

8/2/99
2.3
9/14/99

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-326292

P 511958-G

56430R

A ~~56430R~~

DISTRICT _____

DATE 6/18/99

DATE SYSTEM APPROVED 7/14/99

INSPECTOR S.R.V.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

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

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

SUBDIVISION Gaither Hunt, Section 1 LOT 65 ROAD 11062 Dorsch Farm Road

PROPERTY OWNER NV Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 170 feet up the right lot line and 10 feet off that same lot line. Run trenches on contour to front of lot.

NOTES - MAINTAIN A MINIMUM OF 20 FEET BETWEEN THE TRENCHES AND ALL PARTS OF THE HOUSE. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5/14/99 OR ALL

~~BLDG. PERMITS SIGNED~~

AND RETURNED 3/29/01
000129280 Deck

PLANS APPROVED BY Mark Rifkin DATE 4-16-1999

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)

~~BLDG. PERMITS SIGNED~~
AND RETURNED 3/21/01
000128908 Deck

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

~~BLDG. PERMITS SIGNED~~
AND RETURNED 3/29/01
000129280 Deck

PERMIT VOID AFTER TWO YEARS

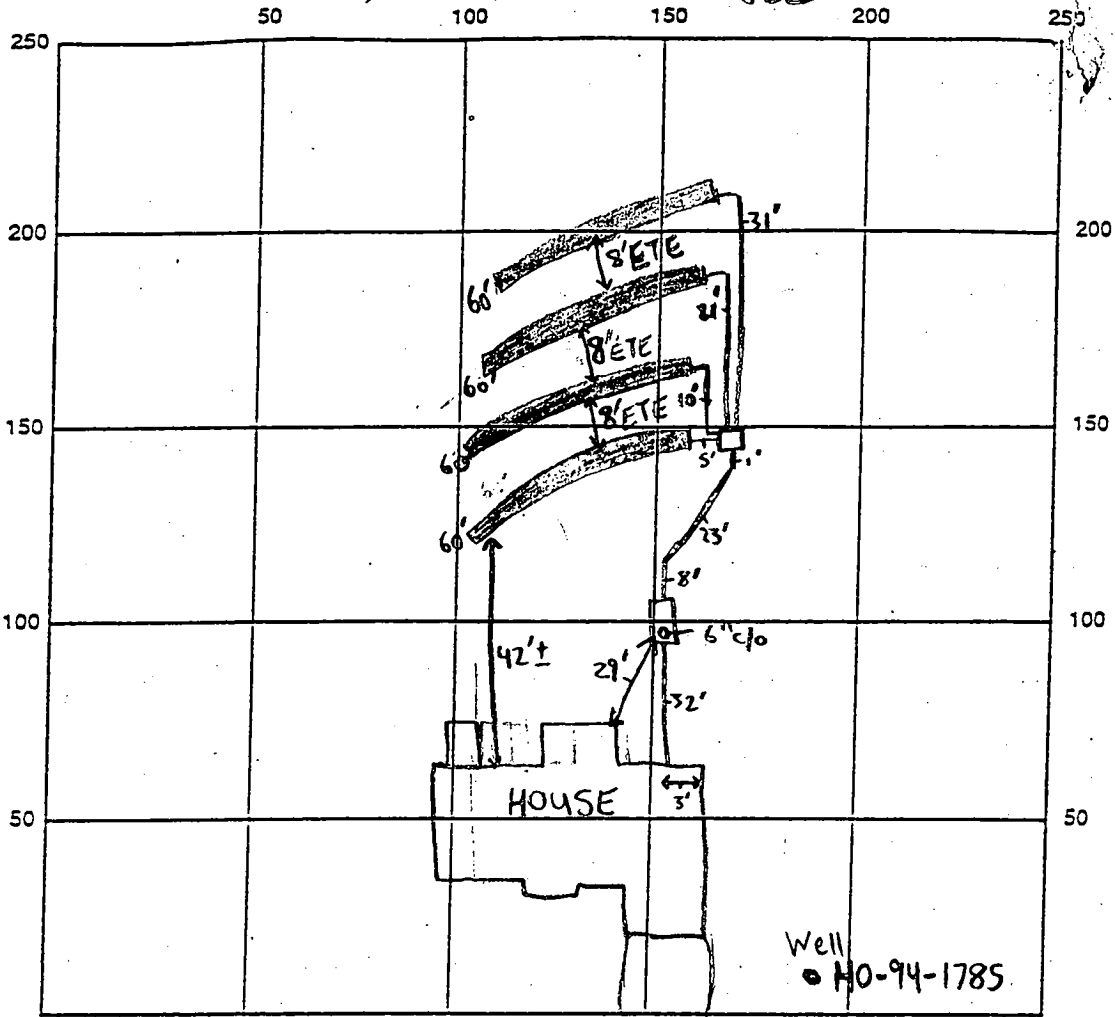
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

56430R

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
DORSCH FARM RD

SEPTIC TANK LEVEL 1500 gallon top seam

CLEANOUTS 6" @ Tank

DISTRIBUTION BOX LEVEL Baffle 15 in

TILE
DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

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

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 8/2/99 - OK TO CONTINUE WORK - SRW 8/3/99 - OK TO COVER ALL WORK, HOUSE
CONNECTION NEEDED FOR FINAL APPROVAL - SRW 8/24/99 - WPI OK - SRW
9/14/99 - HOUSE CONNECTION MADE - SRW

DATE SYSTEM APPROVED 9/14/99

INSPECTOR Steven R. Krieg

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 4/3/96

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. Renner Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

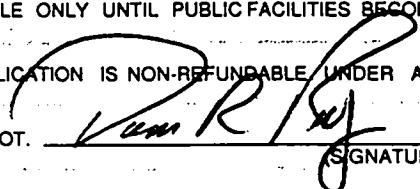
SUBDIVISION _____ LOT NO. 84 6.5

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

56429

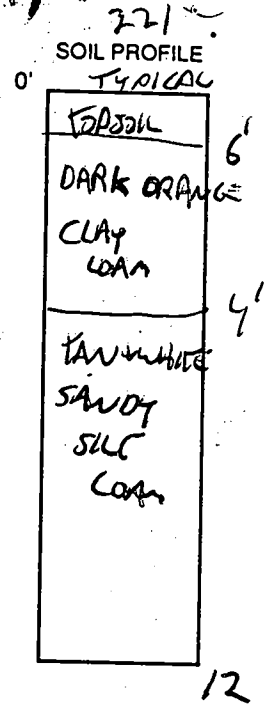
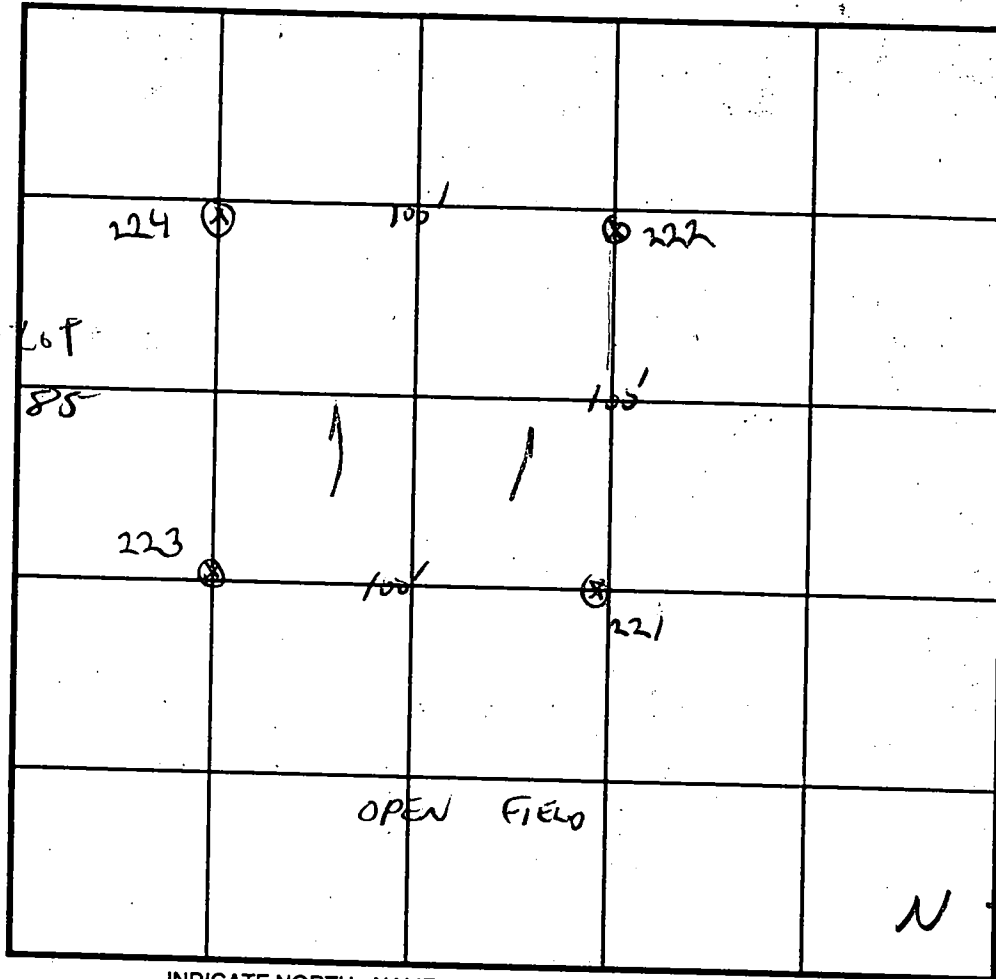
COUNTY #

SOIL PROFILE

0' [Empty vertical box for soil profile]

[Empty vertical box for soil profile]

[Empty vertical box for soil profile]



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PROP. ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/96	221	5'	2:12	2:13	2:13	2:16	3 MW
	222	5'	2:20	2:21	2:21	2:23	2 MIN
	223	5' 6"	SEE LOT 89		SHEAR		3 MW
	224	5'	"	"	"		2 MW

REMARKS LOT 89 DUG PER P&C

TYPE OF SOIL 65

TESTED BY G. SAVAGE

ALSO PRESENT ON REWER, MIKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MW TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

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 4/3/96

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. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

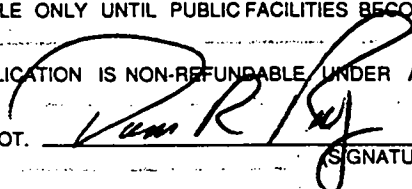
SUBDIVISION _____ LOT NO. 85 65 ✓

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. _____
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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

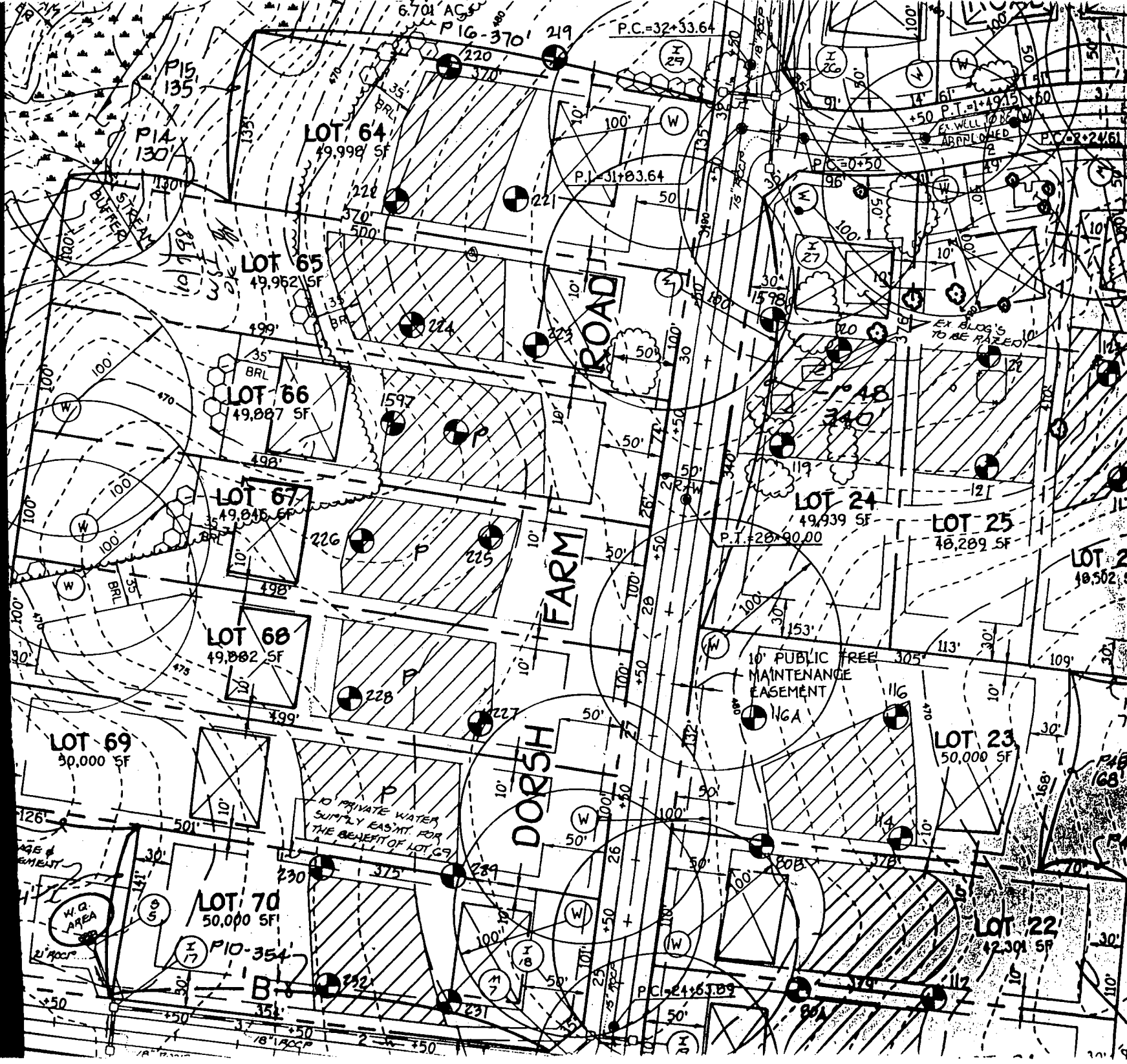
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

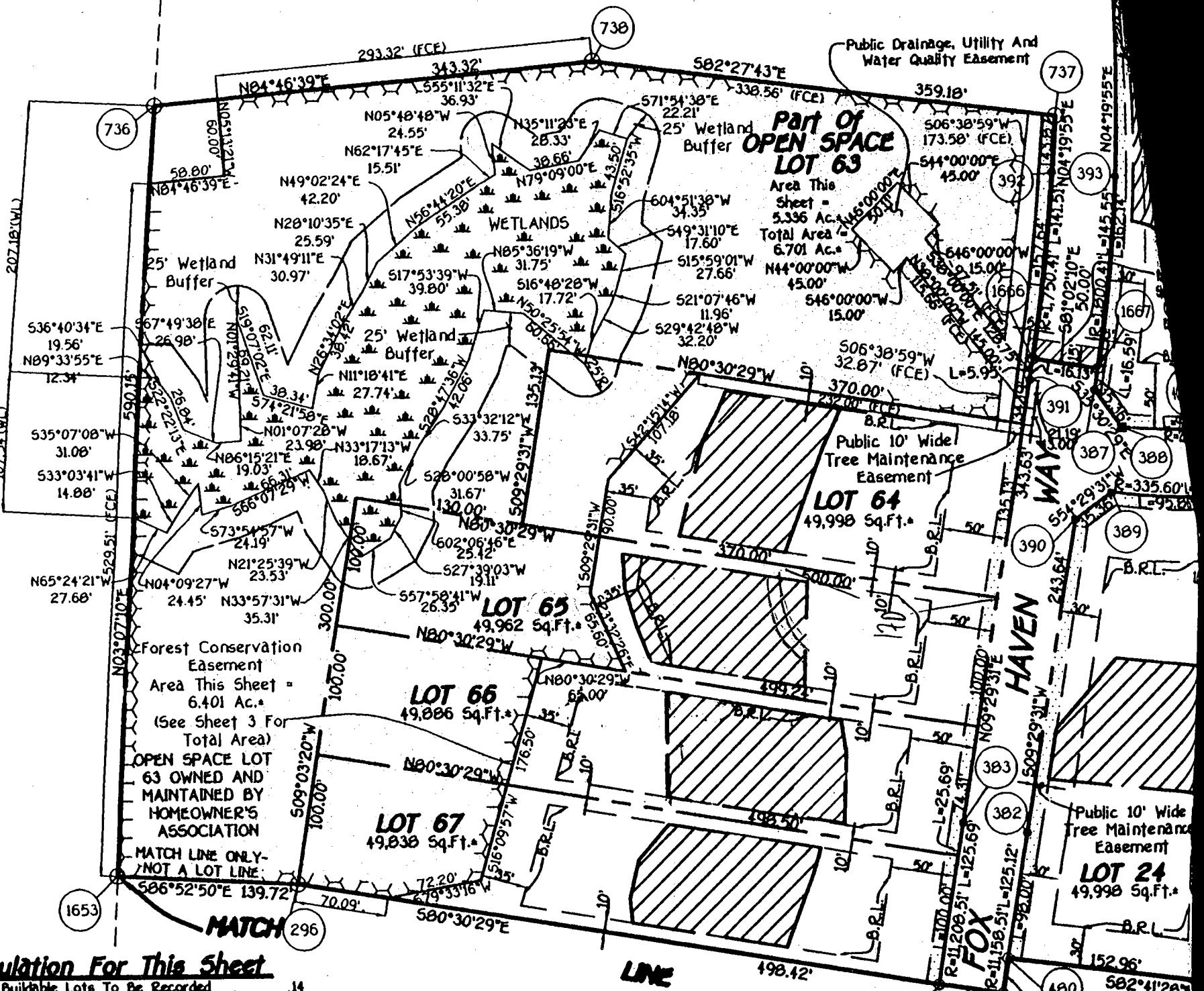
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT



PROPERTY OF MARY CARTER CARROLL ZIEGLER, ETAL. LIBER 2730, FOLIO 310



Area Tabulation For This Sheet

Total Number Of Buildable Lots To Be Recorded	.14
Total Number Of Open Space Lots To Be Recorded	.1
Total Number Of Buildable Parcels To Be Recorded	.0
Total Number Of Non-Buildable Parcels To Be Recorded	.0
Total Number Of Lots And Parcels To Be Recorded	.15
Total Number Of Buildable Lots To Be Recorded	15,355 Ac.±

B 1 **8070** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HD 94-1785
fill in this form completely

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
RUSSELL DEVELOPMENT, LLC
15 Last Name Owner First Name 34
8808 CENTRE PARK DRIVE SUITE 209
36 Street or RFD 55
Columbia MD 21045
57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL

8 COUNTY 21
GATHER HUNT
23 SUBDIVISION 42
SECTION **1** LOT **65**
44 46 48 50
ELICOTT CITY
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **4** M I
73 76 77 78

DRILLER INFORMATION

MICHAEL BARLOW MWD 355
76 Driller's Name 81 License No.
MICHAEL BARLOW Well Drilling Service Inc
Firm Name
912 FAUN COURT JOPPA MD 21085
Address
Signature _____ Date _____

B 4

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
2 **N**
8 8-9
NORTH
N
WEST
WEST
S
EAST
EAST
SOUTH
SOUTH
34 15 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: **29** BLK: **11** PARCEL: **322**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

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 COUNTY NAME
A 570536 COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED **10/16/98** **Blalock** **10/16/99**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **520 000** EAST GRID **830 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. _____
2. _____
3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE
E **830**
N **520**
000
000

12/15/98
Groat MD usj

METHOD OF DRILLING (circle one)

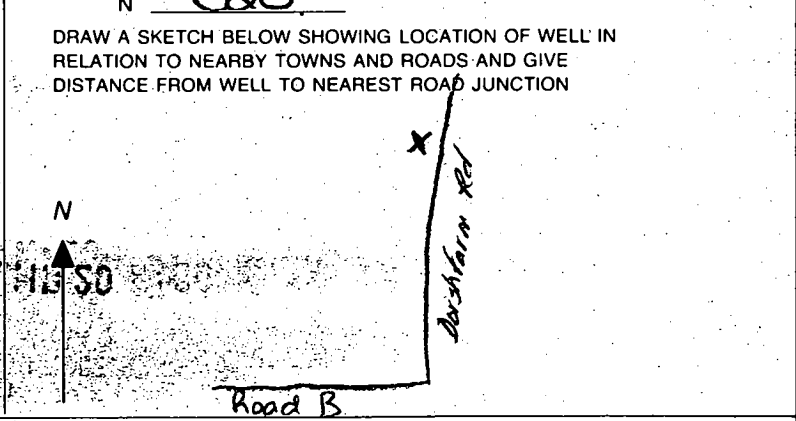
BORED (or Augered) **JETTED** Jetted & DRIVEN
30 AIR-ROTary **AIR-PERCussion** ROTARY (Hydraulic Rotary)
37 CABLE **REVerse-ROTary** DRive-POINT
other _____

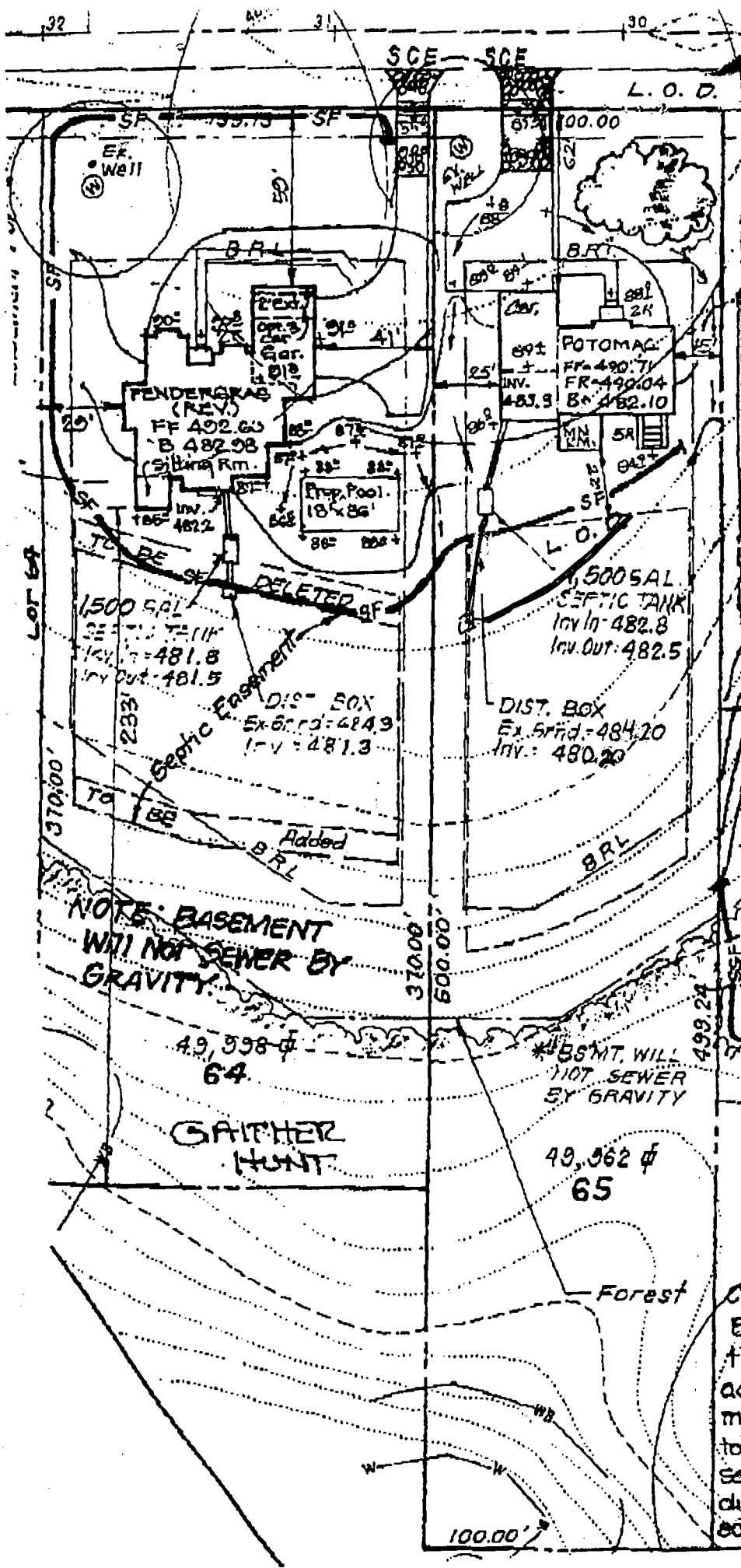
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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 DEEPEM 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-94-1785**
70 71 72 73 74 75 76 77 78 79





Approved Septic System Plan
 Howard County Health Department

B00117100

Mark E. Ruffin 4/16/99
 Signature Date

Total linear feet of trench required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 6 feet
 Depth of stone required below distribution pipe 2 feet

NOTE: BASEMENT WILL NOT SEWER BY GRAVITY.

*BASEMENT WILL NOT SEWER BY GRAVITY

GATHER HUNT

Forest

Building Address 11062 Dorach Farm Rd
Ellicott City, MD 21043

Suite/Apt. #: _____ SDP/WP/Petition #: GP98-148

Census Tract 6099 Subdivision Gaither Hunt I

Section 1 Area 1 Lot 55

Tax Map 29 Parcel 322 Grid #4

Zoning RC-D40 Map Coordinates 15-B1 Lot size 30

Property Owner's Name H.H. Homes

Address 2200 Defense Hwy. Ste. 501

City Erofton, MD State _____ Zip Code 21214

Home Phone _____ Work Phone 410 241 4709

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc.
2602 Parrot Path
Arlington, MD 21099

Phone (410) 515-1777 Fax _____

Existing Use _____

Proposed Use SFD

Estimated Construction Cost \$ 90,000.00

Description of Work Const. SFD "Potomac"
w/Morning Rm.
2 Sty. Full Bemt., HR, FRB, IHB, Garage
(4BR) Det. FF. Fin. I

Contractor Company General

Contact Person Pat Orla - Agent

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

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 Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: <u>60' 48'</u> Basement: <u>60' 32'</u>	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: <u>12" x 12"</u> Roof: <u>Asph/Flt Shingles</u> State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Print Name Patricia A. Orla

Title/Company Permit Services, Inc.
 Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
**** PLEASE WRITE NEATLY AND LEGIBLY ****
FOR OFFICE USE ONLY

Date 4/16/99

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>4/16/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front _____	<u>410187</u>
Rear _____	Filing fee \$ <u>25</u>
Side _____	Permit fee \$ _____
Side St. _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>725</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # _____
	Validation # <u>21116</u>
	Accepted by <u>[Signature]</u>

8/24/99
- Anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21040

FAX: 301-264-8888 PHONE: 301-264-8888

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8/24/99

Name of Installer Robert J. [unclear] Telephone 410-781-1881

License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner [unclear] Telephone 410-781-1881
Subdivision GAITHER HUNT Lot # RS Well Tag # 15-26-1261
Site Address 11622 POKESH FARM RD

- Pump
- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
 - Make STARTE
 - Model # SP4C02HL
 - Capacity 5 GPM
 - Pump exceeds well capacity Yes No
 - If Yes, is low pressure cutoff switch installed? Yes No
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

- Motor
- Horsepower 1/2
 - RPM 3450
 - Voltage
 - 110
 - 220

- Pitless Adapter
- Make SJT
 - Model # P-193
 - Depth 42"

- Tank 31 GALS
- Capacity 31 GALS
 - Pressure relief valve?

- Piping
- Type PVC
 - Size 1"
 - NSF and/or BOCA Code approved
 - Depth of supply line 42"

- Well data
- Depth 300 ft
 - Yield ? GPM
 - Static water level ? ft
 - 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).

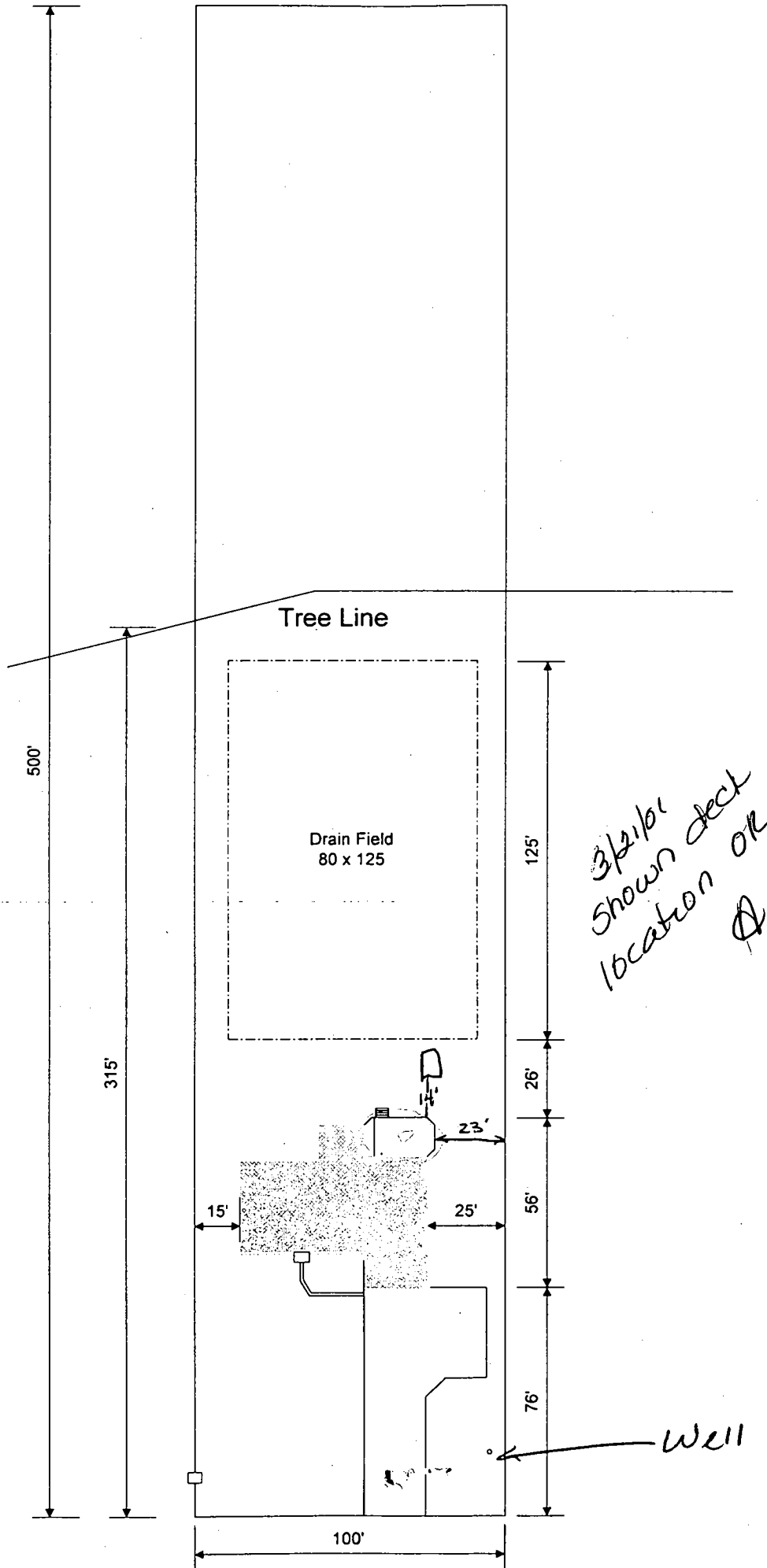
All information given above is true to the best of my knowledge.

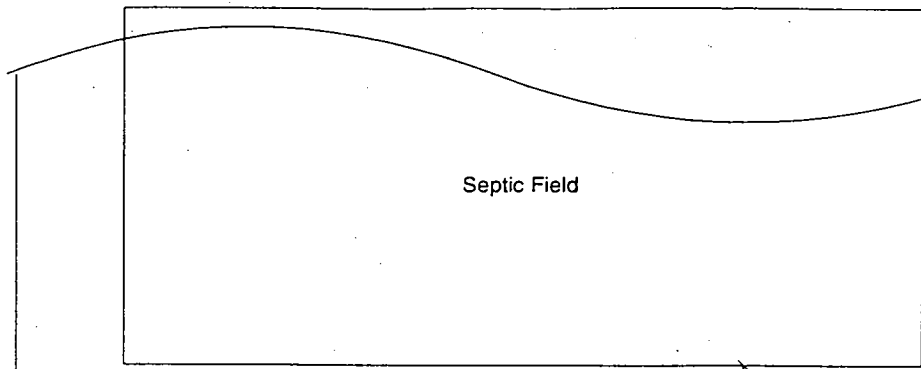
8/24/99 - WPI OK (SRK)

Date: 8/24/99

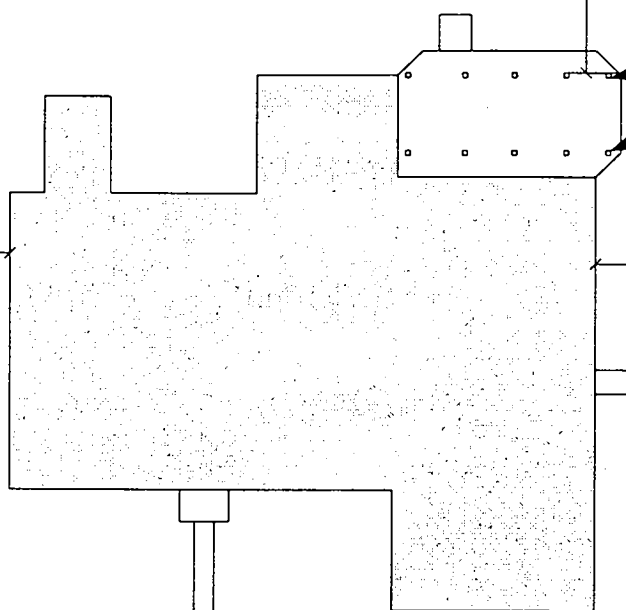
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

2001 NR 13 AN ID: 52

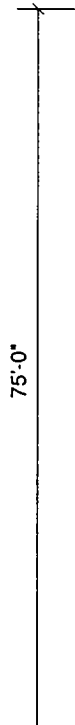
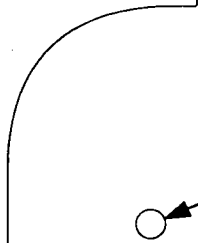




Lot extends to road, 500' from road, 100' in width



Posts



ROAD

A horizontal dashed line at the bottom of the site plan, labeled "ROAD".