

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-322270

P 511576

A 50617-G

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 5/11/99

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 6/9/99

INSPECTOR SRK

INDEXED

SK Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 FSK Highway, Keymar, Maryland 21757 PHONE 301-898-0955

SUBDIVISION Woodfords Grant LOT 831 ROAD 11400 Barley Field Way

PROPERTY OWNER Trinity Builders

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK ONLY***

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

**BUILDING PERMIT SIGNED
AND RETURNED**
8-14-03 800143608-DECKS

TRENCHES - Trench to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 1.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 134.26' and 1148.45' lot lines, place the distribution box 120 feet down the 1148.45' lot line and 50 feet off that same lot line as seen when facing the lot from the pipestem. Run the first three trenches towards the 1148.45' lot line, then in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 4/9/99 DS*

PLANS APPROVED BY Amy McMillen DATE 4-01-99

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

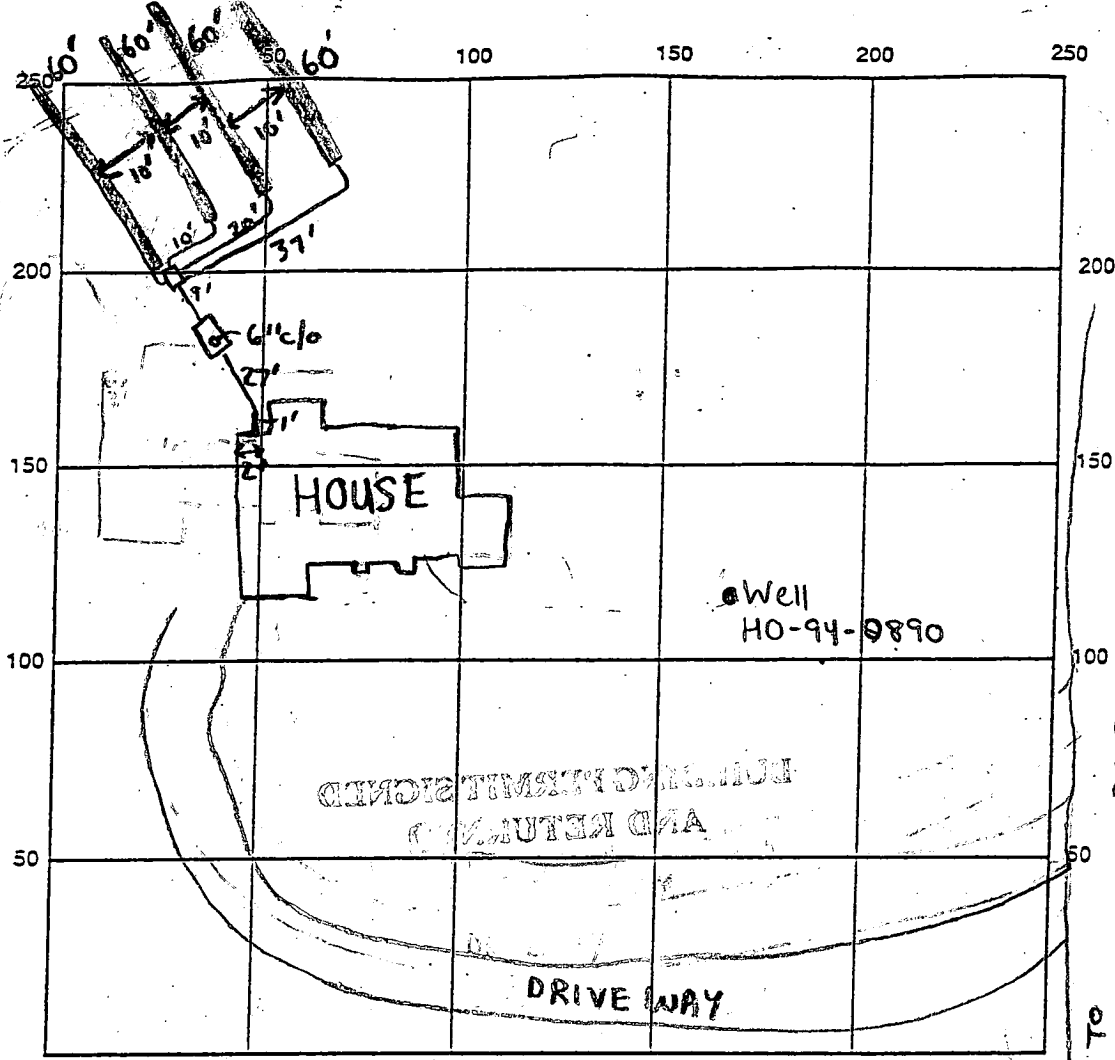
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



SEPTIC TANK LEVEL 1250 gallon Top Seam CLEANOUTS 1-6" @ tank

DISTRIBUTION BOX LEVEL Baffle is in

DRAIN FIELD/TITLE DEPTH 3.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 1.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/9/99 - OK TO COVER (SRK) WPI NOT OK NEEDS 2 PIECE CAP

(SRK) 9/9/99 - WPI OK 2 piece cap installed - (SRK)

DATE SYSTEM APPROVED 6/9/99 INSPECTOR Steven R. Krieg

APPLICATION

PERCOLATION TESTING

A 50617-G

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. Trinity Builders

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

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. 6

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

(11410 BARKLEY FIELD WAY)

TAX MAP 10 PARCEL # 27, 29, 151

BLDG. PERMIT SKIPPED

AND RETURNED 4-1-99

Serial # 210116805

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

A50617-G

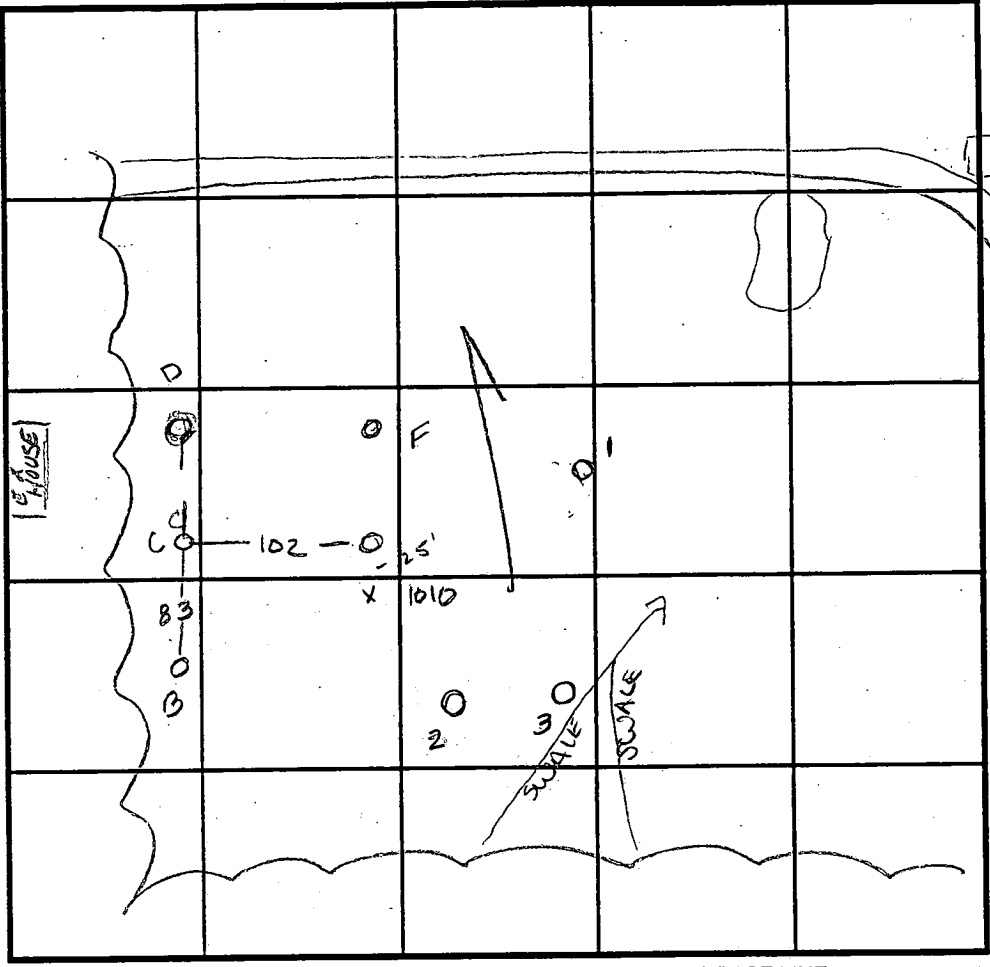
COUNTY #

10' SOIL PROFILE

0'
brn
SL
mica
4'
lgt brn
SL
a lot of
mica
Very
Powdery
mica
gives soil
a greenish
appearance
in hole.

12'
F
brn
SL
4'
reddish
brn
SL
mica

10'
D
red brn
CL
2'
rocky
approaching
50%
shale
mica
large
chunks
gravelly
SL between
hard bottom



SOIL PROFILE 1, 2

0'
micaceous
brown
Salm
1.5'
brn
Salm
micaceous
20%
saprotite
and
rock
mix
10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-23-94	1010	4.5 V12.5	9:17 ¹⁵	9:18 ¹⁵	9:18 ¹⁵	9:19 ⁴⁵	1 1/2 min
	C	Visual	to 12'				OK
	F	Visual	to 12'				OK
	D	2.5 V10'	9:25 ³⁰	9:27	9:27 ³⁰	9:29 ³⁰	2 min
	D	5.5 V10'	9:25 ⁴⁵	9:26 ³⁰	9:26 ³⁰	9:27 ³⁰	1 min
5-10-95	1	3.5 V10'	11:00	11:00 ¹⁵	11:00 ¹⁵	11:01	45 sec
		repair	11:02	11:02 ⁴⁵	11:02 ⁴⁵	11:04	1 1/4 min
		repair	11:06 ¹⁵	11:07 ⁴⁵	11:07 ⁴⁵	11:09 ³⁰	1 3/4 min
		repair	11:09 ³⁰	11:11 ¹⁵	11:11 ¹⁵	11:13 ¹⁵	2 min
	2	3' VII	11:15 ⁴⁵	11:19 ¹⁵	11:19 ¹⁵	11:25	5 3/4 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Olan Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'

INLET DEPTH 1.5 MAXIMUM BOTTOM DEPTH 3.5 SQ. FT./BEDROOM 180 ft²

APPLICATION

PERCOLATION TESTING

A 50617-H

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.

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

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

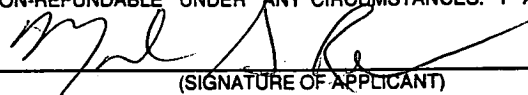
SUBDIVISION Powell Property LOT NO. 7

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

TAX MAP 10 PARCEL# 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home
(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

A50617-H

LOT 7

COUNTY #

SOIL PROFILE D

0' red
brn
CL

2' rocky
approaching
50%
shale
mica
large
chunks
gravelly
SL between
hard bottom

1002

brn
CSL

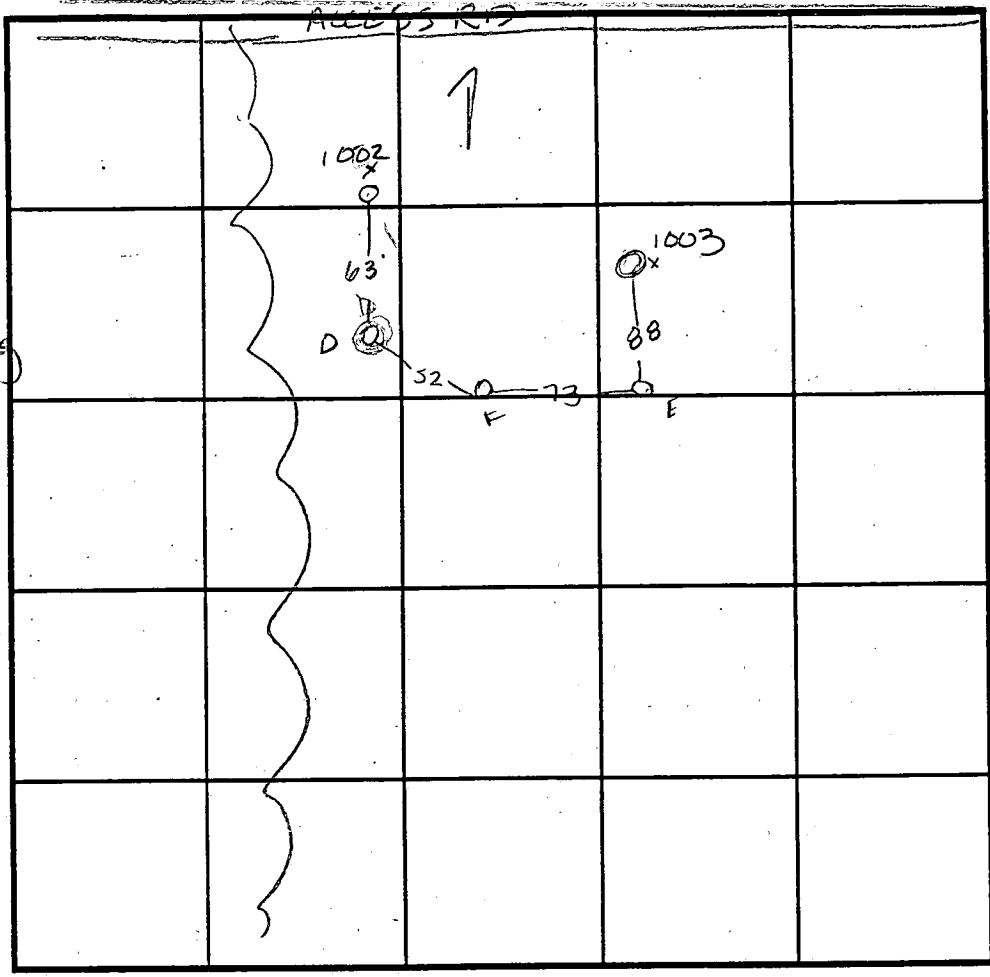
brn
SSil
mica
10%
shale
sandstone
fragments
OK

1003

gravelly
brn
SCL

very
shalley
sil
mica
40%

hard bottom



SOIL PROFILE E

0' brn
SCL

4' lgt tan
yellow
SL
mica

OK

F

brn
SCL

reddish
brn
SL
mica

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/23/94	D	2.5 V10'	9:25 ³⁰	9:27 ³⁰	9:27 ³⁰	9:29 ³⁰	2min
	D	5.5 V10'	9:25 ⁴⁵	9:26 ³⁰	9:26 ³⁰	9:27 ³⁰	1min
	1002	2.5 V11'	9:33	9:34 ⁵	9:34 ¹⁵	9:36	13/4min
	1003	2' V10'	9:37 ³⁰	9:38	9:38	9:38 ⁴⁰	40sec
	1003	repour	9:39 ¹⁵	9:40	9:40	9:41 ¹⁵	1 1/4min
	E	Visual	to 12'	—	—	—	OK
	E	Visual	to 12'	—	—	—	OK
	F						

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT Olan Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180 ft²

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

LOT 13
R.R. RHODY
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.

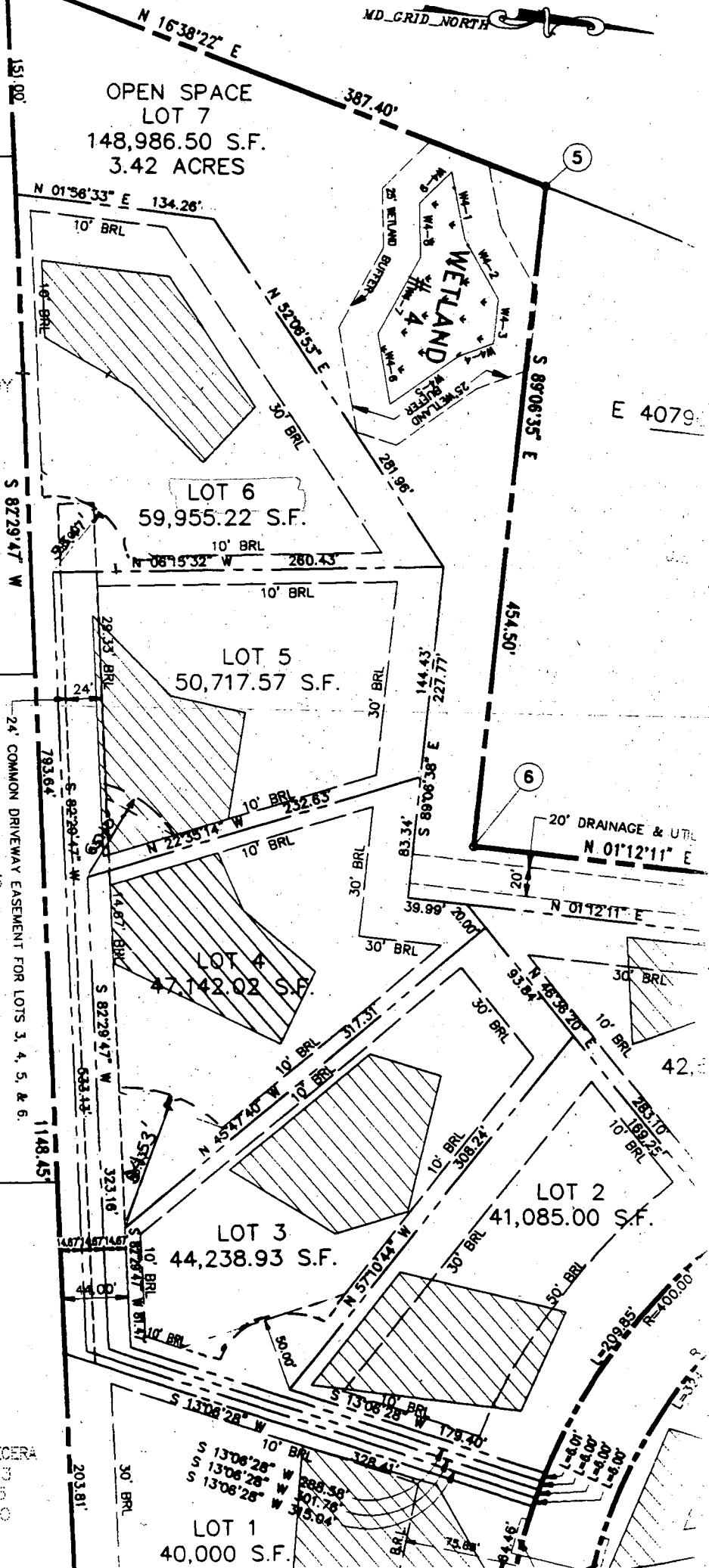
5

6

E 4079

20' DRAINAGE & UTIL
N 01°12'11" E

42



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 # 2

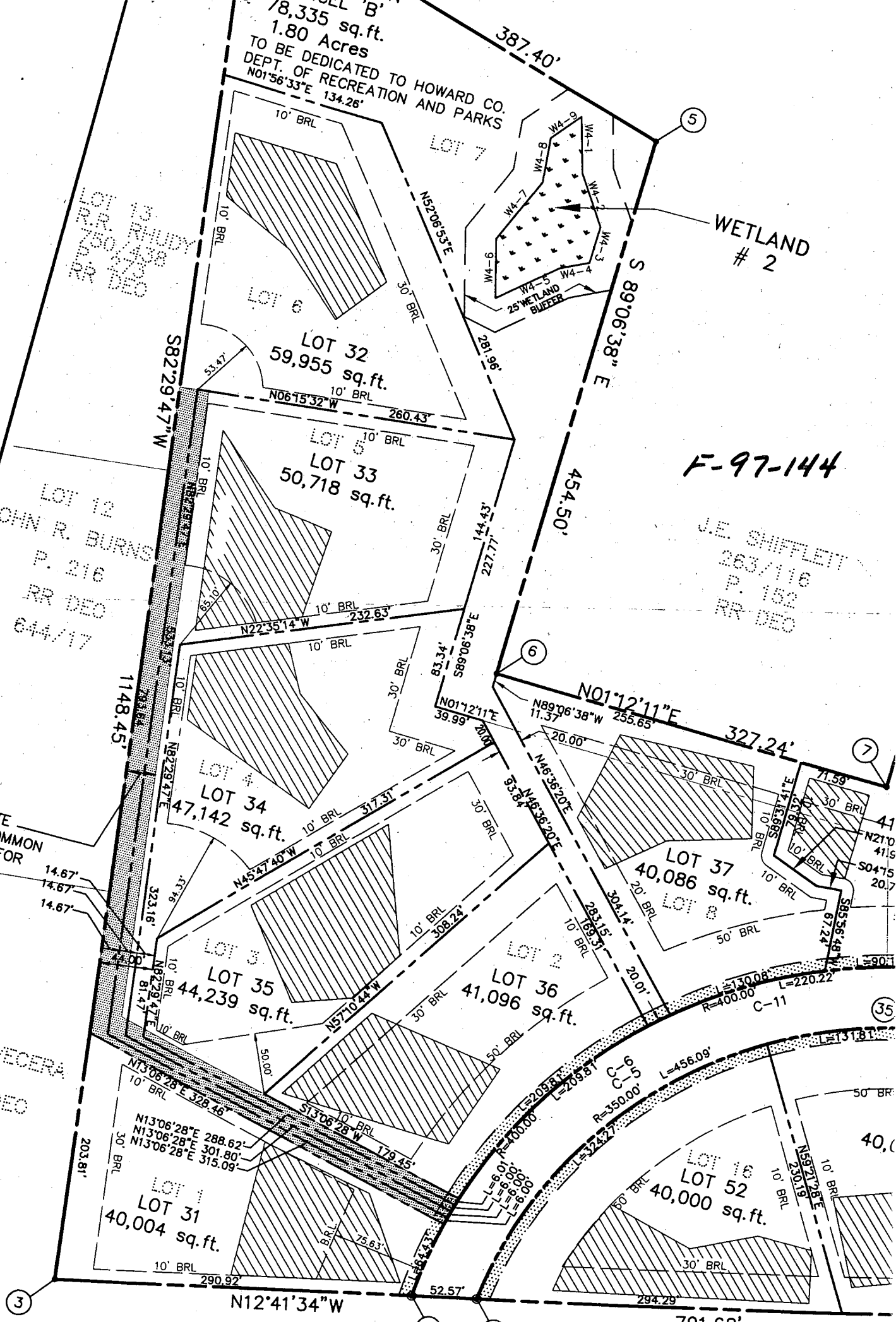
F-97-144

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

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

24' PRIVATE
USE-IN-COMMON
EASEMENT FOR
LOTS 33-36

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



FA-2	
FA-3	
FA-4	

FOREST CONS

LINE	
FB-1	N
FB-2	N
FB-3	S
FB-4	N

**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

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

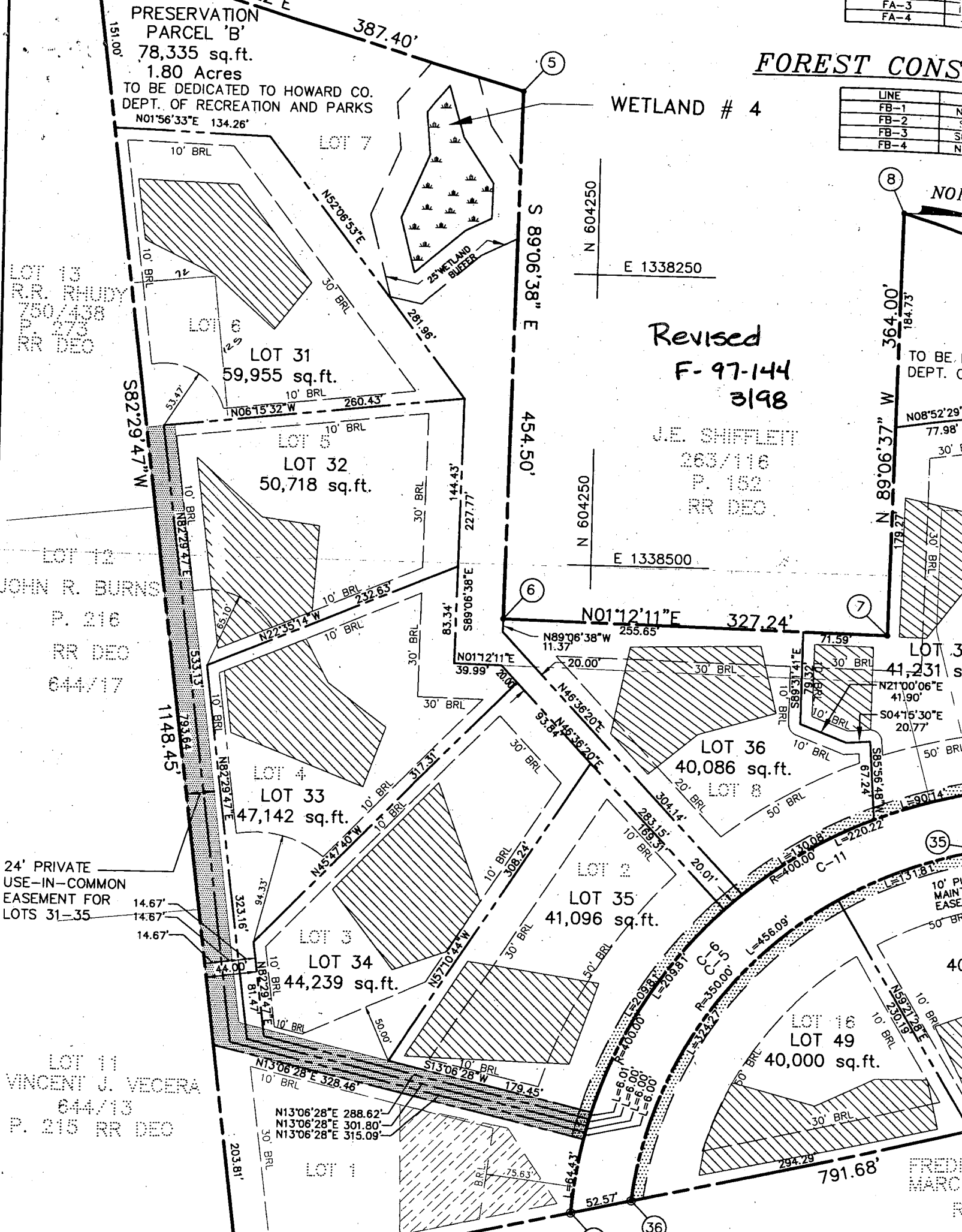
**Revised
F-97-144
3198**

**J.E. SHIFFLETT
263/116
P. 152
RR DEO**

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

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

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



TO BE D
DEPT. O

LOT 3
41,231 sq.
N21°00'06"E
41.90'
S04°15'30"E
20.77'

LOT 3
41,231 sq.
N21°00'06"E
41.90'
S04°15'30"E
20.77'

LOT 3
41,231 sq.
N21°00'06"E
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41,231 sq.
N21°00'06"E
41.90'
S04°15'30"E
20.77'

LOT 3
41,231 sq.
N21°00'06"E
41.90'
S04°15'30"E
20.77'

FRED
MARCI
R

PRESERVATION
PARCEL 'B'
21,335 SF

25' Wetland
Buffer

LOT 31 *
59,955.22 SF

* Bsm. does not
sewer by gravity
Area to be Added

PROVIDE
SUPER SILT
FENCE

LOT 32
Distrib. Ex. Grd. =
Inv. = 506

Septic Easmt.
Area to be Deleted

24' Common Drive
for Lots 31 & 32

Distribution Box
Ex. Grd. = 542.90
Inv. = 541.4

LOT 13
R.R. RUDY
L. 750 F. 438
P. 273
RR DEC

1250 Gallon Septic Tank
Grd. @ Tank = 543.0
Inv. In = 541.7
Inv. Out = 541.4

* LOT 31
By copy of this plan, the Ho. Co.
Health Dept. accepts this modification
to the platted Sewer Disposal
Easement.

Amy McMullen 4/1/99

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

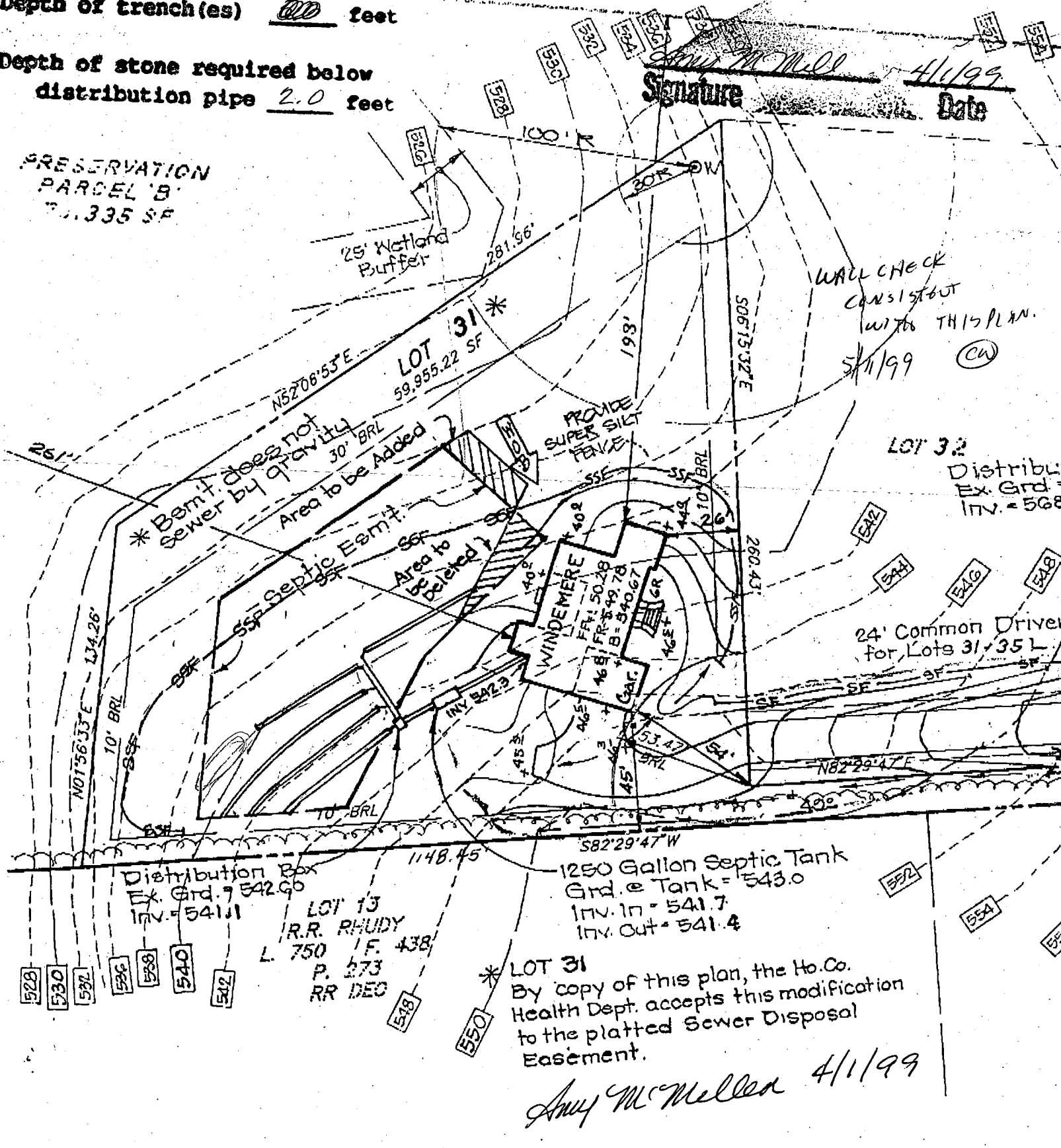
Depth of trench(es) 3.5 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan Howard County Health Department

Amy McMullen
Signature _____ Date 4/1/99

PRESERVATION
PARCEL 'B'
70,335 SF



* Bemt. does not
sewer by gravity
Area to be Added

LOT 31
59,955.22 SF

PROVIDE
SUPER SILT
FENCE

LOT 32

Distrib.
Ex. Grd. =
Inv. = 568

WINDEMERE
FR. 50.28
FR. 49.78
B. 340.67
GAR.

24' Common Driver
for Lots 31 & 35L

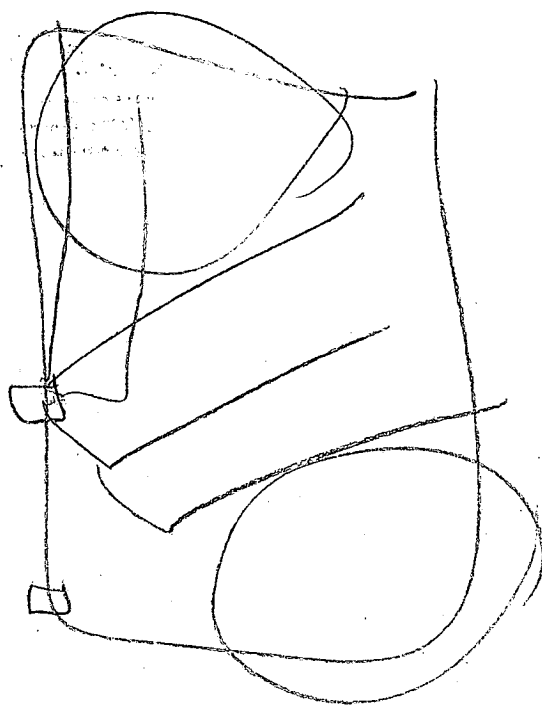
Distribution Box
Ex. Grd. = 542.60
Inv. = 541.1

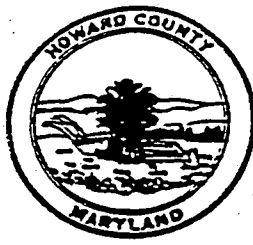
1250 Gallon Septic Tank
Grd. e Tank = 543.0
Inv. In = 541.7
Inv. Out = 541.4

LOT 13
R.R. RHODY
L. 750 I.F. 438
P. 273
RR DEC

* LOT 31
By copy of this plan, the Ho. Co.
Health Dept. accepts this modification
to the platted Sewer Disposal
Easement.

Amy McMullen 4/1/99





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
3-25-99

TO: Joey Ecker

FROM: Amy McMillen

RE: Woodford's Grant (lot 3)

Please revise the following:

- Show the recorded septic easement (see attached)
- House is less than 20' from recorded septic easement
- Place distribution box as shown on the enclosed.

Thank you

Number of pages (including cover sheet): 2

3/31/99
OK to adjust
SDA minimum of
20' only from house
& add lost area to
right side septic
on plan
AM

PRESERVATION
PARCEL 'B'
78,335 SF

25' Wetland
Buffer

LOT 31
59,955.22 SF

* Benit does not
sewer by gravity

Septic Esm't.

WINDEMERE
FF 550.28
FR 549.76
B 540.67

LOT 32
Distribution Box
Ex. Grd. = 570.0
In. = 568.0

24' Common Driveway Easement
for Lots 31, 35 L

1250 Gallon Septic Tank
Grd. @ Tank = 542.0
Inv. In = 540.5
Inv. Out = 540.2

Distribution Box
In. Grd. = 541.06
Inv. = 540.11

LOT 13
R.R. RHUDY
L 750 I.F. 438
P. 273
RR DEC

LOT 12
JOHN R. BURNS
L 644 F. 47
RR DEC

20000'



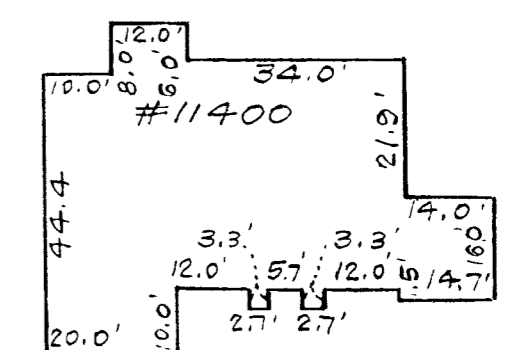
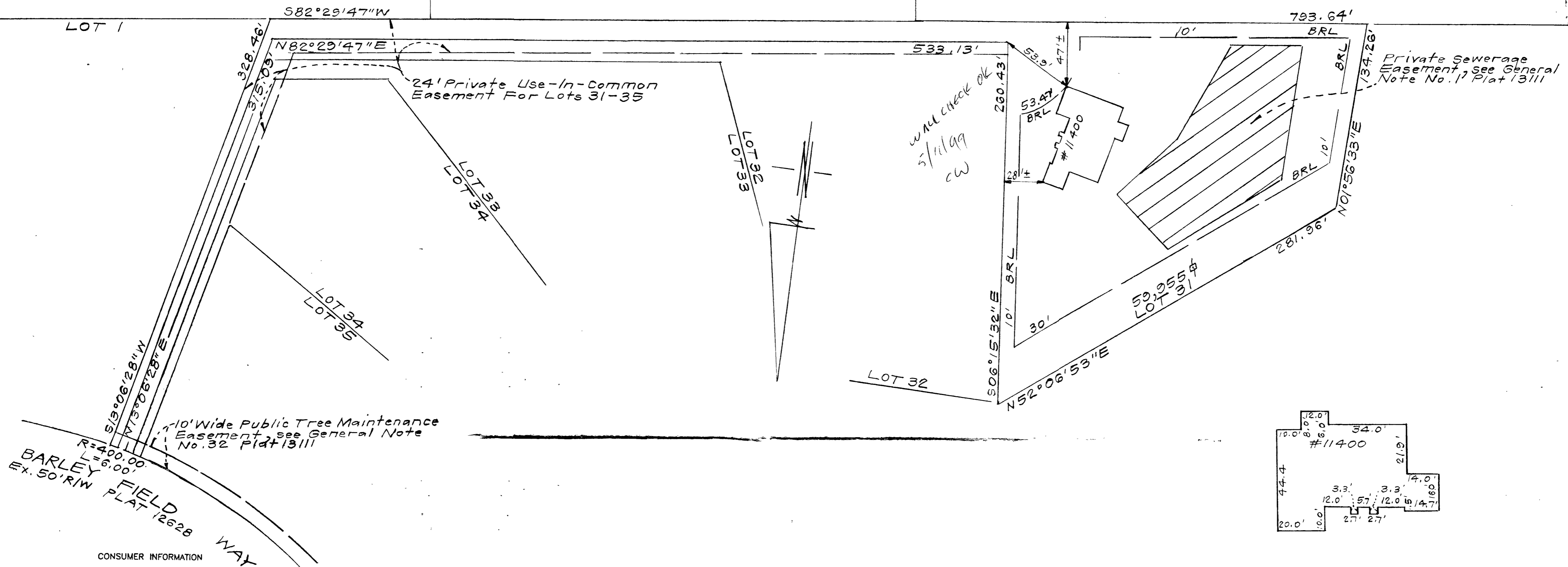
NOTE: This Lot appears to lie in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440010B, Panel 10 of 45, dated December 4, 1986.

Wall Check: 5-5-99
Top of Wall Elev.: 548.5

LOT 11
VINCENT J. VECERA
644/13

LOT 12
JOHN R. BURNS
644/17

LOT 13
R. R. RHLUDY
750/438



SCALE: 1" = 30'

CONSUMER INFORMATION

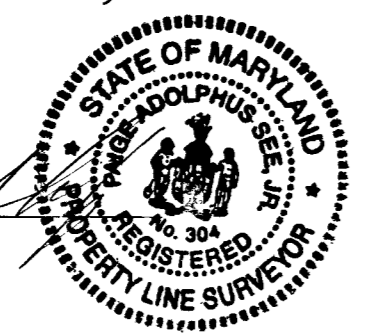
- 1) This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
- 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
- 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

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


7-6-99
DATE

[Signature]



NOTE: 1. That setback distance accuracy = 1'

Plat Reference: PLAT 13112

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED	LOCATION DRAWING 11400 BARLEY FIELD WAY LOT 31	SCALE 1" = 50'
DRAWN	WOODFORD'S GRANT LOTS 31 THRU 49 & PRESERVATION PARCELS 'B' THRU 'H'	DRAWING
CHECKED	A RESUBDIVISION OF WOODFORD'S GRANT LOTS 2-10, 16-20, 22-30 AND PRESERVATION PARCEL 'A'	JOB NO.
DATE	THIRD ELECTION DISTRICT HOWARD CO., MD. FOR: TRINITY BUILDERS, INC. 6212 DEVON DRIVE Columbia, Md. 21044	FILE NO. 97-013-0

CELL 'B'
18,335 sq.ft.
1.80 Acres
TO BE DEDICATED TO HOWARD CO.
DEPT. OF RECREATION AND PARKS
N01°56'33"E 134.26'

WETLAND # 2

F. 97-144

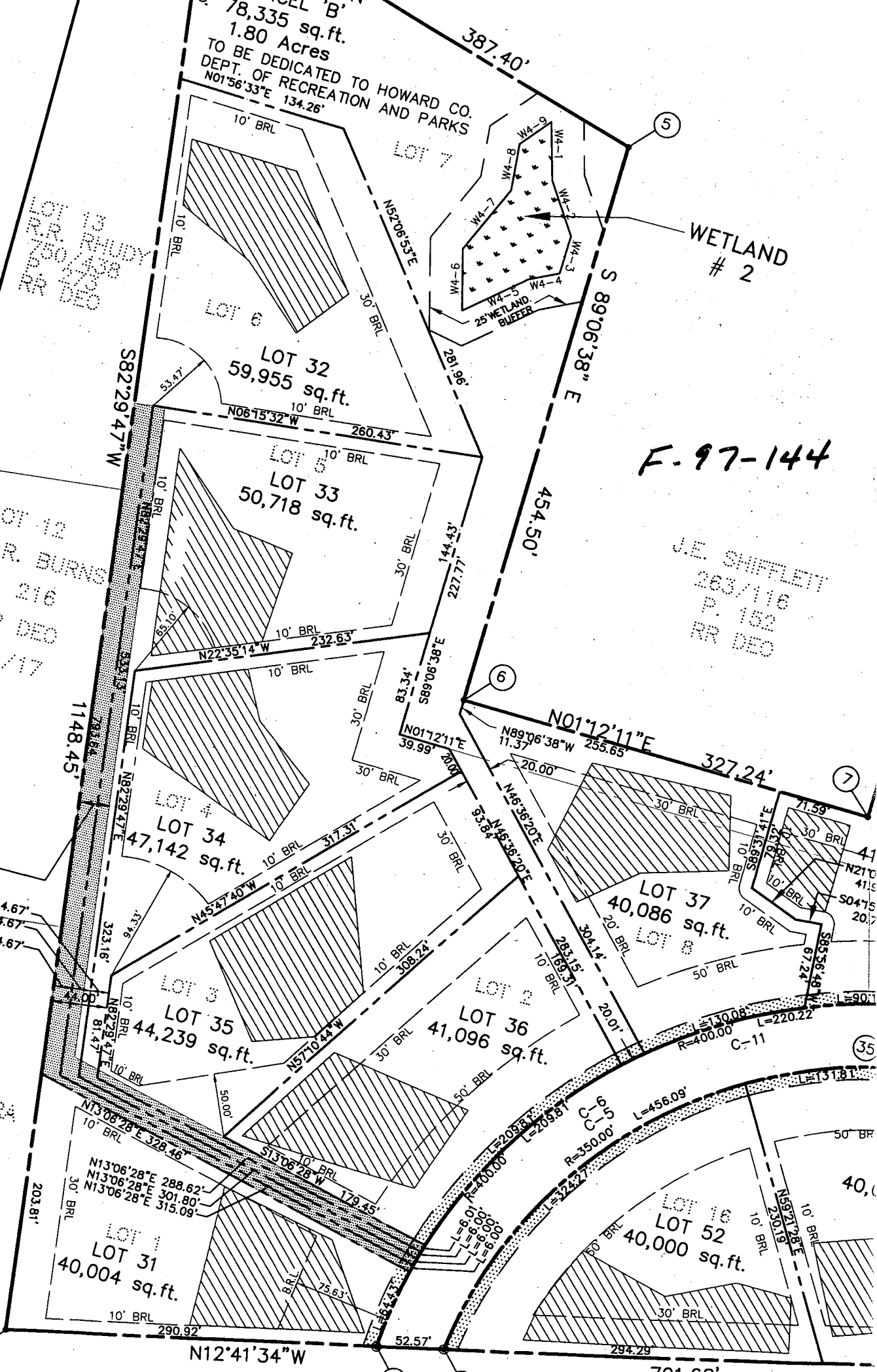
J.E. SHIFFLETT
263/116
P. 152
RR DEC

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

24' PRIVATE
USE-IN-COMMON
EASEMENT FOR
LOTS 33-36

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

3



HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date _____

Name of Installer S.K. Plumbing & Heating Inc

Telephone 410-775-0562

License Number 12285

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Trinity Homes

Telephone 410-313-8722

Subdivision Woodlands Grant Lot # 31

Well Tag # 110-94-0890

Site Address 11400 Barkley Highway

Pump

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible

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

- Pitless Adapter
 1. Make _____
 2. Model # _____
 3. Depth 42'

2. Make Jocuzzi
 3. Model # LS4521B-S-R
 4. Capacity 5 GPM

5. Pump exceeds well capacity Yes No _____
 6. If Yes, is low pressure cutoff switch installed? Yes No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other None

Tank

1. Capacity Well-x-troll #302
 2. Pressure relief valve? yes

- Piping
 1. Type P.E.
 2. Size 1"
 3. NSF and/or BOCA Code approved yes
 4. Depth of supply line 42'

- Well data
 1. Depth 360' ft.
 2. Yield 1.1 GPM
 3. Static water level 22 ft.
 4. Will water supply be disinfected by installer? Yes

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

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

9/9/99-WPION-SRV

Signature of Applicant: _____

Date: 7-13-99

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

C1 7999

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

PERMIT NUMBER IS TO BE PUNCHED IN CO.S: 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A50617-G

DATE RECEIVED

DATE WELL COMPLETED 10/17/96

Depth of Well 350 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0890

OWNER Powell Property J.V. STREET OR RFD Manriottsville Rd TOWN Manriottsville SUBDIVISION Woodford Grant SECTION LOT 6

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: BROWN SHALE (0-30), BLUE ROCK (30-350), 165'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 42 ft.

CASING RECORD

casings types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE (P) (L) Nominal diameter top (main) casing (nearest inch) 6" Total depth of main casing (nearest foot) 42

OTHER CASING (if used)

Each casing diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

C2

DEPTH (nearest ft.) H0 42 350 A C H S C R E E N 1 2 3 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

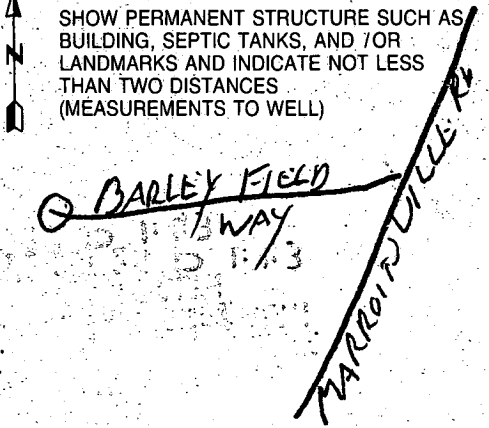
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.0 METHOD USED TO MEASURE PUMPING RATE SUB WATER LEVEL (distance from land surface) BEFORE PUMPING 10 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) (+) above LAND SURFACE (-) below (nearest foot)

LOCATION OF WELL ON LOT



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00116805

Building Address 11400 BARKLY FIELD WAY
MARRIOTTSVILLE 21104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision WOODFORDS GRANT
 Section - Area - Lot 31
 Tax Map 10 Parcel 15727 Grid 15
 Zoning RC 150 Map Coordinates 5111 Lot size 59,9554

Property Owner's Name TRINITY BUILDERS
 Address 6212 DEVON DR
 City COLUMBIA State MD Zip Code 21044
 Home Phone _____ Work Phone 410-313-8722
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax 410-313-8731

Existing Use VACANT LOT
 Proposed Use S.F.D.
 Estimated Construction Cost \$ 120,000
 Description of Work CUSTOM WINDLAWER W/
CHANGES, 2 STORY FULL BSMT, 4 FB1GR,
FP GARAGE (4BR) FINISHED BSMT

Contractor Company SAME
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
_____ State Certified Modular	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____
Depth _____ Width _____	<input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ Public _____
2nd floor: _____	<input checked="" type="checkbox"/> Private
Basement: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
No. of Bedrooms <u>4</u>	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
Multi-family dwellings:	Natural Gas <input type="checkbox"/>
No. of efficiency units: _____	Propane Gas <input type="checkbox"/>
No. of 1 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
No. of 2 BR units: _____	NFPA #13D _____
No. of 3 BR units: _____	NFPA #13R _____
Other Structure: _____	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.

Sally J. Hodge
 Applicant's Signature
DP, Operations
 Title/Company

SALLY HODGE
 Print Name
3/23/99
 Date

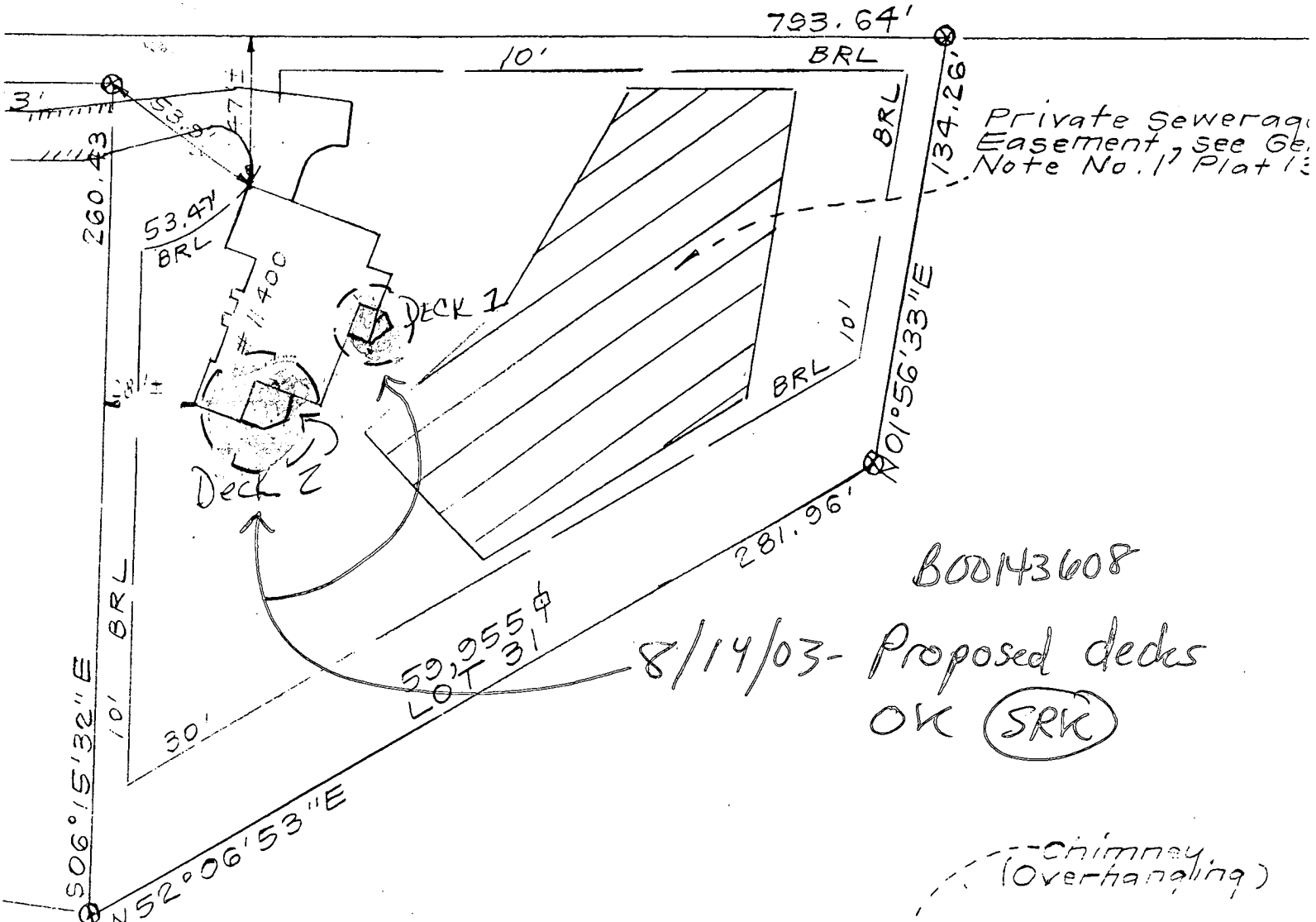
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4/1/99</u>	<u>A. McMiller</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>40261</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>4247</u>
Accepted by <u>a</u>	Validation # _____

Wall Check: 5-5-99
 Top of Wall Elev.: 548.5
 Final: 9-13-99
 Boundary Survey: 9-13-99

LOT 13
 R. R. RHUDY
 750/438



B00143608

8/14/03 - Proposed decks
 OK (SRK)

