

2/5/01 a.m. - cancelled  
2/6/01 am

RPS# 332861

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640  
**INDEXED**

P                       
A 59868  
ISSUE DATE 1/30/2001  
APPROVAL DATE 5/15/01

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL x ALTER             
ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670  
SUBDIVISION The Paddocks LOT NUMBER 2 ADDRESS 3507 Snow Chief Road  
PROPERTY OWNER Pulte Home Corporation PROPERTY OWNER'S ADDRESS 1505 S. Edgewood St., #K  
Baltimore, MD 21227  
SEPTIC TANK CAPACITY 1250 GALLONS \* WATERTIGHT SEPTIC TANK REQUIRED \*  
PUMP CHAMBER CAPACITY N/A GALLONS  
NUMBER OF BEDROOMS 4  
SQUARE FEET PER BEDROOM 180  
LINEAR FEET OF TRENCH REQUIRED 240

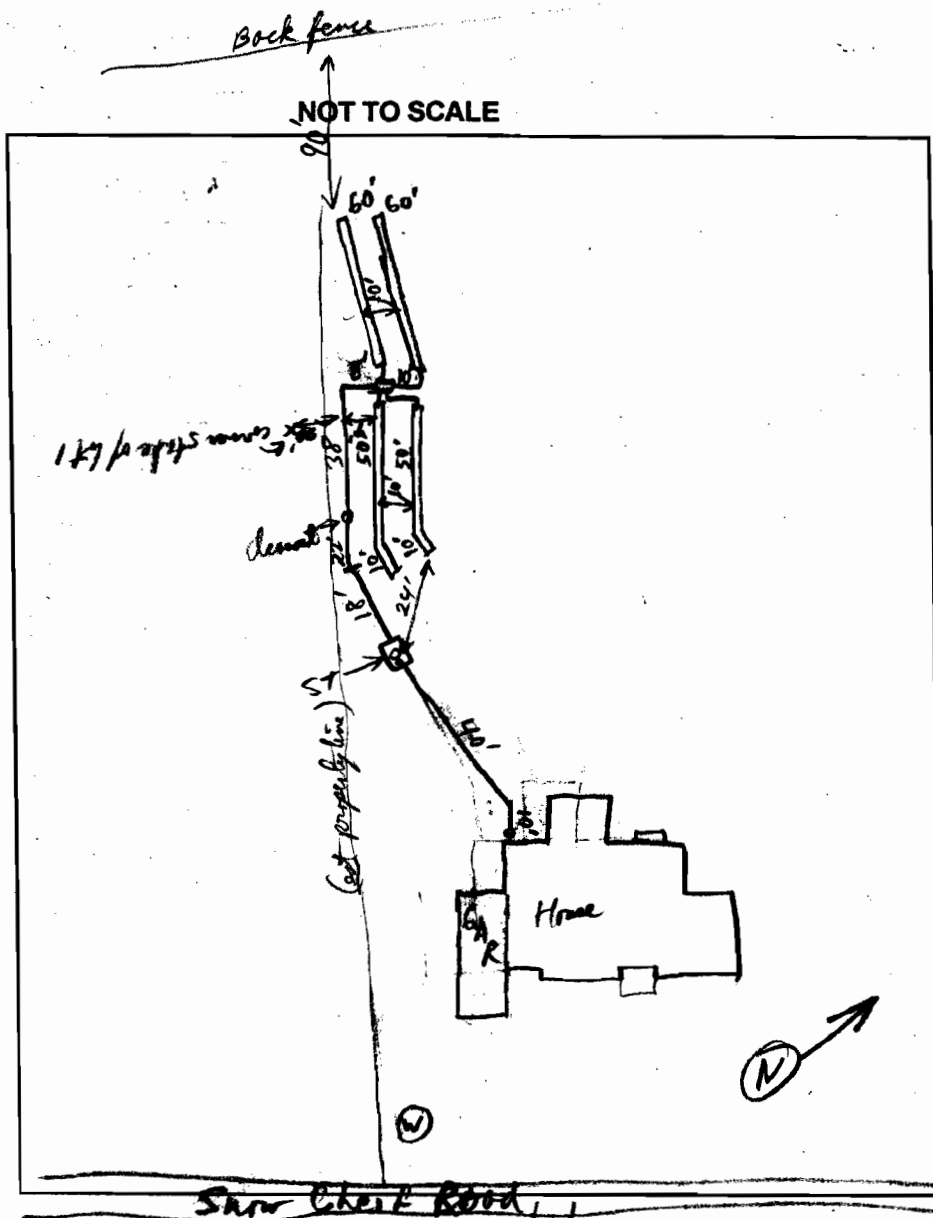
TRENCHES: Trenches to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth  
6.5 feet below original grade. 2 feet of stone below distribution box.  
LOCATION: Place the distribution box 240 feet down the left lot line, and 10 feet from the  
left lot line. Run trenches on contour in either direction.  
1/30/01 OK BB 4-60' Trenches  
SEPTIC PERMIT SIGNED  
AND RETURNED 8/22/2001  
2 decks and gazebo  
B00132085

PLANS APPROVED Mark Rifkin, R.S. DATE 12/26/2000

- PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

514909-A



### TRENCH DATA

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 4 1/2'  
 TRENCH BOTTOM DEPTH 6 1/2'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 4 x 60'  
 TOTAL TRENCH LENGTH 240 LF  
 ABSORBENT AREA 720 sq ft  
 DISTRIBUTION BOX LEVEL ☒  
 BAFFLE IN DISTRIBUTION BOX ☒

### SEPTIC TANK DATA

SEPTIC TANK 1250 TS. GALLONS  
 MANHOLE RISER ☒  
 6 INCH INSPECTION PORT ☒

### PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA  
 MANHOLE RISER ☒  
 ALARM ☒  
 PUMP PERFORMANCE TEST ☒

PRE-CONSTRUCTION INSPECTION: 2/2/01 UNSCHED LAYOUT INSP: OK TO START MR

INSPECTION COMMENTS: 2/5/01 - NO INSP. (ROADS TERRIBLE) INSP. CANCELLED BY

INSPECTOR - (SRV) Septic Tank, connecting lines, dist box, all four trenches OK & covered.

Needs House Connection. RHP 2/6/01

5/15/01 - HOUSE CONN. MADE PER BUILDER (SRV)

INSPECTOR

Steven R. King

DATE SYSTEM APPROVED

5/15/01

# APPLICATION

PERCOLATION TESTING

A 59868

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3/9/98

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 WINCHESTER HOMES INC. c/o MR. KEITH KUBISTA

ADDRESS 6305 IVY LANE SUITE 800 PHONE (301) 489-1120  
GREENBELT MD. 20770

PROPERTY LOCATION:

SUBDIVISION MOBBERLY PROPERTY LOT NO. X 2

ROAD AND DESCRIPTION BURNT WOODS ROAD

TAX MAP 22 PARCEL # 141, 2, 234 & 530

SIZE OF LOT 1 AC. CLUSTER TYPE BLDG. S.F.D.  
(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. Zacharia Y. Fisch  
(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'

95 4547

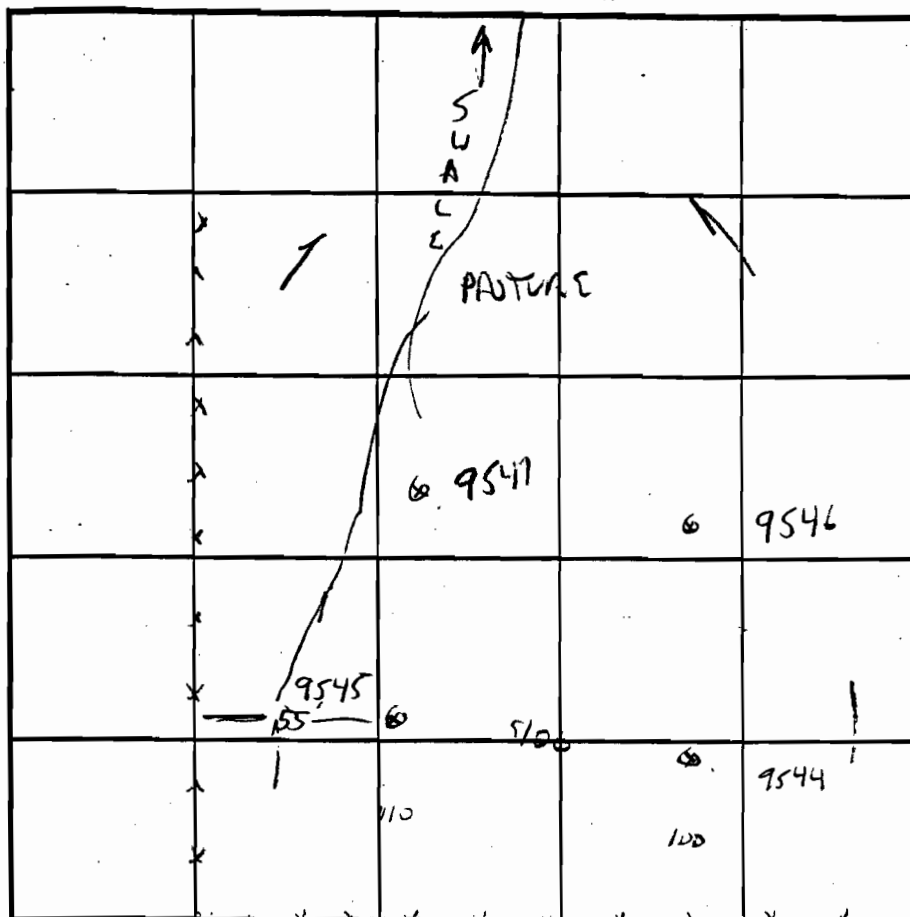
TOP SOIL  
DARK BR  
HEAVY CLAY

1

3.5

13

1.5 ft  
+ YELLOW  
SC



SOIL PROFILE

9544

0'

TOP SOIL  
OK BR  
L

5

TAN  
GRAVELLY  
SC  
FEW ROCKS  
30% ROCK  
QUARTZITIC  
OUTSIDE

QUARTZ  
ROCK SC

1

LOT 1

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BURTONS ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/15/98	9544	8.5/11	1:01	1:06	→	1:16	10 min
		9.5	1:04	1:07	→	1:10	3 min
	9545	3.5/13V	1:18	1:20	→	1:33	3 min
	9547	13V	HEAVY LOAM To 5'				OK
	9546	5/13	1:15	1:17	→	1:19	2 min

REMARKS

9544 QUESTIONABLE FOR ROCK (CW)

TYPE OF SOIL

TESTED BY

G SAVAGE

ALSO PRESENT

CYCLES CASH

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

# 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 \_\_\_\_\_

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TO: THE COUNTY HEALTH OFFICER  
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SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

## THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

48

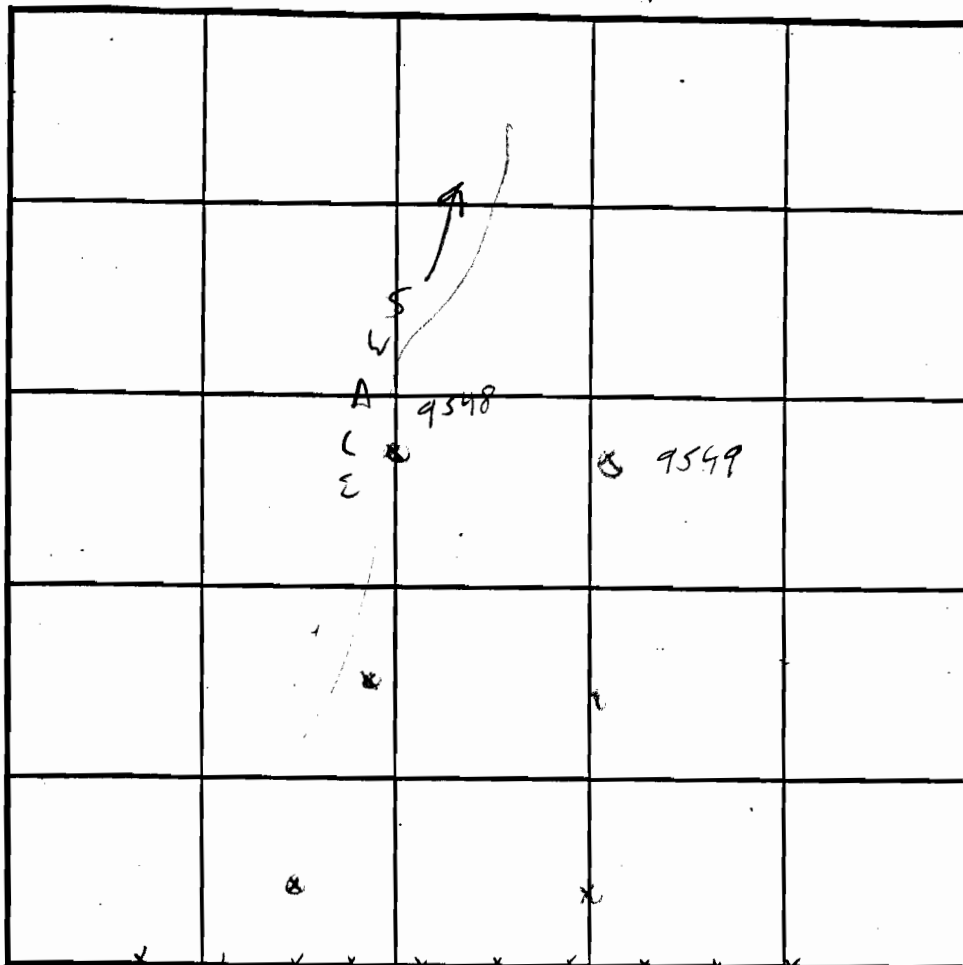
 DK BR  
HEAVY  
CLAY

 PINK  
FINE  
SC

 MULTI-  
COLORED  
THROUGHOUT  
FROM PM  
108506 PM

4

13



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BURNWOODS RUN

SOIL PROFILE

0'

9549

TOPSOIL

BROWN CLAY

LT BR SC

108 RCL'S MICACEOUS

MASSIVE RCL'S 112 of 1108

10.5

12.5

LOT 2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/15/78	9549	5.1/12.5	12:50	1:04	ROCKS PRE-SCUR		
		8.1	1:27	1:30	→	1:33	3 MIN
	9548	4.1/13	12:32	12:35	→	12:38	3 MIN
		5.5	1:27	1:31	→	1:37	6 MIN
566 ALSO 9547, 9546 ATTACHED.							

REMARKS

9549 Q' - ROCK &amp; CLAY (C)

TYPE OF SOIL

TESTED BY

G SAUSAGE

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

4

TRENCH WIDTH

3

INLET DEPTH

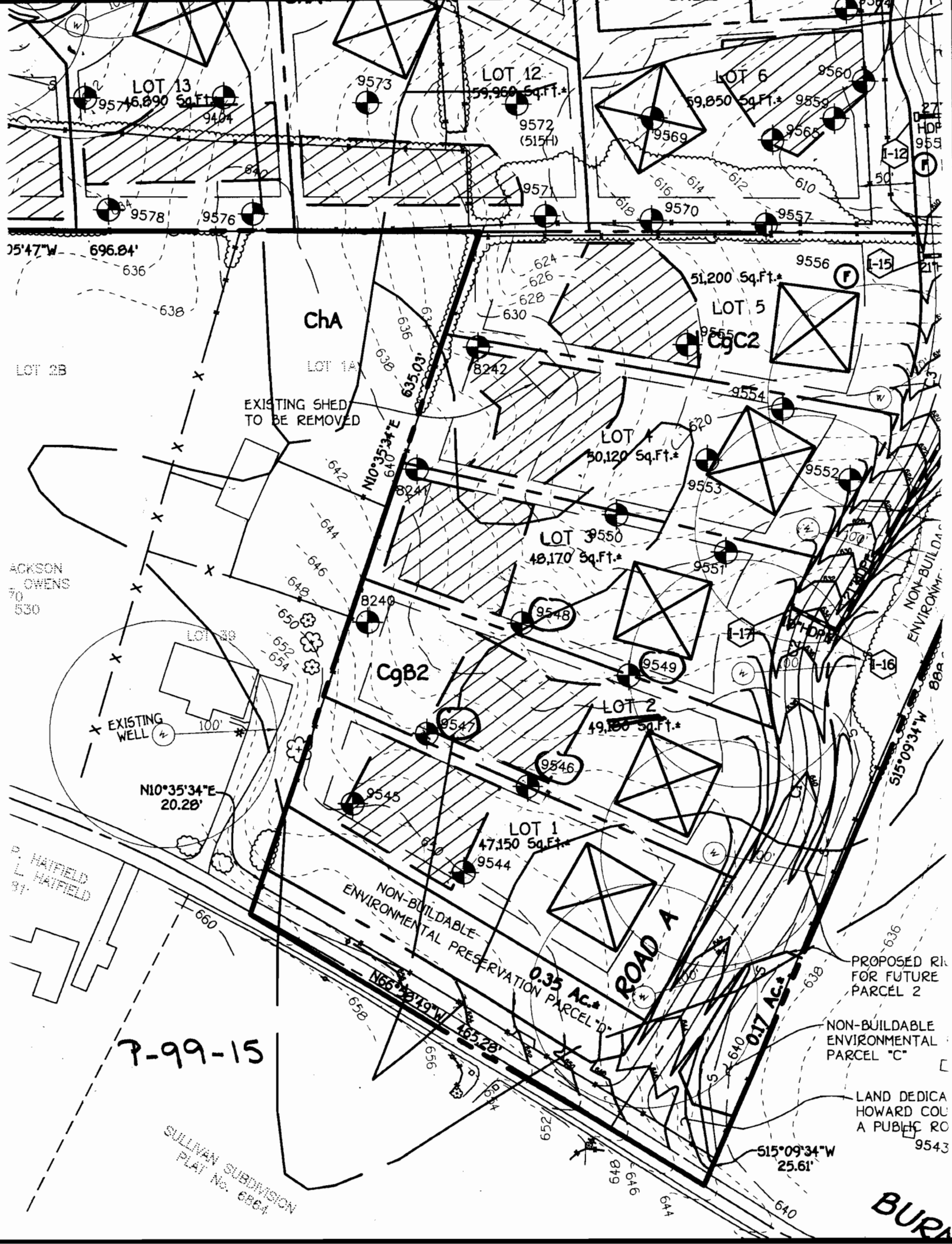
4 1/2

MAXIMUM BOTTOM DEPTH

6 1/2

SQ. FT./BEDROOM

180



LOT 13

LOT 12

LOT 6

LOT 5

LOT 4

LOT 3

LOT 2

LOT 1

LOT 30

ChA

CgC2

CgB2

NON-BUILDABLE  
ENVIRONMENTAL PRESERVATION PARCEL "D"

NON-BUILDABLE  
ENVIRONMENTAL  
PARCEL "C"

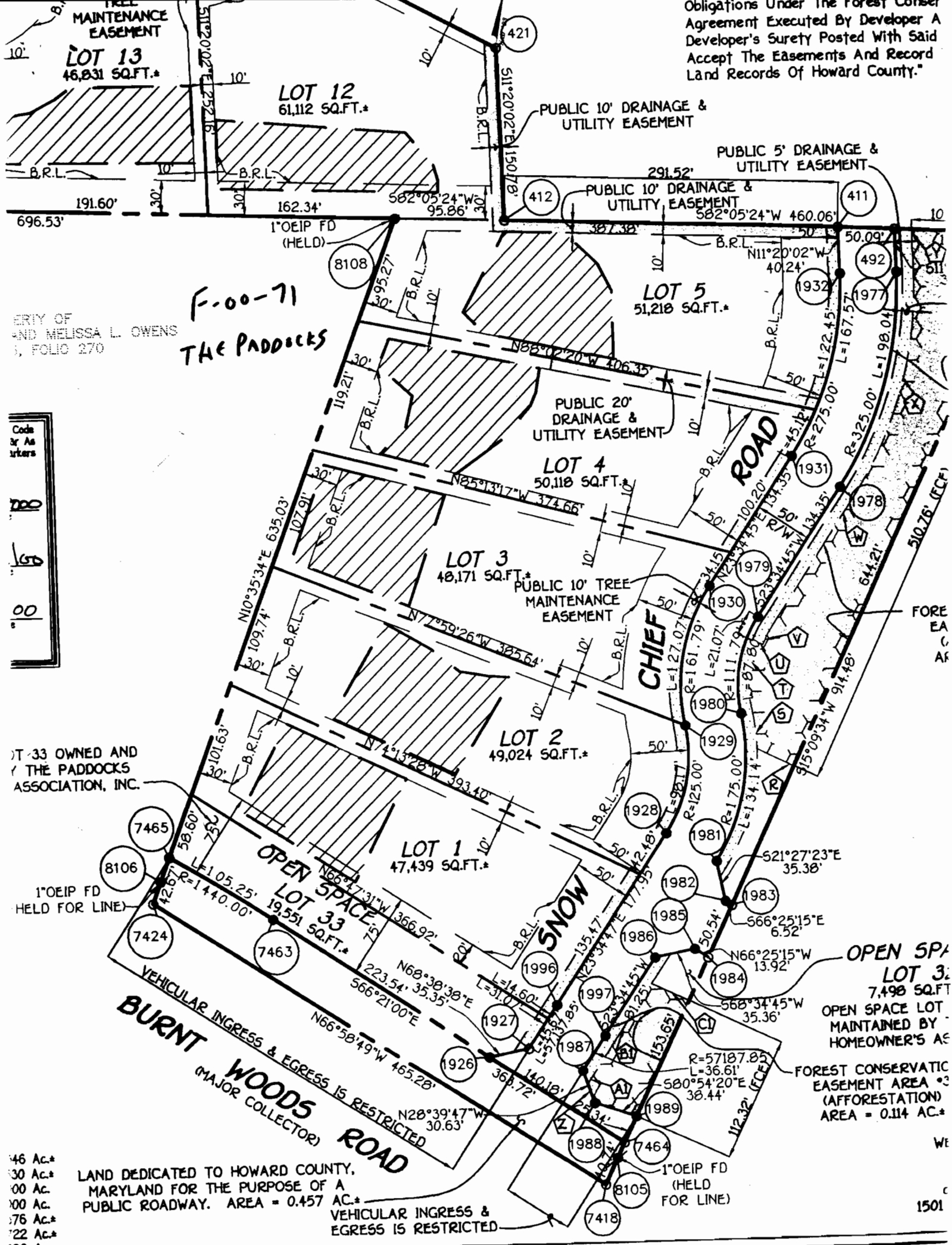
LAND DEDICA  
HOWARD COU  
A PUBLIC RO

7-99-15

SULLIVAN SUBDIVISION  
PLAT No. 6864

BUR

Obligations Under the Forest Conservation Agreement Executed By Developer A Developer's Surety Posted With Said Accept The Easements And Record Land Records Of Howard County."



PROPERTY OF  
AND MELISSA L. OWENS  
FOLIO 270



LOT 33 OWNED AND  
THE PADDOCKS  
ASSOCIATION, INC.

1"OEIP FD  
HELD FOR LINE

46 Ac.  
30 Ac.  
00 Ac.  
00 Ac.  
76 Ac.  
22 Ac.  
98 Ac.

LAND DEDICATED TO HOWARD COUNTY,  
MARYLAND FOR THE PURPOSE OF A  
PUBLIC ROADWAY. AREA = 0.457 AC.

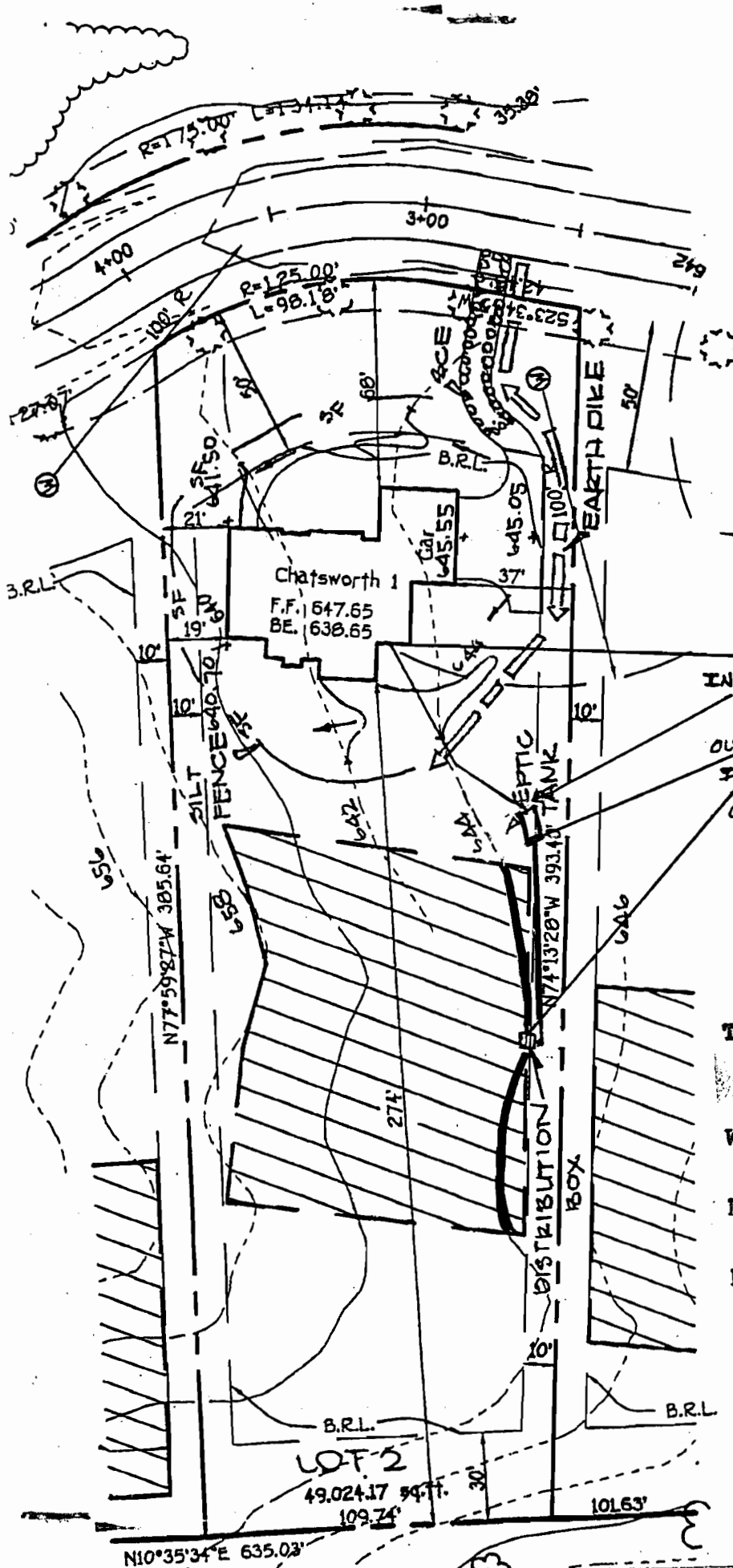
VEHICULAR INGRESS &  
EGRESS IS RESTRICTED

OPEN SPA  
LOT 3:  
7,498 SQ.FT.  
OPEN SPACE LOT  
MAINTAINED BY  
HOMEOWNER'S AS  
FOREST CONSERVATION  
EASEMENT AREA \*3  
(AFFORESTATION)  
AREA = 0.114 AC.

# Approved Septic System Plan Howard County Health Department

Mark R. Riffin  
Signature

12/26/00  
Date



INVERT ELEV

AT HOUSE 642.83  
IN AT SEPTIC TANK 642.0  
GRADE @ TANK 644.5  
OUT AT SEPTIC TANK 641.7  
INVERT AT DIST. BOX 640.0  
GRADE AT DIST. BOX 644.0

Total linear feet of trench  
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 1/2 feet

Depth of stone required below  
distribution pipe 2 feet

1:50  
PLAN BY FCC?

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> <u>B00127657</u>	
Building Address <u>3507 Snow Chief Rd.</u> <u>Glencig, MD 21738</u> Suite/Apt.#: <u>N/A</u> SDP/WP/Petition #: <u>GP-01-42</u> Census Tract _____ Subdivision <u>The Paddocks</u> Section _____ Area _____ Lot <u>2</u> Tax Map <u>22</u> Parcel <u>234</u> Grid <u>1</u> Zoning <u>RR-DEC</u> Map Coordinates <u>9B7</u> Lot size _____			Property Owner's Name <u>Pulte Home Corp.</u> Address <u>1505 S. Edgewood St. Ste# K</u> City <u>Baltimore</u> State <u>Md</u> Zip Code <u>21227</u> Home Phone _____ Work Phone <u>410-644-5603</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Building Permit Services, Inc. - Pat Orla</u> <u>7806 Deboy Ave., Balto., MD 21222</u> Phone <u>410-477-9666</u> Fax <u>410-477-8437</u>		
Existing Use <u>Vacnat Lot</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>150,000.00</u> Description of Work <u>Const.SFD-"Chatsworth"w/Morn.Rm.</u> <u>2sty,full bsmt,1oR,2FB,1HB,3car garage,FP(4Br)opt Fin.L.L.</u> <u>w/bath</u>			Contractor Company <u>Owner</u> Contact Person <u>Dianna Wenzlaff</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Occupant or Tenant <u>Pulte Home Corp.</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
<b>BUILDING DESCRIPTION - <u>COMMERCIAL</u></b>			<b>BUILDING DESCRIPTION - <u>RESIDENTIAL</u></b>		
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular			<b>Utilities</b> Water Supply: _____ Public _____ Private Sewage Disposal: _____ Public _____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads		
<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>62'</u> <u>72'</u> 2nd floor: <u>41'</u> <u>58'</u> Basement: <u>62'</u> <u>58'</u> 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> 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: _____ Footings: <u>8'x 24"</u> Roof: <u>Hip/Asp</u> _____ State Certified Modular _____ Manufactured Home			<b>Utilities</b> Water Supply: _____ Public <u>X</u> Private Sewage Disposal: _____ Public <u>X</u> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ NFPA # 13D _____ NFPA#13R _____ 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 HERETO; (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 _____ Title/Company _____	Building Permit Services, Inc. - Pat Orla Print Name _____ Date <u>12/6/00</u>
--	--

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

<b>AGENCY</b> <u>Land Development.DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering. DPZ</u> <u>Health</u> <u>Fire Protection</u> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DATE</b> <u>12/26/00</u>	<b>SIGNATURE APPROVAL</b> <u>M. Ripkin</u>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line, approval date _____	<b>PROPERTY ID#:</b> Filling fee \$ <u>25.00</u> Permit fee \$ <u>759.00</u> Excise tax \$ <u>55062.00</u> Subtotal paid \$ <u>25.00</u> Add'l permit fee \$ _____ <b>TOTAL FEES</b> \$ _____ Balance due \$ _____ Check # <u>75723</u> Validation # _____
--	--------------------------------	---	---	---

CONTINGENCY CONSTRUCTION START: ☐  
 ONE STOP SHOP: ☐

Distribution of Copies-    White: Building Official    Green: LDD, DPZ    Yellow: DED, DPZ    Pink: Health    Gold: SHA

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: Willoughby Plumb Telephone #: 410-781-7051  
Address: 1203 PATRICK DR.  
SLACKVILLE, MD.

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Chris Willoughby PLES License# 6992

\*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: POLICE HALL CORP Telephone #: 410-644-5603  
Subdivision: PADDocks Lot #: 2 Well Tag #: HO-94-21608  
Site Address: 3507 SNOW CHIEF RD  
GREENGLAND, MD 21738

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>JACOBI 221</u>	Make: <u>HARVARD</u>	Two piece watertight cap: <u>✓</u>
Model #: _____	Model#: _____	Screened, vented well cap: <u>✓</u>
Pump Capacity _____ GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>12</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>360</u> (feet)		Conduit secured to well cap: <u>✓</u>

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 ✓

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>PRESS LINE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>1/2</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: <u>✓</u>

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 of company representative responsible for installation: Chris Willoughby, Ples date: 2-21-01

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

Date Insp. Requested: 3/2/01 Date Insp. Approved: 5/1/01 BB SRH  
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 NOT OBSERVED  
Adequate grout observed below pitless adapter ✓

## NO Survey Studies

RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH  
2000 AP 26 PM 12:24

Well Permit No. HO - 94-2668  
Location of property (road) PFFFFIN KORN RD  
Subdivision MOBBERLY PROPERTY Lot 2 Block Plat Sec.  
Well Driller COMPTON/FOGLE Owner MOBBERLY

Depth of well 300'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 55'

Time pump started 10:00 Pumping rate 12  
Total time 3hr 5 to reach pumping water level 144 ft. below M.P.

[illegible]

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
2000 APR 26 PM 12:24

Well Permit No. HO - 94-2668  
Location of property (road) PFEFFERKORN RD.  
Subdivision MOBBLEY PROPERTY Lot 2 Block        Plat        Sec.         
Well Driller COMPTON / FOBLE Owner MOBBLEY

### I. High rate pumping -- reservoir drawdown

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 <b>13831</b> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>Ho - 94 - 2668</b> <small>70 fill in this form completely 79</small>
Date Received (APA) <small>8 MM DD YY 13</small> <b>MOOREHEAD GRETCHEN</b> <small>15 Last Name 34 Owner First Name</small> <b>RTE 144</b> <small>36 Street or RFD 55</small> <b>WEST FRIENDSHIP MD 21794</b> <small>57 Town 70 State 72 Zip 76</small>		B 3 <b>HOWARD</b> LOCATION OF WELL <small>8 COUNTY 21</small> <b>MOOREHEAD PROP</b> <small>23 SUBDIVISION 42</small> SECTION <small>44 46</small> LOT <b>2</b> <small>48 50</small> <b>GREENE</b> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <small>73 76 77 78</small> <b>4</b> M I	
<b>DRILLER INFORMATION</b> <b>Allen Compton M 5D 009</b> <small>Driller's Name 76 License No. 81</small> <b>FOGLES WELL DRILLING</b> <small>Firm Name</small> <b>580 ORRECHT RD SYKESVILLE</b> <small>Address</small> <b>Allen Compton 2-22-00</b> <small>Signature Date</small>		B 4 <b>BURNT WOODS</b> <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 360 37</small> DISTANCE FROM ROAD <b>FT</b> <small>ENTER FT OR MI 38 39</small> TAX MAP: <b>22</b> BLK: <b>1-7</b> PARCEL: <b>14-234</b>	
<b>WELL INFORMATION</b> <small>1 2</small> <b>5</b> APPROX. PUMPING RATE (GAL. PER MIN.) <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <small>14 20</small> <b>500</b>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> <b>13</b> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE <small>INSERT S → 41</small> DATE ISSUED <b>03 03 00</b> <b>C. Will</b> <b>3/2/01</b> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID <b>525 000</b> EAST GRID <b>0806 000</b> <small>50 55 57 63</small>	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>3/17/00 - Missed grout and yield</b> 2. <b>300' Deep</b> 3. <b>109' Casing SRU</b>	
APPROXIMATE DEPTH OF WELL <b>200</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH		WRITE THE BOX NUMBER FROM THE MAP HERE E <b>800</b> N <b>580</b>	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) <b>AIR-ROTARY</b> JETTED Jetted & DRIVEN <small>30 AIR-ROTARY 37 CABLE</small> AIR-PERCussion ROTARY (Hydraulic Rotary) DRIVE-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>REPLACEMENT OR DEEPEENED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) <small>41 52</small>		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <small>54 63</small> G.A.P. PERMIT NO. <b>Ho - 94 - 2668</b> <small>70 71 72 73 74 75 76 77 78 79</small>	

## SPECIAL CONDITIONS

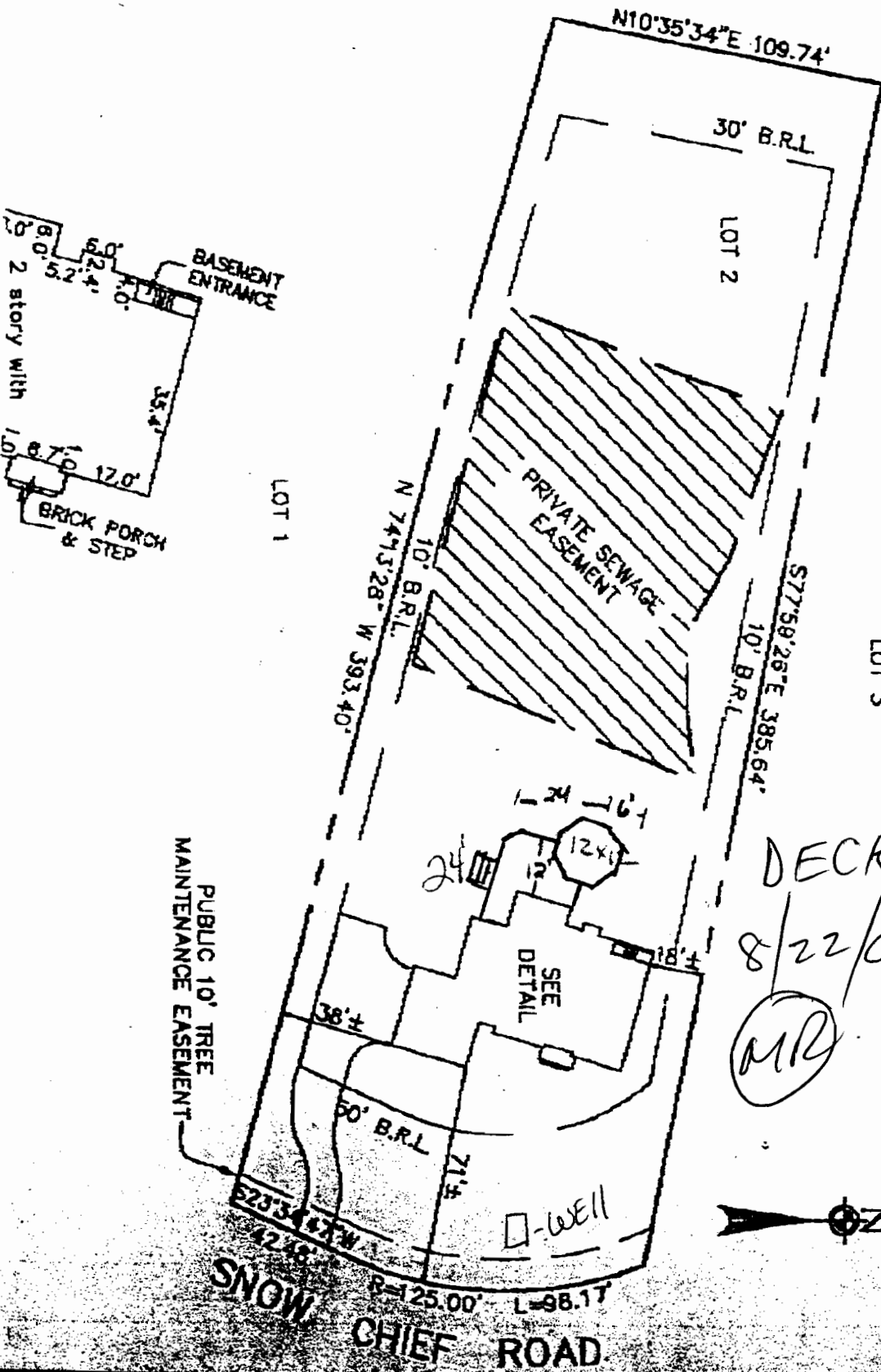
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



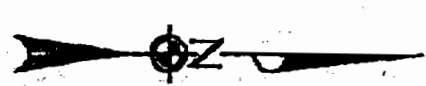
THIS PLAT IS NOT INTENDED TO SHOW THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING. SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL NO. 240044 0012 B, EFFECTIVE DATE: DEC. 4, 1986.

5) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS (±).

6) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



DECK OK  
8/22/01  
MR. 1-50



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00132085
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Building Address <u>3507 Snow Chief Rd</u> <u>Glen Md 21267</u> Suite/Apt. # <u>        </u> SDP/WP/Petition # <u>        </u> Census Tract <u>6030</u> Subdivision <u>The Paddocks</u> Section <u>        </u> Area <u>        </u> Lot <u>2</u> Tax Map <u>22</u> Parcel <u>141-234</u> Grid <u>7</u> Zoning <u>PRDEO</u> Map Coordinates <u>        </u> Lot size <u>        </u>	Property Owner's Name <u>Hahn Choi</u> Address <u>3507 Snow Chief Rd</u> City <u>Glen</u> State <u>MD</u> Zip Code <u>21267</u> Home Phone <u>410-489-2733</u> Work Phone <u>410-558-2733</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ _____ _____ Phone _____ Fax _____
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Existing Use <u>SPD</u> Proposed Use <u>SPD New Deck</u> Estimated Construction Cost \$ <u>19,980.00</u> w/sk p Description of Work <u>24x24 vinyl Deck +</u> <u>11x11 gazebo + 12x12 octagon deck.</u>	Contractor Company <u>Mid-Atlantic Deck + Fence</u> Contact Person <u>Jennifer McDevitt</u> Address <u>PO Box 1426</u> <u>Millersville</u> State <u>MD</u> Zip Code <u>21108</u> License No. <u>25165</u> Phone <u>410-544-1987</u> Fax <u>410-721-1970</u>
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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 _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	<b>Utilities</b> Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ 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: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <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 HERETO; (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 <u>Jennifer McDevitt</u> <u>Jennifer McDevitt</u> Title/Company _____	Print Name <u>Jennifer McDevitt</u> Date <u>8/22/01</u>
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

<b>AGENCY</b> <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>SIGNATURE APPROVAL</b> <u>8/22/01</u> <u>[Signature]</u> <u>8/22/01</u> <u>Mark [Signature]</u> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by <u>CC</u>	<b>PROPERTY ID#</b> <u>48977</u> Filing fee \$ _____ Permit fee \$ <u>50</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>50</u> Balance due \$ _____ Check # <u>29311</u> Validation # _____
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