

LAYOUT 7/29/04 10:00 INSP 4 \_\_\_\_\_  
 INSP 2 7/30/04 12-1 INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 6/28/04

P 520445

APPROVAL DATE: 7/30/04

A 37532

# PERMIT INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

FoglesøSeptic Clean, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: The Knolls LOT NUMBER: 6

ADDRESS: 3435 Shady Lane PROPERTY OWNER: William & Regina Ross

SEPTIC TANK CAPACITY (GALLONS): 9500  OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5 per DILP

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 185 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the SDA corner stake closest to the well. Run (2) trenches on contour away from driveway entrance.
NOTES:	Maintain a minimum of 100 feet from the well to all parts of the septic system.

PLANS APPROVED: MER (KN) DATE: 2/17/04

NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A 37532



LOT 27  
SECTION ONE  
GLENECOD ESTATES  
PLAT No. 3498

LOT 23

S 28°40'37" E

556.25'

S 13°00'45" E  
86'10"

PLAT DATUM

60" B.R.L.

EX. 100 YEAR FLOODPLAIN  
& DRAINAGE EASEMENT  
(PLAT No. 7556)

N 39°00'37" E  
IPF

IPF

**LOT 6**  
5.467 AC.

60' B.R.L.

SEPTIC AREA

30' B.R.L.

LOT 7

THE KNOLLS  
LOTS 7-9  
PLAT No. 7756

LOT 4

422.74'

1001.55'

N 31°20'52" E

SEE  
DETAIL

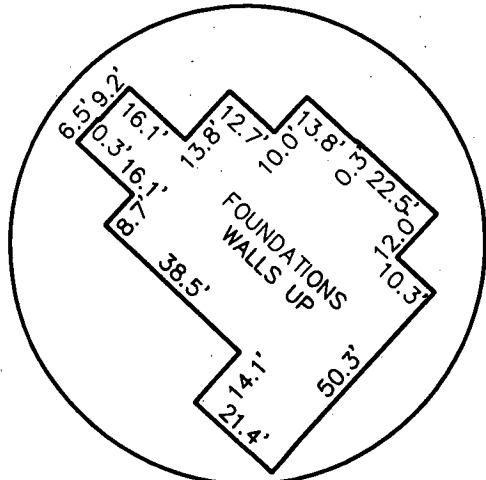
Ex. Well

175'  
B.R.L.

LOT 5

308.64'

EX. DRIVEWAY (ASPHALT)



**HOUSE DETAIL**  
SCALE: NOT TO SCALE

*7/8/04 Wall Check  
OK'd by SB  
ex well loc. to  
be verified  
(KN)*

**SHADY**  
(PLAT No. 7356)

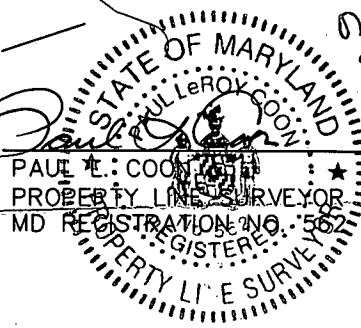
R=325.00'  
L=26.06'  
N 86°22'18" E

296.06'

LOT 8

IPF IPF IPF

**LANE**



*Loc. cert.  
on bp  
site plan*

7.8.04  
DATE

TOP FOUNDATION ELEVATION = 568.9'  
B.R.L. = BUILDING RESTRICTION LINE  
IPF = DENOTES IRON PIPE FOUND  
RF = DENOTES REBAR FOUND

**NOTE:**

- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
- b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.
- d. THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0020B DATED 12-04-86 FOR HOWARD COUNTY, MARYLAND.

**Patton Harris Rust & Associates, pc**  
Engineers. Surveyors. Planners. Landscape Architects.



8818 Centre Park Drive  
Columbia, MD 21045  
T 410.997.8900  
F 410.997.9282

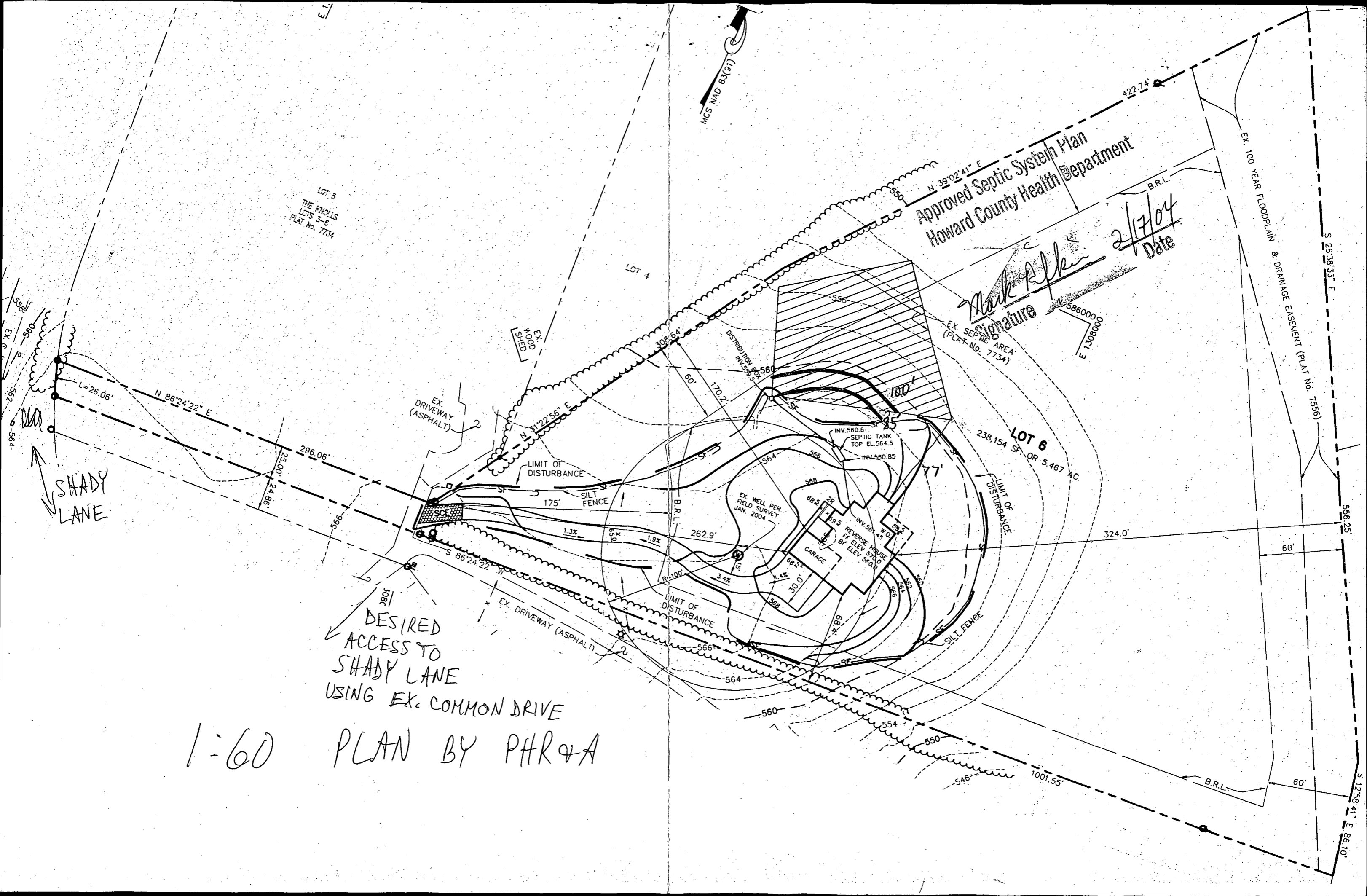
**WALL CHECK DRAWING**

**THE KNOLLS  
LOT 6**

PLAT No. 7734

4TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

SCALE: 1"=100' PROJ. No. 12736 DRAWN BY: H.J.M. DATE: 04-14-04



LOT 5  
THE ANGLES  
LOTS 3-6  
PLAT No. 7734

Approved Septic System Plan  
Howard County Health Department

*Mark R. P. [Signature]*  
Signature  
2/17/04  
Date

SHADY LANE

DESIRED  
ACCESS TO  
SHADY LANE  
USING EX. COMMON DRIVE

1:60 PLAN BY P.H.R. & A.

EX. 100 YEAR FLOODPLAIN & DRAINAGE EASEMENT (PLAT No. 7556)

LOT 6  
238,154 SF. OR 5.467 AC.

INV. 560.6  
SEPTIC TANK  
TOP EL. 564.5

EX. WELL PER  
FIELD SURVEY  
JAN. 2004

REVERSE HOUSE  
FF ELEV. 570.0  
BF ELEV. 560.0

EX. DRIVEWAY  
(ASPHALT)

EX. DRIVEWAY  
(ASPHALT)

MCS NAD 83(97)

2/17/04  
Date

S 28°36'33" E

566.25'

S 12°58'41" E 86.10'

422.74'

N 39°02'41" E

N 86°24'22" E

296.06'

L=26.06'

25.00'

24.86'

568

308.64'

170.2'

60'

175'

262.9'

324.0'

308.64'

1001.55'

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12-8772

Building Address <u>3435 Shady Lane</u> <u>Ellicott City, MD 21738</u>	Property Owner's Name <u>William &amp; Regina Ross</u> Address <u>3911 White Rd</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone <u>410-411-1111</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>604002</u> Subdivision <u>The Knolls</u> Section _____ Area _____ Lot <u>6</u> Tax Map <u>21</u> Parcel <u>95</u> Grid <u>5</u> Zoning _____ Map Coordinates <u>908</u> Lot size <u>5,461 sq. ft.</u>	Contractor Company _____ Contact Person <u>John S. Smith</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
Existing Use <u>Vacant Lot</u> Proposed Use <u>Single Family Home</u> Estimated Construction Cost \$ <u>266,000.00</u> Description of Work <u>2 story 3 1/2 BR 3 CAR GARAGE DECK PATIO</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

<b>BUILDING DESCRIPTION - COMMERCIAL</b>	<b>BUILDING DESCRIPTION - RESIDENTIAL</b>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Building Characteristics</th> <th style="width:50%;">Utilities</th> </tr> <tr> <td style="padding: 2px;">           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         </td> <td style="padding: 2px;">           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:            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            # of Heads _____         </td> </tr> </table>	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: 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 # of Heads _____	<table border="1" style="width:100%; 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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>[Signature]</u> Applicant's Signature <u>[Title]</u> Title/Company	<u>John S. Smith</u> Print Name <u>2/19/04</u> Date
--	--

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

<b>AGENCY</b> Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	<b>DATE</b> <u>2/17/04</u> <b>SIGNATURE APPROVAL</b> <u>[Signature]</u> <b>DPZ SETBACK INFORMATION</b> Front: <u>175</u> Rear: <u>60</u> Side: <u>30</u> Side St: <u>60</u> All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	<b>PROPERTY ID#</b> : <u>60011</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>1000</u> Validation # <u>39909</u> Accepted by: _____
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HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 16203 GRAFTLICK DR SUKESVILLE, MD 21784

(Must circle one) Licensed Plumber License # and name of individual responsible for the field installation: Chris Willoughby License# 6992

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Wm & REGINA ROSS Telephone #: 410-461-1495
Subdivision: THE KNOWLES Lot #: 6 Well Tag #: HO-88-1379
Site Address: 3435 SHADY LAKE GREENWOOD, MD 21738

Submersible Pump Data: Make: JALUZZI Model #: Pump Capacity: GPM Well Yield: GPM Depth of well encountered at time of pump installation: 100 (feet)
Pitless Adapter: Make: HARVARD Model #: Depth: 4 1/2" (36" min) NSF/WSC approved:
Well Cap and Electric Conduit: Two piece watertight cap: Screened, vented well cap: Cap secured to casing: Conduit min 18" B.G.: Conduit secured to well cap:
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house: Type: PEXBLINE PSI: 1/2 (160 psi min) Depth of supply line: 36" min
House Connection: PVC sleeve to undisturbed soil at wall penetration: Approximate length of sleeve: Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Chris Willoughby Pres date: 7/30/04

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: Date Insp. Approved: 8/2/04 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade Two piece cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/attached to cap properly Safety rope not seen outside of well cap/casing Correct well tag attached properly and casing 8" above finished grade Water supply line sleeved adequately at house connection Adequate grout observed below pitless adapter

C1 1615

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 COLS. 3-6 ON ALL CARDS

COUNTY NUMBER A-37532

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

Grid for date well completed

Grid for depth of well

Grid for permit number

OWNER Miller, Clayton STREET OR RFD ... TOWN Glenwood

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED...

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Red Clay, Brown Slate, Sand Stone, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT, BENTONITE CLAY

CASING RECORD casing types insert appropriate code below ST CO PL OT

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) H O ... SLOT SIZE DIAMETER OF SCREEN

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 9

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED...

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS...

CIRCLE APPROPRIATE LETTER A 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. DRILLERS SIGNATURE SITE SUPERVISOR





B 1 **3684** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**H0-88-1379**  
 fill in this form completely

Date Received (APA) **052290**  
 OWNER INFORMATION  
 MILLER CLAYTON  
 3345 FLORENCE RD  
 WOODBRIE MD 21797

B 3 LOCATION OF WELL  
 HOWARD  
 COUNTY THE KNOLLS  
 SUBDIVISION SECTION LOT 6  
 GLENWOOD  
 MILES FROM TOWN 1 MI

DRILLER INFORMATION  
 George F. Easterday  
 Driller's Name L. Franklin Easterday, Inc.  
 Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771  
 Address Signature Date 5/16/90

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 SHADY LA.  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 600 FT

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 A-37532  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 12-01-90  
 NORTH GRID 525000 EAST GRID 0795000

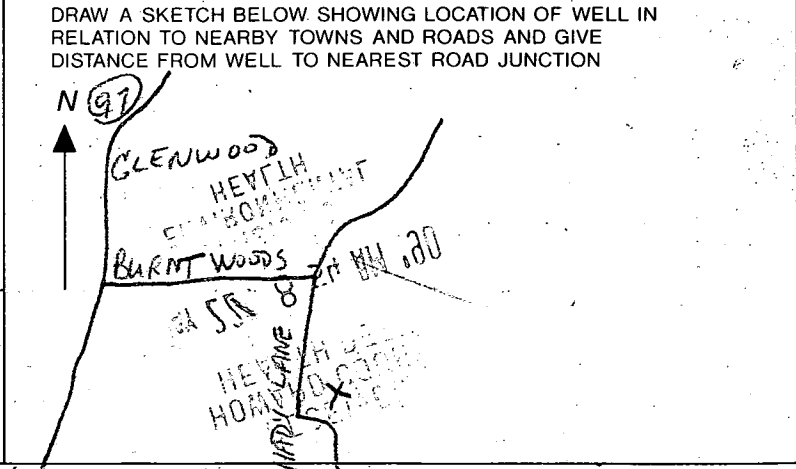
APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROTARY Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 795  
 N 525

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  
 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 MR PERMIT No. H0-88-1379

SPECIAL CONDITIONS 440-3825/442-2305/622-0646

THE KNOWLS  
SHADY LANE

A 37532

SUBDIVISION:

LOT NUMBER: 6

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	_____ sq. ft./bedroom
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

180 (x0.62)  
sq. ft./bedroom

Trench to be 3 wide.

Inlet 2 feet below original grade.

Bottom maximum depth 4 feet below original grade.

Effective area begins at 2 feet below original grade.

2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: FROM THE FRONT LEFT LOT CORNER,  
PLACE THE DISTRIBUTION BOX 290 DOWN THE LEFT (308')  
LOT LINE AND 115' OFF THAT LOT LINE, RUN TRENCHES  
ALONG CONTOUR TOWARD FRONT-LEFT PART OF PROPERTY.

7/6/90 CW/llh

# APPLICATION

SEWAGE DISPOSAL TESTING

A 37532

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT \_\_\_\_\_

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DATE August 15, 1986

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Justice Tract Joint Venture

ADDRESS 12116 Arbie Road, Silver Spring, MD 20904 PHONE 752-7878

PROPERTY LOCATION:

THE KNOLLS

SUBDIVISION Sislen Property LOT NO. A16

ROAD AND DESCRIPTION Shady Lane, 2,000 ft. south of Burntwoods Road

SIZE OF LOT 5 ac TYPE BLDG. 3  
(NUMBER OF BEDROOMS)

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 \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

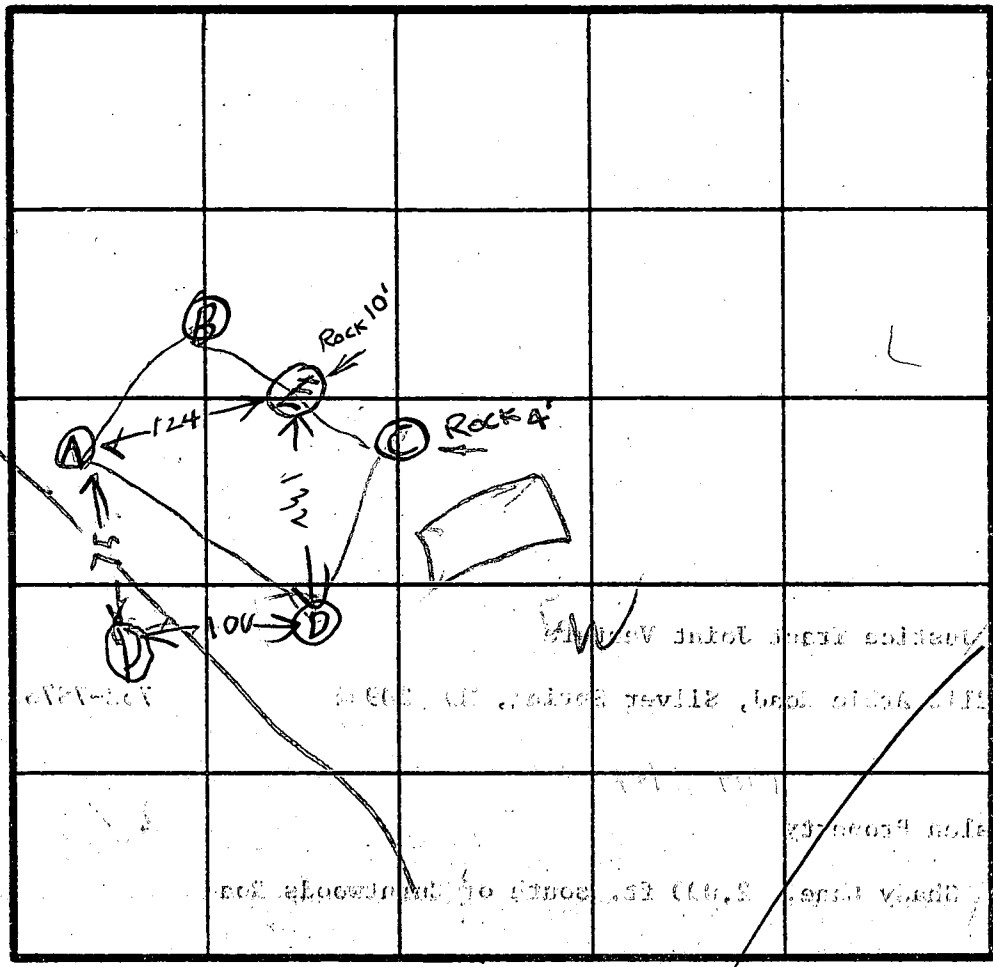
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 10/7/86 PERC OK HOLD FOR PLAT R H

# THIS IS NOT A PERMIT

Lot 4

Lot 4



(DCA) SOIL PROFILE

2 BROWN CLAY  
BROWN SAND LOAM FEW COBBLES

12

(E)

2 BROWN SAND LOAM

10 ROCK

(C)

4 BROWN SAND CLAY ROCK

(F)

2 CLAY BROWN GRAY SAND

9 ROCK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/7/86	DS	3	119	124	124	130	6	
	DV	12	OK					
	CV	4	ROCK	BOTTOM				
	AS	3	128	130	130	133	3	
	AV	12	OK					
	ES	3	142	150	150	159	9	
	EV	10	ROCK	BOTTOM				
	DM	6.5	206	208	208	210	2	
	F	9	ROCK	BOTTOM				
	2D	12	ONLINE HOLE ON LOT 2					
10/7/86	"	"	Per O.K. see other sheet for Lot 2					

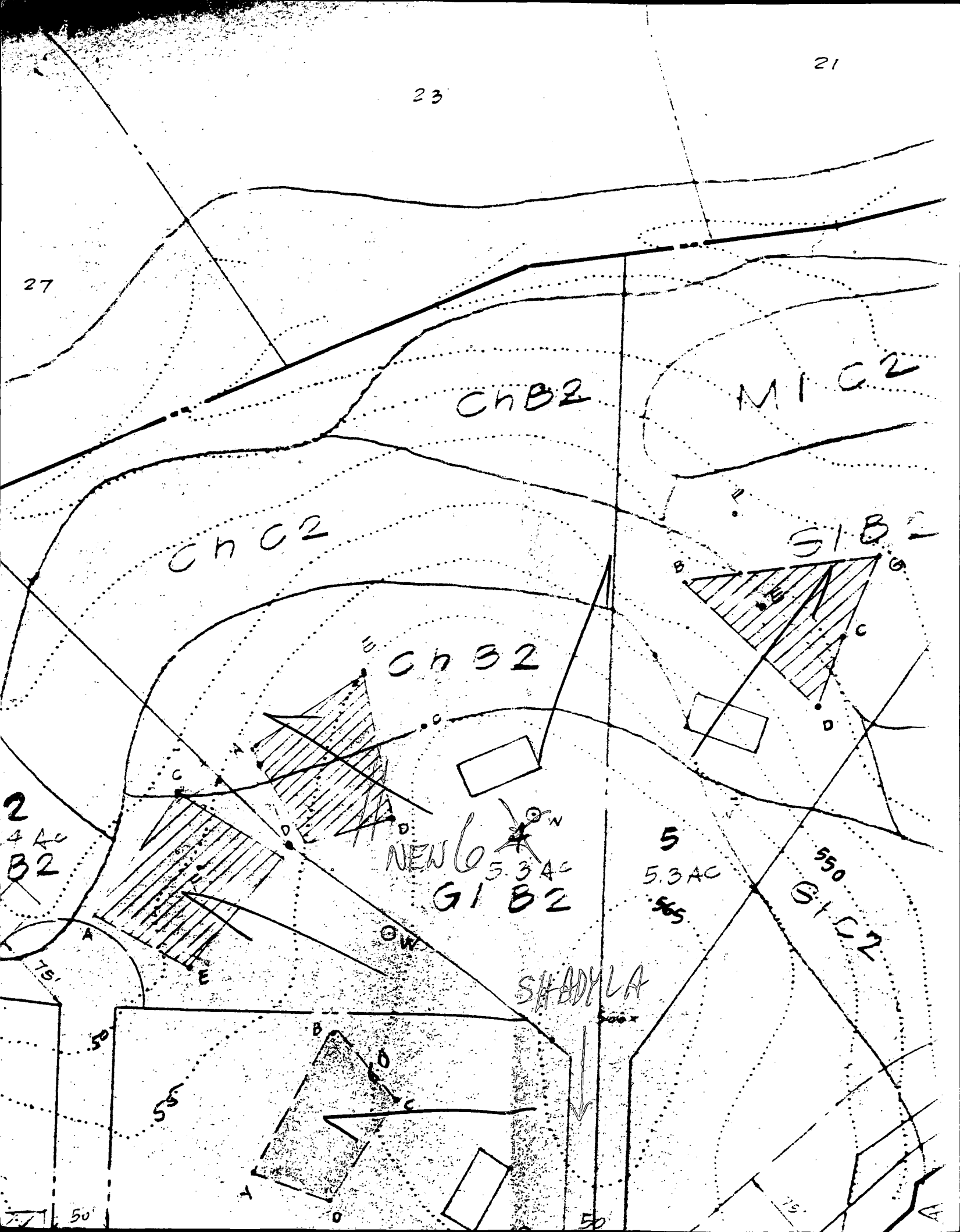
av time  
1/4 mi  
180 BR  
Inlet 2'  
Bot 5'

REMARKS (DCA) DUG PER SURVEY OR STAKE HOLE (B) NOT DUG HOLE (E) (F)

TYPE OF SOIL  
TESTED BY R HODGES ALSO PRESENT 2 KETTERMANS

EH-12-89

27



CHB2

MIC2

CHC2

SIB2

CHB2

2  
4  
B2

NEW 6  
5.3 AC  
GIB2

5  
5.3 AC  
55

550  
SIB2

SHADYLA

75'

50'

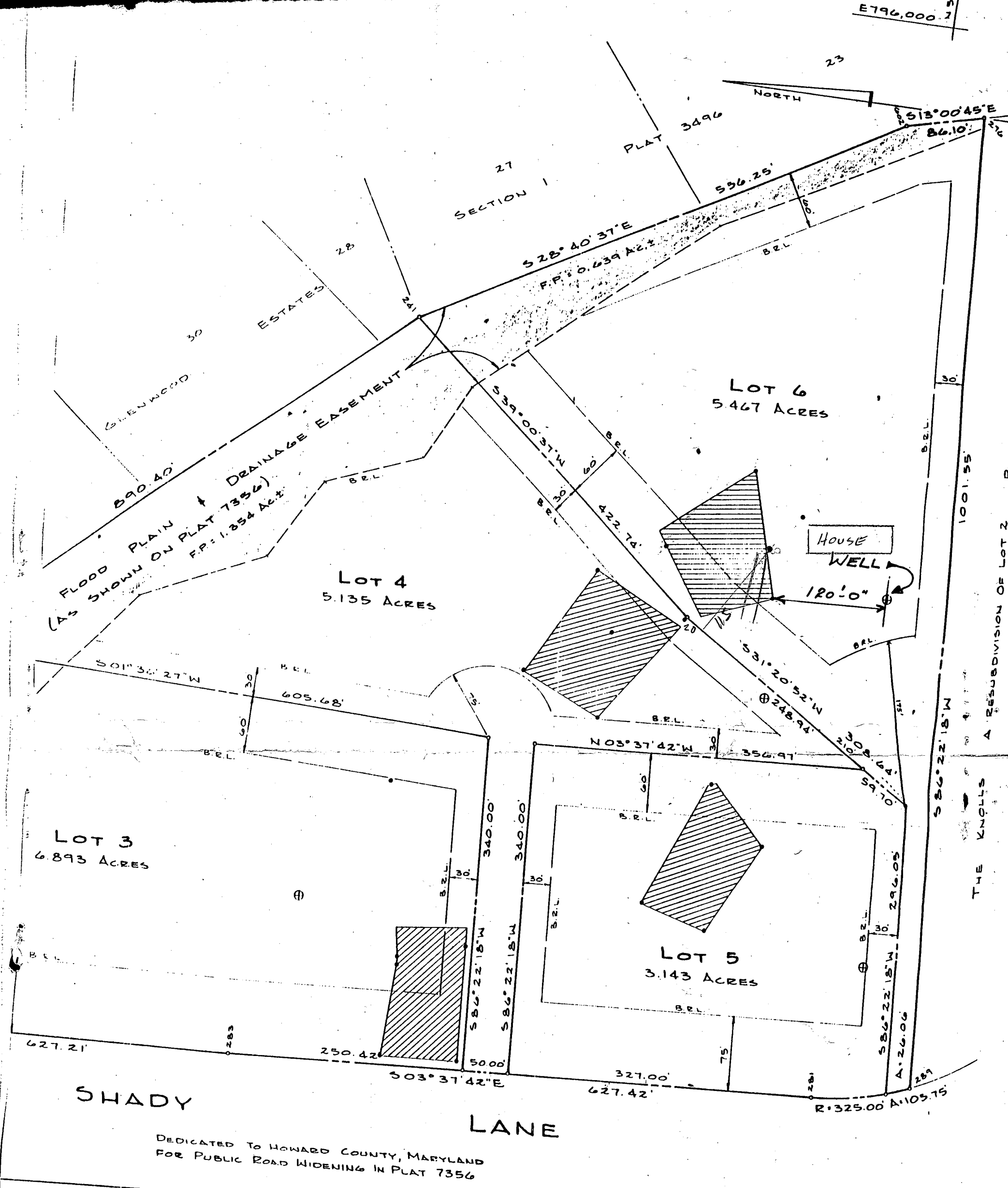
55'

50'

50'

75'

E796,000.7



SHADY

LANE

DEDICATED TO HOWARD COUNTY, MARYLAND FOR PUBLIC ROAD WIDENING IN PLAT 7356

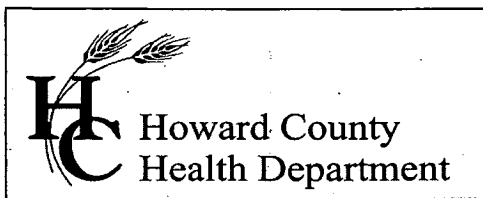
### OWNER'S CERTIFICATE

CAROL McMAHON-THRONBURG, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAN BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTIONS AND GRANT INTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS; (1) THE RIGHT TO CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND THE SPECIFIC ELEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOOD PLAINS AND OPEN SPACE WHERE APPLICABLE, FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR FLOOD PLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE CONSTRUCTION, REPAIR AND MAINTENANCE AND (4) THAT NO STRUCTURE OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHT-OF-WAYS.

### SURVEYOR'S CERTIFICATE

I, HEREBY CERTIFY THAT THE PLAN SHOWN IS CORRECT, THAT IT IS A SUBDIVISION OF THE PROPERTY SHOWN BY DEED DATED MARCH 10, 1988 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY IN PLAT 7356. THE SAME WAS GRANTED AND CONVEYED BY JUST TITLE TO CAROL McMAHON-THRONBURG AND HER HUSBAND AND ARE IN PLACE OR WILL BE IN PLACE PER THE ACCEPTANCE OF THE STREETS IN THE ANNOTATED CODE OF MARYLAND AS APPLICABLE.

DATE: 10-11-17



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

October 6, 2004

William & Regina Ross  
3911 White Rose Way  
Ellicott City, MD 21042

**SENT VIA FACSIMILE 410-884-3983**

RE: The Knolls, Lot 6  
3435 Shady Lane  
Glenwood, MD 21738  
BP #: B00146046  
Well Permit # HO-88-1379

Dear Mr. & Mrs. Ross:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/30/2004. Final approval of the well line connection to the dwelling was approved on 08/02/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-88-1379. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 09/20/2004 & 10/04/2004  
Date of Well Completion: 06/21/1990

Approving Authority,

*Brian Baker*

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File