

4/29/99
1:00 P.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511506

A 50617

03-322483

DISTRICT VV

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DATE 4/13/99

DATE SYSTEM APPROVED 4/29/99

INSPECTOR JA

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Woodfords Grant LOT 41 ROAD 11310 Barley Field Way

PROPERTY OWNER Hamilton Reed

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 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 347.65' and 226.38' lot lines, begin trenches 60 feet up the 226.38' lot line and 20 feet off that same lot line. Run trenches on contour toward the front (259.61') 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 JJ 11/10/98

PLANS APPROVED BY Amy McMillen DATE 11/04/98

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)

BIDD. PERMIT SIGNED AND RETURNED 3/24/00
B00119208 Commercial Kitchen

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

BIDD. PERMIT SIGNED AND RETURNED 6/14/01
B00130874-deck

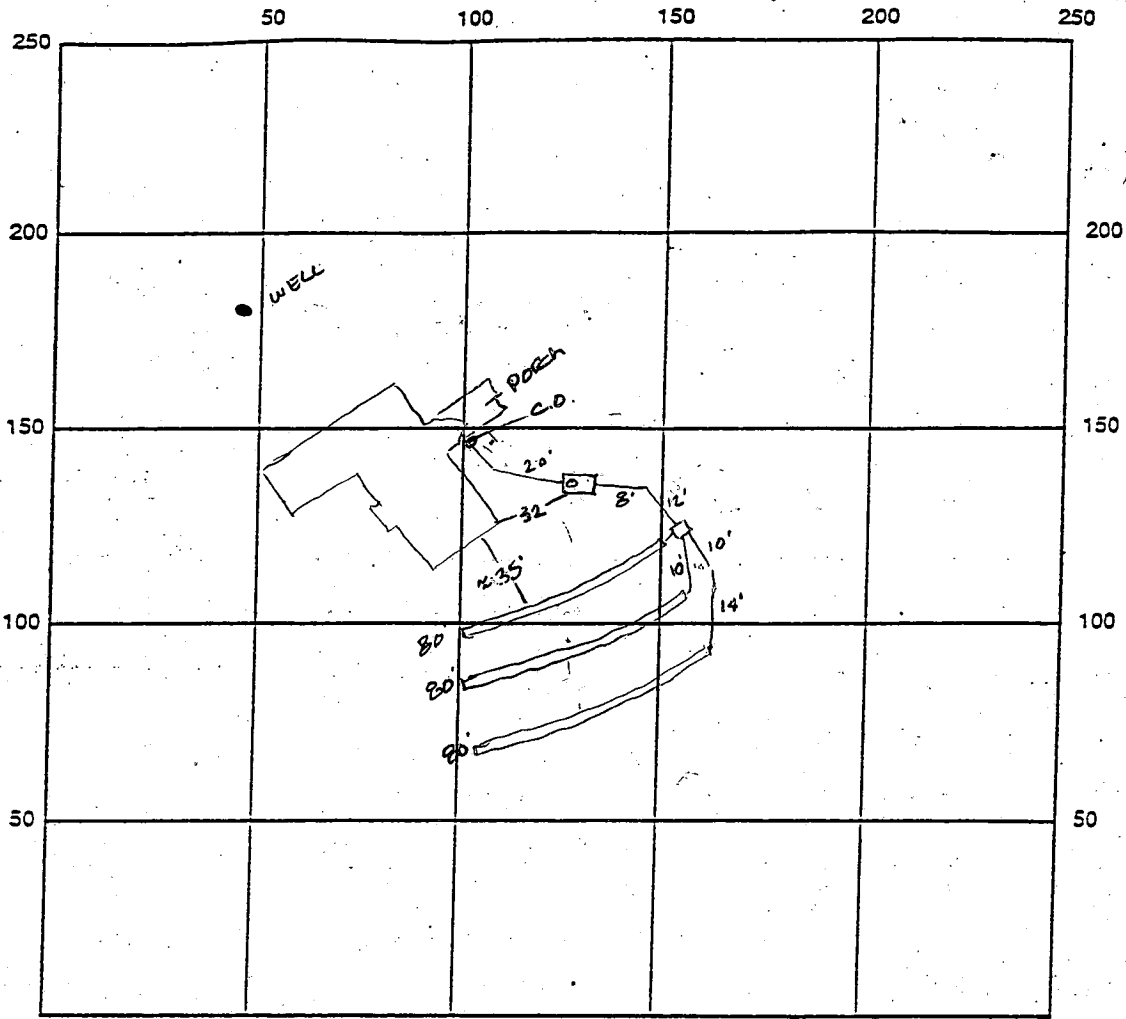
PERMIT VOID AFTER TWO YEARS

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**

VV
50617



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle 13 in (H₂O tested)

DRAIN FIELD/TITLE DEPTH 3.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 1.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 4/29/99 OK to cover all work AI

4/30/99 WPI OK S.R.N. Form Needed

DATE SYSTEM APPROVED 4/29/99 INSPECTOR A. M. Miller

Approved Septic System Plan Howard County Health Department

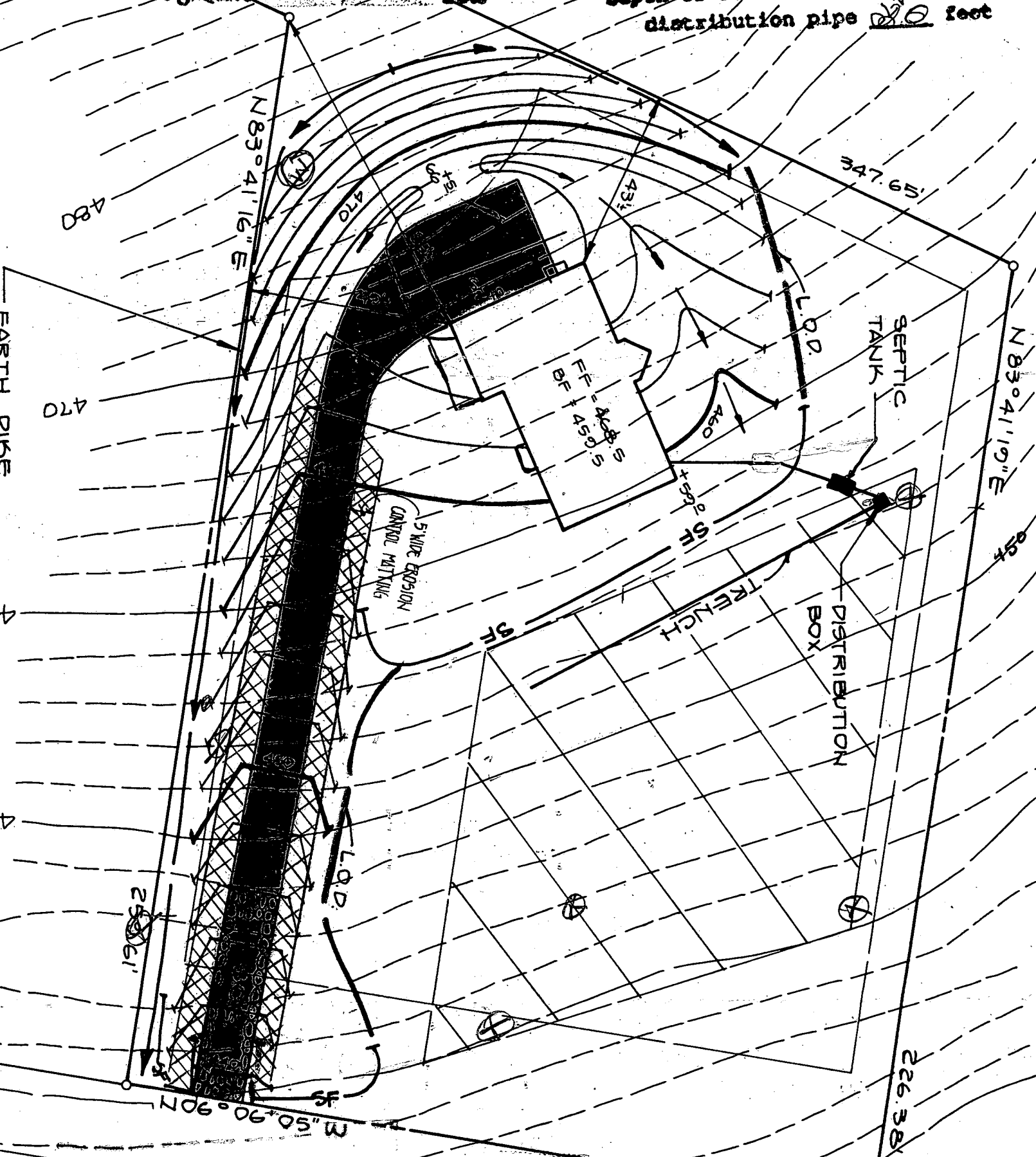
Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 3.5 feet

Depth of stone required below distribution pipe 2.0 feet

David M. Hall 11/4/98
Signature Date



GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT NO.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 468.3
 B. BASEMENT ELEVATION: 459.5
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 456.0
 D. INVERT IN AT SEPTIC TANK: 454.6
 E. INVERT OUT AT SEPTIC TANK: 454.3
 F. PROPOSED GRADE OVER SEPTIC TANK: 458.0
 G. INVERT AT DISTRIBUTION BOX: 452.8
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 454.3
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVING TO SEPTIC SYSTEM.

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Hamilton Reed

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 216

ROAD AND DESCRIPTION 11310 BARKLEY FIELD Way

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD-4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNED
AND RETURNED 11-4-98
Serial # 260113346

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

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

1938

0' 1gt brn orange silclm

2.0 1gt white to orange silm 50% quartzite saprolite

1937 1936

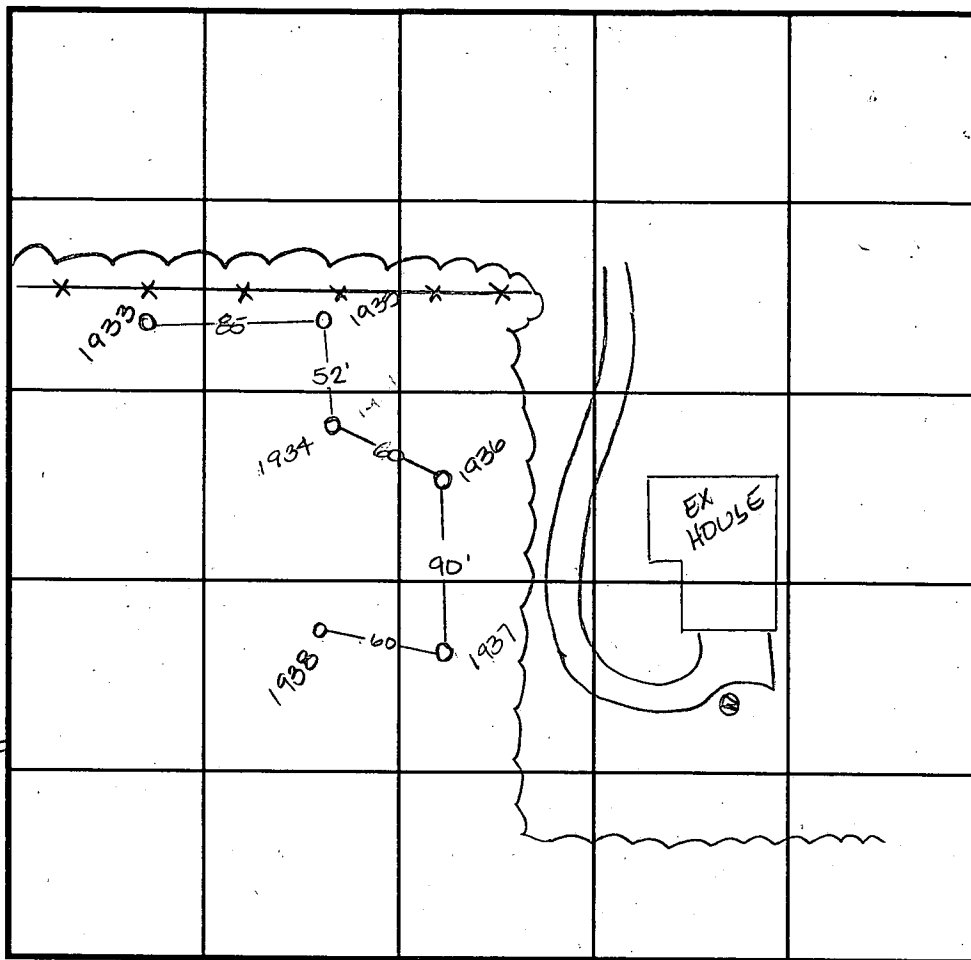
2.5 dark brwn red silclm

11.5 1gt orange silsalm 10% quartzite saprolite mix frags

1935 1934

2.0 dark beige silclm <5% shale
orange brn silm 10% shale

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-1-96	1938	3.0 / 12.0	12:03	12:06	12:06	12:09	3min	
	1937	3.5 / 12.5	12:14	12:18	12:18	12:25	7min	
	1936	Visual	only - see profile				—	OK
	1934	Visual	only - see profile				—	OK
	1935	3.0 / 12.0	1:01	1:04	1:04	1:07	3min	
	1933	3.0 / 12.5	1:10	1:15	1:15	1:21	6min	

REMARKS _____

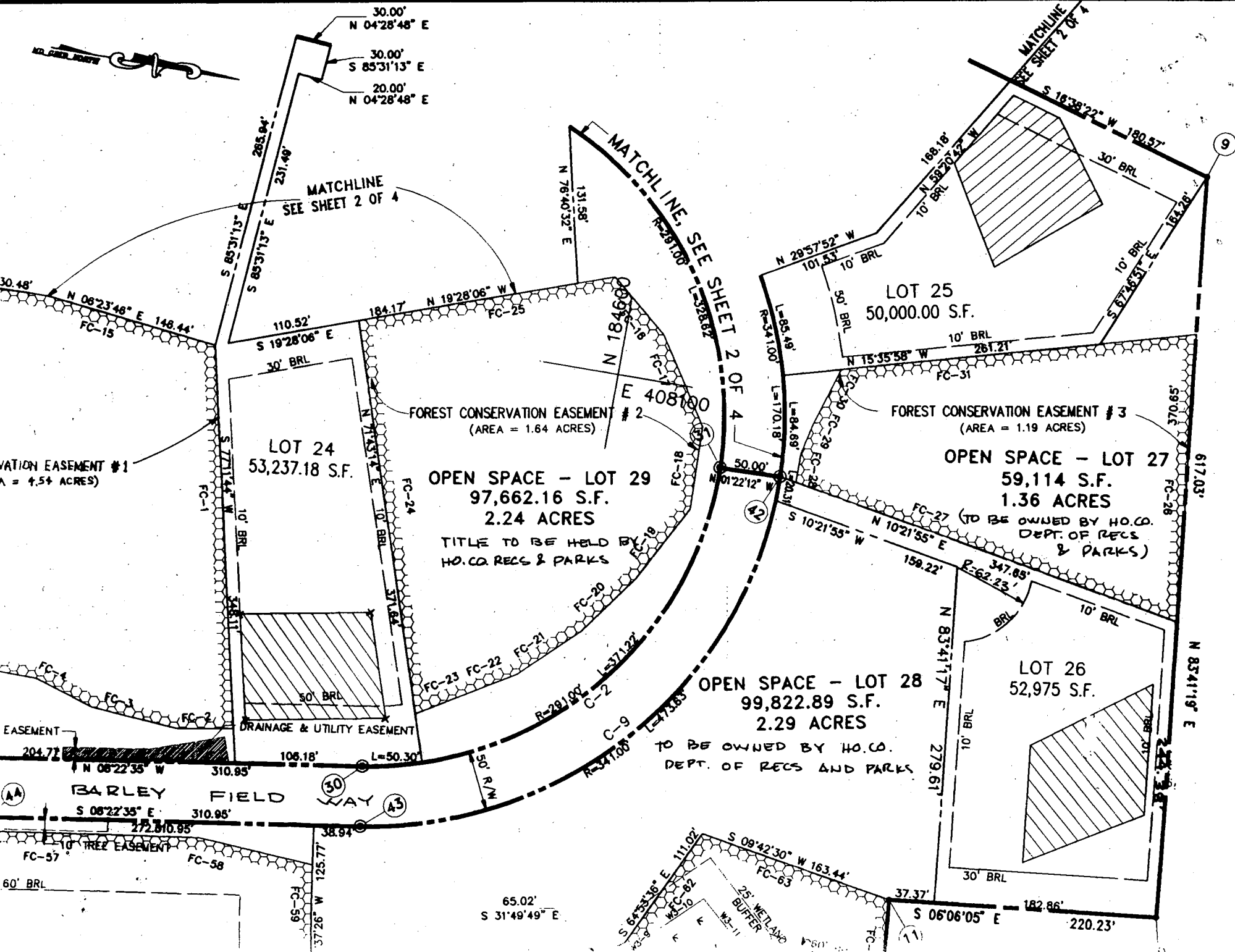
TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Jared

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

12.0



CONSERVATION EASEMENT #1
(AREA = 4.54 ACRES)

LOT 24
53,237.18 S.F.

OPEN SPACE - LOT 29
97,662.16 S.F.
2.24 ACRES
TITLE TO BE HELD BY
H.O. CO. RECS & PARKS

LOT 25
50,000.00 S.F.

FOREST CONSERVATION EASEMENT #3
(AREA = 1.19 ACRES)

OPEN SPACE - LOT 27
59,114 S.F.
1.36 ACRES
(TO BE OWNED BY H.O. CO.
DEPT. OF RECS
& PARKS)

OPEN SPACE - LOT 28
99,822.89 S.F.
2.29 ACRES
TO BE OWNED BY H.O. CO.
DEPT. OF RECS AND PARKS

LOT 26
52,975 S.F.

BARLEY FIELD WAY

25' WETLAND
BUFFER

9

42

30

30

11

AA

65.02'
S 31°49'49" E

60' BRL

37'26" W
69'59" N

37.37'
S 06°06'05" E
182.86'
220.23'

N 85°41'19" E

617.03'

590.6'

FC-31

FC-26

FC-28

FC-29

FC-30

FC-32

FC-33

FC-34

FC-35

FC-36

FC-37

FC-38

FC-39

FC-40

FC-41

FC-42

FC-43

FC-44

FC-45

FC-46

FC-47

FC-48

FC-49

FC-50

FC-51

FC-52

FC-53

FC-54

FC-55

FC-56

FC-57

FC-58

FC-59

FC-60

FC-61

FC-62

FC-63

FC-64

FC-65

FC-66

FC-67

FC-68

FC-69

FC-70

FC-71

FC-72

FC-73

FC-74

FC-75

FC-76

FC-77

FC-78

FC-79

FC-80

FC-81

FC-82

FC-83

FC-84

FC-85

FC-86

FC-87

FC-88

FC-89

FC-90

FC-91

FC-92

FC-93

FC-94

FC-95

FC-96

FC-97

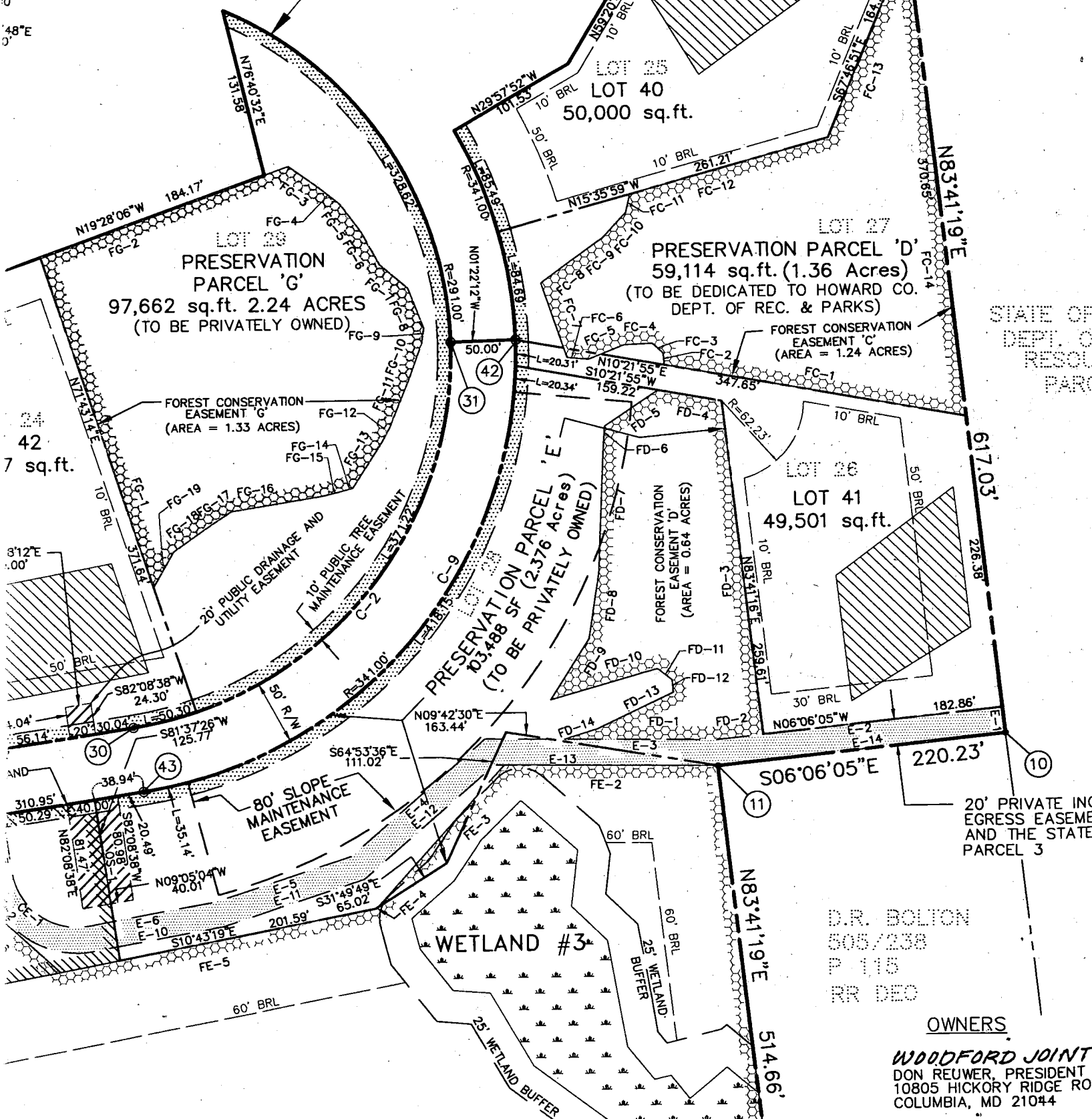
FC-98

FC-99

FC-100

128°48'E
0.00
13°E
0
48°E
0

MATCHLINE,
SEE SHEET 2 OF 4



STATE OF
DEPT. OF
RESOU
PARC

20' PRIVATE INGRESS EASEMENT AND THE STATE PARCEL 3

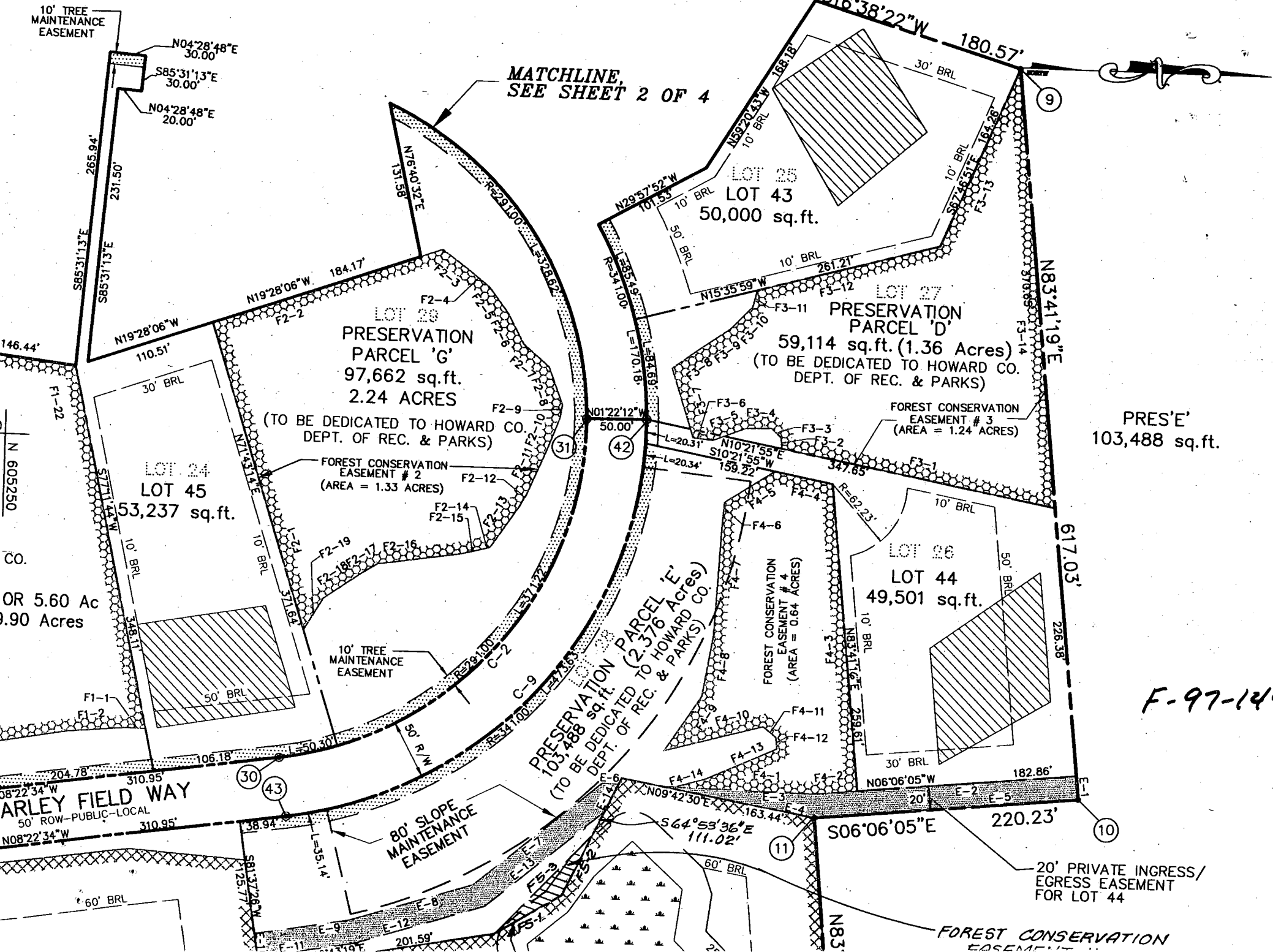
D.R. BOLTON
505/238
P 115
RR DEC

OWNERS

WOODFORD JOINT
DON REUER, PRESIDENT
10805 HICKORY RIDGE ROAD
COLUMBIA, MD 21044

FOREST CONSERVATION EASEMENT 'E' AREA THIS SHEET = 9.29 ACRES

MATCHLINE, SEE SHEET 2 OF 4



PRES'E'
103,488 sq.ft.

F-97-144

10' TREE MAINTENANCE EASEMENT

N04°28'48"E 30.00'

S85°31'13"E 30.00'

N04°28'48"E 20.00'

265.94'

231.50'

S85°31'13"E

S85°31'13"E

N19°28'06"W 184.17'

N19°28'06"W 110.51'

146.44'

F1-22

N 60°52'50"

CO.

OR 5.60 Ac

9.90 Acres

F1-1

F1-2

50' BRL

348.11'

10' BRL

106.18'

310.95'

204.78'

310.95'

308°22'34"W

ARLEY FIELD WAY

50' ROW-PUBLIC-LOCAL

N08°22'34"W

310.95'

38.94'

L=35.14'

60' BRL

80' SLOPE MAINTENANCE EASEMENT

80°53'36"E 111.02'

N09°42'30"E 163.44'

60' BRL

201.59'

E-9

E-12

E-11

E-10

E-8

E-7

E-6

E-5

E-4

E-3

E-2

S06°06'05"E 220.23'

20'

182.86'

617.03'

226.38'

20' PRIVATE INGRESS/EGRESS EASEMENT FOR LOT 44

FOREST CONSERVATION EASEMENT



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 15, 1999

Brian Groveman, President
Brian's Catering Services
11310 Barley Field Way
Marriottsville, MD 21104

Re: Commercial Catering Kitchen
11310 Barley Field Way
PN #B00119208

Dear Mr. Groveman:

Plans for the referenced facility have been received and reviewed. The following comments are the result of the plan review of the interior kitchen space only. These comments are designed to inform contractors and installers of the Health Department requirements or recommendations so costly changes after construction can be avoided. Please present a copy of this letter with your notations to your general contractor and the appropriate sub-contractors.

The recommendation for approval of your building permit will be signed when: these comments are addressed in writing; approval from the Water and Sewerage Program is granted after their review; the plan review fee is paid.

1. WATER AND SEWERAGE PROGRAM APPROVAL Contact Ms. Amy McMillen at (410) 313-2640 concerning the required Water and Sewerage Program approval.
2. PLAN REVIEW FEE Submit a check for \$250.00 made payable to DIRECTOR OF FINANCE and mail to Howard County Health Department.
3. HACCP HACCP (HAZARD ANALYSIS CRITICAL CONTROL POINT) Plan Review must be submitted and APPROVED for a high or moderate priority food service facility before recommendation for approval of your building is made. As an integral part of the plan review process, please submit HACCP plans for ALL menu items using flow diagrams based on the information in the "GUIDELINE FOR CONDUCTING A HAZARD ANALYSIS CRITICAL CONTROL POINT PLAN REVIEW" Provide procedural details and time/temperatures requirements for each step as discussed.

July 15, 1999

4. SPECIFICATIONS Provide specification sheets from the manufacturer for all equipment. If more than one piece of equipment is listed on the manufacturers brochure, indicate the one to be installed. NSF (National Sanitation Foundation) certification or equivalent is necessary. The cut sheet submitted must bear the approval seal, the number from the equipment list and must be from the same manufacturer listed on the equipment list. Include any countertop small appliances to be use show location on the plan.

5. EXHAUST SYSTEM Hood ventilation systems in foodservice facilities must comply to COMAR 10.15.03.08. and the Maryland Ventilation Criteria to help insure that ventilation systems in food establishments effectively and safely remove the excessive grease vapors, smoke, heat, steam, fumes, and obnoxious odors produced from activities associated with the processing so as to promote a sanitary and well ventilated environment.
 - A) The specification states a UL Listing. Is that a UL 710 listing?
 - B) The proposal from Guardian describes the exit route of the exhaust duct but does not mention any of the required cleanouts described in N.F.P.A. 96. Please explain.
 - C) Will the Wittco electric oven be used to cook fatty foods or be set at high cooking temperatures? If so, this oven may be required to be under the hood. Please explain the oven's use.

6. CHARBROILER If the charbroiler has a cooking area greater than 5 square feet, it must be registered with the Air and Radiation Management Administration, Department of the Environment. Proper forms must be submitted prior to installation. Two smaller units can be used without registration.

7. THREE BASE SINK The 3 compartment sinks must be of adequate length, width and depth to accommodate the largest piece of equipment or utensil necessary for the operation of your facility. Each sink must be individually and indirectly drained and provided with an air gap. The floor sink must capture the discharge from the three filled sinks (no splash or overflow). Provide sanitizer and appropriate test kit. After discussing your 3 compartment sink drawing with Inspections, Licensing and Permits' plan reviewer and field inspector, our requirement continues to be that the drain lines from all three sinks pass through the grease interceptor. Confirm the correction.

8. HOT WATER The water heater should be at least 50 gallons. The unit must be on 6 inch legs or sealed to the floor. Confirm size, location and method of installation.

9. LIGHTING At least 20 footcandles of light shall be required on all work surfaces in storage areas, food preparation areas, utensil washing areas, toilet rooms, locker rooms, and in garbage and rubbish storage areas. Confirm.

July 15, 1999

10. OVERHEAD PLUMBING COMAR 10.15.03.07 C(e) states plumbing requirements for pipes located over food preparation, storage, display, serving, or dining areas. Have your plumbing contractor present a plan meeting these requirements.
11. SEALING All joints, annular spaces, or openings into hollow or inaccessible areas are to be closed to 1/32 inch or less. Proper construction of cabinetry will prevent cracks and voids to inaccessible spaces, and will seal or paint any raw wood surfaces. Please advise cabinet maker and other installers of these requirements. Confirm.
12. SPACING Seal all adjacent perimeters of cabinet-type equipment; make mobile; or place on 6 inch legs, spaced from walls and adjacent perimeters as follows:

<u>Length of side</u>	<u>Width of space</u>
0-2 feet	6 inches
2-4 feet	8 inches
4-6 feet	12 inches
6 + feet	18 inches

As you add new equipment this spacing requirement must be observed. Acknowledge.

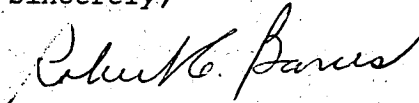
13. CLEANING SPACE Electrical conduits and plumbing pipes are to be kept as high as possible above the floor to provide adequate space for cleaning. Piping, conduit, and similar construction, located outside a wall, must be installed so that there is a minimum of 3/4 inch space between it and the wall. Please make plumbing, electrical and other installation contractors aware of this requirement. Confirm.
14. FLOORS The floors of all food preparation, food processing, food storage, utensil washing rooms and areas, and walk-in refrigerators, dressing or locker rooms and toilet rooms shall be constructed of smooth, durable, nonabsorbent and easily cleanable materials such as concrete, quarry tile, ceramic tile, durable grades of linoleum or plastic, or tight wood impregnated with plastic. In areas subject to spilling or dripping of grease or fatty substances, floor coverings of a grease resistant material are required. Floors of non-refrigerated, dry-food storage area are not required to be nonabsorbent. Confirm the floor treatment to be used.
15. WALLS The walls of all food preparation, utensil washing, handwashing rooms or areas, shall have smooth, easily cleanable surfaces. Surfaces shall be grease resistant up to at least the highest level reached by splash or spray. Ceiling rafters shall be enclosed in food preparation, utensil washing, garbage handling areas. Acoustical materials may be used on the ceiling. Confirm the wall treatment to be used in each area especially the hood and dishwashing areas. FRP (fiberglass reinforced plastic) is recommended for dishwashing, handwashing and mop sink areas. Stainless steel is the recommended wall covering under a hood behind cooking equipment. Confirm materials to be used for walls and ceiling.

July 15, 1999

16. MOPSINK A mopsink is required. Please provide a vacuum breaker on the faucet. If a hose with a sprayer is attached to the faucet a backflow device meeting A.S.S.E. 1052 specifications must be installed between the faucet spout and the hose. Locate the sink away from the food preparation and utensil washing areas. Confirm location.
17. MOP RACK Provide a mop and broom rack, preferably above the mop sink. Confirm location.
18. RESTROOMS All restrooms must be equipped with a fan to exhaust a minimum of 2 CFM per square foot of floor space. Doors must be self-closing. Fixtures, dispensers, mirrors and wall decorations must be caulked to the adjoining floor or wall surface. Lighting must be 20 footcandles. Confirm location of a restroom available to employees.
19. EXTERIOR DOORS All exterior doors must be self-closing and rodent-proof. Confirm what doors on your drawing exit to the outside.
20. TRASH Trash handling was not addressed. Confirm either a dumpster on a cleanable surface or covered trash cans on a cleanable rack. Confirm location and surface under dumpster or trash cans.

Please call me at (410) 313-2642 if you need an explanation of these comments or make any changes to the plans. Please be aware that no food storage or preparation is permitted before an approval of the facility by a pre-opening inspection. An application and fee for a new Food Establishment License is required for this new location. An appointment for the pre-opening inspection should be scheduled one week in advance with sufficient time to make corrections before the planned opening date.

Sincerely,



Robert C. Banes, R. S.
Food Protection Program Director

RCB/rcb
enclosure

ALSO NEEDED
ECOP!



RESOLVED
SEE NOTE OF
DETAIL AT END
OF SECOND PAGE.
3/29/00
CW

HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

November 1, 1999

Brian Groveman
11310 Barley Field Way
Marriottsville, Md. 21104

Re: Building Permit Application
B00119208 - Interior Alteration
to install commercial cooking
equipment @
11310 Barley Field Way

Dear Mr. Groveman,

The above referenced building permit application has not yet been recommended for approval. Since it has been more than two months since our last contact, it seems appropriate to provide a summary of our discussion and list those items remaining to be addressed.

The proposal is for meal preparation for a catering operation providing offsite service for approximately 5 events per week. Up to 150 meals per event would be prepared, with the average event being 40 meals. A deep fat fryer would not be used.

The quantity of additional water use would be equivalent to a one or two bedroom increase. With a newly installed septic system designed to serve the maximum potential flow from a 4 bedroom house, and ample dedicated septic area, there is no requirement to enlarge the existing system at this time.

Installation of a water meter to confirm that water use remains within the intended range is requested. Installation of a kitchen-line greasetrap and a septic tank outlet baffle filter are requested to help mitigate the consequences of the additional wastewater strength in comparison to that ordinarily associated with a residence. A septic system repair permit (\$25 permit fee) is needed to authorize installation and inspection of same.

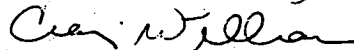
Mr. Bob Banes, Supervisor of the Health Department's Food Protection Program has separately advised you of final documentation requirements on food preparation plans.

-continued-

groveman p2/2

Completion of these two items will result in Health Department recommendation for approval of your building permit application. Please be reminded that operation of the facility should not occur until there is resolution on these items. If you have any additional questions, please feel free to contact me or Mr. Banes at 410-313-2640.

Yours truly,



Craig Williams, Sanitarian

cc: Office of Licenses and Permits

✓ FILE

AS DISCUSSED WITH BRIAN G. - - -
GREG MELLON INDICATES FOOD SERVICE
PLAN REVIEW ISSUES RESOLVED. WELL & SEPTIC ISSUES
ARE: (1) WATER MOTOR PRIOR

TO FOOD SERVICE INSPECTION,
BY JB HAYES PLUMBER.

(2) INSIDE GREASETRAP
PROPOSED, ACCEPTED
AND INSTALLED

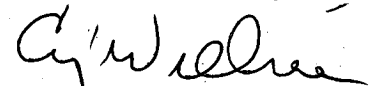
(3) OUTLET BAFFLE ONLY

(4) AT APPLICANT'S DISCRETION,
NO SEPTIC REPAIR PERMIT (FEE) REQUIRED
BECAUSE NO OUTSIDE SEPTIC WORK PERFORMED.

(5) ISSUES RESOLVED,

PERMIT RECOMMENDED
FOR APPROVAL.

3/29/00



Brian's

Catering

Services

Ellicott City, MD 21042

Brian Groveman
President

4725 Dorsey Hall Drive Suite A909
Ellicott City, Maryland
21042
(410) 461-3485
410-442-4050

July 8, 1999

Howard County Health Department
Ellicott City, MD

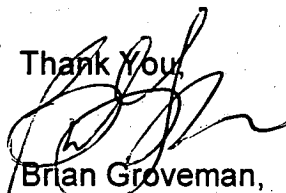
The attached drawings and equipment list represent plans for a commercial kitchen to be located at 11310 Barley Field Way, Marriotsville, MD 21104.

The work will be performed by Guardian Fire Protection Service, Inc., Gaithersburg, MD 301-840-7100, and E.D.I. Plumbing and Heating Co. MD ST #3375 1-888-622-0288. The equipment is supplied by Beltway Restaurant Equipment, Beltsville, MD, 301-937-1690.

These plans have also been submitted to the Howard Count Building Inspections office for their approval.

If you have any questions regarding this information, please contact me at the above number.

Thank You,



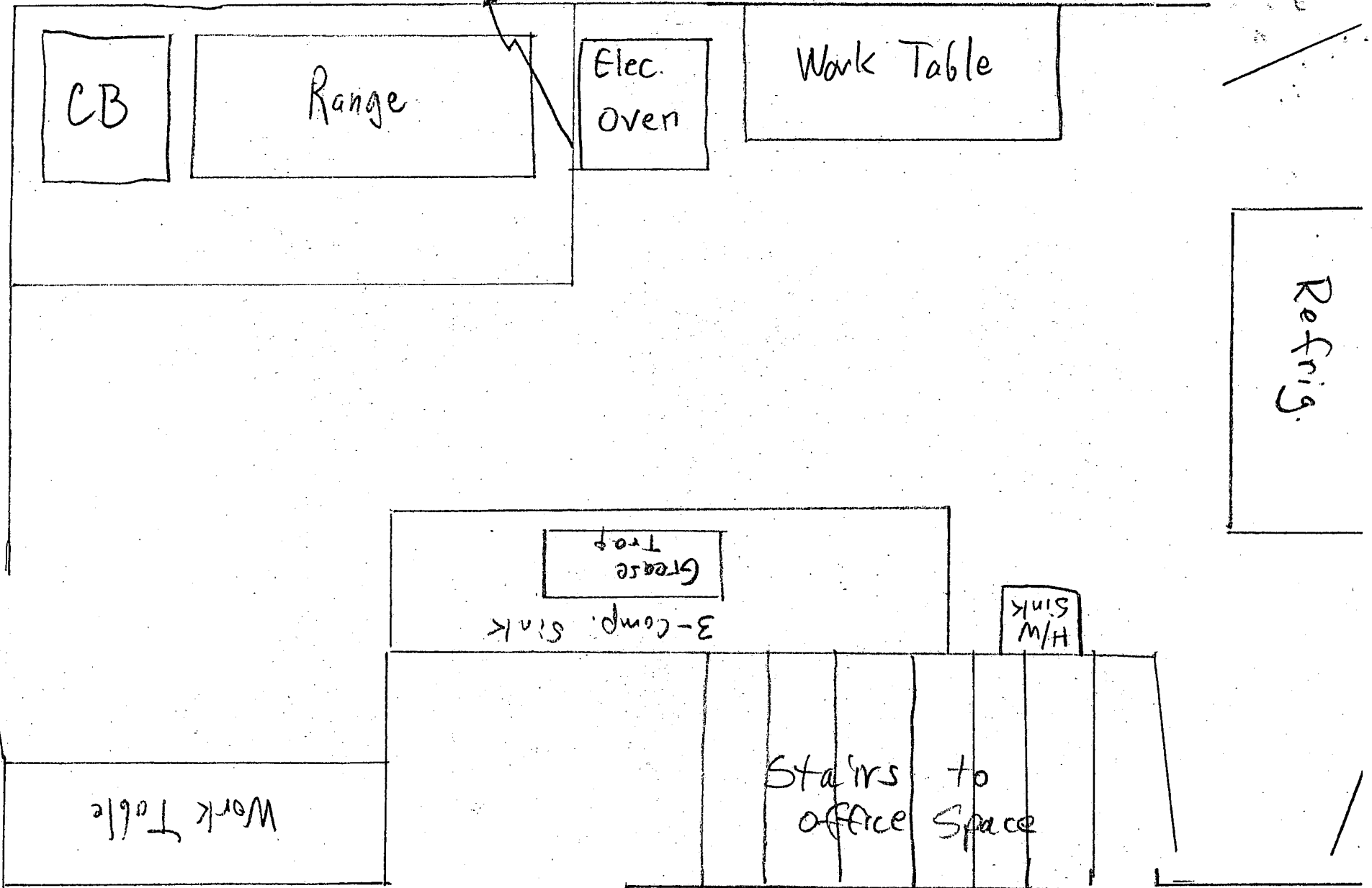
Brian Groveman,
President, Brian's Catering Services

Distinctive Catering

Party Planning

Gourmet Sweets

8' St. Steel Hood w/ Ansil Fire System



Kitchen Equipment List for 11310 Barley Field Way

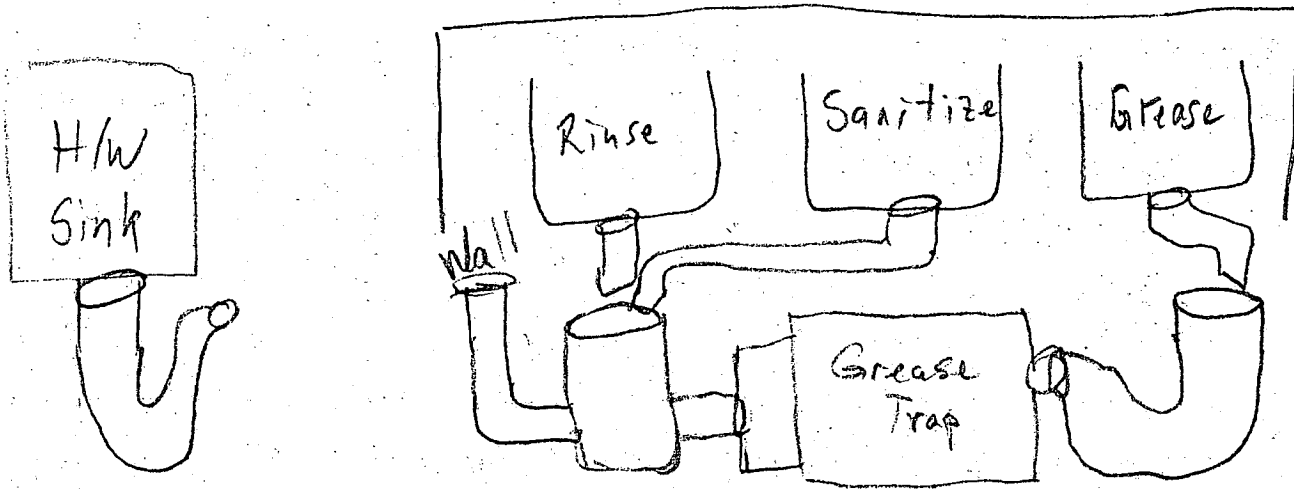
Vulcan Range #60FL LP gas with 24 inch side griddle
Vulcan casters
Dormont disconnect hose
MagiKitchen FM-RMB-24 LP gas Charbroiler
Dormont disconnect hose
Charbroiler casters
Wittco Model 1200 AD-SS electric slow-cook and hold oven
True T49 Refrigerator
Eagle 3-compartment sink #414-16-3-18
T&S Overspray Unit w/Add-A-faucet
Eagle Handsink HAS-10F
Two Eagle custom-sized worktables
Renn Grease trap – floor model

Distinctive Catering

Party Planning

Gourmet Sweets

Sink Configuration



Side View

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 CLARK P+H Inc

Telephone 489-4029

License Number 3808

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner Hamilton Reed

Telephone 780-9105

Subdivision Woodlands Grant Lot # 41

Well Tag # HO-94-1699

Site Address 11310 Oakley Field way

Pump

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

Motor

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

Pitless Adapter

- 1. Make P-T-800
- 2. Model # _____
- 3. Depth 42'

- 2. Make _____
- 3. Model # _____
- 4. Capacity _____ 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 _____

Tank

- 1. Capacity 42
- 2. Pressure relief valve? 25lb

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.

WPI OK
4/30/99

Signature of Applicant: Kenneth C. Clarke

Date: 5/10/99

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

C1 4195
 SEQUENCE NO. (MDE USE ONLY)

STATE OF MISSOURI
WELL-COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS WELL IS SUBMITTED AFTER
 WELL IS COMPLETED.
 COUNTY NUMBER **A 57033C**

ST/CO USE ONLY
 DATE RECEIVED **11 24 98**
 DATE WELL COMPLETED **10 - 29 - 98**
 DEPTH OF WELL **405**
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO 94-1699**

OWNER **Hamilton Reed**
 STREET OR RFD **Barley Field Way** TOWN **Mariontsville**
 SUBDIVISION **Woodford's Grant** SECTION **1** LOT **41**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	115	C
Sandstone	115	120	
MICKA	120	135	
Sandstone	135	140	C
MICKA	140	405	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle appropriate box) **(Y) (N)**

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**

NO. OF BAGS **22** NO. OF POUNDS **220**

GALLONS OF WATER **132**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL **(ST)** CONCRETE **(CO)**
 PLASTIC **(PL)** OTHER **(OT)**

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **125**

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

screen type or open hole insert appropriate code below

STEEL **(ST)** BRASS **(BR)** OPEN HOLE **(HO)**
 BRONZE **(PL)** OTHER **(OT)**
 PLASTIC **(PL)** OTHER **(OT)**

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.

DRILLERS LIC. NO. **MSD 19**
 DRILLERS SIGNATURE **[Signature]**
 LIC. NO. **D**

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

DEPTH (nearest ft.)

HO 123 405

1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51

ELECTRIC LOG OBTAINED **(S)**

SCREEN SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T _____ (E.R.O.S.) W Q _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min.) **I**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **58** ft.
 WHEN PUMPING **240** ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 _____

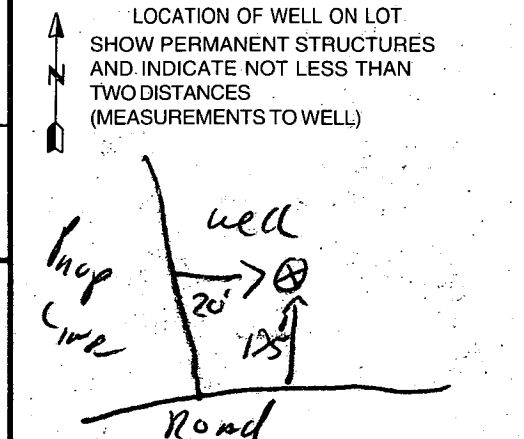
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____

PUMP HORSE POWER 37 _____ 41 _____

PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above } LAND SURFACE
(-) below } **2** (nearest foot)



B 1 4770
 1 2 3 6
 SEQUENCE NO. (MDE USE ONLY)

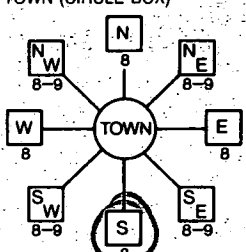
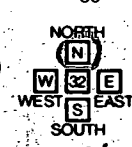
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-94-1699
 70 79
 fill in this form completely

Date Received (APA) 082199
 8 MM 00 YY 13
 OWNER INFORMATION
Hamelton Reed
 15 Last Name 34 First Name
10205 Hickory Ridge Rd. Suite 215
 36 Street or RFD 55
Columbin MD 21044
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
WOODRIDS GRANT
 23 SUBDIVISION 42
 SECTION - 44 46 LOT 41 48 50
MANNOTTSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) I M I
 73 76 77 78

DRILLER INFORMATION
Ralph E. MAYNE MSD 117
 76 Driller's Name 81 License No.
Ralph MAYNE Well Drilling
 Firm Name
17024 Handy Rd. Mt Airy MD, 21221
 Address
Ralph E. Mayne 8-15-98
 Signature Date

B 4
 1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Banley Field way
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 125 37 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 1 2
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
Howard Co A57033C
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED 8-28-98 A. McMillan 8-28-99
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 546 000 EAST GRID 828 000
 50 55 57 63

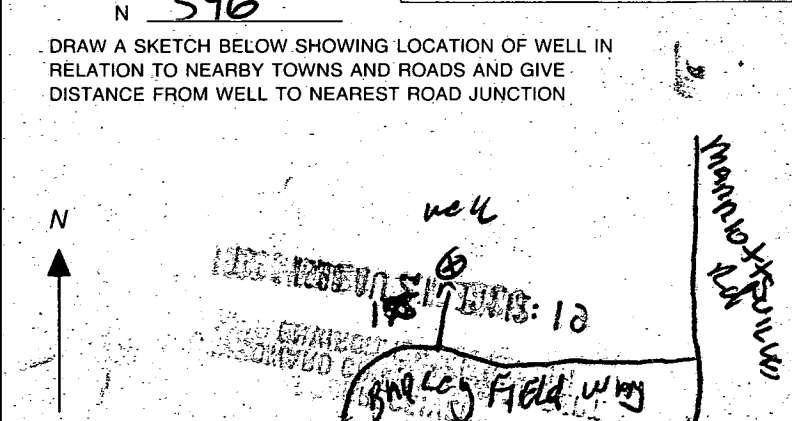
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
10/30/98 9:30 Groot
 SOURCES OF DRILLING WATER
 1. well
 2. NO WSP
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 828
 N 546
 000
 000

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

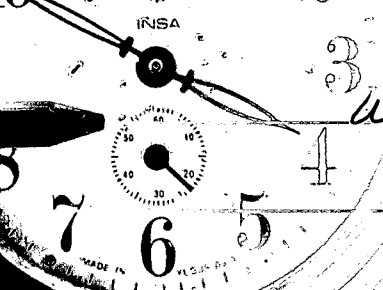
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 G A P 63
 PERMIT No. HD-94-1699
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

QUICK NOTE



Woodford's Grant
Lot 41

6/99 Bob Baines discovered a
catering service kitchen in
bsmt that we didn't approve
7/9/99 Does not appear that there
is much room to expand SDA
w/o wet season tests.
L 000119208 E-660 Eo - (LITCHBU)

8/18/99 MET WITH APPLICANT —
AGREED THIS LIMITED USE
COULD BE ACCOMMODATED
WITH SOME ENHANCEMENT,
NOT EXPANSION, OF EXISTING
SEWIC SYSTEM. (CW)

APPLICANT WAS TO FOLLOW THRU
WITH PLANS — LETTER OF NOVI
SENT TO REVIEW ALL
OF REQUIREMENTS.

11/22/99 Discussed w/ Craig & Bob
Both need input from Governor
before we can approve. Jm



LINEMARK PRINTING INC

1220 Caraway Court, Suite 1040, Largo, MD 20774

301.925.9000 ■ Fax: 301.925.8852 ■ www.linemark.com

Brian's

Catering

Services

Ellicott City, MD 21042

Brian Groveman
President

4725 Dorsey Hall Drive Suite A909
Ellicott City, Maryland
21042
(410) 442-4050

August 18, 1999

Craig Williams
Howard County Environmental Health

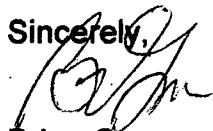
Craig:

The following is my best estimate and description of water and sewage waste resulting from a commercial kitchen at 11310 Barley Field Way, Marriotsville, MD 21104. (Woodfords Grant, Lot 41).

1. Small amount of residual food waste – majority of waste is solid. We do not operate a deep fryer
2. Water usage – rinsing vegetables and food, and dish and utensil cleaning. Sink volume is standard 3-compartment basin (dimension approx. 16x19 inches, filled to an average depth of 12 inches. This would be done 1-2 times per average kitchen usage.
3. Estimate kitchen to be used 5 time per week, on average

I would be happy to supply any other information that may be of use to you.

Sincerely,



Brian Groveman,
President, Brian's Catering Services

Maximum 150 meal prep.

250 sq. ft. size.

2 employees, max.

Aug 40 meals/usage

cc to Bob Barnes

BRIAN:

REPLY - ADEQUATE SOIL CONDITIONS EXIST TO SUPPORT POTENTIAL INCREASE IN FLOW.

WILL ACCEPT INSTALLATION OF SEPTIC TANK

OUTLET BAFLE IN LIEU OF INCREASED SYSTEM SIZE. (CW)

(INTENTION GREASE TRAP OR)

8/18/99

SITE INSPECTION SHEET

OWNER: Brian Groveman

DATE REQUESTED: 11/17/00

ADDRESS: 11310 Barley Field Way

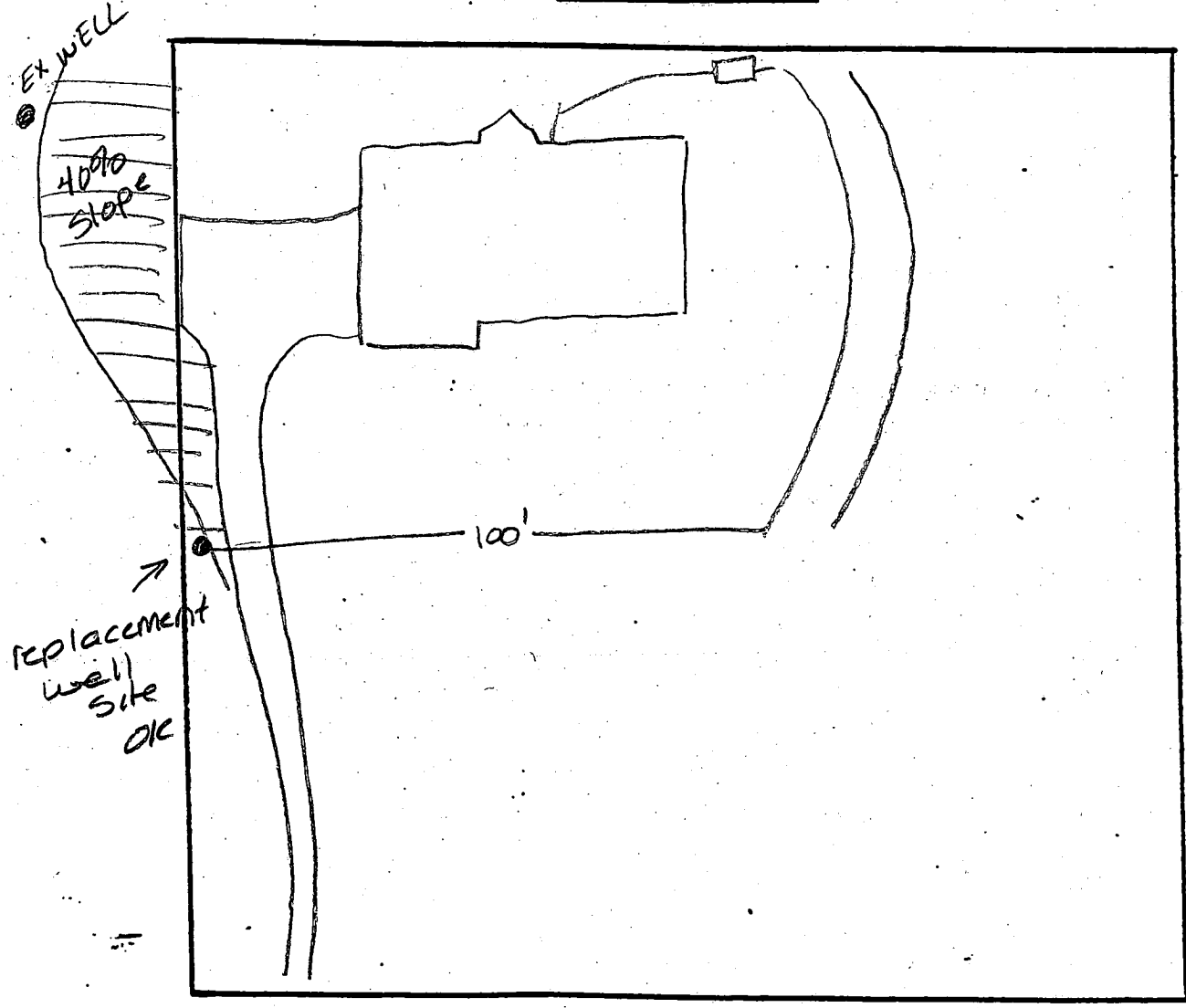
DRILLER: Westminster Rotary

WELL TAG # _____

COUNTY # _____

PROPOSAL: Well has possibly gone dry - plumber replacing well line - this may or may not fix problem - want site in case it does not

LOCATION DIAGRAM



COMMENTS: Located end of trenches - owner reports he owns 30' to left of driveway - so replacement well site approved as shown
Repair septic area available below existing system - per holes located

DATE: 11/17/00

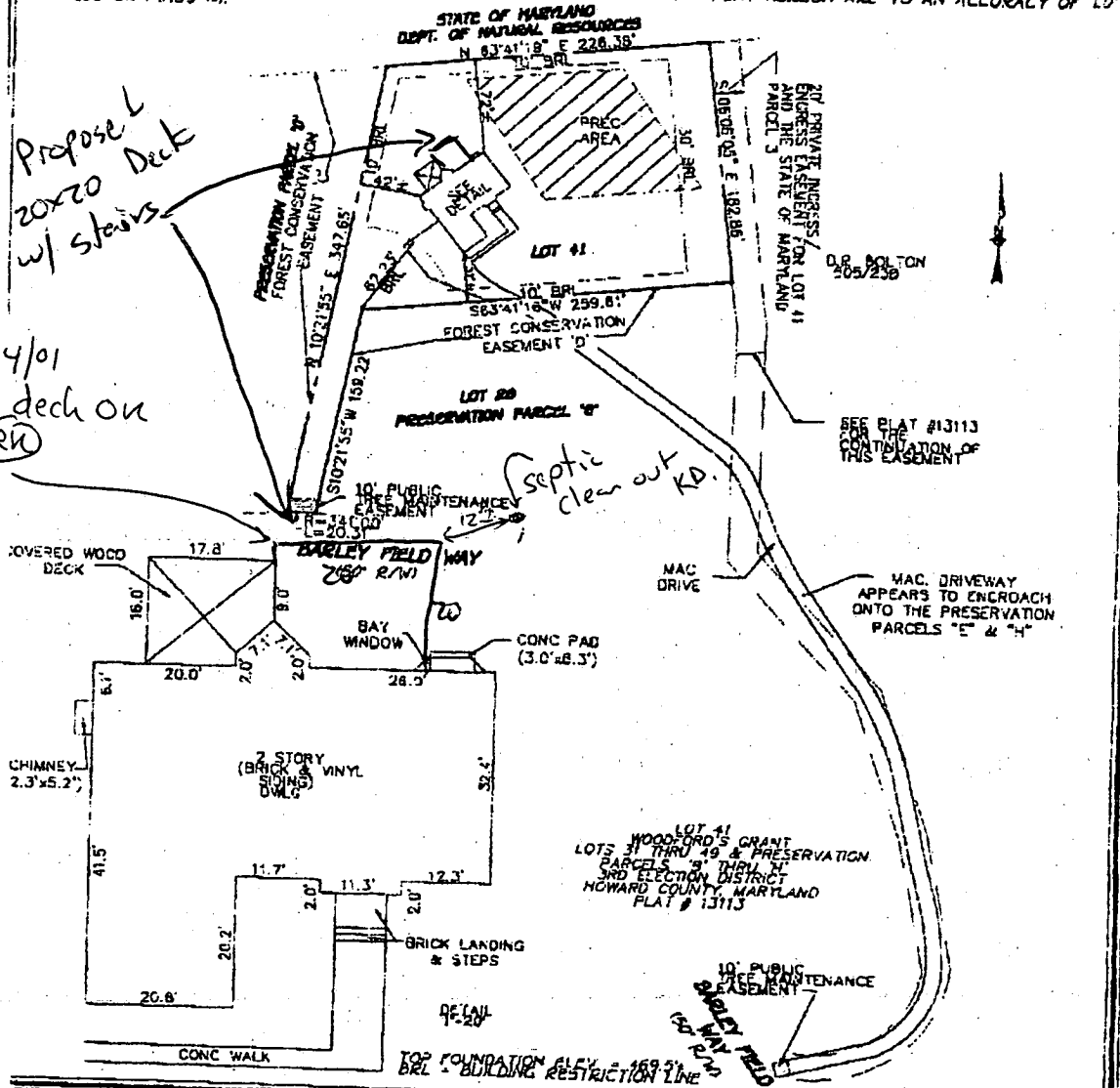
INSPECTOR: du

GENERAL NOTES:

- THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar 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.
- SUBJECT PROPERTY IS SHOWN IN ZONE E ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 24001A0210 B EFFECTIVE DATE: DEC. 4, 1986.
- THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF LO' PLUS OR MINUS (4).

Proposed
20x20 Deck
w/ stairs

6/14/01
proposed deck on
SRU



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CANTERBURY SQUARE OFFICE PARK • 12870 BALTIMORE NATIONAL PIKE
BELLERSVILLE CITY, MARYLAND 21114
(410) 421-8255



HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 6/9/98
FINAL LOCATION: 3/26/99
BOUNDARY SURVEY: _____
SCALE: 1"=100'
DATE: 5/27/99
DRAWN BY: LEF
CHECKED BY: MLR
PROJECT No. 51019

Mark L. Ruppel
PROFESSIONAL LAND SURVEYOR DATE
REG. # 333