

12/10/98
2:00
1/21/99
1:25-99
house conn anytime
C.O.

PERMIT

12/10/98 needs house conn (km)
House Connected OK 1/25/99 MR
P 571119-D

SEWAGE DISPOSAL SYSTEM

A 49644-K

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

04-359208

HOWARD COUNTY HEALTH DEPARTMENT

DATE 11-30-98

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 1/25/99

INSPECTOR H. Rifkin

INDEXED

Fogle's Septic Clean IS PERMITTED TO INSTALL ALTER _____

ADDRESS 558-R Obrecht Road Sykesville, MD 21764 PHONE 795-5674

SUBDIVISION Cattail Woods, Sec. II LOT 18 ROAD 1728 Cattail Meadows Drive

PROPERTY OWNER Palte Home Corporation ANORE' SIMONEAU

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 61.34' and 354.94' lot lines, place dist. box 90 feet up the 354.94' lot line and 30 feet off that same lot line. Run trenches on contour toward the back lot line.

NOTES --No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/5/98 SKS

PLANS APPROVED BY Amy McMillen/Donna K. Soe DATE 10-16-98

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

ADD PERMIT SIGNATURE AND RETURNED 9-1-99

PERMIT VOID AFTER TWO YEARS

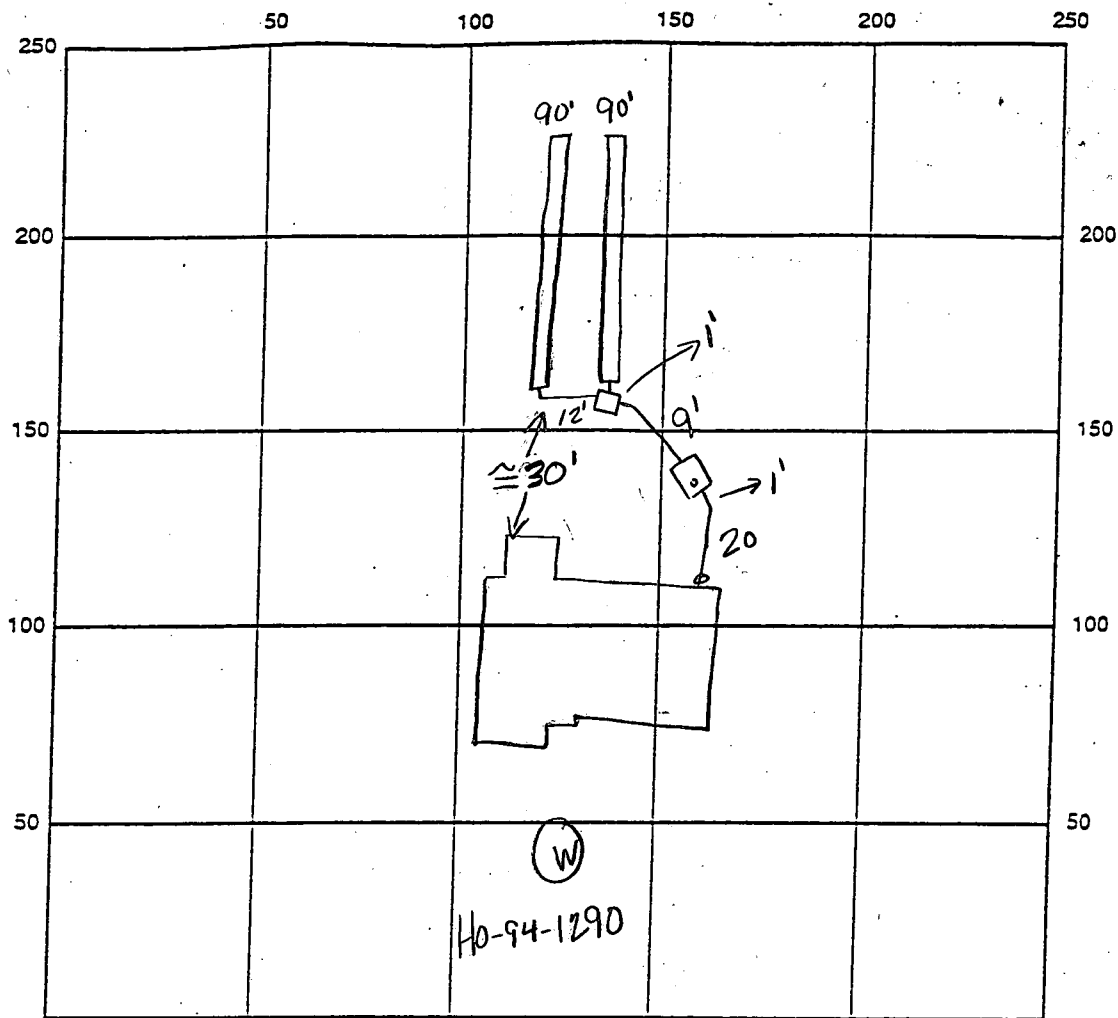
Final #B10/20236
Duck

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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 49644-K



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

DRAIN FIELD/TILE DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2 x 90 FT. → 180

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.

ABSORBENT AREA - SQ. FT.

REMARKS: 12/10/98 needs house conn, ok to finish last trench and cover all work (RM)

1/25/99 HOUSE CONN OK MR

DATE SYSTEM APPROVED

1/25/99

INSPECTOR

M. Ripkin

APPLICATION

PERCOLATION TESTING

A 49644H

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.

PROPERTY OWNER Parcel 137, Inc. Pulte Home Corp

15298 Union Chapel Road (410) 442-2101
ADDRESS Woodbine, MD, 21797 PHONE _____

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc.

8480 Baltimore National Pike, Ste. 418
ADDRESS Ellicott City, MD 21043 PHONE (410) 465-6105

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 18

ROAD AND DESCRIPTION 1728 Cattail Meadow Drive
End of Brittle Branch Way

BLDG. PERMIT SIGNED
~~AND RETURNED~~ 10-16-93
Serial # BMD 114546
SFD-4Benn

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling
(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. Bardsal 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 49644H
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 CatHaul Woods Sec II LOT NO. 18

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

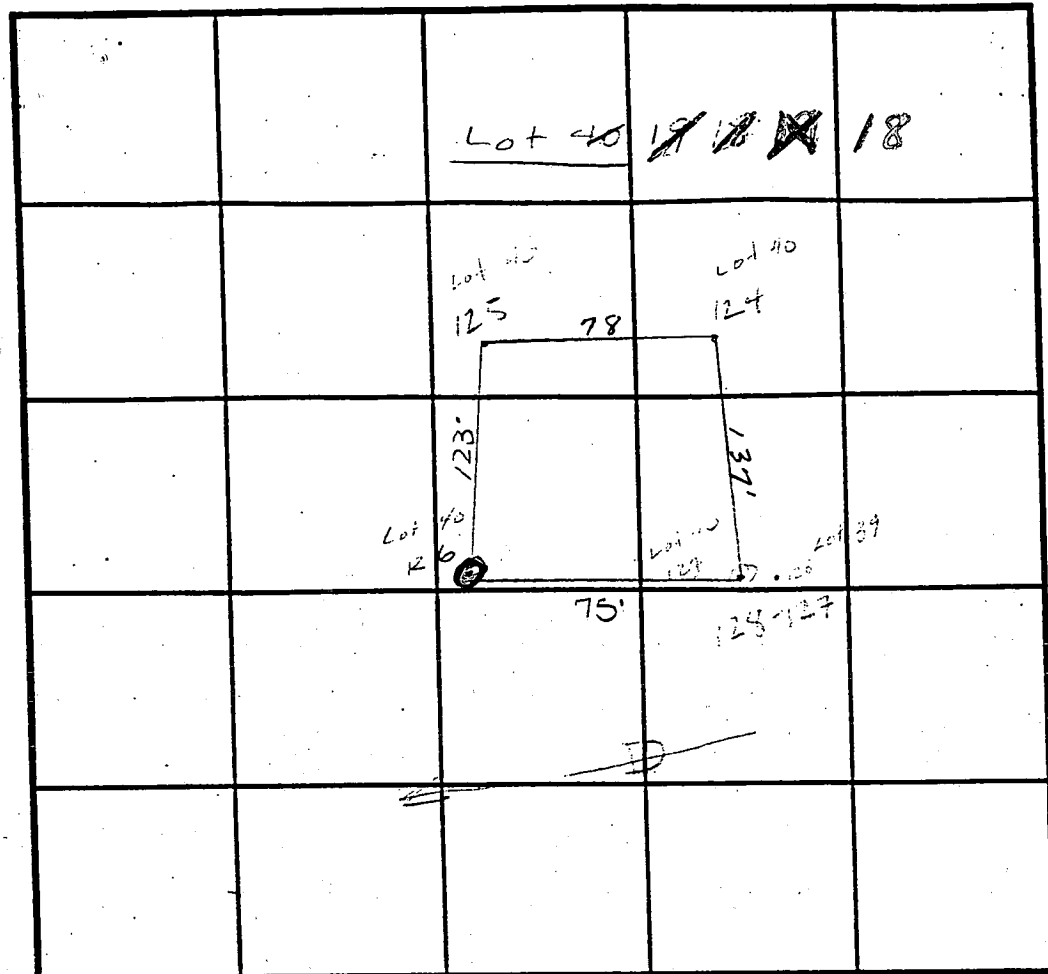
A49644H
COUNTY #

SOIL PROFILE 124

0' orange brn
3' red/brn SSIL
14' 125

red/brn C
4' red/brn SSIL

127-128
orange/brn CL
3' brn SSIL w/ some yell/brn
1 1/2'



SOIL PROFILE 126

0' brn C w/ red streak
3' brn SSIL rock content approach 50% in some patches
11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/13/93	(124)	3' VII.4'	10:15 ³⁰	10:17	10:17	10:19 ³⁰	2 1/2 min
	(125)	4' VII.2'	10:23 ³⁰	10:34 ³⁰	10:34 ³⁰	10:41	6 1/2 min
	128/127	3' VII.5'	10:46	10:47	10:47	10:49	2 min
	126	3' VII.1'	10:55 ³⁰	10:53 ³⁰	10:58 ³⁰	11:02	3 1/2 min
12-7-93	(122)	2.5' VII.3'	1:04 ⁴⁵	30 min			slow
	(122)	4' VII.3'	1:20	1:22	1:22	1:24 ¹⁵	2 1/4 min
	(123)	3' VII.5'	1:31	1:33 ³⁰	1:33 ³⁰	1:38	4 1/2 min

REMARKS _____
 TYPE OF SOIL Glenelg Loam
 TESTED BY A.M. MILLER / J. WILLIAMS ALSO PRESENT B. SANDERS
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min TRENCH WIDTH 2'
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 7' SQ. FT./BEDROOM 180 ft²

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 20 ~~18~~ 18

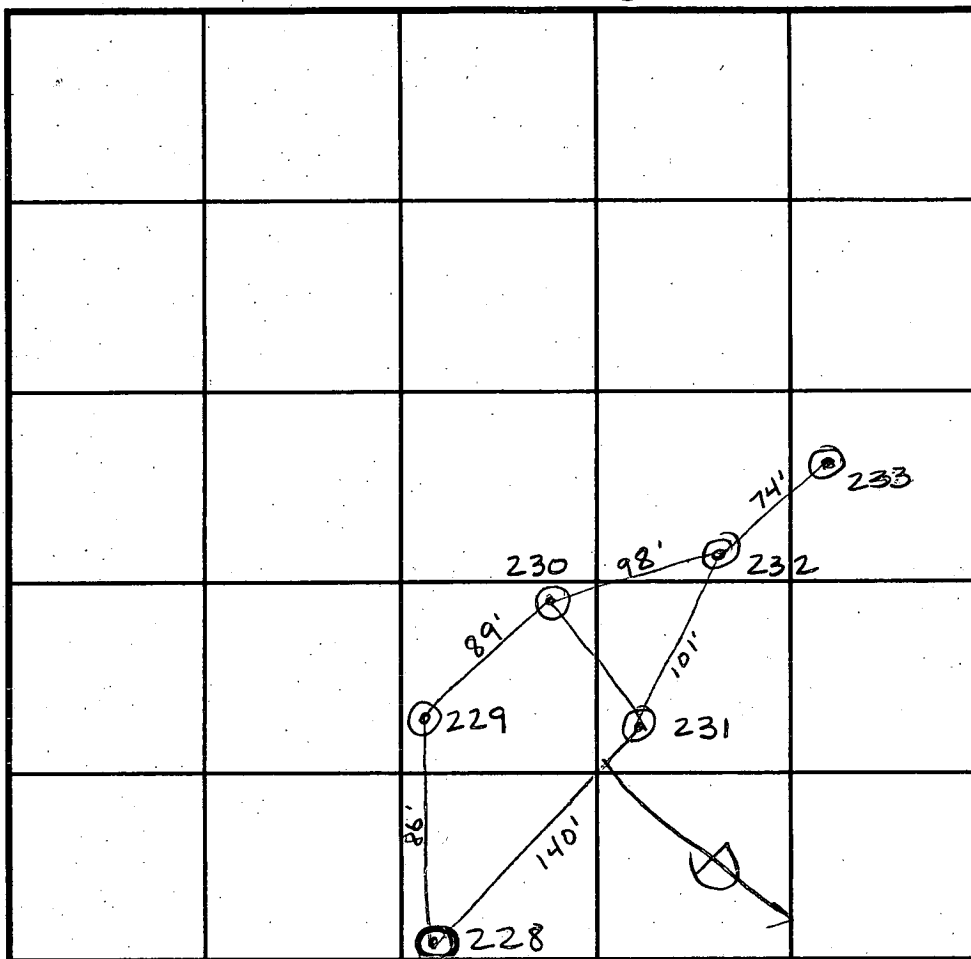
COUNTY #

SOIL PROFILE
233

0' mostly consistent throughout no definite clay horizon red/brn sil w/ yel streaks 7' zone of saprolite

SOIL PROFILE
230

0' clay to 4 1/2 - 5' zones of >50% rock saprolite running through at 6 1/2' ssil bright red/brn (more red than brn).



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

228/229

11' pockets of >50% rock throughout profile - sides of hole collapsing lgt red/brn sil saprolite mixed in

232

red/brn c

2' 5 1/2' - >50% Saprolite 1/2 rock mix

231

red/brn w/ yellow streaks cl

12' zones of >50% saprolite 1/2 rock mix with a downward strike red/lgt brn ssil

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/16/94	233	3' / vis 13'	1:22	1:25	1:25	1:37	12 min
	232	Visual to 13' rock					F / may dispute
	231	Visual to 12' rock					F / may dispute
	230	Visual to 13' rock					F / may dispute
	229	Visual to 12' rock					F / may dispute
	228	Visual to 11' rock					F

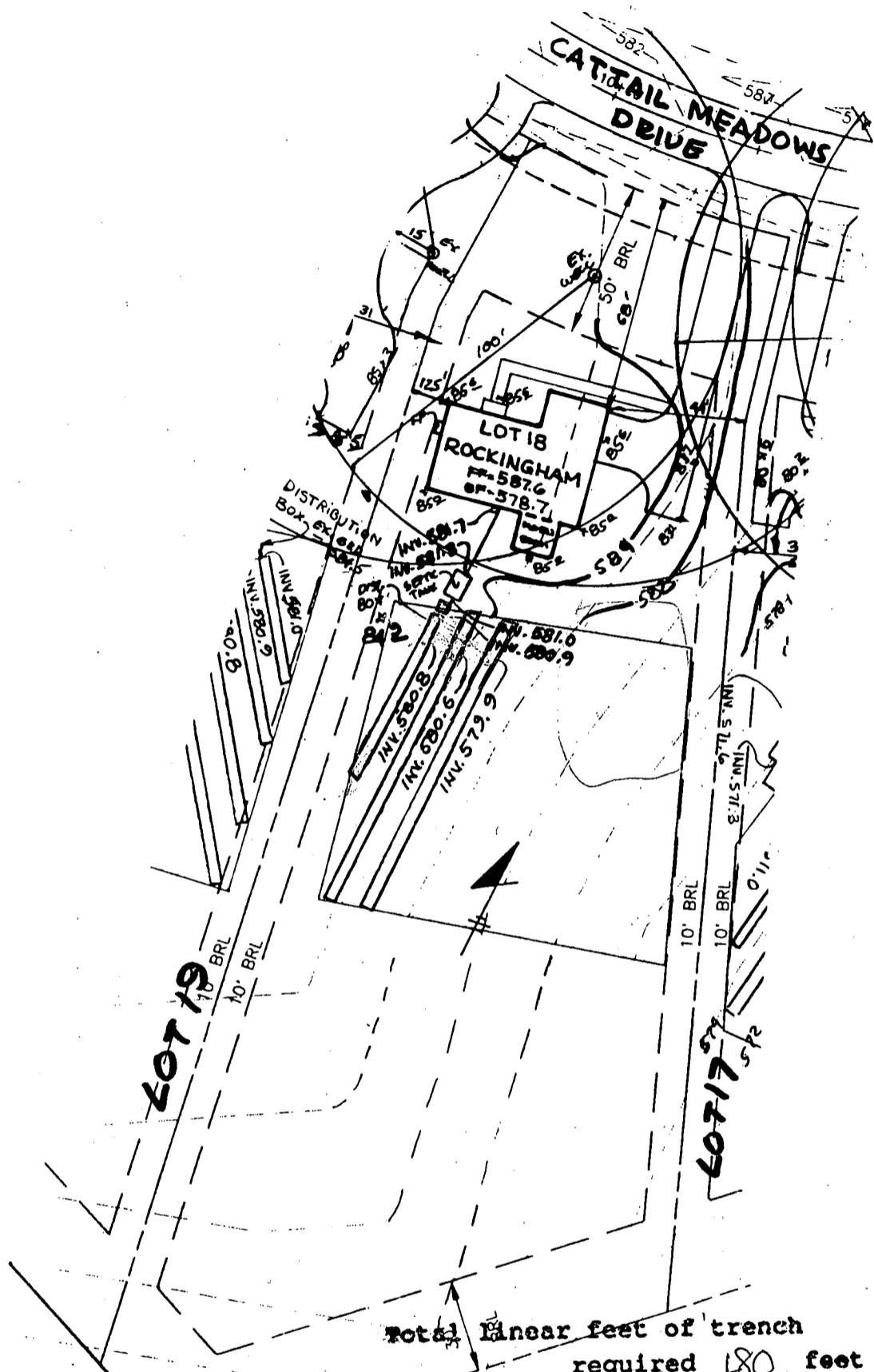
REMARKS

TYPE OF SOIL

TESTED BY A. McMillan / C. Williams ALSO PRESENT B. SANDERS

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



Approved Septic System Plan
 Howard County Health Department

Width of trench(es) 2 feet
 Depth of trench(es) 7.5 feet
 FF = 587.6
 SF = 578.7
 Depth of stone required below
 distribution pipe 4 feet

Douglas Lee
 Signature Date 10/16/98

PLOT PLAN
CATTAIL WOODS
 LOT 18

SECTION TWO, PARCEL 5

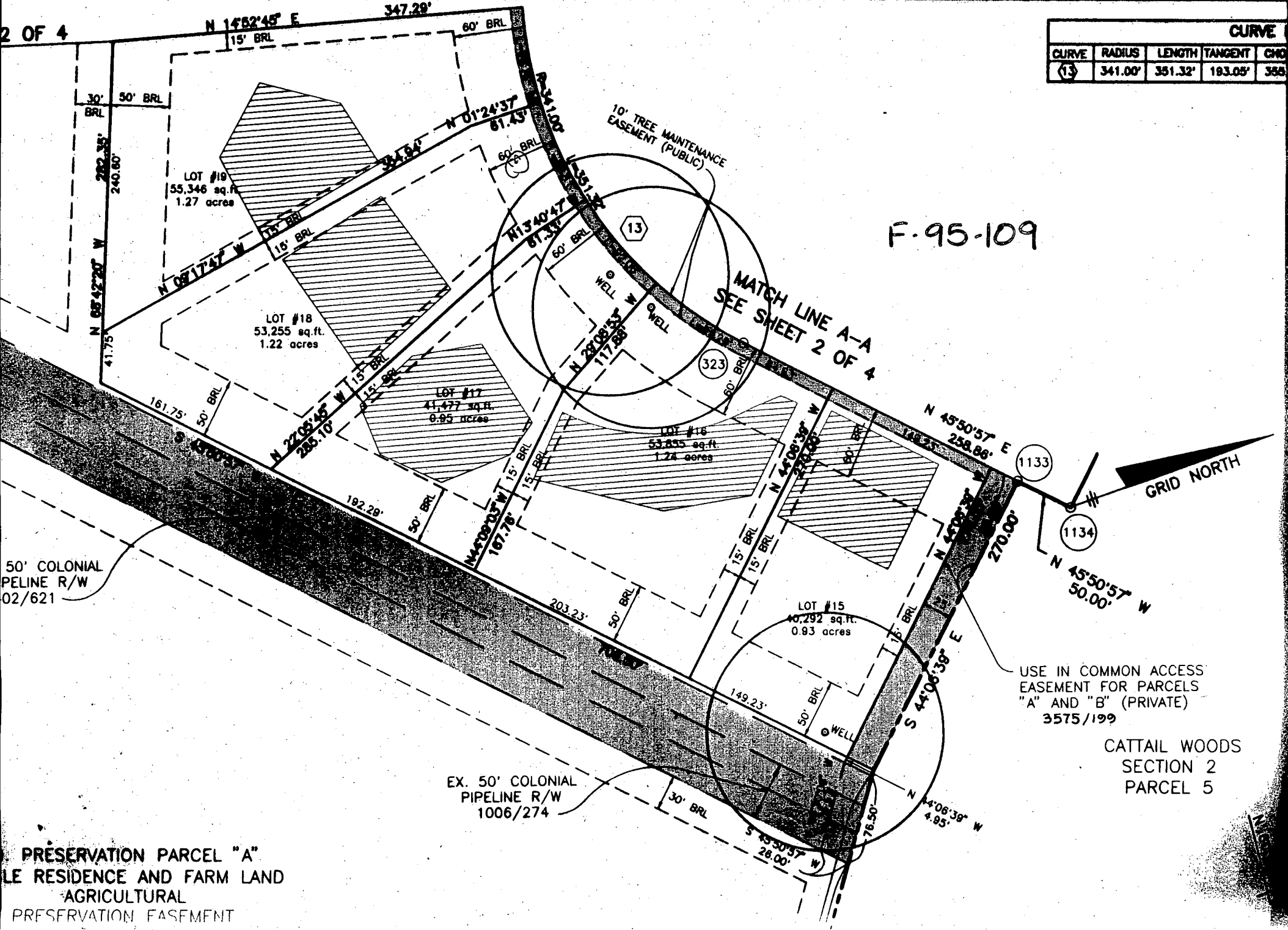
TAX MAP NO. 7 PARCEL 137
 PLAT NOS. 12500-12502

4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: OCT. 6, 1998

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

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

CURVE				
CURVE	RADIUS	LENGTH	TANGENT	CHORD
(13)	341.00'	351.32'	193.05'	358'



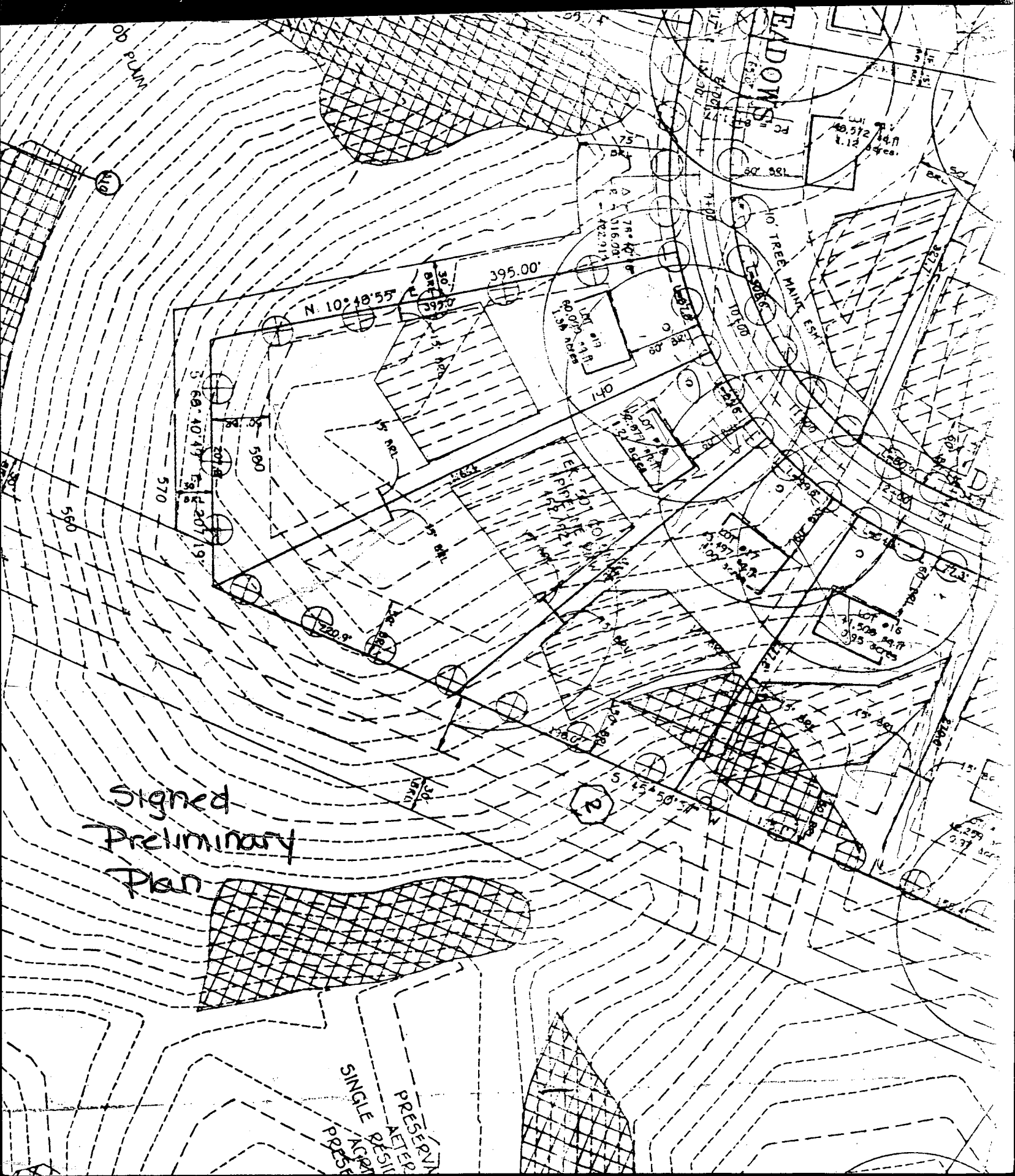
F-95-109

MATCH LINE A-A
SEE SHEET 2 OF 4

USE IN COMMON ACCESS
EASEMENT FOR PARCELS
"A" AND "B" (PRIVATE)
3575/199

CATTAIL WOODS
SECTION 2
PARCEL 5

PRESERVATION PARCEL "A"
RESIDENCE AND FARM LAND
AGRICULTURAL
PRESERVATION EASEMENT

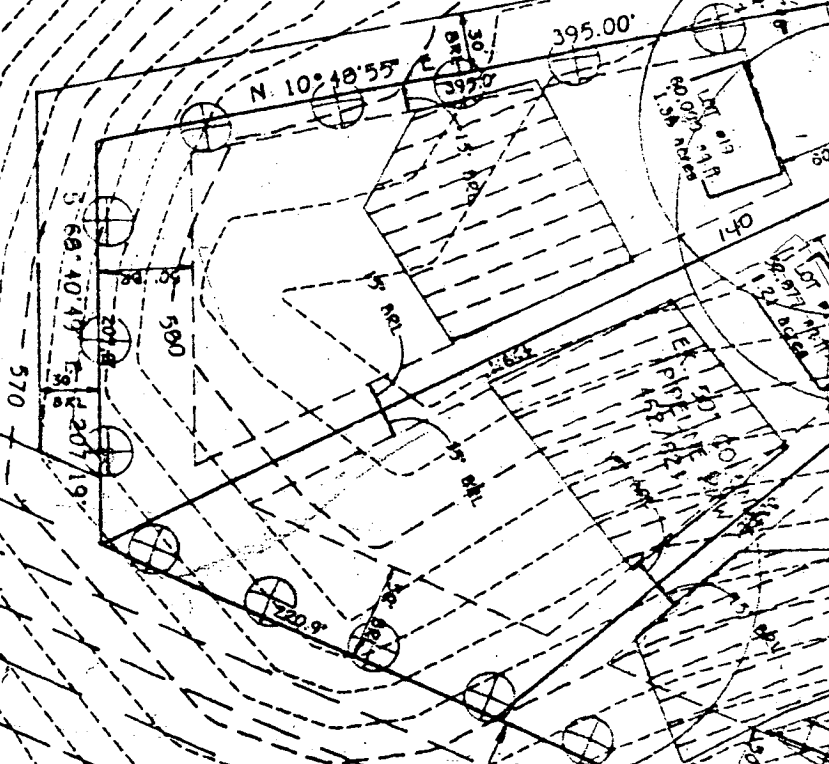


ENDOWS

Ob PLUM

Signed
Preliminary
Plan

SINGLE PRESERV
PRESERV



2

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date _____
Name of Installer R.W.R. PUBS INC. Telephone _____
License Number 4605
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner PULTZ HOMES Telephone 644-5603
Subdivision CATTAIL WOODS Lot # 1B Well Tag # 110-94-1290
Site Address 1728 CATTAIL MEADOWS

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible YES
2. Make JACUZZI
3. Model # 2445079004
4. Capacity 7 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 YES Cable guards YES Other _____

Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage 230
a. 110 _____
b. 220

Pitless Adapter
1. Make CAMBELL
2. Model # 300 X
3. Depth 48"

Tank NY 203
1. Capacity EQUIVALENT TO LOCAL
2. Pressure relief valve? YES

Piping
1. Type WELL TUBING
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 45"

Well data
1. Depth 227 ft.
2. Yield 10 GPM
3. Static water level 69 ft.
4. Will water supply be disinfected by installer? NO

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: Paul Kelly

Date: 1-21-99

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

C1 09469

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A49644-K

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-94-1290

OWNER 206 Joint Venture last name Cattan Woods Drive first name TOWN Lisbon SUBDIVISION Cattan Woods SECTION LOT 18

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 30 NO. OF POUNDS 2520 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 99 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 69 ft. WHEN PUMPING 87 ft. TYPE OF PUMP USED (for test) S submersible

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 Blue Schist, Br. Shale, Blue Schist, Br. Shale & Quartz, Blue Schist.

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 101

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.)

Table with columns: Casing Height (H, O), Depth (101, 227), Slot Size (1, 2, 3), Diameter of Screen (56, 60)

WELL HYDROFRACTURED (Y) (N)

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M W D 256 Dana Kyker Jr II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M W D 2 Dana Kyker Jr II

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

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

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

Cattan Meadows Drive

W-50968

B 1 8747 SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
110-94-1290
 fill in this form completely

OWNER INFORMATION

Date Received (APA) 090197

206 JOINT VENTURE
 Last Name Owner First Name

15555 YMIUM CHAPEL RD 1
 Street or RFD

Woodbine MD 21797
 Town State Zip

B 3 LOCATION OF WELL

Howard
 COUNTY

CATTAIL WOODS
 SUBDIVISION

SECTION 44 LOT 18

415600
 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

DANA KEEL JR 256
 Driller's Name License No. 80

West MINSTEL ROTARY Well Drilling Co
 Firm Name

P.O. Box 861 West Minstel, Md 21157
 Address

Dana Keel Jr 9-10-97
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

CATTAIL MEADOWS DA
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 20 ENTER FT OR MI 7

TAX MAP: 7 BLK: 137 PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 970

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO.

STATE SIGNATURE Kim Maisto DATE ISSUED 9/24/98 EXP. DATE 9/24/98

NORTH GRID 542000 EAST GRID 0779000

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

other _____

REPLACEMENT OR DEEPENED 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 DEEPENED (IF AVAILABLE) _____

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

APPROX. PERMIT NUMBER GAP

FORCE LM WRITE INITIALS IN BOX PERMIT No. 110-94-1290

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 7879

N 542

000
000

Grout Well
10/9
10:00
10/9/97 arrived @ 10:50
Grout not yet started location OK

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

CATTAIL MEADOWS DR

x Well

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2456 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B 00120236

Building Address **1728 Cattail MEADOWS DR
WOODBINE MD 21797**
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract **6010** Subdivision **Cattail Woods**
Section **2** Area _____ Lot **18**
Tax Map **7** Parcel **519** Grid **23**
Zoning **RC-DCO** Map Coordinates **3C-12** Lot size _____

Property Owner's Name **ANDRE' SIMONEAU**
Address **1728 Cattail MEADOWS DR.**
City **WOODBINE** State **MD** Zip Code **21797**
Home Phone **410 489 2876** Work Phone **301 467 0425**
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use _____
Proposed Use **Deck**
Estimated Construction Cost \$ **5000**
Description of Work **Deck on Rear of House
22' x 34'**

Contractor Company _____
Contact Person **ANDRE' SIMONEAU**
Address **1728 Cattail MEADOWS DR.**
City **WOODBINE** State **MD** Zip Code **21797**
License No. _____
Phone **301-467-0425** Fax _____

Occupant or Tenant _____
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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ 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 THEREBY; (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.

[Signature]
Applicant's Signature

Andre' Simoneau
Print Name

Title/Company _____

Date _____

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

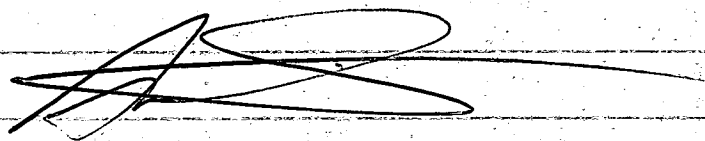
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	9/2/99	<i>[Signature]</i>
Dev. Engineering, DPZ		
Health	9/1/99	<i>[Signature]</i>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	3-8116
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ 30
Side St: _____	Excise tax \$ _____
All minimum setbacks met?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ 30
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____

TO: Howard City Health Dept.
Bureau of Environmental Health
ATT Ronald Pinkley

RE: B00120236 Bldg Permit
1728 Cottail Meadows Drive

I'm Requesting a minor waiver
on a setback requirement from
my Septic Tank to my proposed deck.
For a total Set back of 8 FT rather
than 10 Feet.



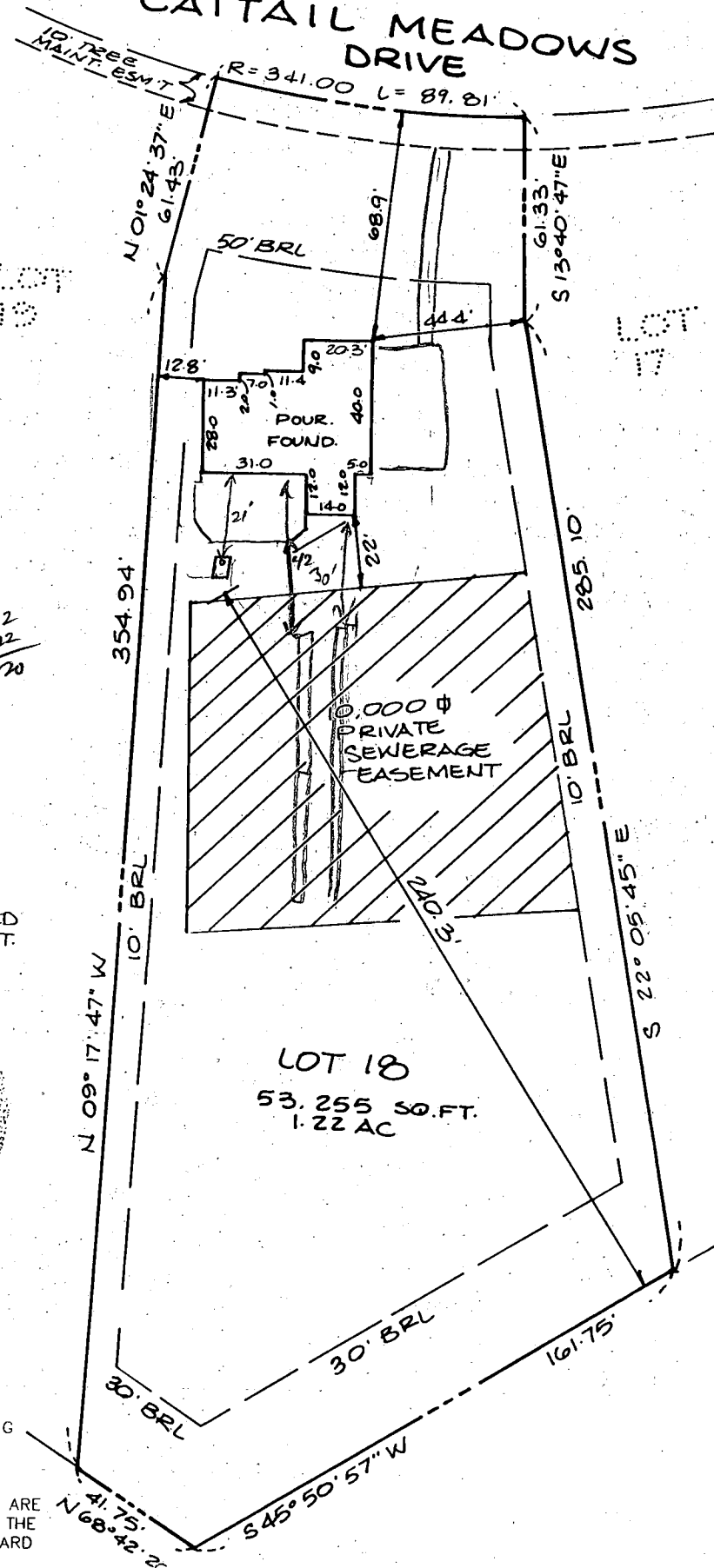
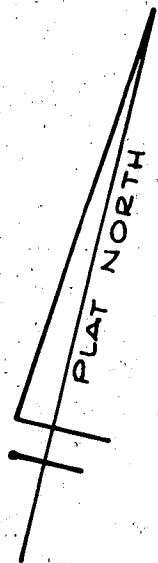
André Simoneau

9-1-99

Minor Request
is accepted
R. Pinkley 9/1/99

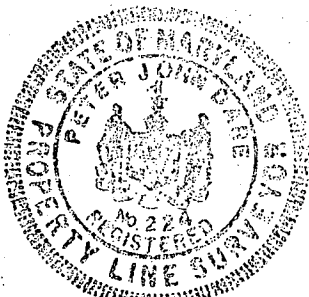
THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS 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.

CATTAIL MEADOWS DRIVE



42
-22
20

NOTE: PRIVATE SEWERAGE EASEMENT PER PLOT PLAN SUBMITTED FOR BUILDING PERMIT.



TOP OF FOUNDATION WALL ELEV. = 587.0

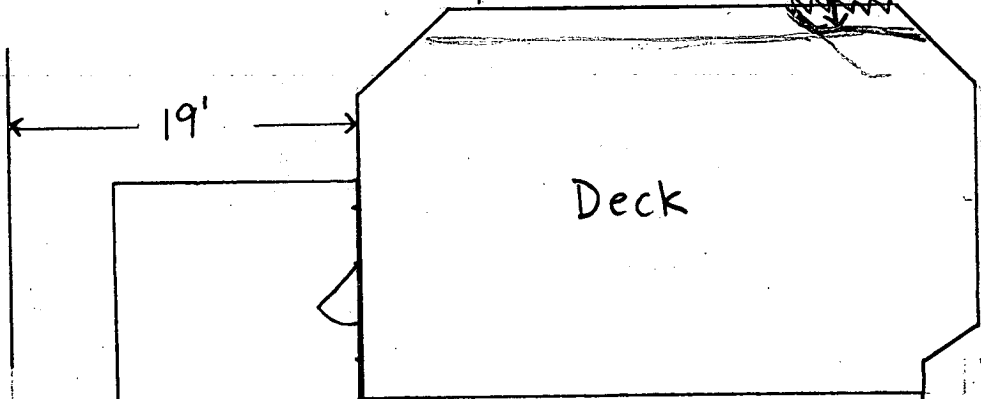
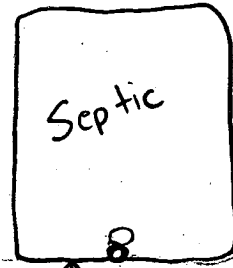
SURVEYOR'S CERTIFICATE

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 F.I.R.M. IDENTIFIED BELOW.

Property Line

Property Line

Book 128236
17280
Drive
256
Mchor is acc...
9/1/99



18' 1/2"

40'

House

