

5/17/96
10:00 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56630-A

A 50572Y

DISTRICT 4th

DATE 5/14/96

DATE SYSTEM APPROVED 5/17/96

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

04-358465
INDEXED

Olen Ketterman - K & K Excavation IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144, Woodbine, MD 21797 PHONE 442-1336

SUBDIVISION Carriage Mills Farm LOT 20 ROAD 14750 ~~Old Frederick Road~~ Addison Way

PROPERTY OWNER Oak Hill Properties DAVID YOUNGMAN

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION -- Place distribution box 200' from the front lot line and 110' from the left lot line as seen when facing property from Old Frederick Road. Run trenches along contour toward left 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/MR 5/15/96

PLANS APPROVED BY Craig Williams DATE 12/20/95

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) AND REFINISHED 2/7/2001

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH 800128384 - DECK w/STEPS

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

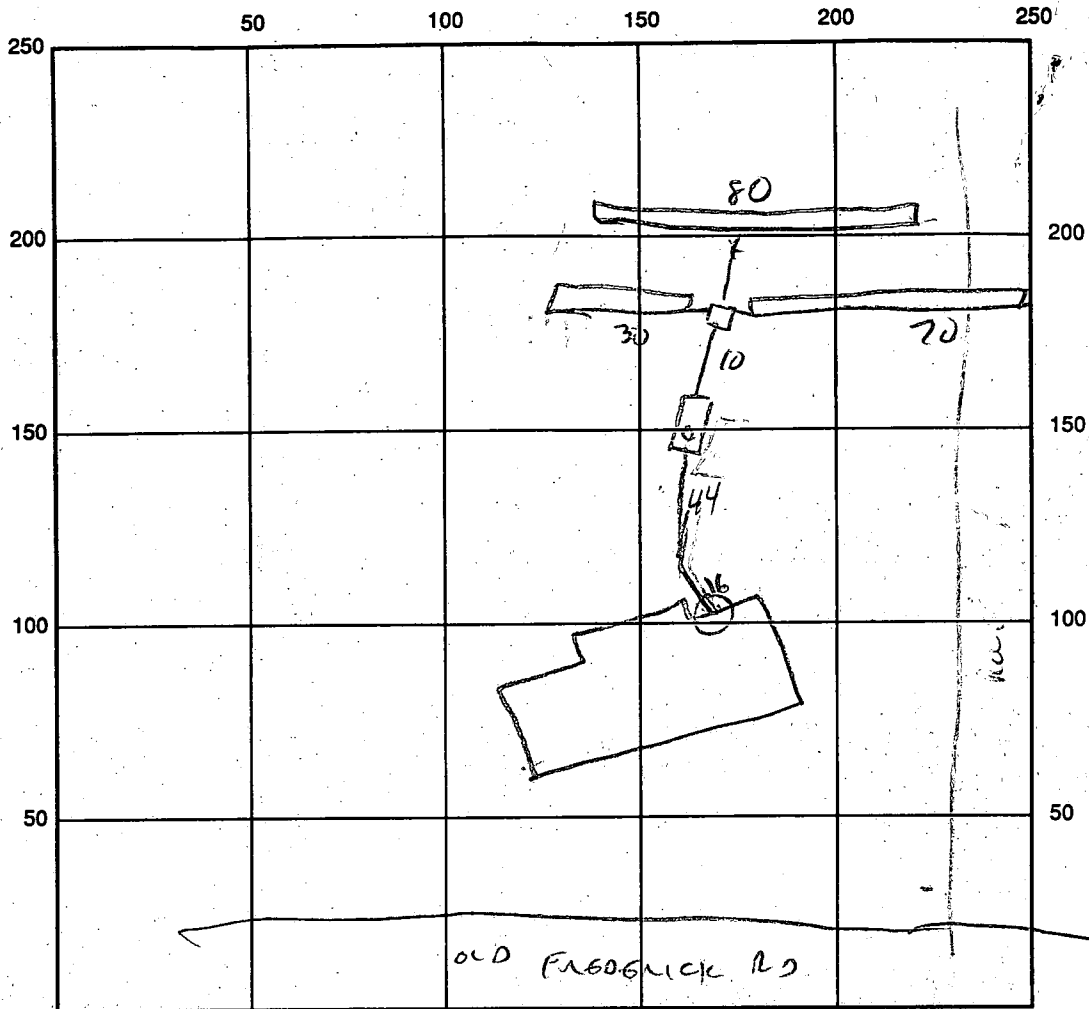
PERMIT VOID AFTER TWO YEARS

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 50572Y



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT. HOUSE 5/17/96

REMARKS: TRENCHES - TANK - DIST BOX COMPLETE - OK TO COVER.

- ~~CONCRETE~~ BONDS AT HOUSE CONNECTION - COVERED BEFORE INSP. AND

QUESTIONABLE BUT ARE SUBJECT TO PLUMBING INSP, NOT HEALTH DEPT SEPTIC INSP.

- HOUSE SEWER DIFFERENT THAN PLANNED, SEPTIC TANK

AND DIST. BOX LOCATION MODIFIED TO ACCOMMODATE. (CW)

DATE SYSTEM APPROVED 5/17/96 INSPECTOR CW

APPLICATION

PERCOLATION TESTING

A 50572Y

P _____

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

DISTRICT 4

DATE March 6, 1995

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 Oak Hill Properties, L.L.C.

ADDRESS 11501 Huff Court, North Bethesda, MD 20895 PHONE 301 816 9433

AGENT OR PROSPECTIVE BUYER Oak Hill Properties, L.L.C./ c/o Ralph E. Bice, III

ADDRESS Same as Above PHONE Same As Above

PROPERTY LOCATION:

SUBDIVISION Berkshire Estates LOT NO. HT X 20

ROAD AND DESCRIPTION Property is located on the Northeast Side of the intersection of Route 144 and Old Frederick Road. (19750 Old Frederick Road)

TAX MAP 8 PARCEL # 158 & 79

BLDG. PERMIT SIGNED
AND RETURNED 2/6/95
Serial # 132 65-SFD-4Bm

SIZE OF LOT Average size equals 60,000Sq. Feet TYPE BLDG. Single Family Detached
(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.

Ralph E. Bice, III
(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

A50572Y
COUNTY #

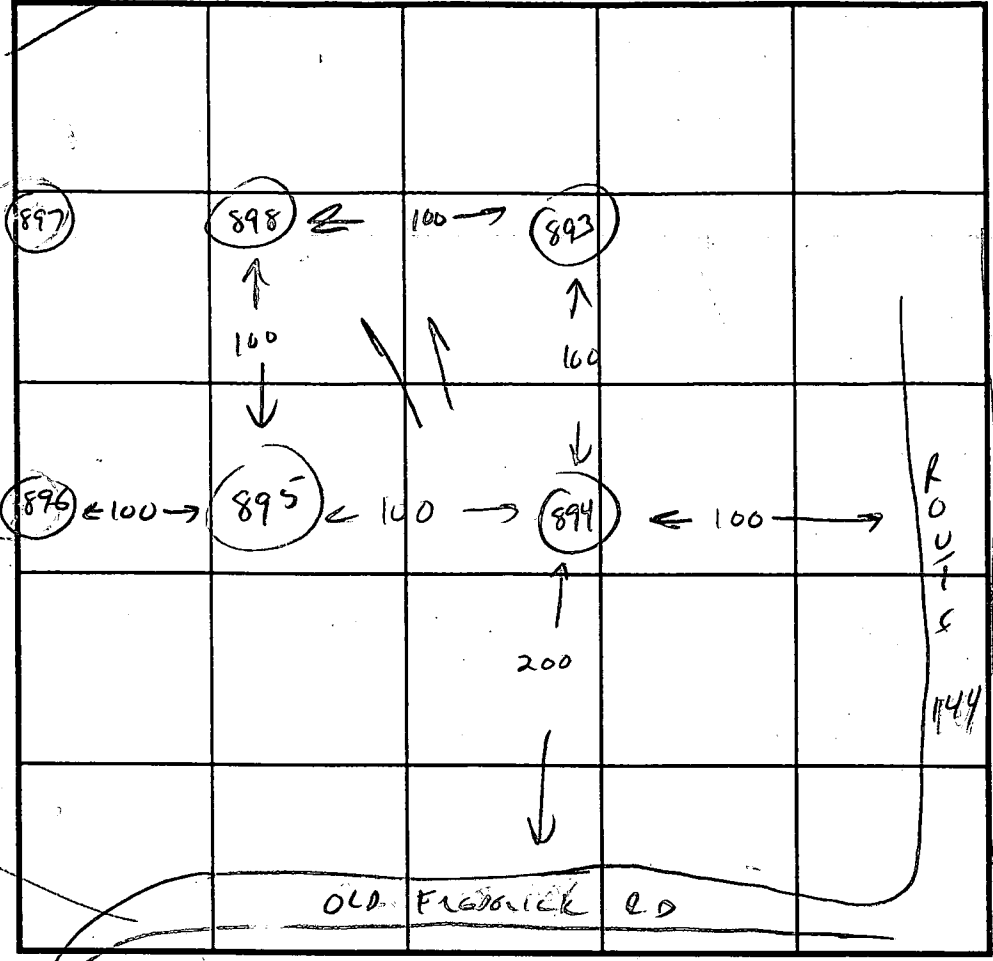
LOT 47

SOIL PROFILE

893
894
4'
ORANGE CLAY
13'
ROCK - ORANGE SAND SILT LOAM

896
898
3'
ORANGE CLAY
TAN CLAY LOAM
13'

895
SAME AS 898 EXCEPT POCKET OF ROCK 6-9' ISOLATED
OK
13'



SOIL PROFILE

Empty soil profile box.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/10/95	893	4 8	1:30	1:30:30	1:30:30	1:31:30	1 MIN	
		13	VIS	OK 3 1/2	-13			
	894	4 8	SAME AS #893					
		13	VIS	OK 3 1/2	-13			
	895	3 7	1:40	1:41	1:41	1:43	2 MIN	
		13	ISOLATED ROCK POCKET 6-9' OTHERWISE OK 3-13'					
	898	3 8	1:32:30	1:35:30	1:35	1:38	3 MIN	
		13	VIS	OK 3-13'				

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY C. Wilton ALSO PRESENT OK JR / R. BICE
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 MIN TRENCH WIDTH 2
 INLET DEPTH 3 1/2 MAXIMUM BOTTOM DEPTH 7 1/2 SQ. FT./BEDROOM 180

C1 0201 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A50572Y A13364

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 040396

Depth of Well 700 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H4-93-0293

OWNER BERKE JOSEPH B STREET OR RFD TOWN COOKSVILLE SUBDIVISION CARRIAGE MILLS SECTION LOT X 20

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries like 'Topsoil', 'Br. Shale w/clay', etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 33 NO. OF POUNDS 3300

CASING RECORD (ST, CO, PL, OT) MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

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

NUMBER OF UNSUCCESSFUL WELLS: 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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 40

DRILLERS SIGNATURE (Must match signature on application) LIC. NO. 386

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

DEPTH (nearest ft.) 40 68 400

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA COUNTY

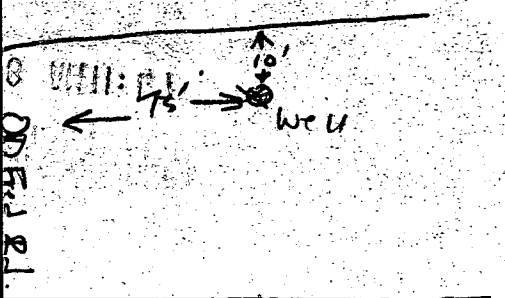
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 40 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 212 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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



RT. #144



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 29, 1996

Oak Hill Properties
22560 Glenn Drive
Sterling, VA 21064-4445

RE: Building Permit #63265

Gentlemen:

According to our records there is no well on Carriage Mill Farm lot #1.20, Therefore, we are not able to approve the above referenced permit.

Please call me if you have any questions.

Sincerely yours,

Glen Savage
Sanitarian
410-313-2640

GS:hh

CC: Licenses and Permits

F:\wp60\tesphh\oakhilbp.gs



February 7, 1996

Mr. Craig Willams
Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043

RE Carriage Mill Farm
Model Permit # 63265

Dear Mr. Willams:

We respectfully request the release of our Model permit application prior to its well ^{20 ON FINAL} being drilled. We are currently in the process of obtaining applications for lot 1 and lot 23 for drilling at the same time. As you will recall, health department comments on Carriage Mill Farms record plat requested lot 23's well drilled prior to recordation.

We and the drilling company want to do both at the same time. For this reason we ask the health department allow our model permit application to continue on its approval route.

Thank you for your time in this matter, please call with any questions.

Sincerely,

Ralph E. Bice, III

NOTE:

2/14/96 BUILDING PERMIT AND DRILLING APPLICATIONS WERE INTENDED FOR LOT 20; LOT 1 EXISTS AS A SEPARATE ENTITY (WAS PREVIOUSLY LOT 30) - A-43364, LOT 20 ON FINAL WAS LOT 1 ON PRELIMINARY - A-50512. DISCUSSED WITH LORI CUNNINGHAM ON 2/15/96. SHE INTENDS TO CORRECT THEIR RECORDS AND CONTACT THE WELL DRILLER.

bl

N 543500

E 792000

MATCH LINE
See Sheet 2 of 5

⊕ CURVE DATA

STA. 1+68.97 TO STA. 2+53.82

Radius = 400.00'

Length = 84.86'

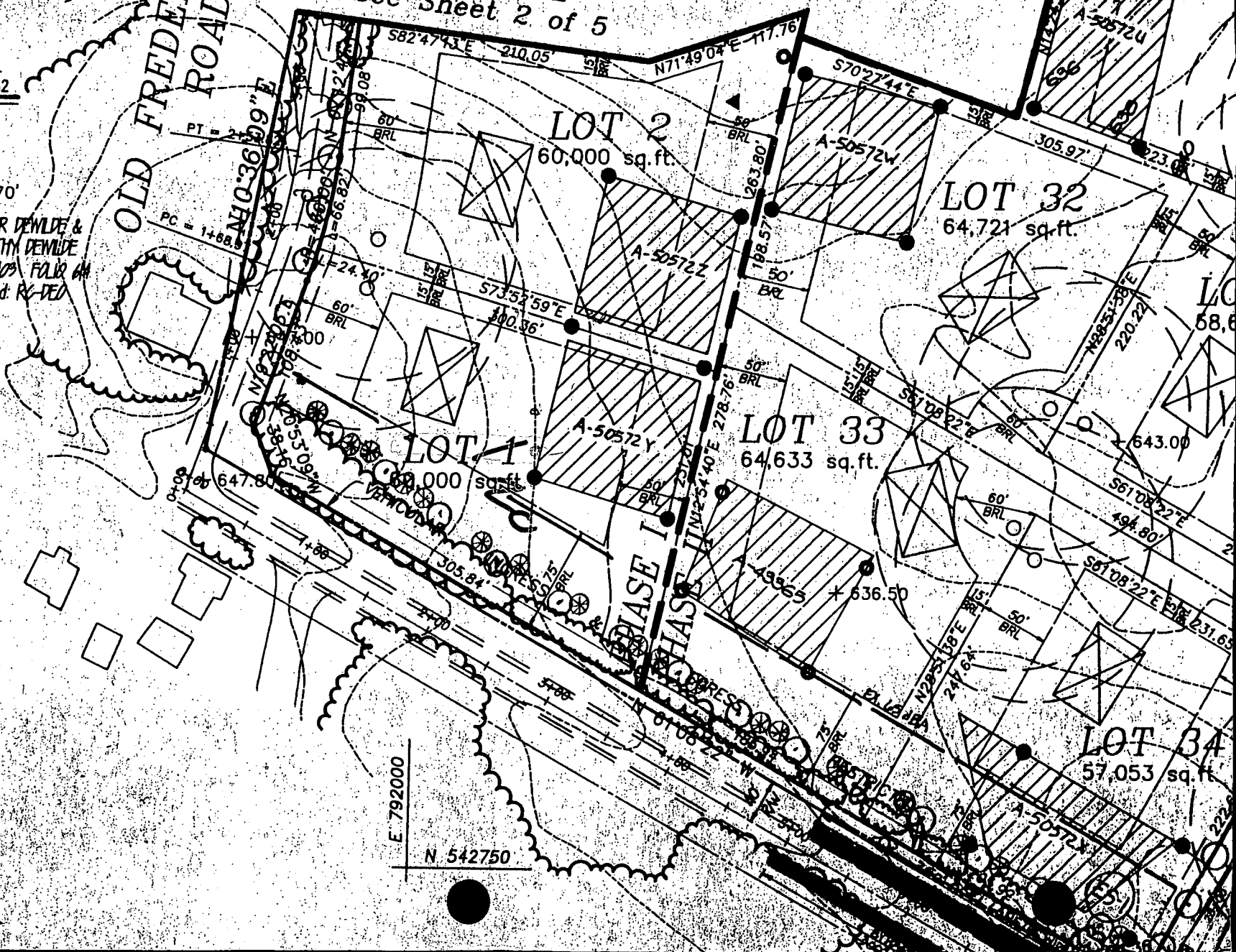
Tan = 42.59'

Delta = 12°09'18"

Chord = N13°17'26"E, 84.70'

ZEEGER DENLDE &
DOROTHY DENLDE
LIBER 103 FOLIO 64
Zoned: R-1E1

OLD FREDERICK ROAD



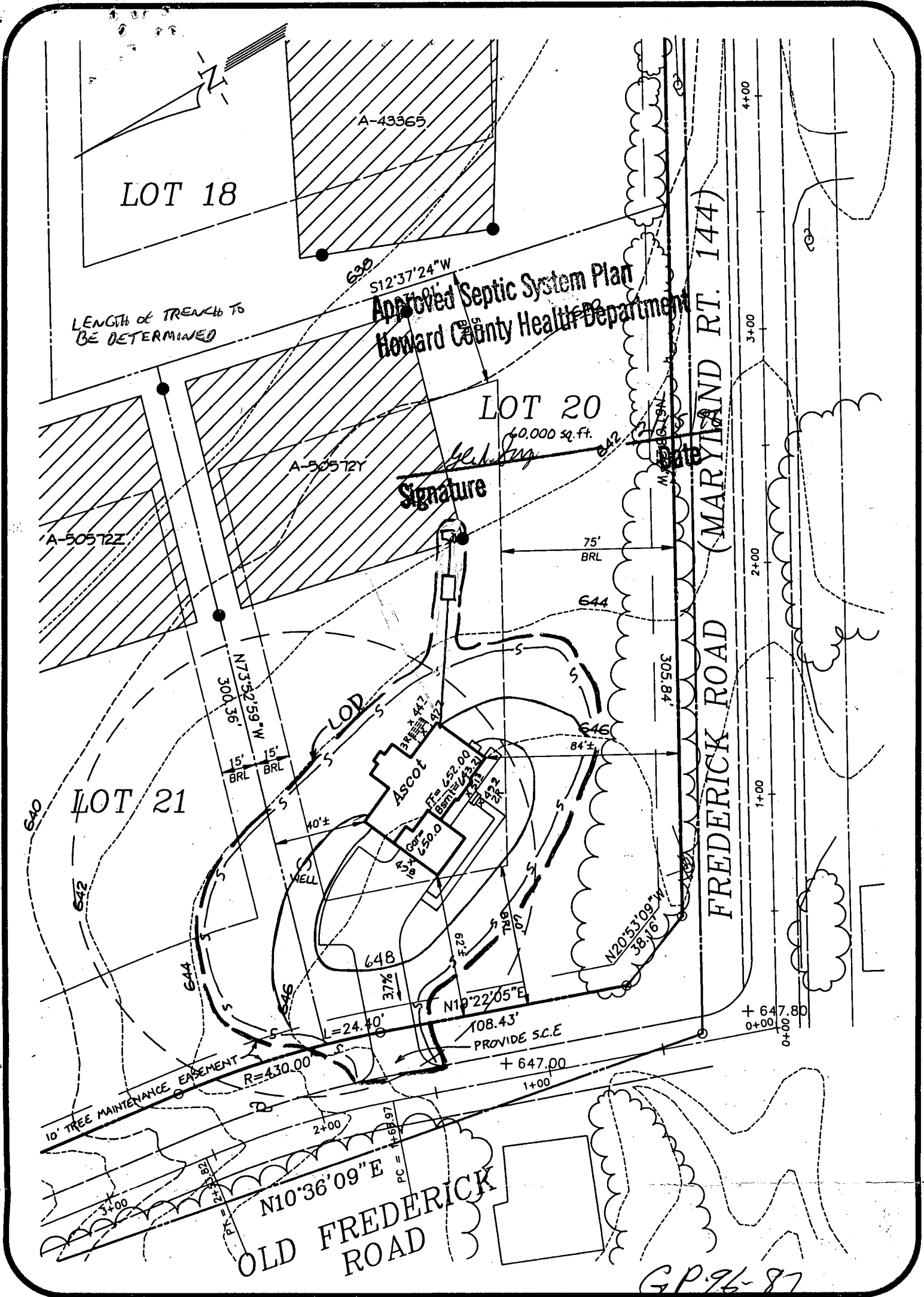
E 792000

N 542750

LOT 31
64,721

LOT 30
58,633

LOT 34
57,053



Approved Septic System Plan
Howard County Health Department

Signature
Date

GP-96-87

CARRIAGE MILL FARMS

PHASE I
LOT 20
MODEL PERMIT

SEPTIC DATA

INV. OUT OF HOUSE = 640.6
 INV. INTO SEPTIC TANK = 639.5
 INV. OUT SEPTIC TANK = 639.2
 INV. INTO DIST. BOX = 638.9
 EX. ELEV @ DIST. BOX = 641.9

R.M. MOCHI GROUP, P.C.



DATE: 1/18/96

PROJECT NO.: 95005.22

DRAWN BY: LJC

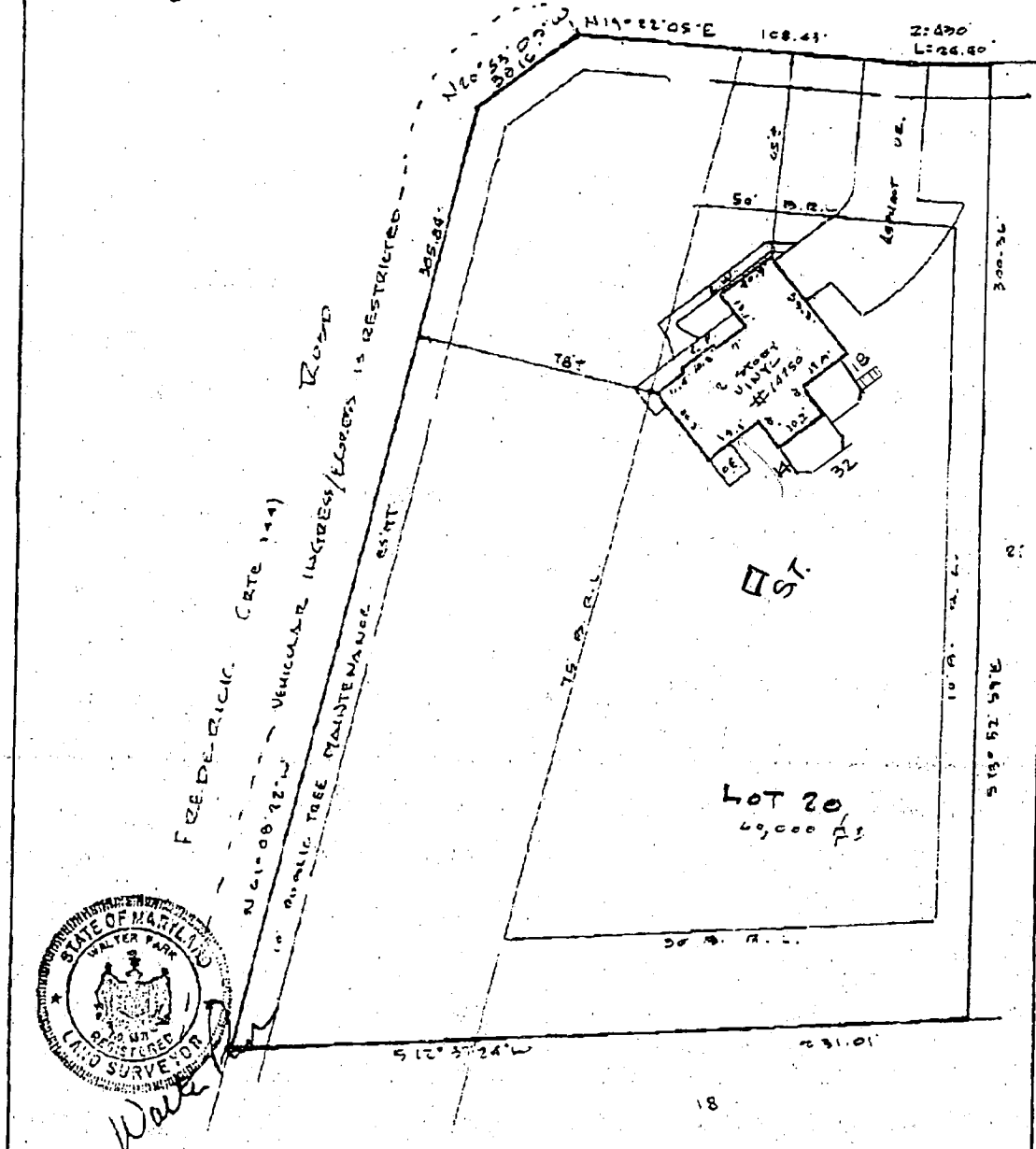
SCALE: 1" = 50'

3300 N. Ridge Road, Suite 235
 Ellicott City, MD 21043-3350


(410) 461-0079
 Fax: (410) 750-6340

PROPERTY KNOWN AS: Lot 20
 PHASE ONE
 CARIBBEE HILL FARMS
 LOTS 1 THRU 20
 PRESERVATION PARCEL
 ATTENTION DISTRICT
 HOWARD COUNTY, MD
 R.T. 1222

THIS PLAT CAN NOT BE USED TO ESTABLISH
 PROPERTY LINES OR CORNERS.



LOCATION DRAWING

CERTIFICATION	SEAL	SCALE 1"=40'	DATE 5-22-00
<p>This is to certify that I have surveyed the property known as: <u>Lot 20</u> <u>ADDISON Way</u></p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p>	 <i>Walter Park</i>	<p>LDE Inc. 9250 Rumsey Road Suite 106 Columbia, Maryland 21045</p> <p>(410) 715-1070 (Balt.) (301) 596-3424 (Wash.) (410) 715-9540 (Fax)</p>	

TOTAL P. 01

2/7/01 Proposed deck location OR ad shown. DCA

Building Address 1750 ADDISON WAY
WOODBINE MD 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 20

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 41312 Lot size _____

Property Owner's Name DAVID Y. CALSON
 Address 1750 ADDISON WAY
 City WOODBINE State MD Zip Code 21797
 Home Phone 410-494-1750 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SDP
 Proposed Use SDP/CONCRETE
 Estimated Construction Cost \$ 11,500

Description of Work OPEN DECK 32x13 /
5x12x10 GRAB

Contractor Company FINEL CONTRACTORS
 Contact Person DAVID CALSON
 Address 10240 WILKINSON RD
 City WOODBINE State MD Zip Code 21791
 License No. 1107 Phone 410-266-5051 Fax 410-266-5055

Occupant or Tenant _____
 Contact Name SH
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (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 DAVID CALSON Print Name DAVID CALSON
 Date 02/07/01

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	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee \$ _____ Permit fee \$ <u>30</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ <u>30</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3178</u> Validation # _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health	<u>21701</u>	<u>DAVID CALSON</u>	Lot Coverage for New Town Zone _____	
Fire Protection			SDP/Red-line approval date _____	Accepted by _____
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"/>				

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

Forms/PERMIT.FRM Rev. 5/17/00