

C10
5-23-96
11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56619

A 50283

DISTRICT _____

DATE 5/13/96

DATE SYSTEM APPROVED 5/22/96

INSPECTOR CD

TAX ID. 04-356454

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED

Bill Ingram - Farm & Home Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 901 Driver Road Marriottsville, MD 21104 PHONE 442-2139

SUBDIVISION Redmiles/McCoy Property LOT 3A ROAD 16363 Camalo Drive

PROPERTY OWNER Stephen A. & Constance B. McCoy

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS - Top seamed septic tank required. Ground outside septic area

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM 3-1303 800 140 663 - DECK ALONG POOL

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 85' from the right-front (200') lot line and 120' from the right (493') lot line as seen when entering the property from Camalo Drive. Run trenches along contour toward right-front property line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/13/95 DKS

PLANS APPROVED BY Craig Williams DATE 4/27/95

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

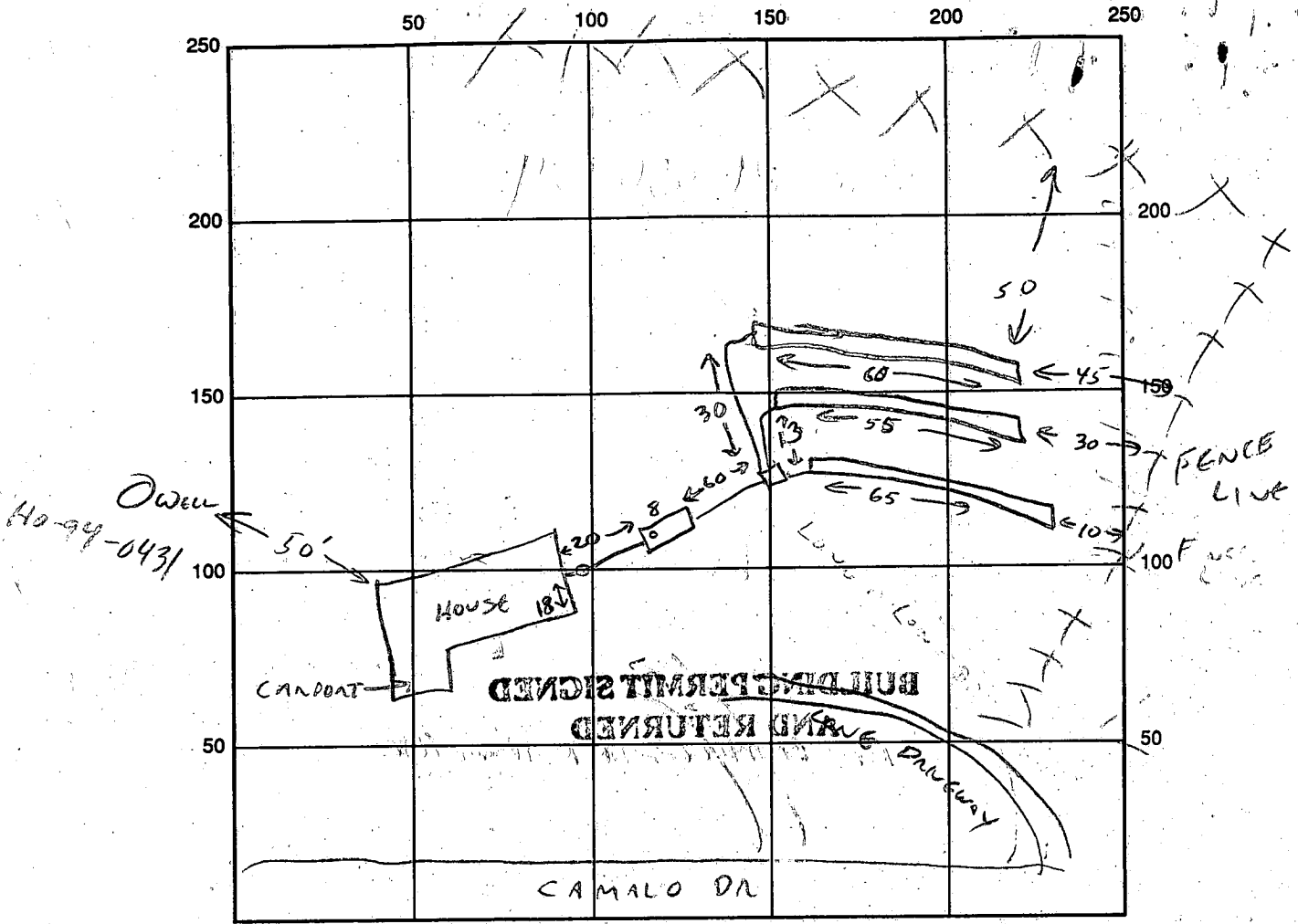
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG PERMIT SIGNED
AND RETURNED 2/28/2001
B00128696 - POOL

A 50283



SEPTIC TANK LEVEL CLEANOUTS STL IN LINE AT HOUSE

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 3 @ 60 AVERAGE ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: OK TO COVER ALL 5/23/96 CWILL

DATE SYSTEM APPROVED 5/23/96 INSPECTOR Carla

APPLICATION

10/14/94 10:00

PERCOLATION TESTING

A 50283

5466T 1/3

P _____

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

DISTRICT _____

DATE 9/20/94

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 David + Phyllis Redmiles Stephen A. + Constance B. McCoy

ADDRESS 16355 Camalo Dr. Mt. Airy, MD 21771 PHONE (410) 489-4455 / (410) 442-5869
301-829-1243

AGENT OR PROSPECTIVE BUYER Steve + Connie McCoy

ADDRESS 6014 Ridge Rd. Mt. Airy, MD 21771 PHONE (301) 829-1243

PROPERTY LOCATION:

SUBDIVISION Lot A, C, + D are owned by Dave + Phyllis Redmiles LOT NO. A

ROAD AND DESCRIPTION 16363 Camalo Dr. County maintained asphalt road

TAX MAP _____ PARCEL # 94
SIZE OF LOT 4.114 Acres TYPE BLDG. Single family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)
BLDG. PERMIT SIGNED AND RETURNED 5/31/95
Serial # 59791 - SED 36ms

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. Steph A. McCoy 9-15-94
Constance B. McCoy (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. # WRITE BY REDMILES DATE 4/3/95
SIGN 60

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

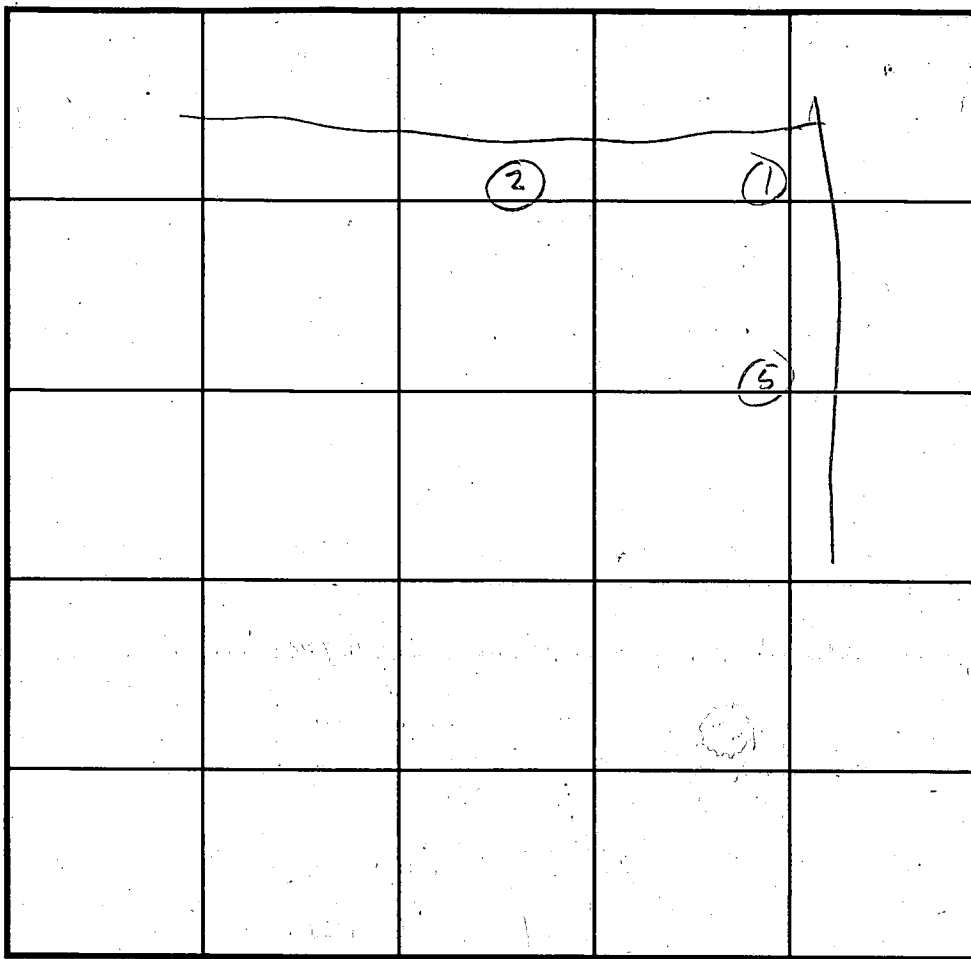
THIS IS NOT A PERMIT

SOIL PROFILE

①
0' topsoil
1' or br
3' cl lm
or br to
br silty
w/ lm
shale
frags
6-7' ~40%
heavy
shale
frags
↓
10'

②
0' topsoil
1' or br
3' cl lm
Hor br to
tan
silty lm
w/ rock
frags
5.5'
6.5'
shale
frags
↓
11'

③
0' topsoil
1' red
or br cl
lm
w/ heavy
shale
frags
↓
8'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

④
0' topsoil
1' or br
cl lm
w/ rock
frags
2' hard
rock

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
94 SEP 19 AM 9:01

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-14-94	1	3.0' S	11:40	11:43	11:43	11:46 ₃₀	4 min
		10.0' D	See profile				
	2	3' 2" S	12:54 ₃₀	12:58 ₃₀	12:58 ₃₀	1:05	7 min
		11.0' D	See profile				
	3	8.0' D	See profile - not tested				F

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

APPLICATION

PERCOLATION TESTING

SHEET 2/3

A 50283

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER REDMILLS

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER McCoy

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. A

ROAD AND DESCRIPTION CAMALO DRIVE - END OF, LEFT HAND SIDE.

TAX MAP 3 PARCEL # 94

SIZE OF LOT 4.1 ACRES TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

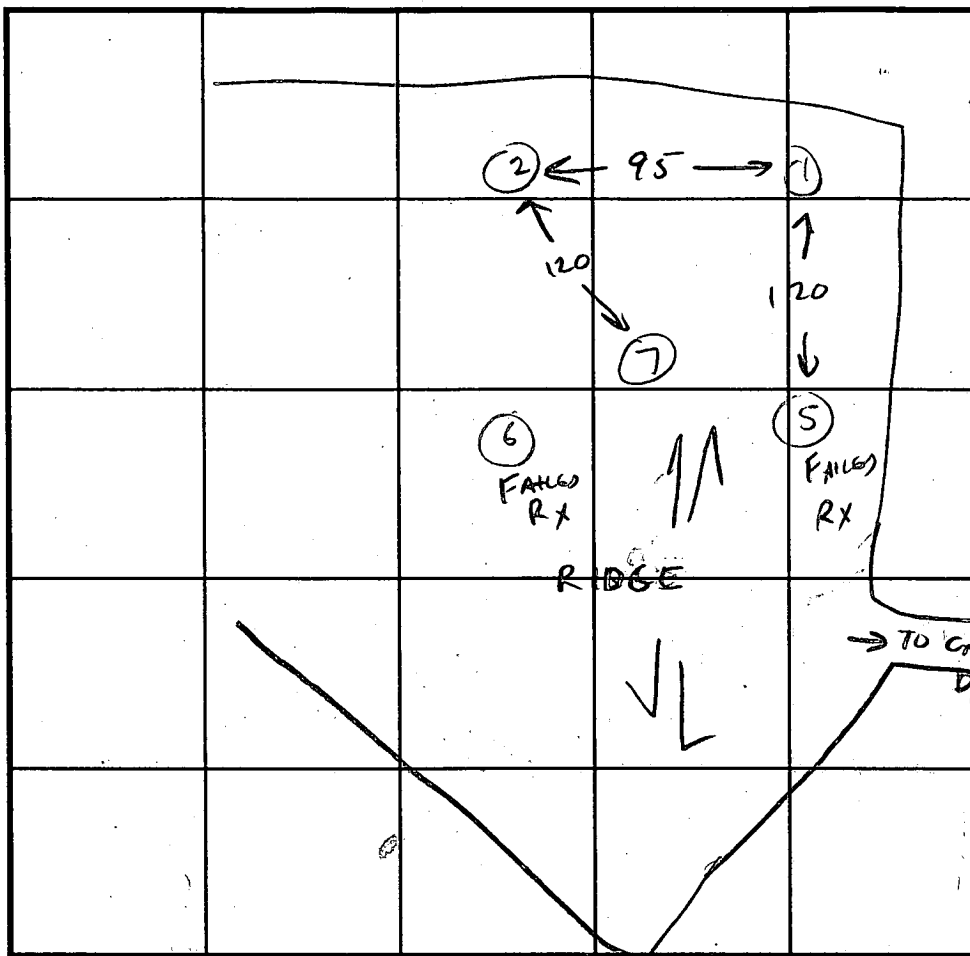
COUNTY #

SOIL PROFILE

0'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/14/94	1	4	5:9	5:2			4 MIN
	2		5:09	5:12	5:12	5:16	4 MIN
	5	3 1/2 5 1/2					3 MIN ROUGHLY 2 MIN
		7'	5:30	5:30:30	5:30:30	5:31	30 SEC
	6						
	7	3'	5:40	5:48	5:48		
		7 1/2'	5:54	5:59	5:59	6:06	7 MIN

REMARKS: REEXAMINATION OF TEST HOLES BY DKS. - SEE ATTACHED

TYPE OF SOIL: ALL HOLES GRADUALLY BECOME VERY SLALY - HOLES 1-2-7 PASSED UPON REEXAMINATION

TESTED BY: C. Williams / DK SOE ALSO PRESENT REDMILES HOLES 5-6 FAILED - ROCK

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

SHEET
3/3

A 50283

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER: REDMILES

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER: McCoy

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. A

ROAD AND DESCRIPTION: CAMALO DRIVE - END OF, LEFT HAND SIDE

TAX MAP _____ PARCEL # 94

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'
 1'
 topsoil
 or br
 cl m
 or br
 silty m
 w/frags
 shale
 frags
 10.5'

SOIL PROFILE

0'

0'
 1'
 topsoil
 or red
 br cl m
 w/frags
 heavy
 shale
 frags
 9.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/14/24	5	3.5'S	2:59 ₃₀	3:01 ₃₀	3:01 ₃₀	3:04	3 min
		10.5'D	4:54	See profile			
	6	'S					
		9.5'D		See profile			

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

C 1 **8836** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 502 23**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
050195

Depth of Well
120
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-0931

OWNER **MCCOY STEVE**
 STREET OR RFD **CAMAPO DRIVE** TOWN **WOODRIDGE**
 SUBDIVISION **TAX 402 P/L Parcel 94** SECTION **3-A** LOT **3-A**

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	
OVERBURDEN	0'	40'	
SLATE	40'	95'	✓
HIT WATER AT 95' 10 Gpm			
SLATE	95'	120'	
DRY HOLE			
340' FILLED WITH 15 BAGS TYPE I CEMENT			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1280**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **79** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **79**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
 BRONZE HOLE
 PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 **40** **76** **120**
 2
 3

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

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.

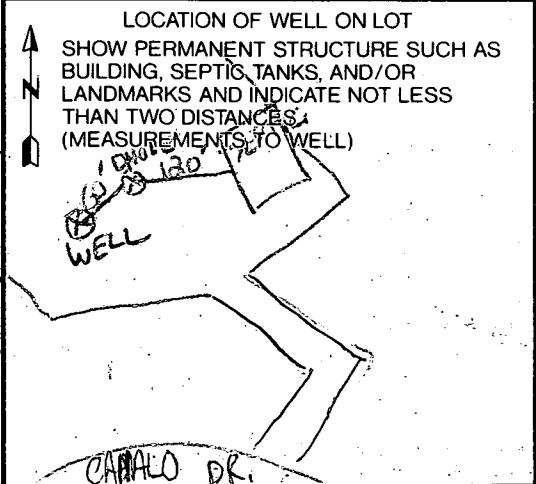
DRILLERS IDENT. NO. **095**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

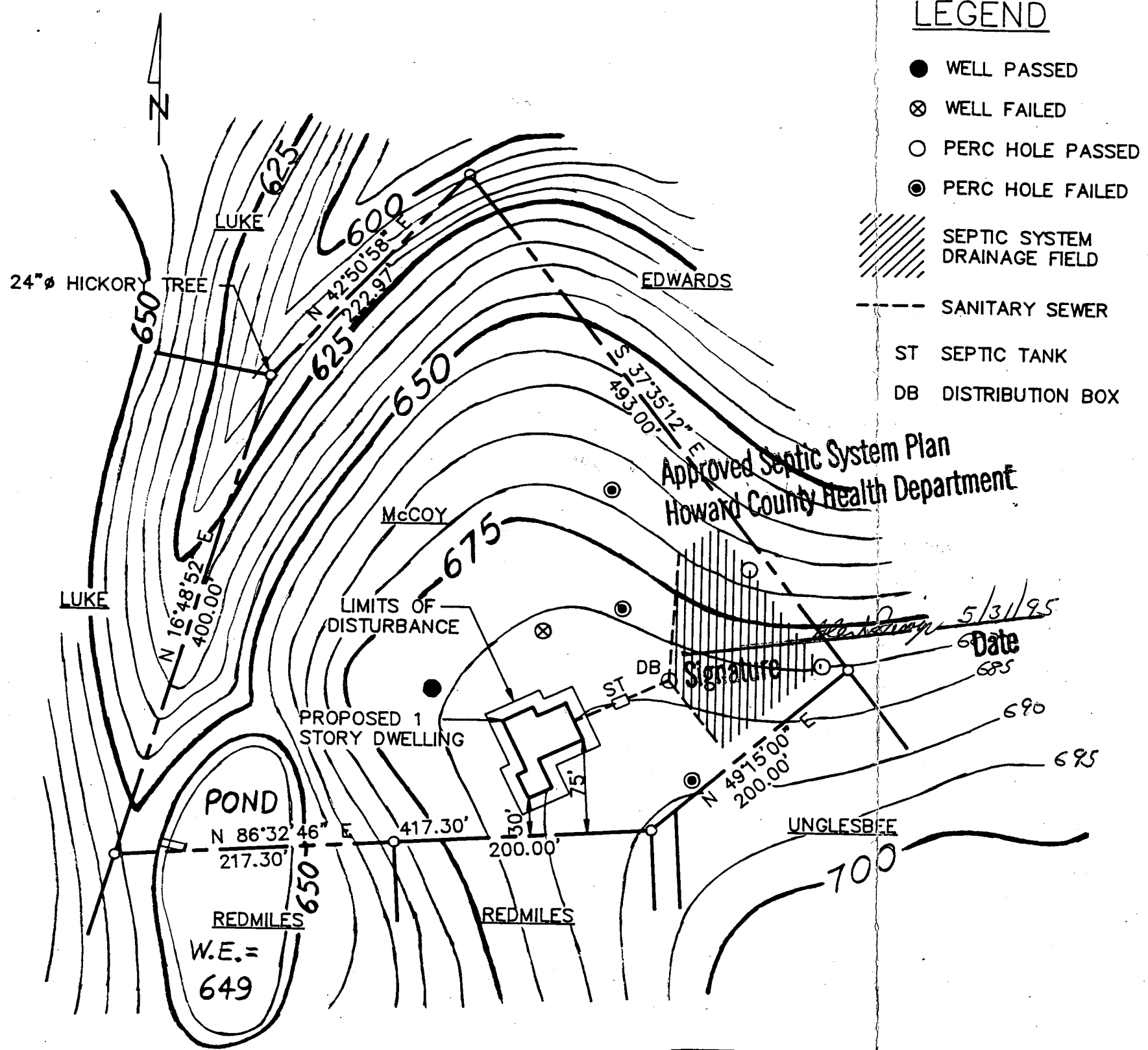
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **BUCKET/TIME**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **37** WHEN PUMPING **41**
 TYPE OF PUMP USED (for test) **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31**
 PUMP HORSE POWER **37**
 PUMP COLUMN LENGTH (nearest ft.) **41**
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below **3** (nearest foot)





LEGEND

- WELL PASSED
- ⊗ WELL FAILED
- PERC HOLE PASSED
- ⊙ PERC HOLE FAILED
- ▨ SEPTIC SYSTEM DRAINAGE FIELD
- SANITARY SEWER
- ST SEPTIC TANK
- DB DISTRIBUTION BOX

NOTES

1. LEGAL OWNER OF SUBJECT PROPERTY:
STEPHEN A. McCOY
CONSTANCE B. McCOY
6014 RIDGE ROAD
MT. AIRY, MARYLAND 21771
TELEPHONE 301-829-1243
2. SUBJECT PROPERTY IS KNOWN AS THE McCOY PROPERTY, LOT 3A, TAX MAP 2, P/O PARCEL 94, LIBER 3439 FOLIO 0442 AS RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.
3. AREA OF SUBJECT PROPERTY = 4.114 ACRES.
4. AREA OF DISTURBANCE IS LESS THAN 5,000 SQUARE FEET. OWNER TO PROVIDE STRAW BALE DIKES AT PERIMETER OF DISTURBED AREA.
5. FINISH GRADES AROUND PROPOSED DWELLING TO REMAIN THE SAME AS EXISTING GRADES.
6. TOPOGRAPHY INDICATED ON PLAN IS BASED ON CONTOUR MAP #39-30, HOWARD COUNTY, MARYLAND.

ELEVATION LIST

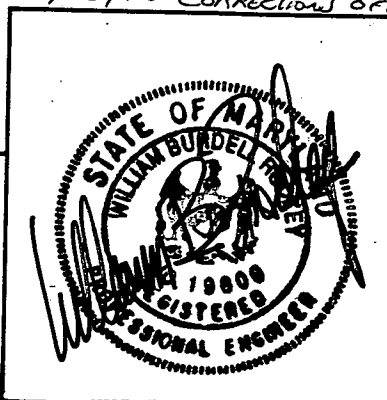
1. BASEMENT ELEVATION = 687.0
2. FIRST FLOOR ELEVATION = 689.0
3. INVERT OUT OF HOUSE = 683.0
4. INVERT INTO SEPTIC TANK = 682.5
5. INVERT OUT OF SEPTIC TANK = 682.0
6. INVERT INTO DISTRIBUTION BOX = 680.5
7. EXISTING GRADE AT SEPTIC TANK = 683.0
8. EXISTING GRADE AT DISTRIBUTION BOX = 683.0
9. EXISTING GRADE AT TRENCH = 683.0
10. ELEVATION OF WELL AT GRADE = 679.0

ELEVATIONS GIVEN ARE BASED ON ASSUMED ELEVATIONS

5/30/95 CORRECTIONS OF ELEVATION PER OWNER - S.A. McCoy / JBR

ENGINEERS CERTIFICATION:
I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

SIGNED: *William B. Rockey* DATE: 5-19-95



SITE PLAN for
McCOY PROPERTY
HOWARD COUNTY, MARYLAND

ENGINEER:
WILLIAM B ROCKEY, PE
404 SOUTH TAYLOR AVE
BALTIMORE, MD 21221

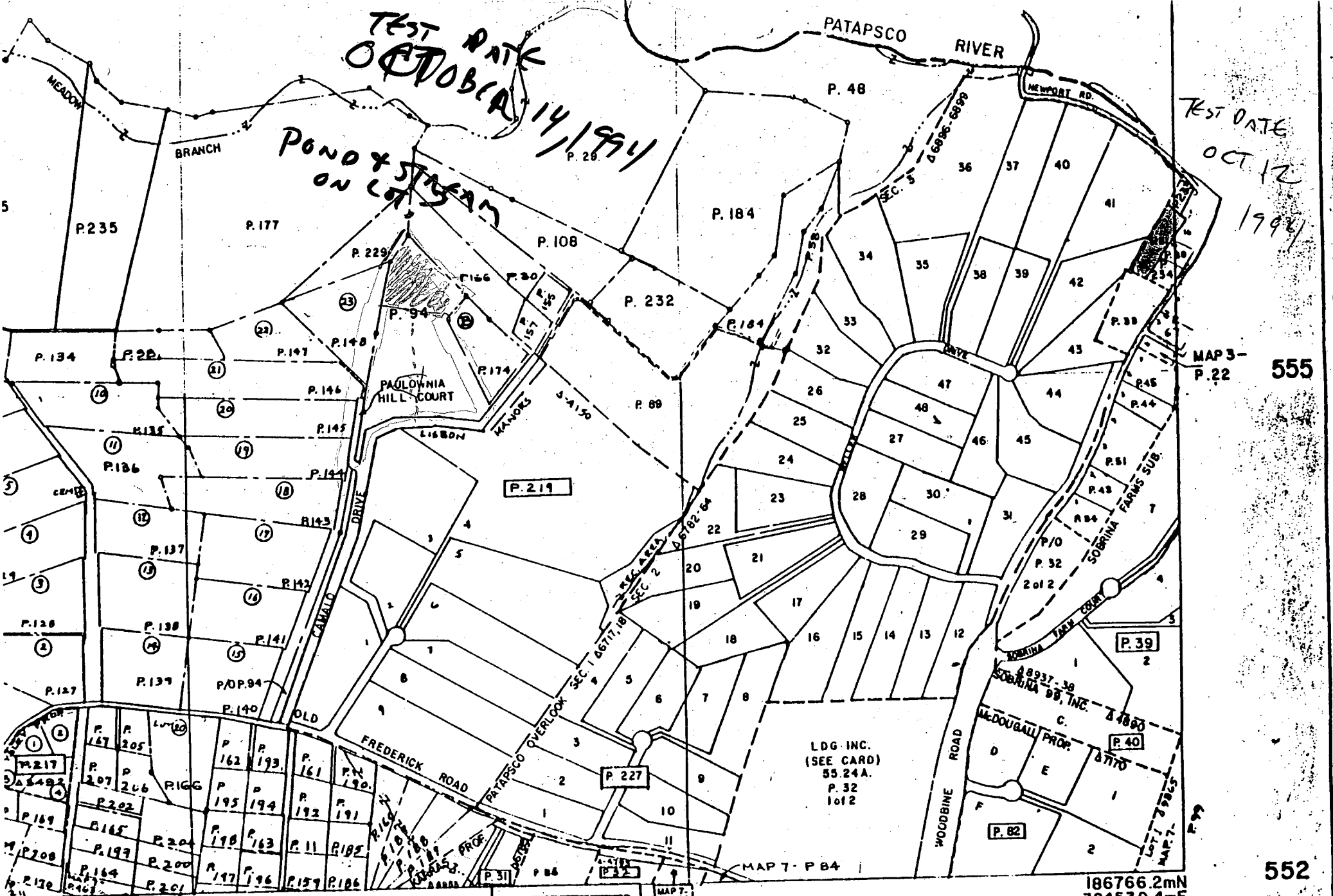
SCALE:
1"=100'

DATE:
5-19-95

TEST DATE
OCTOBER 14, 1994

TEST DATE
OCT 12
1996

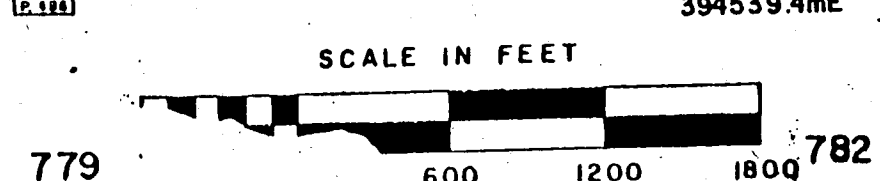
POND & STREAM
ON LOT 349



MAP 3 - P. 22 555

186766.2mN
394539.4mE 552

PROPERTY LINE
SUB-DIVISION BOUNDARY
CONTINUING OWNERSHIP - Z I E - Z - Z - Z - Z
PARCEL NUMBER - P. 349 (ASSIGNED TO IDENTIFY AND INDEX OWNERSHIP. MUST BE PRECEDED BY MAP NUMBER.)
SCALE: 1" = 600'



MAP NO.
2

BY LLM LAST P. NO. 232 PHOTO 35-11 2 22-88 QUADRANGLE A.D. 4

HOWARD COUNTY MARYLAND

764-552

24 inch dia
Hickory Tree

(A)
4.114 ACRES

Dks
165 LOCATION
16/14/44

Stone

N 86°32'46"E 417.30'
217.29' 200.00'

(20 FT Wide
Right of Way

S 43°24'20"E 385.20'
327.94'

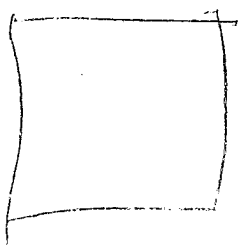
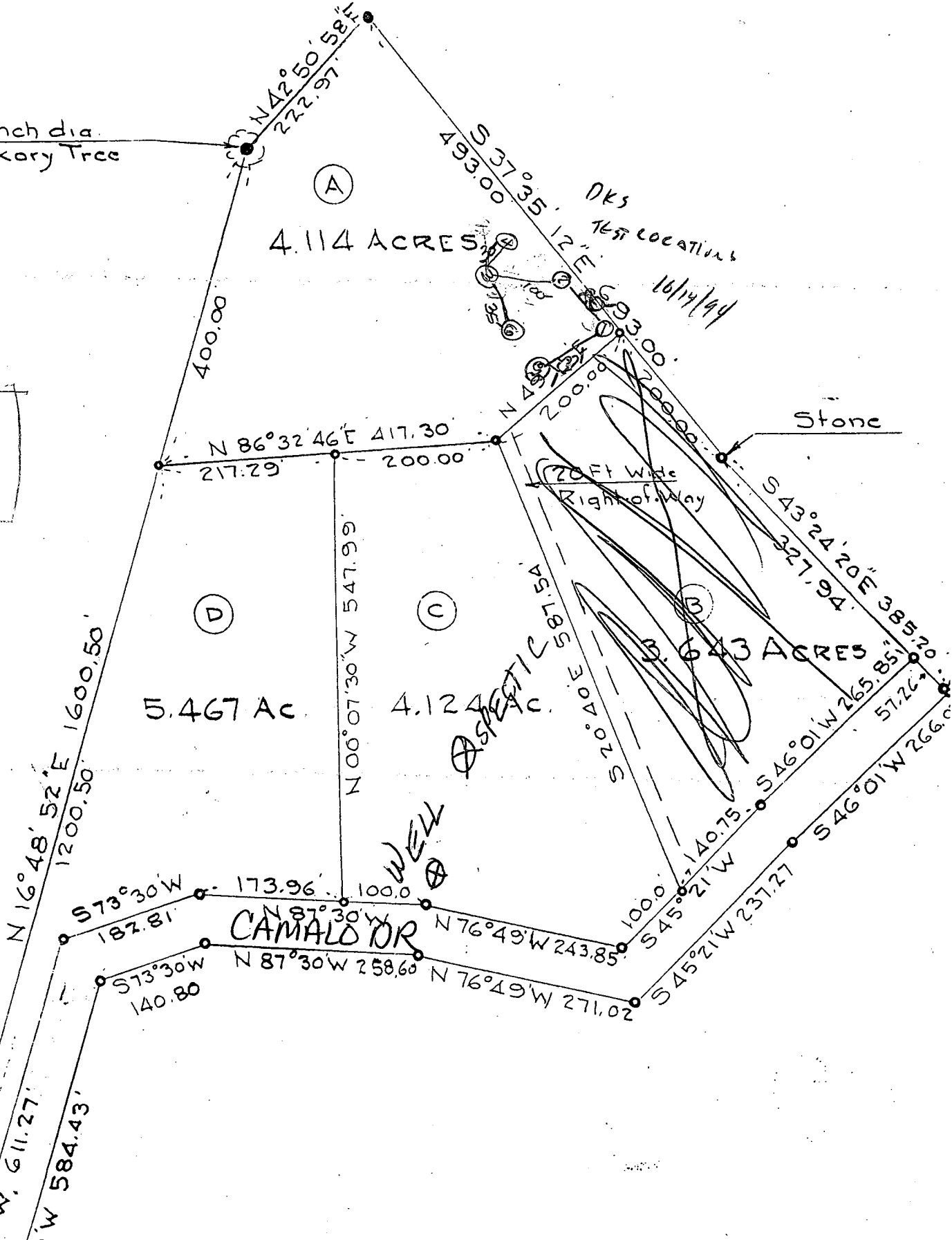
(D)
5.467 Ac.

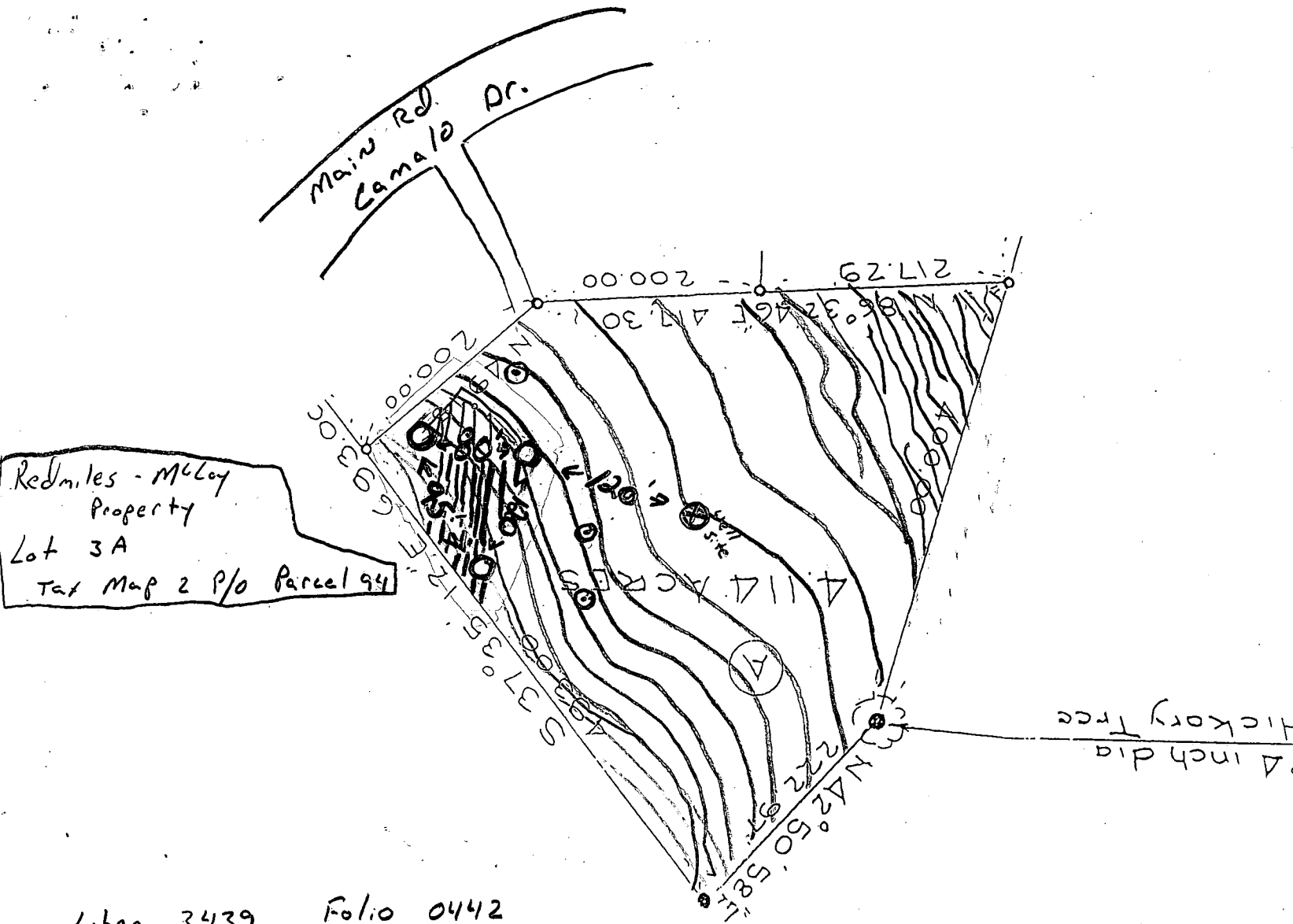
(C)
4.124 AC.
ASBESTIC

(B)
3.643 ACRES

WELL

CAMALO DR





Liber 3439 Folio 0442

- ⊗ well site
- Perc holes Passed
- ⊙ Perc holes Failed

||||| Sewage easement

No well within 100' septic
 No septic easment within 10' of lot lines

All measurements made to the best of my ability

Steve Smyly 3/23/95

ACCEPTED IN LIEU OF ENGINEERED PERCOLATION CERTIFICATION PLAN (3RD SUBMITTAL)
 TOO INFORMAL FOR HEALTH OFFICER'S SUBMITTAL SIGNATURE
 5/22/95 CWelton

2/21/95
to the collector of Howard County, Md. have been paid. This statement is the purpose of permitting recordation and is not assurance against further taxation even for prior periods, nor does it guarantee satisfaction of outstanding tax sales.

FEB 21 1995

State Dept. of Assessments and Taxation — Howard County

dk
p/o 04-332687
HRB

This Deed, MADE THIS 14th day of February

in the year one thousand nine hundred and ninety-five by and between DAVID L. REDMILES and PHYLLIS L. REDMILES, husband and wife

of grantors, parties of the first part, and

STEPHEN ANTHONY McCOY and CONSTANCE BETH McCOY, Husband and Wife

of the second part.

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
95 MAR 23 AM 9:06

WITNESSETH, That in consideration of the sum of NO VALUABLE CONSIDERATION (\$0.00) (Transfer to daughter and son in law)

RECEIVED
the said State Department of Assessments & Taxation for Howard County
DAVID L. REDMILES and PHYLLIS L. REDMILES, Husband and Wife

Signature
Date 2/22/95

Agricultural Transfer Tax in the Amount of \$ N/A
Signature

do grant and convey to the said STEPHEN ANTHONY McCOY and CONSTANCE BETH McCOY, Husband and Wife, as tenants by the entireties

personal representatives/successors and assigns, in fee simple, all

lot of ground situate in Howard County, Maryland

and described as follows, that is to say: BEGINNING for the same at a point on and 400.00 feet from the end of the third or North 16 degrees 48 minutes 52 seconds East 1600.500 foot line of that land, the land herein described being a part thereof, which by Deed dated July 27, 1967 and recorded among the Land Records of Howard County in Liber No.473, folio 183, etc., was granted and conveyed by Simco Corporation to Milton H. Maier and Marlene H. Maier, his wife, and thence running with the remainder of the said third line to the end thereof, as now computed,

- (1) North 16 degrees 48 minutes 52 seconds East 400.00 feet to a 24 inch diameter hickory tree, thence running with the fourth and a part of the fifth lines of the said land,
- (2) North 42 degrees 50 minutes 58 seconds East 222.97 feet to an iron pipe heretofore set,
- (3) South 37 degrees 35 minutes 12 seconds East 493.00 feet, thence leaving the outlines of the said land with the first of two new lines of division now made,
- (4) South 49 degrees 15 minutes West 200.00 feet,
- (5) South 86 degrees 32 minutes 46 seconds West 417.30 feet to the point of the beginning, containing 4.114 acres of land, more or less.

5.00
20.00
TOGETHER with the rights to the use of a 40.00 foot wide right-of-way allowed for use in common.

Being the property conveyed from Gerald T. Unglesbee and Suzanne L. Unglesbee, his wife, to David L. Redmiles and Phyllis L. Redmiles, his wife, by Deed dated January 18, 1977, and recorded in Liber 806, folio 309 of the Land Records of Howard County, Maryland.

Saving and excepting therefrom the right of way conveyed from David L. Redmiles and Phyllis L. Redmiles, his wife, to Gerald T. Unglesbee and Suzanne L. Unglesbee, his wife, by Deed dated June 24, 1978, and recorded in Liber 901, folio 565 of the Land Records of Howard County, Maryland.

Being part of the property which was conveyed from David L. Redmiles and Phyllis L. Redmiles, his wife, to David L. Redmiles and Phyllis L. Redmiles, his wife, by Deed dated April 7, 1977 and recorded in Liber 818, folio 78 of the Land Records of Howard County. (Subject lot added to same tax account as other two lots previously acquired)

3439 1000443

TOGETHER with the buildings thereupon, and the rights, alleys, ways, waters, privileges, appurtenances and advantages thereto belonging, or in anywise appertaining.

To HAVE AND To HOLD the said described lot _____ of ground and premises to the said

STEPHEN ANTHONY McCOY and CONSTANCE BETH McCOY, husband and wife

their personal representatives/successors

and assigns _____, in fee simple.

AND the said parties of the first part hereby covenant that they have not done or suffered to be done any act, matter or thing whatsoever, to encumber the property hereby conveyed; that they will warrant specially the property hereby granted; and that they will execute such further assurances of the same as may be requisite.

WITNESS the hands and seals of said grantors.

Test:

David L. Redmiles (SEAL)
David L. Redmiles

Phyllis L. Redmiles (SEAL)
Phyllis L. Redmiles

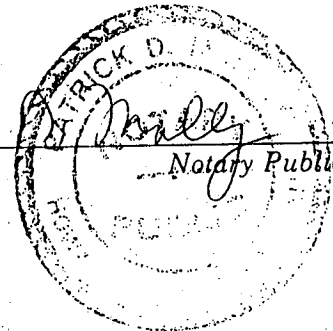
STATE OF MARYLAND, Howard County, to wit:

I HEREBY CERTIFY, That on this 14th day of February, _____, in the year one thousand nine hundred and ninety-five, before me, the subscriber, a Notary Public of the State aforesaid, personally appeared

DAVID L. REDMILES and PHYLLIS C. REDMILES

known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument, and acknowledged the foregoing Deed to be their act, and in my presence signed and sealed the same.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Patrick D. [Signature]
Notary Public


My Commission expires:

SEPT. 17, 1998

This is to certify that the within instrument has been prepared (i) by or under the supervision of the undersigned Maryland attorney, or (ii) by a party to this instrument.

David L. Redmiles
(Signature of attorney admitted to practice in Maryland if the instrument has been prepared by or under the supervision of such attorney, or signature of a party to the instrument if such party has prepared the instrument)

State of Maryland Land Instrument Intake Sheet

County: Howard

provided is for the use of the Clerk's Office and State Department of Assessments and Taxation only.

(Type or Print in Black Ink Only—All Copies Must Be Legible)

Multiple instruments of the same transaction should be numbered to correspond with Sections 2, 6, 7, and 8. Number documents in the order to be recorded. (Check Box if Addendum Intake Form is Attached.)

2 Type(s) of Instruments

Deed [X], Deed of Trust, Mortgage, Lease, Contract, Land Installment Cont., Other

2 Consideration and Fees

Table with columns: Consideration Amount/Recording Fees, Doc. 1, Doc. 2. Rows include Recording Charge (\$20.00), Surchage (\$5.00), Total Fees (\$25.00).

3 Exemptions (if Applicable) Cite or Explain Authority

Recordation Tax Exemption, State Transfer Tax Exemption, County Transfer Tax Exemption

4 Contact/Mail Information

Instrument Submitted By or Contact Person: Name: David L. Redmiles, Firm, Address: 16355 Camalo Drive Mt. Airy, Md 21771, Phone: 489-4455

5 Description of Property SDAT requires submission of all applicable information. A maximum of 40 characters will be indexed in accordance with the priority cited in Real Property Article Section 3-104(g)(3)(i).

District: 4th, Property Tax ID No. (1): 04-332687, Grantor Liber/Folio: 806/309, Map, Parcel No., Var. LOG (5), Sq. Ft./Acreage (4): 4.114

6 Transferred From

Doc. 1 - Grantor(s) Name(s): David L. Redmiles, Phyllis L. Redmiles; Doc. 2 - Grantor(s) Name(s)

7 Transferred To

Doc. 1 - Grantee(s) Name(s): Stephen Anthony McCoy, Constance Beth McCoy; Doc. 2 - Grantee(s) Name(s)

8 Other Names to Be Indexed

Doc. 1 - Additional Names to be Indexed (Optional); Doc. 2 - Additional Names to be Indexed (Optional)

9 Special Instructions

Special Recording Instructions (if any)

10 Conveyance Type Check Box

Private Sale with Improvements [1], Private Sale Unimproved [2], Multiple Accounts/Property [3], All Other [9] [X]

11 Assessment Information

IMPORTANT: BOTH THE ORIGINAL DEED AND A PHOTOCOPY MUST ACCOMPANY EACH TRANSFER. Will the property being conveyed be the grantee's principal residence? Yes [], No [X]. Does transfer include personal property? If yes, identify: Yes [], No [X]. Was property surveyed? If yes, attach copy of survey (if recorded, no copy required): Yes [], No [X]. New Owner's (Grantee) Mailing Address:

Assessment Use Only - Do Not Write Below This Line

Table with columns: Terminal Verification, Agricultural Verification, Whole, Part, Tran. Process Verification, Transfer Number, Date Received, Deed Reference, Assigned Property No., Year, Land, Buildings, Total, Geo. Zoning, Use, Town Cd., Map, Grid, Parcel, Ex. St., Sub, Plat, Section, Ex. Cd., Block, Lot, Occ. Cd.

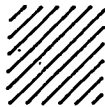

REMARKS:

Space Reserved for Circuit Court Clerk Recording Validation

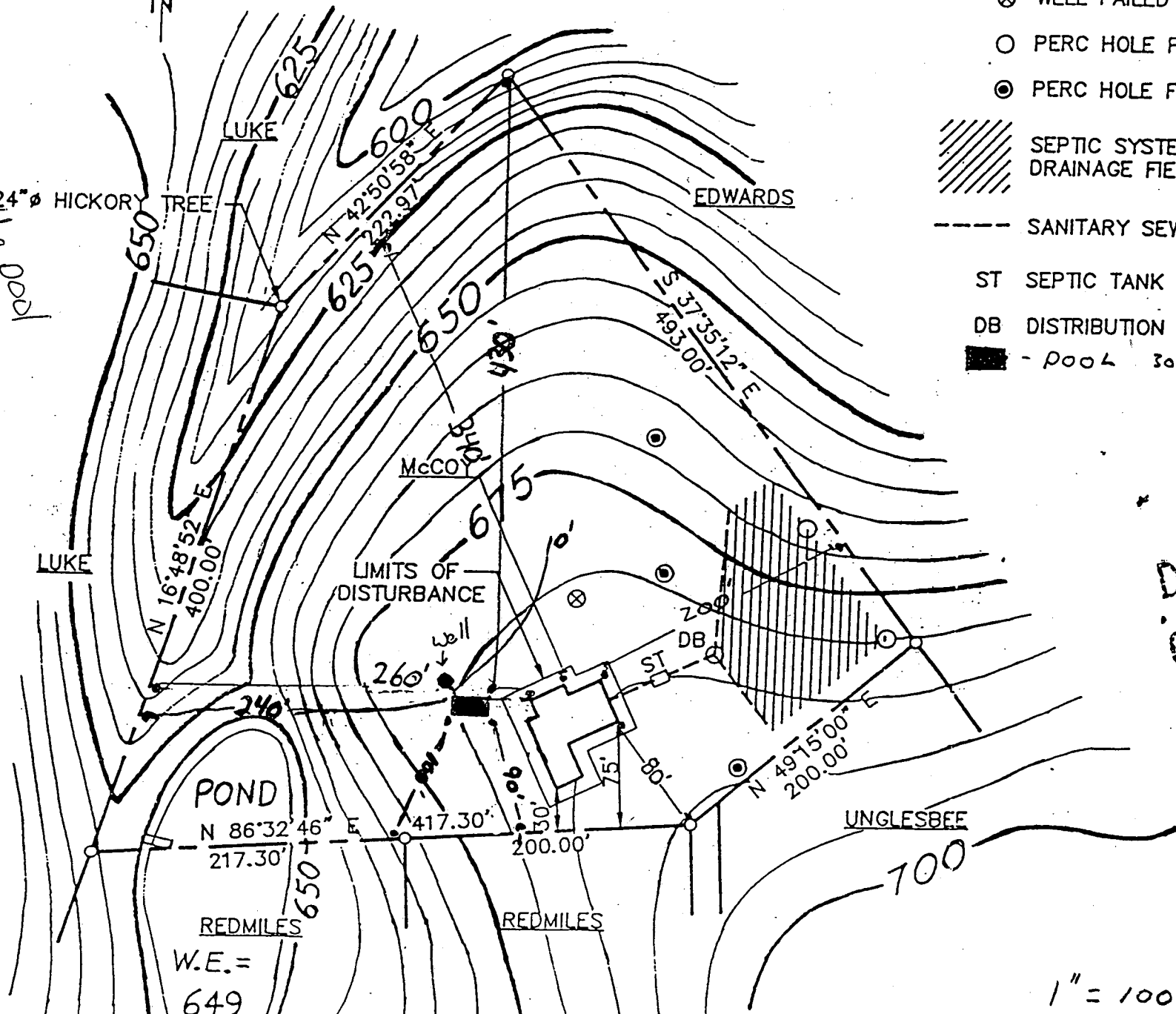
IMP FD SURE \$ 5.00, RECORDING FEE \$ 20.00, TOTAL \$ 25.00, Reg#1063, Rep#10019, MDR BRN BK#2200, Feb 23, 1995 11:51 am

2/28/01 Proposed pool location OK as shown.
 Owner accepts that current standard
 is 30 feet separation from pool to well.
 DUC

LEGEND

- WELL PASSED
- ⊗ WELL FAILED
- PERC HOLE PASSED
- ⊙ PERC HOLE FAILED
-  SEPTIC SYSTEM DRAINAGE FIELD
- SANITARY SEWER
- ST SEPTIC TANK
- DB DISTRIBUTION BOX
-  - Pool 30' x 15'

I know it will be 15' from the well. We will try to get as far away as possible. (Standard is 30 feet)



REVISED
 Date: 7-9-96
 Comments: 16363
 extend A-

1" = 100'

Building Address 144 Hwy 130 #1771 Property Owner's Name ...
 Suite/Apt. #: _____ SDP/WP/Petition #: _____ Address ...
 City Mt Airy State MD Zip Code 21771
 Census Tract 6000 Subdivision _____ Home Phone _____ Work Phone _____
 Section _____ Area _____ Lot 2A Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map 2 Parcel 19 Grid 11 Phone ... Fax ...
 Zoning RC Map Coordinates _____ Lot size _____

Existing Use ... Contractor Company ...
 Proposed Use ... Contact Person ...
 Estimated Construction Cost \$... Address ...
 Description of Work ... City Mt Airy State MD Zip Code 21771
 License No. _____ Phone _____ Fax _____

Occupant or Tenant _____ Engineer or Architect Company _____
 Contact Name _____ Contact Person _____
 Address _____ Address _____
 City Mt Airy State MD Zip Code 21771 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

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

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 ... Print Name ...
 Title/Company _____ Date _____

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

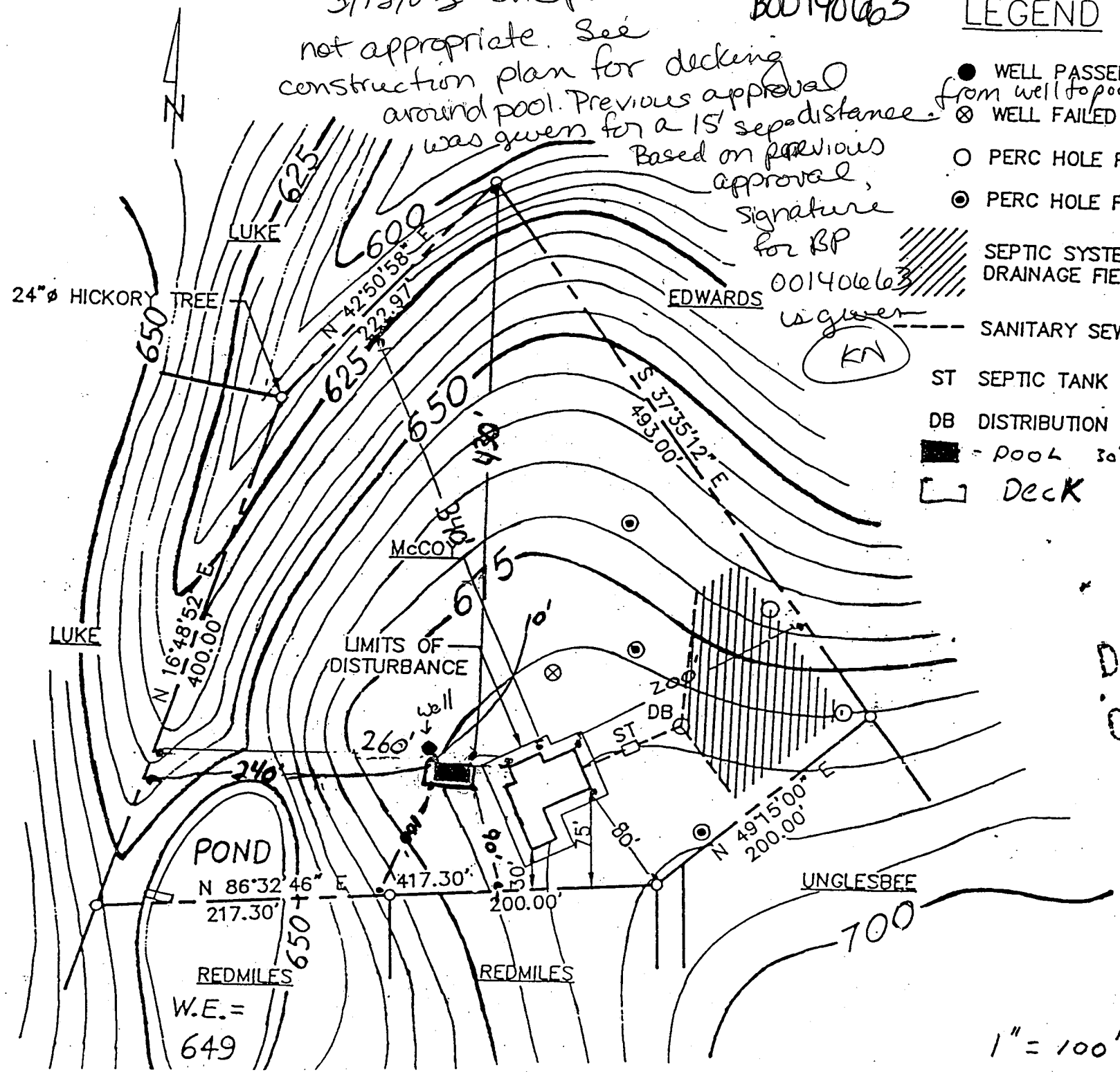
FOR OFFICE USE ONLY			
AGENCY	DATE	SIGNATURE/ APPROVAL	PROPERTY ID# <u>2815</u>
Land Development DPZ			Filing fee \$ _____
State Highways			Permit fee \$ <u>125</u>
Building Official			Excise tax \$ _____
Dev. Engineering DPZ			Add'l per. fee \$ _____
Health			TOTAL FEES \$ <u>125</u>
Fire Protection			Sub-total paid \$ _____
Sediment Control approval required prior to issuance?			Balance due \$ <u>125</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			Check # <u>21</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Validation # _____
ONE STOP SHOP <input type="checkbox"/>			
Distribution of Copies: White Building Official	Green LDD DPZ	Yellow DED DPZ	Pink Health
Gold SHA			

3/13/03 Site plan
 not appropriate. See
 construction plan for decking
 around pool. Previous approval
 was given for a 15' sep distance.
 Based on previous
 approval,
 Signature
 for BP
 00140663
 is given

B00140663

LEGEND

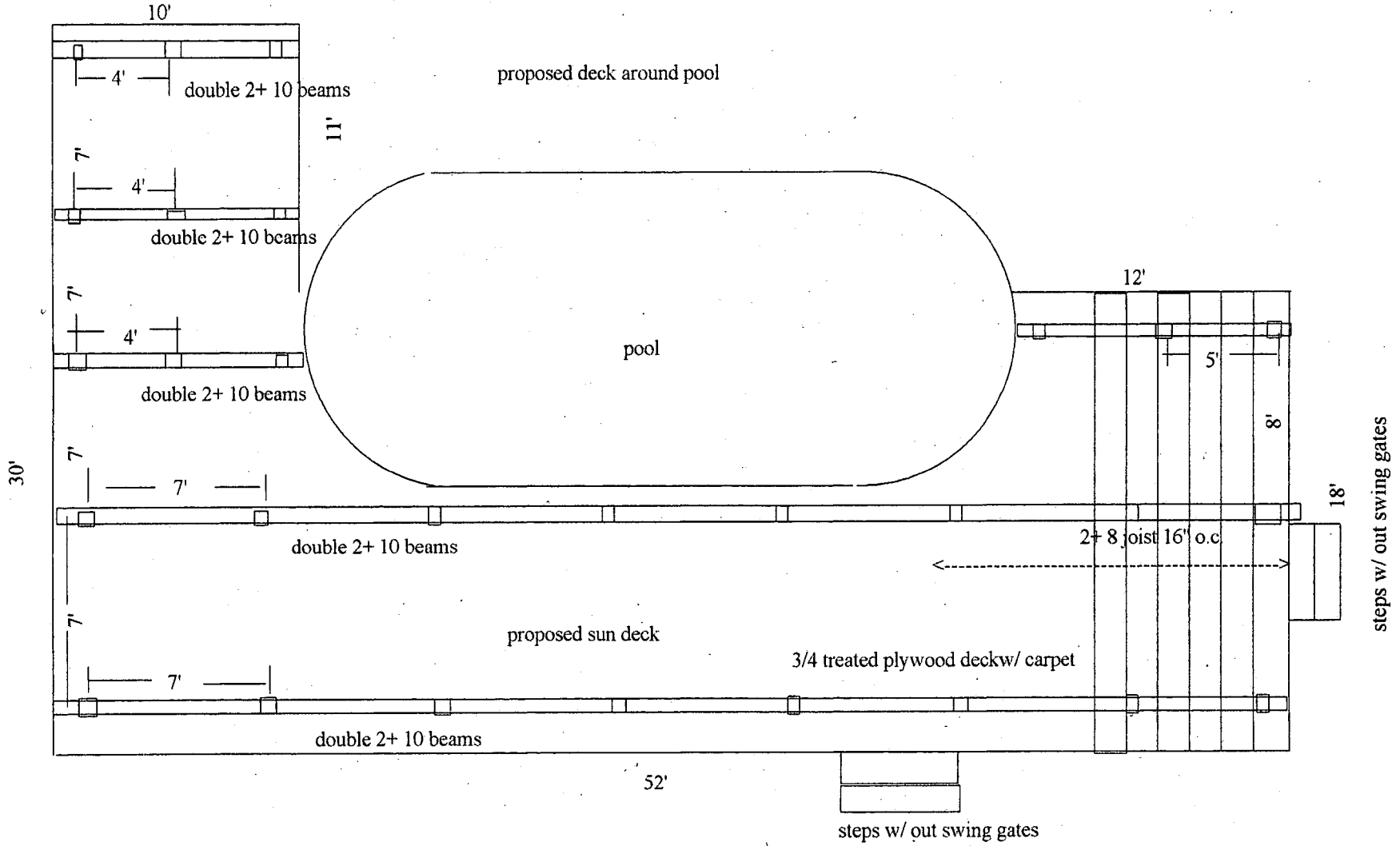
- WELL PASSED from well to pool.
- ⊗ WELL FAILED
- PERC HOLE PASSED
- ⊙ PERC HOLE FAILED
- ▨ SEPTIC SYSTEM DRAINAGE FIELD
- SANITARY SEWER
- ST SEPTIC TANK
- DB DISTRIBUTION BOX
- POOL 30' x 15'
- Deck



REVISED
 Date: 7-9-96
 Comments: 16363 (extend to)

W.E. =
 649

1" = 100'



CROSS SECTION OF 30' END OF DECK

