

5-21-98
C.O. 10am
final

5/26/98
WPE
ANYTIME
SK-PLUMBING

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-358716

P 59863

A 50563-H

DISTRICT 4th

DATE 3-11-98

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 5/21/98

INSPECTOR AU

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Bridlewood LOT 8 ROAD 16844 Hardy Road

PROPERTY OWNER Trinity Custom Homes, Inc. / Mark Foley

BUILDING PERMIT SIGNED

AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS

122104 B00151643-LP TANK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 10 feet off the 163.28' lot line and 110 feet off the 160.00' lot line as seen when facing the lot from Hardy Road. Run trenches on contour towards the 160.00' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 1/27/98 DS

PERMIT SIGNED
AND RETURNED 11-4-98
Serial # B70114858
deh

PLANS APPROVED BY Donna K. Soe DATE 01/20/98

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

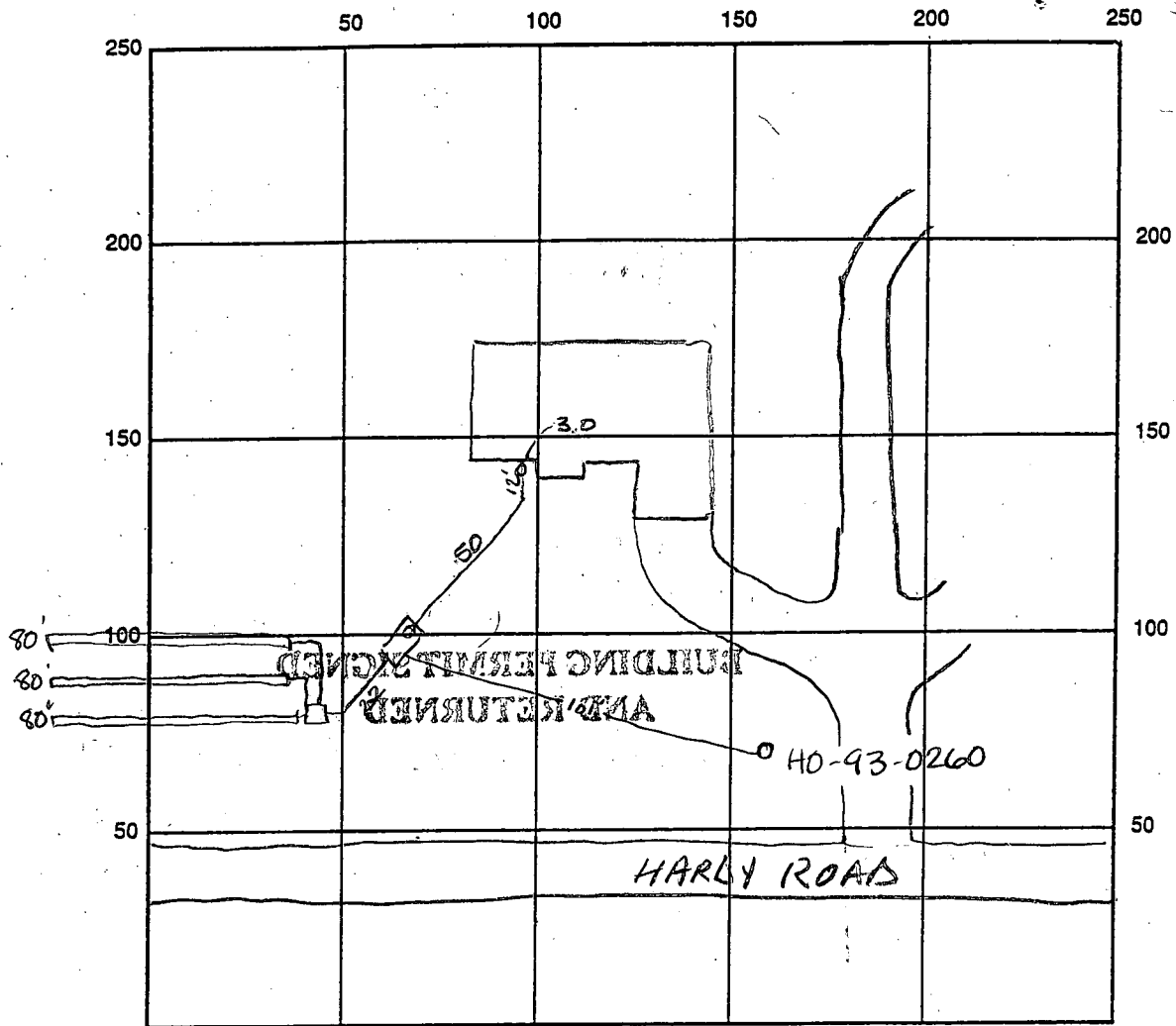
PERMIT SIGNED
AND RETURNED 6-18-98
Serial # B70112497
Buy 117 gal under land

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**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 CLEANOUTS 2 - near house & on tank
 DISTRIBUTION BOX LEVEL OK baffle 15 in
 DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT. 240
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 5/21/98 OK to cover all work final
5-26-98 WPI OK to cover, PA 4.0' below grade, casing 2.0' above grade
has 2 piece cap, line steaked out of house (1cm)

DATE SYSTEM APPROVED 5/21/98 INSPECTOR A McMiller

APPLICATION

PERCOLATION TESTING

A 50563-A

P _____

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

DISTRICT _____

DATE 8-3-95

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 CHARLES STANER Trinity Custom Homes, Inc.

ADDRESS 16920 HARDY ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION STANER PROPERTY LOT NO. 8

ROAD AND DESCRIPTION (16844 Hardy Road)

TAX MAP 7 PARCEL # 337

SIZE OF LOT 1 ACRE TYPE BLDG. SEO - 4 Bms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 1-20-98
Serial # B70109281

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

50563-H

COUNTY #

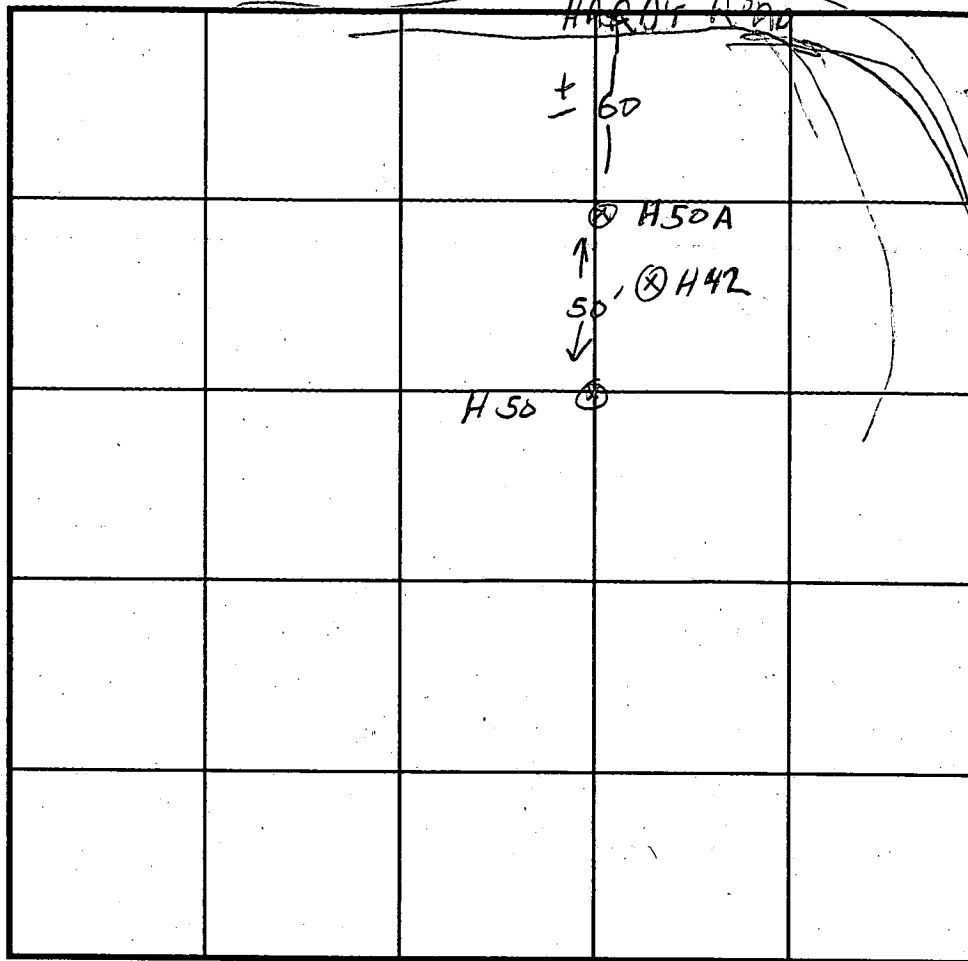
SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.



SOIL PROFILE

H50

SOIL PROFILE H50

TOPSOIL 1

MED BROWN CLAY 2-26

PINK SAPROLITE SILT LOAM 8-6

2 1/4" YELLO SAPROLITE SILT LOAM 8-6

5% MIXED SAPROLITE + QUARTZITE FRAGS 11

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/95	H50	3' 4"	2:59	3:01	3:01	3:04	3 MW
		7' 6"	3:01	3:04	3:04	3:06	2 MW
	50A	9'	3:08	3:10	3:10	3:14	4 MW

REMARKS OK-50 NO PROBLEMS LOT 8

TYPE OF SOIL _____

TESTED BY GEN SAUSAGE ALSO PRESENT WILL HOPKINS CHARLES STANCO

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 MW TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

APPLICATION

50563H

A 50563K

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4th

DATE 3-3-95

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 Charles Stancer

ADDRESS 16920 Hardy Rd - Fnt. Airy, MD 21771 PHONE 410-489-7340

PROSPECTIVE BUYER NA

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Stancer Property LOT NO. H 8

ROAD AND DESCRIPTION 16900 Hardy Road

TAX MAP 7 PARCEL # 337

SIZE OF LOT one acre TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

Charles A Stancer
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

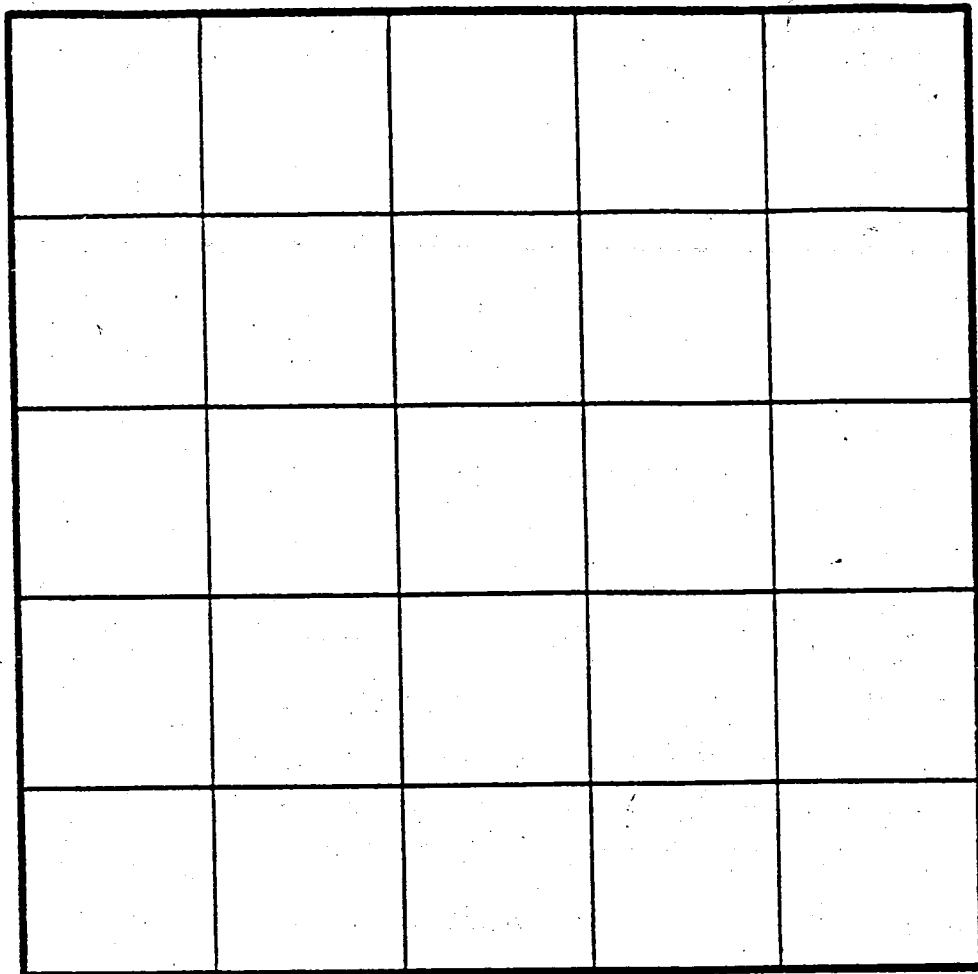
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A50563K 50563 - H
 06/14/41



SOIL PROFILE #38

0' Wet Red Silty CL
 2 1/2' 3 1/2' Str Br vch silty
 6 1/2' 7' Str Br vch loam
 E 40-60% v Large Flags
 1' of wetting chert
 Many Black Stems
 + Underlain by Soils below 7.8 ft

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

H37

3 1/2' Wet Red Silty CL
 4 1/2' Reddish Yellow Silty Silt ch
 very silty (7.5% R₈₀)
 7' 1/2' Silty Clay (6.5% R₈₀)
 + 2' 1/2' Silty Clay
 10' Wet Red Silty CL
 11' Wet Red Silty CL
 12' Wet Red Silty CL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/1/75	H36	3'	12:28:00	12:47:00	12:47:00	1:09:00	22 min	
		5 1/2'	12:33:00	12:32:00	12:32:00	12:44:00	12 min	
		10'	v. Flaggy Below 6 ft =					
	H37		12:32:00	12:40:	12:40	1:07	27 min	
		7'	12:30:30	MISSED	→ 12:41:00		6 min	
		12'	water at 10 ft,		wat at 10 ft			

Wet Season Test Needed

Wet Season Test Needed

REMARKS Just finished a very dry wet season (Need to confirm water tables in a "Real" wet season)

TYPE OF SOIL Chester

TESTED BY P. R. Kelly ALSO PRESENT

APPLICATION

50563-H

A 50563

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4th

DATE 3-3-95

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 Charles Stancer

ADDRESS 16920 Hardy Rd - Mt. Airy, MD 21771 PHONE 410-489-7340

PROSPECTIVE BUYER NA

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Stancer Property LOT NO. 12 8

ROAD AND DESCRIPTION 16900 Hardy Road

TAX MAP 7 PARCEL # 337

SIZE OF LOT One acre TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

Charles Stancer
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

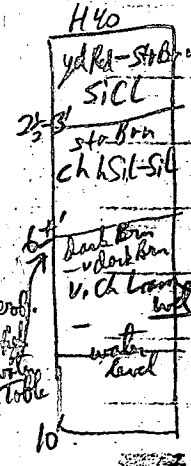
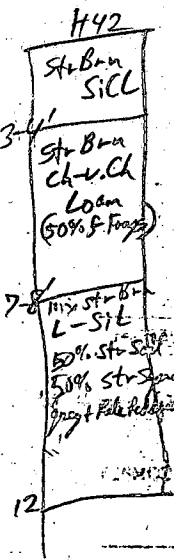
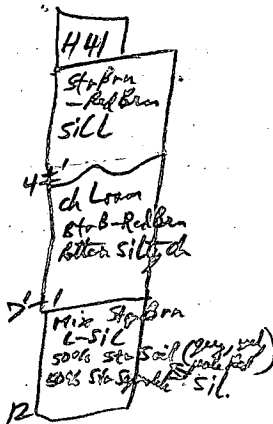
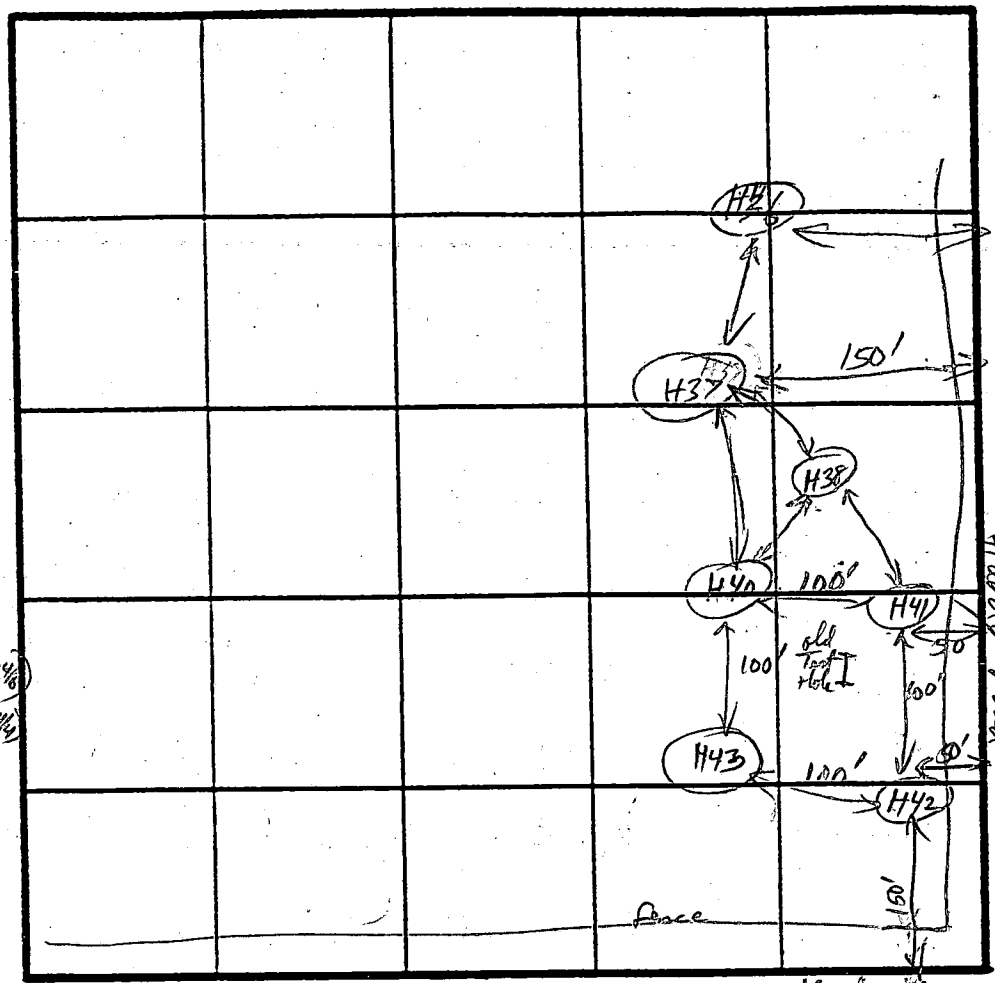
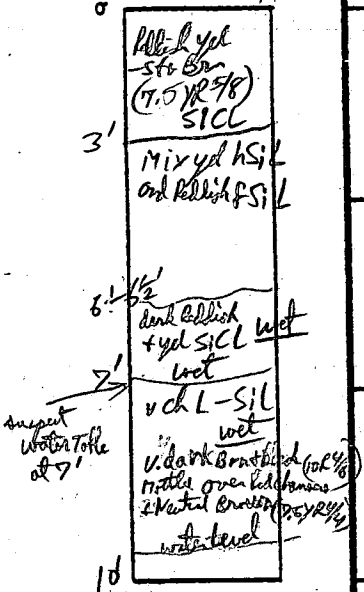
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A60563-H
 old lot 12
 LOT 8

SOIL PROFILE H43



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Hardy Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/95	(12E outcrop) H 43	3'	11:07:10	12:04	not trench in	57 min	Fail
	(a redog. hole)	6 1/2'	11:07:00	11:13:30	11:13:30	11:17:30	4 min
		v10' (water level at 9 1/2" wet + curing below 7')					
	H 42	3 1/2'	11:16:40	11:21:40	11:21:40	11:27:30	6 min
		v12	11:19:40	11:21:30	11:21:30	11:26:10	5 min
	H40	3'	11:40:50	11:50	11:50	12:07	17 min
		v10'	11:41:00	still on top of soil @ 12:07	12:07		Fail
		(water level at P) soil + v. ch loam					> 40-50% at 6 1/2'
	H41	4'	11:49:50	11:56:00	11:56:00	12:02:00	6 min
		v11'	11:46:40	11:56:00	11:56:00	12:08:00	12 min

Fail Pending wet Season Test

Fail Pending wet Season Test

Very dry year - water table are well below normal levels entire '95 wet season (10' below normal now)

REMARKS H40 + H43 - Need Wet Season Testing to determine True Water Tables

TYPE OF SOIL Chester
 TESTED BY RIPinby ALSO PRESENT Chuck Strzeser Will Hopkins

B-1 **8581**

SEQUENCE NO.
(DO NOT USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-93-0260
fill in this form completely

Date Received (APA)

01/23/96

OWNER INFORMATION

STANCIER CHARLES
Last Name Owner First Name

16920 HARDY ROAD
Street or RFD

MOUNTAIN **MD2155**
Town 70 State 72 Zip 76

DRILLER INFORMATION

MSD/MGD/MWD

DAVA DYKER II
Driller's Name License No. 80

Westminster Drilling
Firm Name

P.O. Box 861 Westminster Md 21155
Address

Dava Dyker II **1-19-96**
Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

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)

APPROXIMATE DEPTH OF WELL **250** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVerse-ROTary
- Drive-POINT

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 DEEPEAN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41**

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **G A P**

FORCE **SS** WRITE INITIALS IN BOX PERMIT No. **40-93-0260**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

LOCATION OF WELL

HOWARD COUNTY

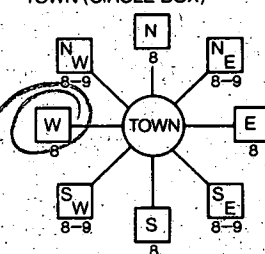
BLENDEWOOD SUBDIVISION

SECTION **44** LOT **8**

LISIMON NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **3.6** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



HARDY ROAD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

85 DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: **7** BLK: _____ PARCEL **337**

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A-50563H** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED _____

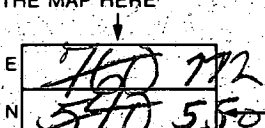
02/01/96 DATE ISSUED **02/01/97** EXP. DATE

NORTH GRID **550000** EAST GRID **770000**

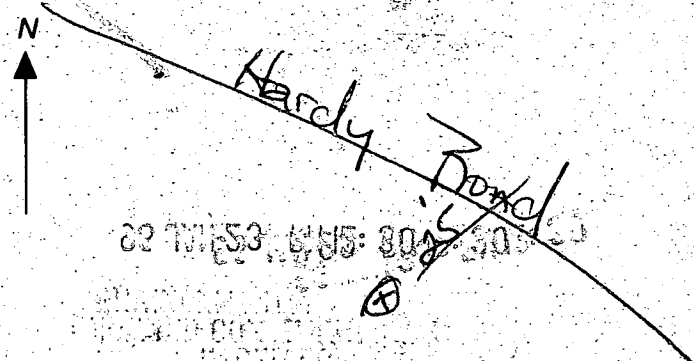
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. **City**

WRITE THE BOX NUMBER FROM THE MAP HERE



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



22 71153 6415 3015 300

C 0228

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

COUNTY NUMBER A-50563H

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 020796

Depth of Well grid: 177

PERMIT NO. grid: H0-93-0260

OWNER STANCER CHARLES STREET OR RFD 16920 HAROY ROAD TOWN MT AIRY SUBDIVISION BRIDLEWOODS SECTION LOT 8

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 17 NO. OF POUNDS 1598 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 43 ft.

CASING RECORD

MAIN CASING TYPE (S, T) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 45

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S, T, BR, HO, PL, OT) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 120 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 15 ft. WHEN PUMPING 33 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 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.

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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 256

DANA KYKER JR II

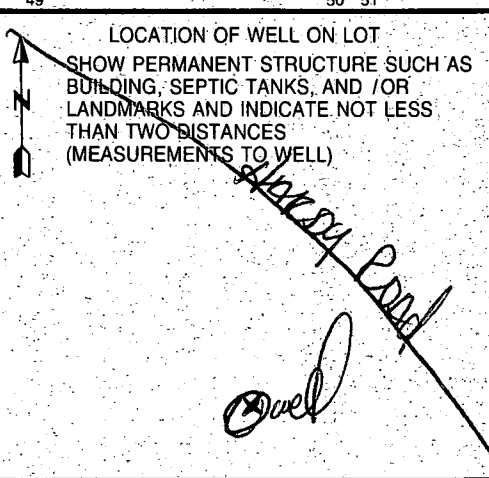
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JWD 334

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

DEPTH (nearest ft.) grid with rows for casing height and screen depth.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA



Lot #8

Charles Stancer

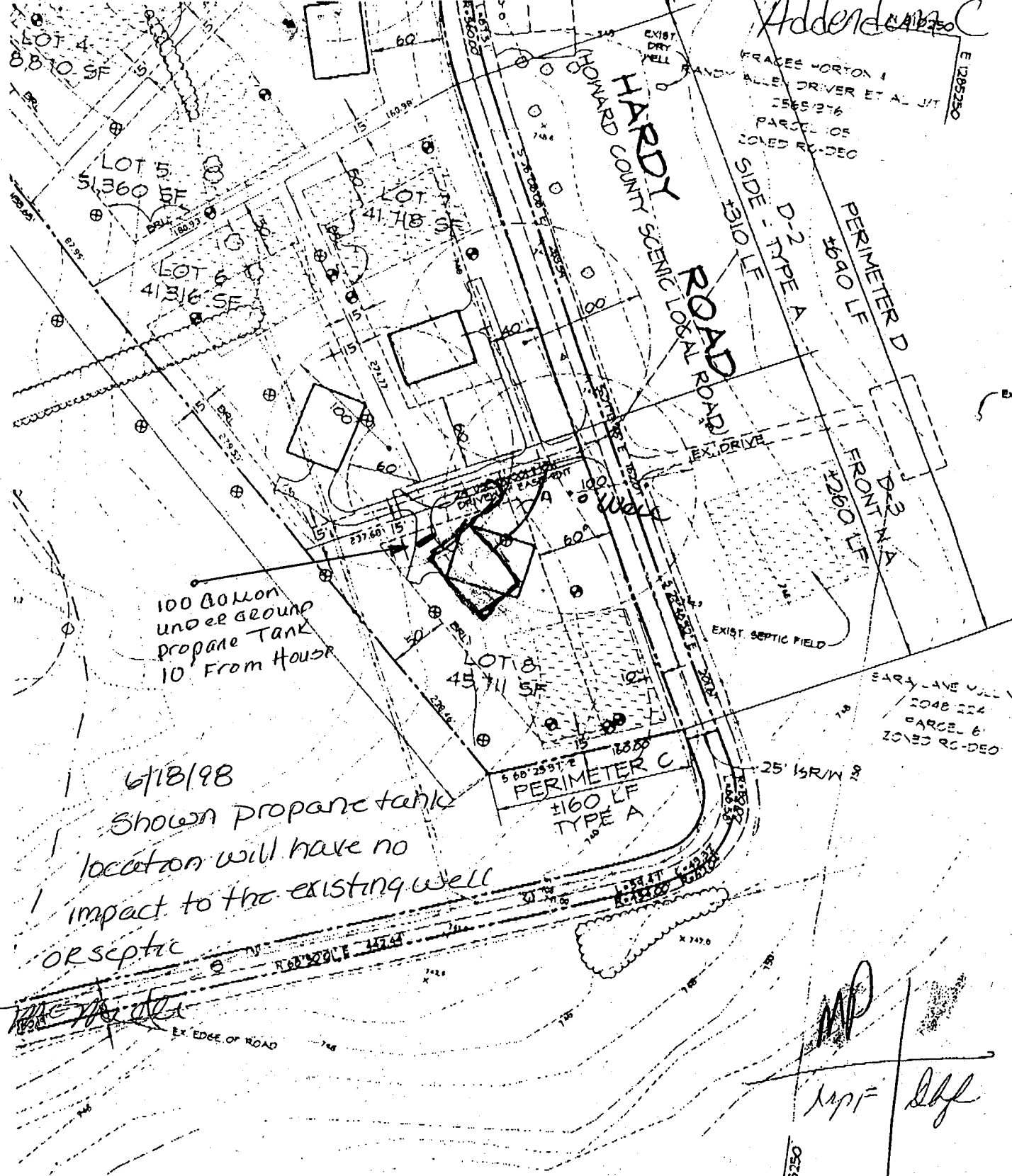
Bridlewood

FROM : ALPHARMA

PHONE NO. : 4102983218

Jun. 17 1998 10:45AM P2

Addendum C



100 GALLON
UNDER GROUND
PROPANE TANK
10' FROM HOUSE

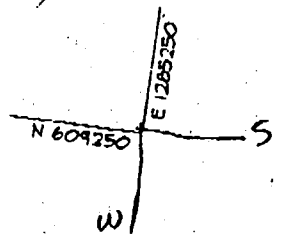
6/18/98
Shown propane tank
location will have no
impact to the existing well
or septic

Mark Foley

MP
MPF *SBF*

MARK FOLEY
16844 HARDY RD
MT. AIRY, MD 21771

LEGEND:



MH 11 TO Contractor

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 1700114858
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Building Address <u>16844 Hardy Rd.</u> <u>Mt. Airy MD 21771</u>	Owner's Name <u>Mr. & Mrs. Foley Hodes</u>
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u>	Address <u>16844 Hardy Rd.</u>
Census Tract <u>6040</u> Subdivision <u>BRIDLEWOOD</u>	City <u>Mt. Airy</u> State <u>MD</u> Zip Code <u>21771</u>
Section <u>I</u> Area _____ Lot <u>8</u>	Home Phone <u>410-489-4352</u> Work Phone _____
Tax Map <u>7</u> Parcel <u>337</u> Grid <u>9</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RC-DEO</u> Map Coordinates _____ Lot size _____	Phone _____ Fax _____

Existing Use <u>single family dwelling</u>	Contractor Company <u>HAYES CARPENTRY</u>
Proposed Use <u>subdeck w/ stairs</u>	Contact Person <u>Joey Hayes</u>
Estimated Construction Cost \$ <u>4,650.00</u>	Address <u>13672 Lexington Dr.</u>
Description of Work <u>A 14' x 12' upper deck and a 19' x 12' lower deck, rear of home w/ stairs</u>	City <u>Mt. Airy</u> State <u>MD</u> Zip Code <u>21771</u>
	License No. <u>31898</u>
	Phone <u>410-31-7882</u> Fax _____

Occupant or Tenant <u>same as owner</u>	Engineer or Architect Company <u>HAYES CARPENTRY</u>
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: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13 _____ Full _____ Partial _____ Other Suppression _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NEPA #13R _____ Other: _____
		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: _____	
		Dimensions: _____	
		Footings: _____	
		Roof: _____	
		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 _____ Print Name _____
 Title/Company _____ Date 11/14/98

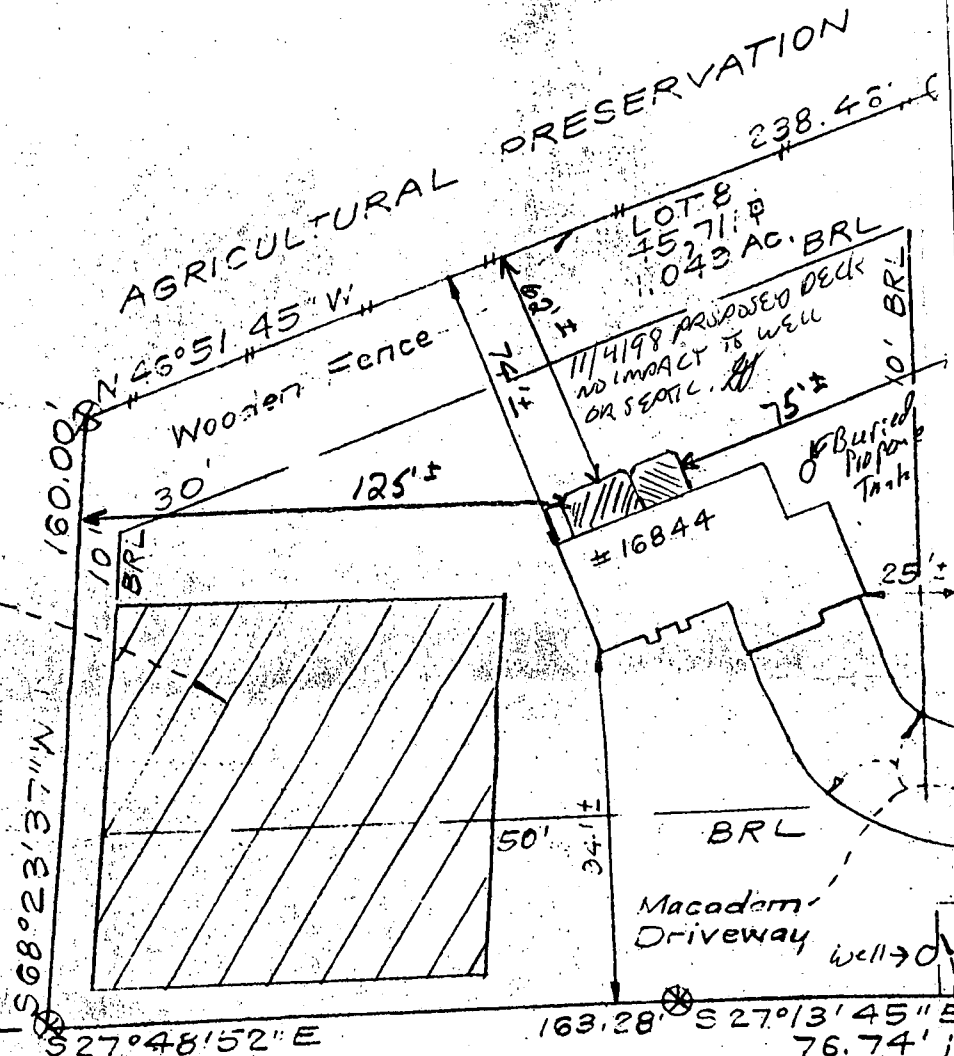
VALIDATION

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#: <u>37670</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing Fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit Fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/>)
<input type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise Tax \$ _____
<input checked="" type="checkbox"/> Health <u>11/14/98</u> <u>Blushy</u>			All minimum setbacks met?	(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/>)
<input type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES <u>30</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Check # <u>6132</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>1307</u>
			Historic District?	Accepted by: _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	

AGRICULTURAL PRESERVATION

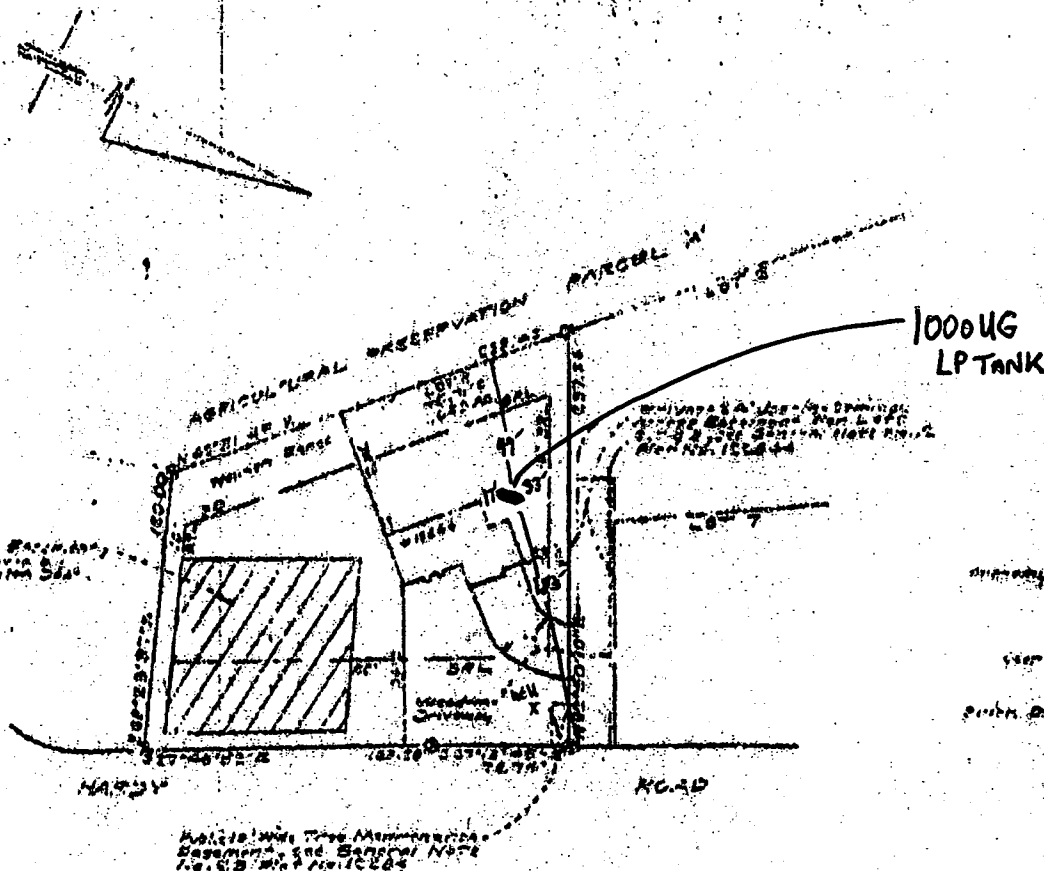


HARDY

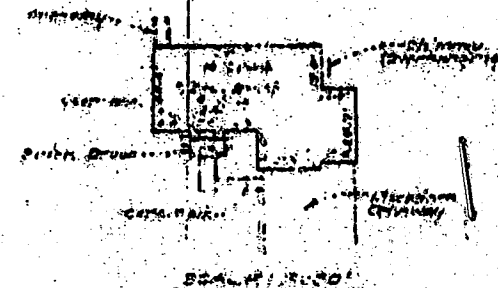
Public 10' Wide Tree Maintenance Easement, see General Note No. 23 Plat No. 12284

NOTE: This lot appears to lie in an area classified as Zone C, and of unusual flooding as shown in Flood Map of Howard County, Maryland (FAR INDCR) for Community Panel Number 2490-40018 - 00-50, dated December 4, 1988.

Walt, Check 12-10-88
 Top of Hill 12-10-88, 7:40 P.
 Rechecked Survey: 12-10-88



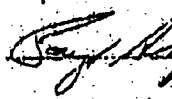

Matus, Paul
 16844 Hardy Rd.
 Mt. Airy, MD 27711
 410/489-2969
 # 04-358716



APPROVED
 WALK-THRU BUILDING PERMIT
 BR# 00151643 A# 50563-H
 APP SAN P.A.Y. DATE: 12/27/84
 DESC. OF WORK: L.P. TANK

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the boundaries shown hereon, and that they are located as shown.

7-1-88



NOTE: 1. It is assumed distance measurements are of Rebar & Cap

7135 WINTERS WAY / COLUMBIA, MD 21046 • (410) 341-7500 FAX • (410) 341-0111

CLARK · FINEROCK & SACKETT, INC
 ENGINEERS · PLANNERS · SURVEYORS

PROJECT	16844 HARDY ROAD BRIDLEWOOD SECTION
CLIENT	TRINITY BUILDERS 8712 Owen Drive Columbia, Md 21044
DATE	7-8-88