

8-26-98
10:00
8-27-98
d.m.
11/10/98
House Conn anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510644

A 49644-L

DISTRICT 4th

DATE 8-25-98

DATE SYSTEM APPROVED 11/10/98

INSPECTOR AM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

INDEXED

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

ADDRESS 558 Obrecht Road Sykesville, Maryland 21784 PHONE (410) 795-5674

SUBDIVISION Cattail Woods, Sec. II LOT 14 ROAD 1670 Brittle Branch Way

PROPERTY OWNER Pulte Home Corporation

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 2 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start 1st trench 230 feet up the left (391.99') lot line and 50 feet off that same lot line as seen when facing the lot from Cattail Meadows Drive. Run trenches on contour toward the left 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 7/29/98 DS

PLANS APPROVED BY Amy McMillen/Glen Savage DATE 7/27/98

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

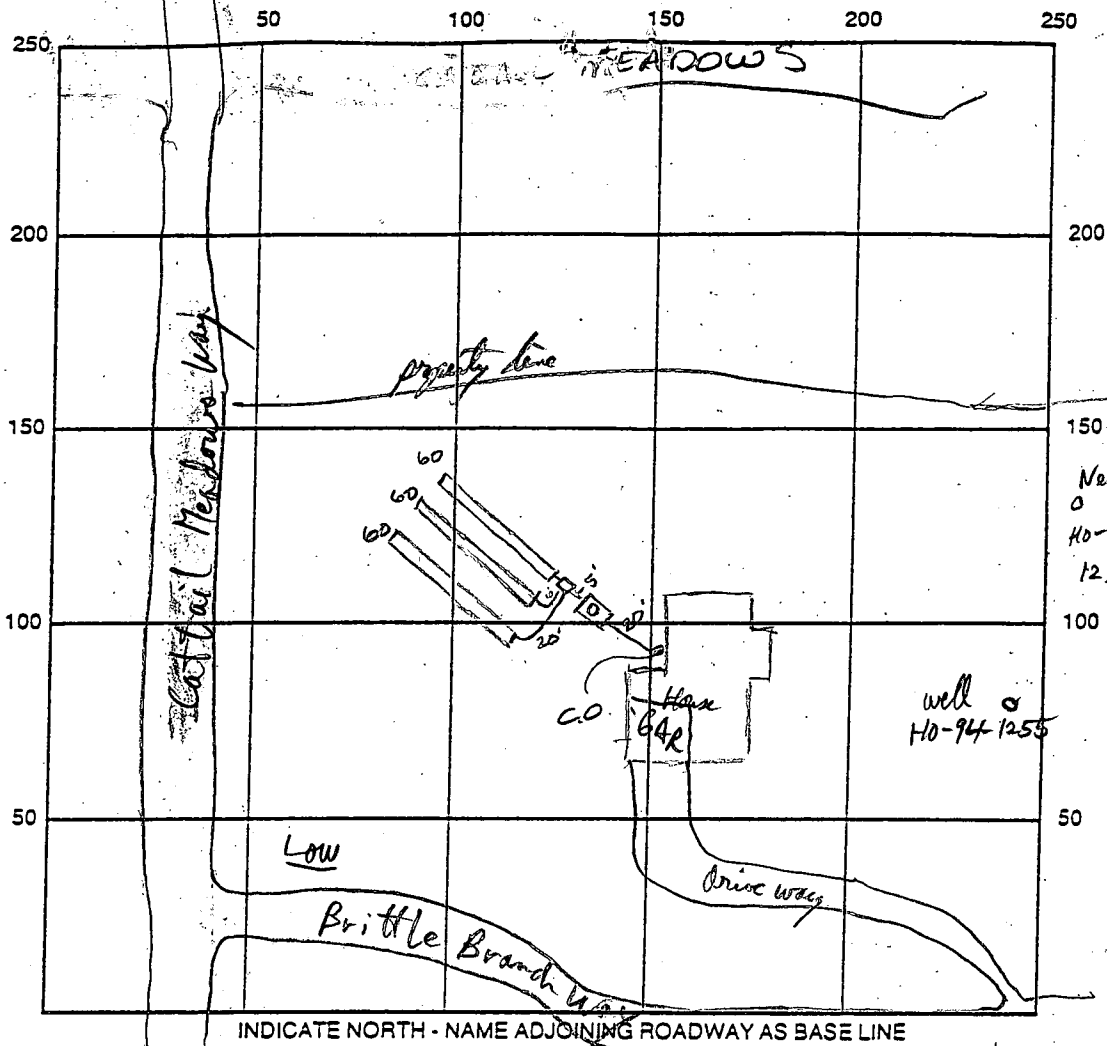
PERMIT VOID AFTER TWO YEARS

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

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

49644L



SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS manhole

DISTRIBUTION BOX LEVEL OK baffle is pre-formed

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 2.0 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 180 FT. $\frac{180}{3} = 720$

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 4.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 8.26.98 NO ONE ON SITE, FOGLE'S CALLED THEY WILL RE-SCHEDULE LATER.

8/27/98 OK to cover all work - house connection needed

11/10/98 House connection made

DATE SYSTEM APPROVED 11/10/98 INSPECTOR A. McMill

ENVIRONMENTAL HEALTH

TEL No. 4103132641

Nov 23, 98 8:58 No.001 P.01

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-B Elliott Mills Drive
Elliott City MD 21033
461 9933

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer: RWR Plumbing

Telephone: 410-531-2982

License Number: 4605

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner: Shaposhnikov

Telephone: 410-644-5603

Subdivision: Cattail Woods Lot # 14

Well Tag # HO 94-1265

Site Address: 1620 Brittle Branch Way

PUMP

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
- 2. Make: Jacuzzi
- 3. Model # TYS4518
- 4. Capacity: 5 GPM
- 5. Pump exceeds well capacity? Yes No

MOTOR

- 1. Horsepower: 3/4
- 2. RPM: 3400
- 3. Voltage: 230V
 - a. 110
 - b. 220

FITLESS ADAPTER

- 1. Make: Campbell
- 2. Model # B300X10
- 3. Depth: 5'

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

- 1. Capacity: 42
- 2. Pressure relief valve? Yes

PIPING

- 1. Type: 1" Well Tubing
- 2. Size: 1"
- 3. NSF and/or BUCA Code approved: Yes
- 4. Depth of supply line: 42'

WELL DATA

- 1. Depth: 402' ft.
- 2. Yield: 4.6 GPM
- 3. Static water level: 29 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: Fredrick Moore

Date: 11 23 98

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

APPLICATION

PERCOLATION TESTING

A 49644 L

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. Palte Home Corporation
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. 1670 14

ROAD AND DESCRIPTION End of Brittle Branch Way

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4 Brn
(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'

Empty rectangular box for soil profile notes on the left side.

Empty rectangular box for soil profile notes in the middle left side.

Empty rectangular box for soil profile notes at the bottom left side.

SOIL PROFILE

0'

Empty rectangular box for soil profile notes on the right side.

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 49644L

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 Cattail Woods Sec II LOT NO. 14

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 _____

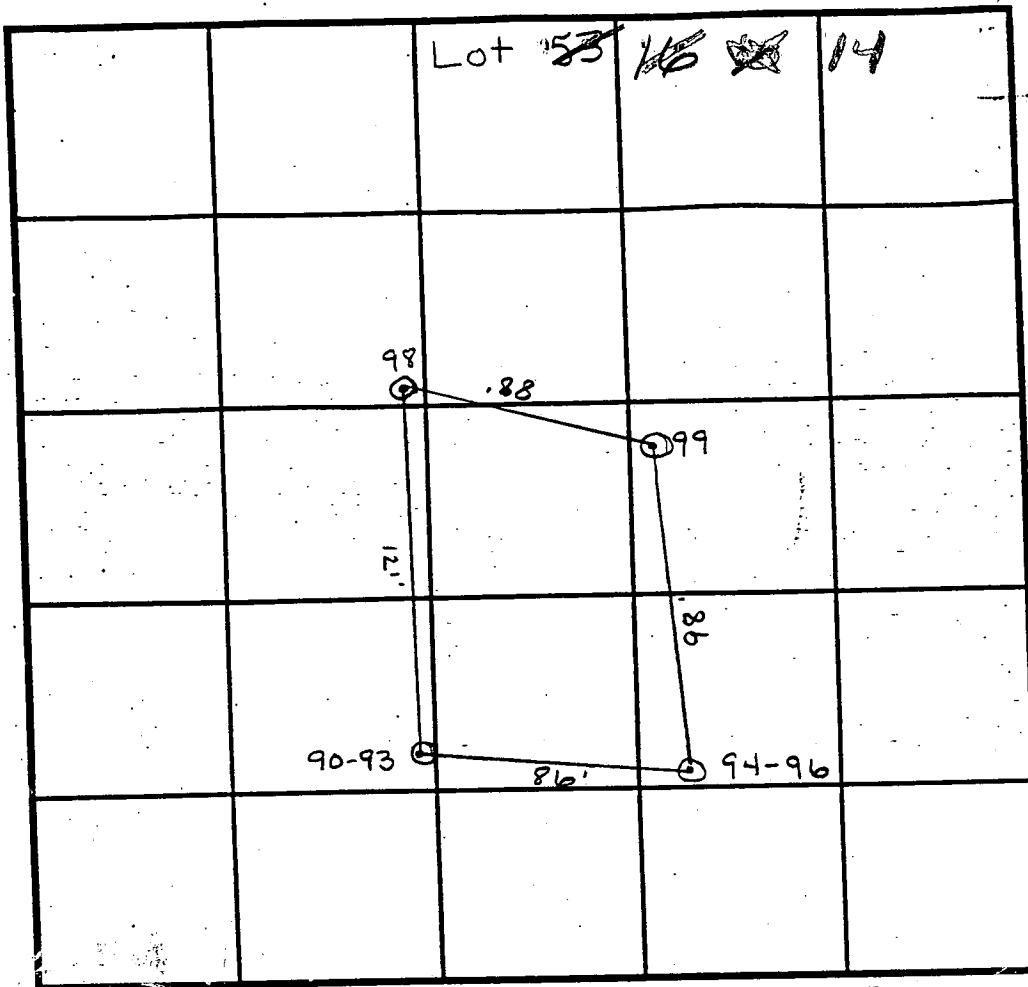
REASONS FOR REJECTION OR HOLDING _____

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

A49644L
COUNTY #



SOIL PROFILE

99
red/bm
c
3'
red/bm
SiL
Shaley
decayed
OK
12'

SOIL PROFILE
94-96
10'
red c
2'
yel/bm
SiL
0'
shaley
on
low
end
but gets
better
underneath
7'
12'

97
6"
top soil
orange
yellow
brn c
2 1/2'
red SiL
w/ some
yellow
brn
decayed
shale at
6'
OK
12'

98
2 1/2'
red/bm
c
brn
SiL
Some
shale
OK
590
1 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/93	94-96	2' / 1/2 1/2'	10:33	10:39	10:39	10:46	7min
	97	3' / 1/2'	10:53	11:07	11:07	11:13	6min
		6 1/2' / 1/2'	11:11	11:16	11:16	11:23	7min
	98	2 1/2' / 1 1/2'	11:02	11:05	11:05	11:08	3min
	99	3' / 1/2'	11:04 ³⁰	11:08	11:08	11:13	5min

REMARKS wet season tests

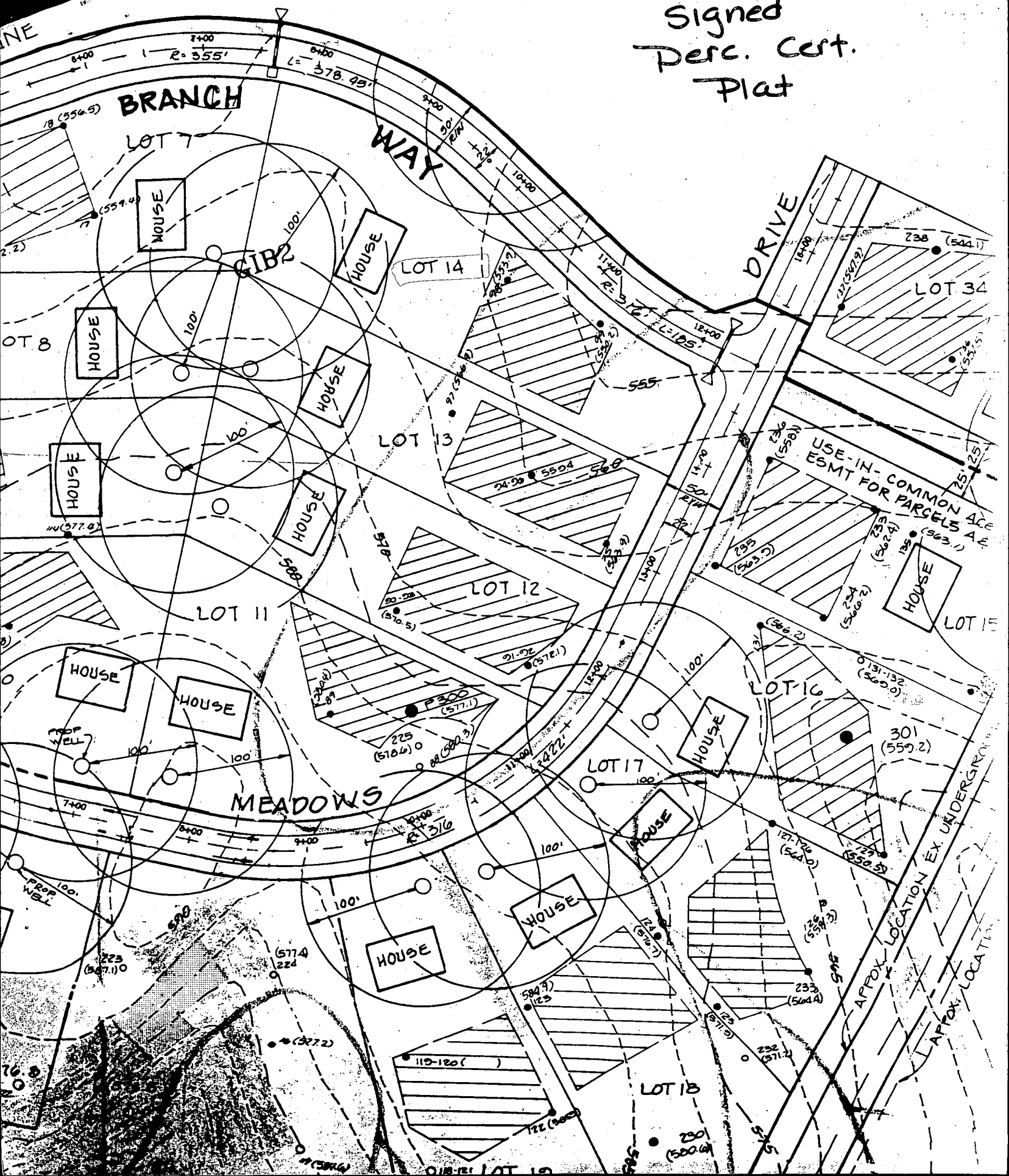
TYPE OF SOIL Glenelg Loam

TESTED BY Amy McMullen/Dave Nadeau ALSO PRESENT B. Sanders

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 2'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 6' SQ. FT./BEDROOM 180 ft²

Signed
Perc. Cert.
Plat





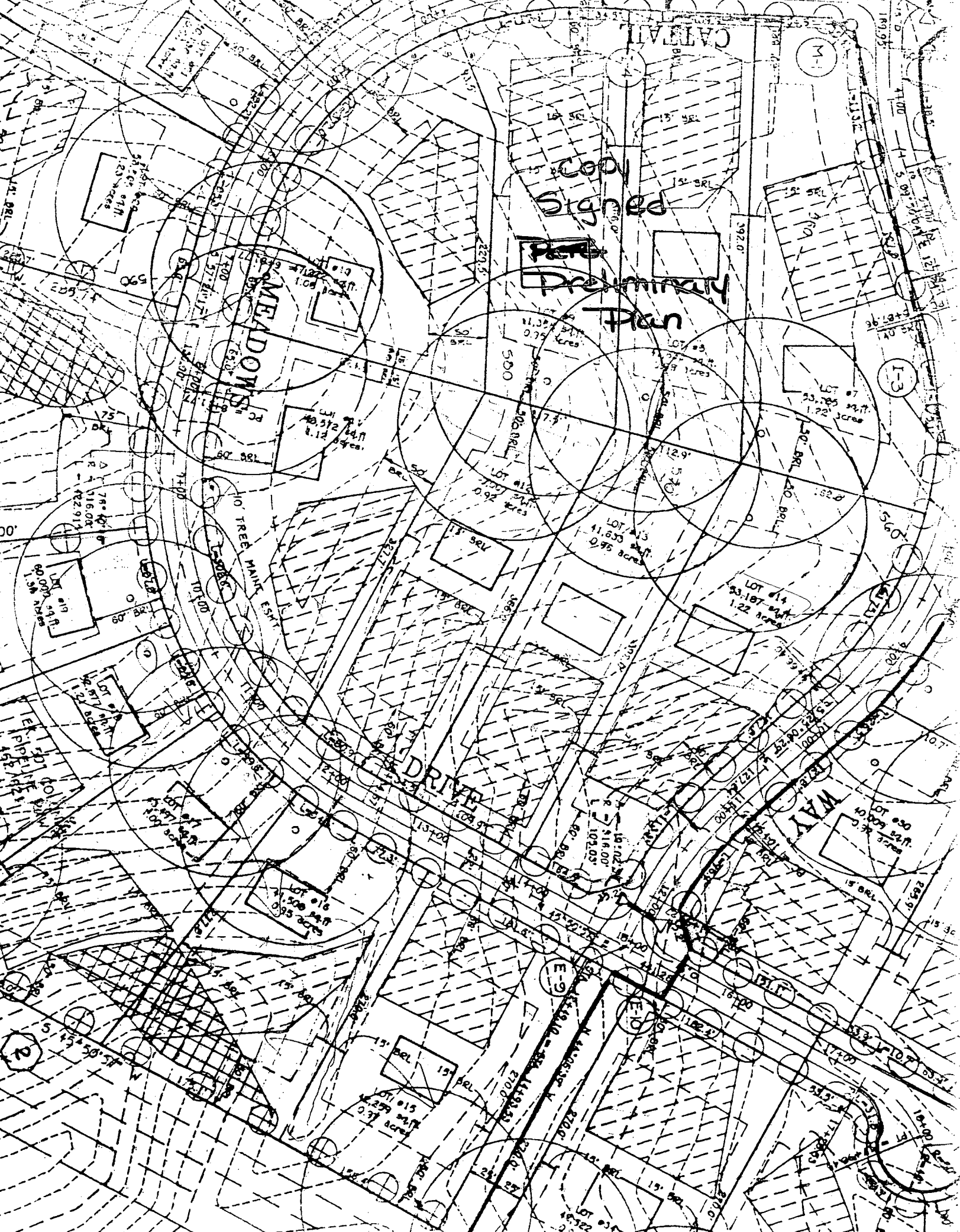
CALLE

Signed
Preliminary
Plan

MEADOWS

DRIVE

WAY



54,200 sq ft
2.33 acres

LOT #10
1.09 acres

LOT #11
0.92 acres

LOT #12
0.96 acres

LOT #13
1.22 acres

LOT #14
1.22 acres

LOT #15
1.25 acres

LOT #16
1.25 acres

LOT #17
1.25 acres

LOT #18
1.25 acres



APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

25
3434
3934
B00112945

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

1670 Brittle Branch Way
Woodbine, MD 21797

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

Model: Ashville
Plans on file
2 sty, full bsmt, 10r, 2fb, 1hb, fp
& garage (4br), opt deck, fin 11

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
14	519	2	-	24	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Cattail Woods		R-EXT	247	4	60410	

OWNER NAME AND ADDRESS
Pulte Home Corporation
1501 S. Edgewood St., #K
Baltimore, MD 21227

PHONE NO.
T124
410-489-4320
(410) 644-5603

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
4344	52'	46'	10'
	52'	30'	10'
	52'	36'	10'

OCCUPANT'S NAME AND ADDRESS
n/a

PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1801	"	ASP Gabae
ROOMS	1176	"	
BATHS		"	
FIREPLACES	1367	"	

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
same as owner

PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
16" x 8"	8" conc	Wd frm
		Siding

CONTRACTOR'S NAME AND ADDRESS
same as owner

PHONE NO.

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
		X	X	Gas
				AC

EXISTING USE
vacant lot

PROPOSED USE
SFD

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EST. CONSTRUCTION COST
117,000

LICENSE NUMBER

PERMIT FEE

SIGNATURE
Const. Admin. Asst.

TITLE

DATE
7/13/98

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD
 (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____

TO SIDE BUILDING LINE _____

DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK _____ (CORNER LOT ONLY) _____

SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/27/98	<i>[Signature]</i>
FIRE PROTECTION		
STORM WATER MGMT.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

CR 5823

Distribution of Copies:
 White - Building Official
 Green - Planning & Zoning

Yellow - Engineering
 Pink - Health Dept.
 Gold - S.H.A.

APPROVED _____ DATE _____

C1 9541 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

FILL IN THIS FORM COMPLETELY. PLEASE PRINT OR TYPE

COUNTY NUMBER: A 49644-L

ST/CO USE ONLY DATE RECEIVED 090597

DATE WELL COMPLETED 082997

Depth of Well 402 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1255

OWNER: Joint Venture last name Meadows Way first name TOWN: Lishon SUBDIVISION: Cattail Woods SECTION: LOT: 14

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 Dirt, Soft Br. Shale, Hard Blue & Br. Shale, Br. Shale, Blue Schist.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle appropriate box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 30 NO. OF POUNDS 2820 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 86 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch)! 6 87 Total depth of main casing (nearest foot) 87

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

SCREEN RECORD screen type or open hole insert appropriate code below

C2 DEPTH (nearest ft.)

Table for depth measurements with columns for casing height (+ above, - below) and slot size 1, 2, 3. Includes diameter of screen.

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.6 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 31.3 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (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)

NUMBER OF UNSUCCESSFUL WELLS: 1

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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. MWD256 Dana Kyker Jr II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JWD334

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 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

Handwritten notes: Dry well + wet well meadow way Dry well 277 ft

Howard County Health Department

To: File

Cornail Woods - Lot 14

Spoke to D. Kyrle of West
Rotary - he reports dry
hole at first attempt.

I approved, over the phone,
a second site 50' down
the hill towards Brittle
Branch way, 50' off the
right lot line.

From: Kim S.

Date: 8/27

HD-170

B 1 87321 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
HD-94-1255
 fill in this form completely

Date Received (APA) 080497

OWNER INFORMATION

VENTURE JOINT 2006
 15 Last Name 34 Owner First Name

UNION CHAPEL RD
 36 Street or RFD 55

WOODBINE MD 21797
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD 8 COUNTY

CATTAIL WOODS 23 SUBDIVISION 42

SECTION 44 LOT 141

ZISBON 52 NEAREST TOWN 71

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

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

DANA KYRET SR II 256
 Driller's Name 77 License No. 80

WESTMINSTER ROTARY WELL DRILLING CO
 Firm Name

WESTMINSTER, MD P.O. BOX 861
 Address

Dana Kyret II Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NEAR WHAT ROAD CATTAIL MEADOWS WAY

DISTANCE FROM ROAD 50 ENTER FT OR MI 7

TAX MAP: 7 BLK: _____ PARCEL 137

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 6

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 420

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 Kimberly Maisto DATE ISSUED 8/11/98 EXP. DATE _____

NORTH GRID 542000 EAST GRID 0781000

APPROXIMATE DEPTH OF WELL 220 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER GAP

FORCE KM WRITE INITIALS IN BOX PERMIT No. HD-94-1255

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

781

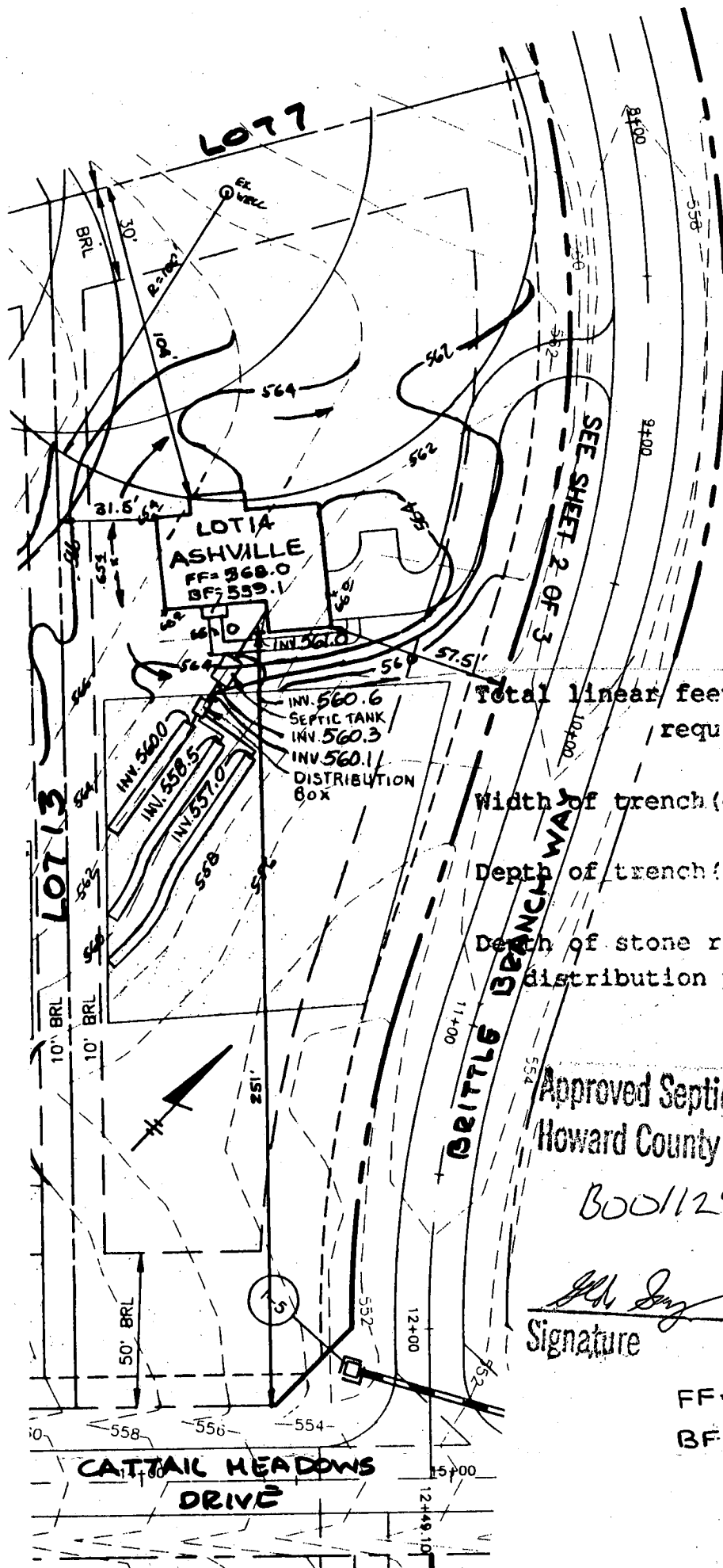
542

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

8/27/97 11:00
8-29-97 11:00

Well X

Meadows Way



Total linear feet of trench required 180 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 6 feet
 Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan
 Howard County Health Department

B00112945

[Signature]
 Signature _____ Date 7/27/98

FF=568.0
 BF=559.1

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

PLOT PLAN
CATTAIL WOODS

LOT 14
 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: JULY 24, 1998

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B00122265

Building Address 1670 Brittle Branch Way
Woodbine, Md. 21797

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

Census Tract 6040 Subdivision Cattail Woods

Section 02 Area _____ Lot 14

Tax Map 7 Parcel 319 Grid 17

Zoning RE-20 Map Coordinates _____ Lot size _____

Property Owner's Name Fred Shaposhnikov

Address 1670 Brittle Branch Way

City Woodbine State MD Zip Code 21797

Home Phone 410-442-5911 Work Phone 443-255-1580

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

Phone _____ Fax _____

Existing Use Single Family

Proposed Use Deck

Estimated Construction Cost \$ 4550

Description of Work 10' x 23' Deck on
rear of home with steps

Contractor Company Blake Contractors

Contact Person Paul Blake

Address 4072 4401 Walther Ave

City Baltimore State MD Zip Code 21214

License No. 18142

Phone 410-254-9447 Fax Same

Occupant or Tenant _____

Contact Name Same

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
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: <u>PIER/POST</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.

Applicant's Signature [Signature]

Title/Company _____

Print Name Lynn Turis

Date 2/1/00

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>2/15/00</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

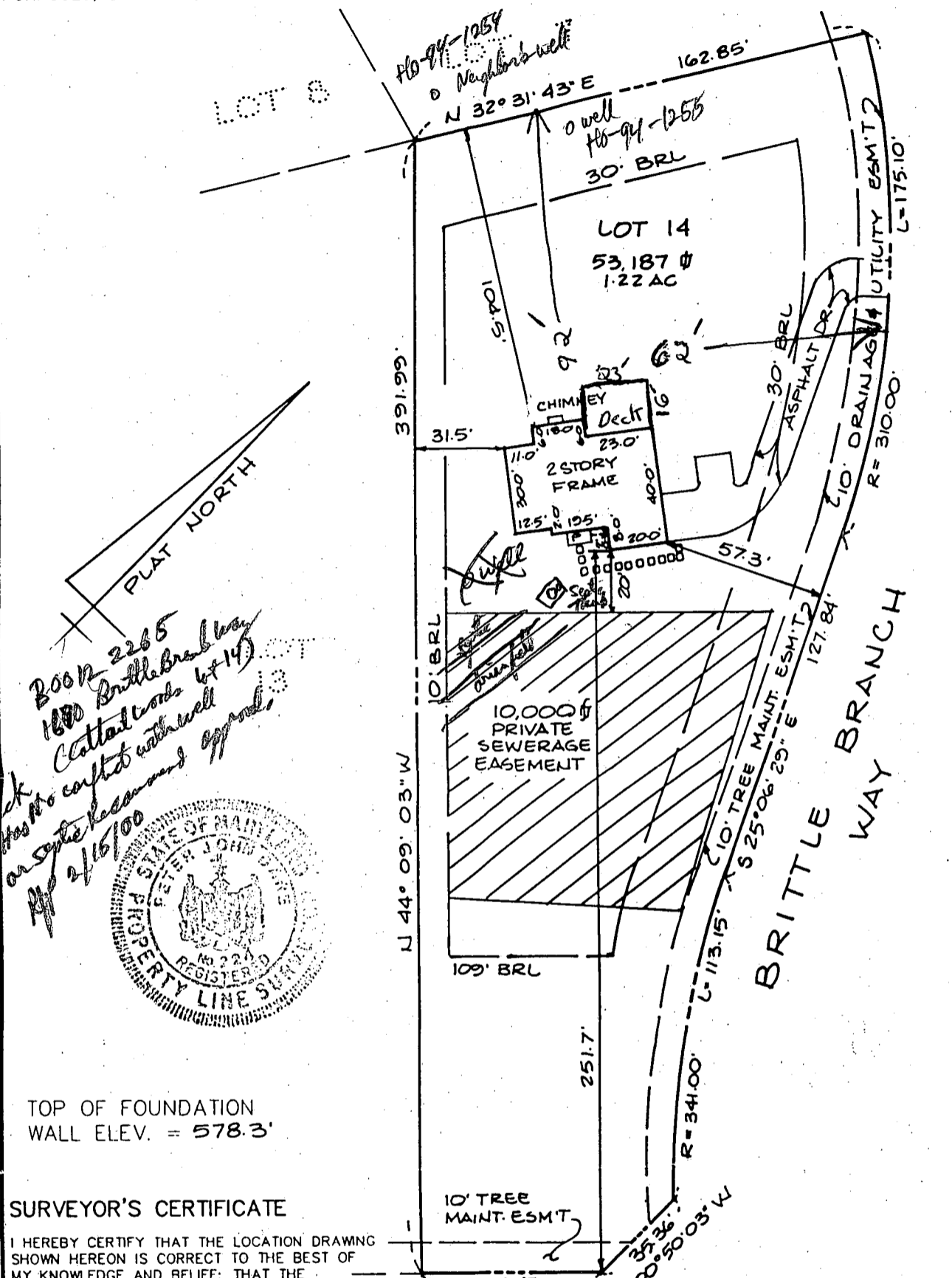
Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____ Accepted by [Signature]

PROPERTY ID# 7-16728

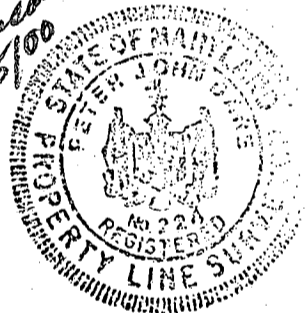
Filing fee	\$ <u>350</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>0241</u>
Validation	# _____

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
has no cast with well
or septic recommend approval
App 2/15/00*

*20012-2265
1670 Brittle Branch
Cattail Woods 4x14*



TOP OF FOUNDATION WALL ELEV. = 578.3'

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. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare
 PETER J. DARE
 MD. PROPERTY LINE SURVEYOR #224
 11-23-98
 FINAL

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

TSA GROUP, INC.
 planning • architecture • engineering • surveying
 8480 BALTIMORE NATIONAL PIKE SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465-6105

LOCATION DRAWING
 CATTAIL WOODS
 SECTION 2
 LOT 14
 1670 BRITTLE BRANCH
 WAY

4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE : 1" = 50' DATE : 8-17-98