

10/30/97
11:00 C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-359224

P 59007

A49645-A

DISTRICT 4th

DATE 10-22-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXX 410-313-2640

DATE SYSTEM APPROVED 10/30/97

INSPECTOR KM

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 20 ROAD 1716 Cattail Meadows Drive

PROPERTY OWNER Pulte Home Corp. / Mr. & Mrs. Robert Brinsco

ADDRESS _____

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

AND RETURNED

NUMBER OF BEDROOMS 4

4-9-04 600147184 - ENLARGE FAMILY ROOM

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 130 feet up the right (299.42') lot line and 60 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 KM 10/17/97

PLANS APPROVED BY Amy McMillen/Glen Savage **BLDG PERMIT SIGNED** DATE 10/15/97

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**

HD-260(6-90)

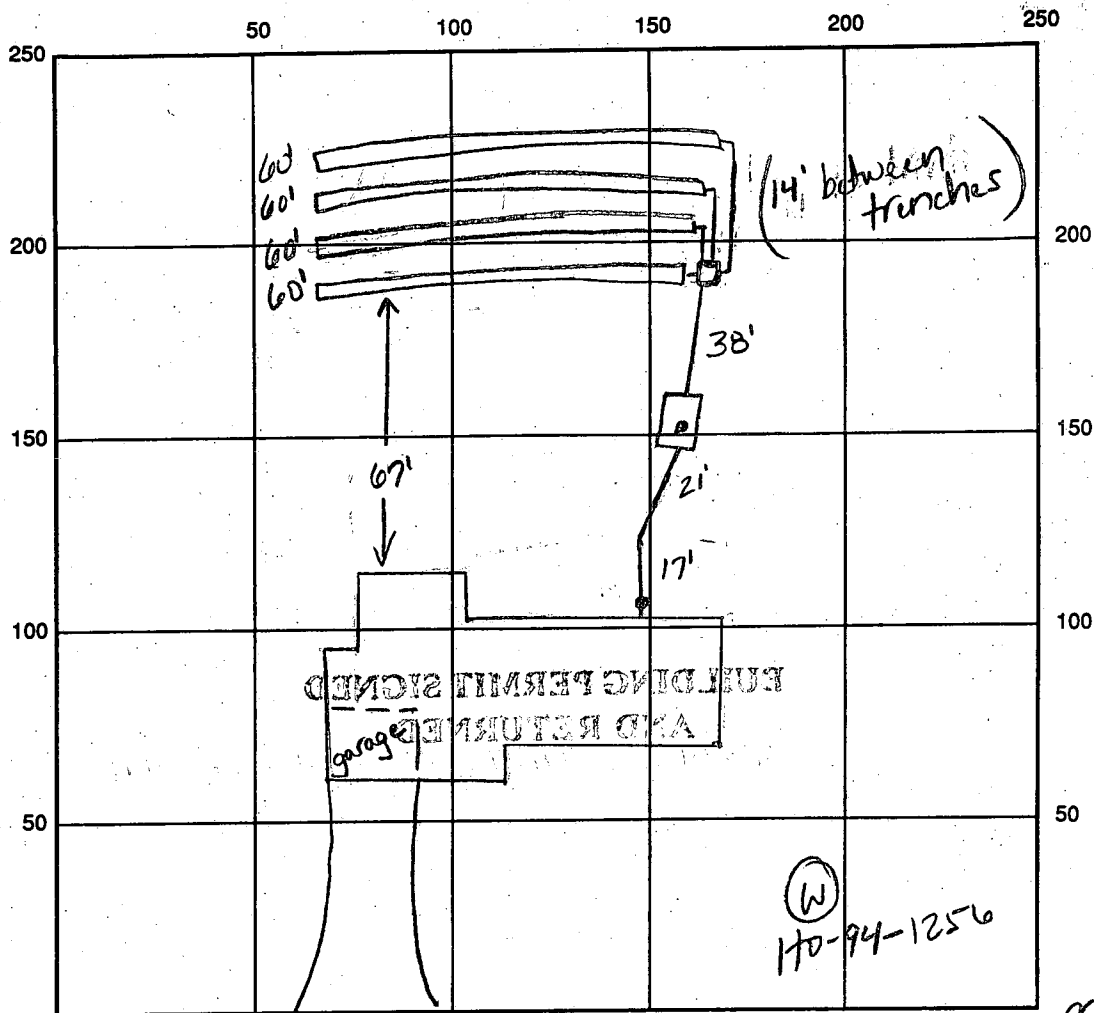
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG PERMIT SIGNED
AND RETURNED 2-20-03

600134463
FINISH BASEMENT W/SCAFFOLD WINDOW

BLDG. PERMIT SIGNED
AND RETURNED 7-17-98
Serial # B7113012
2-1/2 inch deep

A
49645-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Catrail Meadows Dr

SEPTIC TANK LEVEL ok CLEANOUTS 1 on tank, 1 at house

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 60 x 4 FT. → 240

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/30/97 has house connection, ok to cover all work (km)

1/22/98 WPI - well lines & P.A. 3.5' below grade, well casing 1.5' above grade, 2 pc cap installed - OK TO COVER (km)

DATE SYSTEM APPROVED 10/30/97 INSPECTOR Kimberly Maile

APPLICATION

PERCOLATION TESTING

A 49045A

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.

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

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc.

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

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 20

ROAD AND DESCRIPTION End of Brittle Branch Way (1716 Cattail Meadows Drive)

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 10-15-97

Serial # 310108246

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'

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

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 49245A

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. 20

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

A49645A

COUNTY #

SOIL PROFILE

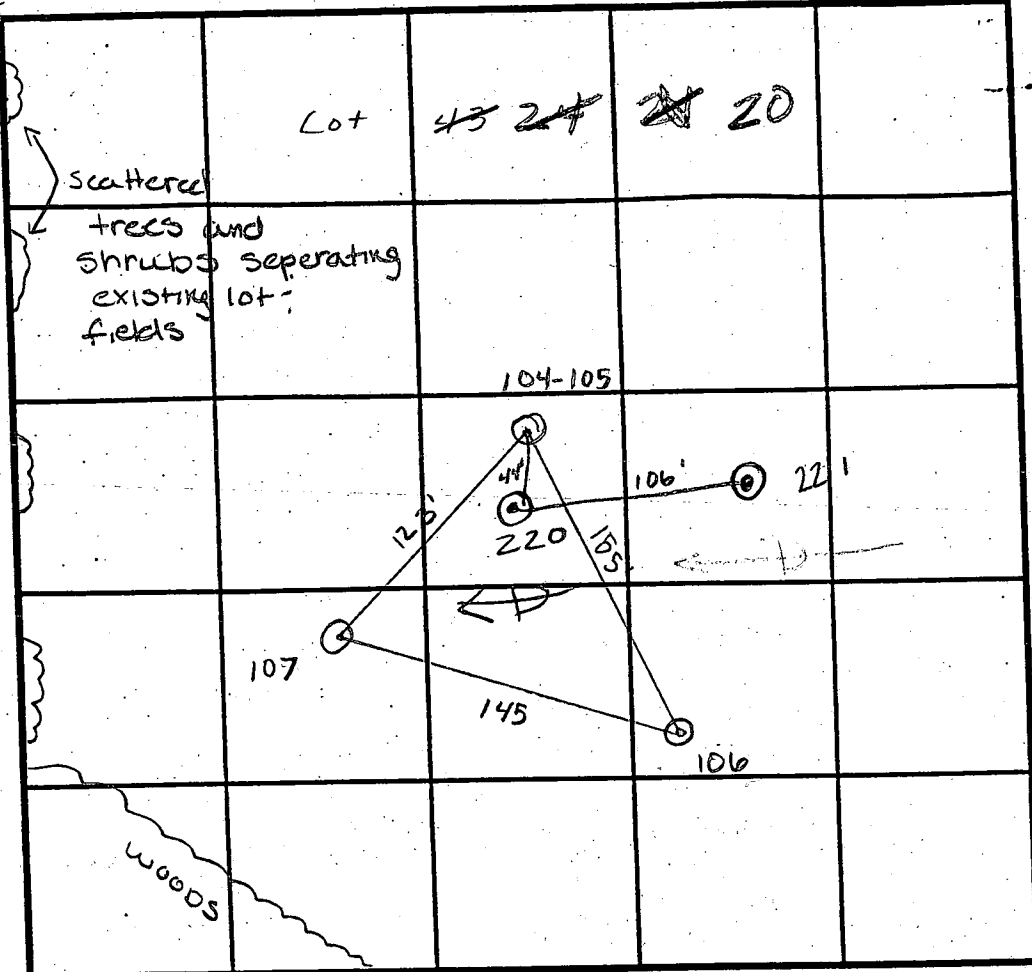
107
 1' top soil
 red CL
 3 1/2' yel brn SIL
 5' orange brn SIL
 shaley shelf at 6' vertical bedding

104-105

6" top soil
 red CL
 2 1/2' red, yel and brn SIL
 streaked 5' horz bedding
 25090 shale at 5 1/2' horz. very bedding decayed OK

106

6" top soil
 red CL
 2' 5" brn red streaks SIL
 shaley decayed throughout OK
 some frags of rock



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

220
 brn w/ some vel SSIL
 Saprolite & rock throughout profile
 OK if 221 tests OK

12 1/2

221

brn w/ some yel SSIL
 Saprolite & rock throughout profile
 OK if test OK

12 1/2

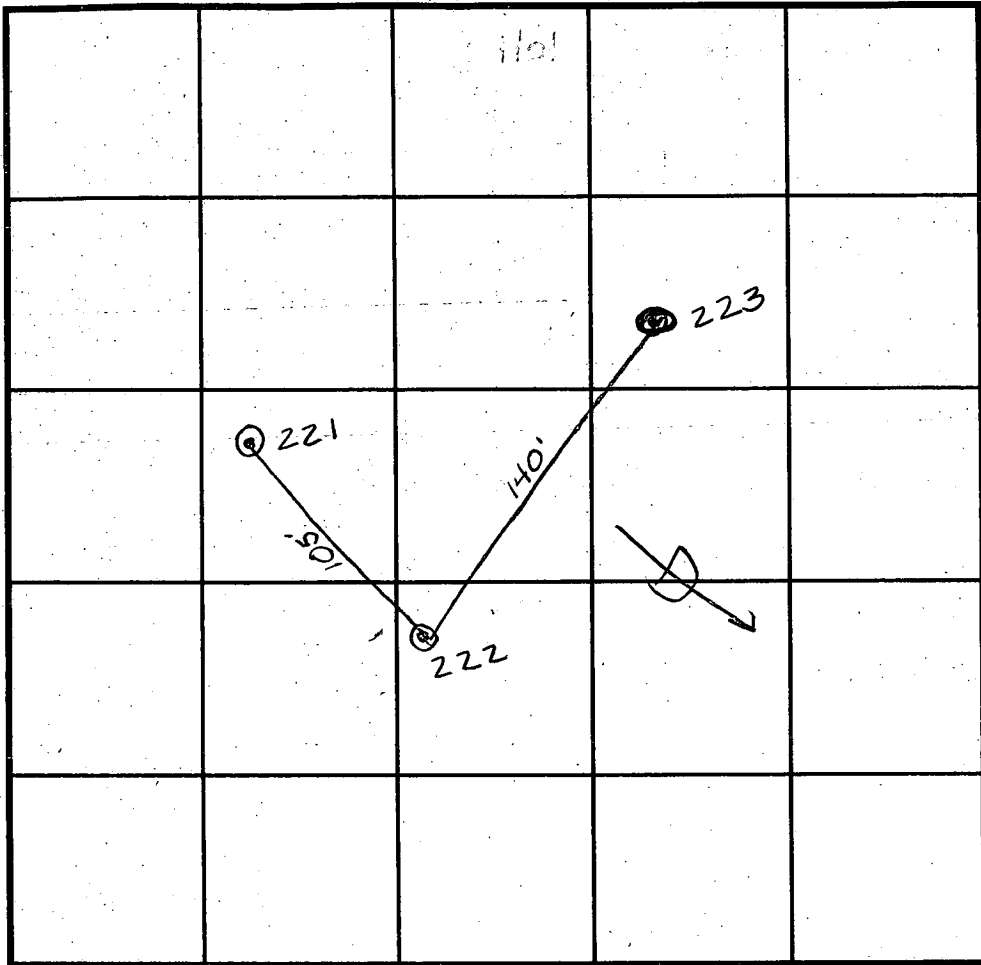
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/7/93	107	4' V13	10:23	10:25	10:25	10:29	4 min
	104-105	3' V12	10:34	10:38	10:38	10:42 ³⁰	4 1/2 min
	106	3' V12'	10:36 ³⁰	10:38 ³⁰	10:38 ³⁰	10:44	5 1/2 min
	107	5 1/2' V13'	2:22	2:23 ¹⁵	2:23 ¹⁵	2:25 ³⁰	2 1/4 min
3/16/94	220	Visual	to 12 1/2				OK
3/16/94	221	4 1/2' VII'	1:54	1:55 ¹⁵	1:55 ¹⁵	1:57	1 3/4 min

REMARKS

TYPE OF SOIL Glenn Co Loam
 TESTED BY A. McMillen / J. Nadeau ALSO PRESENT B. SAUNDER
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3'
 INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180 ft²

Lot 23 & 20

COUNTY #
 SOIL PROFILE
 0' 221
 brn w/ some yel mix SSIL Saprolic rock throughout profile OK if test not too fast



SOIL PROFILE
 0'

11'
 222
 red/tan mix SCL
 3 1/2' lgt tan/orange SIL
 small amt of saprolic throughout OK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

12'
 223
 >50% rock throughout
 7' hard bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/16/94	221	4 1/2 VII'	1:54	1:55 ¹⁵	1:55 ¹⁵	1:57	3/4 min OK
	222	Visual	to 12'	—	—	—	OK
	223	Visual	to 7'	rock	—	—	F

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3
 INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT./BEDROOM 180

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 _____

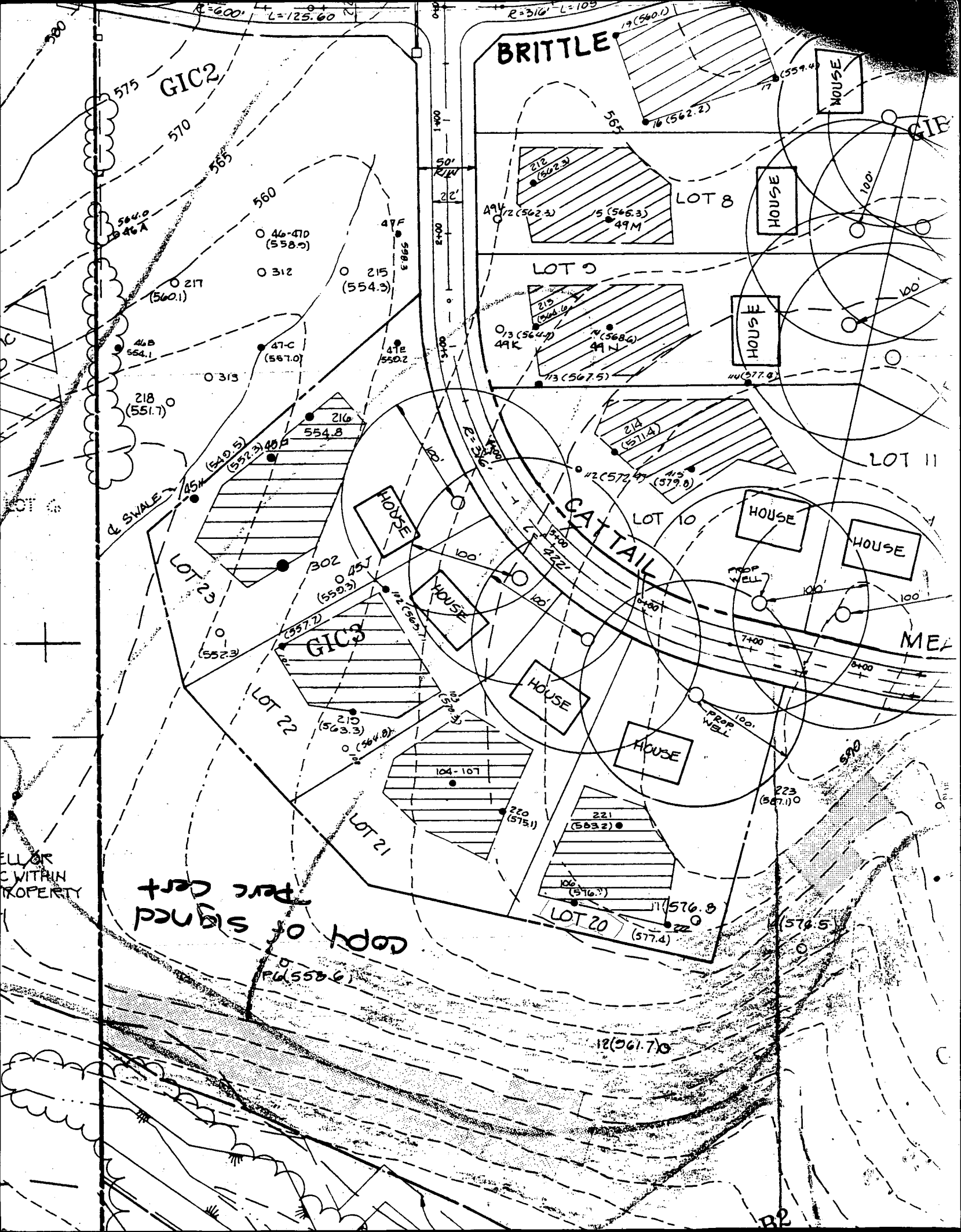
HOLD PENDING FURTHER TESTS _____

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



BRITTLE

GIC2

LOT 8

LOT 9

LOT 11

LOT 10

LOT 23

LOT 22

LOT 21

LOT 20

GIC3

19 (560.1)

565

16 (562.2)

17 (559.4)

HOUSE

HOUSE

HOUSE

HOUSE

HOUSE

HOUSE

212 (562.3)

49J (562.3)

5 (565.3)

49M

215 (564.6)

49K (564.7)

14 (568.6)

49N

13 (567.5)

14 (577.8)

214 (571.4)

12 (572.7)

15 (579.8)

HOUSE

HOUSE

HOUSE

HOUSE

R=600 L=125.60

R=316 L=103

46-47D (558.0)

312

215 (554.3)

217 (560.1)

46B (554.1)

47-C (557.0)

47E (550.2)

313

218 (551.7)

216 (549.5)

45B (552.3)

45C (554.8)

SWALE

45H (549.5)

45I (552.3)

302 (559.3)

45J (557.7)

42 (565.7)

552.3

219 (563.3)

45K (564.8)

104-107

220 (575.1)

221 (563.2)

106 (576.3)

11 (576.8)

22 (577.4)

223 (567.1)

12 (561.7)

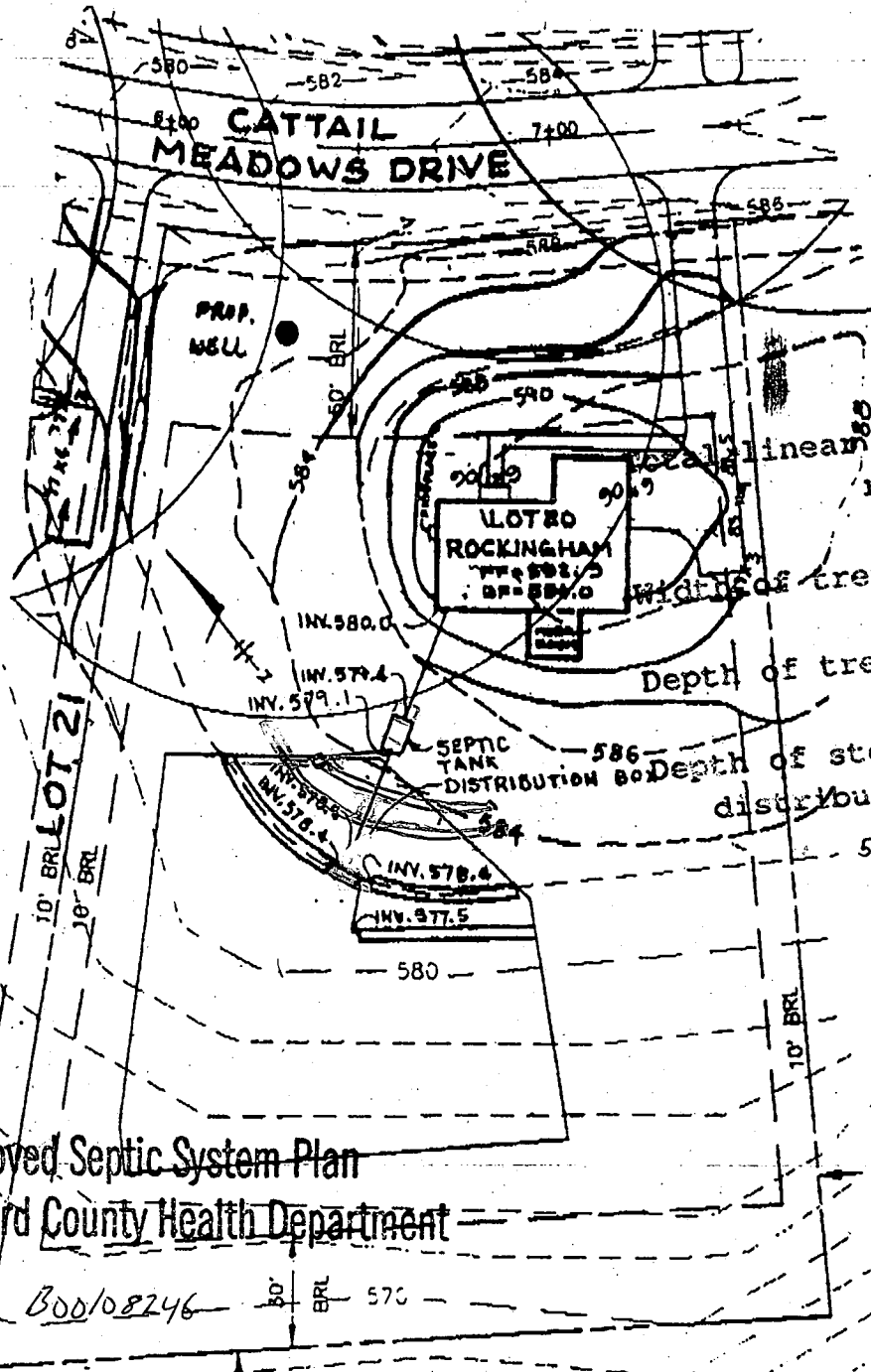
12 (576.5)

WELL OR
C WITHIN
PROPERTY

COPY OF SIGNED
PERC CERT

10 (558.6)

B2



linear feet of trench required 240 feet
 width of trench(es) 3 feet
 Depth of trench(es) 4.5 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

300/08246

FF=592.9
 BF=584.0

Signature

Date

10/15/97

NOTE:

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

PLOT PLAN
 CATTAIL WOODS

LOT 20
 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: SEPT. 26, 1997

T S A GROUP INC.
 8480 BALTIMORE NATIONAL PIKE, SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 485 - 8105

C1 9542

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 C.O.L.S. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49645-A

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM 'PERMIT TO DRILL WELL'

DATE RECEIVED grid

DATE WELL COMPLETED grid: 021297

Depth of Well grid: 177

PERMIT NO. grid: H10-94-1256

OWNER: Joint Venture last name: Cattanil Meadows first name: TOWN: Lisbon SUBDIVISION: Cattanil Woods SECTION: LOT: 20

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale, Br. Shale, Hard Blue & Br. Shale, Br. Shale, Blue & Br. Shale, Br. Shale, Blue Schist.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement C, Bentonite Clay BC), NO. OF BAGS 26, NO. OF POUNDS 2444, GALLONS OF WATER 156, DEPTH OF GROUT SEAL 71 ft.

CASING RECORD: casing types insert appropriate code below (S, T, PL, ST, CO, OT)

MAIN CASING TYPE: S, T, 6, 72, 70

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

SCREEN RECORD: screen type or open hole (S, T, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 1, WELL HYDROFRACTURED: Y

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...

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. MWD256, Dana Kyker Jr. II

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

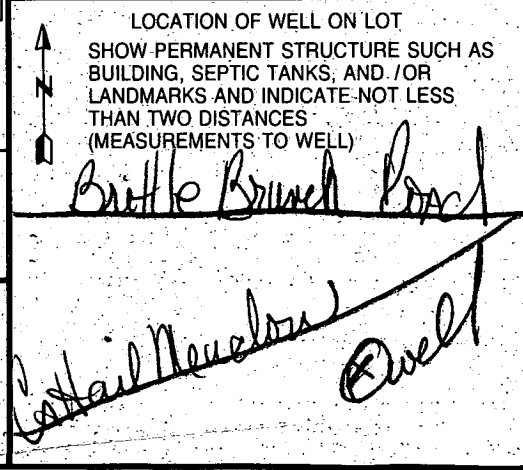
DEPTH (nearest ft.) grid: 72, 177, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN 56, 60

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

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 12, METHOD USED TO MEASURE PUMPING RATE: submersible, WATER LEVEL (distance from land surface) BEFORE PUMPING 54 ft., WHEN PUMPING 61 ft., TYPE OF PUMP USED (for test) S submersible

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), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.)



 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: September 12, 1997 (month/day/year)

H	0		9	4		1	2	5	6
---	---	--	---	---	--	---	---	---	---

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

--	--	--	--	--	--	--	--	--	--

* PERSON ABANDONING WELL: Dana Kyker Jr. II

WELL DRILLERS LICENSE NUMBER: MWD256

* OWNER'S NAME: 206 Joint Venture

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: Howard County
 NEAREST TOWN: Lisbon
 TAX MAP 7 BLOCK PARCEL 137
 SUBDIVISION: Cattail Woods
 SECTION: LOT: 20

Dry Well

MARYLAND GRID COORDINATES

E 781
 BOX NUMBER 542 ←
 N

	X
000	
000	

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify)

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) NONE

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 402 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet:

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (1128 lbs)	0	33
Well Cuttings	33	402

Dana Kyker Jr. II
 SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

MWD256
 LICENSE #

MWD/MSD/MGD
 CIRCLE ONE

9/16/97
 DATE



B 1 **8794** 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
H0-94-1256
 fill in this form completely

Date Received (APA) **080497**
 OWNER INFORMATION
VENTURE JOINT **206**
 Last Name Owner First Name
UNION CHAPEL
 Street or RFD
WOODHURST
 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
CATTAIL WOODS SUBDIVISION
 SECTION **20** LOT **20**
415000 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** M **1**

DRILLER INFORMATION
DANA RYKEL JR II MSD/MGD/MWD
 Driller's Name License No. 80
WESTMINSTER ROYAL WELL DRILLING INC.
 Firm Name
PO BOX 861 WESTMINSTER, MD
 Address
Dana Rykel Jr 7-29-97
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **CATTAIL MEADOWS**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 DISTANCE FROM ROAD **20** FT OR MI **7**
 TAX MAP: **7** BLK: **137** PARCEL

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **4**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **100**

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
1A 49645-A COUNTY NO.
 STATE SIGNATURE **Kimberly Maute** INSERT S
 DATE ISSUED **081197** EXP. DATE **8/11/98**
 NORTH GRID **542000** EAST GRID **0781000**

APPROXIMATE DEPTH OF WELL **225** FEET

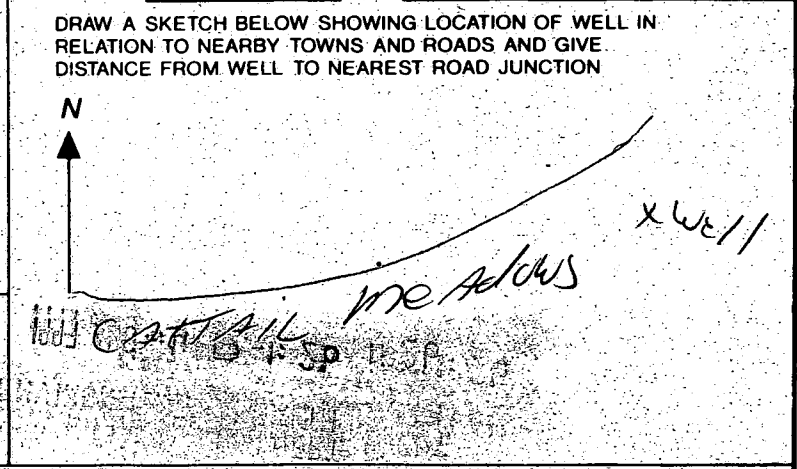
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

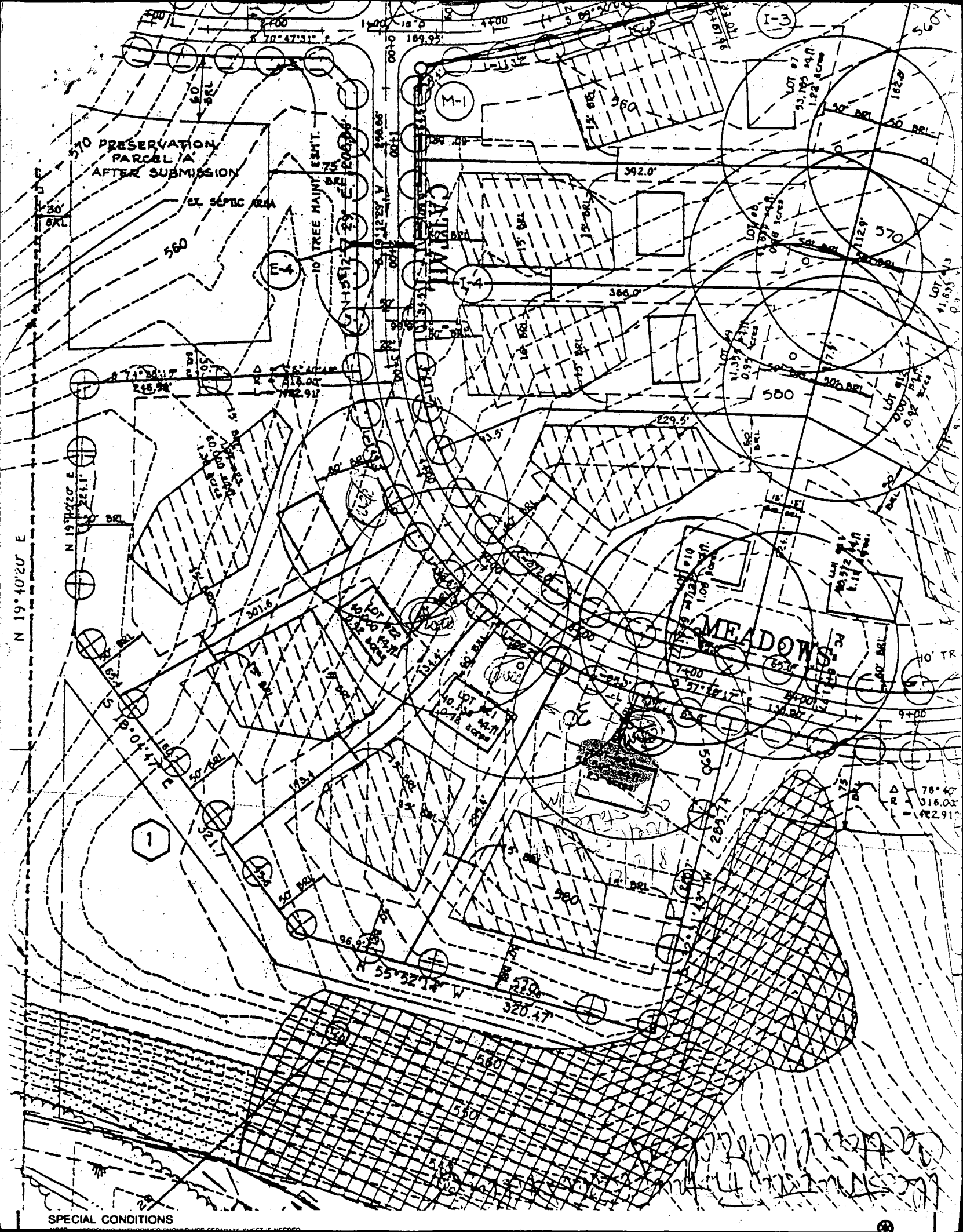
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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. **H0-94-1256**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **CITY**
 2. **CWP**
 3. **no use**
 WRITE THE BOX NUMBER FROM THE MAP HERE
781
542





510 PRESERVATION
PARCEL 'A'
AFTER SUBMISSION

EX. SEPTIC AREA

10 TREE MAINT. ESMIT.

MEADOWS

SPECIAL CONDITIONS

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

10825
Bal 1125
-17 346
3,851
B00108246

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

1716 Cattail Meadows Dr.
Ellicott City, MD 21043

32557

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Model: Rockingham w/Mern. Rm.
Plans on File
2Sty, Full Bmnt., 11R, 2FB, 1HB
FF, Car., (4BR), Opt. Deck, Fin. I.L.

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
20	137	2		18		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Cattail Woods	HO	7	4	6040

OWNER NAME AND ADDRESS
Pulte Home Corp
1501 Edgewood St. Ste. X
Belto., MD 21227

PHONE NO.
410-644-3603

OCCUPANT'S NAME AND ADDRESS
NA

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Building Permit Services, Inc.
2602 Parallel Path
Abingdon, MD 21009

PHONE NO.
410-515-1717

CONTRACTOR'S NAME AND ADDRESS
Same As Owner

PHONE NO.

EXISTING USE
vacant lot

PROPOSED USE
SFD

EST. CONSTRUCTION COST
90,000.00

LICENSE NUMBER

PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
4,251	50'	46'	10'
	50'	28'	10'
	50'	34'	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1743		Asp
ROOMS	1220		Gable
BATHS			
FIREPLACES	1288		

FOOTINGS	FOUNDATION	S. WALLS
16" x 8"	8" Conc	Wd. Frm. Siding

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
yes	yes	yes	yes	gas
				AC
				yes

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.

SIGNATURE
BPS, Inc - Bat Orla

TITLE

DATE
10-7-97

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) _____

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

11 B 54501

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	10/15/97	[Signature]
FIRE PROTECTION		
STORM WATER MGMT.		

APPROVED

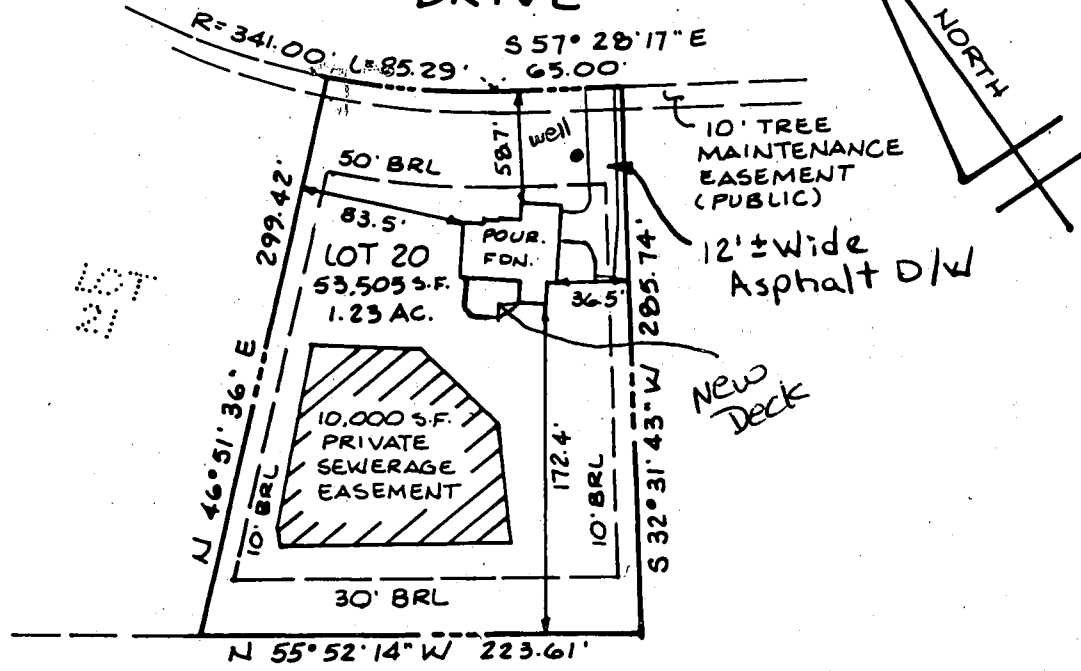
DATE

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

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

A

CATTAIL MEADOWS DRIVE

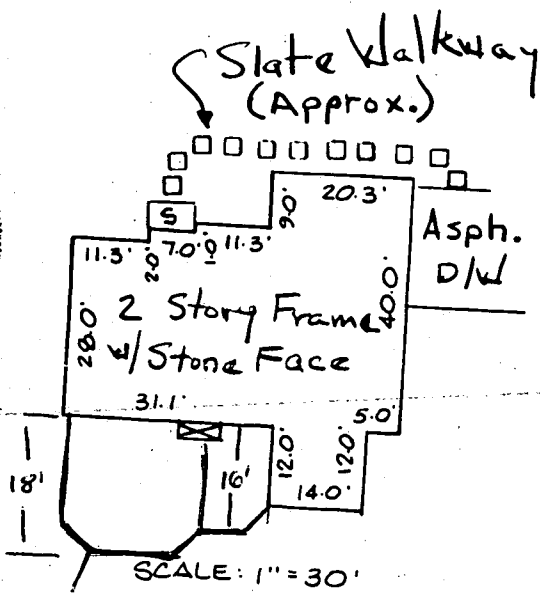


PRESERVATION
PARCEL A

7/17/98
Shown deck will have no impact to the existing well and septic OK to continue.

A Mc-Mell

TOP OF FOUNDATION WALL ELEV. = 590.9'



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 1/21/98
FINAL
PETER J. DARE, MD. PROPERTY LINE SURVEYOR #224

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

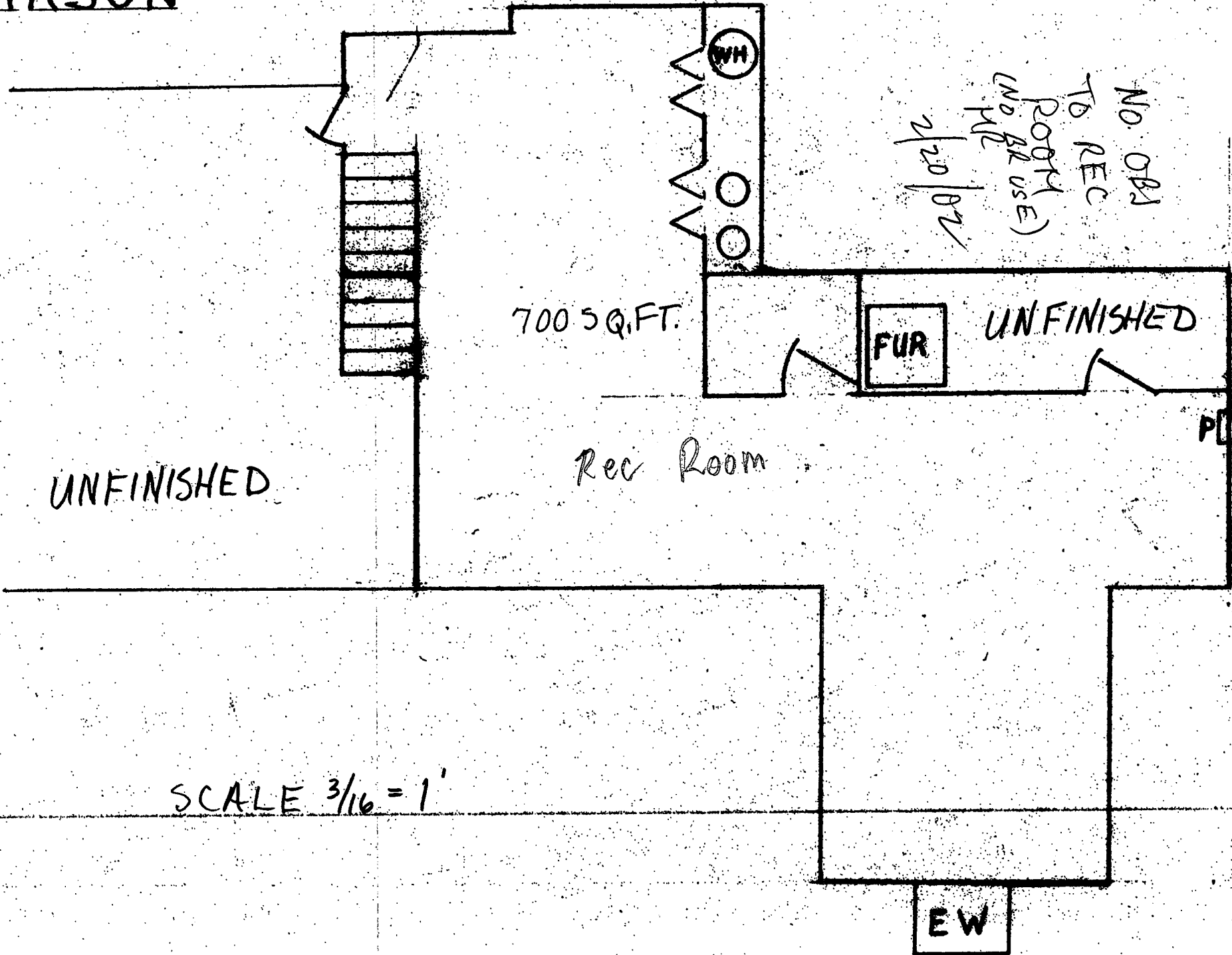
TSA GROUP, INC.
planning • architecture • engineering • surveying
8480 BALTIMORE NATIONAL PIKE SUITE 418
ELLCOTT CITY, MARYLAND 21043
(410) 465-6105

**LOCATION DRAWING
CATTAIL WOODS
SECTION 2**

**LOT 20
1716 CATTAIL MEADOWS
DRIVE**

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE : 1" = 100' DATE : 10-31-97

CARSON



Building Address: 1716 Cattail Meadow Dr.
Woodbine MD 21197

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

Census Tract 6040 Subdivision Cattail Woods

Section 2 Area _____ Lot 20

Tax Map 7 Parcel 137 Grid 18

Zoning RC-DEA Map Coordinates 3E12 Lot size _____

Property Owner's Name Ba and Lauri Carson

Address 1716 Cattail Meadow Dr.

City Woodbine State MD Zip Code 21197

Home Phone 410 707 8136 Work Phone _____

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

Phone _____ Fax _____

Existing Use Residential

Proposed Use Same

Estimated Construction Cost \$ 14,000.00

Description of Work Finished basement,
with Scapwell window
Rec Rm

Contractor Company American Pride Contracting

Contact Person Edgar LeWhittington

Address 1302 Nungwyde Rd

City Sturminster State MD Zip Code 21157

Licens: _____

Phone 410 876 8601 Fax 410 876 8601

Occupant of Premises _____

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 Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

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

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 THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED BY THIS APPLICATION; (5) THAT HE/SHE WILL NOTIFY ANY OFFICIALS ENTERED ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Edgar LeWhittington
 Applicant's Signature
Pres. American Pride Cont.
 Title/Company

Edgar LeWhittington
 Print Name
3/20/02
 Date

Check's payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

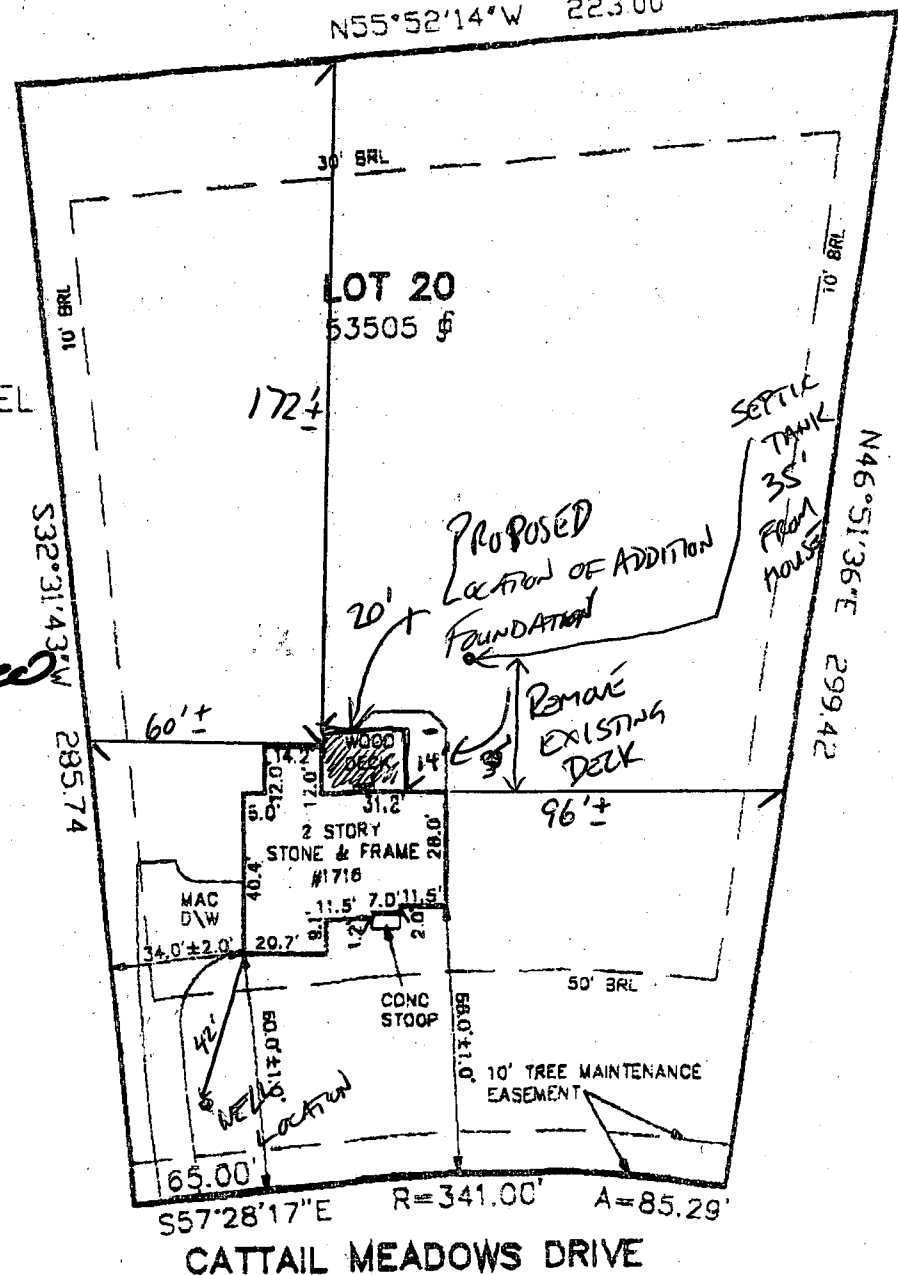
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID#
Land Development/DPZ				Front _____	32255
State Highways				Rear _____	Filing fee \$ _____
Building Official				Side _____	Permit fee \$ _____
Dev. Engineering/DPZ				Side St _____	Excise tax \$ _____
Health				All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per fee \$ _____
Fire Protection				Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				SDP/Red-line approval date _____	Check \$ _____
					Validation \$ _____

Distribution of Copies: White: Building Official Green: LDD/DPZ Yellow: DEZ/DPZ Pink: Health Gold: SHA

Accepted by _____

N55°52'14"W 223.00



PARCEL A

BP 147134 Approved
For proposed
sunroom addition
by no additional
bed bedrooms.
by (FR)
4/9/04



S57°28'17"E R=341.00' A=85.29'
 CATTAIL MEADOWS DRIVE

Date: 06-18-01 Scale: 1/2" = 30' Dwn: DB
 Plat Book:
 Plat No.: 12497 NO TITLE REPORT FURNISHED
 Work Order: 01-2398
 Address: 1716 CATTAIL MEADOWS DRIVE
 District: 4
 Jurisdiction: HOWARD COUNTY, MD

Surveyor's Certification

I hereby certify that the survey shown hereon is correct to the best of my knowledge and that, unless noted otherwise, it has been prepared utilizing description of record. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Fence lines, if shown, are approximate in location. This property does not lie within a 100-year flood plain according to FEMA insurance maps as interpreted by the originator unless otherwise shown hereon. Building restriction lines shown are as per available information and are subject to the interpretation of the originator.

LOCATION DRAWING
 LOT 20
 SECTION 2
 CATTAIL WOODS

Stephen J. Heathcote

NOTE: This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.



Meridian Surveys, Inc.
 811 Russell Avenue
 Suite #303
 Gaithersburg, MD 20879
 (301) 721-9400