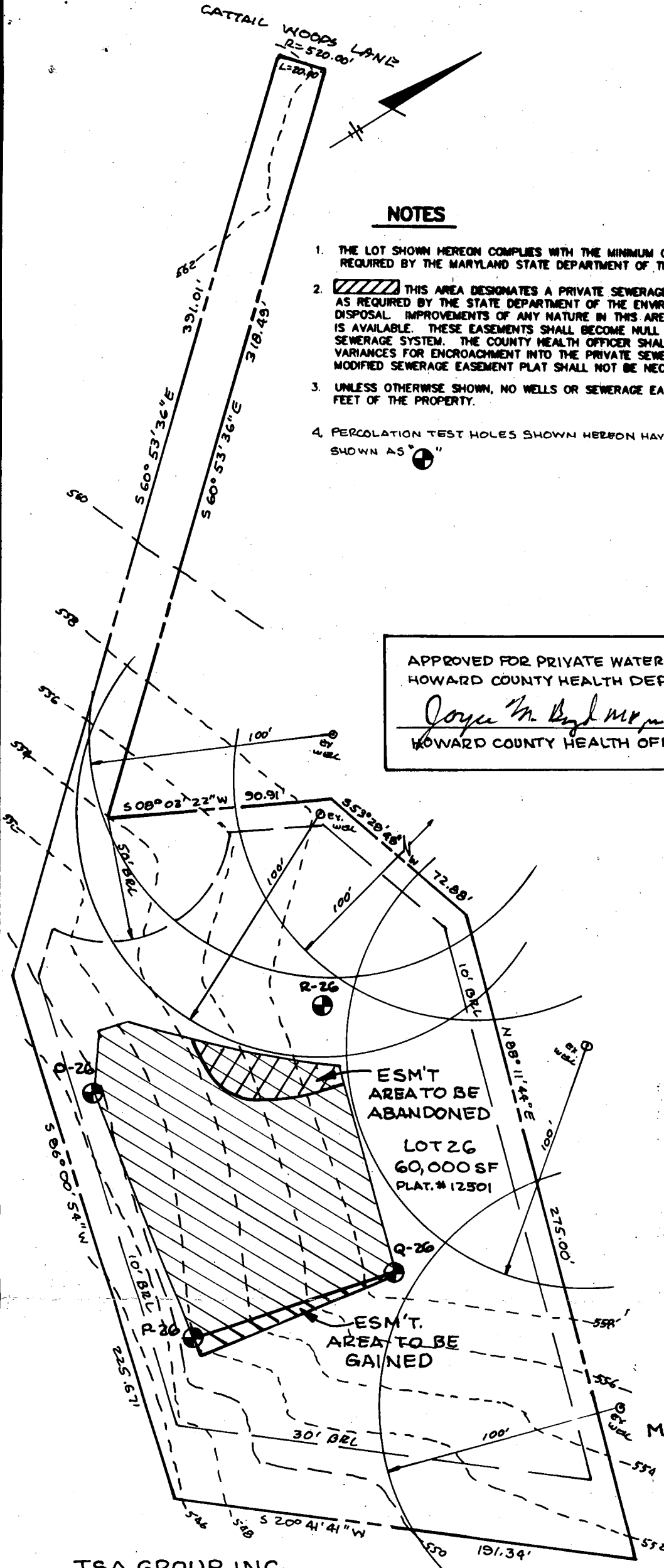


**NOTES**

1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
2.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. UNLESS OTHERWISE SHOWN, NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPERTY.
4. PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED SHOWN AS "⊕"

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT

*Joyce M. Boyd M.P.H. S.E.* 2-20-98  
HOWARD COUNTY HEALTH OFFICER *AW* DATE



**CATTAIL WOODS  
LOT 26  
MODIFIED SEWERAGE  
EASEMENT PLAT  
TAX MAP NO. 7  
PARCEL 137  
4TH ELECTION DISTRICT  
HOWARD COUNTY, MD**

SCALE: 1" = 50' FEB. 20, 1998

**TSA GROUP, INC.**  
8480 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MD 21043 (410) 465-6105

B. 1 **7829**

SEQUENCE NO.  
(DP USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

**H0-94-0369**  
fill in this form completely

(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

Date Received (APA)

**02/01/95**

OWNER INFORMATION

**JOE JOINT VENTURED**

**ISSIST UNION CHAPEL**

**WOODBINE**

B. 3 LOCATION OF WELL

**HOWARD**

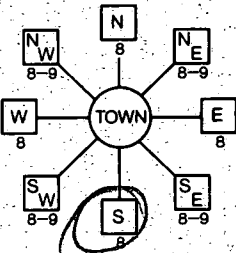
**CATAWBA WOODS**

SECTION **2** LOT **216**

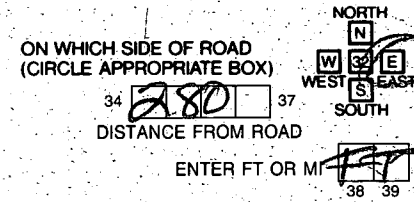
**DISPON**

MILES FROM TOWN (enter 0 if in town) **1**

B. 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Catawba Woods Lane**



TAX MAP: **7** BLK: \_\_\_\_\_ PARCEL **137**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD**

**A#49644-H**

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

**022495** **Soma K Sol** **2/24/96**

NORTH GRID **542000** EAST GRID **0781000**

B. 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

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 **200** 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
- 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 DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **DS** PERMIT No. **H0-94-0369**

SPECIAL CONDITIONS  
**Nicki 876-1911**

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

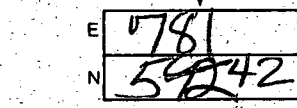
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- City**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**Grubing 3/14/95**  
Not to be done till afternoon. Ann  
NO INSP. Ann



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

**280'** **Well**

**Catawba Woods Lane**

**Beattie Branch Way**

C1 3554

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A# 49644-H

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 031495

Depth of Well grid: 428

PERMIT NO. grid: 40-94-0369

OWNER 206 JOINT VENTURE last name CATTAIL WOODS first name LANE TOWN LISBON SUBDIVISION CATTAIL WOODS SECTION 2 LOT 26

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Dirt, Soft Br. Shale, Clay, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 39, NO. OF POUNDS 3666, DEPTH OF GROUT SEAL 1-0-3 ft.

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

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

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 2.5 gal. per min., METHOD USED TO MEASURE PUMPING RATE submersible, TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED S (submersible), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED: YES (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...

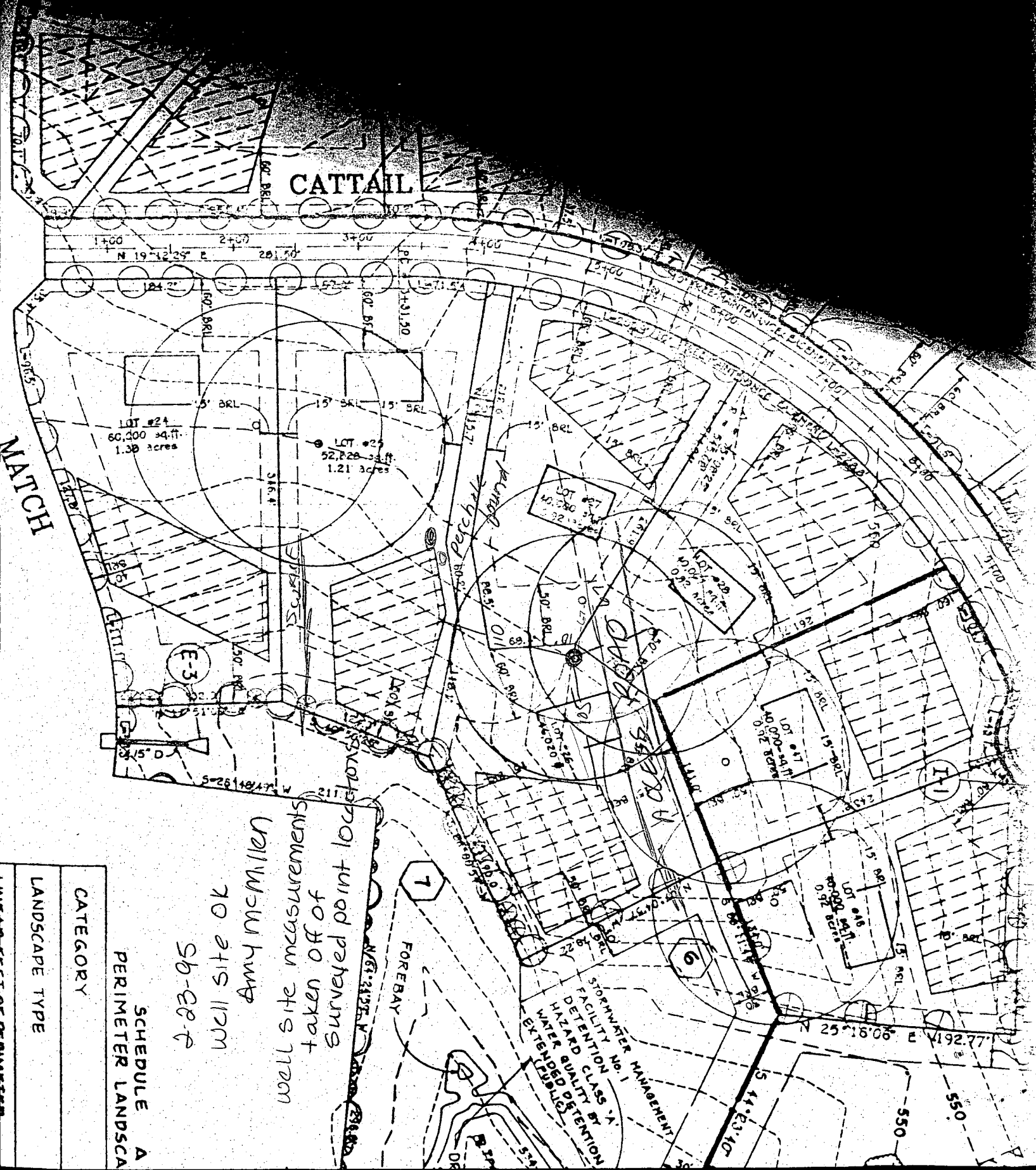
DRILLERS IDENT. NO. 256, DANA KYKER JR II, DRILLERS SIGNATURE, SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.) grid: 428, 104. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) grid.

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., TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

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). Includes handwritten signature and 'BRITTLE BRANCH WAY'.



CATTAIL

LOT #24  
60,300 sq. ft.  
1.38 acres

LOT #25  
52,228 sq. ft.  
1.21 acres

LOT #26  
40,280 sq. ft.  
0.92 acres

LOT #11  
40,000 sq. ft.  
0.92 acres

LOT #16  
40,000 sq. ft.  
0.92 acres

STORMWATER MANAGEMENT  
FACILITY No. 1  
DETENTION CLASS 'A'  
HAZARD QUALITY DETENTION  
WATER QUALITY  
EXTENDED DETENTION  
CULVERT

FOREBAY

MATCH

SCHEDULE A  
PERIMETER LANDSCAPE

well site measurements  
taken off of  
surveyed point location  
Amy McMillen  
70 sites 11/20  
59-28-F

CATEGORY  
LANDSCAPE TYPE

CATEGORY	SCHEDULE A
LANDSCAPE TYPE	PERIMETER LANDSCAPE

4-14-98  
anytime

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
~~XXXXXXXX~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # \_\_\_\_\_  
Site Address \_\_\_\_\_

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

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

4/14/98  
WPI OK to cover  
AM

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: \_\_\_\_\_

Date: \_\_\_\_\_

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



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**HOWARD COUNTY HEALTH DEPARTMENT**

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*Joyce M. Boyd, M.D., County Health Officer*

March 2, 1998

Pulte Home Corporation  
1501 South Edgewood Street, Suite K  
Baltimore, Maryland 21227

RE: Cattail Woods, Lot #26  
1708 Cattail Woods Lane  
Well Permit #HO-94-0369

Dear Sirs:

Upon inspection of the well on the above referenced property, during septic installation, it appeared that the well casing may terminate only a few inches above finished grade. According to COMAR, "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading."

After final grading, please make certain that the well casing meets the COMAR standard. Any necessary casing repair should be performed by a licensed well driller. Please contact the Health Department once the well is ready for reinspection.

Please be advised that no Interim Certificate of Potability will be issued for the property until this issue is resolved.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Kimberly Maiste, Sanitarian  
Water and Sewerage Program

KM

cc: file



## HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 22, 1998

Pulte Home Corporation  
1501 South Edgewood Street, Suite K  
Baltimore, Maryland 21227

RE: Cattail Woods, Lot #26  
1708 Cattail Woods Lane  
Well Permit #HO-94-0369

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on March 4, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was 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-94-0369. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

**\*\*Please be advised that this certificate is valid for fifteen days in order to provide time to correct the problem of the well casing height not meeting Code of Maryland Well Regulation Standards.\*\***

Date of Water Sample: May 18, 1998  
Date of Well Completion: March 14, 1995

Approving Authority

*Kimberly Maiste*  
Kimberly Maiste, Sanitarian  
Water and Sewerage Program

cc: Building Inspector's office  
Homeowner  
file

# Pulte Home Corporation

May 22, 1998

Howard County Health Department  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21048-4544  
ATTN: Kimberly Maiste, Sanitarian  
Water and Sewerage Program

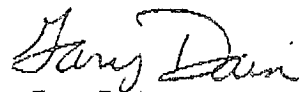
RE: Cattail Woods, Lot 26  
1708 Cattail Woods Lane  
Well Permit #HO-94-0369

Dear Kimberly:

This letter is to inform you that Pulte Home Corporation will take care of raising the well casing to comply with COMAR standards within 15 days from the date of this letter.

Thank you in advance for accepting this letter and issuing the Certificate of Potability.

Sincerely,



Gary Dain  
Project Manager

GD/rmd

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

**B00119456**

Building Address 1708 CATTAIL Woods Ln  
Woodbine MD  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6040 Subdivision Cattail Woods  
Section 2 Area \_\_\_\_\_ Lot 26  
Tax Map 7 Parcel 137 Grid 17  
Zoning PCDED Map Coordinates 3EB2 Lot size \_\_\_\_\_

Property Owner's Name Alex Slodovyanik  
Address 1708 CATTAIL Woods Ln  
City Woodbine State MD Zip Code 21797  
Home Phone (410) 489 7074 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Woods Family Detached  
Proposed Use Deck for back  
Estimated Construction Cost \$6500  
Description of Work 31x12' Deck on back of house w/ deck in yard

Contractor Company Lock America  
Contact Person PATRICIA Holt  
Address 7502 Connelley Dr.  
City HANOVER State MD Zip Code 21076  
License No. 23889  
Phone 889 330 5787 Fax \_\_\_\_\_

Occupant or Tenant SAME  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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

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

Applicant's Signature Patricia Holt  
Title/Company Lock America

Print Name PATRICIA Holt  
Date 7-21-99

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		
Health	<u>7/21/99</u>	<u>Mark E. Kellum</u>
Fire Protection		

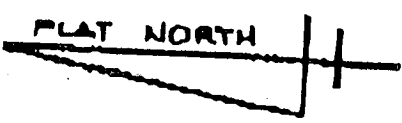
Is Sediment Control approval required prior to issuance?  
YES  NO

**RECEIVED**  
CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP  
**JUL 21 1999**

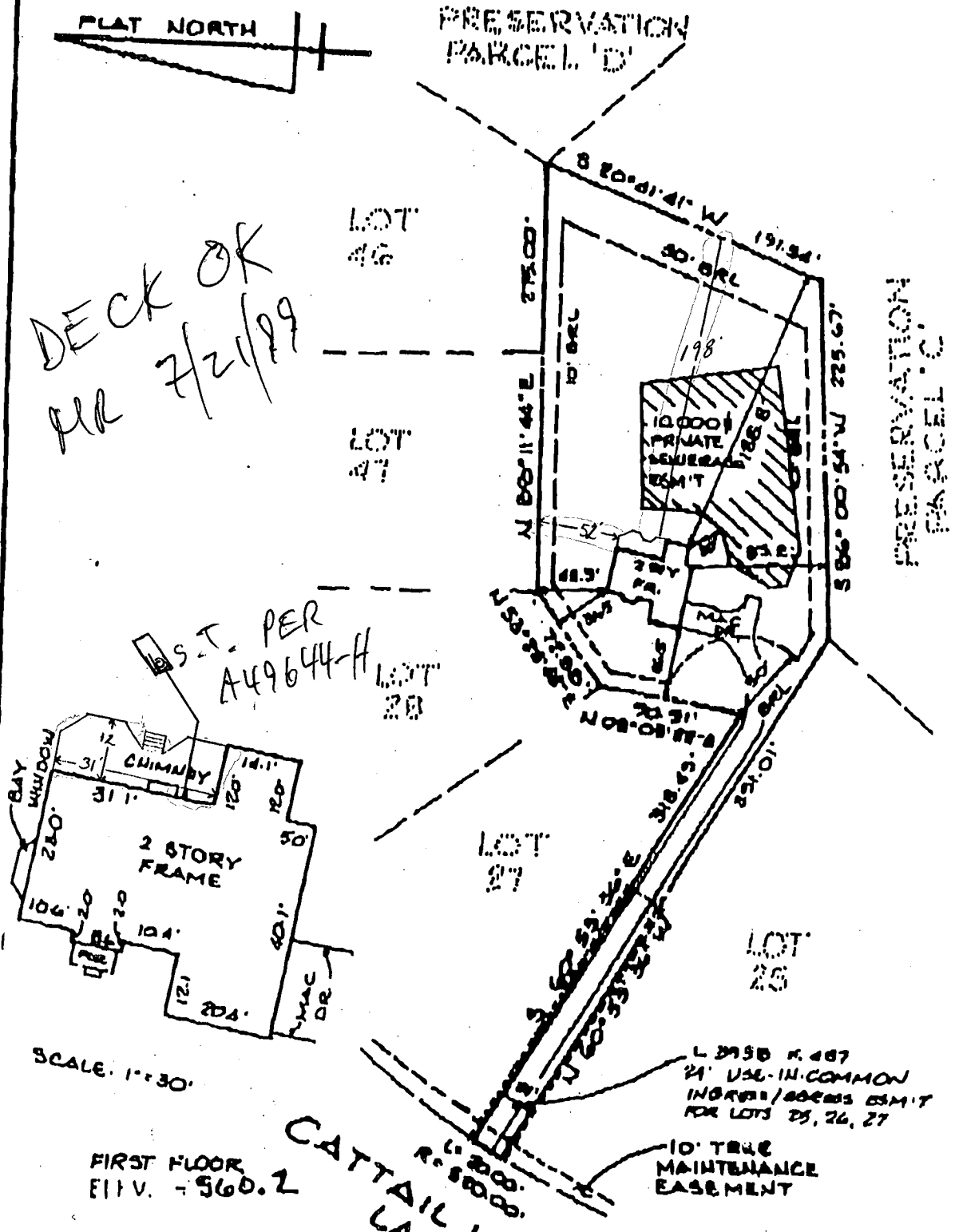
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>33226</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <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 New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check cash # _____
Accepted by _____	Validation # _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN 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.



DECK OK  
PR 7/2/89



SCALE: 1" = 30'

FIRST FLOOR  
ELEV. = 560.2

CATTAIL WOODS  
CATTAIL LANE

**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. DARE  
MD. PROPERTY LINE SURV. TOP 1224

5-15-98  
FINAL

NOTE: PRIVATE SEWERAGE EASEMENT PER MODIFIED SEWERAGE EASEMENT PLAT SUBMITTED TO HOWARD CO. HEALTH DEPARTMENT DATED 2/20/88

LOCATION DRAWING  
CATTAIL WOODS  
SECTION 2  
LOT 26

1708 CATTAIL WOODS  
LANE

**TEA GROUP, INC.**  
planning • architecture • engineering • surveying  
8480 BALTIMORE NATIONAL PIKE SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
(410) 488-8105

4<sup>th</sup> ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 100' DATE: 3-18-98