

LAYOUT 5/13/04 - 11 AM INSP 4 \_\_\_\_\_  
 INSP 2 5/14/04 INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 4/7/2004 **PERMIT** P 520139

APPROVAL DATE: 5/14/04 **INDEX # 05-407435** A 35468

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

Hatfields Equipment IS PERMITTED TO INSTALL  ALTER

ADDRESS: 13785 Burntwoods Rd, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Waterford II LOT NUMBER: 9

ADDRESS: 13135 Brighton Dam Road PROPERTY OWNER: Robert Bailey

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 225

LINEAR FEET OF TRENCH REQUIRED: 300 213 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet <sup>4</sup> <del>3.5</del> feet below original grade. Bottom maximum depth <sup>5.5</sup> <del>5.0</del> feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest useable portion of the SDA to maximize future useable area.
NOTES:	Maintain 9' edge to edge trench separation. $(1)60', (2)80', (1)90' = 300 \text{ linear feet}$

*FR*  
*4/22/04*

PLANS APPROVED: John A. Boris DATE: 9/15/03

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

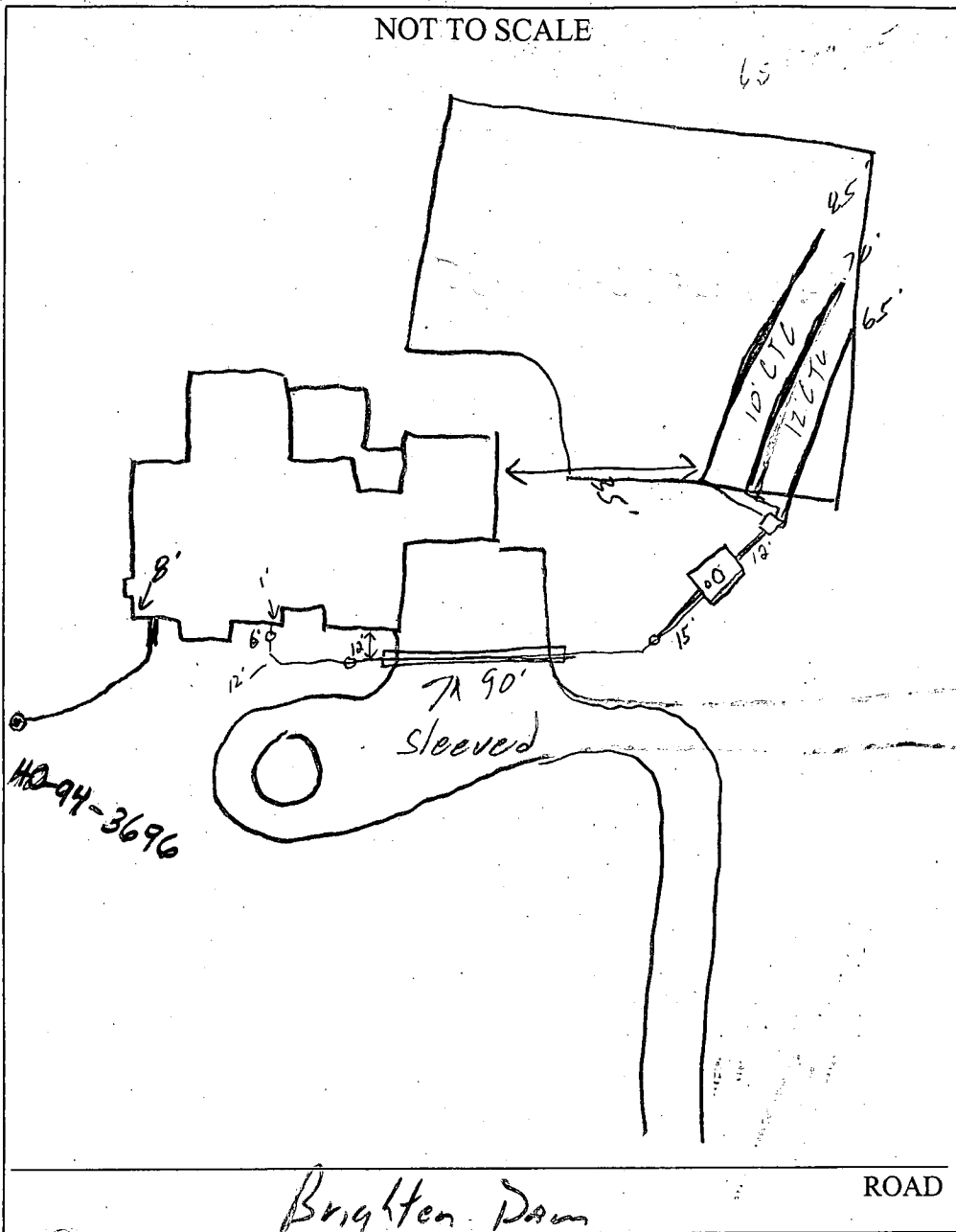
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED AND RETURNED**

10/15/04 B00150824 2 4E LPTANKS 1000g + 500g Tanks  
 10/20/04 B00150844 2 DECKS

A 35468

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	4	5.5
NUMBER OF TRENCHES		3
TOTAL LENGTH		220'
ABSORPTION AREA		660 sq
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

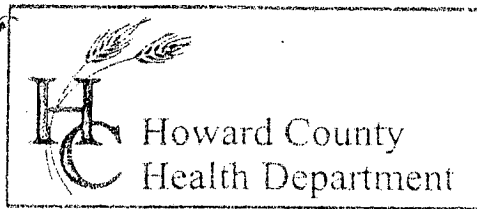
PRE-CONSTRUCTION 5/13/04 - SRA staked, contour accurate. Specs changed. Install 60'/73'/80' trenches on contour.

INSTALLATION Tank installed (S)

5/14/04 - OK to cover all work (S)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 5/14/04

BUILDING DEPARTMENT  
AND RETURNED



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

### TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been ~~staked~~ <sup>field located by actual survey</sup> by Fisher Collins & Carter, Inc.  
(professional land surveyor or company employing professional land surveyors)  
on Dec. 30, 2003 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

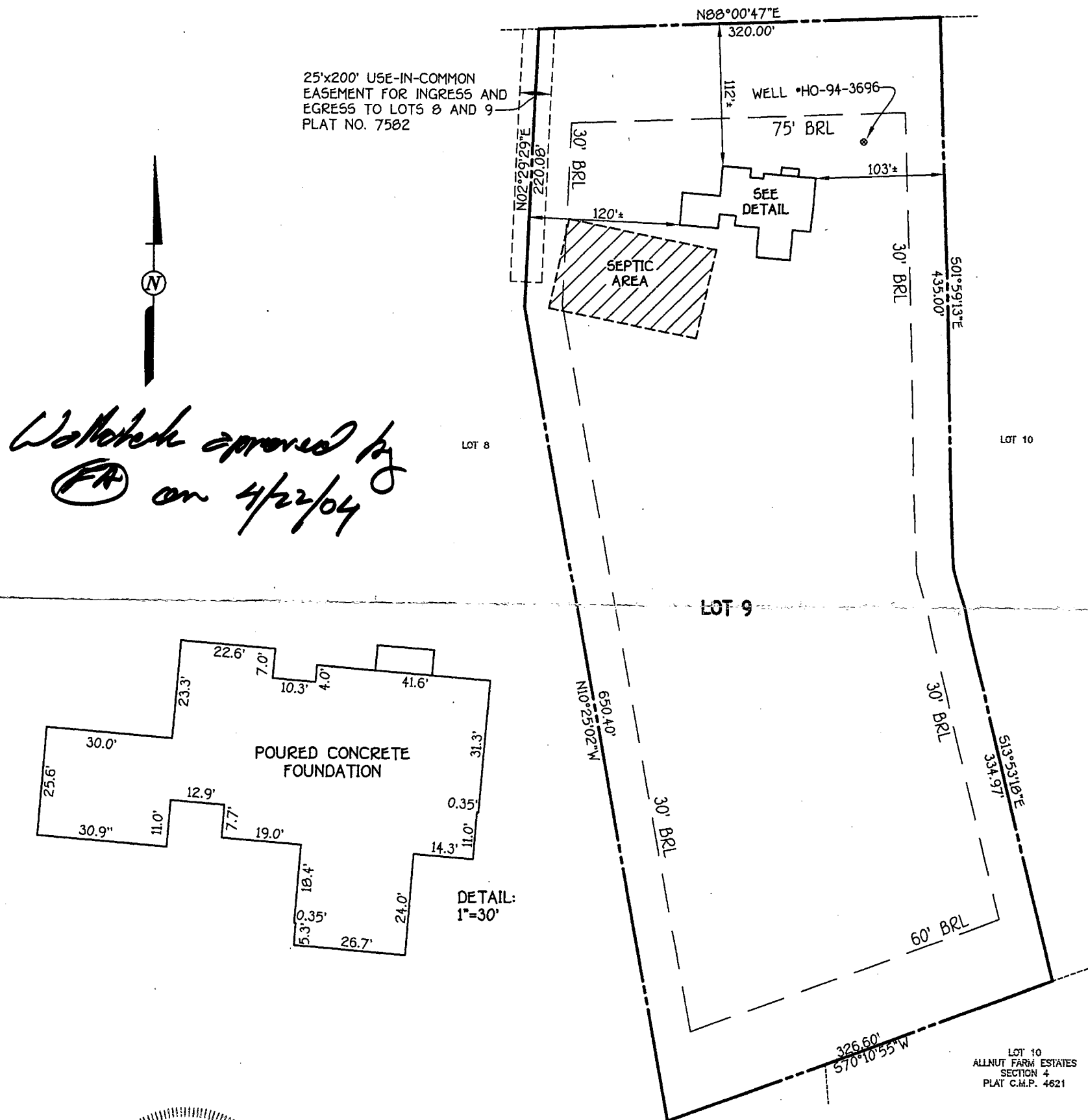
Revised 6/10/03



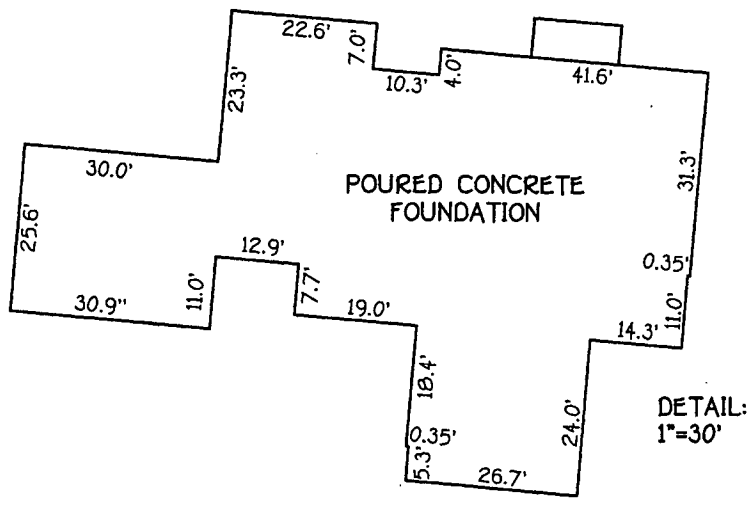
**GENERAL NOTES:**

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440032 B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (+)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

BRIGHTON DAM ROAD



*Watch approved by  
FA on 4/22/04*



*Terrella Fieger*  
PROFESSIONAL LAND SURVEYOR DATE 4/14/04  
REG. # 10692

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855

**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION REV: 4/14/04  
FOUNDATION LOCATION: 12/28/03  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=100'  
DATE: 12/30/03  
DRAWN BY: A.K.O.  
CHECKED BY: S.R.P.  
PROJECT No.: 61849

LOT 9  
WATERFORD  
SECTION 2  
LOTS 5 THRU 11  
A RESUBDIVISION OF LOT 2  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT REF. 7582  
B.R.L. = BUILDING RESTRICTION LINE  
TOP OF FOUNDATION ELEV. 486.3'

**ENGINEER'S CERTIFICATE**

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

*Charles Crovitz*  
 CHARLES CROVITZ  
 8/26/03  
 DATE

**DEVELOPER'S CERTIFICATE**

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN, AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT."

*Stephen P. Griffin*  
 STEPHEN P. GRIFFIN  
 8/27/03  
 DATE

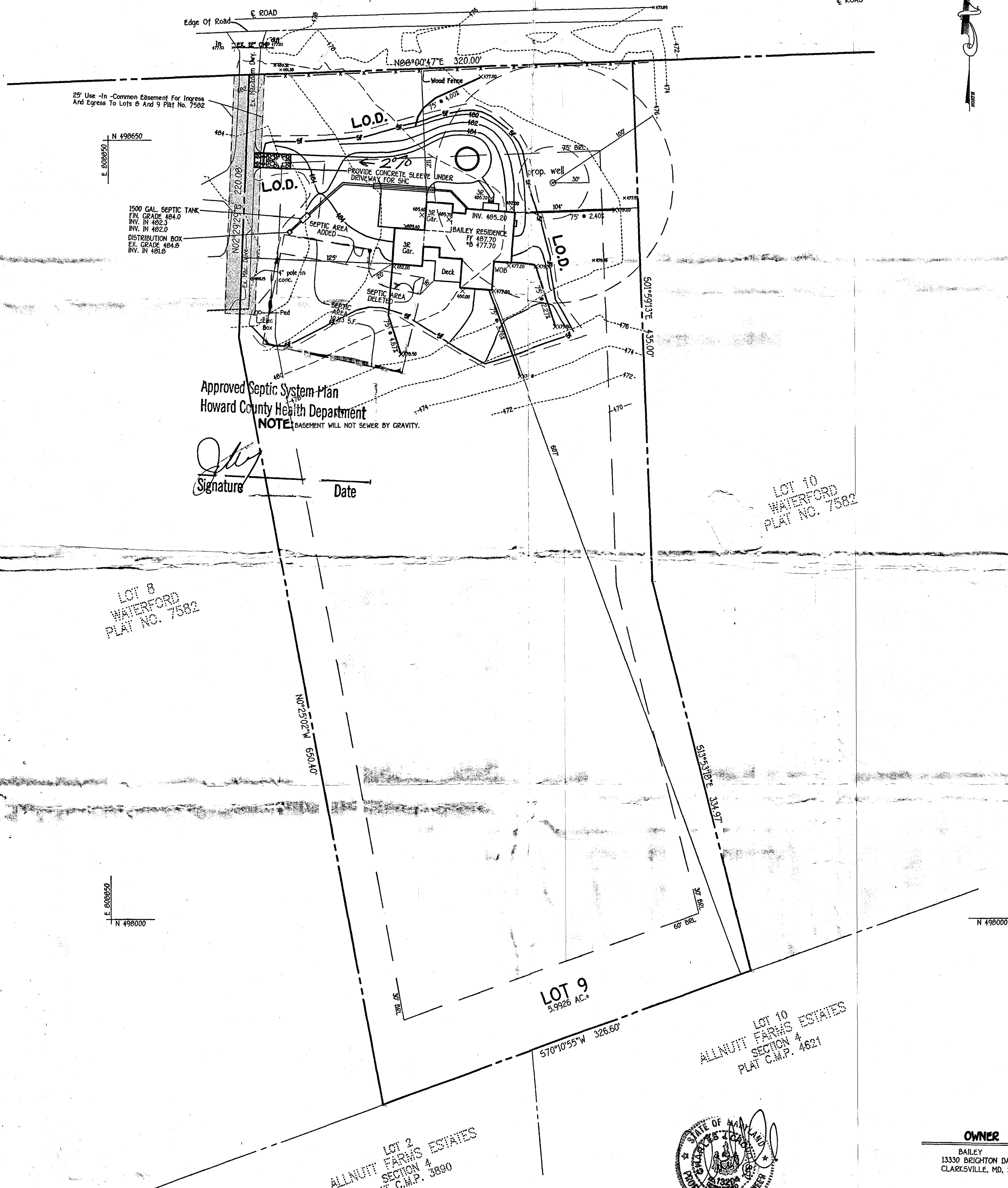
REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

U.S.D.A. NATURAL RESOURCES CONSERVATION SERVICE DATE

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.  
 APPROVED:

HOWARD SOIL CONSERVATION DISTRICT DATE

**BRIGHTON DAM ROAD**

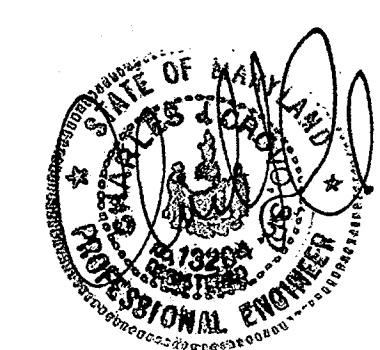


LEGEND	
SYMBOL	DESCRIPTION
-----	EXISTING CONTOUR 2' INTERVAL
-----	PROPOSED CONTOUR
+490.0	SPOT ELEVATION
-SF/TPF	SILT FENCE/TREE PROTECTION FENCE
-SSF/TPF	SUPER SILT FENCE/TREE PROTECTION FENCE
ECM	EROSION CONTROL MATTING
LOD	LIMIT OF DISTURBANCE
~~~~~	EXISTING STREET TREE TAKEN FROM F-01-

**GENERAL NOTES:**

1. THE TOPOGRAPHY SHOWN HEREON WAS FIELD RUN BY FISHER, COLLINS AND CARTER, INC., AUGUST 2003.
2. REFERENCING HOWARD COUNTY RECORD PLAT NO. 7582.
3. THE EXISTING WELL SHOWN ON THIS PLAN, IDENTIFIED BY WELL TAG NUMBER HO. 943696 HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC AND IS ACCURATELY SHOWN.
4. THE PROPOSED HOUSE SHOWN HEREON WILL HAVE A FIRST FLOOR GRAVITY SERVICE ONLY. A BASEMENT SERVICE MUST UTILIZE A PUMP SYSTEM.
5. LIMIT OF DISTURBED AREA: 0.633 ACRES OR 27,573 S.F.

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 10275 BALTIMORE NATIONAL PIKE  
 ELICOTT CITY, MARYLAND 21042  
 410 481-2855



**OWNER**  
 BAILEY  
 13330 BRIGHTON DAM ROAD  
 CLARKSVILLE, MD, 20777

**BUILDER**  
 THE GRIFFMORE GROUP  
 4231 LINTHICUM ROAD  
 DAYTON, MD. 21036

LOT 9  
 PLAN TO ACCOMPANY BUILDING PERMIT  
**WATERFORD**  
 SECTION 2  
 A RESUBDIVISION OF LOT 2  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 PLAT REFERENCE: 7582  
 ZONING: RC-DEO  
 TAX MAP 34 PARCEL 261  
 SCALE: 1"=50' DATE: AUGUST, 2003  
 SHEET 1 OF 2

410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

STEWART

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: Telephone #:
Address:

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): License#

\*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: Telephone #:
Subdivision: Lot #: Well Tag #: HO-94-3696
Site Address: 13135 BRIGHTON DAM ROAD

Submersible Pump Data
Make:
Model #:
Pump Capacity GPM
Well Yield: GPM

Pitless Adapter
Make:
Model#:
Depth: (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 1 1/2" B.G.
Conduit secured to well cap:

Depth of well encountered at time of pump installation: (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house
Type:
PSI: (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: 4/13/05
date

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

Date Insp. Requested: Date Insp. Approved: 4/13/05 Inspector: 50
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

I UNDERSTAND THAT A VISUAL INSPECTION WAS NOT DONE ON THIS LOT BEFORE DITCH WAS FILLED IN. I HEREBY STATE THAT ALL WORKED RELATED TO THE WELL, PUMP, PITLESS ADAPTER, AND ENTRY INTO FOUNDATION WAS DONE TO MEET ALL STATE & COUNTY CODES!

**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: NATIONAL WATER SERVICING Telephone #: 301-854-1333  
Address: PO BOX 138  
ASHTON, MD 20861

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): DAVID RYCKE License#: PI 0145

\*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: GRIFFMORE GROUP Telephone #: 410-984-6944  
Subdivision: WATER FORD Lot #: 9 Well Tag #: HO-94-3696  
Site Address: 13135 BRIGHTON DAM RD  
CLARKSVILLE, MD 21029

Submersible Pump Data  
Make: GRUNDFOS  
Model #: 15 SDG 078-180  
Pump Capacity: 15 GPM  
Well Yield: 15 GPM  
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

Pitless Adapter  
Make: BJI  
Model #: PA-100  
Depth: 37" (36" min)  
NSF/WSC approved: YES

Well Cap and Electric Conduit  
Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 18" B.G.: YES  
Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, Cable guards, or other acceptable method used— Must circle one → LOW WATER CUT OFF Built into pump & control box  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house  
Type: AQUA JET COIL  
PSI: 160 (160 psi min)  
Depth of supply line: 36 (36" min)

House Connection  
PVC sleeve to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 5' 10"  
Sleeve caulked and sealed properly: YES

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 \_\_\_\_\_ date 3-10-05

For Health Department Use Only – Not to be completed by installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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** 3424 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER A 35468

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 180' 26 1/2 03 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3696

OWNER Goffman (last name) George (first name) STREET OR RFD Brighton Dam Rd. TOWN Clarksville SUBDIVISION Waterford SECTION            LOT 9

**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	
Sand	0	56	
Gray Mica Rock	56	180	✓

**GROUTING RECORD** (Circle Appropriate Box) **C3**

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft. (enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

**ST** STEEL **CO** CONCRETE **PL** PLASTIC **OT** OTHER

MAIN CASING TYPE St Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

**OTHER CASING (if used)**

EACH CASING diameter inch 4 depth (feet) from 20 to 180

**SCREEN RECORD**

screen type or open hole insert appropriate code below

**ST** STEEL **BR** BRASS **HO** OPEN HOLE **PL** PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: 2

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

CIRCLE APPROPRIATE LETTER

**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

**E** ELECTRIC LOG OBTAINED

**P** TEST WELL CONVERTED TO PRODUCTION WELL

**C2** DEPTH (nearest ft.)

T 1 Ho 58 180

E 8 9 11 15 17 21

A 23 24 26 30 32 36

S 38 39 41 45 47 51

R 2 3

E SLOT SIZE 1 2 3

D DIAMETER OF SCREEN (NEAREST INCH) 56 60

from to

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.

DRILLERS LIC. NO. 1 M S D 24

DRILLERS SIGNATURE George P. Mays

LIC. NO. 1 M D

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 26 ft.

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 INSTALLED PUMP (CIRCLE) (YES OR NO) YES **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

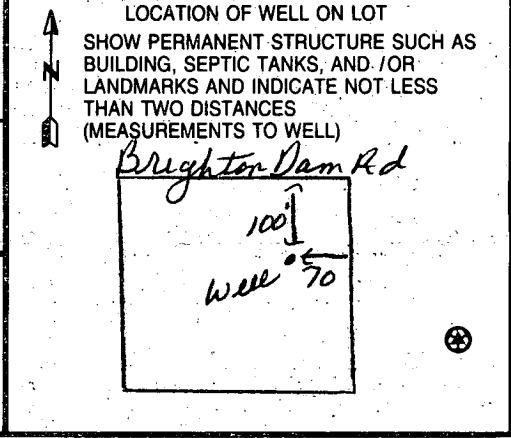
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29

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 2 (nearest foot)





B 1 **5105**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
518968 please type

STATE PERMIT NUMBER

**HO-94-3696**  
fill in this form completely

Date Received (APA)  
**05-09-03**

OWNER INFORMATION

**Hickmore Group**  
15 Last Name 34 Owner First Name  
**4231 Lanthicum Rd**  
36 Street or RFD 55  
**Dorton Md 21036**  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

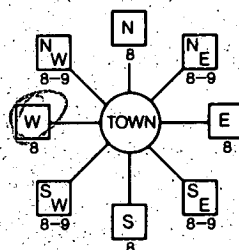
**Howard**  
8 COUNTY 21  
**Waterford**  
23 SUBDIVISION 42  
SECTION **9** LOT **9**  
44 46 48 50  
**Clarksville**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **1 1/2** M I  
73 76 77 78

DRILLER INFORMATION

**Joseph L. Mayne** **M.S.D.024**  
76 Driller's Name 81 License No.  
**Joseph L. Mayne Well Drilling**  
Firm Name  
**5512 Ridge Rd. Mt Airy Md. 21771**  
Address  
**Joseph L. Mayne** **5/5/03**  
Signature Date

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**13125 Brighton Dam Rd**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 **100** 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: **34** BLK: **9** PARCEL **261**

B 2 WELL INFORMATION

1 2  
APPROX. PUMPING RATE (GAL. PER MIN.) **4**  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** **A35468**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED **05-19-03** **John Boris** **05/19/04**  
43 MM DD YY 48 CO SIGNATURE 41 EXP. DATE  
NORTH GRID **499 000** EAST GRID **807 000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic, Rotary)  
37 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER **G**  
PERMIT No. **HO-94-3696**  
70 71 72 73 74 75 76 77 78 79

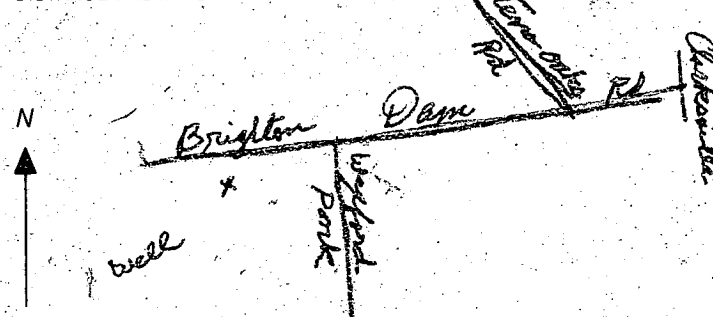
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. **well**
  - 2.
  - 3.

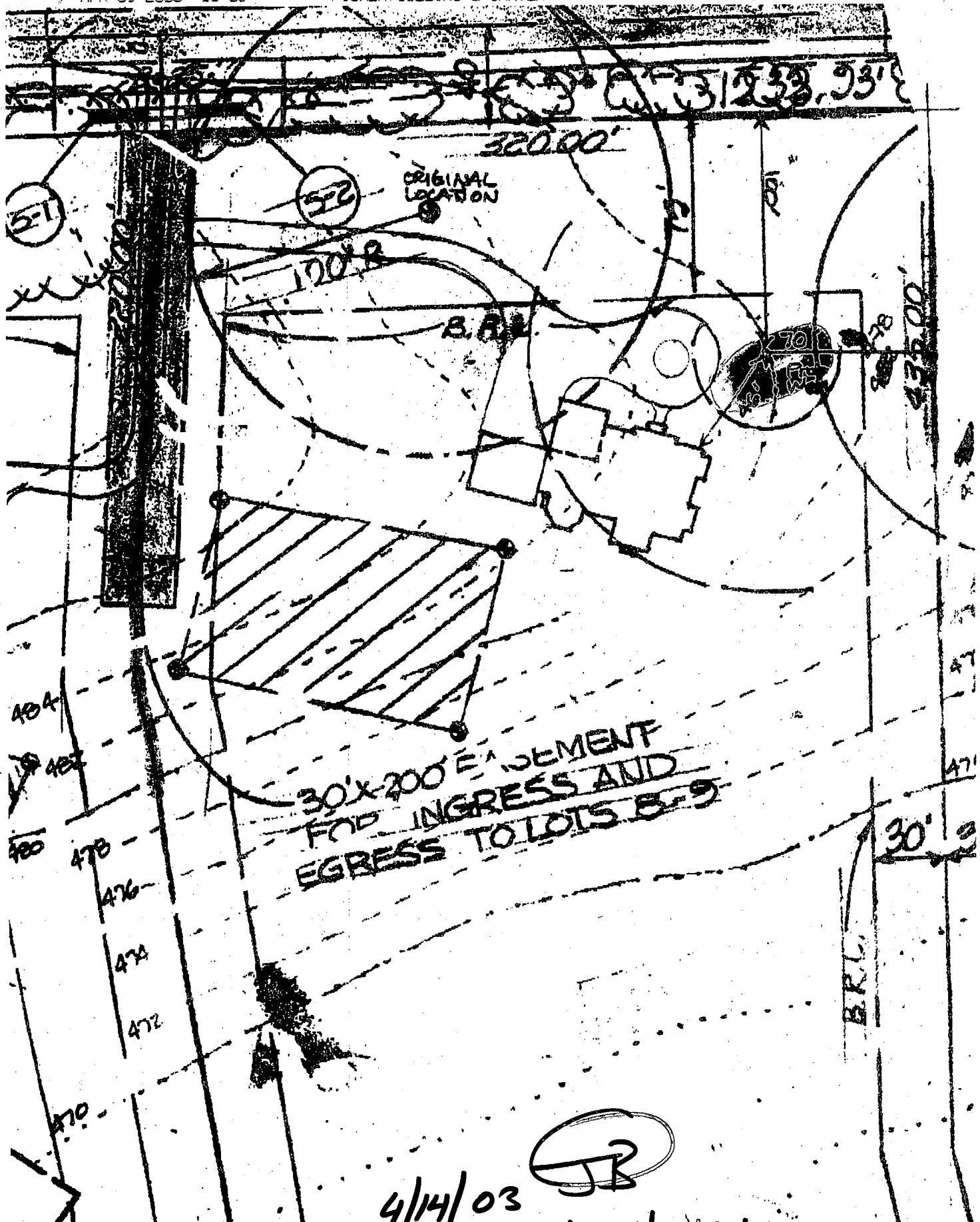
WRITE THE BOX NUMBER FROM THE MAP HERE

E **807 000**  
N **499 000**

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







30'x200' EASEMENT  
FOR INGRESS AND  
EGRESS TO LOTS B-9

4/14/03

*JB*

New well site O.K.  
Topo across the street drops +  
neighboring Septic is lower in elevation  
+ > 100' away.

# APPLICATION

35-468  
A 34820

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

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

DATE 1-25-85

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 Developer - Highland Development Corp.  
ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: WATERFORD  
SUBDIVISION Mountington Manor Estates Section #2 LOT NO. #9  
ROAD AND DESCRIPTION Brighton Dam Road

SIZE OF LOT 3 Acres TYPE BLDG. Single Family  
(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 Sichay Abl FOR Shallow test field DATE 4-1-87

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

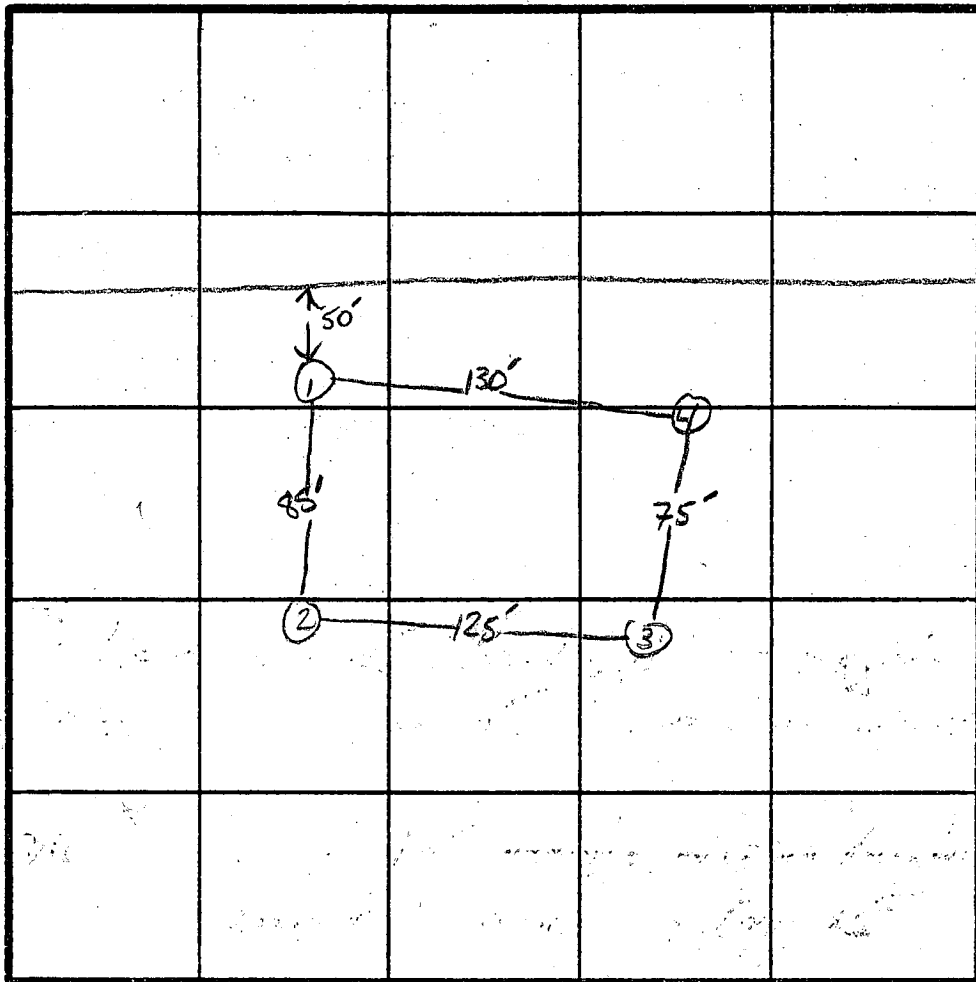
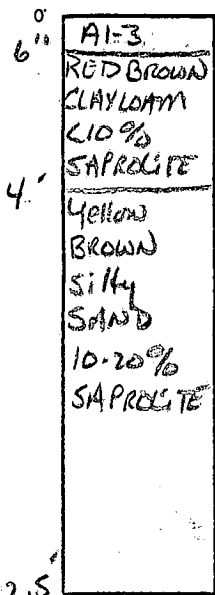
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5-1-85 Perc. SATISFACTORY; HOLD For certified subdivision AT S&M  
Shallow System Only S. Abl

# THIS IS NOT A PERMIT

① ② ④

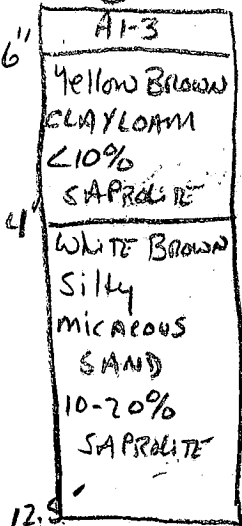
SOIL PROFILE



∞ Perc Time  
16min  
INLET 3.5'  
BOTTOM 5.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
BRIGHAM DAM Rd.

③



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/85	1 ✓	4' 12'	3:15	3:30	3:30	3:56	26min
	2 ✓	4.5' 12.5'	3:10	3:12	3:12	3:18	6min
	3 ✓	4.5' 12.5'	3:18	3:33	3:33	4:01	28min
	4 ✓	4' 12'	3:22	3:24	3:24	3:27	3min

REMARKS: HOLES LOCATED AS PER PLAN; DEEP SOIL DRY - SHALLOW SYSTEM ONLY

TYPE OF SOIL

TESTED BY S Abel

LEP, TERRY, DOWNY  
ALSO PRESENT

# APPLICATION

35468

A 34890

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5

DATE 1-25-85

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: Developer - Highland Development Corp.  
ADDRESS: 13690 Nichols Drive PHONE: 531-5539

PROPERTY LOCATION:

SUBDIVISION: Huntington Manor Estates LOT NO. 29  
ROAD AND DESCRIPTION: Brighton Dam Road

SIZE OF LOT: 3 Acres TYPE BLDG. Single Family  
(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 \_\_\_\_\_

# THIS IS NOT A PERMIT

718

SOIL PROFILE

0'

SAP


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS \_\_\_\_\_

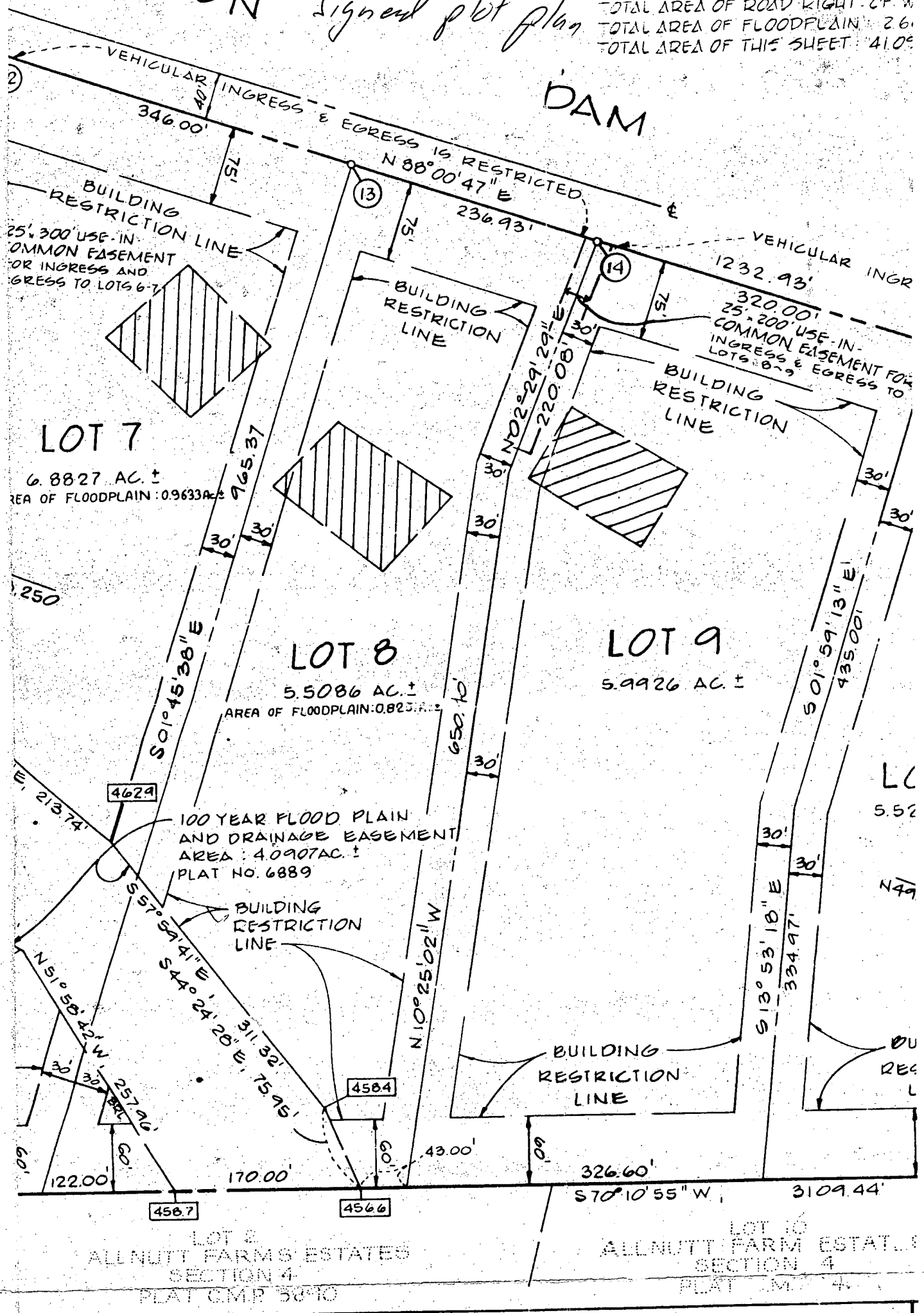
TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

EH-12-1079

# BRIGHTON Signed plot plan

TOTAL NUMBER OF LOTS TO BE REC  
 TOTAL AREA OF LOTS 41.0329 AC.  
 TOTAL AREA OF ROAD RIGHT-OF-W  
 TOTAL AREA OF FLOODPLAIN 2.6  
 TOTAL AREA OF THIS SHEET 41.0

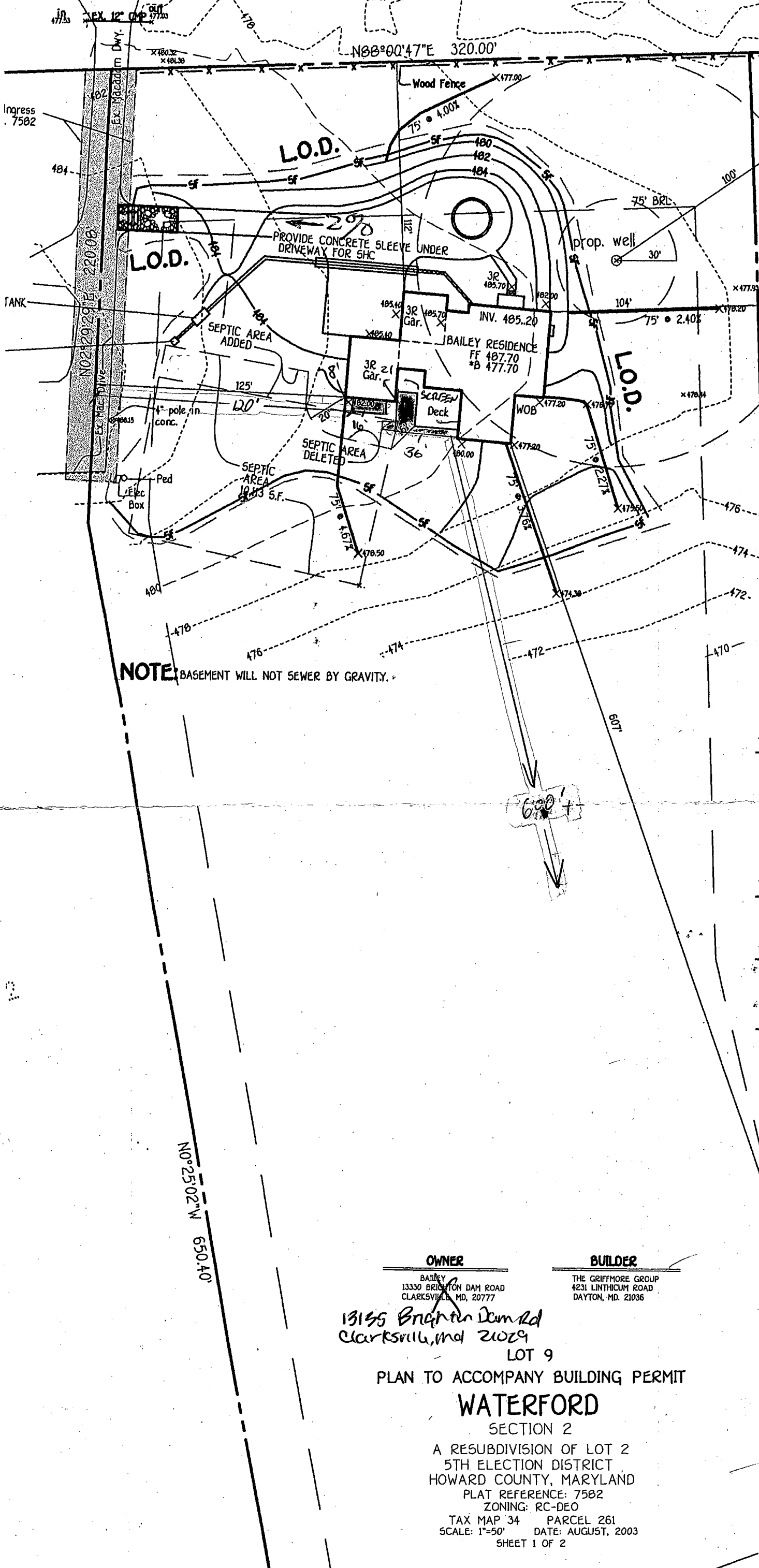


**OWNER'S CERTIFICATE:**

WE, THE BRIGHTON GROUP, A MARYLAND GENERAL PARTNERSHIP, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROADS AND STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS, THE FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE AND 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 ROADS, THE FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; AND (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS-OF-WAY. WITNESS OUR HANDS THIS 28 DAY OF FEBRUARY, 1987.

LEWIS SARGENT, GENERAL PARTNER

WITNESS



**NOTE:** BASEMENT WILL NOT SEWER BY GRAVITY.

**APPROVED**  
 WATERFORD BUILDING PERMIT  
 BP# 50050 844 A# 35468  
 APP SAN PASTY / J.B. DATE: 10/24/01  
 DESC. OF WORK: Addition of Deck  
*(equipment already moved)*

**ENGINEER'S CERTIFICATE**

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

*[Signature]*  
 CHARLES CROVQ  
 8/26/03  
 DATE

**DEVELOPER'S CERTIFICATE**

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN, AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT."

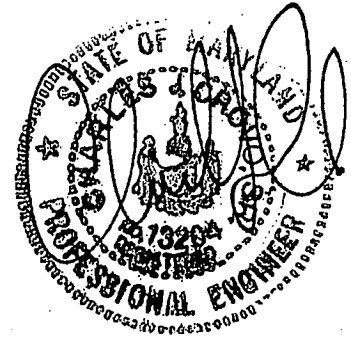
*[Signature]*  
 STEPHEN P. GRIFFIN  
 8/27/03  
 DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MET TECHNICAL REQUIREMENTS.

U.S.D.A. NATURAL RESOURCES CONSERVATION SERVICE DATE

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

APPROVED: HOWARD SOIL CONSERVATION DISTRICT DATE



**OWNER**  
 BAILEY  
 13330 BRIGHTON DAM ROAD  
 CLARKSVILLE, MD, 20777  
 13155 Brighton Dam Rd  
 Clarksville, Md 21029  
 LOT 9

**BUILDER**  
 THE GRIFFMORE GROUP  
 4231 LINTHICUM ROAD  
 DAYTON, MD. 21036

PLAN TO ACCOMPANY BUILDING PERMIT  
**WATERFORD**  
 SECTION 2  
 A RESUBDIVISION OF LOT 2  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 PLAT REFERENCE: 7582  
 ZONING: RC-DEO  
 TAX MAP 34 PARCEL 261  
 SCALE: 1"=50' DATE: AUGUST, 2003  
 SHEET 1 OF 2

LOT 9

7582

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

300150844

Building Address 13135 Brighton Dam Rd.  
Clarksville, Md 21029

Property Owner's Name Robert Bailey  
Address 16505 Harbortown Ct  
City Silverspring State Md Zip Code 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Home Phone 410 910 31925 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):

Census Tract 605101 Subdivision Waterford

Section 2 Area \_\_\_\_\_ Lot 9

Tax Map 34 Parcel 2101 Grid 10

Zoning RRD&P Map Coordinates \_\_\_\_\_ Lot size 599

Existing Use SFD

Contractor Company ProBuilt Construction, Inc.

Proposed Use " w/ decks

Contact Person Ed Pacylowski

Estimated Construction Cost \$ 10,000.00

Address 13453 Long Days Ct

Description of Work construct 2 open decks -  
one around existing porch, the other  
off the garage (8'x16') + (312 sf)  
(128 sf)

City Highland State Md Zip Code 20777

License No. 20247  
Phone 3018540821 Fax 3018541963

Occupant or Tenant \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system:  N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
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: decks  
Dimensions: 8'x16' + 312'x12'  
Footings: post = pier  
Roof: none  
 State Certified Modular  
 Manufactured Home

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system:  N/A   
 NFPA #13D  
 NFPA #13R  
 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.

Ed Pacylowski  
Applicant's Signature  
Ed Pacylowski  
Title/Company

President  
Print Name  
October 20, 2004  
Date

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

FOR OFFICE USE ONLY

AGENCY: Land Development, DPZ  
DATE: 10/20/04  
SIGNATURE APPROVAL: Chris Walker  
Building Official: \_\_\_\_\_  
Dev. Engineering, DPZ: \_\_\_\_\_  
Health: Mike Gumb  
Fire Protection: \_\_\_\_\_

DPZ SETBACK INFORMATION  
Front: 75'  
Rear: 60'  
Side: 30'  
Side St: \_\_\_\_\_  
All-minimum setbacks met?  YES  NO  
Is Entrance Permit required?  YES  NO  
Historic District?  YES  NO  
Lot Coverage for New Town Zone: NA  
SDP/Red-line approval date: NA

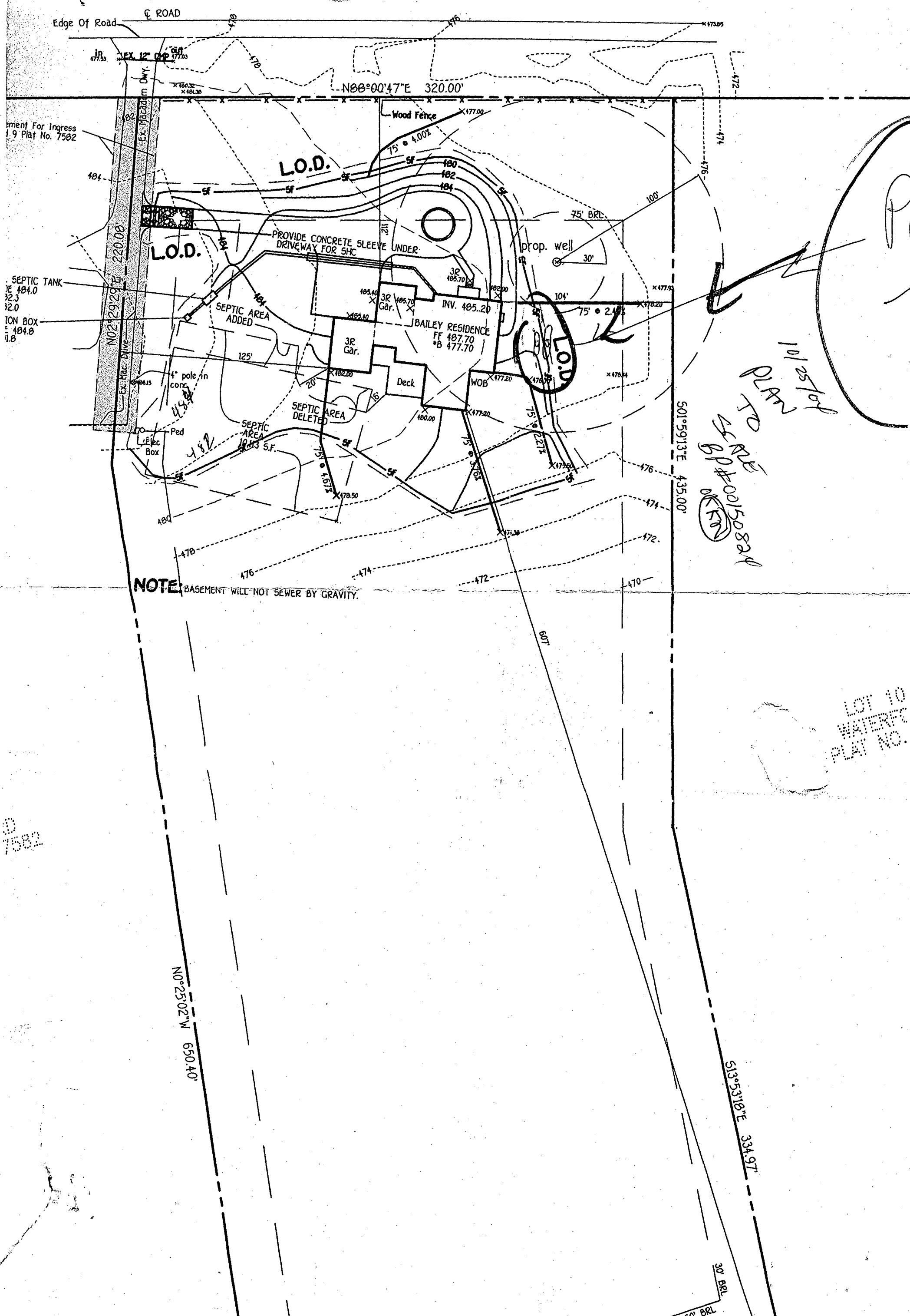
PROPERTY ID: 2305  
Filing fee \$ \_\_\_\_\_  
Permit fee \$ 50  
Excise tax \$ \_\_\_\_\_  
Add'l per fee \$ \_\_\_\_\_  
TOTAL FEES \$ 50  
Sub-total paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 2004  
Validation # \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

# BRIGHTON DAM ROAD



13330 Brighton Dam road  
Clarksville Md. 21029

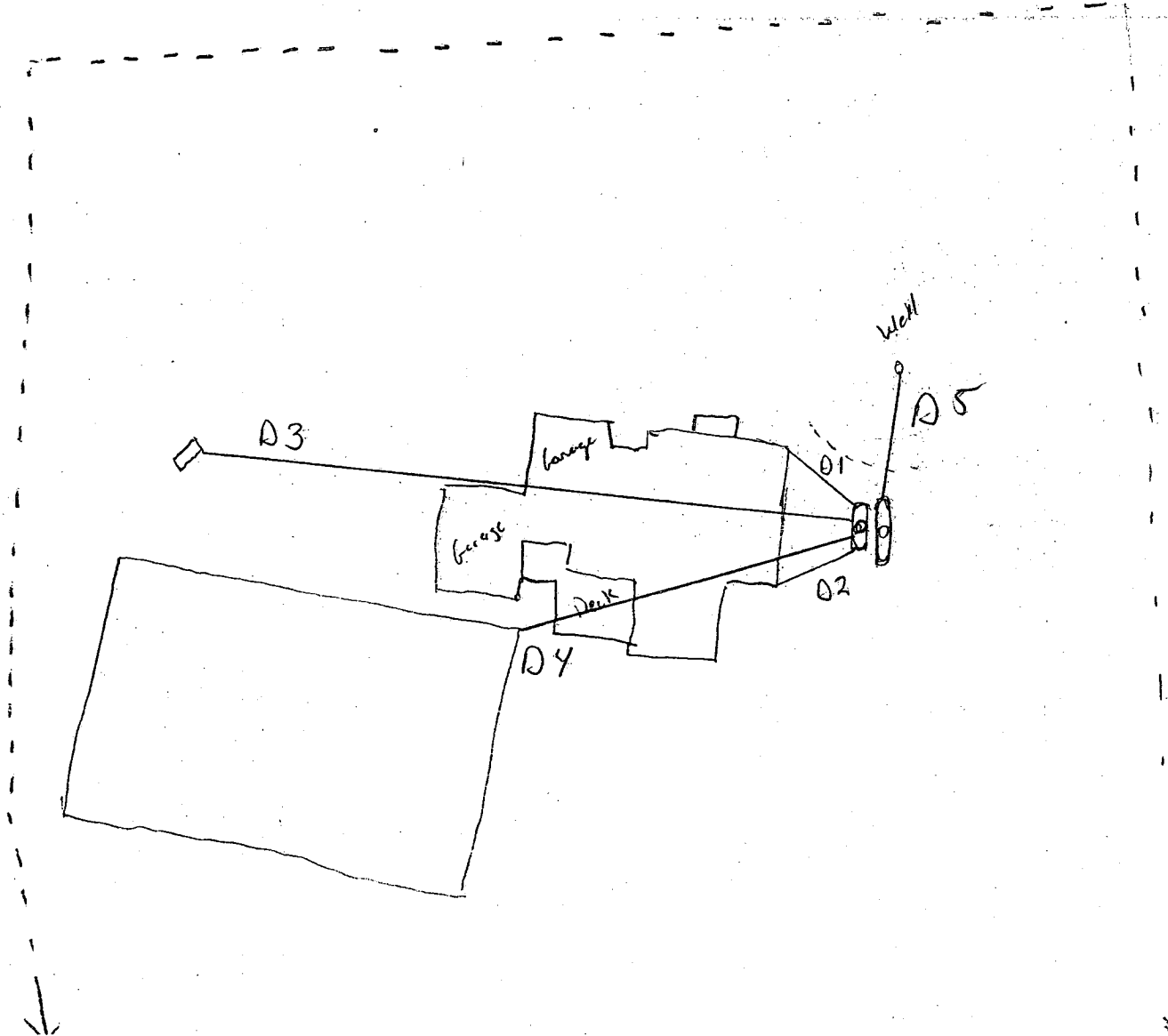
Scale 1" = 50'

B00150824  
OK  
LPTANKS

5000\$ 10000  
gal

Plan  
to  
Scale  
and  
accurate

- D1 From tank to corner of house = 25'
- D2 " " " " " " = 25'
- D3 " " " septic tank = 185'
- D4 " " " " " " = 100'
- D5 " " " Well = 37'



Building Address 13135 Brighton Dam  
Choksville 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6521 Subdivision 11111

Section 2 Area \_\_\_\_\_ Lot 9

Tax Map 34 Parcel 24 Grid 10

Zoning R1A Map Coordinates N88 Lot size \_\_\_\_\_

Property Owner's Name Bob Bailey

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone 410-231-925 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use 310

Proposed Use S.I.

Estimated Construction Cost \$ 3500

Description of Work Buy a 1000.2 500  
gallon CP Tanks

Contractor Company U.S. Environmental

Contact Person John

Address 715

City Choksville State MD Zip Code 21028

License No. 01235

Phone 410-987-9000 Fax 410-987-5700

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Bob Bailey

Title/Company \_\_\_\_\_ Date 10-19-04

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	23025
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>200</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health <u>10-25-04</u> <u>Race Norman</u>			Lot Coverage for NewTown Zone _____	Add'l per. fee \$ _____
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ <u>200</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # _____
				Validation # _____

Building Address 13135 BRITTON DAM RD  
CINNAPVILLE MD. 21029  
 Suite/Apt. #: TAX ID # CS-487435 SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 01.01 Subdivision Waterford  
 Section 2 Area \_\_\_\_\_ Lot 9  
 Tax Map 34 Parcel 261 Grid 9  
 Zoning RDPD Map Coordinates \_\_\_\_\_ Lot size 5.9 A

Property Owner's Name Robert Bailey  
 Address 16505 HARBORVIEW CRT.  
 City Silver Spring State MD Zip Code \_\_\_\_\_  
 Home Phone (410) 963-1925 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax (410) 531-8070

Existing Use VACANT LOT  
 Proposed Use SINGLE FAMILY RESIDENCE  
 Estimated Construction Cost \$ 600,000  
 Description of Work Construct 4 Bedrooms  
4 Full, 2 1/2 BA, 4 Car Garage  
SINGLE FAMILY HOME  
 Occupant or Tenant ROBERT + MARIA BAILEY  
 Contact Name ROBERT BAILEY  
 Address 16505 HARBORVIEW CRT.  
 City Silver Spring State MD Zip Code 21070  
 Phone (410) 963-1925 Fax (410) 531-8070

Contractor Company The Greiner Group LLC  
 Contact Person STEVE GRIFFIN  
 Address 4231 LINTHICUM RD.  
 City DAYTON State MD Zip Code 21036  
 License No. 1307  
 Phone (410) 531-8105 Fax (410) 531-8070  
 Engineer or Architect Company JRB Home Design  
 Contact Person John Butts  
 Address 4231 LINTHICUM RD.  
 City Dayton State MD Zip Code 21036  
 Phone (410) 531-8105 Fax (410) 531-8070

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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: <u>104 x 69</u> Footings: <u>Concrete</u> Roof: <u>Asphalt</u>	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: STEPHEN P. GRIFFIN  
 Date: 9/3/03

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

AGENCY	DATE	SIGNATURE	APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ			
<input checked="" type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official			
<input checked="" type="checkbox"/> Dev. Engineering DPZ			
<input checked="" type="checkbox"/> Health	<u>9/15/03</u>	<u>[Signature]</u>	
<input type="checkbox"/> 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"/>			

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>2305</u>
Rear: _____	Filing fee <u>\$100.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? _____	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check <u>#31023</u>
SDP/Red-line approval date _____	Validation <u>#29931</u>
	Accepted by <u>[Signature]</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 54093 Account #: 3123  
Reference: Griffmore Group Company: National Water Servicing  
Location: 13135 Brighton Dam Road Requested By: Dave Rycke  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 03/08/05 1235 Site: Pressure Tank  
Date/Time Rec'd: 03/08/05 1540 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: C. Mooshian 7268CM Well #: HO-94-3696

*Waterford  
Lot 9*

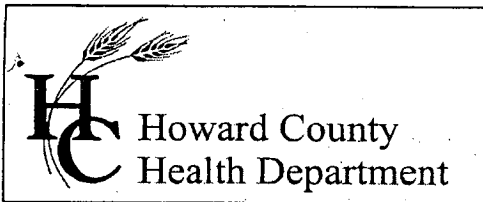
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	2.49	mg/L	10	601
Turbidity	2.64	NTU	<10	SM18 2130B
Sand	NS	mg/L	5	Visual/Gravimetric

**NOTES:**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : B00143982

Date Reported: 03/09/05



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

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

April 13, 2005

Robert Bailey  
16505 Harbortown Court  
Silver Spring, MD

**SENT VIA FACSIMILE 410-531-8070**

RE: Waterford, Lot 9  
13135 Brighton Dam Road  
Clarksville, MD 21029  
BP #: B00143982  
Well Permit # HO-94-3696

Dear Sirs:

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 05/14/2004. Final approval of the well line connection to the dwelling was approved on 04/13/2005.**

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-94-3696. 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 Sample(s): 03/08/2005  
Date of Well Completion: 06/25/2003

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File