

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5/1919

A 49644-M

DISTRICT _____

DATE 6/1/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 6/8/99

INSPECTOR *sh*

INDEXED

04-359176

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

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

SUBDIVISION Cattail ^{Woods} Creek, Section II LOT 15 ROAD 1740 Cattail Meadows Drive

PROPERTY OWNER Pulte Home Corporation *Pandya*

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 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 - Begin trenches 160 feet up the left lot line and 35 feet off that same lot line as seen when facing the lot from Cattail Meadows Drive. Run trenches on contour towards the rear 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/MR*

PLANS APPROVED BY Amy McMillen DATE 3-05-99

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

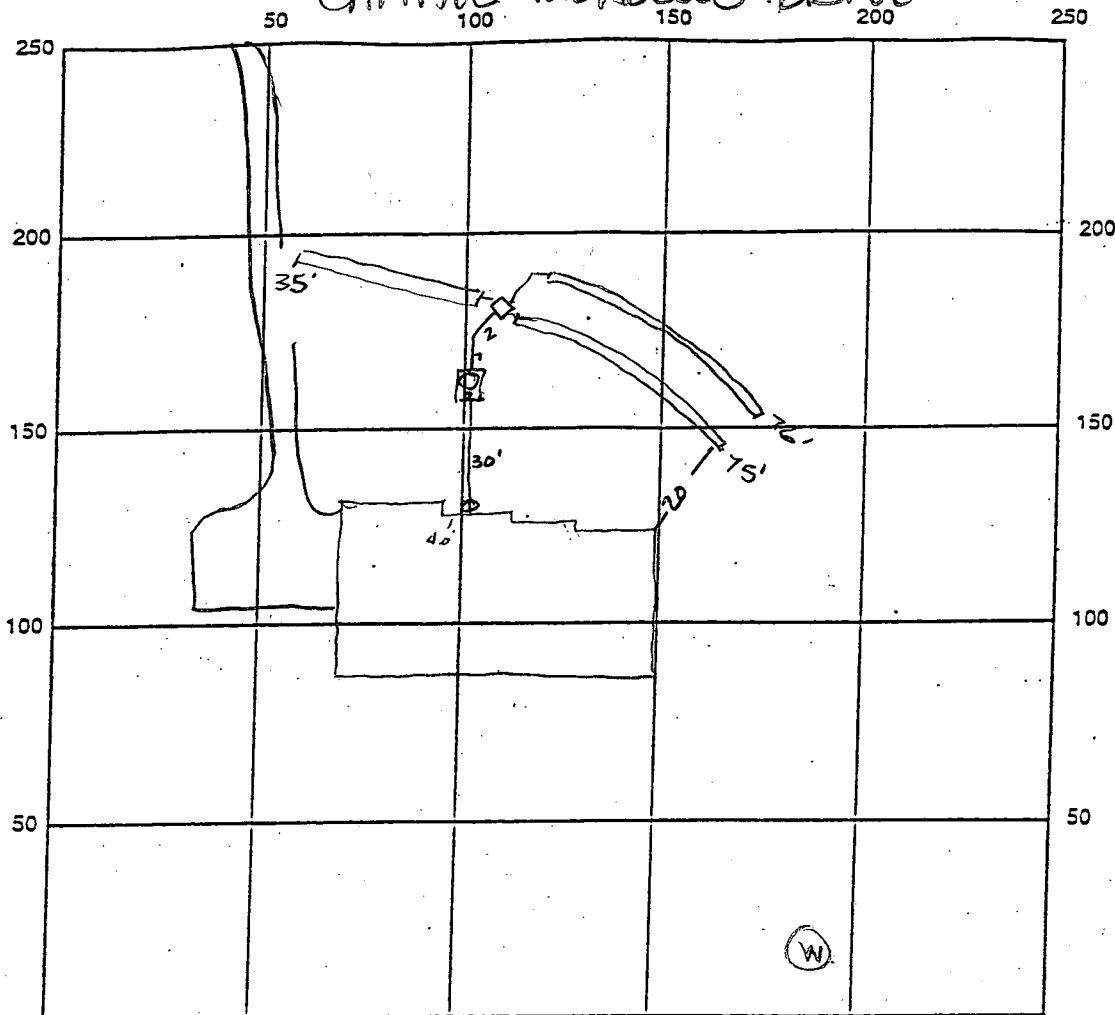
SEDC. PERMIT SIGNED AND RETURNED 11-4-99

Serial # B71121211

decker

49644-M

CATTAIL MEADOWS DRIVE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS manhole c.d. \$ @ hsc
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 7.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.
 EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 186 FT. 32
186
144
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 744 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 4.0 FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 6/8/99 Trenches installed on contour - topo shown of BP plan incorrect OK to cover all work

6/15/99 WPTI - well line 3.5' below grade, well casing 10" above grade, PVC conduit pipe 20', 2pc cap installed - OUTO COVERED

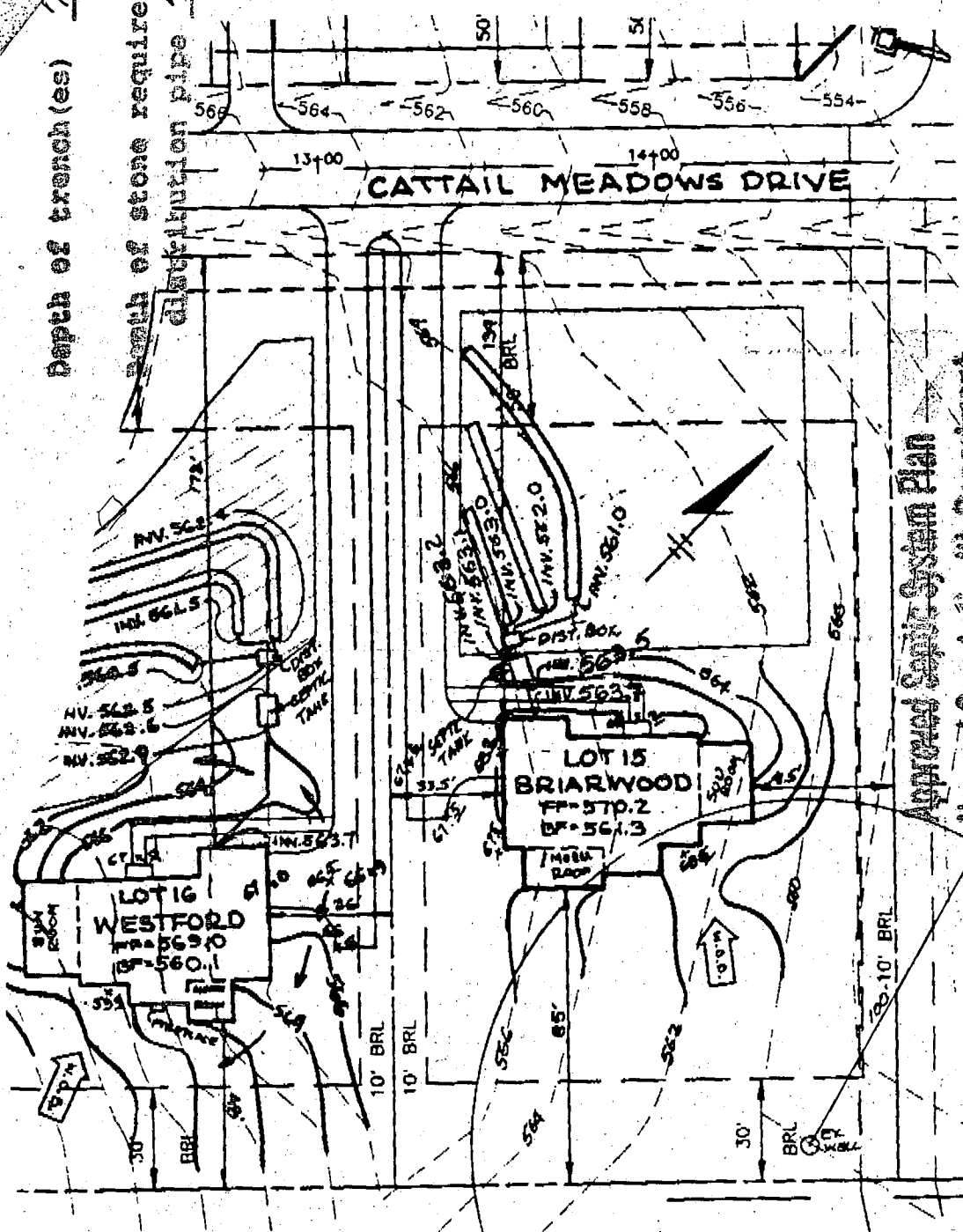
DATE SYSTEM APPROVED 6/8/99 INSPECTOR A McMillen

TOTAL LINEAR FEET OF TRENCH REQUIRED 180 FEET

WIDTH OF TRENCH (ES) 20 FEET

DEPTH OF TRENCH (ES) 70 FEET

DEPTH OF STONE REQUIRED BELOW DISTRIBUTION PIPE 40 FEET



Approved Sepsis System Plan
 Howard County Health Department

Ann McMed
 Signature
 3/5/99
 Date

FF= 570.2
 BF= 561.3

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

BENCHMARK ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE, SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465 - 6105

**PLOT PLAN
 CATTAIL WOODS**

**LOT 15
 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: MARCH 2, 1999

APPLICATION

PERCOLATION TESTING

A 49644 M

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. Rulte Home Corp.
15298 Union Chapel Road
ADDRESS Woodbine, MD 21797 PHONE (410) 442-2101

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. 15

ROAD AND DESCRIPTION End of Brittle Branch Way
(1740 Cattail Meadows Drive)

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4Bem
(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 49644M

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. 15

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

AL9644M
COUNTY #

Lot 38 ~~17~~ 15

SOIL PROFILE
133

1' 0" red/brn
C
2 1/2' yell
brn
CL
3' lgt brn
w/ some
red
SIL
6' zone
of
decayed
shale
12'

SOIL PROFILE
130-132

brn
orange
C
2' lgt brn
w/ some
yellow
SIL
6' - 50%
rock
12'

134

orange
brn
C

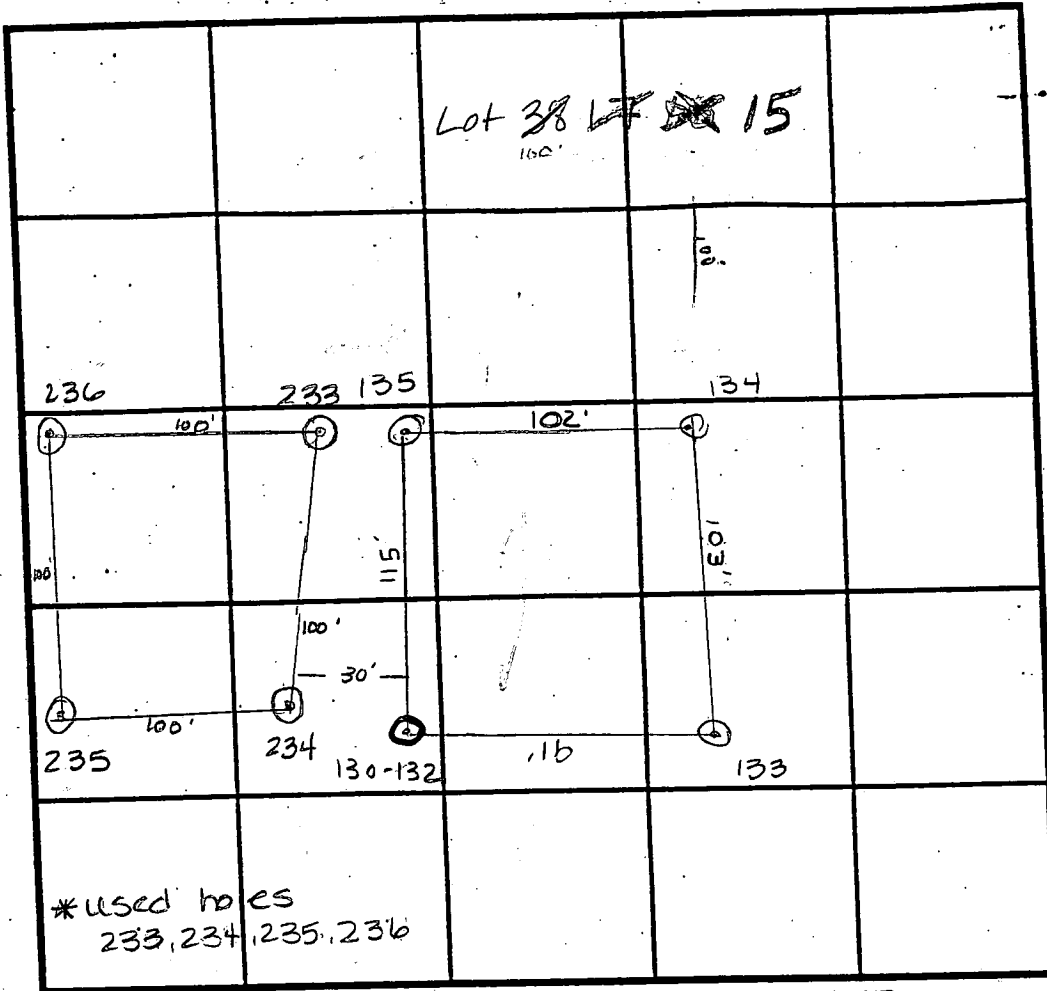
3' brn/
red
SIL

decayed
shale
at
6'
OK

234

brn/orange
CL

3 1/2' lgt brn
SIL
looks like
235 so if
235 OK then
this OK



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/9/93	133	3' / 12'	10:25 ³⁰	10:29 ³⁰	10:29 ³⁰	10:40	10 1/2 min
	133	6' / 12'	10:35 ¹⁵	10:38	10:38	10:41	3 min
	134	3' / 12'	10:43 ³⁰	10:45 ⁴⁵	10:45 ⁴⁵	10:48 ¹⁵	2 1/2 min
	135	2 1/2' / 11'	10:53	10:54	10:54	10:55 ³⁰	1 1/2 min
	130-132	2 1/2' / 12'	10:18 ³⁰	10:20	10:20	10:23 ¹⁵	3 1/4 min F
	233	Visual	to 13'				OK
	234	2 1/2' / 12'	11:16 ⁴⁵	11:21	11:21	11:29	8 min
	235	2 1/2' / 11'	11:11	11:13 ⁴⁵	11:13 ⁴⁵	11:15 ⁴⁵	2 min
	236	Visual	to 13'				OK

REMARKS shallow system only - see pg 2

TYPE OF SOIL Glennclg Loam

TESTED BY Amy M. Miller / A. Nadeau ALSO PRESENT B. SANDERS

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

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 7' SQ. FT./BEDROOM 180ft²

135

orange
brn. c
w/ yell
streaks

2' brn w/
slight
hint of
orange
SSIL

decayed
shale
OK

COUNTY #

SOIL PROFILE

235

red cl

1 1/2' lgt red / tan

SSiL

Shale

saprolite

mix

throughout

OK

236

red / brn

C

brn / orange

SiL

237

brn w/

slight

red cl

2' brn / orange

SSiL

saprolite /

rock mix

throughout

OK

SOIL PROFILE

0'

Empty vertical box for soil profile drawing.

Large empty grid for site plan or diagram.

see pg 1
FOX diagram

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

8' -> 50% shale shallow system only

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

REMARKS _____

TYPE OF SOIL _____

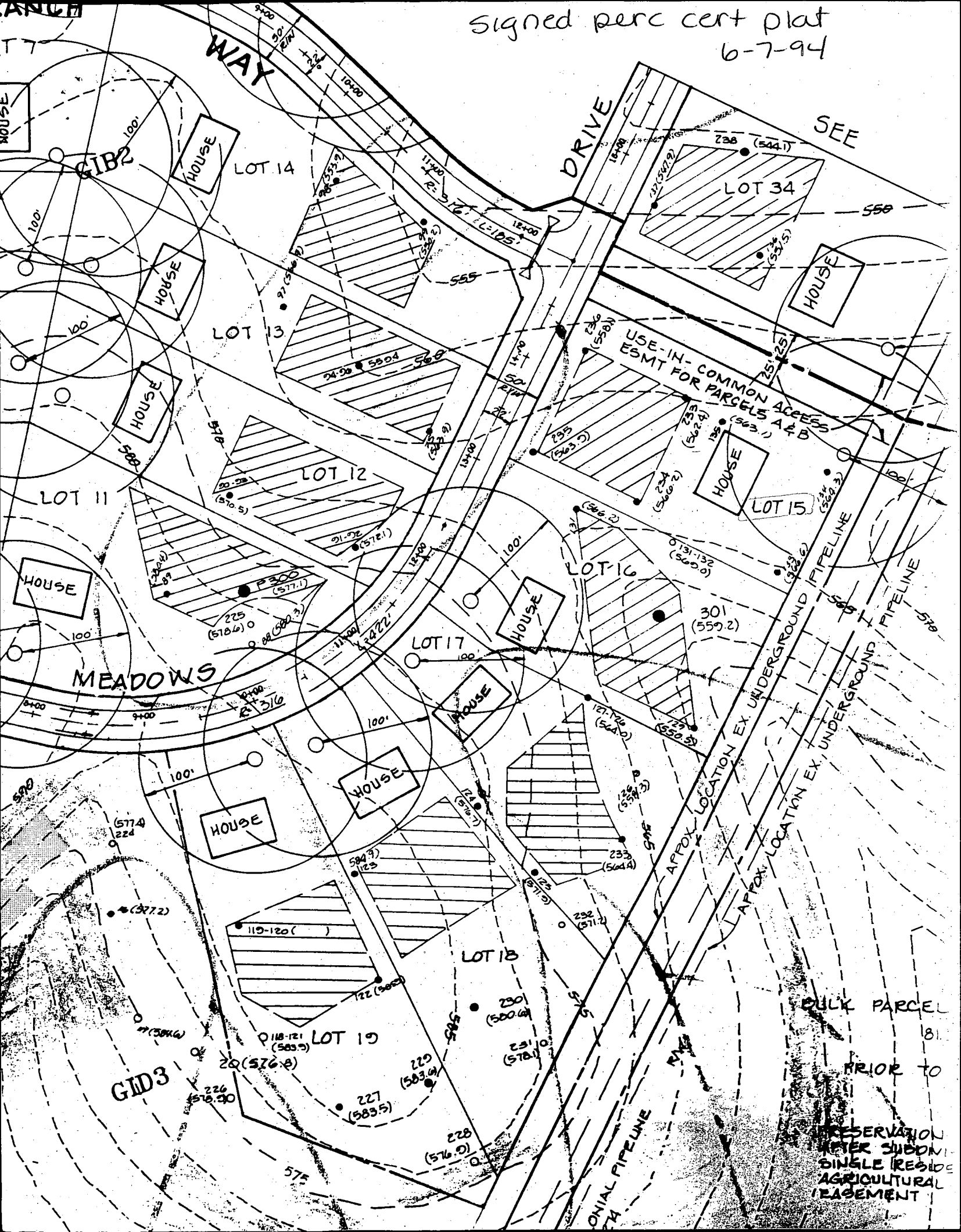
TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

13'

Signed perc cert plat
6-7-94



WAY

DRIVE

SEE

GIB2

LOT 14

LOT 34

LOT 13

LOT 11

LOT 12

LOT 15

LOT 16

LOT 17

MEADOWS

HOUSE

HOUSE

HOUSE

HOUSE

LOT 18

LOT 19

GIB3

BULK PARCEL

PRIOR TO

PRESERVATION
AFTER SUBDIVISION
SINGLE RESIDENTIAL
AGRICULTURAL
LEASING

USE-IN-COMMON ACCESS
ESMT FOR PARCELS A & B

APPROX LOCATION EX UNDERGROUND PIPELINE

APPROX LOCATION EX UNDERGROUND PIPELINE

APPROX LOCATION EX UNDERGROUND PIPELINE

APPROX LOCATION EX UNDERGROUND PIPELINE

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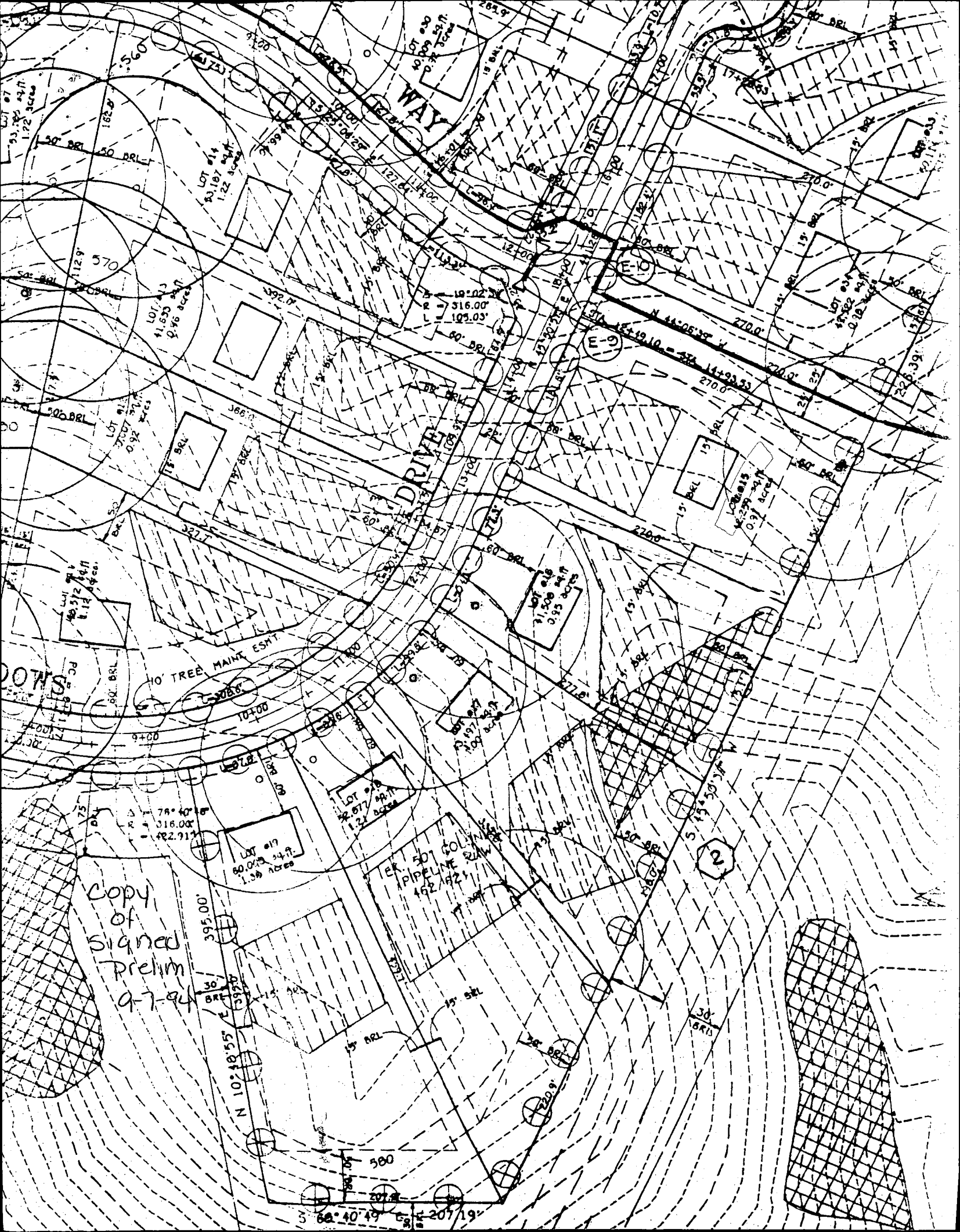
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Copy
of
Signed
Prelim
9-7-94

DRIVE

WAY

HO TREE MAINE ESNT.

LOT #14
43,167 sq. ft.
1.22 acres

LOT #17
41,653 sq. ft.
0.96 acres

LOT #18
60,073 sq. ft.
1.38 acres

LOT #19
41,506 sq. ft.
0.95 acres

LOT #20
42,877 sq. ft.
1.27 acres

EX. 507 COL. PIPELINE

LOT #21
42,339 sq. ft.
0.97 acres

LOT #22
47,162 sq. ft.
1.08 acres

N 10° 18' 55" E 395.00'

S 62° 40' 49" E 207.19'

570

580

2

38
1680

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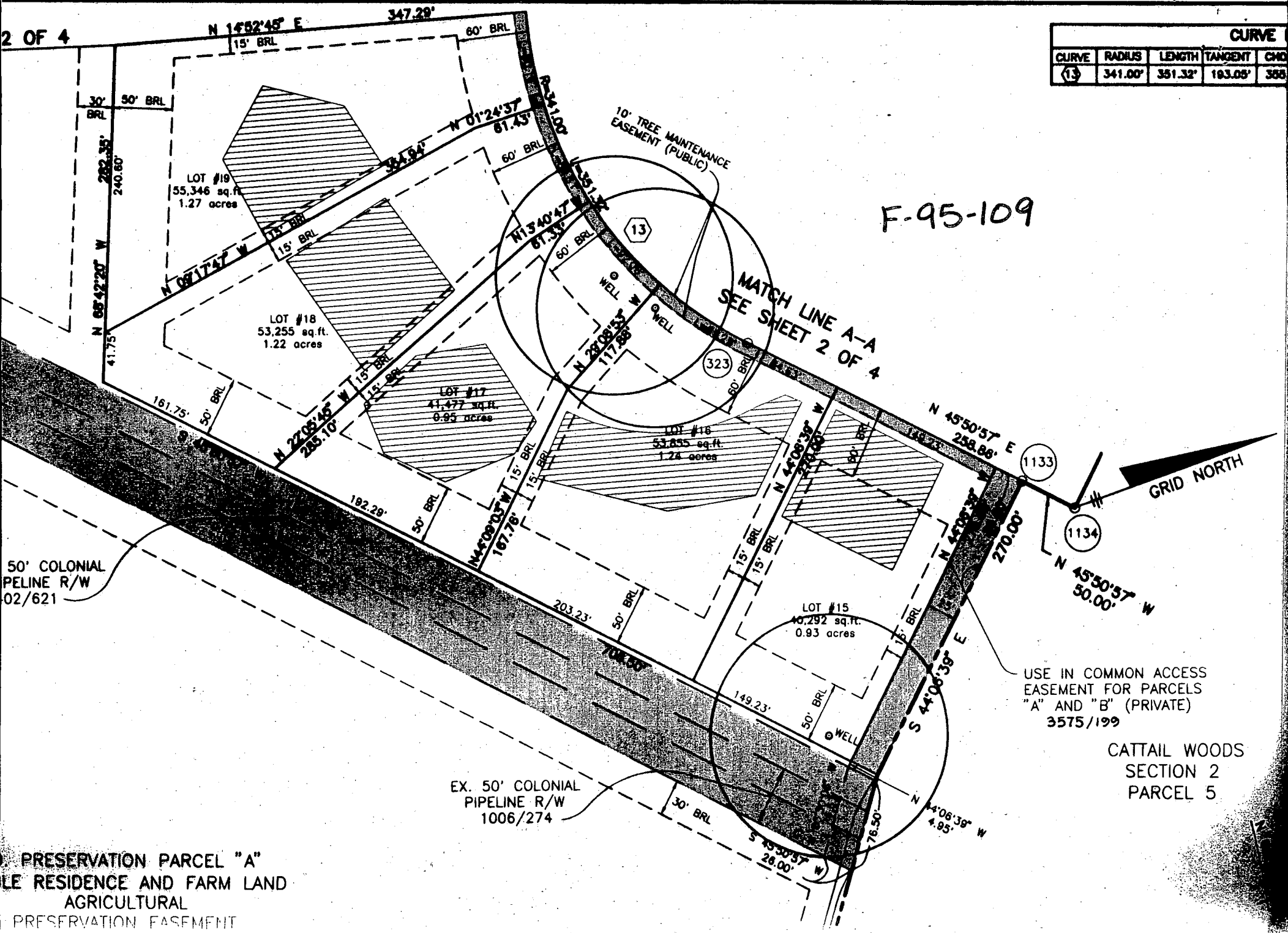
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E-308

E-309

E-310

CURVE				
CURVE	RADIUS	LENGTH	TANGENT	CHORD
(13)	341.00'	351.32'	193.05'	365



F-95-109

MATCH LINE A-A
SEE SHEET 2 OF 4

GRID NORTH

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

CATTAIL WOODS
SECTION 2
PARCEL 5

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

EX. 50' COLONIAL
PIPELINE R/W
1006/274

50' COLONIAL
PIPELINE R/W
02/621

C1 3558
 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A# 49644M**

ST/CO USE ONLY
 DATE RECEIVED
030393

DATE WELL COMPLETED
031895
 380
 Depth of Well
228
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-99-0380

OWNER **206 JOINT VENTURE**
 last name **CATTAIL MEADOW DRIVE** first name
 TOWN **LISBON**
 SUBDIVISION **CATTAIL WOODS** SECTION **2** LOT **15**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Dirt	0	1	
Soft Br. Shale	1	65	
Soft Br. Shale	65	66	X
Soft Br. Shale	66	98	
Hard Blue & Br. Shale	98	118	
Br. Shale & Quartz	118	120	X
Blue Schist	120	210	
Br. Shale	210	212	X
Blue Schist	212	228	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 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** ft. to **101** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **102**

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

SCREEN RECORD
 screen type or open hole. insert appropriate code below
ST BR HO STEEL BRASS OPEN
PL OT PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED **Y** **N**

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	H O 228	102
2		
3		

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **29**
 WHEN PUMPING **71**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 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 **1** (nearest foot)

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

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)

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.

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) **70** **72** **74** **75** **76**
 W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

Cattail Meadow Drive

B 1 **7825** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **40-94-0380**
APPLICATION FOR PERMIT TO DRILL WELL
 please print or type **fill in this form completely**

OWNER INFORMATION
 Date Received (APA) **02/01/95**
306 IDONT VENTURE
 Last Name Owner First Name
5555 UNION CHAPEL R
 Street or RFD
WOODBINE **MD 21797**
 Town State Zip

LOCATION OF WELL
HOWARD COUNTY
CATTAIL WOODS SUBDIVISION
 SECTION **2** LOT **15**
LISBON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MILE

DRILLER INFORMATION MSD/MGD/MWD
AND KYLER JEFF License No. **256**
 Driller's Name
Westminster Rotary Well Drilling
 Firm Name
10 Box Rd, Westminster, Md 21158
 Address
AND KYLER JEFF **1-31-95**
 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 N W N E W E S W S E S
S (circled)
NEAR WHAT ROAD **Cattail Meadow Drive**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
260 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 TAX MAP: **7** BLK: _____ PARCEL **137**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **150**

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 **A# 49644M** COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **030695** **Amel M Miller** **3/6/96**
 CO SIGNATURE EXP. DATE
 NORTH GRID **542000** EAST GRID **0781000**

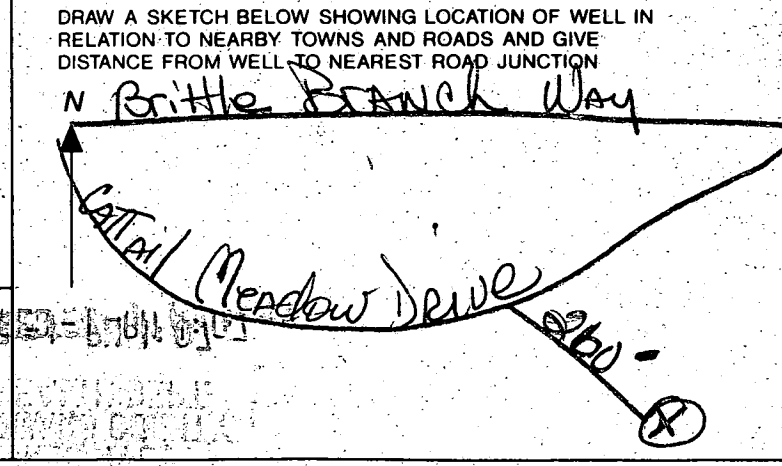
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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 _____

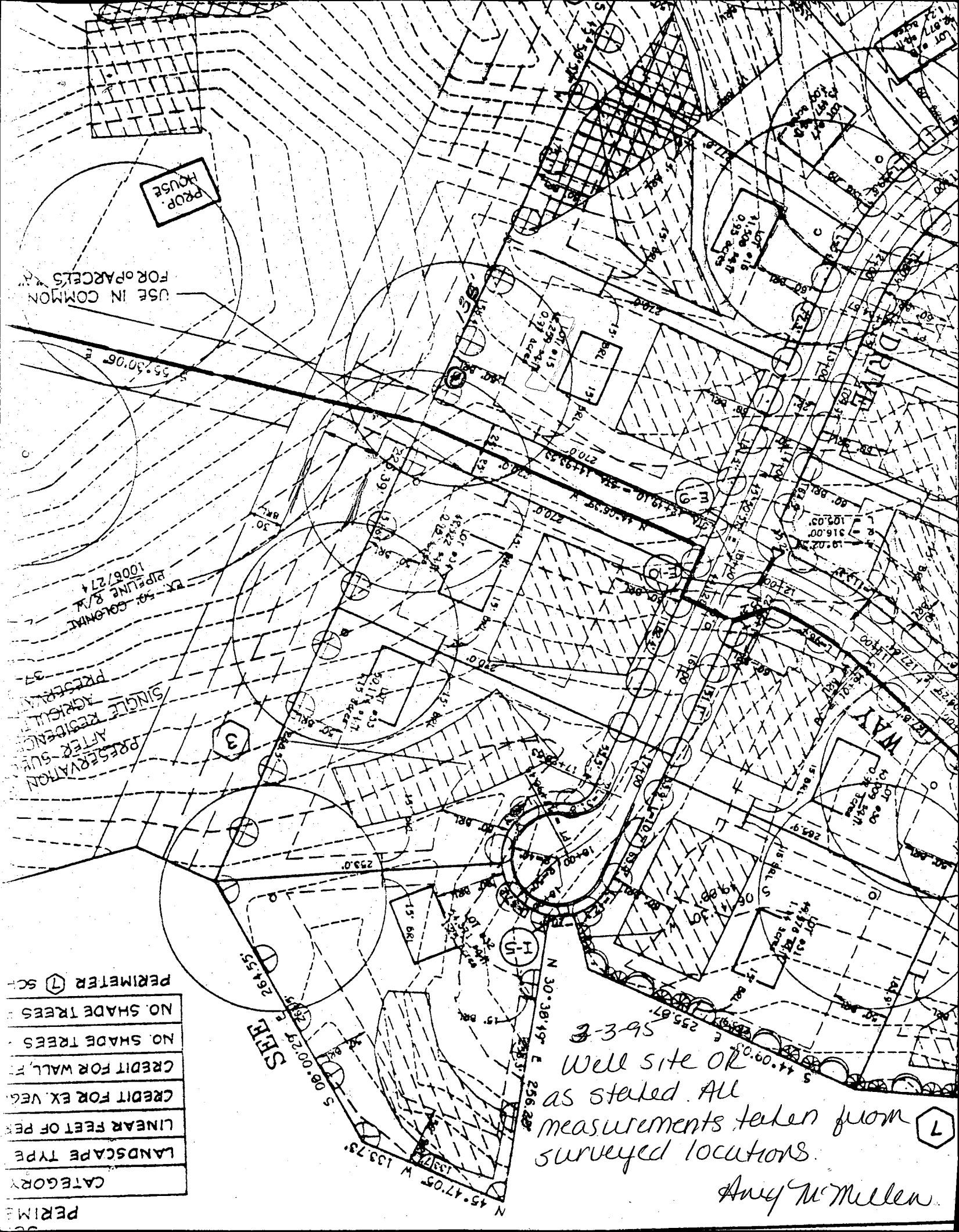
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **City**
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
781
592

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 (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-0380**

SPECIAL CONDITIONS **Vicki 876-1911** NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED = _____ COUNTY



PROP. HOUSE

USE IN COMMON FOR PARCELS

PIPELINE R/W 1006/274

PRESERVATION AFTER SINGLE RESIDENTIAL AGRICULTURAL PRESERVATION

CANDY DRIVE

WAY

SEE

2-3-95
Well site OR
as stated. All
measurements taken from
surveyed locations.

Amy M. Miller

PERIMETER	SC
CATEGORY	
LANDSCAPE TYPE	
LINEAR FEET OF PER	
CREDIT FOR EX VEG	
CREDIT FOR WALL	
NO SHADE TREES	
NO SHADE TREES	
PERIMETER	SC

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

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____
Name of Installer RWR PIPE INC Telephone 410-531-2982
License Number 4605
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner PULTE HOMES Telephone 410-644-5803
Subdivision CATAIL WOODS Lot # 15 Well Tag # MD-99-0680
Site Address 1731 CATAIL WOODS DR

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible YES
2. Make JACUZZI
3. Model # T7541011R52
4. Capacity 10 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 _____
Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage 230
a. 110 _____
b. 220 _____
Fitless Adapter
1. Make CARBELL
2. Model # 300 X
3. Depth 42"

Tank
1. Capacity 203 GALLON EQUIV.
2. Pressure relief valve? YES
Piping
1. Type WELL TUBING
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 45"
Well data
1. Depth 228 ft.
2. Yield 12 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: [Signature]
Date: 6/15/89

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

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<h2 style="margin: 0;">HOWARD COUNTY</h2> <h1 style="margin: 0;">PERMIT APPLICATION</h1>	<h3 style="margin: 0;">PERMIT NUMBER</h3> <p style="font-size: 2em; margin: 0;">B0021211</p>
---	--	--

Building Address <u>1740 Cattail Meadows Drive</u> <u>WOODBINE, MD 21797</u>	Property Owner's Name <u>SANJIV PANDYA</u> Address <u>1740 Cattail Meadows Drive</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>Cattail Woods</u> Section <u>2</u> Area _____ Lot <u>15</u> Tax Map <u>7</u> Parcel <u>519</u> Grid <u>24</u> Zoning <u>RCDFO</u> Map Coordinates <u>3E12</u> Lot size _____	Home Phone <u>410-492-6184</u> Work Phone <u>410-528-1340</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>AMERICAN DECK, INC</u> <u>1503 R BELAIR RD</u> <u>BALTIMORE, MD 21206</u> Phone <u>410-254-7360</u> Fax <u>410-254-7601</u>

Existing Use <u>SFD</u> Proposed Use <u>SFD w/Deck</u> Estimated Construction Cost \$ <u>9600.</u> Description of Work <u>CONSTRUCT 16'x8' + 28'x28'</u> <u>180 regular shape decks w/ steps to grade</u> <u>AT 9' height = 592 #</u>	Contractor Company <u>American Deck, Inc.</u> Contact Person <u>DAVID R LOMBARDI</u> Address <u>1503 R BELAIR ROAD</u> City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21206</u> License No. <u>365105</u> Phone <u>410-254-7360</u> Fax <u>410-254-7601</u>
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Occupant or Tenant <u>PANDYA</u> Contact Name <u>SANJIV PANDYA</u> Address <u>SAME AS ABOVE</u> City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address <u>SAME AS ABOVE</u> City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21206</u> Phone _____ Fax _____
---	---

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> 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>POST + PIER</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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.

<u>David Lombardi</u> Applicant's Signature: _____ Title/Company: <u>President / American Deck Inc</u>	<u>David R. Lombardi</u> Print Name: _____ Date: <u>11/4/99</u>
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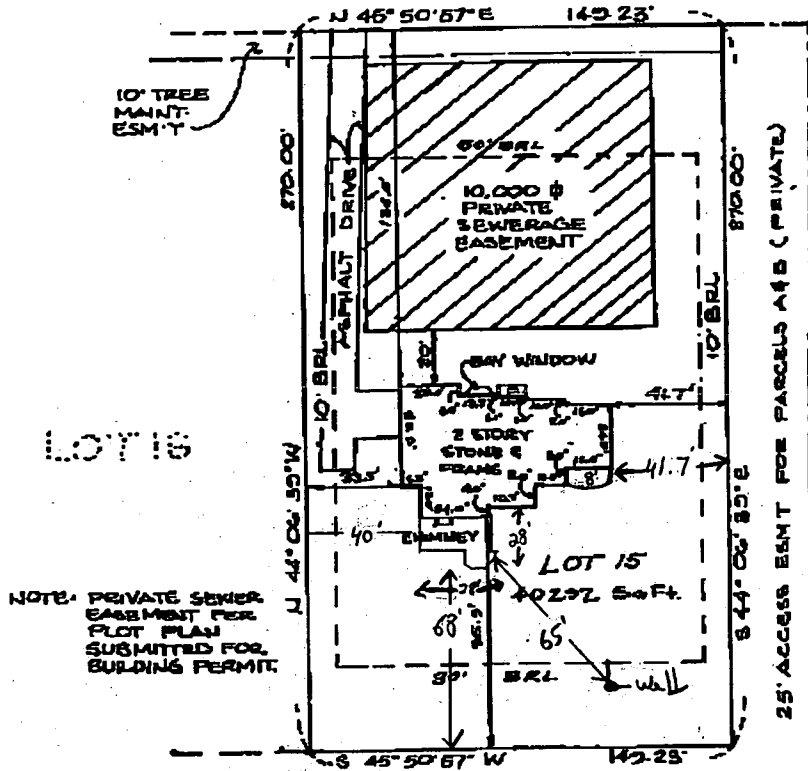
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ <u>200</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health	<u>11/9/99</u>	<u>David Lombardi</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>300</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>60172</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

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

10' B.R. NORTH



LOT 15

NOTE: PRIVATE SEWER EASEMENT FOR PLOT PLAN SUBMITTED FOR BUILDING PERMIT.

PRESERVATION PARCEL 'A'

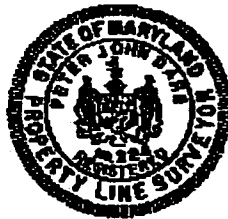
TOP OF FOUNDATION WALL ELEV. = 570.0'

*B0021211
deck
No Conflict & well on
Septic - Reviewed Approval
P. P. 11/4/99*

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.A.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 #234
01-22-99
FINAL



LOCATION DRAWING

CATTAIL WOODS
LOT 15

1740 CATTAIL WOODS DRIVE
A 49644-N P 511919

RECORD PLAT No. 12498
FEMA FIRM No. 24004E 0007 B
DATED DECEMBER 1, 1986



848D BALTIMORE NATIONAL PIKE - SUITE 418 - ELICOTT CITY, MD 21043
PHONE: 410-465-6103 FAX: 410-465-8544

4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 4-16-99