

5/24/99
10 44 16A

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511916

A 50036C

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

05-423457

DISTRICT _____

DATE 5/28/99

DATE SYSTEM APPROVED 6/4/99

INSPECTOR S.R.V.

INDEXED

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS P.O. Box 89, Glenelg, MD 21737 _____ PHONE 410-988-9270

SUBDIVISION Windy Knolls _____ LOT 2 _____ ROAD ⁶⁴⁰⁵ Prestwick Drive

PROPERTY OWNER Cornerstones Homes Inc. _____

ADDRESS 9691 Norfolk Avenue, Laurel, MD 20723 _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

**BUILDING PERMIT SIGNED
AND RETURNED 7-24-02
B00137569 - FINISH BASEMENT**

Trenches - Trench to be 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.

Location - Place the distribution box 150' down the 280.72' and 10' off this same lot line as seen when facing the lot from Prestwick Drive. Run trenches on contour towards the 288.0' lot line.

Notes - No trench to exceed 100 feet in length.

PLANS APPROVED BY Donna K. Soe SRK/CW 5/26/99 DATE 5/25/99

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

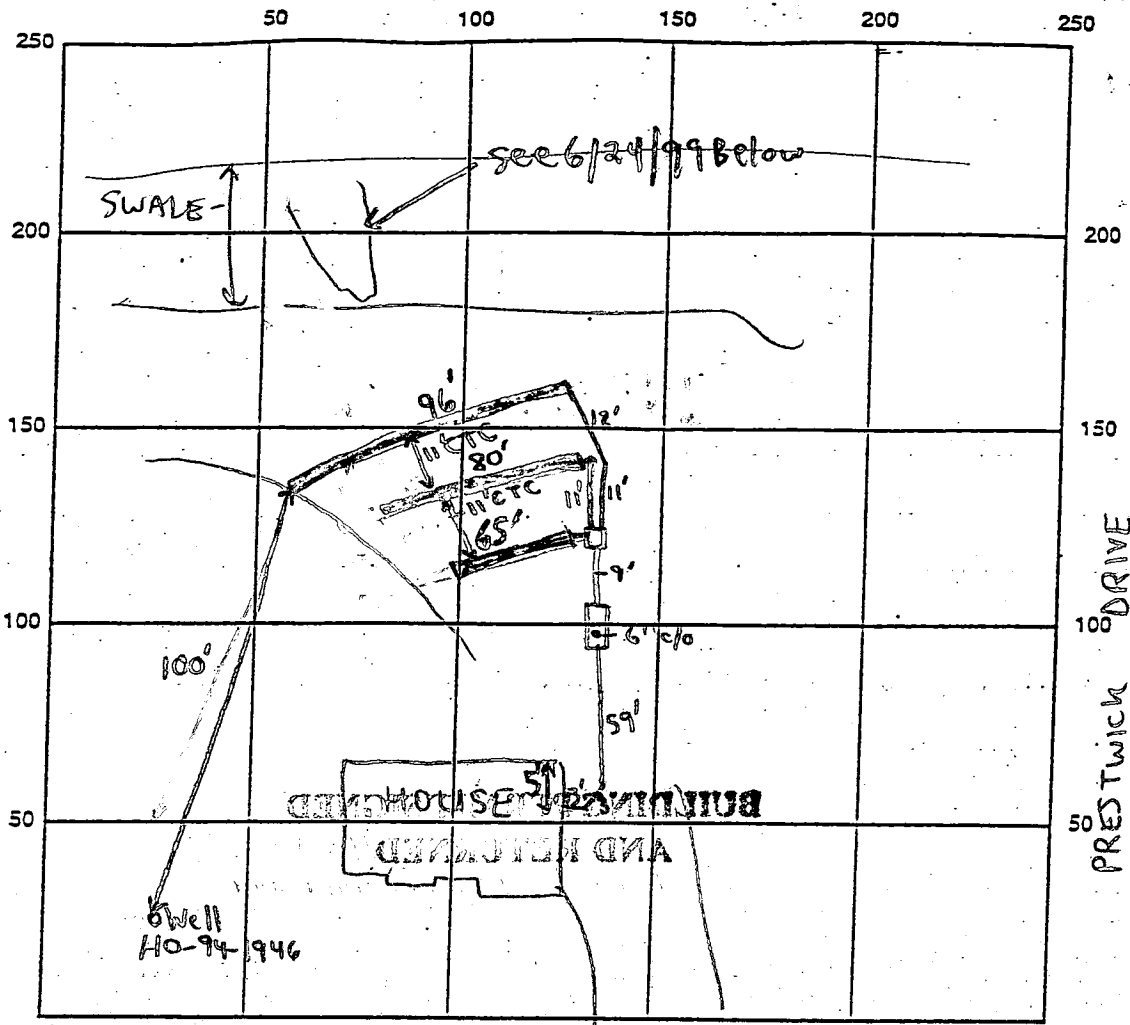
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 50036-C



SEPTIC TANK LEVEL 1250 midscam CLEANOUTS 1-6" @ tank

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 241 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 964 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/24/99-OK TO FINISH INSTALLING SYSTEM AND COVER ALL WORK - (SRW) 7/9/99-WPZ OK, NO INSP (SRW) 6/24/99-SMALL AMOUNT OF FILL ADDED AND REGRADING DONE IN SWALE AREA TO DIVERT WATER OFF OF RESERVE SEPTIC AREA - (SRW)

DATE SYSTEM APPROVED 6/24/99 INSPECTOR Steven R. Huey

APPLICATION

PERCOLATION TESTING

A 50036C

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 5/18/94

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 Clarksville Pike Joint Venture CORNERSTONE HOMES

ADDRESS C/O Land Design + Development Inc
10805 Hickory Ridge Rd Col Md 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Windy knolls LOT NO. B²

ROAD AND DESCRIPTION West side of Clarksville Pike (Rt 108)
6405 Prestwick Drive

TAX MAP 34 PARCEL # 84+134

SIZE OF LOT 1 +/- acres TYPE BLDG. SFD - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~PERMITS~~ ~~PERMITS~~ ~~SIGNED~~
~~AND RETURNED 5-7-94~~
Serial # 60716945
SFD - 4 Bed

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. Mark Reich
(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

50036 C

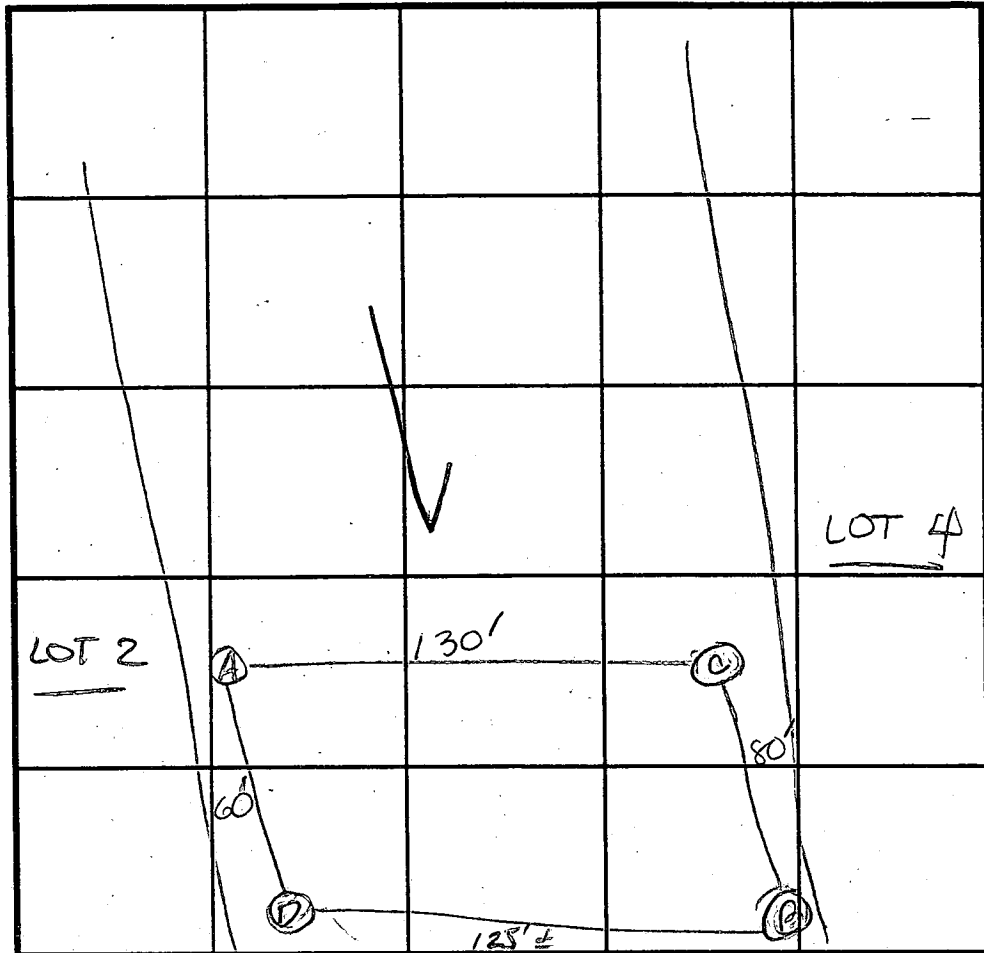
COUNTY #

SOIL PROFILE

0'
1' topsoil
red br clay loam
2'
br sandy loam
410% rock frags
11'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/3/94	A	4.0' S	11:34	11:35	11:35	11:36	1
		8.0' M	11:31 ³⁰	11:32	11:32	11:32 ²⁰	30sec 30sec repair
		11.0' D					
	D	4.0' S	10:16 ³⁰	10:16	10:16	10:16 ³⁰	30sec
		10.5' D	See profile				
	(repair)	4.0' S	11:47				
	C	11.5' D	See profile				
	B	4.0' S	10:29	10:29 ²⁰	10:30	10:30 ²⁰	30sec
	(repair)	4.0' S	10:30 ¹⁵	10:32	10:32	10:34	2
		10.0' D	See profile				

REMARKS holes tested as staked

TYPE OF SOIL LOAMY TEXTURE - NO OBT. TO FAST TEST TIMES (CW)

TESTED BY D. See ALSO PRESENT O.K. Jr.

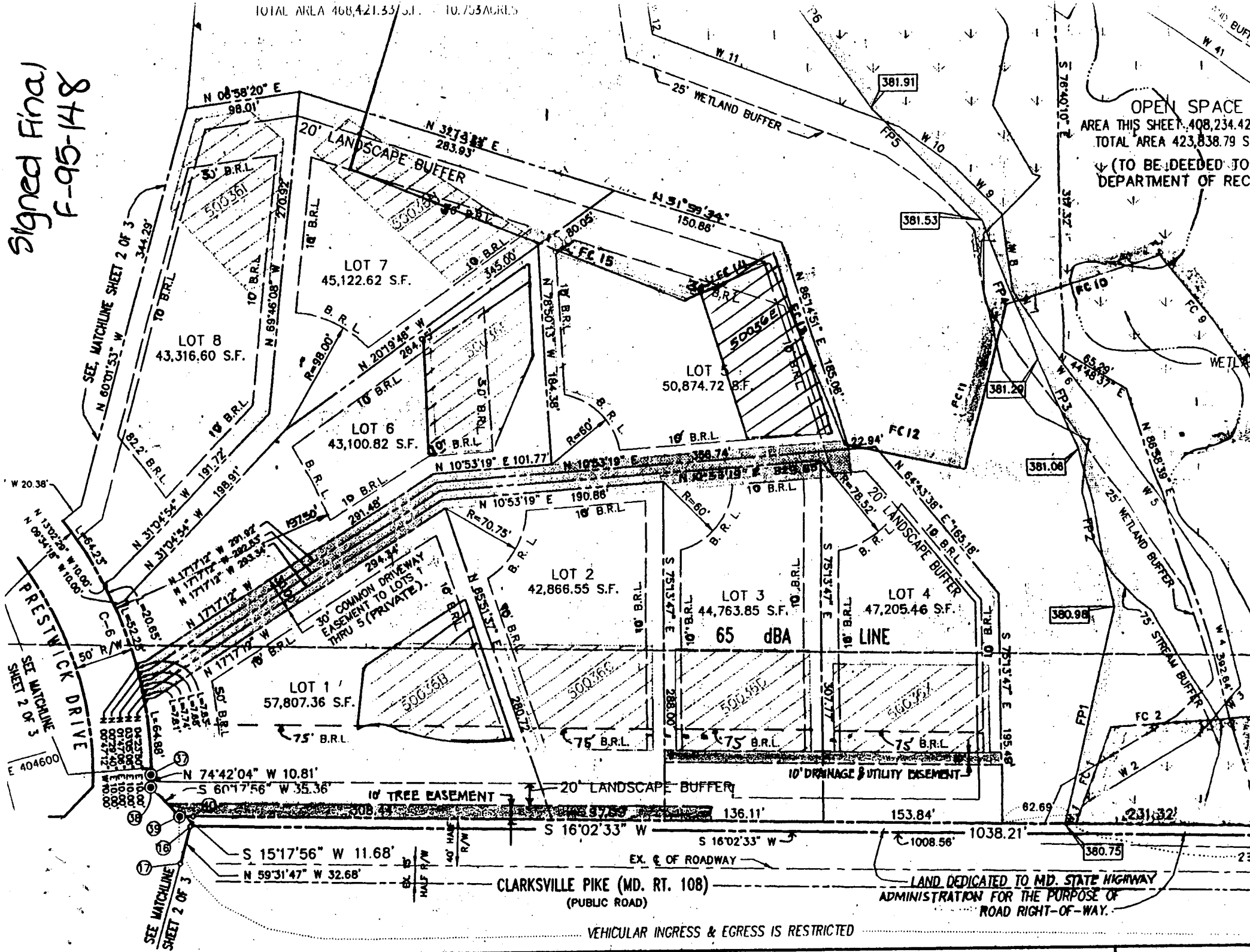
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 2

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

Signed Final
F-95-148

TOTAL AREA 468,421.33 S.F. = 10.753 ACRES

OPEN SPACE
AREA THIS SHEET 408,234.42
TOTAL AREA 423,838.79 S.F.
(TO BE DEEDED TO
DEPARTMENT OF REC.

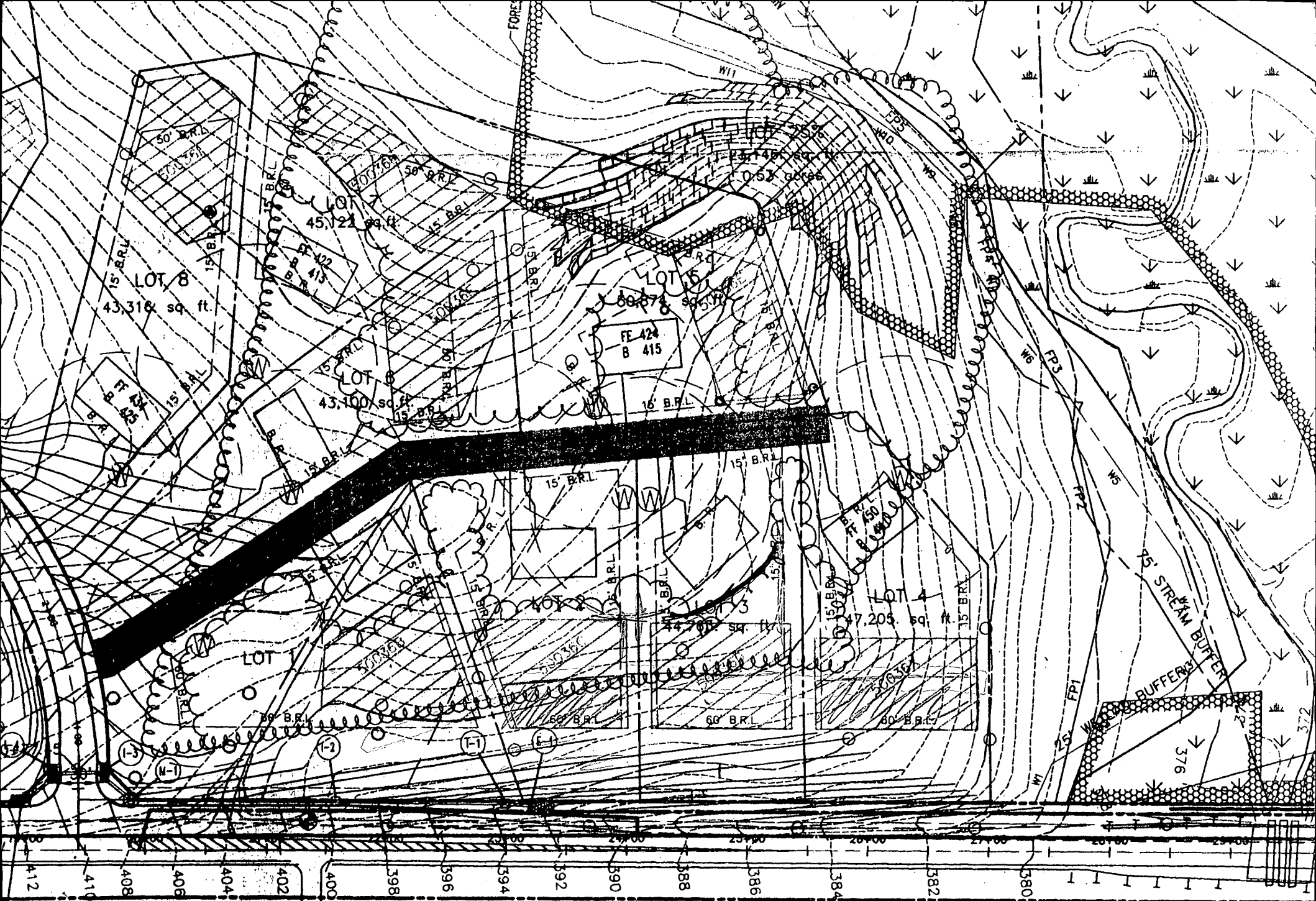


CLARKVILLE PIKE (MD. RT. 108)
(PUBLIC ROAD)

LAND DEDICATED TO MD. STATE HIGHWAY
ADMINISTRATION FOR THE PURPOSE OF
ROAD RIGHT-OF-WAY.

VEHICULAR INGRESS & EGRESS IS RESTRICTED

RECORDED AS PLAT



CLARKSVILLE PIKE (MD. 108)

Signed Perc Plan

571 to State

EX. 72" PIP

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
300116945
300116915

Building Address 6405 Hastwick Drive
Clarksville, MD, 21029
Suite/Apt. #: _____ SDP/WP/Petition #: 6997-133
Census Tract 6051.1 Subdivision Windly Knolls
Section _____ Area _____ Lot 2
Tax Map 34 Parcel 84 Grid 17
Zoning RADEO Map Coordinates 14D10 Lot size 1 Acre

Property Owner's Name Cornerstone Homes Inc
Address 9691 Norfolk Avenue
Laurel, MD 20723
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone (410) 792-2565
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax (410) 792-2567

Existing Use Vacant lot
Proposed Use New S.F.D.
Estimated Construction Cost \$ 106,200
Description of Work Eliminate 2-story, part
basement, 9R, 2FB, 4BR, 1RB, garage,
FP

Contractor Company Same as
Contact Person Owner
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Same as
Contact Name Owner
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company Banham Engineering
Contact Person Chris Maligeri
Address 8480 Baltimore National Pike
City Ellicott City State MD Zip Code 21043
Phone (410) 465-6105 Fax (410) 465-6644

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 _____ 1st floor: <u>35'</u> <u>55'-7"</u> 2nd floor: <u>31'-8"</u> <u>36'</u> Basement: <u>30'</u> <u>35'-7"</u>	Water Supply: _____ Public _____ Private <input checked="" 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 <u>4</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: <u>Forward 3" Crawl</u> Dimensions: _____ Footings: <u>24" x 24"</u> Roof: <u>Asph/Flt</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input checked="" type="checkbox"/> 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.

Brian D. Boy, Pres.
Applicant's Signature
President
Title/Company

Brian D. Boy, President
Print Name
3/25/99
Date

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

FOR OFFICE USE ONLY

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>5/7/99</u>	<u>C. With</u>
<input checked="" 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
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 39029
Filing fee \$ 25.00
Permit fee \$ _____
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ _____
Balance due \$ _____
Check # _____
Validation # _____

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

62-0005978



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer
August 17, 1999

Howard Shieh
P.O. Box 651
Clarksville, Md 21029-0651

Dear Mr. Shieh,

This is in reply to your letter of August 2, 1999, and subsequent follow-up note, in which you expressed concerns as to certain grading effects to the septic area on Lot 2, Windy Knolls at 6405 Prestwick Drive.

I have reviewed your file with Mr. Craig Williams, who met you at the site to investigate your concerns. He advises me that the current grading is actually an approved correction to an earlier problem. Mr. Williams further indicates that the location of the installed septic system is entirely outside of the area of concern.

The issue is whether or not there is consequence for that area reserved for future septic system replacement, and he finds no indication of ponding or other impact that would restrict use of this area when needed. The Howard County Code you referenced is in a Chapter titled "Shared Sewage Disposal Systems" and has no bearing on an individual septic system such as yours.

Accordingly, I concur with his recommendation that no additional remediation is required by this office at this time. If relandscaping is desired for other reasons, either limited fill in the swale, or limited cut to the berm at the outside edge of the septic area could be considered.

If you have any additional questions please call me or Mr. Williams at this office - 410-313-2640.

Sincerely,

Frank Skinner, Bureau Director

cc: Rick Powell

August 16, 1999

Mr. Frank Skinner, Director
 Health Department
 3450 Courthouse Drive
 Ellicott City, Maryland 21042

Mr. Rick Powell, Chief
 Sediment Control Division
 Department of Inspection, License & Permits
 3485 S. Chevrolet Drive
 Ellicott City, MD 21042

Ref: 6405 Prestwick Drive
 Clarksville, MD 21029

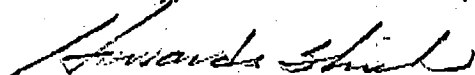
Dear Mr. Skinner & Mr. Powell:

As a follow-up to the letter I sent to you on August 2, 1999, up to today, I have not received the written response from both of you.

The builder, Cornerstone Homes informed me that the referenced property shall be settled no later than September 9, 1999. Since the referenced lot was not grading compliance and was also in violation of Section 18.1206 of Howard County Code. I would like to know County's position in this case prior to the settlement.

Your prompt response in writing will be appreciated.

Sincerely,



Howard Shieh, P.E.
 P.O. Box 651
 Clarksville, MD 21029-0651

cc: David Hammerman, DILP
 File

Post-it® Fax Note 7671		Date 8/16	# of pages 1
To Frank Skinner	From Howard Shieh		
Co./Dept. Health Dept.	Co. Highways		
Phone #	Phone #		
Fax # x 2648	Fax # x 7260		

August 2, 1999

Mr. Frank Skinner, Director
Bureau of Environmental Health
3425 Ellicott Mill Drive, S-H
Ellicott City, Maryland 21043

Mr. Rick Powell, Chief
Sediment Control Division
Department of Inspection, License & Permits
3485 S. Chevrolet Drive
Ellicott City, MD 21042

Ref: 6405 Prestwick Drive
Clarksville, MD 21029

Dear Mr. Skinner & Mr. Powell:

Please be advised that the grading at my backyard violates Section 18.1206 of Howard County Code and it also does not comply with any County approved grading plans.

My property, lot 2 is located at top hill of Windy Knolls subdivision. The builder built a graded swale of 12+ feet in width and a foot and half in depth across the wastewater disposal area. The location of swale is also 40+ feet off the approved plot plan (G00005978).

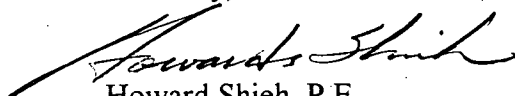
There should have no such swale at my property and at my neighbors' property per County's approved grading plan and landscape plan (F 95-148). All the runoff shall sheet flow toward the side ditch along Rte. 108.

Observation was also made on July 30, 1999. After 15 minutes of thunderstorm started around 6:15 P.M., a half-inch of water was stagnant in the swale. Since the referenced house is still under construction, I believe that the situation can be corrected by builder's efforts.

Should you have any questions concerning this matter, please feel no hesitation to contact me at (O) 410-313-7471 or (H) 410-740-1459.

Your investigation and response will be appreciated.

Sincerely,



Howard Shieh, P.E.
P.O. Box 651
Clarksville, MD 21029-0651

Attachments

Location map, Plot plan (G00005978), Photos
Grading plan and landscape plan (F95-148)

cc: Stephen Hannan, Consumer Affair
Craig Williams, Health Dept.
Steve Krieg, Health Dept.
File

David Hammerman, DILP
Steve Wilmer, DILP
William Knight, DILP

SITE

SPRING LAKE FARMS

GUILFORD ROAD

PIKE

CLARKSVILLE

PRESTWICK DRIVE

FUTURE CONNECTION

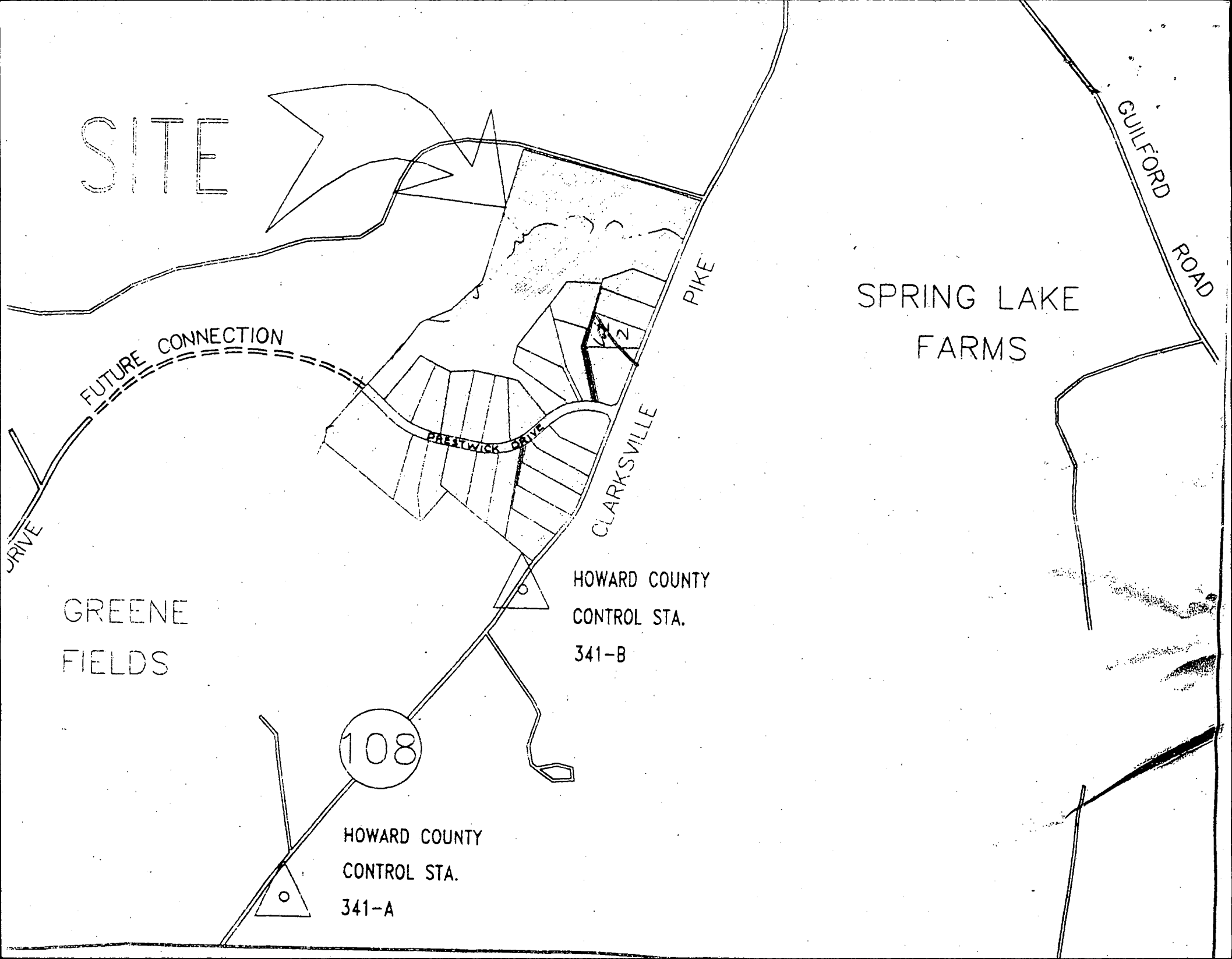
GREENE FIELDS

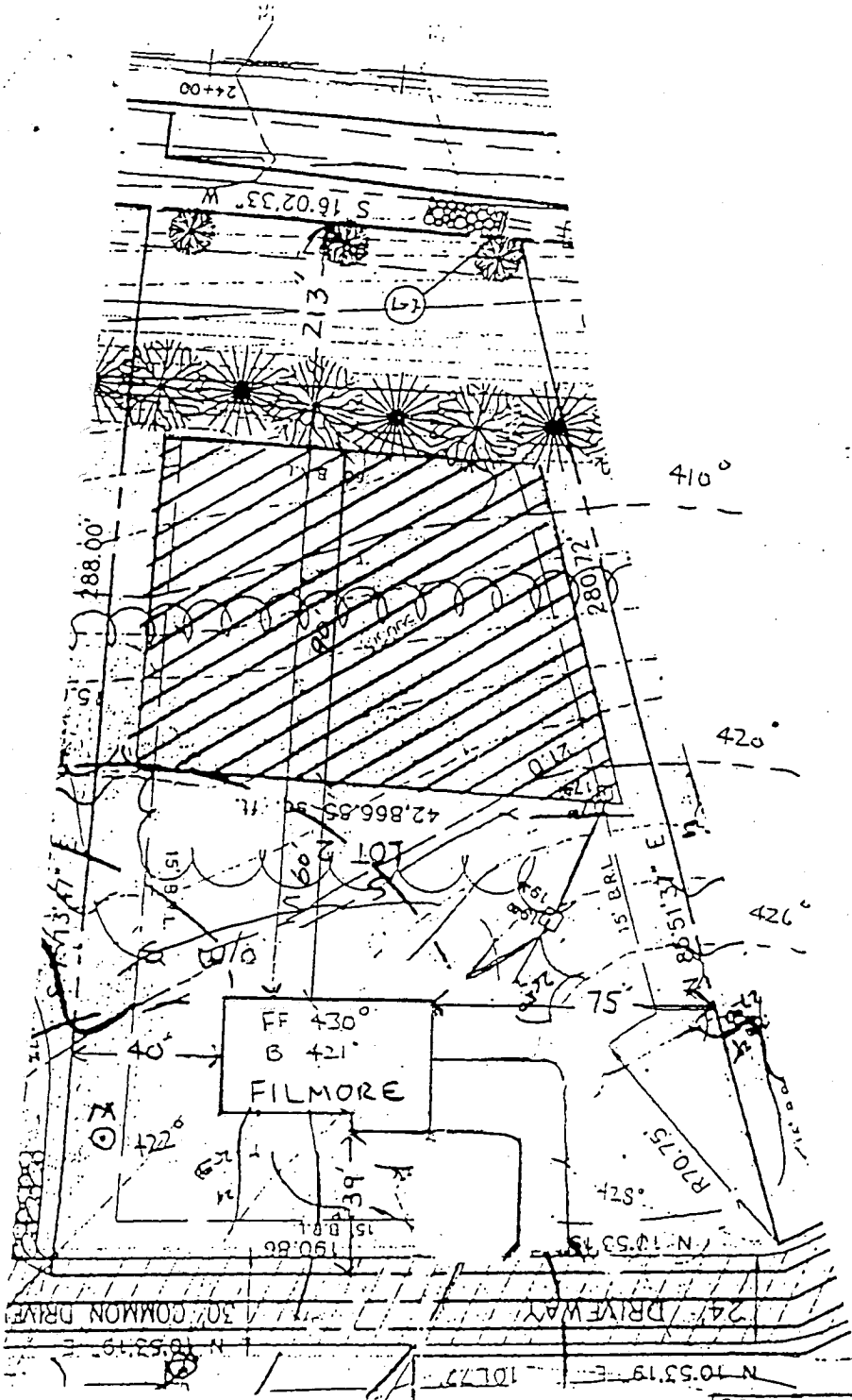
HOWARD COUNTY CONTROL STA. 341-B

108

HOWARD COUNTY CONTROL STA. 341-A

DRIVE





SEPTIC ELEVATIONS

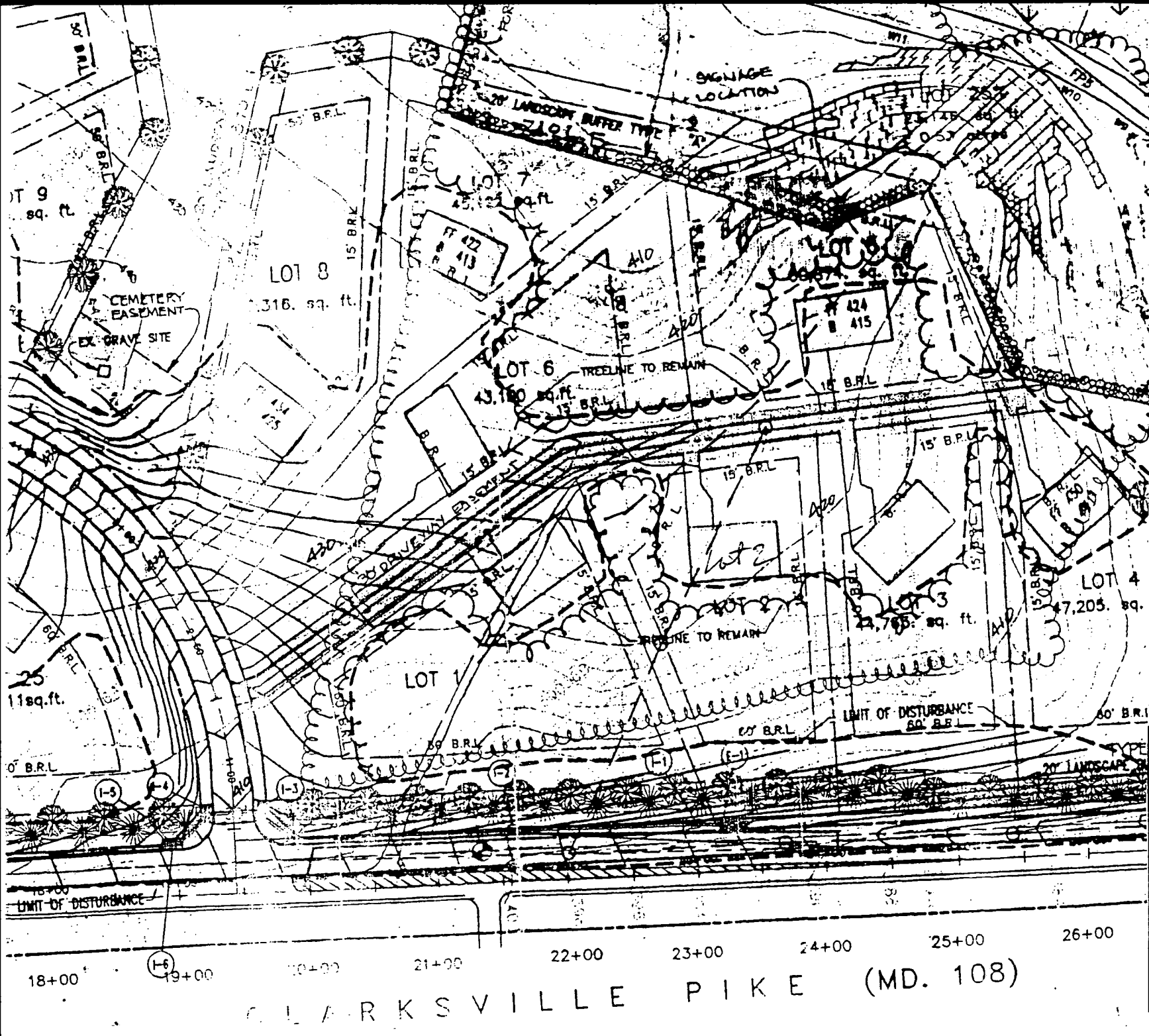
Box out 417°
 Box in 417°³
 Tank out 418°⁸
 Tank in 418°⁵
 House out 419°

G00005978

SCALE: 1" = 50'

PROJECT :		WINDY KNOLLS LOT Z	
LOCATION :		TAX MAP 34 , PARCEL 84 & 134 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE :		SITE DEVELOPMENT PLAN	
BUILDER :		CORNERSTONE HOMES INC. 6571 HUNTSIRE DRIVE BALTIMORE, MD. 21227	
DATE: 11-01-95		PROJ. NO.:	
SCALE: AS SHOWN		SHEET 2 OF 2	
DESIGN: JER	CHECKED: MLL	DRAWN: JER	APPROVED: M

Moria Engineering Inc.
 CONSULTING ENGINEER
 4307 MAIN ST., HISTORIC ELLICOTT CITY,
 171 410-465-0400 FAX: 410-465-



APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

Gina Surrinon 9/21/95
 CHIEF, DIVISION OF LAND DEVELOPMENT AND RESEARCH JH DATE

Al Damm 9/13/95
 CHIEF, DEVELOPMENT ENGINEERING DIVISION TH DATE

APPROVED: HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

Andrew M. Fenech 9-11-95
 CHIEF, BUREAU OF HIGHWAYS HS DATE

GRADING PLAN AND LANDSCAPE PLAN

WINDY KNOLLS

LOTS 1 THRU 25

TAX MAP 34 PARCELS 84 & 134 5TH ELECTION DISTRICT, HOWARD COUNTY, MD.

DATE: 9 22 95 SCALE: 1"=100' SHEET 10 OF 10

F-

Sec. 18.1204. Responsibilities of the lot owner.

(a) *Pay Annual Operating and Maintenance Fee:* The owner of each individual lot shall pay Howard County, Maryland, an annual operating and maintenance fee for the shared sewage disposal facility, pursuant to title 20, subtitle 12 of the Howard County Code.

(b) *Prevent Adverse Effects:* It is the responsibility of the owner of the individual lot to prevent adverse effects on the shared sewage disposal facility pursuant to the recorded declaration of covenants binding upon all property owners in the subdivision.

(c) *Abatement of Adverse Effects:* If the department of public works determines that the operation and/or maintenance of the shared sewage disposal facility has been adversely affected by a lot owner's misuse of the shared sewage disposal facility, the department shall notify the owner in writing of the adverse effects and shall require the lot owner to stop the misuse. In addition, the department of public works shall repair the damage.

(d) *Reimbursement for Cost of Repairs:* The lot owner shall be responsible for reimbursing the county for all costs incurred in repairing the damage, including administrative charges, engineering costs, and costs of pursuing judicial enforcement.

(e) *Other:*

(1) The lot owner shall be responsible for payment of electrical costs associated with pumps.

(2) The lot owner shall be responsible for notifying the department of public works in the event of a system alarm or power failure.

(C.B. 80, 1993)

Sec. 18.1205. Responsibilities of the department of public works.

(a) *Operation and Maintenance:* It is the responsibility of the department of public works to operate and maintain shared sewage disposal facilities, including but not limited to:

(1) Periodic inspection of the facility;

(2) Periodic septage removal;

(3) Repair and/or replacement of tanks, piping, pumps and electrical cable;

(4) Repair or replacement of the facilities and materials within the subsurface wastewater disposal area, including relocation of the subsurface wastewater disposal area, when necessary;

(5) Payment of electrical costs which are not the responsibility of the lot owner;

(6) Administrative tasks and payments associated with being the controlling authority as defined in COMAR 26.04.

(b) *Records:* The department of public works shall maintain records of all operations and maintenance activities it carries out at each shared sewage disposal facility.

(c) *Operations and Maintenance Accounts:* The department of public works shall charge the costs of its operations and maintenance activities for shared sewage disposal facilities against the appropriate accounts maintained by the department of finance and funded by the annual operations and maintenance fees paid by the owners of the lots served by the shared sewage disposal system, pursuant to title 20, subtitle 12 of the Howard County Code.

(C.B. 80, 1993)

Sec. 18.1206. Use of the subsurface wastewater disposal area.

(a) *No Structures:* There may be no structures on the subsurface wastewater disposal area except as provided in COMAR. These exceptions cannot impair the performance of the shared sewage disposal facility or impede operation and maintenance activities.

(b) *No Moving of Earth or Grading:* The land overlying the subsurface wastewater disposal area may not be disturbed by earth moving or grading without prior authorization by the health department and the department of public works.

(c) *No Covering or Paving:* The land overlying the subsurface wastewater disposal area may not be covered with gravel, asphalt or concrete or any other covering or topping which impedes the

growth of vegetation without prior authorization by the health department and the department of public works.

(d) *Crops*: Only those crops approved by the health department and the soil conservation service shall be grown on the land overlying the subsurface wastewater disposal area.

(e) *Easement*: The county shall hold an easement on the subsurface wastewater disposal area and has right of entry for maintenance and operation of the shared sewage disposal facility. (C.B. 80, 1993)

SUBTITLE 13. PUBLIC WATER SYSTEM CONNECTION COST ASSISTANCE PROGRAM

Sec. 18.1300. Purpose.

The purpose of this subtitle is to provide financial assistance to certain property owners in the Marriottsville area in order to encourage as many property owners as possible to connect to the public water system so that the capital expenditure by the county in the construction of the water system improvements to the Marriottsville area is utilized to the fullest extent. (C.B. 72, 1996)

Sec. 18.1301. Program established.

There is a public water system connection cost assistance program, administered by the department of public works, to assist owners of eligible property pursuant to this subtitle, in payment of certain costs associated with the connection of eligible property to the public water system. (C.B. 72, 1996)

Sec. 18.1302. Definitions.

In this section the following terms have the meanings indicated.

- (a) County connection costs are the following:
 - (i) Water-house connection charge in the amount of \$1,530 or as amended subsequent to the passage of this act.

- (ii) In-aid-of construction charge in the amount of \$600 or as amended subsequent to the passage of this act.
- (iii) Plumbing permit fee in the amount of \$130 or as amended subsequent to the passage of this act.

- (b) Eligible work is the following:
 - (i) Extension of the water house connection up to 150 linear feet; and
 - (ii) Installation of the pipe through or under the foundation wall; and
 - (iii) Installation of a pressure reducing valve and related fittings; and
 - (iv) Installation of any necessary plumbing tie-ins.

Eligible work does not include any other work which may be performed as a result of connection to the public water system.

(c) Eligible costs are those costs incurred by the property owner for eligible work subject to the following limitations:

- (i) Ten dollars per linear foot (up to 150 feet) to extend the water-house connection to the property; and
- (ii) Up to \$400 for other eligible work. (C.B. 72, 1996)

Sec. 18.1303. Eligibility.

Any owner of a property located in the Marriottsville area, as identified in council resolution 8-1996 or by subsequent amendment, is eligible for the assistance program under this subtitle if:

- (a) The owner of the property acquired title to the property prior to July 22, 1993 and a building permit was issued prior to July 22, 1994; and
- (b) The property is in the metropolitan district or the property owner has submitted a petition to the director of public works to incorporate the property into the metropolitan district.

(C.B. 72, 1996)

Sec. 18.1304. Costs for which the county may provide assistance.

An eligible property owner may receive assistance for the payment of county connection costs and eligible costs for eligible work.

(C.B. 72, 1996)





C1 4147 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A 50036 C

ST/CO USE ONLY DATE RECEIVED 11/22/98 DATE WELL COMPLETED 11/29/98 DEPTH OF WELL 400 PERMIT NO. HO-04-1946

OWNER Cornerstone Homes STREET OR RFD Prestwick Drive TOWN Marksville SUBDIVISION Windy Knolls SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Shaley Clay, brown shale, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD form with fields for GROUTING RECORD, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, SCREEN RECORD.

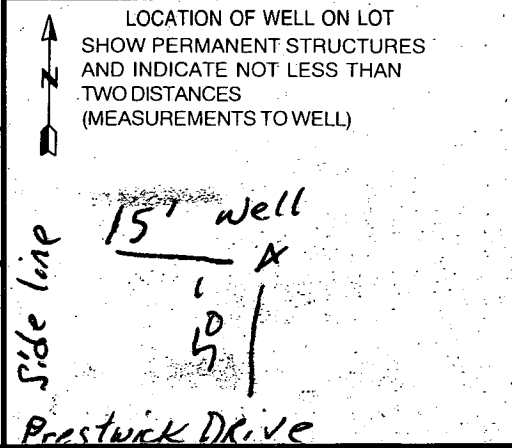
DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-26, 38-41, 45-47, 51-54) and slot size, diameter of screen.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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...

DRILLERS LIC. NO. 1 MND 640 DRILLERS SIGNATURE George A. Enderbury LIC. NO. 1 MND 501 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **2455** SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1946
 70 fill in this form completely 79

Date Received (APA) **10/19/98**
 8 MM DD YY 13

OWNER INFORMATION **RN 7632**

Cornerstone Homes

15 Last Name Owner First Name 34
9691 Norfolk Ave

36 Street or RFD 55
Laurel, Md. 20723

57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL **CC#**

8 COUNTY 21

Greenfields Windy Knolls

23 SUBDIVISION 42

SECTION **2** LOT **2**
 44 46 48 50

Highland Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M 1
 73 76 77 78

DRILLER INFORMATION
George F. Easterday M **WJ 040**

Driller's Name 76 License No. 81

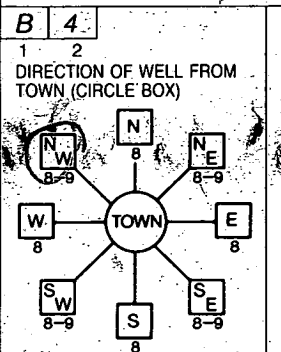
L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

George F. Easterday 10/16/98
 Signature Date



Prestwick Drive (6405)

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

50 DISTANCE FROM ROAD Ft.
 ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION **5**

1 2

APPROX. PUMPING RATE (GAL. PER MIN.) 8 **500** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **500** 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **A5m36C** COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **10/29/98** **10/28/99**

43 MM. DD. YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **494** 000 EAST GRID **0815** 000
 50 55 57 63

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

APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **810 S**

N **490 A**

000
000

11-24-98 8:15gout
 - location of
 - missed info
 DIC

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)

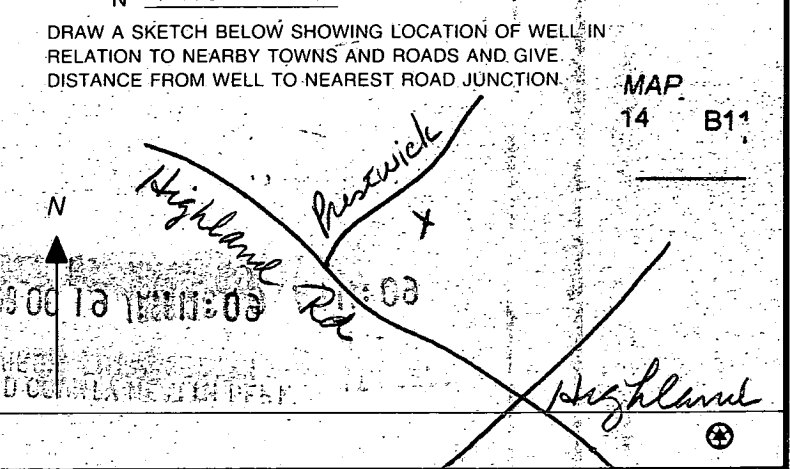
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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) 41 _____ 52



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

APPROX. PERMIT NUMBER 54 GAP 63

PERMIT No. **HO-94-1946**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 1 1757 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
 HD-94-0852
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 050196
 LAND DESIGN + DEVELOPMENT, INC.
 15 Last Name 21 Owner 27 First Name 34
 10805 HICKORY RIDGE
 36 Street or RFD 55
 COLUMBIA MD 21044
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 HOWARD
 8 COUNTY 21
 WINDY KNOLLS
 23 SUBDIVISION 42
 SECTION 2 LOT 2
 44 46 48 50
 ELKERSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 MI
 73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD
 GARY W SHARP 410
 77 License No. 80
 Driller's Name
 HARLEY DRILLING + PUMP SYSTEMS
 Firm Name
 Box 160 WALKERSVILLE MD
 Address
 Gary W Sharp 4-16-96
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 N, NE, E, SE, S, SW, W, NW
 11. ~~MD 108~~ DRESTWICK
 NEAR WHAT ROAD 30 DR
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH, WEST, EAST, SOUTH
 34 300 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 0
 38 39
 TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 3
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A 50036C
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 07/16/90 EXP. DATE 7/15/97
 43 48 CO. SIGNATURE EXP. DATE
 NORTH GRID 496000 EAST GRID 0816000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
 24 28

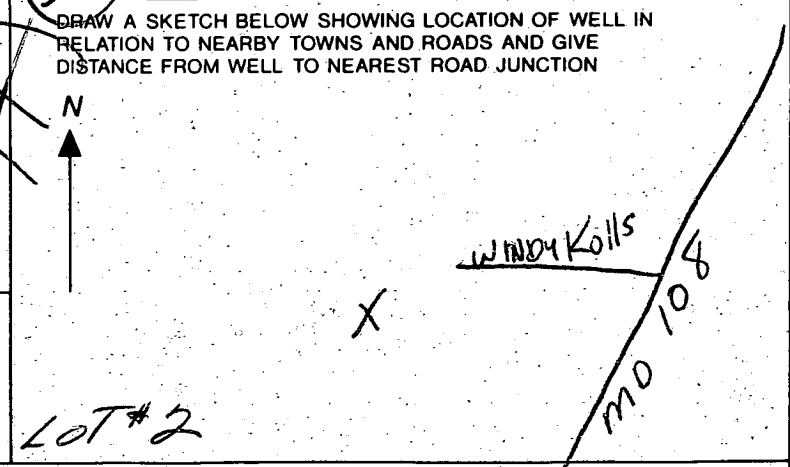
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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

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
 816
 496
 000 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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) 41 52

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER 54 GAP 63
 FORCE DS WRITE INITIALS IN BOX PERMIT No. HD-94-0852
 67 68 70 71 72 73 74 75 76 77 78 79



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
481-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8/23/99

Name of Installer FEAGA Plumbing Co.

Telephone 410-465-1401

License Number 6318

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner _____

Telephone _____

Subdivision Windy Knolls Lot # 2

Well Tag # HO-94-1946

Site Address _____

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Goolds
3. Model # 7G507412
4. Capacity 2 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other

Motor
1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Campbell
2. Model # _____
3. Depth 40'

Tank
1. Capacity 42 gal
2. Pressure relief valve? YES

Piping
1. Type P.E
2. Size 1/2"
3. NSF and/or BOCA Code approved
4. Depth of supply line 769 ft

Well data
1. Depth 395 ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

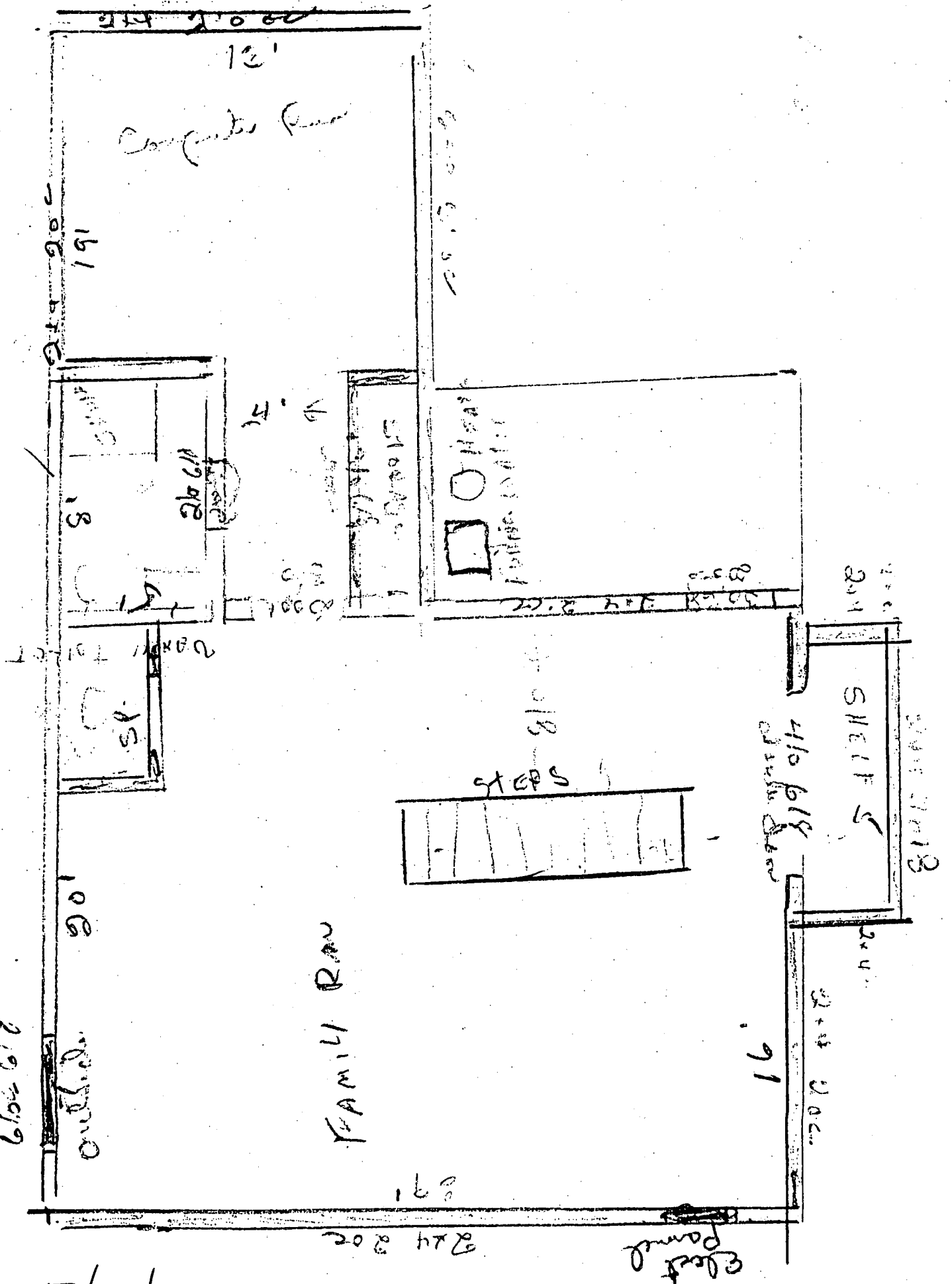
~~8/23/99~~ - WPI OK
7/9/99 No Insp - SRM

Signature of Applicant: [Signature]

Date: 8/23/99

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

5205 2000
219 2019
616 6175



7/24/02

- OK to Finish bsmt
- No increase in beams at this time

Building Address 6405 Prestwick Drive

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

Census Tract 00910 Subdivision Windy Knoll

Section _____ Area _____ Lot 2

Tax Map 34 Parcel 84 Grid 17

Zoning RPOD Map/Coordinates 14D10 Lot size _____

Property Owner's Name Howard Shick

Address 6405 Prestwick Drive

City Charlesville State MD Zip Code 21029

Home Phone 301 854 0687 Work Phone 410 313 7471

Applicant's Name & Mailing Address, (if other than stated hereon):
410-313-7471

Phone 301-854-0687 Fax _____

Existing Use LATING/BLD BARRMENS/STOR

Proposed Use Family Rm, Bath, Laundry

Estimated Construction Cost \$ 5000

Description of Work finish part of basement family Rm, constr. room + bath room

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input 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"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> 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 checked="" type="checkbox"/> Propane Gas <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 _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Howard Shick
Applicant's Signature

OWNER
Title/Company

Howard Shick
Print Name

7/18/02
Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<u>39834</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ <u>63</u>
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health	<u>7/24/02</u>	<u>JGM</u>	Lot Coverage for New Town Zone _____	Add'l per. fee \$ _____
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ <u>88</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 # <u>54253</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>54253</u>
Accepted by _____				