

6/8/99
C.O. 3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511930

A 496447

DISTRICT _____

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

04-359184

DATE 6/7/99

DATE SYSTEM APPROVED 6/11/99

INDEXED

INSPECTOR SL

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

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

SUBDIVISION Cattail Woods II LOT 16 ROAD 1736 Cattail Meadows Drive

PROPERTY OWNER Pulte Home Corporation

ADDRESS 1501 S. Edgewood Street, #K; Baltimore, MD 21227

SEPTIC TANK CAPACITY 1250 GALLONS ~~TOP SEAMED SEPTIC & PUMP TANKS~~

NUMBER OF BEDROOMS 4

~~PUMP SYSTEM ONLY~~

180 SQUARE FEET PER BEDROOM

inlet @ 3.0
bottom @ 7.0

LINEAR FEET OF TRENCH REQUIRED 240 180

TRENCH LOCATION: Begin trenches 90' off the front lot line and 100' off the left lot line as seen when facing the lot from Cattail Meadows Drive. Run trenches on contour in both directions.

TRENCHES: Trench to be 3' wide. Inlet 1.5' below original grade. Bottom maximum depth 3.0' below original grade. Effective area begins at 1.5' below original grade. 1.5' of stone below distribution pipe.

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

PLANS APPROVED BY _____ DATE _____

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

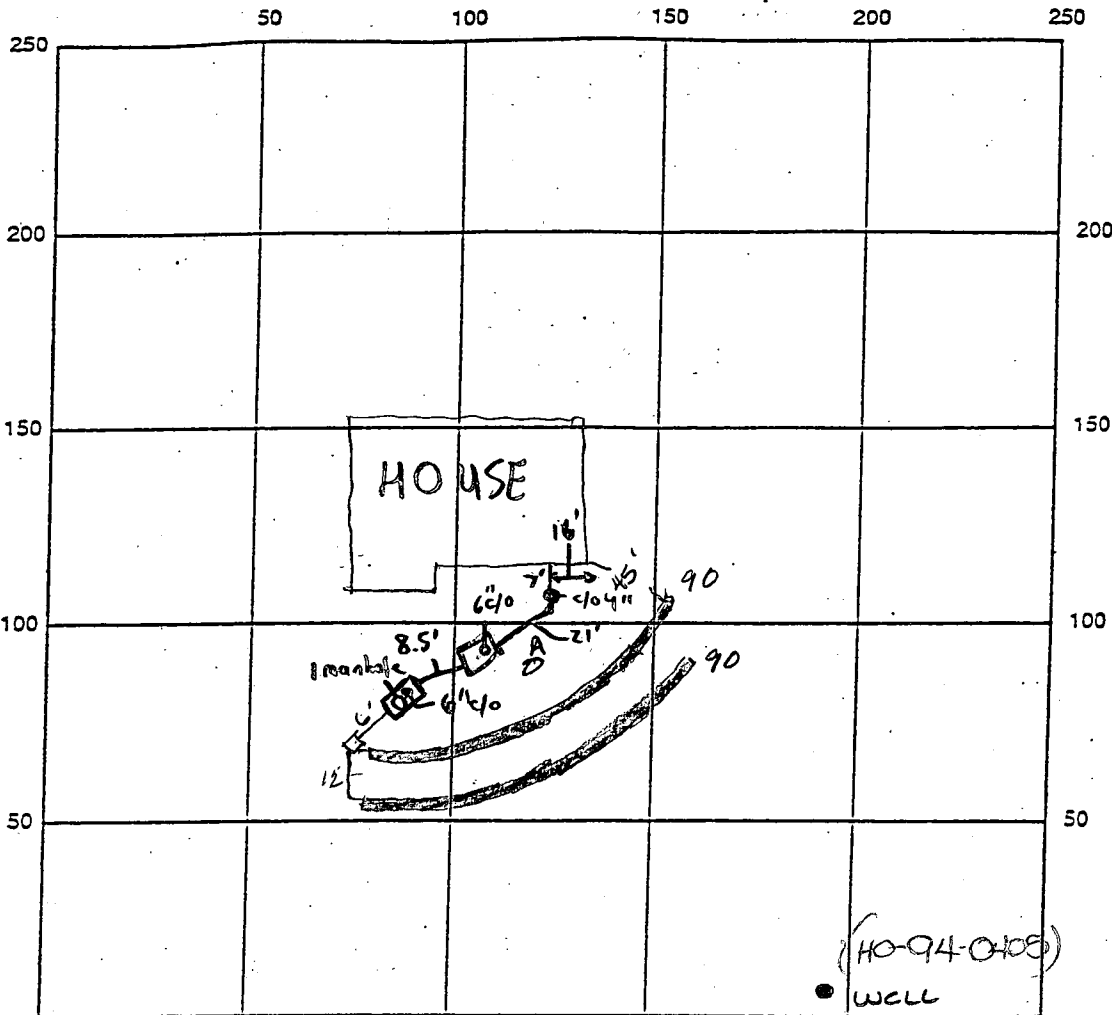
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 451-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

496447-P



A
 4 yellow
 brown
 silty
 2.0
 dark
 brn
 silty
 11.0
 evidence
 of H₂O
 @ 11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

1 - Manhole Riser on 2nd Tank

SEPTIC TANK LEVEL 1250 gal

CLEANOUTS 1-4" @ house, 1-6" @ tank, 1-6" @ 2nd Tank

DISTRIBUTION BOX LEVEL OK battle 15 in

DRAIN FIELD/TITLE DEPTH 2.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 180 FT.

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

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

ABSORBENT AREA — SQ. FT.

REMARKS: 6/7/99 contractor installed system w/o permit & installed incorrectly (at lowest portion of SBA) Perc hole dug to confirm soil conditions - OK to leave system as installed but place second septic tank in series for future pump top sealed not needed. 6/8/99 - OK TO COVER (SRW)
6/11/99 No action taken - too much time passed before action against Eagles was taken for installing w/o a permit

DATE SYSTEM APPROVED 6/11/99 INSPECTOR d. McMillan

6/15/99 WPI - well casing 8" above grade - } OK to cover
 well line, PA 4' below }
 PVC conduit OK
 2pc cap installed }
 DLS

APPLICATION

PERCOLATION TESTING

A 49644 P
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 Corporation
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. 116
ROAD AND DESCRIPTION End of Brittle Branch Way (1736 Cattail Meadows Drive)

TAX MAP 7 PARCEL # 137
SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMIT SIGNED
AND RETURNED 3-30-99
Serial # B70716841**

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. Benda 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 49644P

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. 16

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 _____

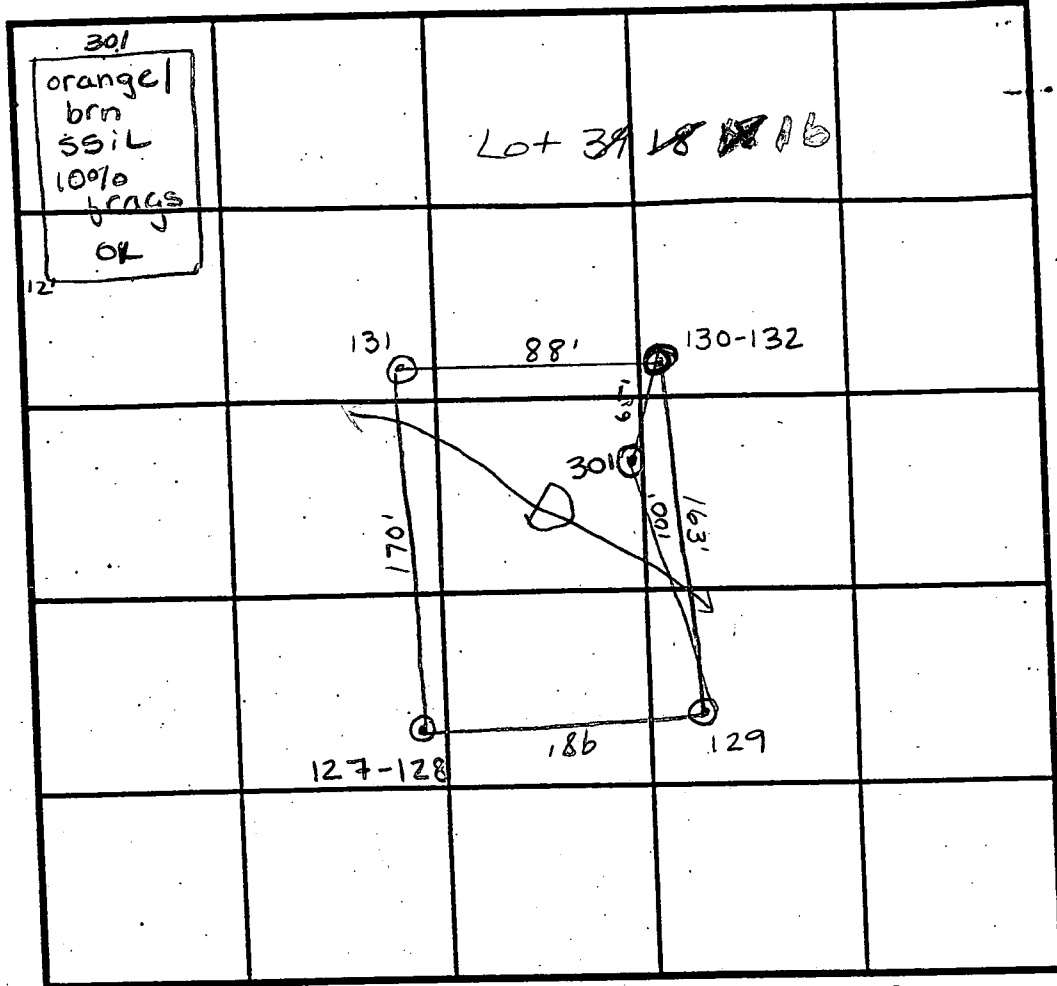
REASONS FOR REJECTION OR HOLDING _____

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

A49644P
COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 131
1'0" red c.
3' red / brn sil.
6' shelf of saprolite
11 1/2'

301
orange / brn sil
100% frags
OK

SOIL PROFILE 127-128
3' orange / brn CL
brn sil w/ some yell / brn
11 1/2'

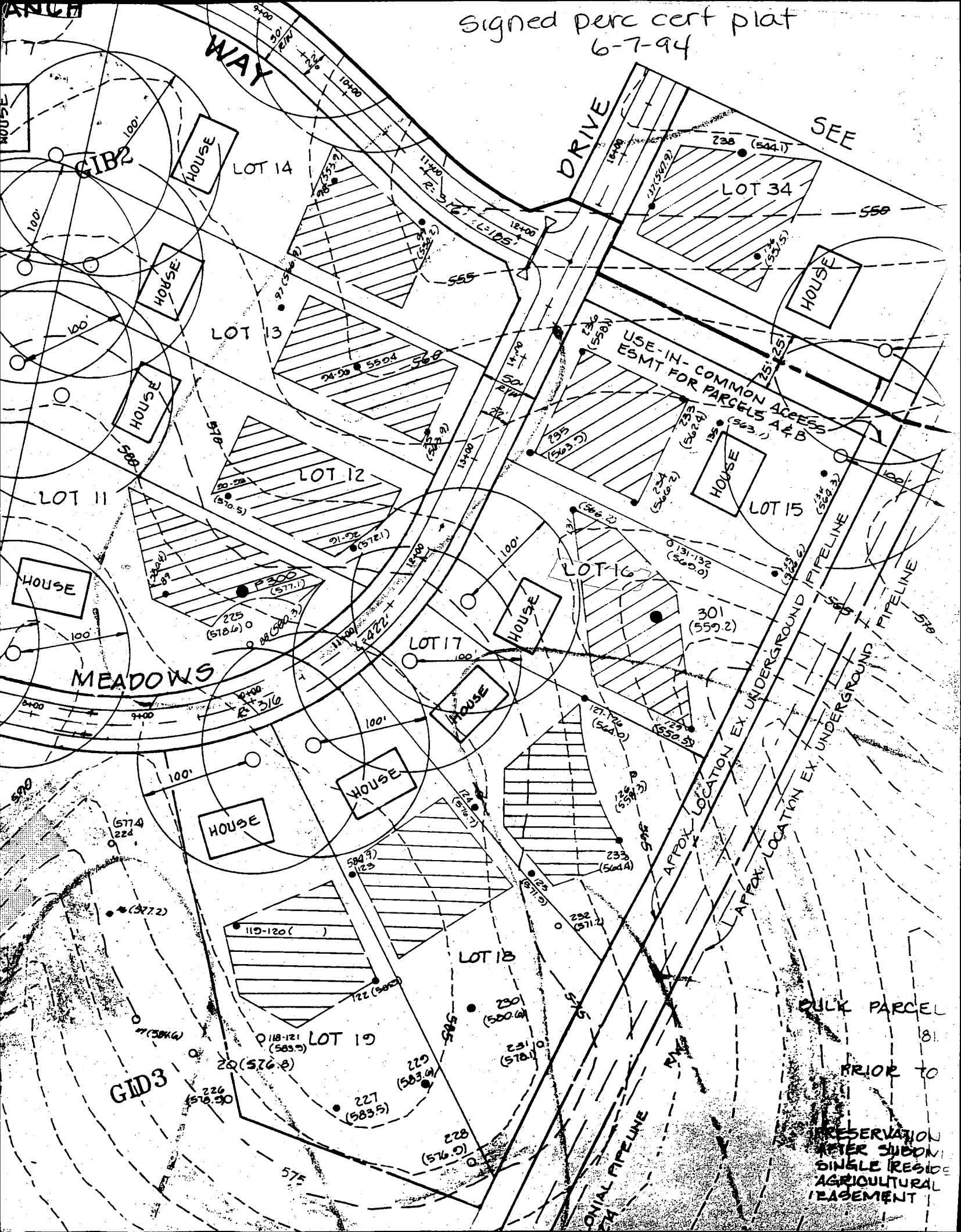
130-132
brn / orange c.
2' lgt brn w/ some yellow sil.
7' possible 50% rock
Shallow system only
12'

129
lgt brn c.
5 1/2' brn w/ some yellow sil.
6' rock pocket
12'
15'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/9/93	E31	3' / VII 1/2	10:15 ¹⁵	10:16 ³⁰	10:16 ³⁰	10:19 ⁴⁵	3 1/4 min
12/9/93	130-132	2 1/2' / V12	10:18 ³⁰	10:20	10:20	10:23 ¹⁵	3 1/4 min
12/13/93	129	5 1/2' / V15	11:08 ³⁰	11:14 ³⁰	11:14 ³⁰	11:20 ³⁰	6 min
12/13/93	127/128	3' / VII 1/2	10:46	10:47	10:47	10:49	2 min
4/26/94	301	Visual	to 12				OK

REMARKS Hold 129-wet season
 TYPE OF SOIL Glendy Loam
 TESTED BY A. McMillen / 4 Nadeau ALSO PRESENT B SANDERS
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min TRENCH WIDTH 3'
 INLET DEPTH 1.5 MAXIMUM BOTTOM DEPTH 3' SQ. FT./BEDROOM 180ft²

Signed perc cert plat
6-7-94



WAY

DRIVE

SEE

GIB2

LOT 14

LOT 34

LOT 3

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

LOT 12

LOT 15

LOT 11

LOT 16

MEADOWS

LOT 17

LOT 18

LOT 19

GIB3

PULK PARCEL

PRIOR TO

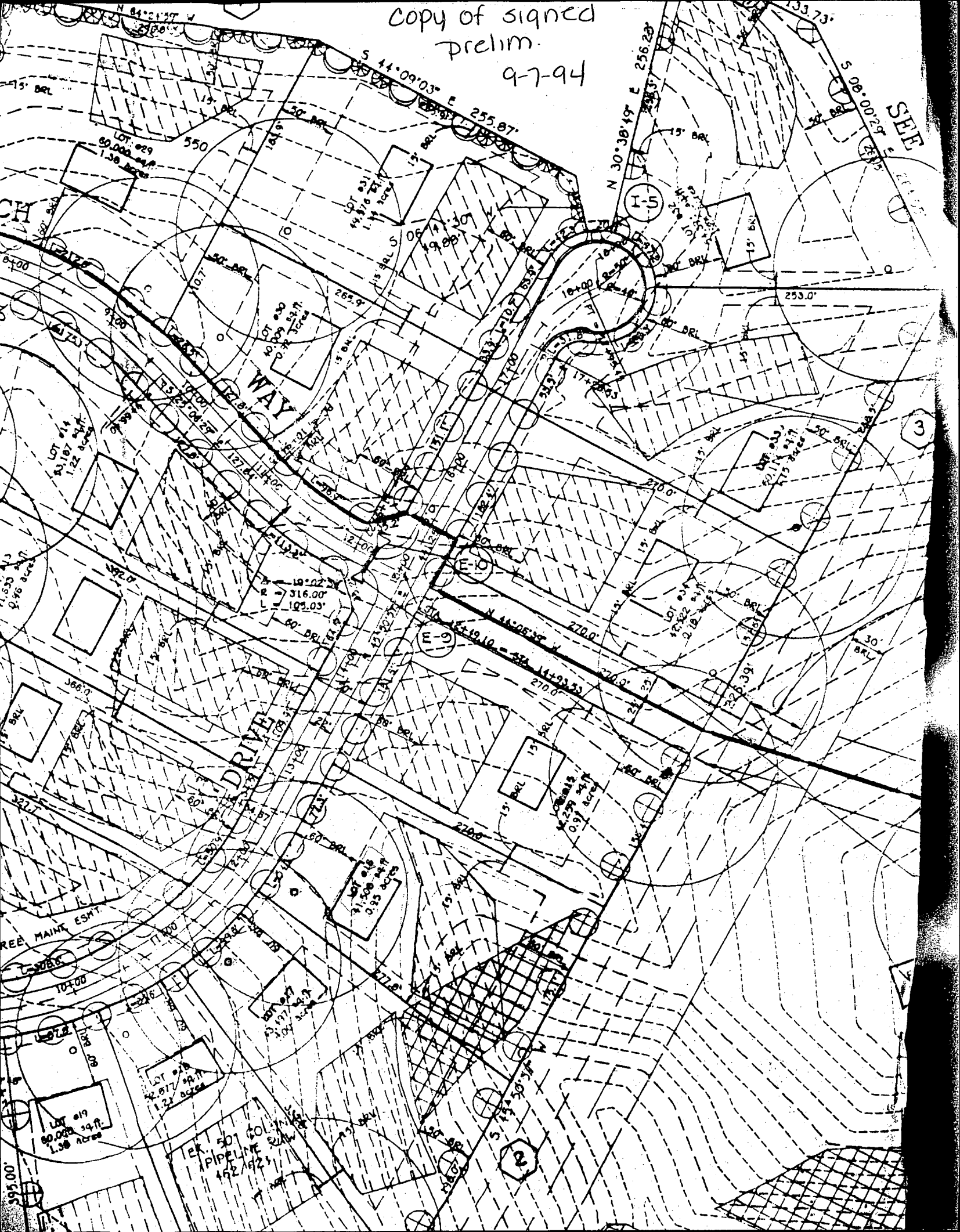
PRESERVATION
AFTER SUBDIVISION
SINGLE RESIDUAL
AGRICULTURAL
LEASEMENT

APPROX LOCATION EX UNDERGROUND PIPELINE

APPROX LOCATION EX UNDERGROUND PIPELINE

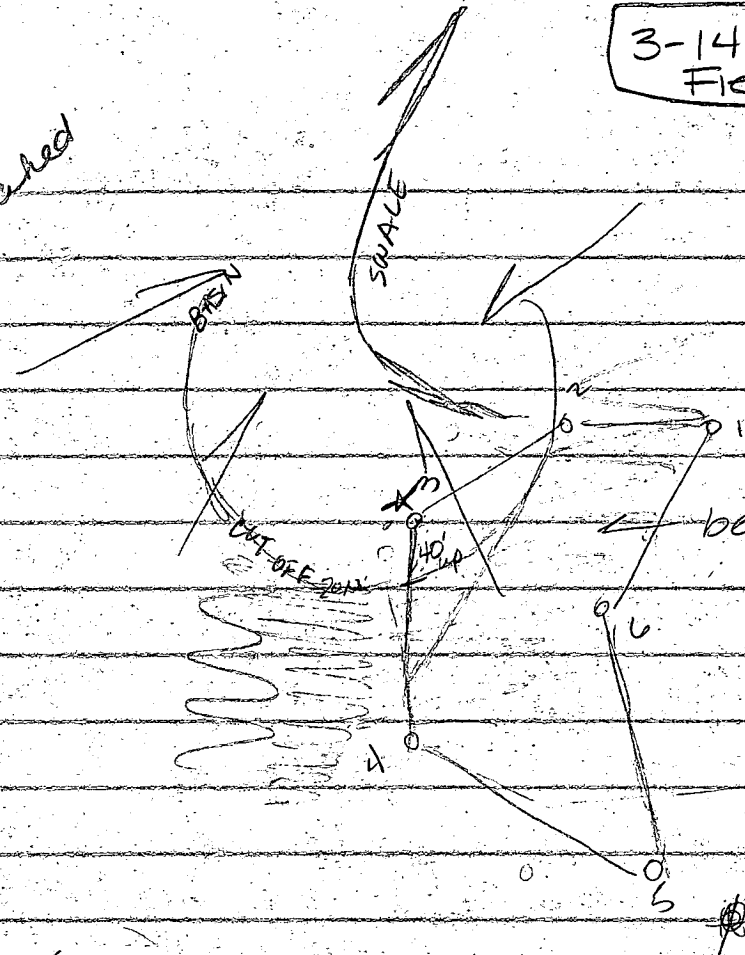
APPROX LOCATION EX UNDERGROUND PIPELINE

Copy of signed
prelim.
9-7-94



3-14-95
Field INSP Report

LOT 16
well and septic
as ~~shown~~ started
in field



NEW UPHILL

begins to level out

Suggestion:

Slide SPA uphill farther from lowest point (*)
only points which is in question all other
holes OK in relation to swale

Amy McMullen

2 OF 4

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

F-95-109

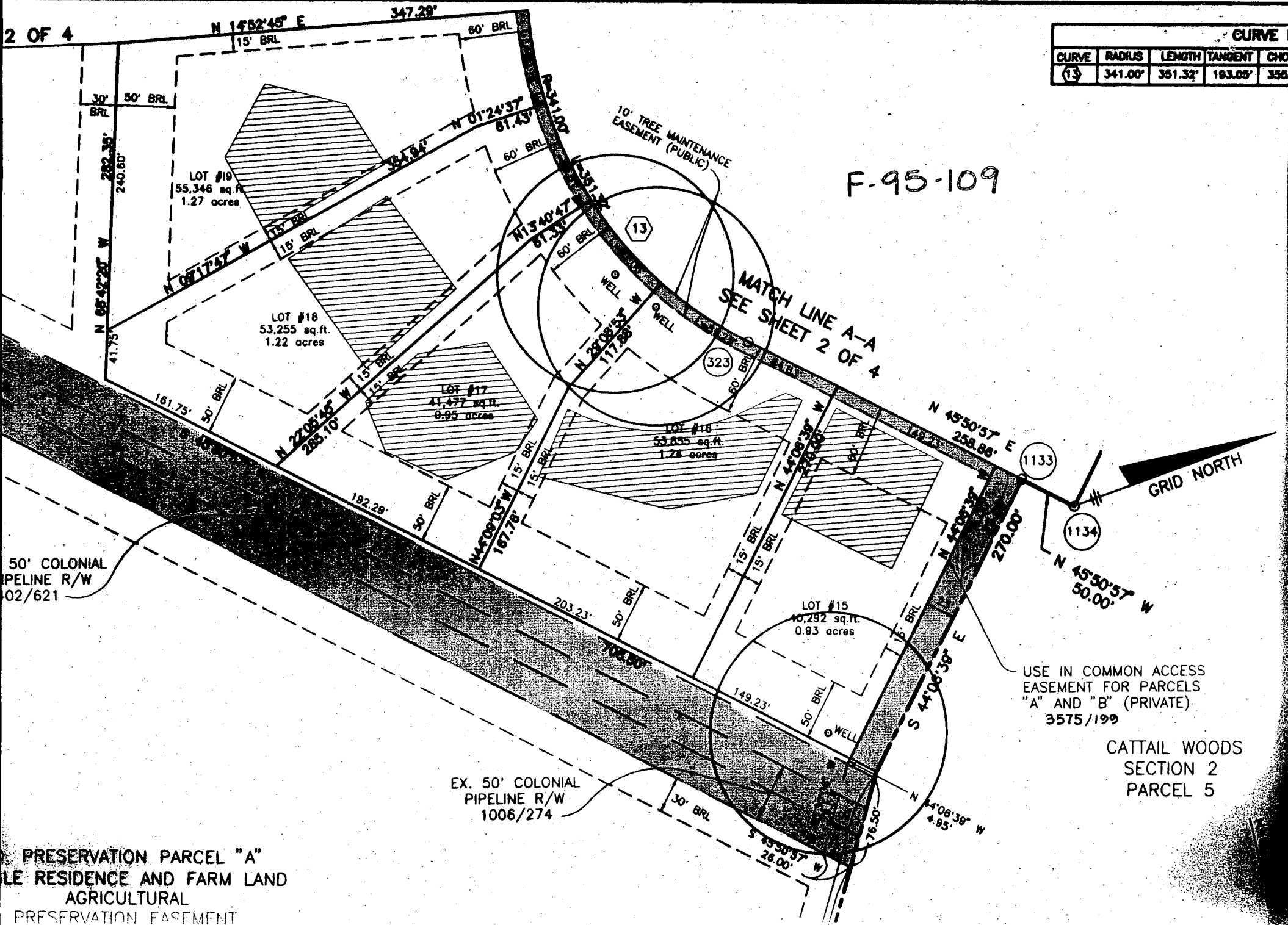
50' COLONIAL PIPELINE R/W 02/621

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

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

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

CATTAIL WOODS
SECTION 2
PARCEL 5



Approved Septic System Plan
 Howard County Health Department

TO BE REVISED - SEE BACK

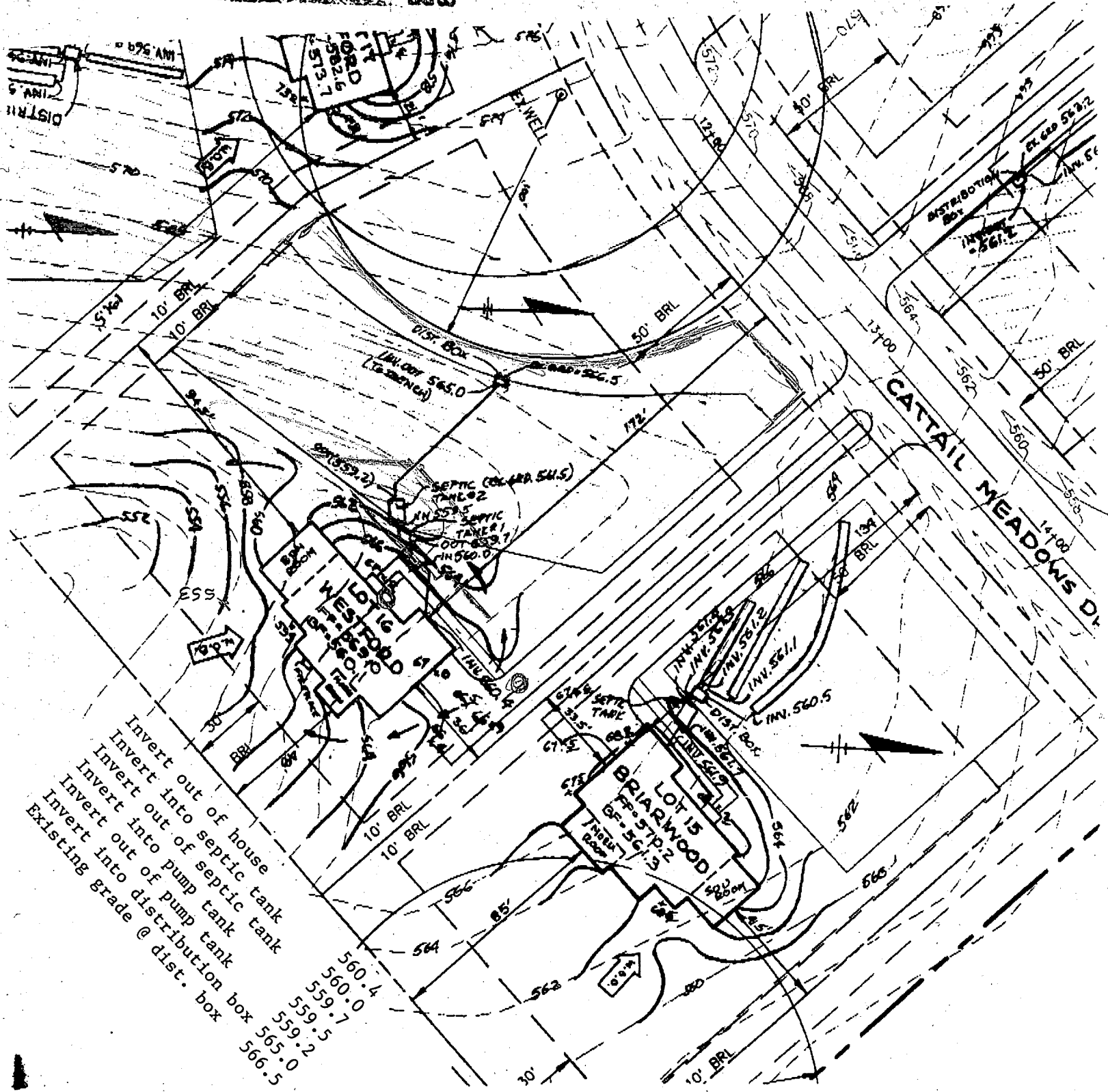
David McMill 3/30/99
 Signature Date

Total linear feet of trench
 required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 3.0 feet

Depth of stone required below
 distribution pipe 1.5 feet



- Invert out of house
- Invert into of septic tank
- Invert out of septic tank
- Invert into of pump tank
- Invert out of pump tank
- Invert into distribution box
- Existing grade @ dist. box

- 560.4
- 560.0
- 559.7
- 559.5
- 559.2
- 565.0
- 566.5

5/13/99

Met w/ builder - Because contours ~~are~~
~~not as they are shown on p~~ in the
field are different from areal topo-
OK to move house forward as shown
on this plan and adjust SDA as
shown on this plan.

AM

BENCHMARK
DIVISIONS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE . SUITE 418 ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644

FAX COVER SHEET

DATE: MARCH 29, '99

PLEASE DELIVER THE FOLLOWING TO:

NAME: AMY McMillen

COMPANY: Ho. Co. HEALTH DEPT.

FAX NO.: 410-313-2648

PHONE: _____

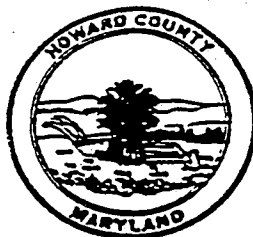
NO. OF PAGES INCLUDING TRANSMITTAL 2

FAX TRANSMISSION FROM: GREG FILAR

REMARKS: AMY, HERE IS CATTAIL WOODS LOT 16 REVISION
TO SEPTIC INSTALLING 2 SEPTIC TANK SYSTEM. I HAD
THE LOW POINT OF EXIST. GRD @ TANK #2 (561.5) SET THE
INVERT 2.0' BELOW EXIST. GRD (559.5). THEN WORK SYSTEM
BACK TO HOUSE. SO NOW TANK #2 IS PUMP TANK PUMPED
UP TO DIST. BOX WHERE INVERT DOT INTO TROUGH IS 565.0 PLEASE
LET ME KNOW A.S.A.P. IF THIS LAYOUT IS OK THANKS

GREG

ORIGINALS WILL WILL NOT, FOLLOW BY MAIL



HOWARD COUNTY HEALTH DEPARTMENT

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

3/29/99

TO: Greg Filar

FROM: Amy McMillen

RE: Cattail Woods Lot 16

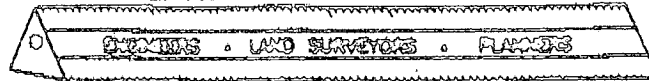
Looks like lot 16 won't work - invert into trench is 1.5' below grade - this can't be changed. Here are the elevations on gravity w/ the septic tank & lines on gravity - the pipe would be coming out of the house above grade - See what you can do - but it doesn't look like gravity will

EX GRADE @ DB	566.5
INU. INTO DB	565.0
INU OUT ST	566.4
INY INTO ST	566.7
INU OUT HSE	567.2

work - Although you may try 2 tanks in series & placing the distribution box where the second septic system would start - elev. 565.0

Number of pages (including cover sheet): 1

BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE .SUITE 418 ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644

FAX COVER SHEET

DATE MARCH 25, '99

PLEASE DELIVER THE FOLLOWING TO:

NAME AMY McMILLEN

COMPANY: HO. CO. HEALTH DEPT

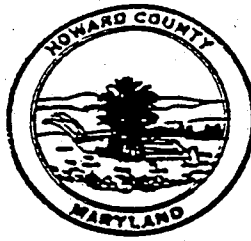
FAX NO.: 410-313-2648 PHONE _____

NO. OF PAGES INCLUDING TRANSMITTAL 3

FAX TRANSMISSION FROM: GREG FILAR

REMARKS: AMY, HERE REVISED SEPTIC LAYOUTS FOR LOTS 13 & 16
@ CATTAIL WOODS. LOT 13 SHOULD BE O.K. AS PER YOUR
COMMENTS. LOOK OVER LOT 16. THIS WILL WORK VIA
GRAVITY BUT COUND OVER PIPE OUT OF HOUSE IS 0.5' ±.
~~SEE~~ I DON'T REALLY WANT TO HAVE TO PUMP SYSTEM AND DON'T
THINK POLTE WANTS TO HEAR IT. LET ME KNOW IF THIS WILL
FLY. THANKS A LOT. GREG

ORIGINALS WILL WILL NOT FOLLOW BY MAIL



HOWARD COUNTY HEALTH DEPARTMENT

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

3/24/99

TO: Greg Filar

FROM: Amy McMillen

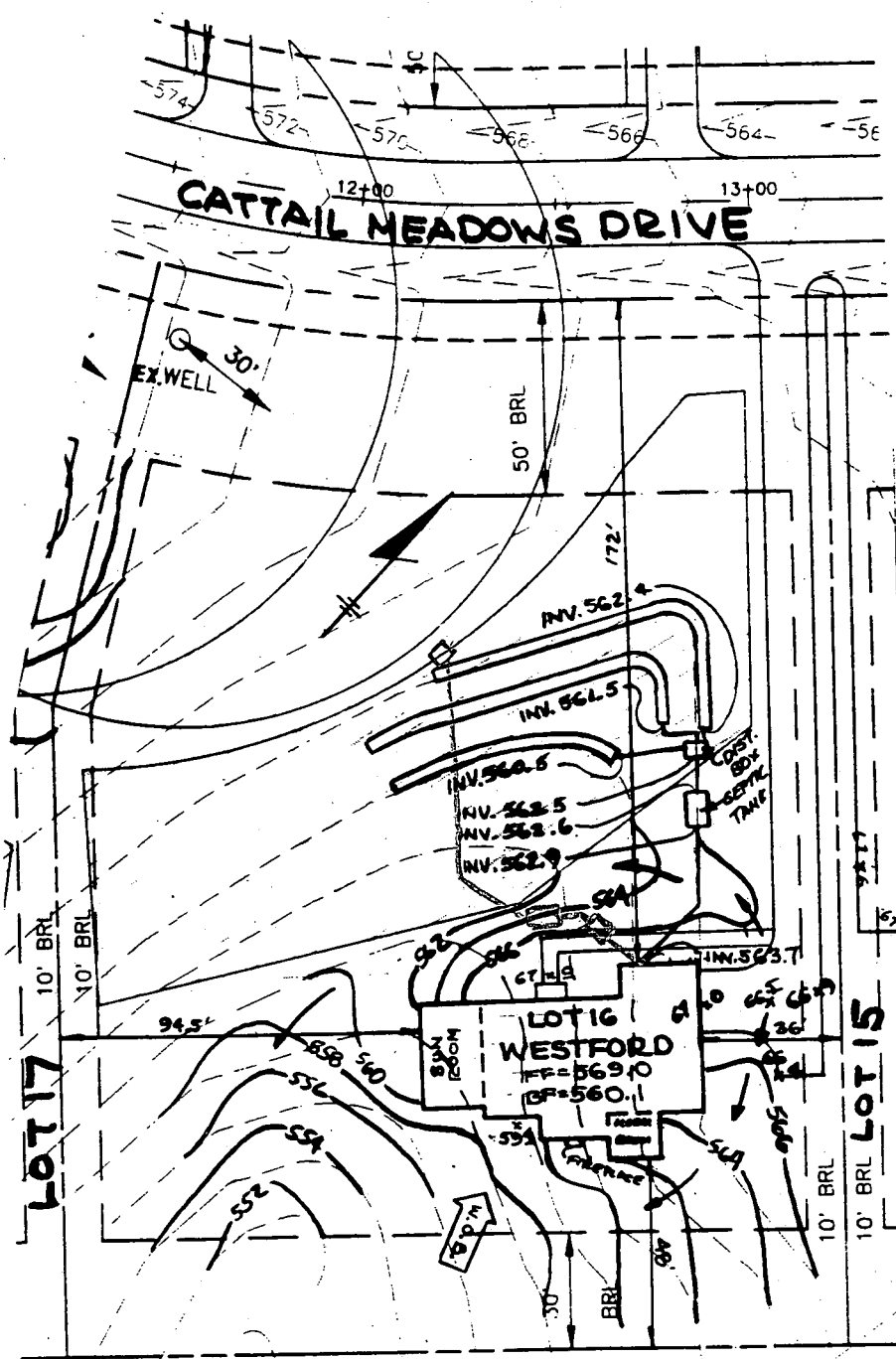
RE: Cattail Woods - Lot 16

Please revise the distribution
box location as shown on
the attached plan.

Thank you

AM

Number of pages (including cover sheet): 2



FF=569.0
GF=560.1

NOTE:

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

**PLOT PLAN
CATTAIL WOODS**

**LOT 16
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: **MAY 18, 1998**

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

C1 3557

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A#49644-D

ST/CO USE ONLY DATE RECEIVED 02/01/95

DATE WELL COMPLETED 03/22/95

Depth of Well 202 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0405

OWNER 200 JOINT VENTURE last name CATTAIL MEADOW DR first page TOWN LISBON SUBDIVISION CATTAIL WOODS SECTION 2 LOT 16

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 38, NO. OF BOUNDS 3572

CASING RECORD: casing types insert appropriate code below: ST CO (STEEL CONCRETE), PL OT (PLASTIC OTHER), MAIN CASING TYPE: S T, 6, 9 5

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

SCREEN RECORD: screen type or open hole: 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)

A CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 256 DANA KYKER JR II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Dana Kyker Jr II

DEPTH (nearest ft.) 202 95, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), T (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE submersible, WATER LEVEL BEFORE PUMPING 53, WHEN PUMPING 93, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: S, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH

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)

CATTAIL MEADOWS DRIVE

B 1 **7826** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **H0-94-0405**
70 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **020195**
 2106 JOINT VENTURE
 15 Last Name 13 Owner First Name
 15335 UNION CHAPEL
 36 Street or RFD 55
 WOODBINE MIDB/1797
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 HOWARD
 2 COUNTY
 3 CATTAIL WOODS
 4 SUBDIVISION
 SECTION 2 LOT 16
 44 46 48 50
 2 LISBON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 MI
 73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD
 Driller's Name **Dana Kyler Spc** License No. 8156
 Firm Name **Washington Rotary Well Drilling**
 Address **PO Box 60, Washington, Md 20788**
 Signature **Dana Kyler Spc** Date **13195**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 N W N E W E S W S E
 8-9 8-9 8-9 8-9
 TOWN
 8 8 8 8
 NEAR WHAT ROAD **CATTAIL meadow drive**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH
 WEST EAST
 34 25 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **77**
 38 39
 TAX MAP: **7** BLK: PARCEL **137**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **150**
 8 12 14 20

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)

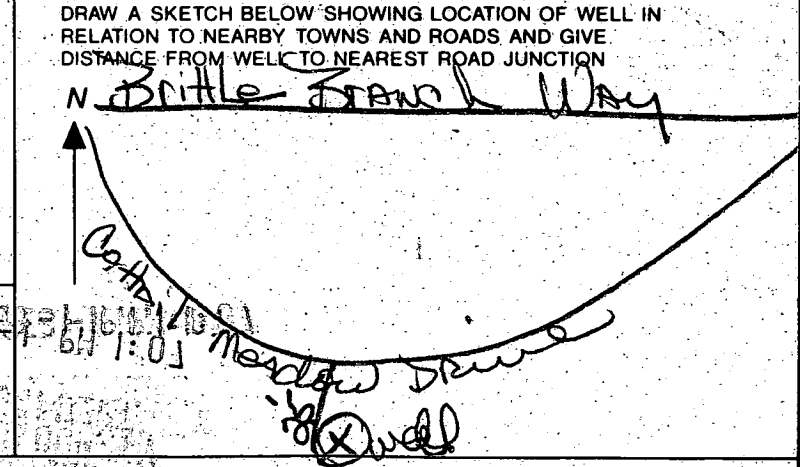
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A 49644-D**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **032095** **Amey McMillen** **3/20/96**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **542000** EAST GRID **0781000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **City**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **781**
 N **592**
 000 000
 3/20/95 - 9:10 AM
 Not completed at time of inspection
 Amey McMillen
 Drill

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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **H0-94-0405**
 67 68 70 71 72 73 74 75 76 77 78 79



3-20-95
 LOT 16
 As per conversation
 w/ Don Mason of TSA w/
 CRAIG Williams
 - OK to drill well as
 shown
 - SDA to be drawn
 more to contour:
 house site shown at
 back of lot.
 - If well had a new
 SDA: well site may not
 to be arranged.

Amy McMullen

CATTAIL WOODS
 SECTION 2 - PARCEL 4
 REVISED PERC LOCATIONS

LOTS 13-19
 MARCH 14, 1995
 REV: MARCH 17, 1995

3-20-95
 Well site OK as staked
 All measurements made off of
 surveyed property corners
 Amy McMullen

3-1-95

Do not issue

well permit - ~~sep~~

a swale runs

through the middle

of septic area.

Amy McMullen

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-N 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.D. P&G Inc. Telephone 531-2982

License Number 4605
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner PRITE HOMES Telephone 410-644-5603
 Subdivision CATALA woods Lot # 18 Well Tag # HD 97-0405
 Site Address 1736 CATALA WOODS DR.

Pump

1. Type	Motor	Pitless Adapter
a. Deep well jet _____	1. Horsepower <u>1/2</u>	1. Make <u>CAMPBELL</u>
b. Shallow well jet _____	2. RPM <u>3450</u>	2. Model # <u>B-3000</u>
c. Submersible <u>YES</u>	3. Voltage <u>230</u>	3. Depth <u>45"</u>
2. Make <u>TRAVERTI</u>	a. 110 _____	
3. Model # <u>T554798-50</u>	b. 220 <u>/</u>	
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity <u>WA 203</u>	1. Type <u>WELL TUBING</u>	1. Depth <u>202</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>10</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level <u>53</u> ft.
	4. Depth of supply line <u>45"</u>	4. Will water supply be disinfected by installer? <u>NO</u>

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: 6/15/99

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)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<h2 style="margin: 0;">HOWARD COUNTY</h2> <h3 style="margin: 0;">PERMIT APPLICATION</h3>	<h3 style="margin: 0;">PERMIT NUMBER</h3> <p style="font-size: 24px; margin: 0;">B00122843</p>
---	--	--

Building Address 1736 CAPITOL MEADOWS DRIVE
Woodbine 21797

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

Census Tract 2040 Subdivision Cathail Woods

Section 2 Area _____ Lot 16

Tax Map 7 Parcel 519 Grid 24

Zoning RCDE Map Coordinates 3E12 Lot size _____

Property Owner's Name Laurie Greg Goncanto

Address 1736 CAPITOL MEADOWS DRIVE
(LISPEN)
 City WOODBINE State MD Zip Code _____

Home Phone 410 89 3623 Work Phone _____

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

Phone _____ Fax _____

Existing Use SF Home

Proposed Use DECK

Estimated Construction Cost \$ 6000

Description of Work CONSTRUCT DECK
WOOD DECK ON REAR PORCH 3'x16' w/Steps
3' x 16' Deck

Contractor Company FRONTIER DEVELOPMENT

Contact Person ALAN MARZ

Address 1007 MARLBOROUGH

City WOODBINE State MD Zip Code 21754

License No. 21321

Phone 410 751 7300 Fax _____

Occupant or Tenant GONCANTO

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
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Building Characteristics	Utilities
Height: <u>8'</u> No. of stories: _____ Gross area, sq. ft. per floor: <u>406</u> Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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 _____ 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	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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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.

Applicant's Signature _____

Title/Company _____

Print Name Laurie Greg Goncanto

Date 3/19/00

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	<u>3/1/00</u>	<u>[Signature]</u>
State Highways	<u>3/1/00</u>	<u>[Signature]</u>
Building Official	<u>3/1/00</u>	<u>[Signature]</u>
Dev. Engineering DPZ	<u>3/1/00</u>	<u>[Signature]</u>
Health	<u>3/1/00</u>	<u>[Signature]</u>
Fire Protection	<u>3/1/00</u>	<u>[Signature]</u>

Is Sediment Control approval required prior to issuance?
 YES NO

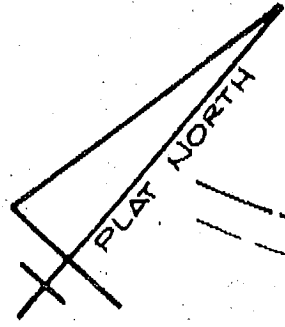
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION		PROPERTY ID#: <u>40769</u>
Front: <u>56' Min</u>		Filing fee \$ _____
Rear: <u>35' Min</u>		Permit fee \$ _____
Side: <u>10' Min</u>		Excise tax \$ _____
Side St.: <u>N/A</u>		Sub-total paid \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TOTAL FEES \$ <u>30</u>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Balance due \$ _____
Lot Coverage for New Town Zone _____		Check # <u>2489</u>
SDP/Red-line approval date _____		Validation # <u>2101</u>

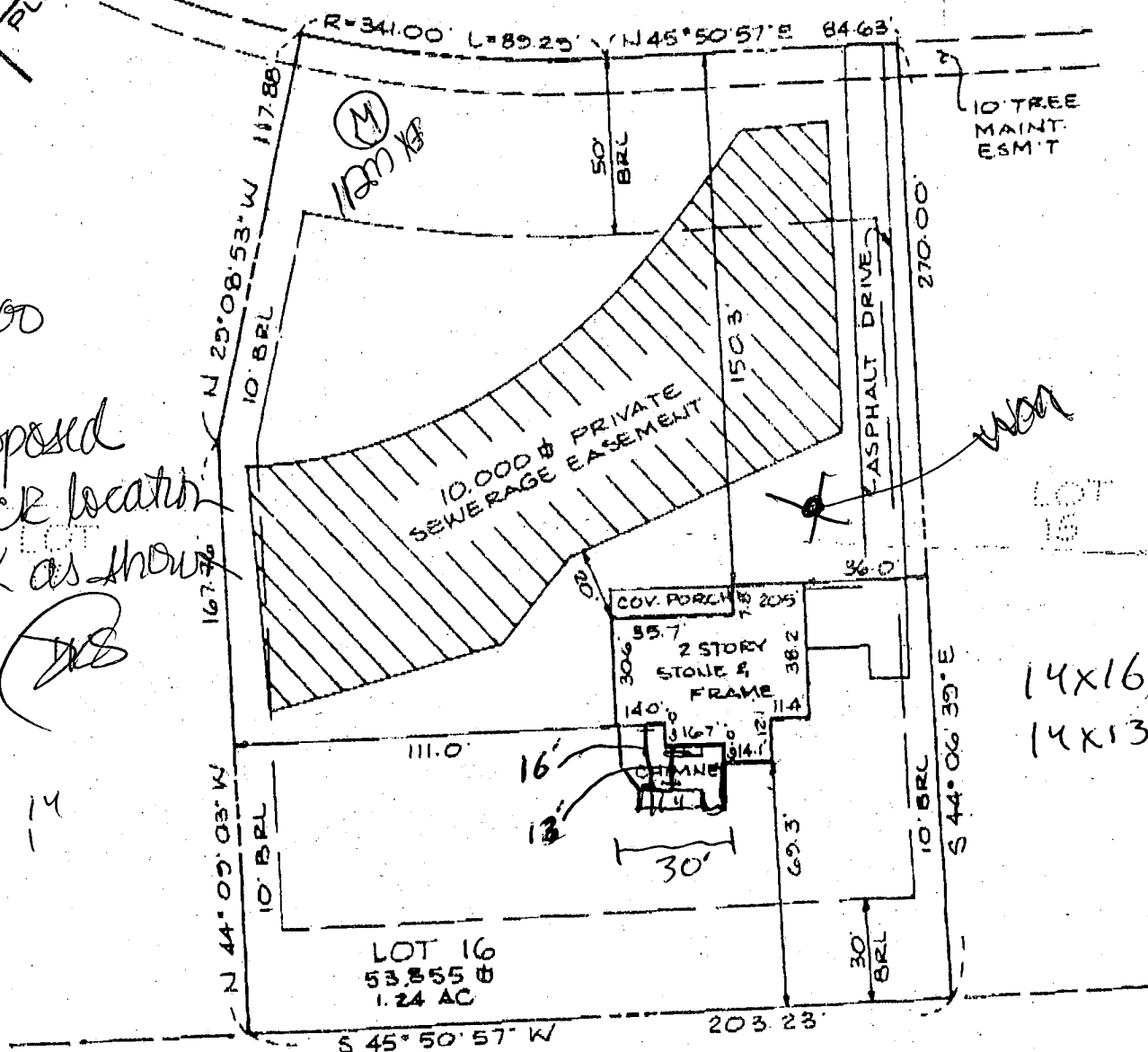
Accepted by [Signature]

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

3/9/00
Proposed deck location OK as shown
[Signature]



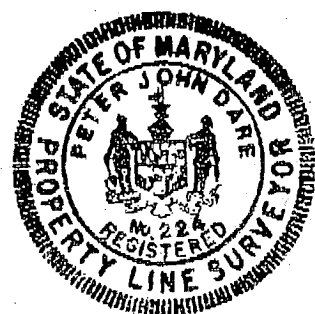
PRESERVATION PARCEL 'A'

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

TOP OF FOUNDATION WALL ELEV. = 567.4'

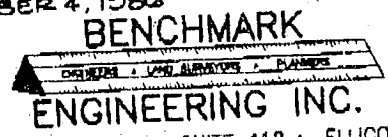
SURVEYOR'S CERTIFICATE

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.



[Signature]
 PETER J. DARE
 MD. PROPERTY LINE SURVEYOR #224
 07-22-99
 FINAL

RECORD PLAT No. 12498
 FEMA FIRM No. 240044 0007B
 DATED DECEMBER 4, 1986



8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

LOCATION DRAWING
 CATTAIL WOODS
 SECTION 2

LOT 16
 1736 CATTAIL MEADOWS
 DRIVE

4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 04-30-99