

C.O. 3/15/00  
~~NOON~~ 3/20/00  
5/9/00  
Pump Test ASAP

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513288

A 50617-E

DISTRICT \_\_\_\_\_

DATE 2-28-2000

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 5/9/00

INSPECTOR S.P.K.

S K Backhoe & Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Woodford's Grant LOT 32 ROAD 11394 Barley Field Way

PROPERTY OWNER Hamilton Reed

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 144.43' and 232.63' lot lines, place distribution box 180 feet up the 232.63' lot line and 20 feet off that same lot line. Run trenches on contour toward the use-in-common driveways.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 9/20/99 Looks O.K. (BB)

PLANS APPROVED BY Kim Maiste/Ronald J. Pinkley DATE 9-03-1999

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 25/40 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

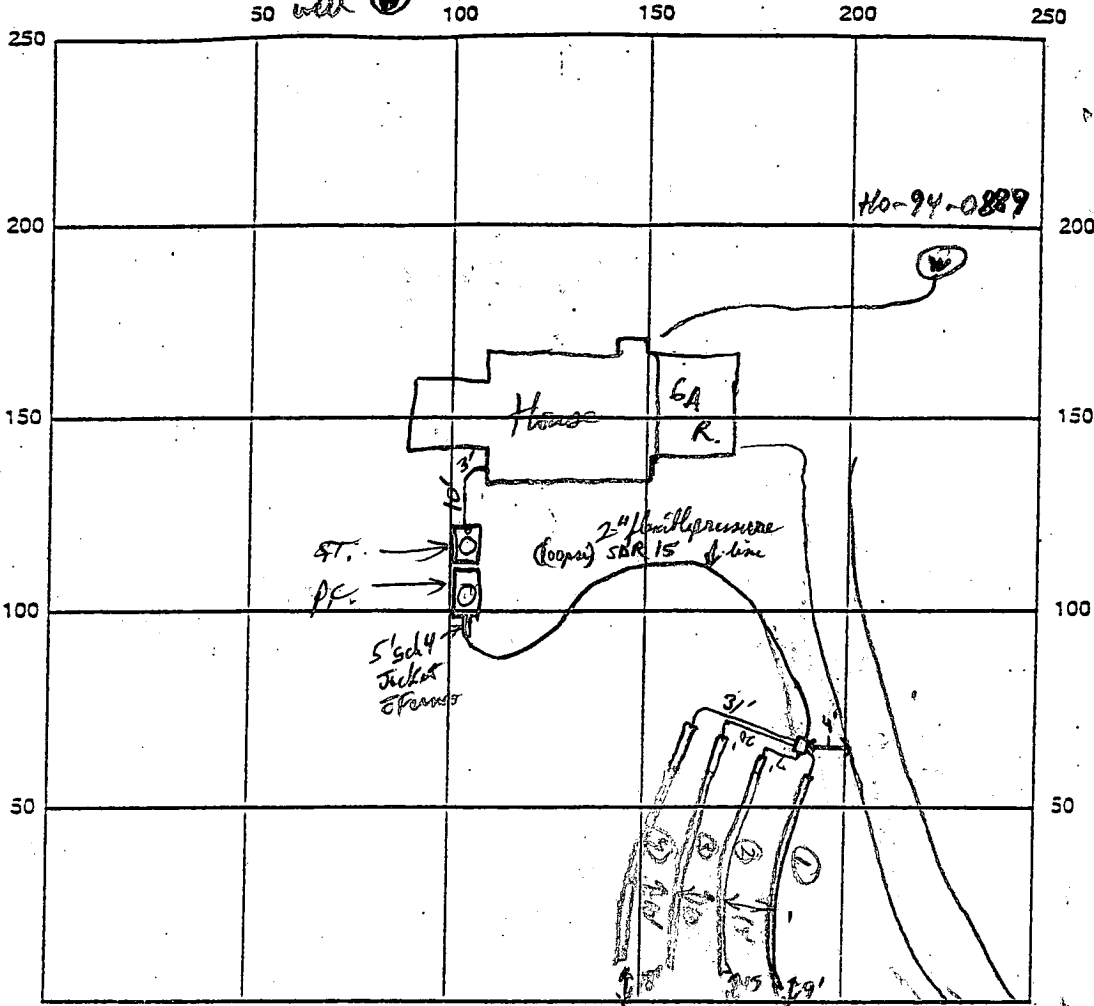
CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

~~SEE PERMIT 50617-E~~  
3/14/01  
open deck/steps  
B00128949

50617E

NOT TO SCALE

Neighbor's well



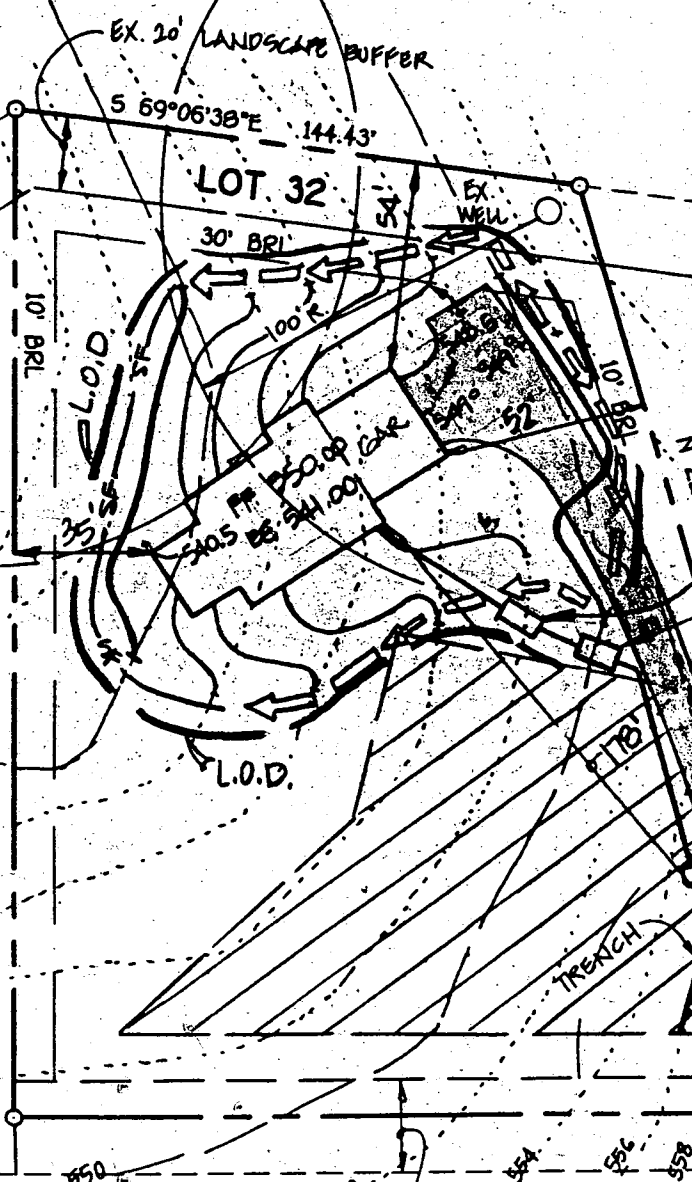
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Pump Chamber 1250 gal Top Second  
 SEPTIC TANK LEVEL 1200 gal Top Second  
 DISTRIBUTION BOX LEVEL close Upper 2 trenches @ 2 3/4" above tank level, lower two trenches @ 3" above level of bottom of tank  
 TILE  
 DRAIN FIELD/TRENCH DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 60/60/60/60 FT/60  
 NUMBER OF TRENCHES 4 ONE-SIDED W/ BOTTOM AREA 720 SQ. FT.  
 DRYWELL  
 DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.  
 ABSORBENT AREA N/A SQ. FT.

REMARKS: First trench dug and pipe OK. At change dir., S.T., P.C. location to accommodate new house plumbing at lot. 3/15/00 OK to cover trenches when finished, call for S.T., P.C. & dist box  
 OK to backfill, Home Connection, S.T., P.C. & rest of piping, call when ready for pump test 3/20/00  
 5/9/00 - PUMP & ALARM OPERATIONAL OK (SRK)

W/P of these depths OK @ 3 1/2 ft, PVC cabinet pipe OK, Necks 2 piece well caps.  
 DATE SYSTEM APPROVED 5/9/00 INSPECTOR Steven R. Klueg

PRESERVATION PARCEL 'B'



Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 6.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
Howard County Health Department

Signature [Handwritten Signature] Date 9/3/99



BARLEY FIELD W  
50' R/W  
R-100.00  
L-6.00

EX. 24' COMMON DRIVEWAY EASEMENT FOR LOTS 3, 4, 5 & 6

# APPLICATION

PERCOLATION TESTING

A 50617-E

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3-30-95

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 ~~Thomas Powell~~ c/o ~~Land Design & Development, Inc.~~ HAMILTON REED

ADDRESS 10805 Hickory Ridge Rd., Columbia 21044 PHONE (410) 740-2100

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. 5

ROAD AND DESCRIPTION off of Marriottsville Road, Howard County, MD

(11394 Barley Field Way)

**PERMITS**

**AND RETURNED** 9-3-99

Serial # 1010120024

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home - 4 Bm.  
(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]  
(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

A 50617-E  
COUNTY #

SOIL PROFILE  
1015

0' rocky  
SCL  
mica  
large  
4-5" rocks  
30%

4' large  
rocks  
throughout  
lgt brn  
tan  
mica  
loam  
powdery

12'

A, B

brn  
CSL  
mica

3' SL  
w/ some  
clay  
brn

10' greyish  
brn  
mica  
SL

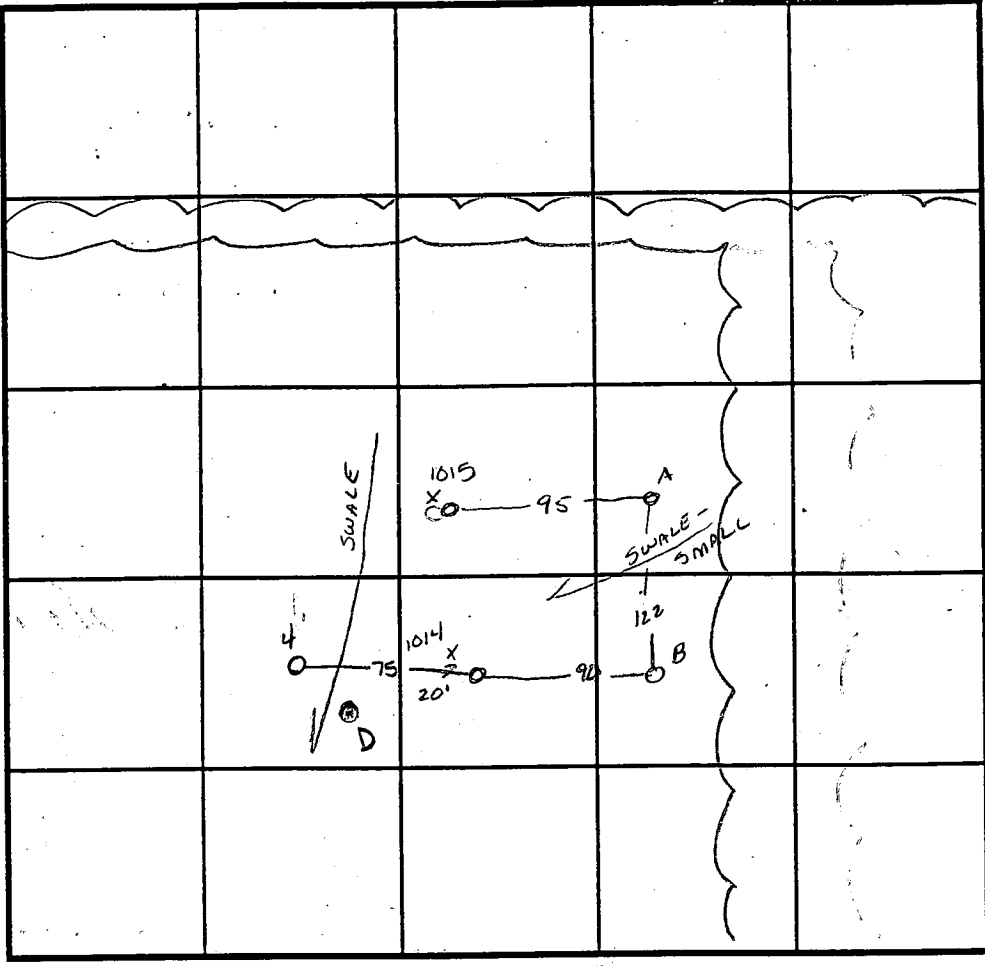
12' 50% rock  
saprolite  
shale

1014

brn  
CSL  
mica

5.5' lgt  
tan w/  
some  
grey  
SL  
mica  
5%  
saprolite/  
shale

12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE  
B

0' red  
brn  
CL

11' lgt  
brn/red  
SL  
mica

12' white  
soapy  
feeling  
SL

4

4' orange  
brn clay

12' micaceous  
Salm  
20%  
saprolite  
very  
coarse

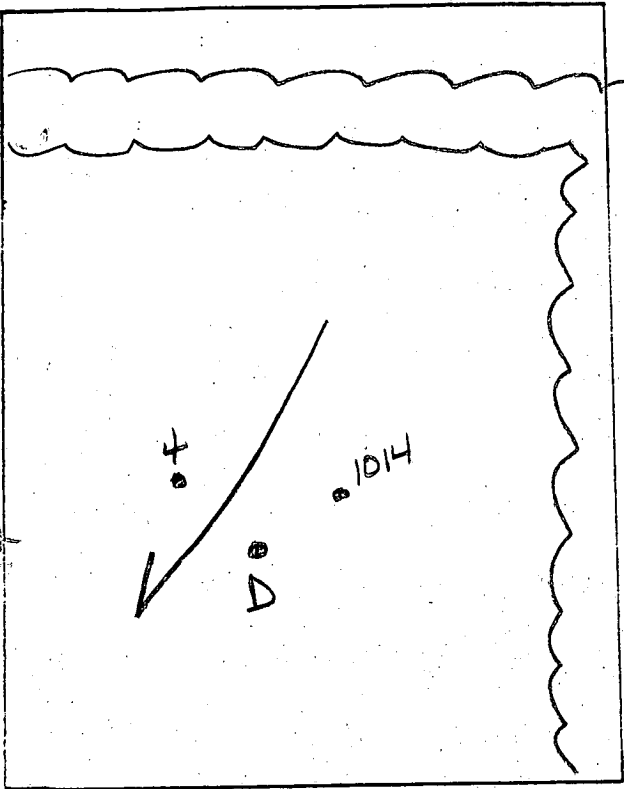
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-23-94	1015	4' V12	8:45 <sup>45</sup>	8:46 <sup>05</sup>	8:46 <sup>05</sup>	8:47 <sup>50</sup>	45sec ?
	1015	repair	8:47 <sup>30</sup>	8:48 <sup>15</sup>	8:48 <sup>15</sup>	8:49 <sup>10</sup>	1min
	1014	6' V12	8:54 <sup>30</sup>	8:54 <sup>45</sup>	8:54 <sup>45</sup>	8:55 <sup>15</sup>	15sec
	1014	repair	8:55 <sup>30</sup>	8:56	8:56	8:57	1min
	A	Visual	1 to	12'			OK
	B	8' V12	9:04 <sup>45</sup>	9:06 <sup>30</sup>	9:06 <sup>30</sup>	9:08	1 1/2 min
	B	4.5' V12	9:08 <sup>45</sup>	9:15	9:15	9:21	6min
5-10-95	4	5' V2'	11:46	>30 min			slow

REMARKS B for wet season due to swale Test 4 done in a 12" x 12" test hole

TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Amy McMillen ALSO PRESENT Olan Ketherman  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3'  
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 180 ft<sup>2</sup>

Profile

brn  
ClSalm  
Micaous  
5.5  
lgt  
taut  
some  
grey  
Salm  
micaous  
5%  
slaprot  
shak  
mix  
12'



Date: 5-9-95

Test Number: D, 1014

Type:

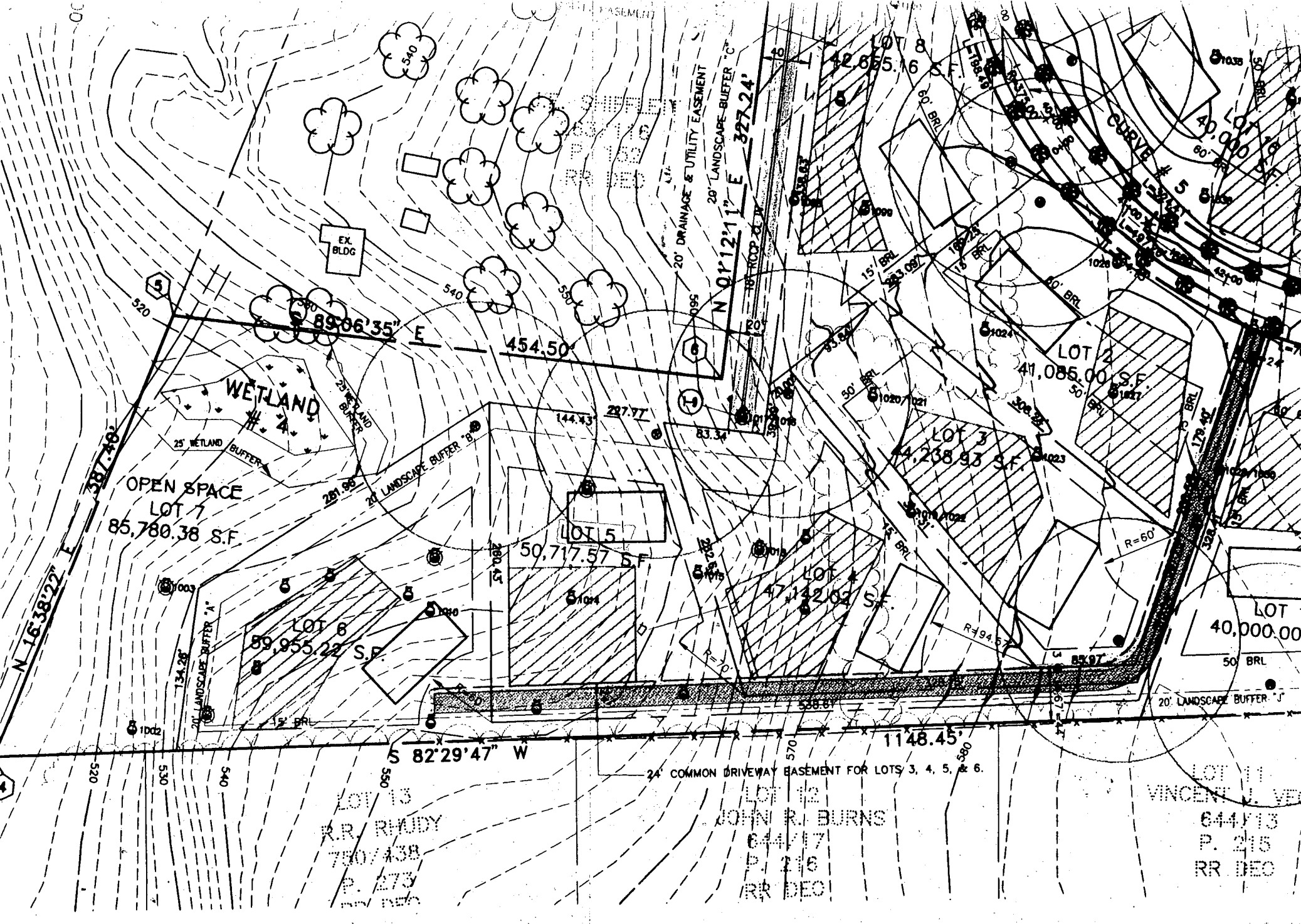
Description: Test hole was dug to approx 10', then filled w/ approx 500 gal of water to approx 6" above a shelf at 6' and test pits were dug on the shelf one where the pre-soak was, one where it was not.

12' x 12' x 12" dia holes

Test No.	Depth	Start	Stop	Start	Stop	Time
D	pre-soak 6'	11:34	11:47	11:47	12:09	22min
	repour	12:35	>30 min	—	—	slow
	not soaked 6'	11:35	11:47	11:47	12:11	24min
	repour	12:25	1:18	>30 min	—	slow
1014	No pre-soak 5'	12:03	12:07	12:07	12:11	3min
	repour	12:22	12:28	12:28	12:37	9min

Time	Depth

A sand mound was preformed by Barry of MDE. It passed the standard 1" in 60min subdivision sand mound test. @ 14".



LOT 10  
R.R. RHODY  
644/13  
P. 273  
RR DEC

LOT 12  
JOHN R. BURNS  
644/17  
P. 216  
RR DEC

LOT 11  
VINCENT J. VE  
644/13  
P. 215  
RR DEC

Copy of signed  
Prelim. Plan

OPEN SPACE  
LOT 7  
148,986.50 S.F.  
3.42 ACRES

LOT 13  
R.R. RHUDY  
750/438  
P. 273  
RR DEC

LOT 6  
59,955.22 S.F.

LOT 5  
50,717.57 S.F.

LOT 12  
JOHN R. BURNS  
644/17  
P. 216  
RR DEC

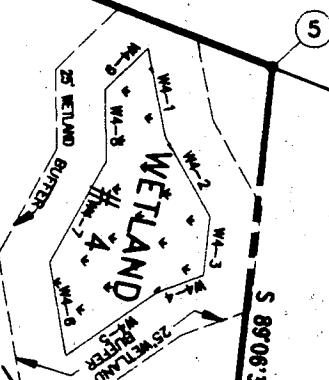
LOT 4  
47,142.02 S.F.

LOT 3  
44,238.93 S.F.

LOT 2  
41,085.00 S.F.

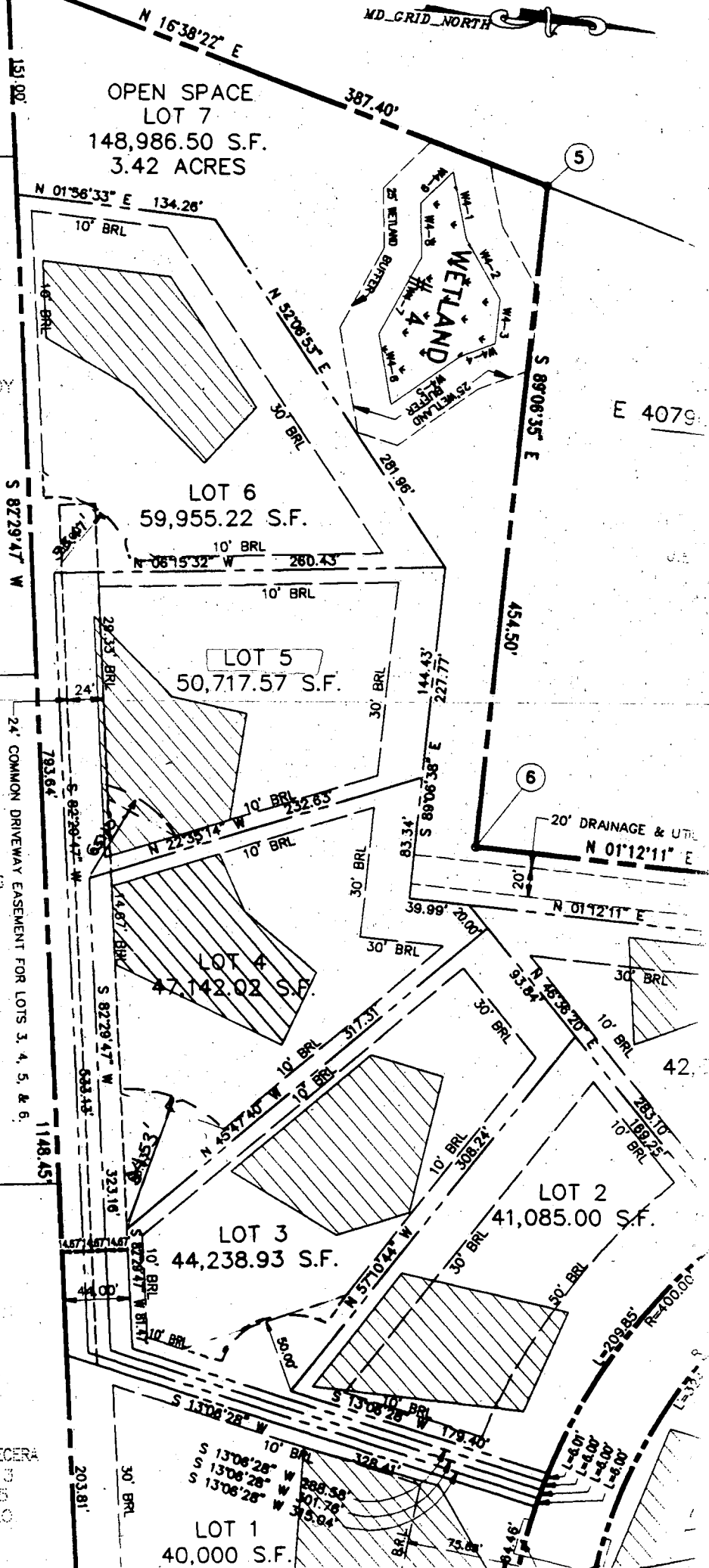
LOT 11  
VINCENT J. VECERA  
644/13  
P. 216  
RR DEC

LOT 1  
40,000 S.F.



24' COMMON DRIVEWAY EASEMENT FOR LOTS 3, 4, 5, & 6

20' DRAINAGE & UTIL  
N 01°12'11" E





FA-2	
FA-3	
FA-4	

**FOREST CONS**

LINE	
FB-1	
FB-2	
FB-3	
FB-4	

**PRESERVATION PARCEL 'B'**  
 78,335 sq.ft.  
 1.80 Acres  
 TO BE DEDICATED TO HOWARD CO.  
 DEPT. OF RECREATION AND PARKS  
 N01°56'33"E 134.26'

**WETLAND # 4**

**Revised**  
**F-97-144**  
**3198**

LOT 13  
 R.R. RHUDY  
 750/438  
 P. 273  
 RR DEC

LOT 12  
 JOHN R. BURNS  
 P. 216  
 RR DEC  
 644/17

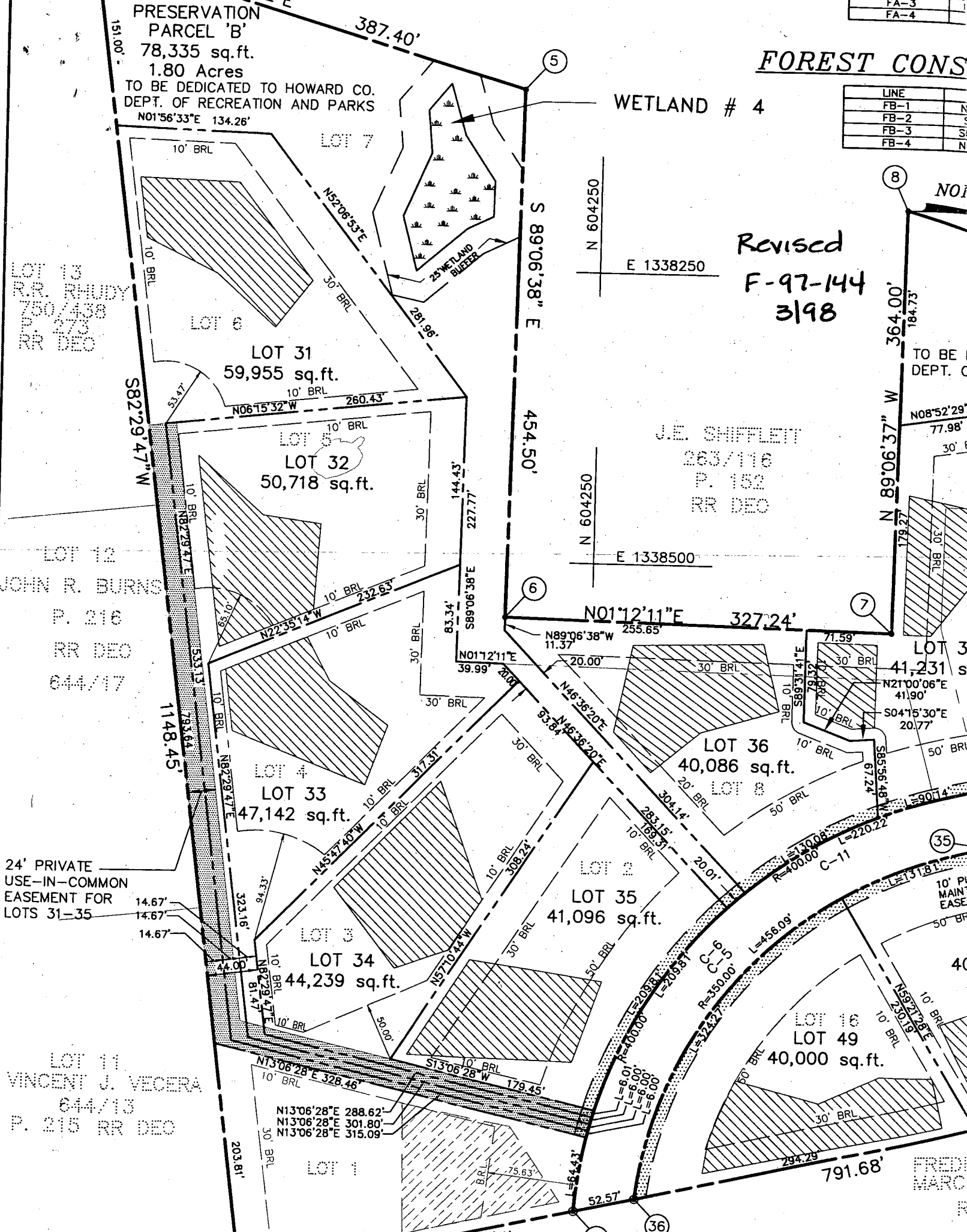
24' PRIVATE  
 USE-IN-COMMON  
 EASEMENT FOR  
 LOTS 31-35

LOT 11  
 VINCENT J. VECERA  
 644/13  
 P. 215 RR DEC

J.E. SHIFFLETT  
 263/116  
 P. 152  
 RR DEC

TO BE D  
 DEPT. O

LOT 3  
 41,231 sq.ft.



FREDI  
 MARCI  
 R

313-2648

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
~~XXXXXXXX~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer CLARKE P + H Inc

Telephone 410-489-4029

License Number 3808

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber 3808

Name of Property Owner Hamilton Reed

Telephone 410-480-9105

Subdivision Woodlands Grant Lot # 32

Well Tag # MO-94-0889

Site Address 11394 BACLEY FIELD WAY

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible
- 2. Make Jacuzzi
- 3. Model # \_\_\_\_\_
- 4. Capacity 5 GPM

Motor

- 1. Horsepower \_\_\_\_\_
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make \_\_\_\_\_
- 2. Model # PT-800
- 3. Depth 42"

- 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 \_\_\_\_\_

Tank

- 1. Capacity 42
- 2. Pressure relief valve? Yes

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved \_\_\_\_\_
- 4. Depth of supply line 42"

Well data

- 1. Depth \_\_\_\_\_ ft.
- 2. Yield \_\_\_\_\_ GPM
- 3. Static water level \_\_\_\_\_ ft.
- 4. Will water supply be disinfected by installer? No

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.

3/18/00  
WPI pitless adapter OK @ 3 1/2 ft. also PVC cabinet pipe  
Needs water line lock, and Needs 2 piece well cap R/P 3/15/00  
5/9/00 - 2 piece cap installed WPI ON (SRM)

Signature of Applicant: Kenneth C. Clarke  
Date: 3-14-00

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

C1 7998

SEQUENCE NO. (MDE USE ONLY)

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 A50617-E

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 10/696

Depth of Well 400

PERMIT NO. HO-94-0889

OWNER Powell Prop. J.V. STREET OR RFD Marriotts TOWN Marriottsville SUBDIVISION Woodfords Grant SECTION LOT 5

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. Rows: BROWN SHALE (0-20), BLUE ROCK (20-400), 70' (check mark).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 9 NO. OF POUNDS 876 GALLONS OF WATER 34 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 44

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6" Total depth of main casing (nearest foot) 44

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

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

C2

DEPTH (nearest ft.) HO 44 400 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

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.4 METHOD USED TO MEASURE PUMPING RATE SUB WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 280 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 YES (Y) NO (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

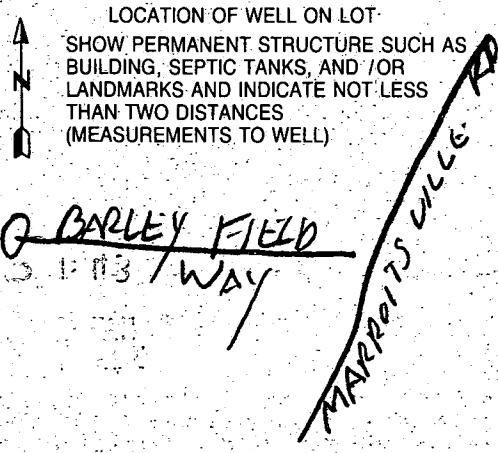
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 043

DRILLERS SIGNATURE Wayne Harley

LIC. NO.

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



B 1 3047

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-0889 fill in this form completely

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

OWNER INFORMATION Date Received (APA) 053196 Powell PROP JOINT VENT. 10805 HICKORY RIDGE COLUMBIA MD 21044

LOCATION OF WELL HOWARD WOODFORDS GRANT SECTION 2 LOT 5 MARIOTTSVILLE MILES FROM TOWN 2 MI

DRILLER INFORMATION WAYNE E HANLEY HARLEY DRILLING & EQUIP SYSTEMS 160 WALKERSVILLE MD 21799

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) MARIOTTSVILLE RD NEAR WHAT ROAD 500 DISTANCE FROM ROAD ENTER FOR MI Fd

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 3 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800

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 CO. A 50617 E COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 080196 A. McMillen 8/1/97 NORTH GRID 548000 EAST GRID 0828000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE 828 548

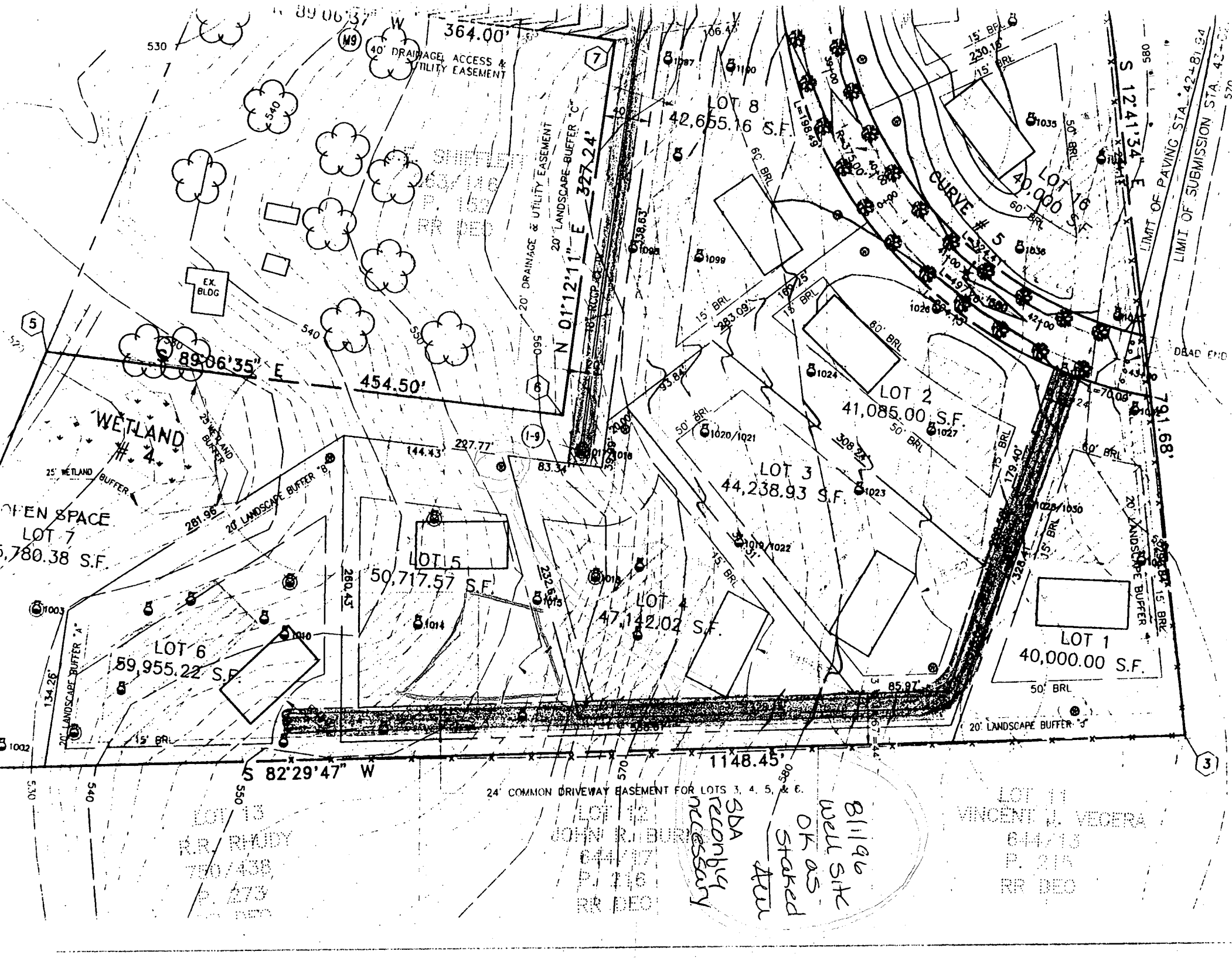
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTARY Drive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED. THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER H095GAP018 FORCE 4M WRITE INITIALS IN BOX PERMIT No. H0-94-0889

SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED = COUNTY



364.00' W  
 40' DRAINAGE ACCESS & UTILITY EASEMENT

20' DRAINAGE & UTILITY EASEMENT  
 20' LANDSCAPE-BUFFER "C"  
 N 01°12'11" E 327.24'

15' BRL  
 230.16'  
 15' BRL  
 S 12°41'34" E  
 LIMIT OF PAVING STA. 42+81.94  
 LIMIT OF SUBMISSION STA. 43+00.00  
 DEAD END

5

WETLAND # 4  
 25' WETLAND BUFFER  
 OPEN SPACE  
 LOT 7  
 5,780.38 S.F.

LOT 6  
 59,955.22 S.F.

LOT 5  
 50,717.57 S.F.

LOT 4  
 47,142.02 S.F.

LOT 3  
 44,238.93 S.F.

LOT 2  
 41,085.00 S.F.

LOT 1  
 40,000.00 S.F.

S 82°29'47" W

24' COMMON DRIVEWAY BASEMENT FOR LOTS 3, 4, 5, & 6.

LOT 13  
 R.R. RUDY  
 750/438  
 P. 273  
 RR DEC

LOT 12  
 JOHN R. BURN  
 644/117  
 P. 116  
 RR DEC

SBA  
 RECON BY  
 NECESSARY  
 ATU

LOT 11  
 VINCENT J. VEDERA  
 644/113  
 P. 21A  
 RR DEC

81196  
 WELL SITE  
 OR AS  
 STAKED

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

800123949 ✓

Building Address 11394 BARLEY FIELD WAY  
MARIOTTSVILLE/MO. 21104

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

Census Tract 6030 Subdivision WOODS OAK COURT

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 32

Tax Map 10 Parcel 77 Grid 15

Zoning RC-DEU Map Coordinates 5811 Lot size \_\_\_\_\_

Property Owner's Name WILLIAM FITZGERALD

Address 11394 BARLEY FIELD WAY

City MARIOTTSVILLE State MD Zip Code 21104

Home Phone 410-442-1411 Work Phone \_\_\_\_\_

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

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

Existing Use SFD

Proposed Use SFD / Deck Steps

Estimated Construction Cost \$ 10,900

Description of Work OPEN DECK/STEPS  
23x14

Contractor Company FINE CARPENTRY

Contact Person RON COLISON

Address 10310 GUILFORD ROAD

City ANNAPOLIS State MD Zip Code 20701

License No. 51116 1989

Phone 301-225-5151 Fax 301-225-5155

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

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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ 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.

R. L. Colison  
 Applicant's Signature  
FINE CARPENTRY  
 Title/Company

R. L. COLISON  
 Print Name  
3/14/01  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>3/14/01</u>	<u>Steven R. Knig</u>
Fire Protection		

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_

All minimum setbacks met?  
 YES  NO

Is Entrance Permit required?  
 YES  NO

Historic District?  
 YES  NO

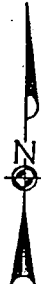
Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

**PROPERTY ID#:** 47

Filing fee \$ \_\_\_\_\_  
 Permit fee \$ 300  
 Excise tax \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Add'l permit fee \$ \_\_\_\_\_  
**TOTAL FEES** \$ 300  
 Balance due \$ \_\_\_\_\_  
 Check # 3378  
 Validation # \_\_\_\_\_

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

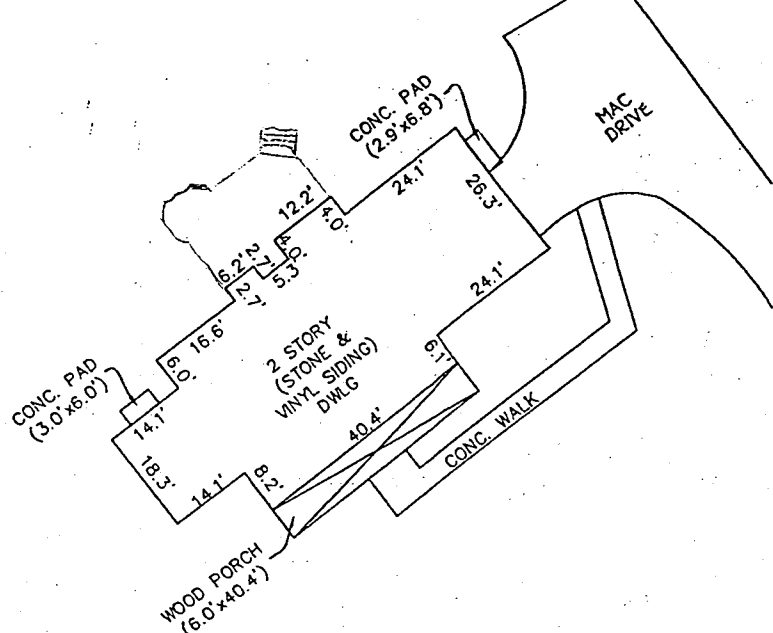
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM IN SO FAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 210044010 B EFFECTIVE DATE: DEC. 4, 1996

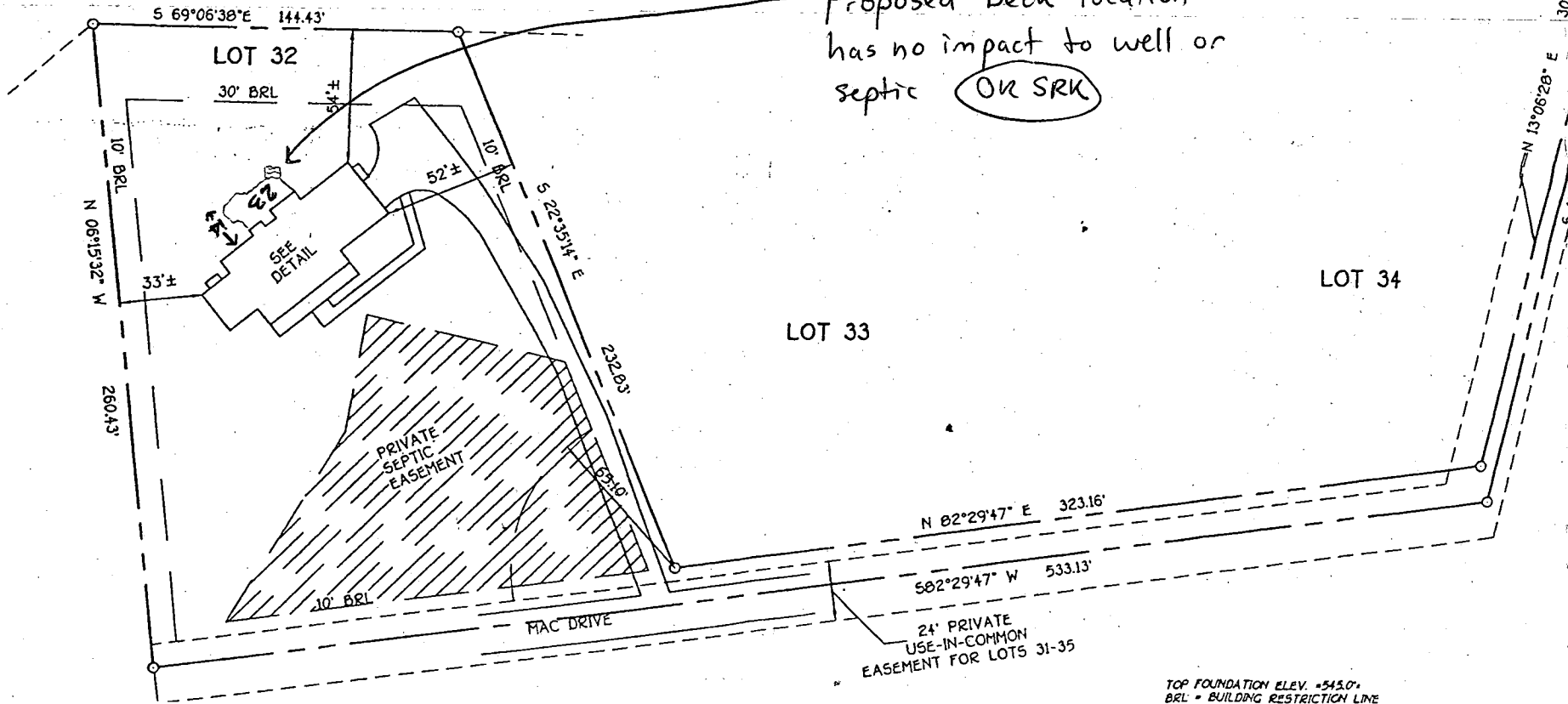
3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



PRESERVATION PARCEL 'B'

DETAIL 1"=20' 3/14/01

Proposed Deck location has no impact to well or septic OR SRK



TOP FOUNDATION ELEV. = 545.0'  
 BRL = BUILDING RESTRICTION LINE

LOT 32 WOODFORD'S GRANT LOTS 31 THRU 49 & PARCEL 'A' PRESERVATION PARCELS 'B' THRU 'H' 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND PLAT # 13112