

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-327485

P 513123

A 56429-8JJ

DISTRICT _____

DATE 11/15/1999

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 12/23/99

INSPECTOR *[Signature]*

INDL 11:00

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Gaither Hunt II LOT 36 ROAD 11000 Bittersweet Court

PROPERTY OWNER NV Homes

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM REQUIRED

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER

- NOTES:
- Septic pump detail to be provided by installer prior to issuance of septic permit.
 - Pump performance test is necessary prior to Health Department approval of pumped septic system.

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 170.00' and 347.51' lot lines, begin trenches 55 feet up the 170.00' lot line and 10 feet off this same lot line. Run trenches on contour 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. OKSRK

PLANS APPROVED BY Amy McMillen DATE 7-13-1999

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 35/40 PVC OR ABS

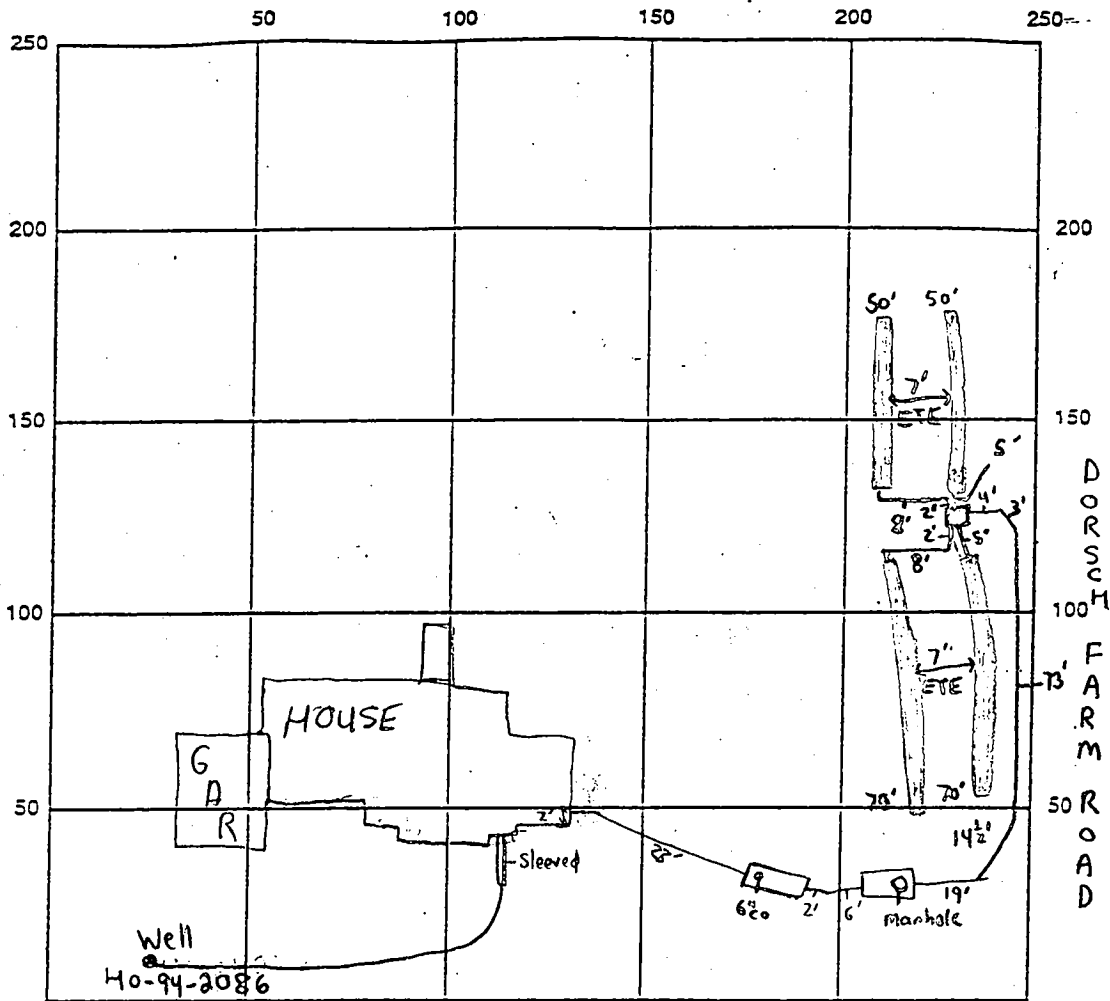
PERMIT VOID AFTER TWO YEARS

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

11 56429-8JJ
JI



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BITTERSWEET COURT

SEPTIC TANK LEVEL 1500 Gallon Top Seam Septic Tank
 1500 Gallon Top Seam Pump Pit
 CLEANOUTS 6" on Septic Tank, Manhole

DISTRIBUTION BOX LEVEL Baffle is in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 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: 11/23/99 - OK TO CONTINUE WORK - (SRW) 11/24/99 - OK TO COVER ALL WORK,

HOUSE CONNECTION NEEDED & PUMP TEST (SRW) alarm works OK, pump & float works OK

Problem where S.T. obs. port is situated you can't see any water movement in S.T.

Manhole rotated - photo PVC 4" Tee off float water outlet floor visible - OK to replace 3 ft down at pipe &

cover. Rpt 12/23/99 House Connection OK, Pump Test OK

DATE SYSTEM APPROVED 12/23/99 INSPECTOR [Signature]

RESOLVED
2/16/00

FSRC

12-23-90

To: HOWARD CO. HEALTH DEPT.

FROM: PAT INMAN - NV HOMES

RE: GAITHER HUNT LOT # 36 (11000 BITTERSWEET ST.)

ATTN: STEVE



PLEASE LET THIS MEMO SERVE AS MY
COMMITMENT TO RAISE THE WELL CASING, ON
THE ABOVE MENTIONED PROPERTY, TO 8" ABOVE
FINAL GRADE. THIS WILL BE DONE WITHIN
ONE MONTH.

By 1/23/00

Spoke to Buddy on 1/24/00 said he would fix well casing



HOWARD COUNTY HEALTH DEPARTMENT

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

January 28, 2000

Attn: Buddy
NV Homes
2200 Defense Highway, Suite 301
Crofton, MD 21114

2/16/00 - RESOLVED
SRK

RE: Gaither Hunt II - Lot 36
11000 Bittersweet Ct
Well Tag #: HO-94-2086

Dear Sir:

This is to follow up on our recent conversation which occurred on January 24, 2000 regarding the height of the well casing above grade for the above referenced lot.

Before issuance of a Use and Occupancy Permit, it was discovered that the height of the well casing extending above the existing grade was approximately two inches or less and almost flush with the existing grade. As I mentioned in our conversation, this has been an issue with several wells on lots owned by NV Homes within this subdivision. According to Code of Maryland Regulations, COMAR 26.04.04.07D(3)(c), "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading." This is to help protect against contaminants entering the water supply.

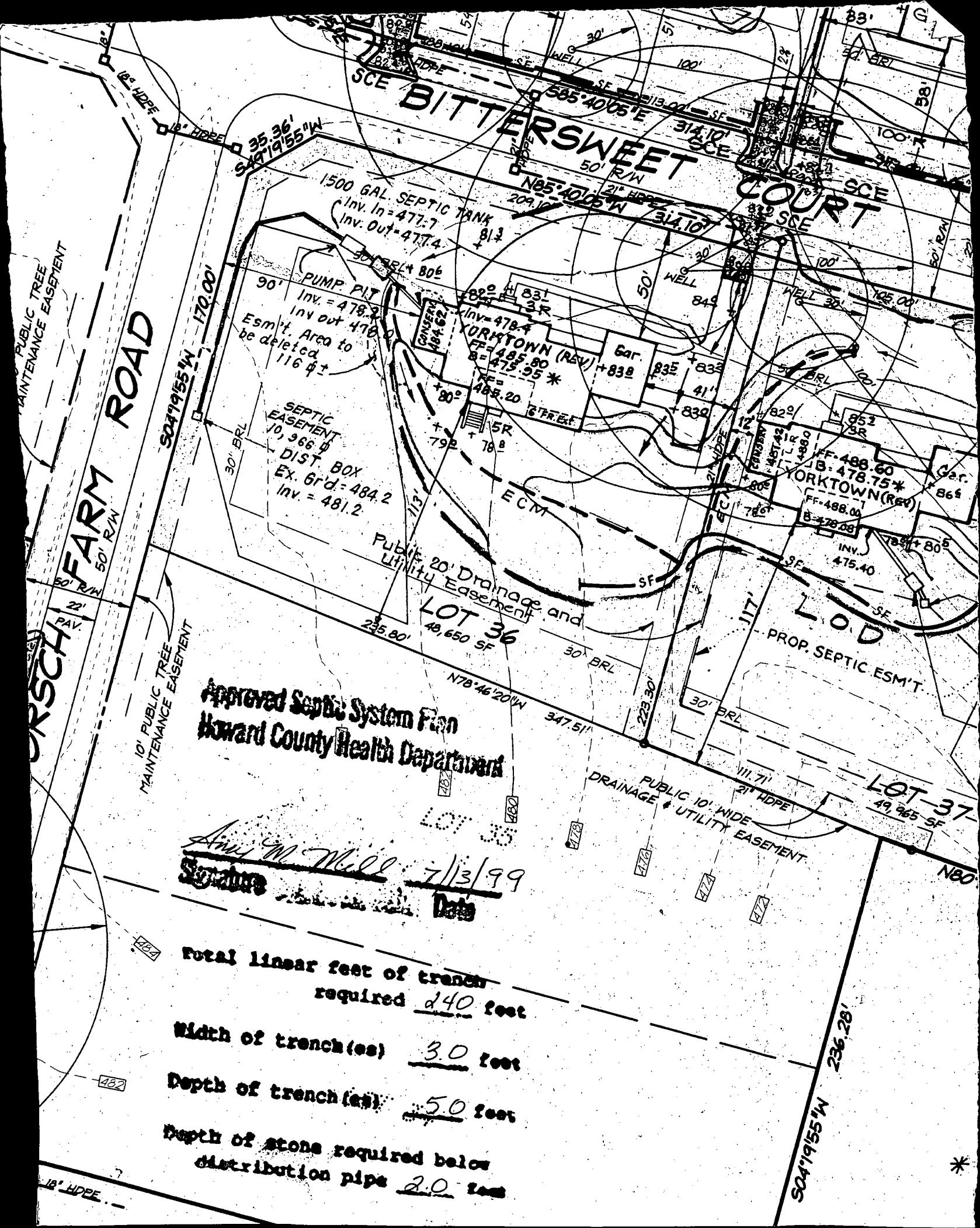
Prior to recommendation for a Use and Occupancy permit, this issue was brought to the attention of Pat Inman of NV Homes. Recommendation for Use and Occupancy was granted under the condition that this office receive a written commitment by Pat Inman to correct the well casing within 30 days. The end of the thirty days occurred on January 23, 2000. This office is in possession of that written commitment.

In order to comply with the stated regulation, please make certain that the well casing meets the COMAR standard explained above and **contact this office to schedule a field inspection when repairs have been completed.** Necessary casing repair/extension should be performed by a licensed well driller and not a registered plumber or other contractor.

Please be advised that the homeowners will not receive a Final Certificate of Potability until this issue is resolved and further enforcement action may be pursued. Thank you for your cooperation in this matter and please call me if you have any further questions.

Respectfully,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
cc: file ✓



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

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date _____
Name of Installer ROBERT L. FEEZER CO. INC. Telephone 410-781-4655
License Number M-2122
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner NV HOMES - MD. EAST DIV. Telephone 410-724-4703
Subdivision CATHER HUNT Lot # 36 Well Tag # 10-94-2086
Site Address BITTERSWEET CT.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make Haverly
a. Deep well jet _____ 2. RPM 3450 2. Model # 1800
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"
c. Submersible a. 110 _____
2. Make Star Line b. 220
3. Model # 1P4
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 _____

Tank Piping Well data
1. Capacity 20.5 1. Type Polyethylene 1. Depth 200 ft.
2. Pressure relief valve? 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved 3. Static water level _____ ft.
4. Depth of supply line 42"-1 4. Will water supply be disinfected by installer?

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.
11/23/99-WPI-OK-SRK
Signature of Applicant: Robert L. Feazer
Date: 11/4/99

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

APPLICATION

PERCOLATION TESTING

A 56429

P _____

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

DISTRICT _____

DATE 3-27-96

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 J Thomas Scrivener NV Homes

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 27 36

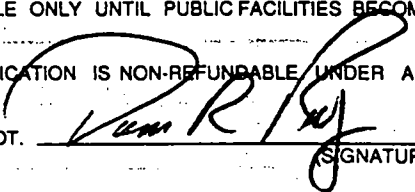
ROAD AND DESCRIPTION (11000 BITTERSWEET COURT)

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. SFD-4Bmn
(SINGLE FAMILY DWELLING OR COMMERCIAL)

WELL PERMIT SIGNED
AND RETURNED 7-13-99
Social # 480-118089

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

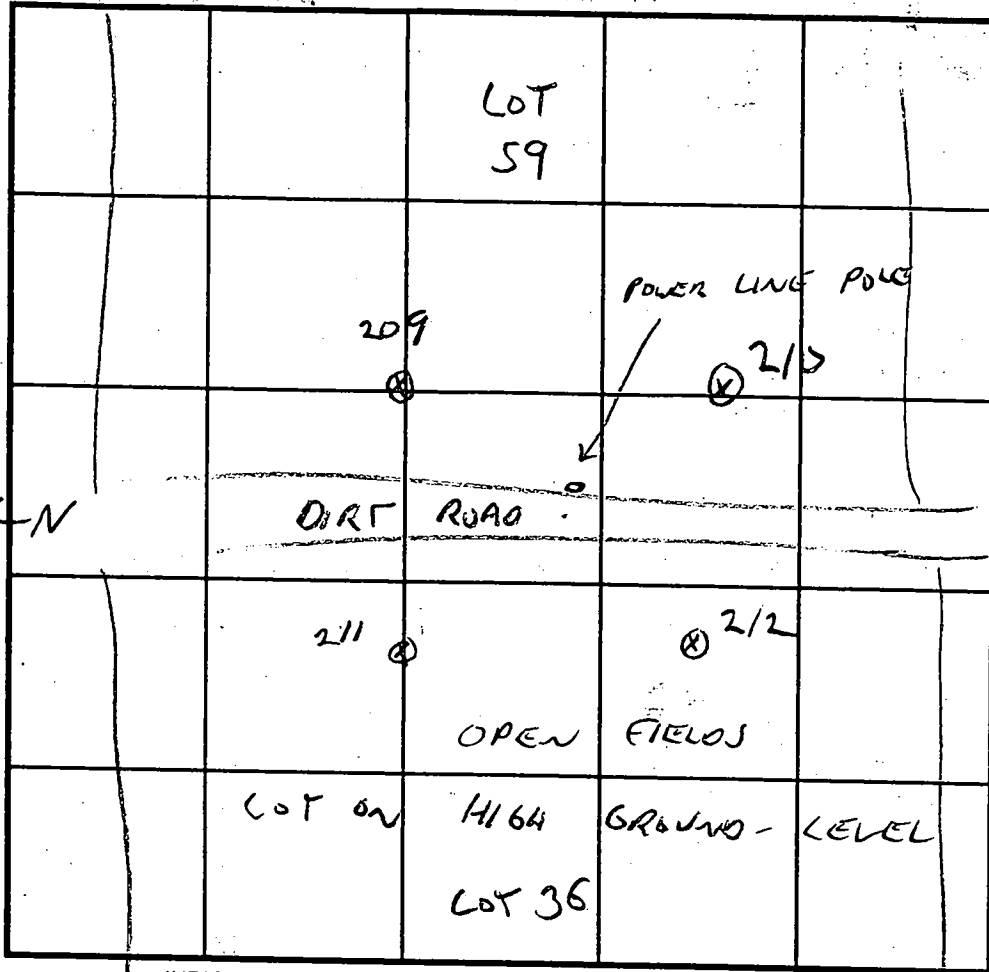
COUNTY #

SOIL PROFILE

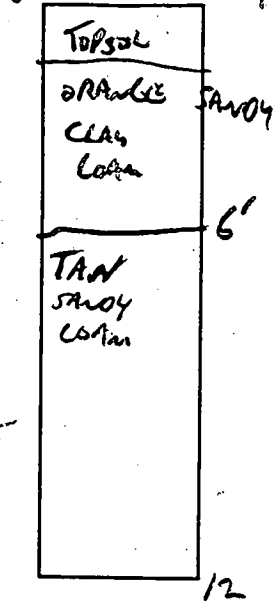
0' [Empty box for soil profile data]

[Empty box for soil profile data]

[Empty box for soil profile data]



SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/27/96	209	5'	11:43	11:53	11:53	12:15	22 MIN
	211	4.5"	11:47	11:57	11:57	12:08	11 MIN
	212	4'	11:51	11:52	11:52	11:54	2 MIN
	210	4.5"	11:56	11:58	11:58	12:01	3 MIN

REMARKS: LOT 77 TESTED AT STAKE FOR TEST PLOT

TYPE OF SOIL _____

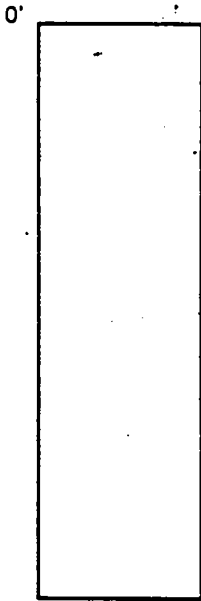
TESTED BY G. SAVAGE ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

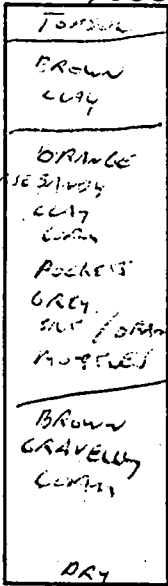
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

COUNTY #

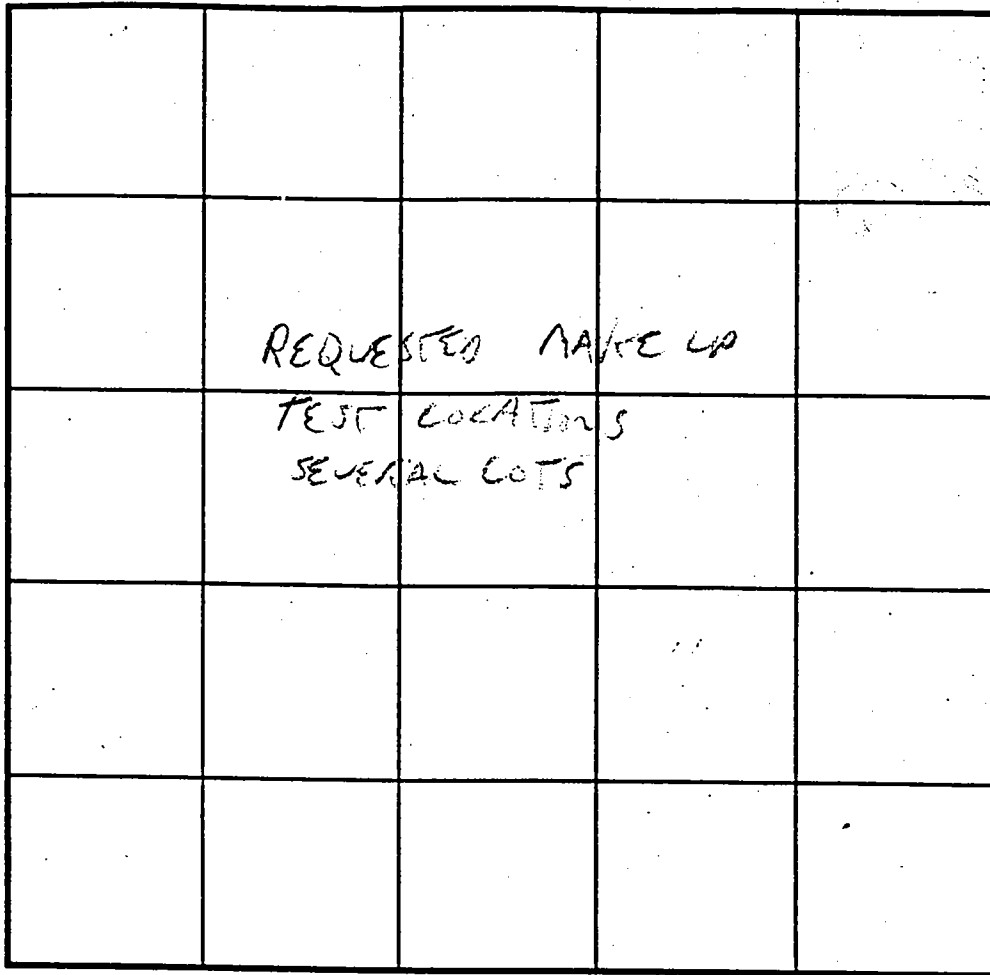
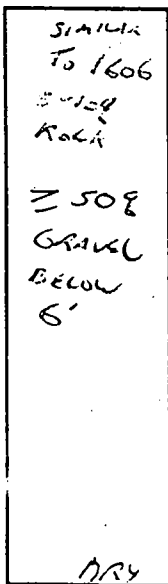
SOIL PROFILE



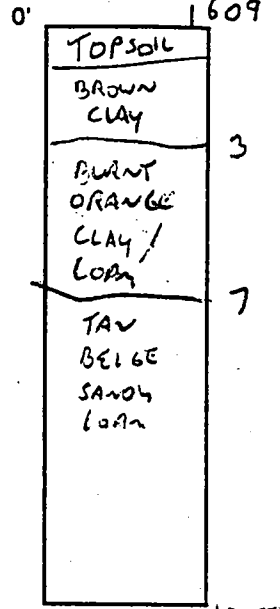
1606



1605



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/24/97	LOT 40/59 1609	10.5V	SEE TEST PLAN FOR LOCATIONS				
	LOT 36 1606	12V					
X	* DEED	9'	12:27	12:43	= 1/2 INCH		
X	LOT 35 1605	11V					
	↓	6' NOT DIGABLE			FAIL		
	AS DUG 1605 10' UPSLOPE	LOT 35	12:37	12:39	12:39	12:42	3A1W
		6' / 11V					

REMARKS SEE TEST PLAN FOR LOCATIONS - 1606. SHOULD BE OK SHALLOW

TYPE OF SOIL FURTHER REVIEW/TESTING RECD

TESTED BY G. SAUVAGE

ALSO PRESENT

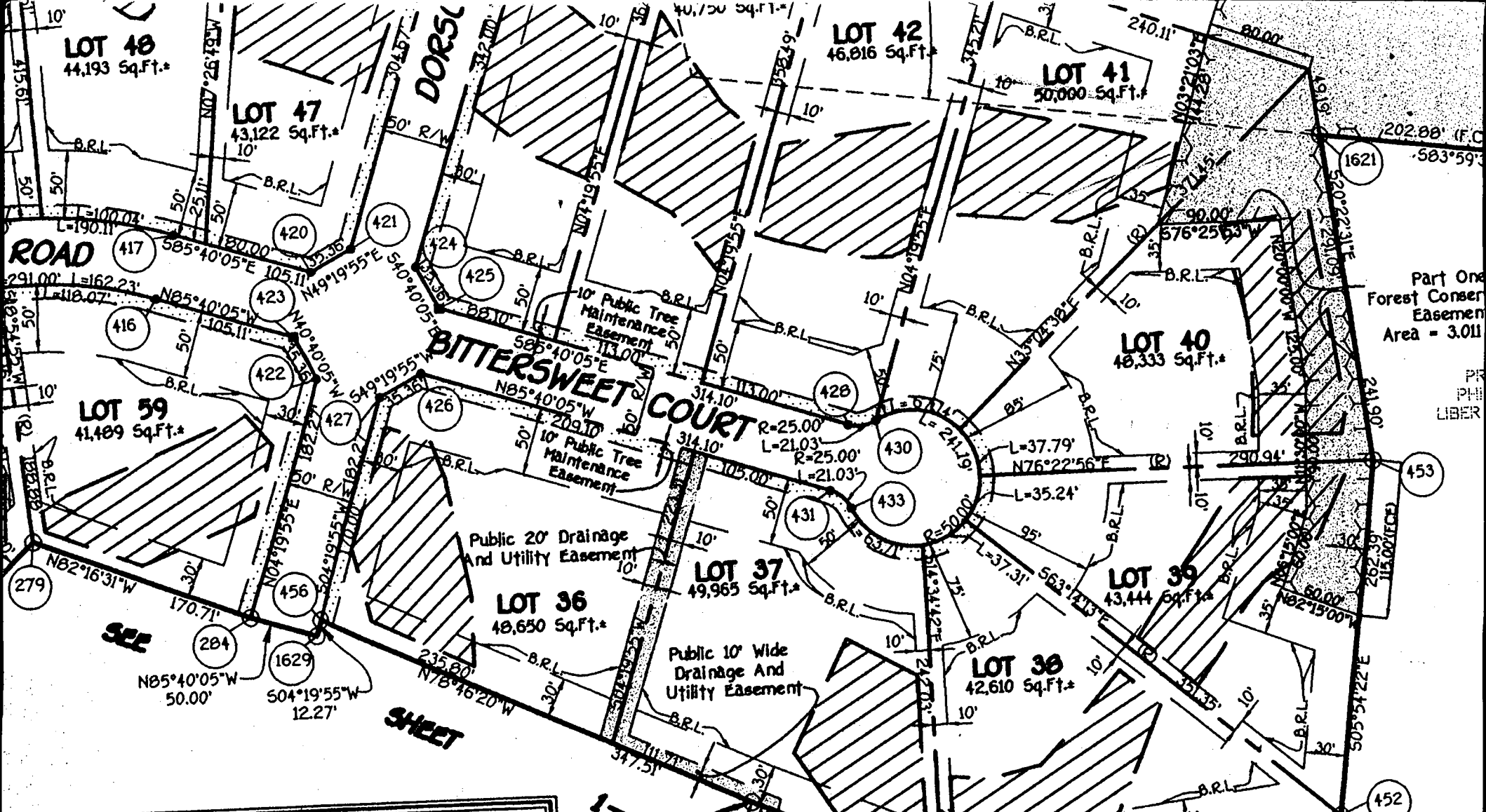
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



§ 3-108, The Real Property Article, Annotated Code Of
 Placement Volume, (As Supplemented) As Far As They Relate to
 s Plat And The Setting Of Markers Have Been Complied With.

[Signature] 8/31/98
 S. 10692 (Surveyor) Date

[Signature] 8/31/98
 Corporation (Owner) Date
 Vice President

[Signature] 8/31/98
 Camilla Carroll (Owner) Date

Owners

Family Corporation

F-98-76

Developer
 Russell Development, L.L.C.
 Thomas Scribner

N 576.000
 E 175.565152914
 (Meters)

E 1343.000
 E 409347.2228534
 (Meters)



C1 9869

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A56429 B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY

7-6-99

22 200 26

HO 94 2086

OWNER Russell Development Bittersweet Ct Ellicott City Gaither Hunt SECTION II LOT 36

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 8 NO. OF POUNDS 152 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 30 ft

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10. METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 22' ft. WHEN PUMPING 30' ft. TYPE OF PUMP USED (for test) S submersible

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: Brownsandstone 0-25, HARD GRAY Granite 25-200, 40, 120, 170.

CASING RECORD

main casing TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 30

OTHER CASING (if used)

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns: S, A, C, H, S, R, E, N. Rows: 1-21, 23-36, 38-51. Values: Ho 30 200

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

DRILLERS LIC. NO. MWD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JW 341

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

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 O

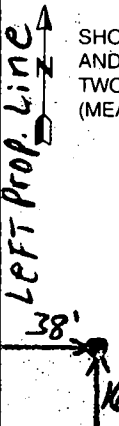
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 5157 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2086 fill in this form completely

Date Received (APA) 01-29-99

OWNER INFORMATION

Russell Development LLC
Last Name Owner First Name
8808 Centre Park Dr. Suite 209
Street or RFD
Columbia md 21045
Town State Zip

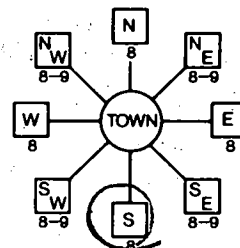
B 3 LOCATION OF WELL

Howard COUNTY
Gaitner Hunt SUBDIVISION
SECTION 1 LOT 36
Ellicott City NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 4 M I

DRILLER INFORMATION

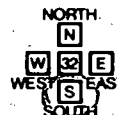
MICHAEL BARLOW MW D 355
Driller's Name License No.
Michael Barlow Well Drilling Inc
Firm Name
912 Fawn Ct. Joppa md 21085
Address
[Signature] 1-22-99
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bitter Sweet Ct NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



25 DISTANCE FROM ROAD ENTER FT OR MI

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

TAX MAP: _____ BLK: _____ PARCEL _____

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME
A56429-B COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 021199 A McMillan 021100
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 515 000 EAST GRID 830 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1.
2.
3.

METHOD OF DRILLING (circle one)

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

WRITE THE BOX NUMBER FROM THE MAP HERE

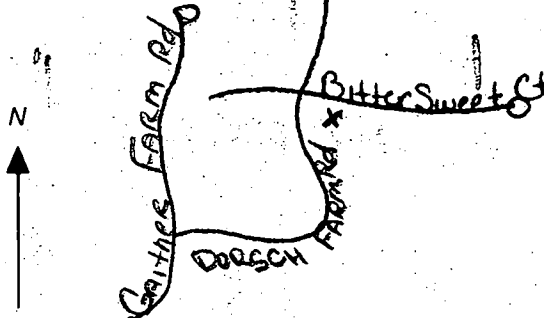
E 830
N 515

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ GAP _____
PERMIT No. HO-94-2086

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DIST. BOX
Ex. Gr'd = 483.0
Inv. = 480.0

DIST. BOX
Ex. Gr'd = 482.2
Inv. = 479.2

1500 GAL. SEPTIC TANK
Inv. In = 476.9
Inv. Out = 476.6

DIST. BOX
Ex. Gr'd = 480.5
Inv. = 477.5

1500 GAL. SEPTIC TANK
Inv. In = 481.4
Inv. Out = 481.1

1500 GAL. SEPTIC TANK
Inv. In = 479.6
Inv. Out = 479.3

1500 GAL. SEPTIC TANK
Inv. In = 477.9
Inv. Out = 477.6

FF = 486
* B = 477

FF = 486.70
B = 478.03*

FF = 486.10
B = 477.43*

FF = 486.10
B = 478.93*

FF = 485.10
B = 476.43*

FF = 486.10
B = 477.43*

PUMP PIT
Inv. = 476.3

1500 GAL. SEPTIC TANK
Inv. In = 477.7
Inv. Out = 477.4

SEPTIC EASEMENT

DIST. BOX
Ex. Gr'd = 484.2
Inv. = 481.2

Public 20' Drainage and Utility Easement

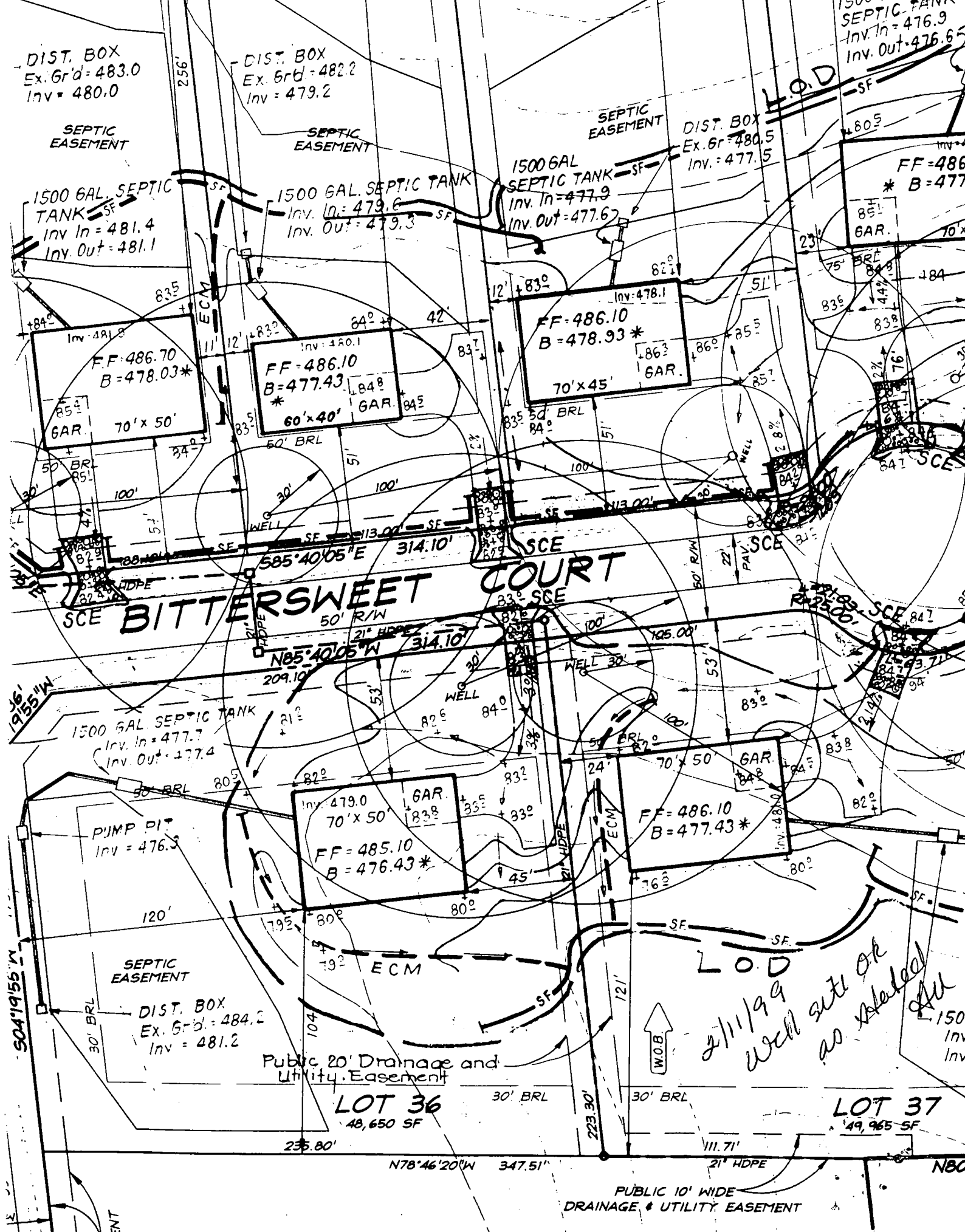
LOT 36
48,650 SF

LOT 37
49,965 SF

PUBLIC 10' WIDE DRAINAGE & UTILITY EASEMENT

BITTERSWEET COURT

2/11/99 well site OK as stated



Building Address 11000 BITTERSWEET COURT
ELLICOTT CITY MD 21042

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

Census Tract 6030 Subdivision (Gaither Hunt)

Section 1 Area 2 Lot 36

Tax Map 9 Parcel 346 Grid #

Zoning RCDEP Map Coordinates 15 B1 Lot size _____

Property Owner's Name EDWARD WALDMAN

Address 11000 BITTERSWEET COURT

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410-772-7803 Work Phone _____

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

Phone _____ Fax _____

Existing Use SED

Proposed Use SED WITH DECK & GAZEBO

Estimated Construction Cost \$ 30,000

Description of Work (2) GAZEBOS & DECKS 20' x 11'
WITH 16 GAZEBO
10' x 5' to be made

Contractor Company MARTUCCI HOMES INC.

Contact Person SCOTT M. MARTUCCI

Address PO BOX 53

City COLUMBIA State MD Zip Code 21045

License No. MHIC 37182 Phone 410-792-2055 Fax _____

Occupant or Tenant - OWNER -

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 Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input 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"/>
Use group: _____	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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: <u>27' x 11'</u> Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

I, THE UNDERSIGNED, HEREBY CERTIFY AND AGREE 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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company MARTUCCI HOMES INC.

Print Name SCOTT M. MARTUCCI

Date 07 MAY 2000

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 Highway		
Building Official	<u>5/10/00</u>	<u>[Signature]</u>
Dev. Engineering DPZ		
Health	<u>5/10/00</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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 New Town Zone _____
 SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID: 416872

Filing fee	\$ _____
Permit fee	\$ <u>30</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check # <u>46103</u>	
Validation # <u>31192</u>	

LOT 35

ROAD

LOT 37

N 78° 46' 20" W

LOT 36 ±
48,650 ±

235.80

30'

BRL

170.00

Private Sewerage E

10' Drainage And Easement

223.31

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

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10'

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10'

10'

Wide Public Tree Maintenance Easement

Macadam Driveway



#11000

50'

BRL

92' ±

30'

N 04° 19' 55" E

DORSCH FARM 50'R/W

DECK
GAZEBO
ADDITIONS

OK
MD
5/10/00

S 85° 40' 05" E

209.10

N 49° 19' 55" E
35.36 ±

Macac Driven

BITTERSWEET 50'R/W

COURT