

TAX ID - 03331296

LAYOUT 8/7/03 INSP 4 _____
INSP 2 3pm 8/11/03 INSP 5 _____
INSP 3 3pm 8/13/03 INSP 6 _____

ISSUE DATE: 7/29/2003
APPROVAL DATE: 8/11/03

PERMIT INDEXED

P 519070
A 56441-E

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Hawksfield Estates LOT NUMBER: 5

ADDRESS: 3077 Emerald Valley Drive PROPERTY OWNER: Dr. Agrawal

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the septic tank and distribution box as shown on the approved building permit plan. Run 4-60' trenches on contour.
NOTES:	Basement Gravity Service is proposed.

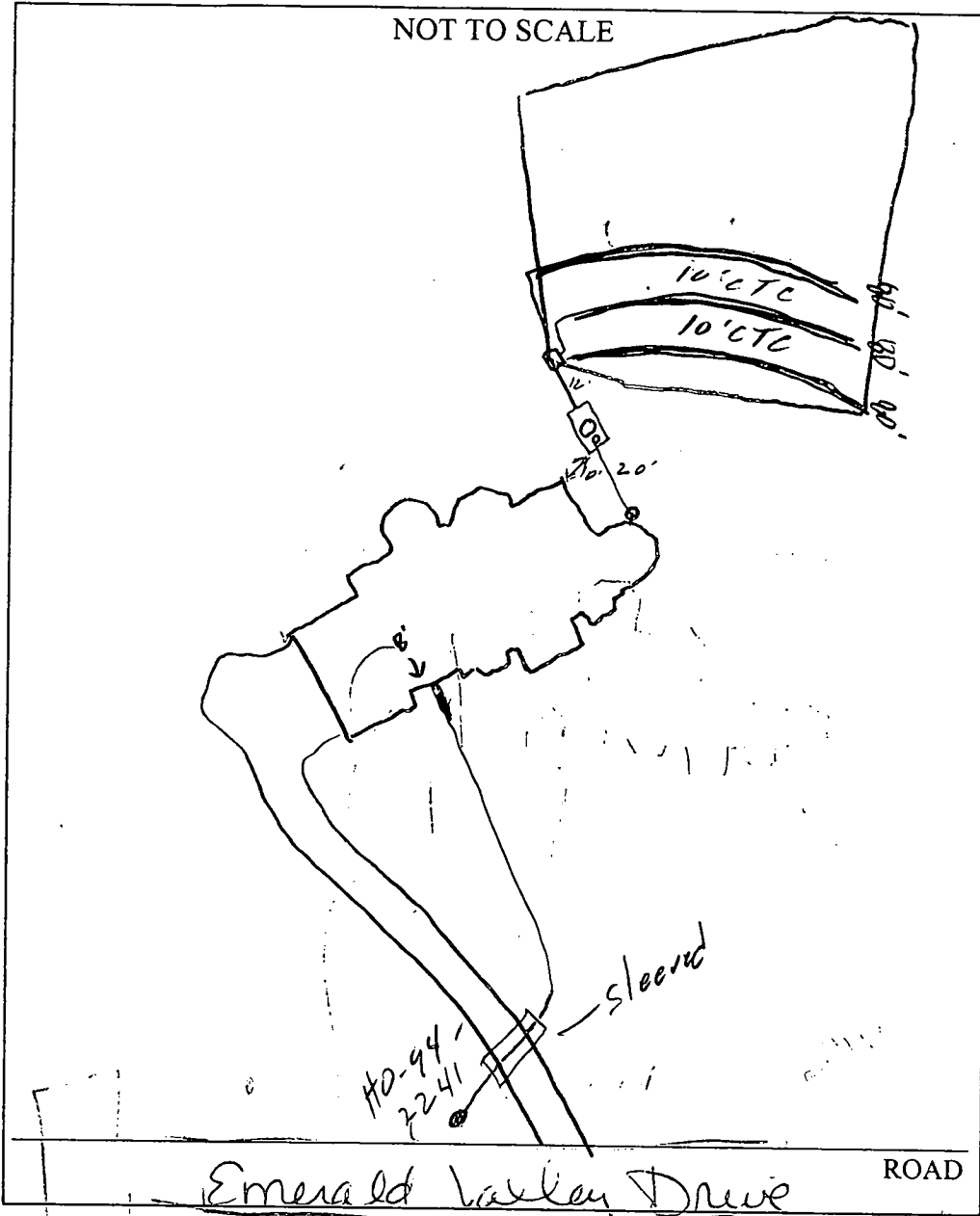
PLANS APPROVED: Kacie Noonan 7/14/03 J.R. (BR) DATE: 5/28/03

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 56441-E

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 4
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 8/1/03 WPI approved (KN) 8/7/03 SRA staked, contour accurate. Apparently MR was out here Tues. & said (3) 60' trenches

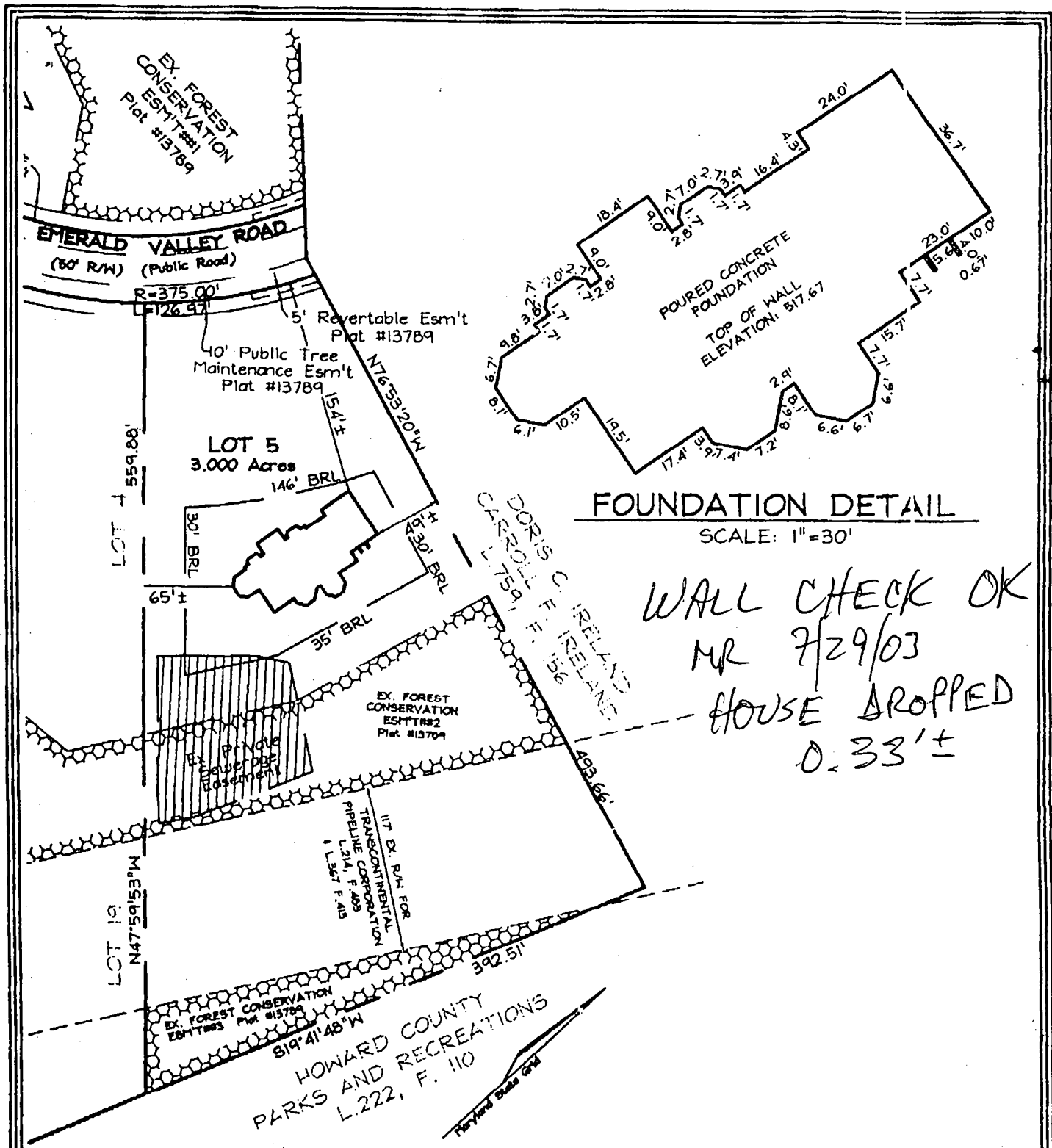
INSTALLATION D.B. to be .6 above corner stake (SC)

8/11/03 OK to cover all work (SC)

FINAL INSPECTOR

DATE OF APPROVAL

8/11/03



FOUNDATION DETAIL

SCALE: 1"=30'

WALL CHECK OK
 MR 7/29/03
 HOUSE DROPPED
 0.33'±

PLAN VIEW

SCALE: 1"=100'

LEGEND

- F/P - FIREPLACE
- B/W - BAY WINDOW
- D/W - DRIVEWAY
- CONC - CONCRETE
- O/H - OVERHANG
- H/P - HEAT PUMP/AIR CCND.
- G/M - GAS METER
- E/M - ELECTRIC METER

DIMENSIONS FROM HOUSE TO PROPERTY LINE ARE ±0.1'

ADDRESS No.: 3077 Emerald Valley Road

TOP OF WALL ELEV. = 517.67 FIRST FLOOR ELEV. = N/A

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT

FSH Associates

Engineers Planners Surveyors

8318 Forrest Street Ellicott City, MD 21043

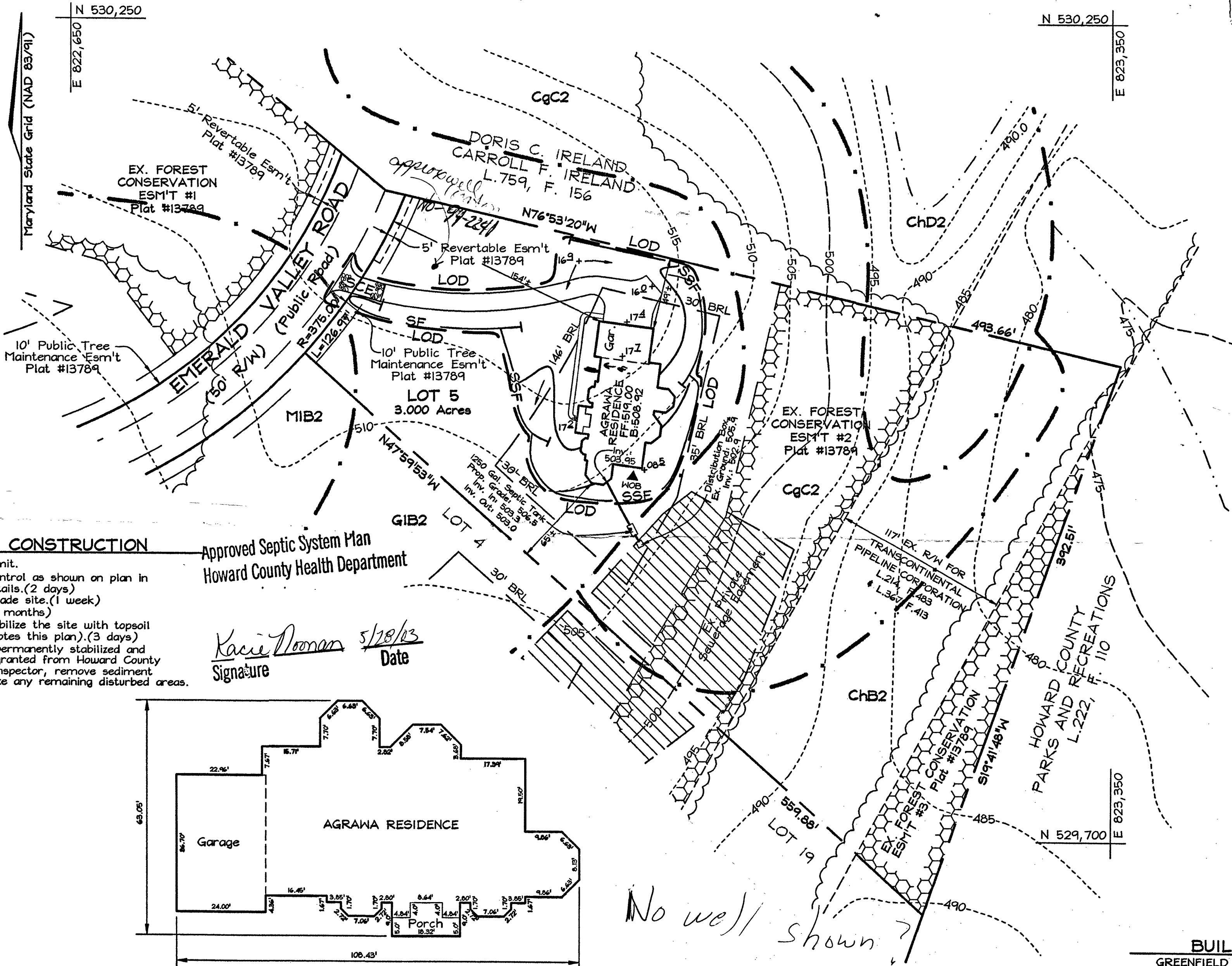
N 530,250

N 530,250

E 822,650

E 823,350

Maryland State Grid (NAD 83/91)

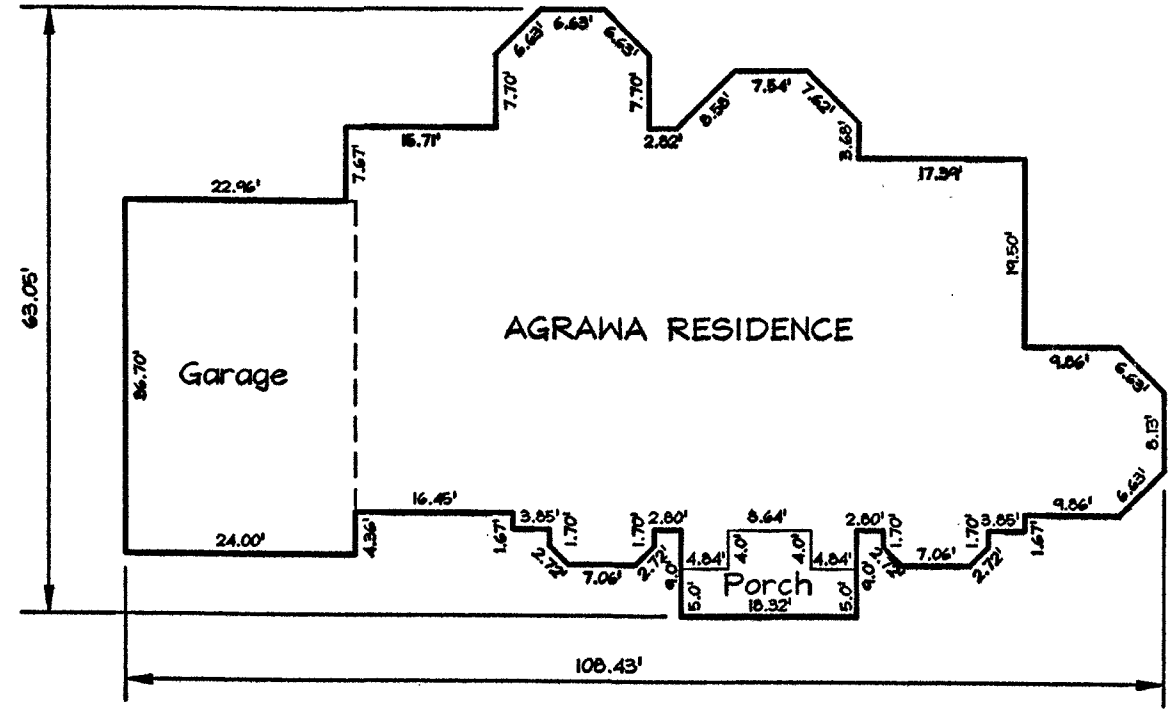


SEQUENCE OF CONSTRUCTION

- 1. Obtain Grading permit.
- 2. Install all sediment control as shown on plan in accordance with details. (2 days)
- 3. Clear and rough grade site. (1 week)
- 4. Construct house. (3 months)
- 5. Excavate and grade and stabilize the site with topsoil seeding (see notes this plan). (3 days)
- 6. Once the site is permanently stabilized and permission is granted from Howard County Department of Environmental Control Inspector, remove sediment controls and stabilize any remaining disturbed areas.

Approved Septic System Plan
Howard County Health Department

Kacie Noonan 5/28/13
Signature Date



HOUSE ENLARGEMENT
SCALE: 1"=20'

No well shown?

BUILT
GREENFIELD +
6656 Luster
Highland, Mary
410.781.

S.05(H)

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Chartland Plumbing Inc Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
Sykesville MD 21781

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Joseph Chartland License# 6352

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Agarwal Ashok Telephone #: 410-992-3893
Subdivision: B. Hawksfield Estate Lot #: 5 Well Tag #: HO-94-2241
Site Address: 3022 Emerald Valley Rd
Ellenboro City MD 21043

Submersible Pump Data

Make: Grundfos
Model #: 26507
Pump Capacity 2 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Langball
Model# PA-900
Depth: 48" (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 270 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

} Sleeved under
Footer

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature]
Signature of company representative responsible for installation

Aug 7, 2003
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7/31/03 Date Insp. Approved: 8/1/03 (KN) SRK

- Inspection Data: Pitless adapter and water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope installed inside of well casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

C1 36739

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. 06/22/99

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED 06 19 99

DATE WELL COMPLETED 06 05 99

DEPTH OF WELL 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2241

OWNER: Bigi Data, Emerald Valley, W Friendship, Hawksfield, SECTION, LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Dirt, Soft Br. Mica, Hard Blue Mica, etc.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (12), NO. OF POUNDS (128), GALLONS OF WATER (72), DEPTH OF GROUT SEAL (0 to 39 ft).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (41), OTHER CASING (if used).

SCREEN RECORD form with fields for screen type (HO), diameter of screen (56 to 60), SLOT SIZE (1, 2, 3).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (68, 73 ft), TYPE OF PUMP USED (S submersible).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: N

CIRCLE APPROPRIATE LETTER: A, E, P

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...

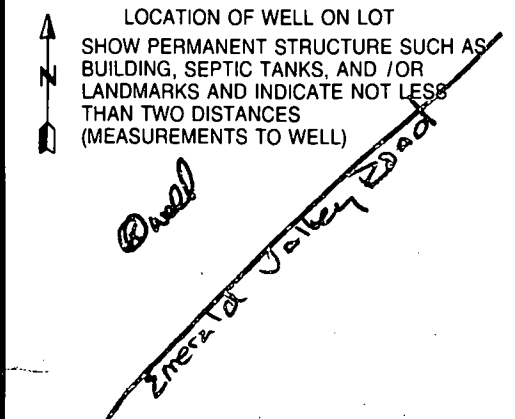
DRILLERS LIC. NO. MW D 296, Ronald Kyker

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

DEPTH (nearest ft.) 41, 280, A C H S R E E N

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (+ above, - below), LAND SURFACE (nearest foot)



B 1 SEQUENCE NO. (MDE USE ONLY)
8661
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

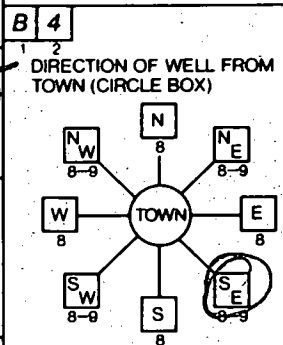
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-99-2241
 fill in this form completely

B 2 OWNER INFORMATION
 Date Received (APA) **042799**
DI-GI-DATA HOLDING INC.
 Last Name **9881** Owner **GEORGE** First Name **KENZLAND**
 Street or RFD **COLUMBIA** **MDA1099**
 Town **COLUMBIA** State **72** Zip **2076**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **HAWKSFIELD ESTATES**
 SECTION **2** LOT **5**
 NEAREST TOWN **WEST FRIENDSHIP**
 MILES FROM TOWN (enter 0 if in town) **2** **M I**

B 2 DRILLER INFORMATION
 Driller's Name **Ronald Kyle** License No. **290**
 Firm Name **Westminster Rotary Well Drilling Inc.**
 Address **P.O. Box 861, Westminster, Md 21158**
 Signature **Ronald Kyle** Date **4/24/99**



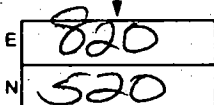
B 4 NEAR WHAT ROAD
EMERALD VALLEY ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 DISTANCE FROM ROAD **30** ENTER FT OR MI **FT**
 TAX MAP: **16** BLK: **20** PARCEL: **258**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

B 2 USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

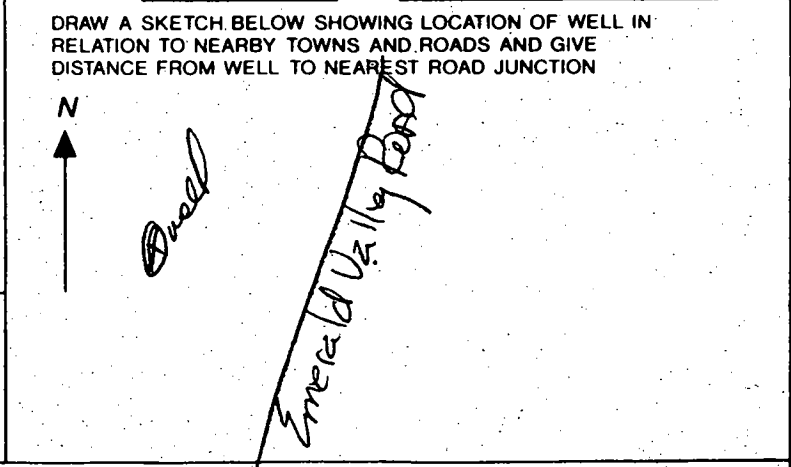
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard Co** COUNTY NO. **A54661 E**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **050499** CO SIGNATURE **A McWille** EXP. DATE **5/24/00**
 NORTH GRID **520000** EAST GRID **829000**

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **City**
 WRITE THE BOX NUMBER FROM THE MAP HERE


B 2 METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

B 2 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-99-2241**

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

APPLICATION

PERCOLATION TESTING

A 50773A

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

P _____
DISTRICT 3 RD
DATE 7/5/95
7-11-95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER DGI-DATA CORPORATION

ADDRESS 8800 DORSEY RUN RD. MD. 20914 PHONE 792-0611

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HAWKSFIELD ESTATES, SEC 2 LOT NO. X 305

ROAD AND DESCRIPTION NORTHERNMOST END OF EMERALD VALLEY ROAD

TAX MAP 16 PARCEL # 258 P/40

SIZE OF LOT 3.00 AC. ± TYPE BLDG. SINGLE FAMILY
(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

50773-A

COUNTY #

SOIL PROFILE

490

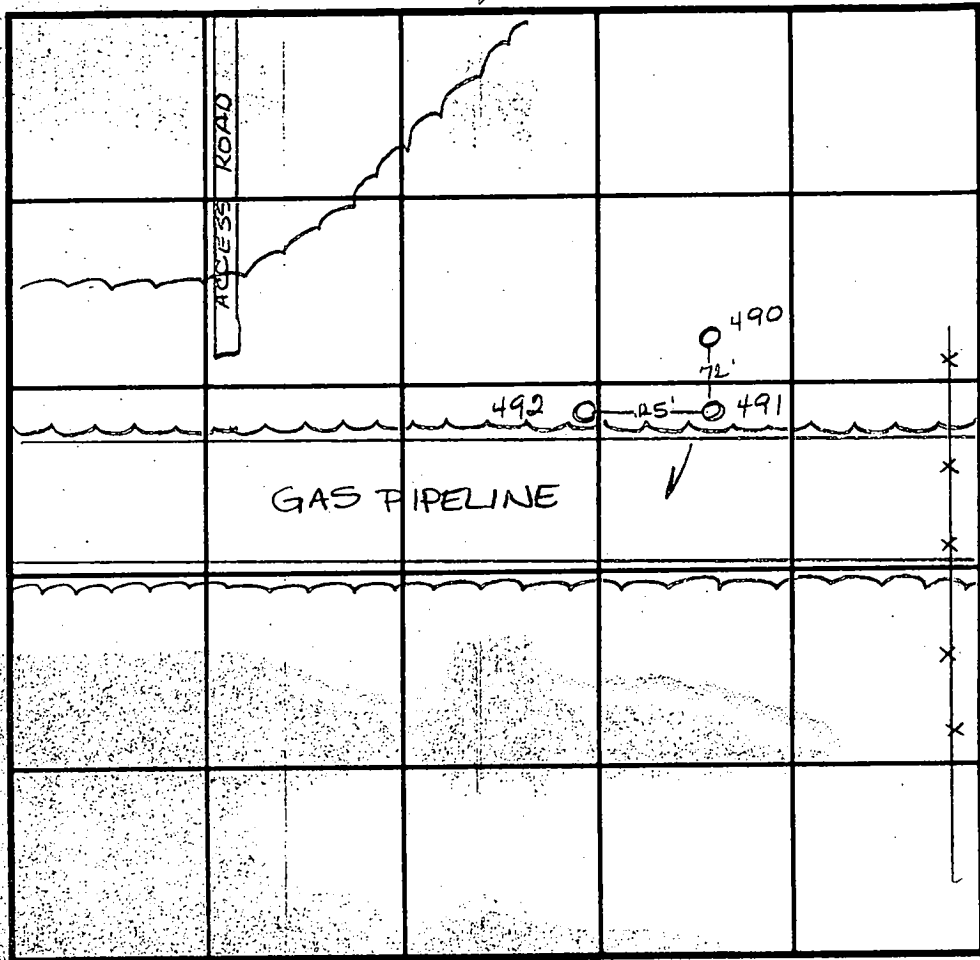
0' 1gt orange brown SiClm
 5.0 red brn SaSiLm
 10% frags
 10.0 orange brown SaLm
 25% rock frags

491

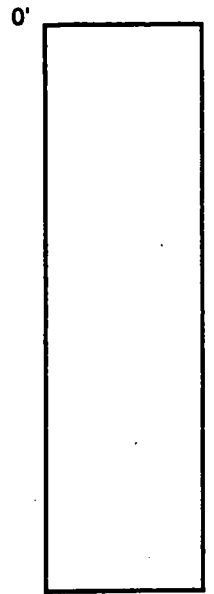
5.0 dark red brown SiClm
 10.0 1gt orange yellow SaLm
 11.5 grey SaLm
 grainy sand-stone
 40% frags
 water

492

5.0 dense red SiClm
 8.0 1gt. begh brown SaLm
 12.0 1gt orange yellow SaSiLm



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-15-96	490	5.0 V12.0	11:01	11:03	11:03	11:06 ¹⁵	3 1/4 min
	491	5.5 V11.0	11:07	11:09	11:09	11:12	3 min
	492	Visual to 12.0	- see profile		—		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMullen ALSO PRESENT Ron

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

12.0

DORIS C. IRELAND
CARROLL F. IRELAND
L.759/F.156

EXISTING POND

USE-IN-COMMON
(L.3410/F.539) (TO BE
BY DEVELOPER)
602.10

FOREST
CONSERVATION
ESMT.

LIMITS OF SUBMISSION
25+29.95

LOT 2
3.0014 AC±
75' B.R.L.

LOT 5
3.0000 AC±

ALLEY
(50' R/W)

PUBLIC DRAINAGE &
UTILITY
10' STREET
TREE ESMT.

LOT 4
3.0000 AC±

LOT 3
3.0856 AC±

FOREST CONSERVATION
ESMT.

EX. R/W FOR TRANSCONTINENTAL
PIPELINE CORPORATION L.274,
F.483 AND L.367, F.413

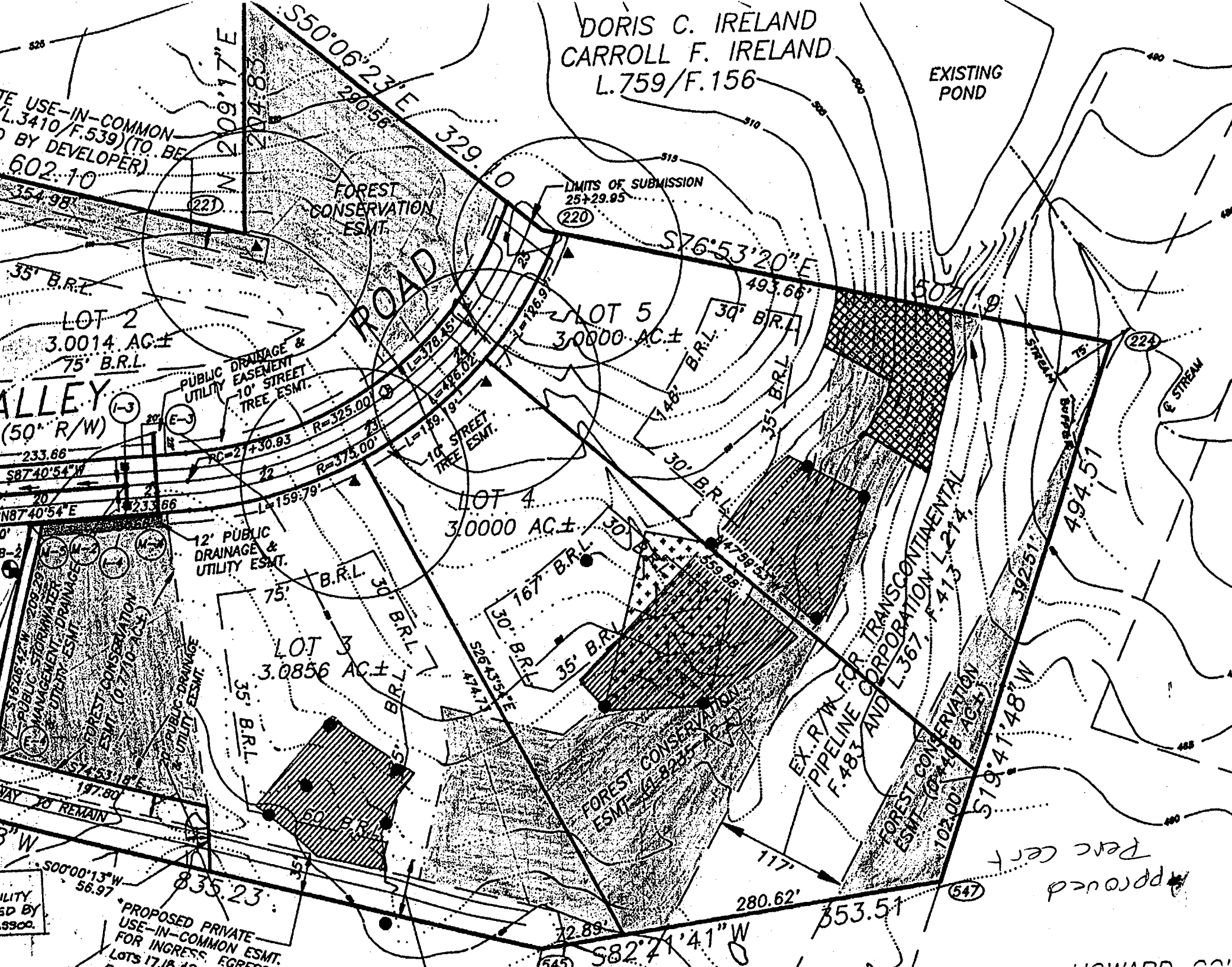
FOREST CONSERVATION
ESMT.

PUBLIC STORMWATER
MANAGEMENT, DRAINAGE
& UTILITY ESMT.

12' PUBLIC
DRAINAGE &
UTILITY ESMT.

Approved
Per Cent

PROPOSED PRIVATE
USE-IN-COMMON ESMT.
FOR INGRESS, EGRESS



GENE SWEIGART
477/F.140

H.J. FOREMAN
L.452/F.577

99-51

5' REVERTIBLE
EASEMENT



DETAIL
SCALE: 1"

LOT 23 HAWKSFIELD ESTATES
SECTION 1, PLAT #10442

EXISTING PRIVATE USE-IN-COMMON
R/W (L.3410/F.539) &
EX. PRIVATE INGRESS, EGRESS
EASEMENT FOR PARCELS 56, 245,
258, 271, & 293 (L.477/F.140)
(PLAT #10442)
ACCESS VIA TRIADDELPHIA ROAD

WILLIAMS
65/F.328

OLTER
.154

N15°40'08"E 501.14

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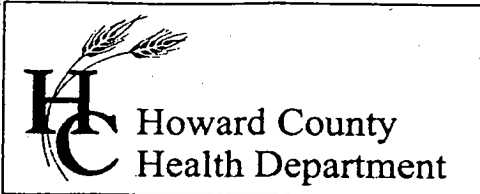
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3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

September 30, 2004

Ashok Agrawal
6097 Sebring Drive
Columbia, MD 21044

SENT VIA FACSIMILE 443-535-0551

RE: Hawksfield Estates, Lot 5
3077 Emerald Valley Drive
Ellicott City, MD 21042
BP # B00141927
Well Permit # HO-94-2241

Dear Dr. Agrawal:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 08/11/2003. Final approval of the well line connection to the dwelling was approved on 08/01/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2241. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 09/28/2004
Date of Well Completion: 06/05/1999

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B0111927

Building Address 3017 EMBROIDER VALLEY DR
ELLICOTT CITY MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030.00 Subdivision MARKFIELD ESTATES
 Section 2 Area _____ Lot 5
 Tax Map 11 Parcel 40 Grid 20
 Zoning RC Map Coordinates 1046 Lot size 3.00 Ac

Property Owner's Name DEAN SHAW AUFAMAL
 Address 6079 SLEEPING DR
 City COLUMBIA State MD Zip Code 21046
 Home Phone 410 942-2915 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use NEW DED
 Estimated Construction Cost \$ 200,000
 Description of Work 4 BR, 5 FULL BA, 2-1/2 CAR, 2 GAR FP
3 CAR GAR, 207 SQ FT FRONT PORCH, 207 SQ FT

Contractor Company CORCORAN HOMES INC.
 Contact Person MARK MAJOR
 Address 10400 WILSON DR
 City HOVERLAND State MD Zip Code 20777
 License No. WBC 00361
 Phone 410-781-6782 Fax 443-535-0591

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

Engineer or Architect Company MARK SANDY
 Contact Person MARK SANDY
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410 750-2262 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>56'1"</u> <u>101'-10"</u> 2nd floor: <u>56'1"</u> <u>107'-10"</u> Basement: <u>56'1"</u> <u>84'-10"</u>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

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 [Signature]
 Title/Company _____

Print Name Mark Major
 Date 5-16-03

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


AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Planning and Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>5-28-03</u>	<u>Karen Thomas</u>
<input checked="" type="checkbox"/> 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>10.6 FT</u>	Filing fee \$ <u>100</u>
Rear: <u>25.8 FT</u>	Permit fee \$ _____
Side: <u>30.8 FT</u>	Excise tax \$ _____
Side St.: <u>NA</u>	Sub-total paid \$ _____
All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	Add'l permit fee \$ _____
Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEES \$ _____
Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>15416</u>
SDP/Red-line approval date _____	Validation # <u>14835</u>

Accepted by [Signature]

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search Ground Rent
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Account Identifier: District - 03 Account Number - 331296

Owner Information

Owner Name:	AGRAWAL ASHOK AGRAWAL PARAMJIT	Use:	RESIDENTIAL
		Principal Residence:	NO
Mailing Address:	3077 EMERALD VALLEY RD ELLCOTT CITY MD 21042	Deed Reference:	1) / 6782/ 543 2)

Location & Structure Information

Premises Address 3077 S EMERALD VALLEY RD ELLCOTT CITY 21042	Legal Description LOT 5 3.0000 A 3077 EMERALD VALLEY RD HAWKSFIELD EST S2 RSB 19
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Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No:	13789
16	20	40					5	80	Plat Ref:	

Special Tax Areas	Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX
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Primary Structure Built 0000	Enclosed Area	Property Land Area 3.00 AC	County Use 000000
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Stories	Basement	Type	Exterior
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Value Information

	Base Value	Value As Of	Phase-in Assessments	
		01/01/2004	07/01/2004	07/01/2005
Land:	184,000	280,000		
Improvements:	0	0		
Total:	184,000	280,000	216,000	248,000
Preferential Land:	0	0	0	0

Transfer Information

Seller: HAWKSFIELD ESTATES INC	Date: 01/14/2003	Price: \$330,000
Type: UNIMPROVED ARMS-LENGTH	Deed1: / 6782/ 543	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2004	07/01/2005
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO	Special Tax Recapture:
Exempt Class:	* NONE *