

12/17/99
1/10/00
1-11-99
1:00
2/4/00 3 PM
(transferred)
3/9/00 1:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513139

A 56429-00 KK

DISTRICT _____

DATE 11/19/99

DATE SYSTEM APPROVED 3/10/00

INSPECTOR CW

03-327493

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

South Carroll Backhoe

IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Gaither Hunt LOT 37 ROAD 11004 Bittersweet Court

PROPERTY OWNER NV Homes

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1500 GALLONS

(INSTALL 2 TANKS IN SERIES, 2ND TANK TO SERVE AS FUTURE PUMP PIT, IF NEEDED)

NUMBER OF BEDROOMS 4

* TRENCH LAYOUT INSPECTION REQUIRED BEFORE EXCAVATION. (CW)

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

OK - INSTALL FROM LOWEST TRENCH UP 12/17/99 (CW)

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - 2 COMPLETE TRENCH SYSTEM TO BE INSTALLED. Distribution box for middle system to be located 80 feet from left lot line and 105 feet from rear lot line. Trenches to follow contour toward left side of lot. Distribution box for lower system to be placed 80 feet from left lot line and 60 feet from rear lot line. Trench layout as per above. Upper portion of septic area to be reserved for future pumped system, if needed.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. (CW)

PLANS APPROVED BY C. Williams DATE 10-14-1999

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.

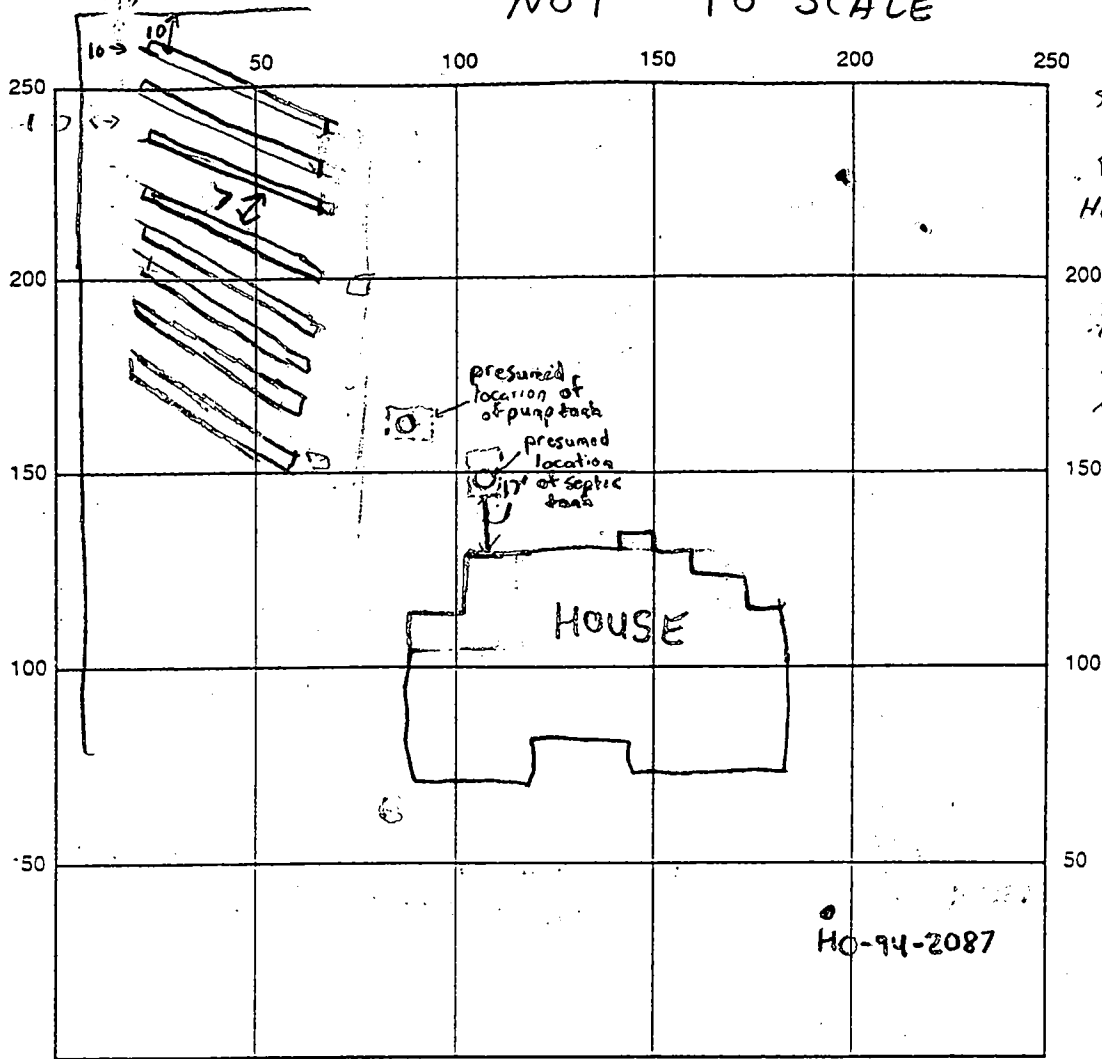
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BLOG. PERMIT SIGNED AND RETURNED 8/10/2000
800 125943
DECK W/ STEPS 16 X 22

A56429-002
KK
5-3-99

NOT TO SCALE



SEPTIC
CONTRACTOR
PROVIDED "AS BUILT"
HOUSE-TO-TANK-
DIST. BOX
200 MEASUREMENTS
- IN SEPARATE
SUBMITTAL,
NOT YET MATCHED
TO THIS FILE.
3/10/00 CW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500gal Top second CLEANOUTS Manholes on both tanks
 DISTRIBUTION BOX LEVEL ✓ (TRENCHES 10' ON CENTER 1E T' EDGE - EDGE)
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 640 FT.
 NUMBER OF TRENCHES 8 ONE SIDEWALL BOTTOM AREA 1920 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT. SEPTIC AREA NOT YET STAKED.

REMARKS: 12/17/99 HOUSE PLUMBING SET TOO LOW; INSTALL TRENCHES FIRST (WORK FROM
BOTTOM TRENCH UP), TO CONFIRM ACTUAL FIELD ELEV. BEFORE RE-ROUTING PLUMBING. (CW)
Ground first exposed septic tank delayed by too being to dig trench (Flooding) APR 11/00 dig out TRENCH
1/12/00 - lowest TRENCH STA AREA - SOILS GOOD - CONTINUE. (CW) 3 TRENCHES COMPLETE. (CW) PM
1/13/00 3 more (6 TOTAL) TRENCHES COMPLETE. (CW) PM - FINISH 2 TRENCHES (8 TOTAL) COMPLETE.
2/4/00 - NOT BUILDER/OWNER/INSTALLER (C) SITE - TANK(S) AND DISTB. BOX(S) HAD BEEN INSTALLED W/O INSP.
CONTRACTOR LOCATION CERTIFICATION DRAWING NEEDED FOR FINAL APPROVAL. (CW) ✓
 DATE SYSTEM APPROVED 3/10/00 INSPECTOR CW
3/9/00 - PUMP OPERATIONAL, HIGH WATER ALARM ON (SRH)

APPLICATION

PERCOLATION TESTING

A 511378

P _____

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

DISTRICT _____

DATE 1-29-99

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 N.V. Homes

ADDRESS 2200 Defense Highway, Suite 301 PHONE (410) 721-4703
Crofton, Maryland 21114

AGENT OR PROSPECTIVE BUYER N.V. Homes

ADDRESS 2200 Defense Highway, Suite 301 PHONE (410) 721-4703
Crofton, MD 21114

PROPERTY LOCATION:

SUBDIVISION Gaither Hunt LOT NO. 37

ROAD AND DESCRIPTION 11004 BITTERSWEET COURT
South side of cul-de-sac @ Bittersweet Court, 209'± east of Dorsch Farm Road;
Lot is wedge shaped, approximately 235' deep, with 189.74' of street frontage and 261.67' across
the back, sloping away from the 50' open ditch public right-of-way to the rear of the lot
at an average grade of 6%±.

TAX MAP 29 PARCEL # 128

AND RETURNED 10-6-1999

Serial # 210118342

SIZE OF LOT 49,965 sq. ft. TYPE BLDG. Single Family Dwelling - 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 OF APPLICANT)

APPROVED BY C. Wilton FOR ADJUSTED SEPTIC AREA DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING SWALE/MOTTLED SOILS IN AREA OF PROPOSED ADJUSTMENT.

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' ①

CLAY

4' MICA SAND LOAM

5' SEVERELY MOTTLED

11' WATER

0' ②

CLAY

4' VERY SANDY LOAM

8' LIGHTLY MOTTLED

11' SEVERELY MOTTLED

13' DRY

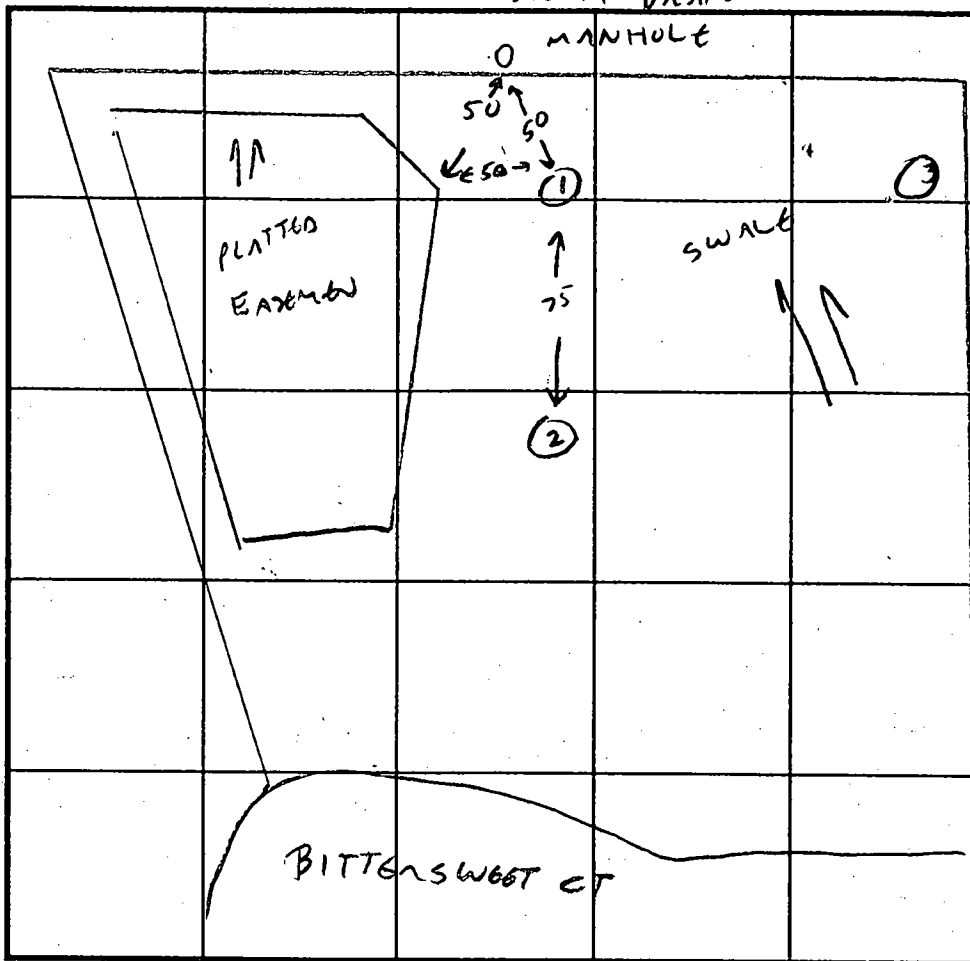
0' ③

CLAY

4' MICA LOAM NO MOTTLES

12'

STORM DRAIN



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/13/99		NO TESTS RUN					
		INSUFFICIENT DEPTH TO					
		WATER TABLE INDICATORS					
		ROBERT TO PLATTED EASEMENT.					

REMARKS SITE CONDITIONS IN APPROPRIATE FOR SEPTIC EASEMENT ADJUSTMENT

TYPE OF SOIL _____

TESTED BY Cy Williams ALSO PRESENT STEVE KRIEG

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 56429 ^{AA} ~~BB~~

P _____

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

DISTRICT _____

DATE 4-7-96

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

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

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

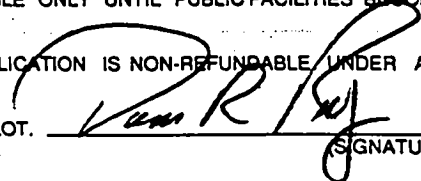
SUBDIVISION _____ LOT NO. 56 37

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 + Acres TYPE BLDG. _____
(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

COUNTY #

SOIL PROFILE

154A

TOPSOIL 6"

Brown CLAY SILT LOAM 16"

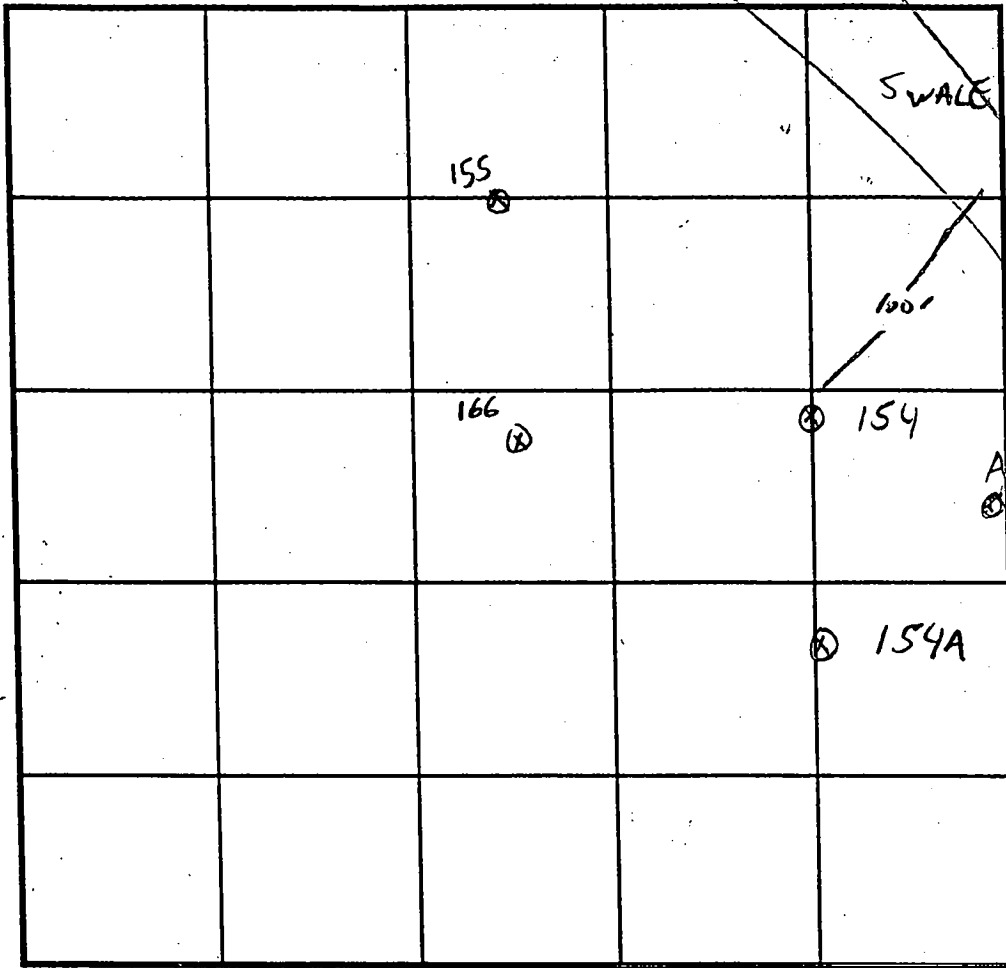
BURNT ORANGE HEAVY SANDY SILT LOAM 12"

A

or brn SILT CLM 4.0"

or brn SILT CLM 10.0"

very dark silty clay loam
Mg deposits possible
H₂O 12.0"



SOIL PROFILE

154

TOPSOIL 1"

BURNT ORANGE SANDY CLAY LOAM 4-6"

Brown SANDY SILT LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-12-96	154	5" / 12"	11:07	11:08	11:08	11:10	3 MIN
	154A	46" / 11"	11:13	11:15	11:15	11:21	6 MIN
8-23-99	A	Potential					

REMARKS LOT 56 / ABLES 155, 154, 166 PER PLAT

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT MIKE + MIKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME < 7 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

2/15/2000

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 2/17/00

Name of Installer ROBERT L. FEEZER Co., INC.

Telephone 410-781-4655

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NH-HOMES

Telephone 410-721-4703

Subdivision CRISTINA HUNT Lot # 37

Well Tag # HO-94-2087

Site Address 11004 BITTERSWEET

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make STARITE
- 3. Model # SP4202HL03
- 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 _____

Motor

- 1. Horsepower 3/4
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make HARVARD
- 2. Model # PTP00
- 3. Depth 42"

Tankwell - ~~X-TROL~~ CAPTIVE AIR

- 1. Capacity 34 GALS.
- 2. Pressure relief valve? YES

Piping

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

Well data

- 1. Depth 350 ft.
- 2. Yield _____ GPM
- 3. Static water level 2.7 ft.
- 4. Will water supply be disinfected by installer? YES

ACCEPTED
SUBMITS
NOT POSSIBLE TO INSPECT
2/15/00 (CW)

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.

Signature of Applicant: [Signature]

Date: 2/12/00

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

C1 04625 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A56429 CC

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 9-15-99 Depth of Well 22 350 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2087

OWNER Russell Development last name Bittersweet CT. first name TOWN Clarksuite STREET OR RFD SUBDIVISION GAITHER HUNT SECTION II LOT 37

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 FROM TO check if water bearing. Brown Soil 0 40 HARD GRAY GRANITE 40 240 Green Granite 240 260 GRAY GRANITE 260 280 White Quartz mixed with GRAY GRANITE 280 285 HARD GRAY GRANITE 285 350. #1 Dry hole 450 #2 Dry hole 300 #3 Dry hole 300 Dry holes sealed with rock cuttings AND cement GROUT

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 11 NO. OF POUNDS 1034 GALLONS OF WATER 66 GAL. DEPTH OF GROUT SEAL (to nearest foot) 43 from 0 ft. to 43 ft.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 43

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

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

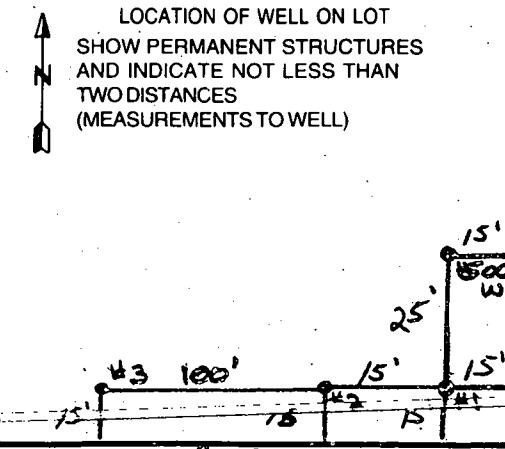
DEPTH (nearest ft.) HO 43 350. SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 70 72 74 75 76 TELESCOPE LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 3. PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE Watch Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 23' ft. WHEN PUMPING 21' ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED 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) 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 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 3. WELL HYDROFRACTURED YES NO 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 28.04.04 "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. 1 MW 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW 549 Max S. Jones

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

1 5150 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2087 fill in this form completely

OWNER INFORMATION: Date Received (APA) 01 29 99, Russell Development LLC, 8808 Centre Park Dr. Suite 209, Columbia MD 21045

LOCATION OF WELL: Howard County, Gaither Hunt, Section 1, Lot 37, Ellicott City, 4 miles from town

DRILLER INFORMATION: MICHAEL BARLOW MW D 355, MICHAEL BARLOW Well Drilling Inc, 912 Fawn Ct Joppa MD 21085, Signature, Date 1-22-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) S, NEAR WHAT ROAD Bittersweet Ct, ON WHICH SIDE OF ROAD EAST, DISTANCE FROM ROAD 25 FT, TAX MAP, BLK, PARCEL

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard CO, A56429 ACC, DATE ISSUED 02/11/99, CO SIGNATURE A McMillen, EXP. DATE 02/11/00

APPROXIMATE DEPTH OF WELL 200 FEET

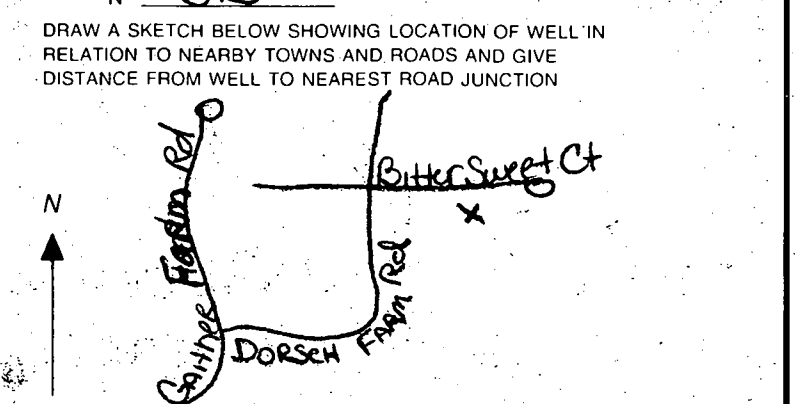
APPROXIMATE DIAMETER OF WELL 6" INCH

METHOD OF DRILLING (circle one): JETTED, AIR-PERCussion

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER 54, PERMIT No. HO-94-2087

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: 9/15/99 - location OK-SRK Well had been grouted previously 2 dry to be abandoned on 3 holes this lot



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

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

SEPTIC EASEMENT
DIST. BOX
Ex. 6' = 480.5
Inv. = 477.5

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

FF = 486.40
* B = 477.73
Inv = 477.4

FF = 486.10
B = 478.93 *
70' x 45' GAR.

FF = 485.30
* B = 476.63
Inv = 477.7

FF = 486.50
B = 477.83 *
70' x 50' GAR.

FF = 486.00
B = 477.33 *
Inv = 476.6

FF = 486.10
B = 477.43 *
Inv = 487.0

DIST. BOX
Ex. 6' = 481.7
Inv. = 478.7

SEPTIC EASEMENT
1500 GAL SEPTIC TANK
Inv. In = 479.7
Inv. Out = 479.4

DIST. BOX
Ex. 5' = 478.5
Inv. = 475.5

*2/11/99
Well site OK as
staked for*

*Thelma
2nd well site on
as staked for*

LOT 37
49,965 SF

PUBLIC 10' WIDE
DRAINAGE & UTILITY EASEMENT

age and
ment

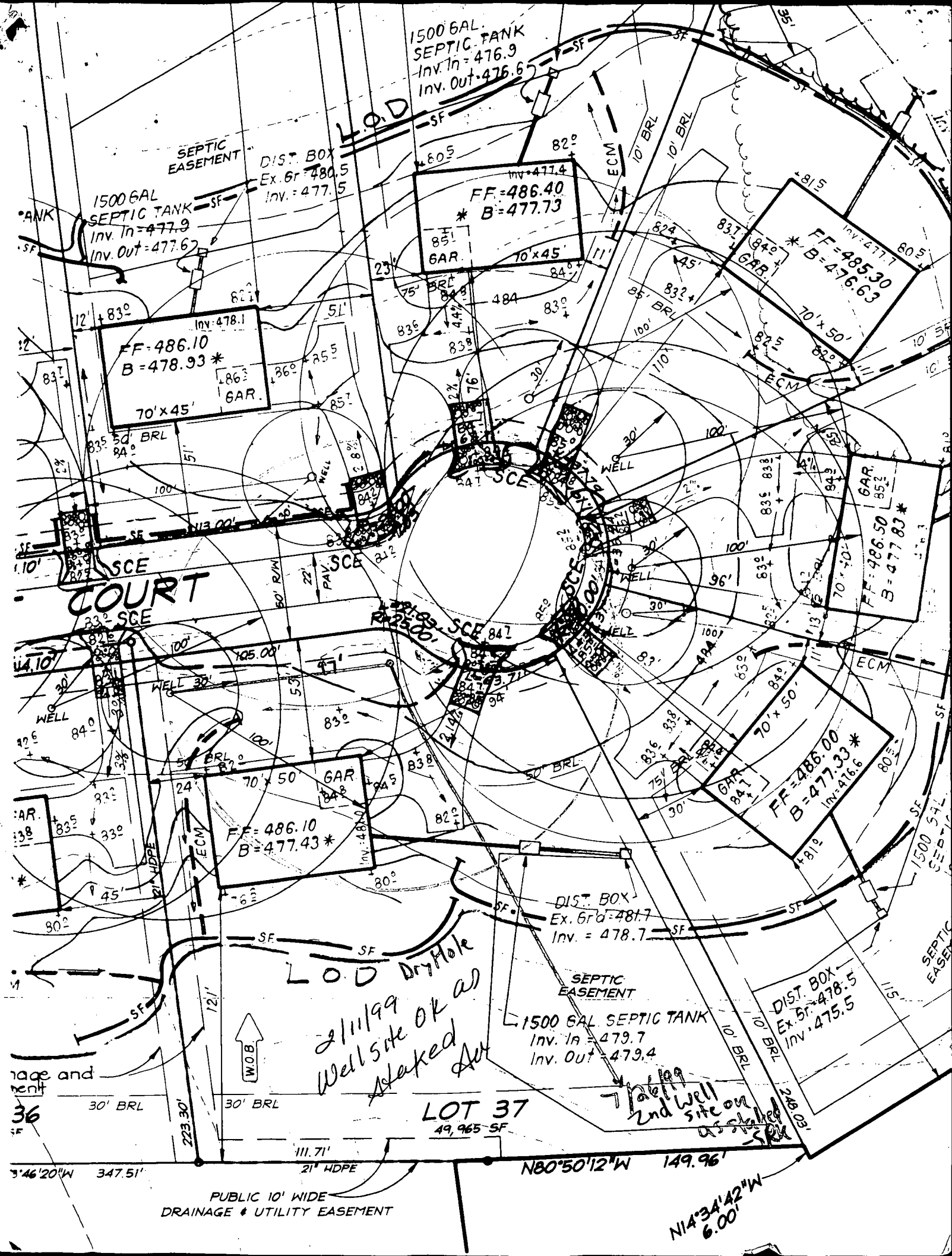
36

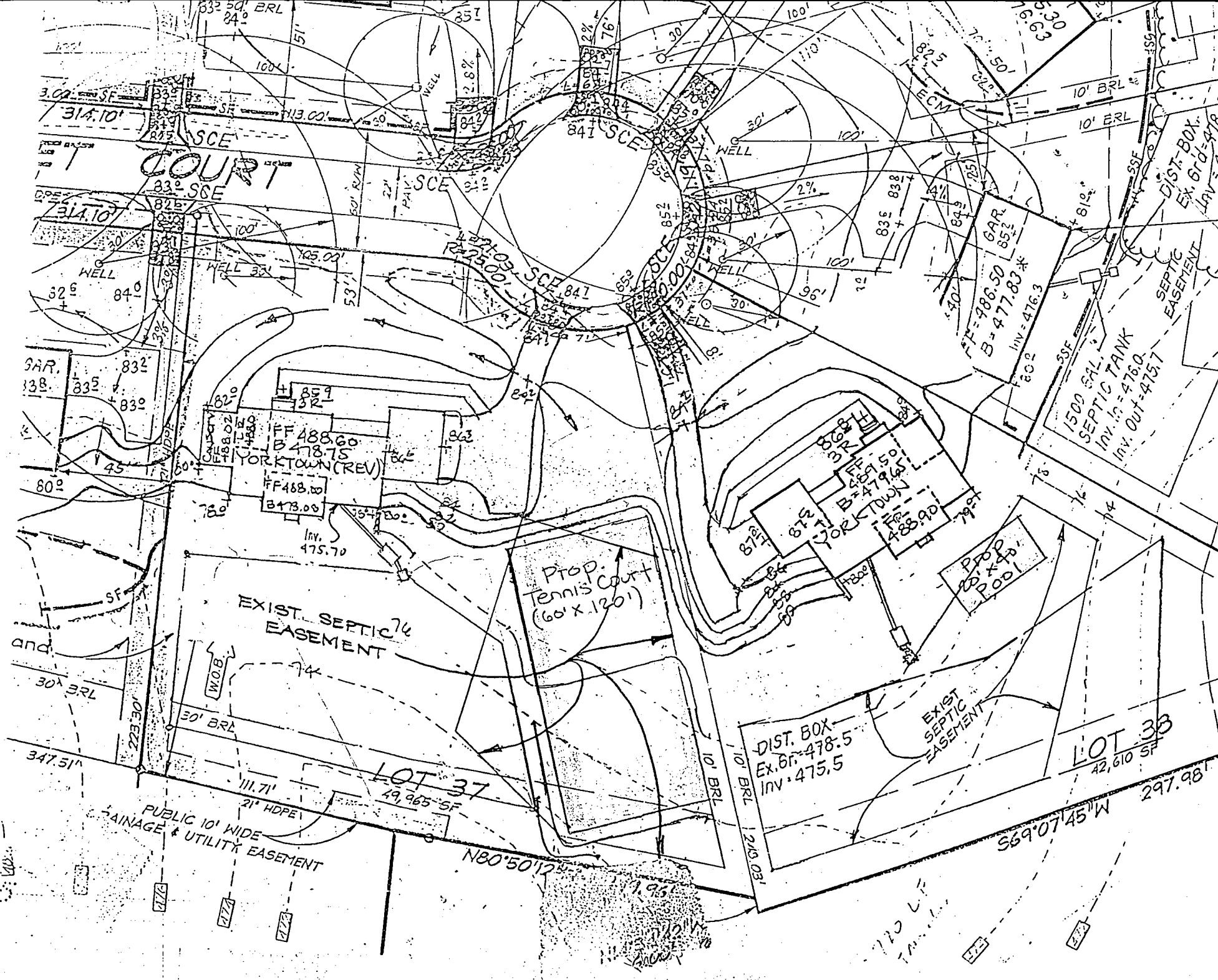
3'46'20"W 347.51'

111.71'

N80°50'12"W 149.96'

N14°34'42"W
6.00'





COURT

YORKTOWN (REV)

PROP. Tennis Court (60' x 120')

YORKTOWN

PROP. 20' x 40' Pool

EXIST. SEPTIC EASEMENT

EXIST. SEPTIC EASEMENT

PUBLIC 10' WIDE DRAINAGE & UTILITY EASEMENT

LOT 37
49,965 SF

DIST. BOX
Ex. Gr. = 478.5
Inv. = 475.5

LOT 33
42,610 SF

S69°07'45" W
297.98'

1500 GAL. SEPTIC TANK
Inv. In. = 476.0
Inv. Out. = 475.7

GAR. 652
FF = 986.50
B = 477.83
Inv. = 476.3

DIST. BOX
Ex. Gr. = 478.5
Inv. = 475.7

SEPTIC EASEMENT

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Clayton Hunt LOT NO. 37

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

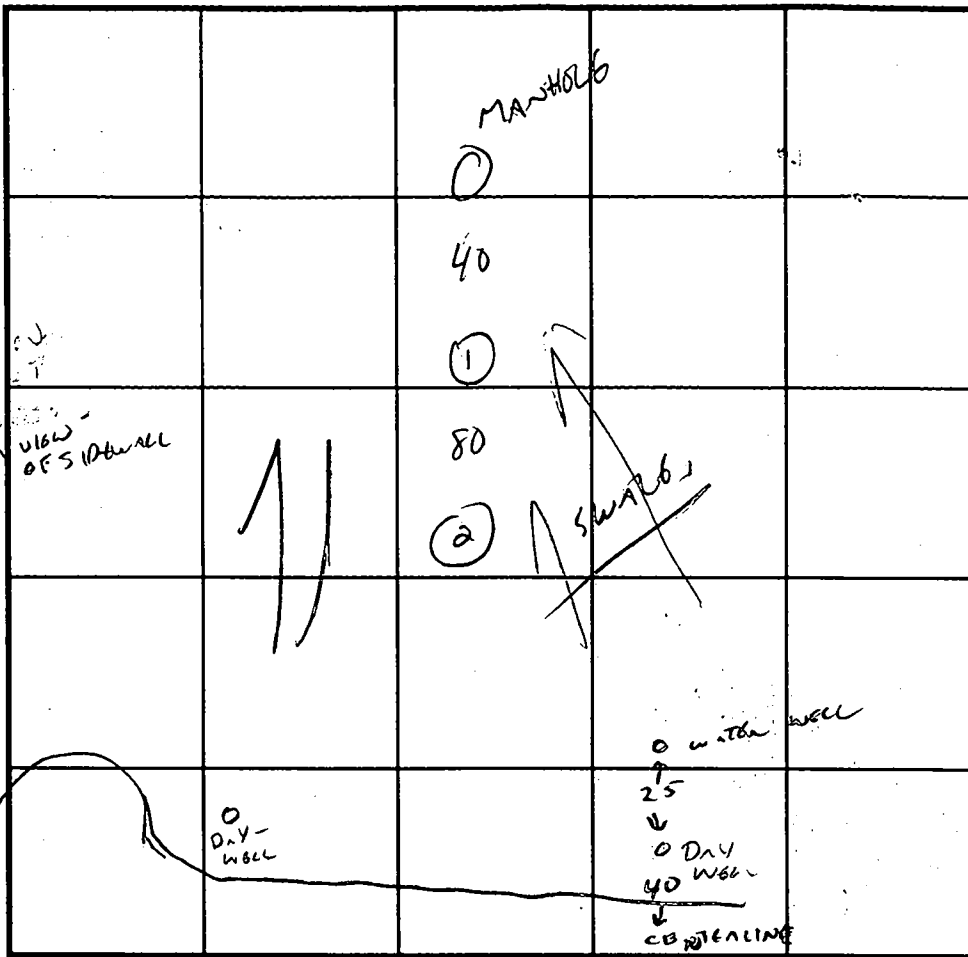
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE ①

CLAY
 3 1/2
 UNIFORM TO
 MOTTLED TO 10"
 PROBABLY
 HIGHER NO
 CLEAR
 VIBLY -
 OF SIDEWALK
 SEE PAGE 12
 WATER 13



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

②
 MOTTLED
 CLAYEY
 SAND/
 GRAVEL
 8
 10

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/13/99							

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY C. W. ... ALSO PRESENT PAT INMAN
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Howard County Health Department

B00125914

To: _____

Gaither Hunt 37

walkthru bp attempt refused;
need accurate depiction of amount of separation
tion from proposed deck to septic tank;
bp exhibit showed planned septic tank ~~location~~
location which is not where the tank
was actually installed.

8/9/00 cw

41
L

From: _____

Date: _____

HD-170

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B00125914

Building Address 11004 BITTERSWEET CT
ELLICOTT CITY, MD. 21042
 Suites/Apt. # _____ SDP/WP/Petition # _____
 Census Tract 6030 Subdivision GATHER HUNT
 Section # 1 Area 2 Lot 37
 Tax Map 29 Parcel 21 Grid 5
 Zoning RC-DEO Map Coordinates 15 B 1 Lot size 1,147A

Property Owner's Name KEN PINES
 Address 11004 BITTERSWEET CT
ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410-715-1167 Work Phone 410-309-1622
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 24,500
 Description of Work OPEN DECK/STEPS
(3) 16x22

Contractor Company FINE CARPENTRY
 Contact Person RON COLISON
 Address 10340 GUILFORD ROAD
ANNAPOLIS JUNCTION State MD Zip Code 20701
 License No. MHC 19692
 Phone 301-206-3151 Fax 301-206-3155

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: <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"/>
Use group: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____
<input type="checkbox"/> Reinforced Concrete	Electric: <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Natural Gas: <input type="checkbox"/>
<input type="checkbox"/> Masonry	Propane Gas: <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	Other Suppression: _____
	# of Heads: _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
Depth: _____ Width: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric: <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas: <input type="checkbox"/>
No. of Bedrooms: _____	Propane Gas: <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
No. of efficiency units: _____	<input type="checkbox"/> NFPA #13D
No. of 1 BR units: _____	<input type="checkbox"/> NFPA #13R
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: <u>9' x 10'</u>	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

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

Print Name R. L. COLISON
 Date 9/9/00

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	<u>9/5/00</u>	<u>Joe Holtz</u>
State Highways		
Building Official	<u>9/9/00</u>	
Dev. Engineering - DPZ		
Health		
Fire Protection		

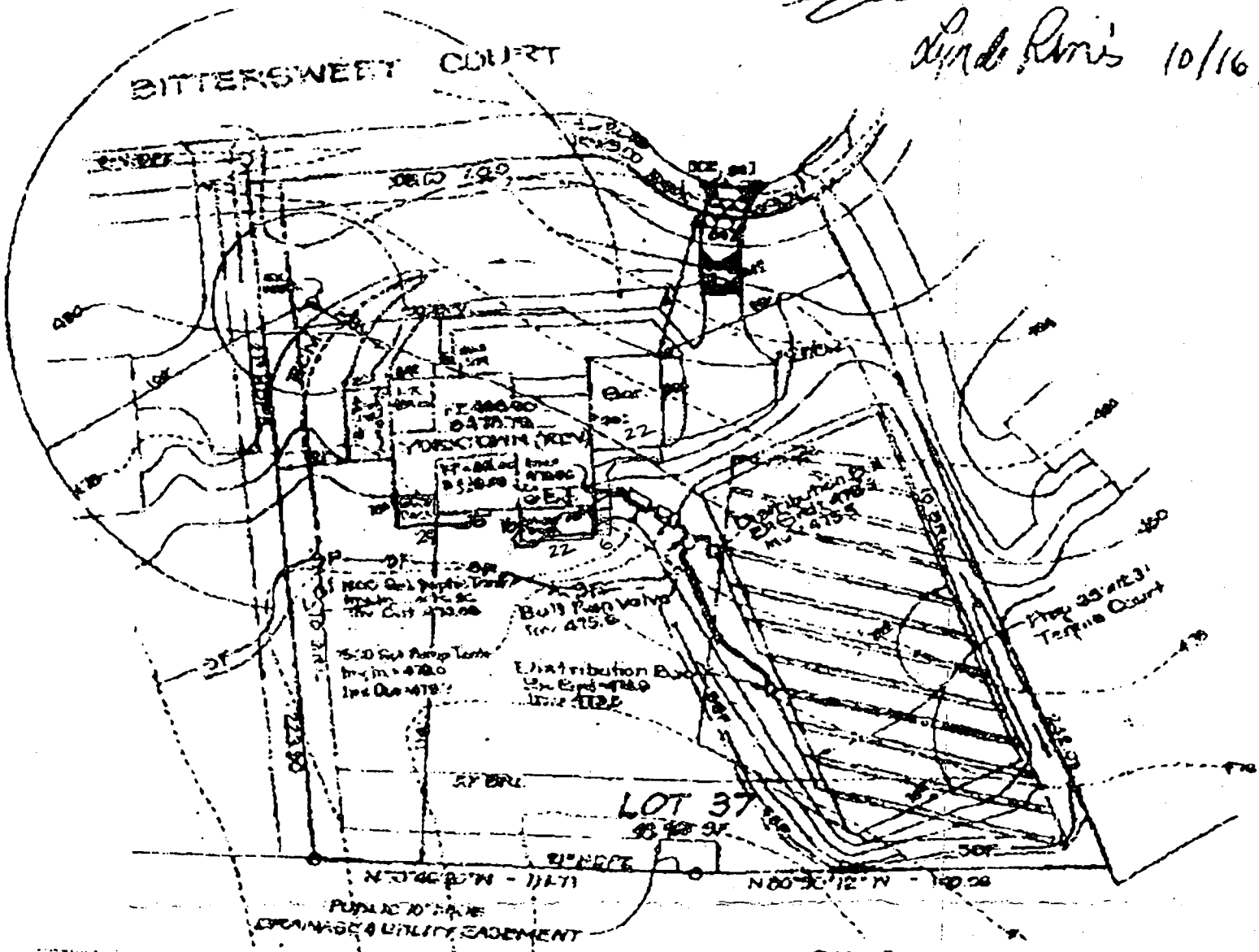
Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>50 FT</u>	<u>41440</u>
Rear: <u>30 FT</u>	Filing fee \$ _____
Side: <u>10 FT</u>	Permit fee \$ <u>30</u>
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 \$ <u>30</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2756</u>
	Validation # <u>35071</u>

Accepted by [Signature]


John
D. R. R. 10/16/9



to screen the lower
 and area and a
 switching valve
 pick eye) and
 side, 2" deep
 counter
 to construction
 present at the

GRAVITY FLOW (SEWERABLE)
BE INSTALLED

GP-09-109

 CLARK • FINCKEL & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS <small>700 WASHINGTON BLVD. • COLUMBIA, MD. 21046 • (410) 871-7100 • FAX (410) 871-0400 • (410) 871-0400 • (410) 871-0400</small>		SCALE
		1" = 20'
DESIGNED BY	LOT 37 SAITHER HUNT SECTION 1 AREA 2 SECOND (2ND) ELECTION DISTRICT HONARD COUNTY, MARYLAND	DRAWING NO.
DRAWN BY		1 of 1
CHECKED BY		JOB NO.
		08-008
DATE	FOR: NY HOMES, Inc.	FILE NO.
6-18-90	8800 Parkers Highway, Suite 101 Crutcher, Maryland 21114	08-008



Main Office: 10840 Guilford Rd., Suite #403 Annapolis Junction, MD 20701
 Main Office: 10370-B Democracy Lane, Fairfax, Virginia 22030
 Showroom: 3081 Leonardtown Road, Waldorf, Maryland 20602
 Baltimore Office: Baltimore, Maryland
 Harford County, Maryland

301-200-0101
 703-359-7805 Fax: 703-359-787
 301-870-1170
 410-724-5027
 410-836-6444

Name: Ken Pines Date: 7/17/00 County: Ho.
 Address: 11004 Bittersweet Ct. Home Phone: (410) 715 1167 Development: Garden Hot
 City/State/Zip: Elkridge City, Md. 21042 Office: Mr. (410) 309 1622 Ms. ()

Deck Addition B 00125949

Premium, Deluxe, Basic
 Deck: 12x29' = 16x22'
 Approx. height at door: _____
 Fence: _____ Ft./Style _____
 Slat Size: _____ End/Corner _____
 #Gates: _____ Size _____
 Gazebo: _____ Roof _____
 Porch: _____ Roof _____
 Screen Type: _____

House Ledger: wood
 House Connection: Back Beam
 Footing Size: 3'

Frame = 1 2 Size: 2" x 11"
 Spacing: 12"

Beam = 1 2 Size: 2" x 10"

Decking: Trex
 Pattern: angled

Rail Type: Vinyl

Pickets Spacing: 3/4"

Rail Cap: Vinyl

Inserts: N/A

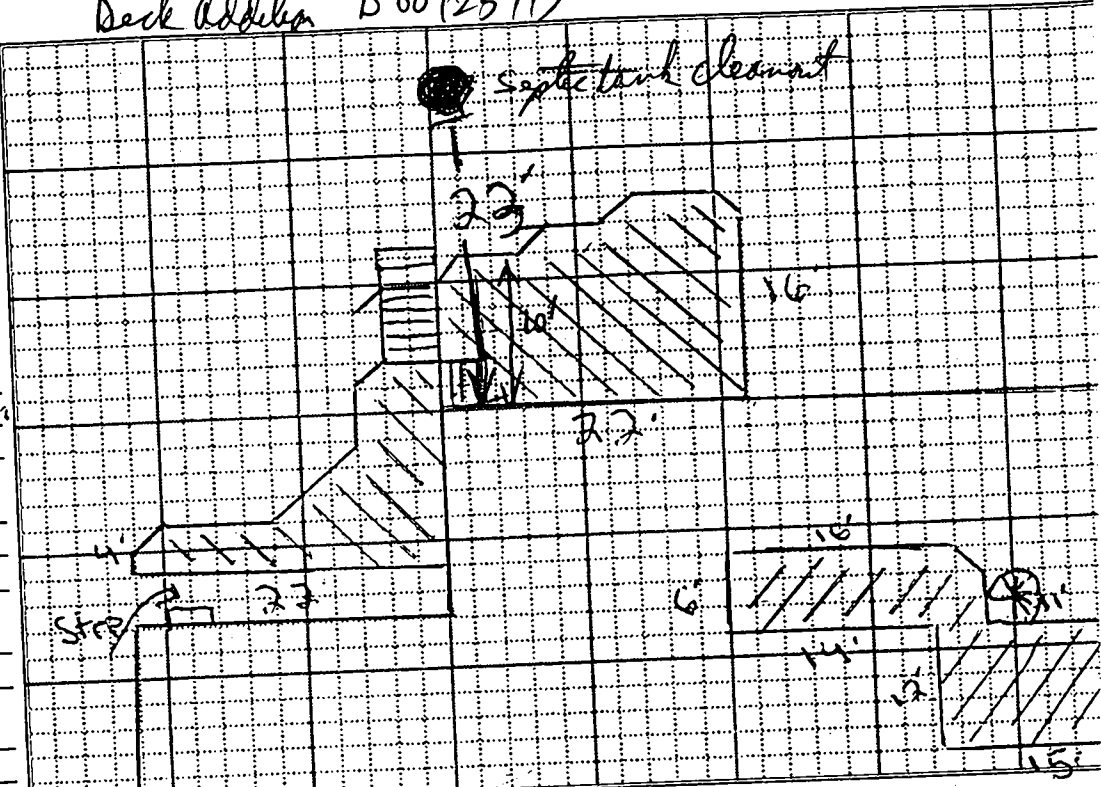
#Steps: 11 Risers: Open Closed

#Steps: 1 Risers: Open Closed

Landings: Top Mid 17x22'

End: _____

Service: Platinum
 Silver
 Standard 3 Year



* All deck assumed flush to door & 1 level unless otherwise indicated. * Standard 1 year service applies unless otherwise indicated or

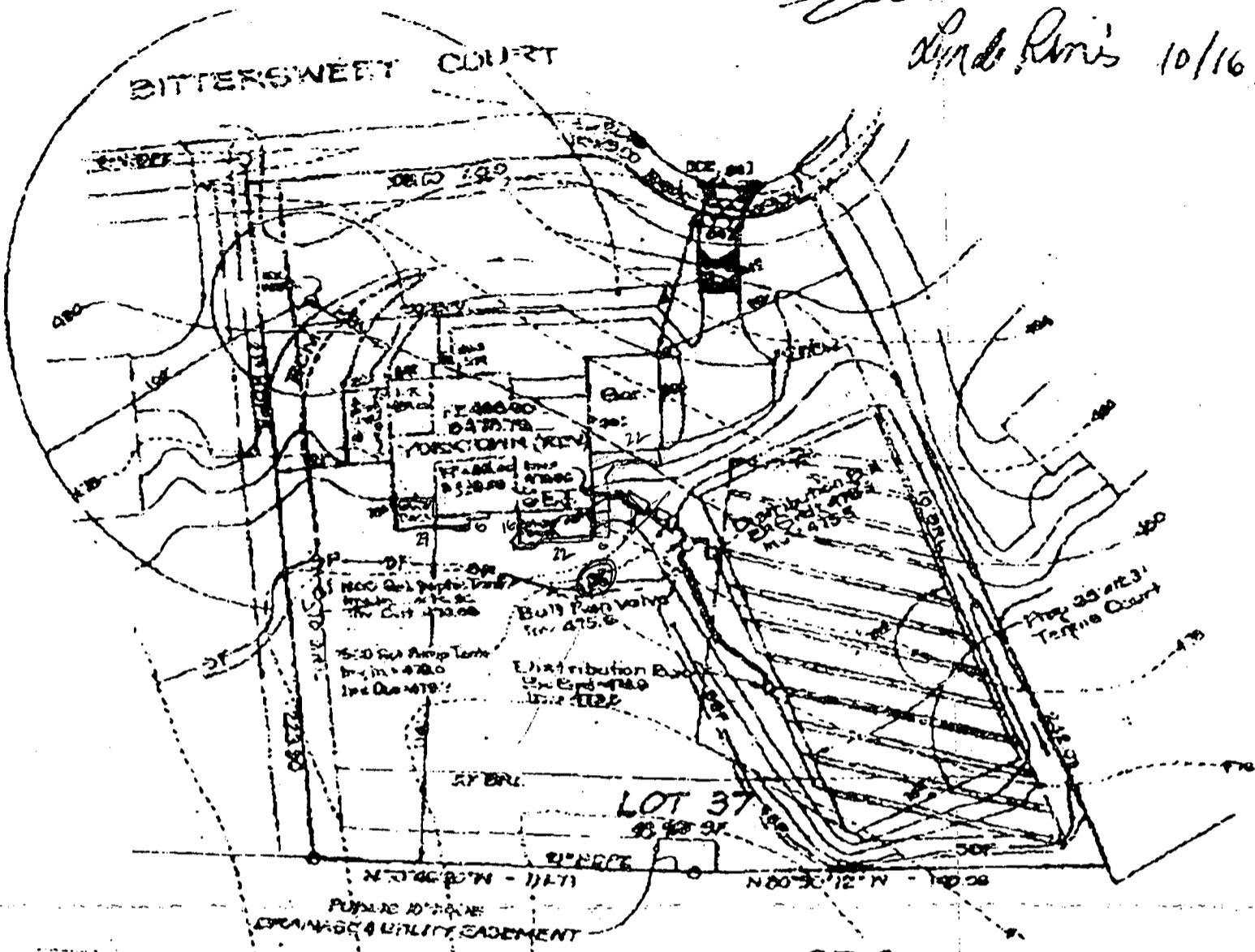
Notes: Trex = Floor
Vinyl Rail, Vinyl 4x4 wrapped Post, Vinyl risers
Vinyl Stringers, Vinyl Band Board
Spiral Steps trex top Painting white

All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practice alteration or deviation from the above specifications involving extra costs will be executed only upon written order, and will become an extra over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

TOTAL SALE PRICE	\$ <u>24,600</u>	25% DEPOSIT ON CONTRACT	\$ <u>6150</u>
DOWNPAYMENT	\$ <u>6150</u>	25% DUE ON DELIVERY (DRIVER OR CARPENTER)	\$ <u>6150</u>
BALANCE	\$ <u>18450</u>	25% DUE CARPENTER ON FRAMING	\$ <u>6150</u>
Approximate Start Date	<u>5 weeks</u>	25% DUE CARPENTER ON COMPLETION	\$ <u>6150</u>
Approximate Completion	<u>6-8 Days</u>		
Make checks payable to:	FINE CARPENTRY, INC.		


Customer agrees to furnish all required permits.
 Fine Carpentry, Inc. shall furnish required permits, fee shall be in addition to sale price, due on signing.
 This agreement shall not become binding on contractor until accepted in writing by one of the officers of the corporation or the company performance of the work. Buyer authorizes and empowers any attorney or clerk of the court, upon a failure of the buyer to pay all amounts due

John
Lynde Davis 10/16/94



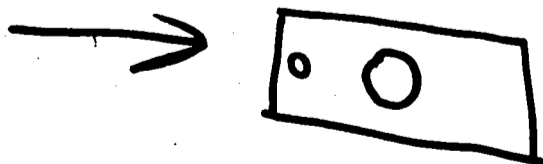
to screen the lower end and add a switching valve pick eye at end side, 2' deep, cover to construction present at the

GRAVITY FLOW (SEWERABLE) BE INSTALLED

 CLARK • FINCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS <small>700 MARKET BLDG. • COLUMBIA, MD. 21046 • (410) 528-7400 • FAX (410) 528-4400</small>		SCALE
DESIGNED	LOT 37 BAITHER HUNT SECTION 1 AREA 2 SECOND (2ND) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	1" = 20'
DRAWN		SHEET
CHECKED		1 of 1
DATE	FOR: NY HOMES, Inc. 8800 Defense Highway, Suite 201 Crutcher, Maryland 21114	JOB NO. 08-008
		FILE NO. 08-008

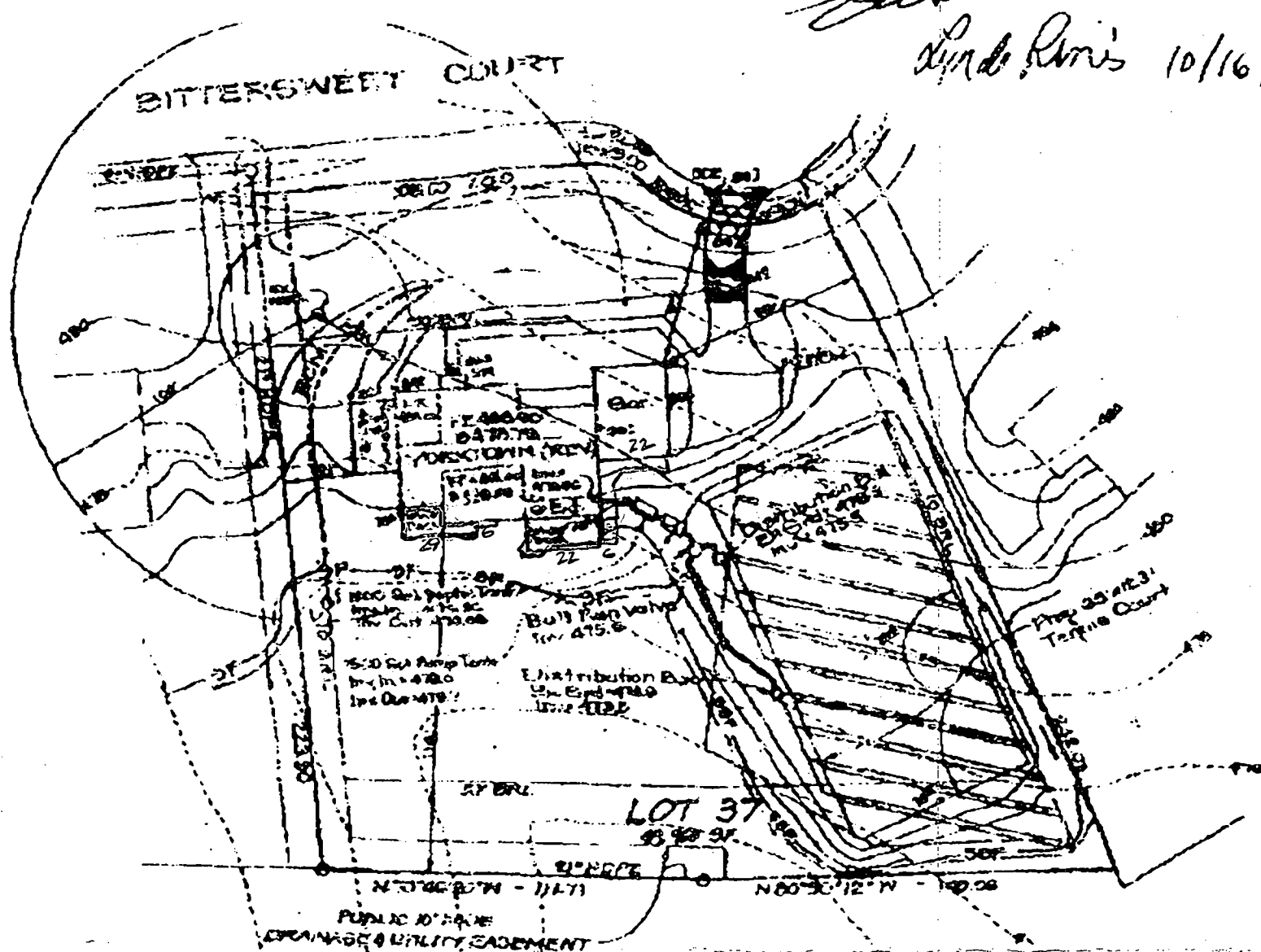
11 00 4 Bittersweet Ct

β 00125943
 Deck addition
 OK distance from proposed
 deck to Septic tank (>10ft)
 recommend approval.
 P/P 8/10/00



6" PIPE
 USUALLY WHITE TERRY
 COTTON
 29' - 30' x 6" MANHOLE

John
De la Riva 10/16/19




before serving the lower
 ground area and is
 not switching valves
 simple system
 8" wide, 8" deep
 - on center
 prior to construction

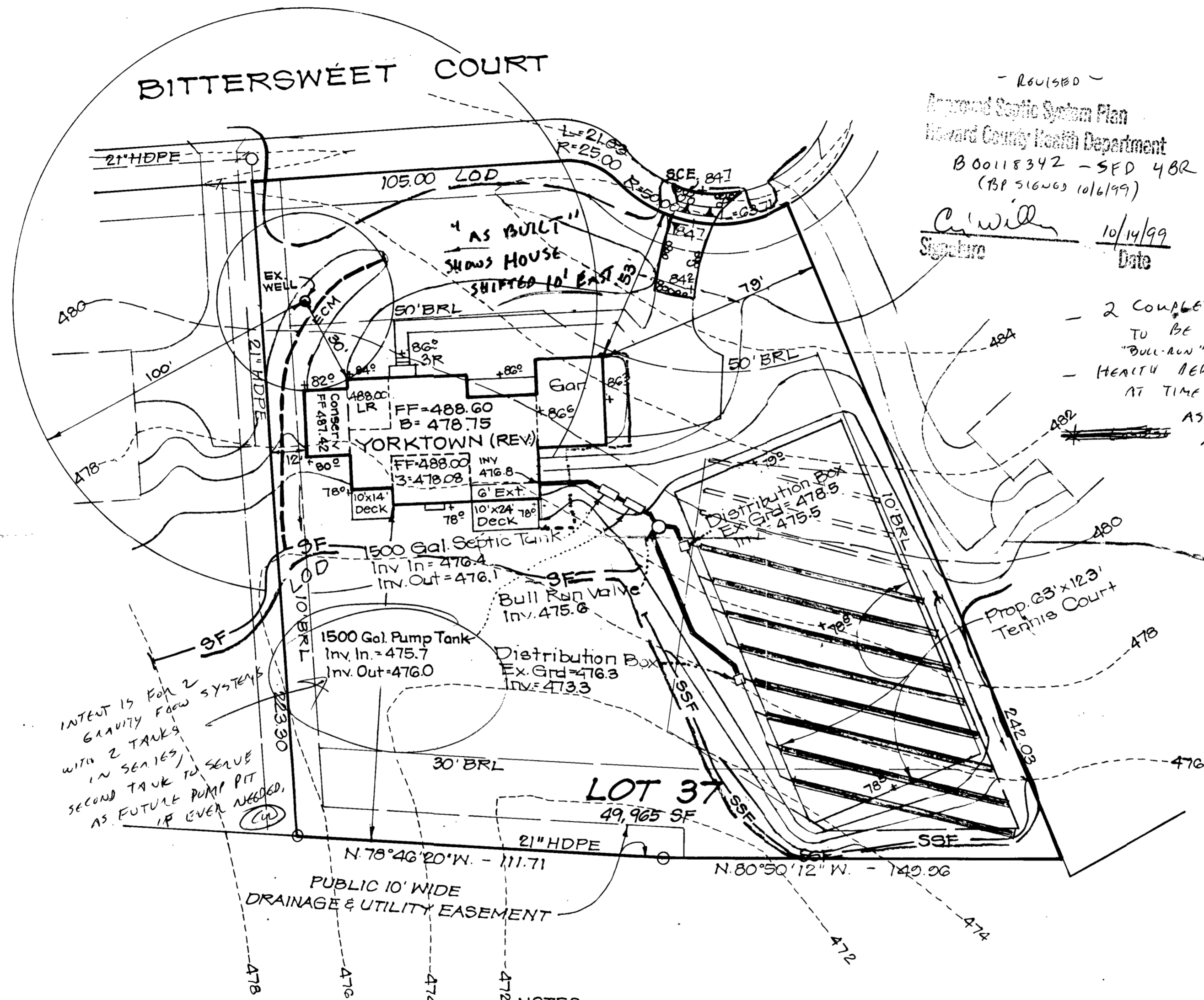
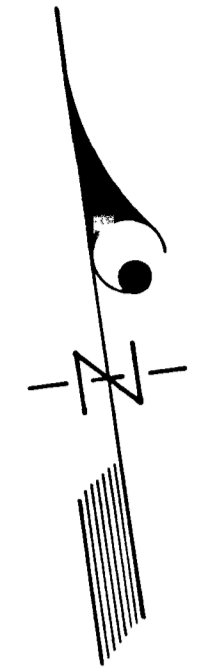
be present at the

THE GRAVITY FLOW (SEWERABLE)
BE INSTALLED

GP-09-109

 CLARK • FINEBROOK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS <small>700 ANDREWS BLVD • COLUMBIA, MD. 21046 • (410) 271-1400 • FAX (410) 271-1401</small>		
DESIGNED	SITE DEVELOPMENT, SEWERAGE & STORMWATER CONTROL PLAN	SCALE
A	LOT 37	1"=20'
DRAWN	BAITHER HUNT	SHEET NO.
A	SECTION 1 AREA 2	1 of 1
CHECKED	SECOND (2ND) ELECTION DISTRICT	JOB NO.
	HOWARD COUNTY, MARYLAND	08-008
DATE	FOR: NY HOMES, Inc.	FILE NO.
6-19-90	2800 Defense Highway, Suite 201 Crown, Maryland 21114	08-008

NO.	REVISION	DATE
1	Shift hse. to be 2' off drainage esmt.	6-17-99
2	Remove adj. septic esmt, rev. septic trench layout to orig. septic esmt, rev tennis court grd., per HoCo Health comments.	9-27-99
3	Move hse back to accomm. ex. well loc. w/30' R.	10-5-99
4	Revised septic layout, add pump tank, rev. & reqrd tennis court and all notes & related elevations to sewer berm by gravity	10-12-99



- REVISED -
 Approved Septic System Plan
 Howard County Health Department
 B00118342 - SED 482
 (BP 516263 10/6/99)
C. Will
 Signature 10/14/99
 Date

- 2 COMPLETE TRENCH SYSTEMS TO BE INSTALLED. PAID TO CONSTRUCTION OF TENNIS COURT "BULL-RUN" TYPE VALVE FOR MANUAL SWITCHING BETWEEN SYSTEMS.
- HEALTH DEPARTMENT TO BE PRESENT AT TIME OF TRENCH INSTALLATION
- AS PER INSTALLATION NOTES 1-3 AT BOTTOM OF PAGE.

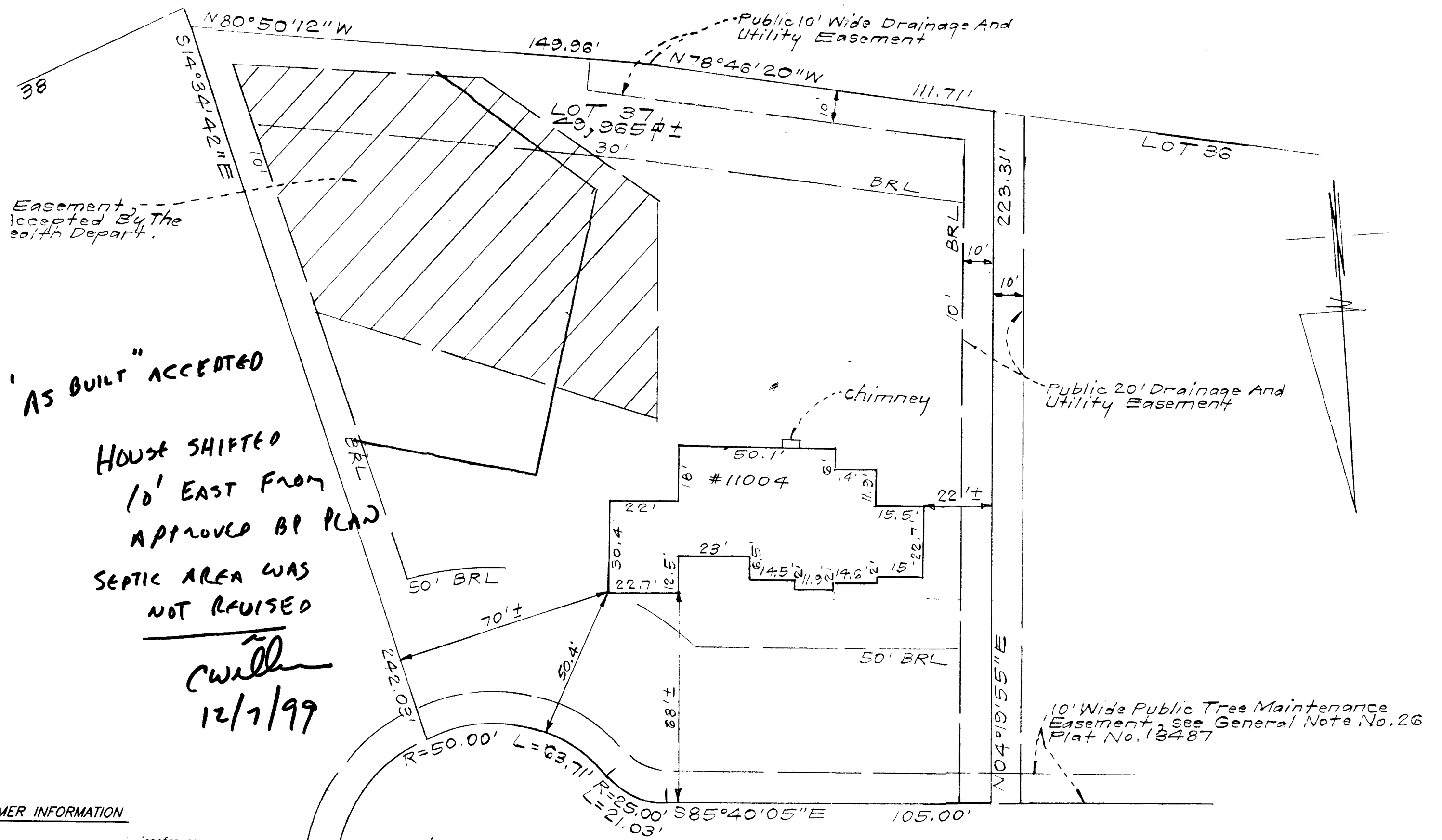
INTENT IS FOR 2 GRAVITY FLOW SYSTEMS WITH 2 TANKS IN SERIES SECOND TANK TO SERVE AS FUTURE PUMP PIT IF EVER

- NOTES:
- Two Tanks to be installed in series serving the lower two thirds of the septic easement area and a Bull Run valve or equivalent switching valve to alternately feed two complete systems
 - 2 { 4-80 foot trenches 3' wide, 2' deep
 - 10' foot apart center on center
 - Trenches to be installed prior to construction of the Tennis Court.
 - The Ho.Co. Health Dept. is to be present at the time of Trench installation.

PRINTED
 OCT 12 1999
 Clark, Finerock & Sackett

GP-99-109

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED <i>[Signature]</i>	SITE DEVELOPMENT, SEDIMENT & EROSION CONTROL PLAN	SCALE 1" = 30'
DRAWN <i>[Signature]</i>	LOT 37 GAITHER HUNT SECTION 1 AREA 2 SECOND (2ND) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	DRAWING 1 of 1
CHECKED		JOB NO. 08-008
DATE 4-13-99	FOR: NV HOMES, Inc. 2200 Defense Highway, Suite 301 Crofton, Maryland 21114	FILE NO. 08-008X



Easement accepted by the earth Depart.

'AS BUILT' ACCEPTED

HOUSE SHIFTED
10' EAST FROM
APPROVED BP PLAN
SEPTIC AREA WAS
NOT RAISED

CW
12/7/99

SEE INFORMATION