LAYOUT ~~1/7/02 Layout PM~~ INSP 4 5/21/02 2:00 ± Pump Alarm

INSP 2 1/8/02 Layout pm INSP 5 _____

INSP 3 1/9/02 Layout fm INSP 6 _____

ISSUE DATE: 1/4/2002

APPROVAL DATE: 5/21/02

PERMIT 03-332969

INDEXED

P 516461-A

A 59868-~~A~~ 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: The Paddocks LOT NUMBER: 4

ADDRESS: 3515 Snow Chief Road PROPERTY OWNER: Pulte Homes, Inc.

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

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

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 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box as shown per plan. Run trenches on contour.
NOTES:	Basement service is not proposed.

PLANS APPROVED: KG on SRM 12/14/01 DATE: 12/13/01

NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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

BUILDING PERMIT SIGNED AND RETURNED 5-15-02

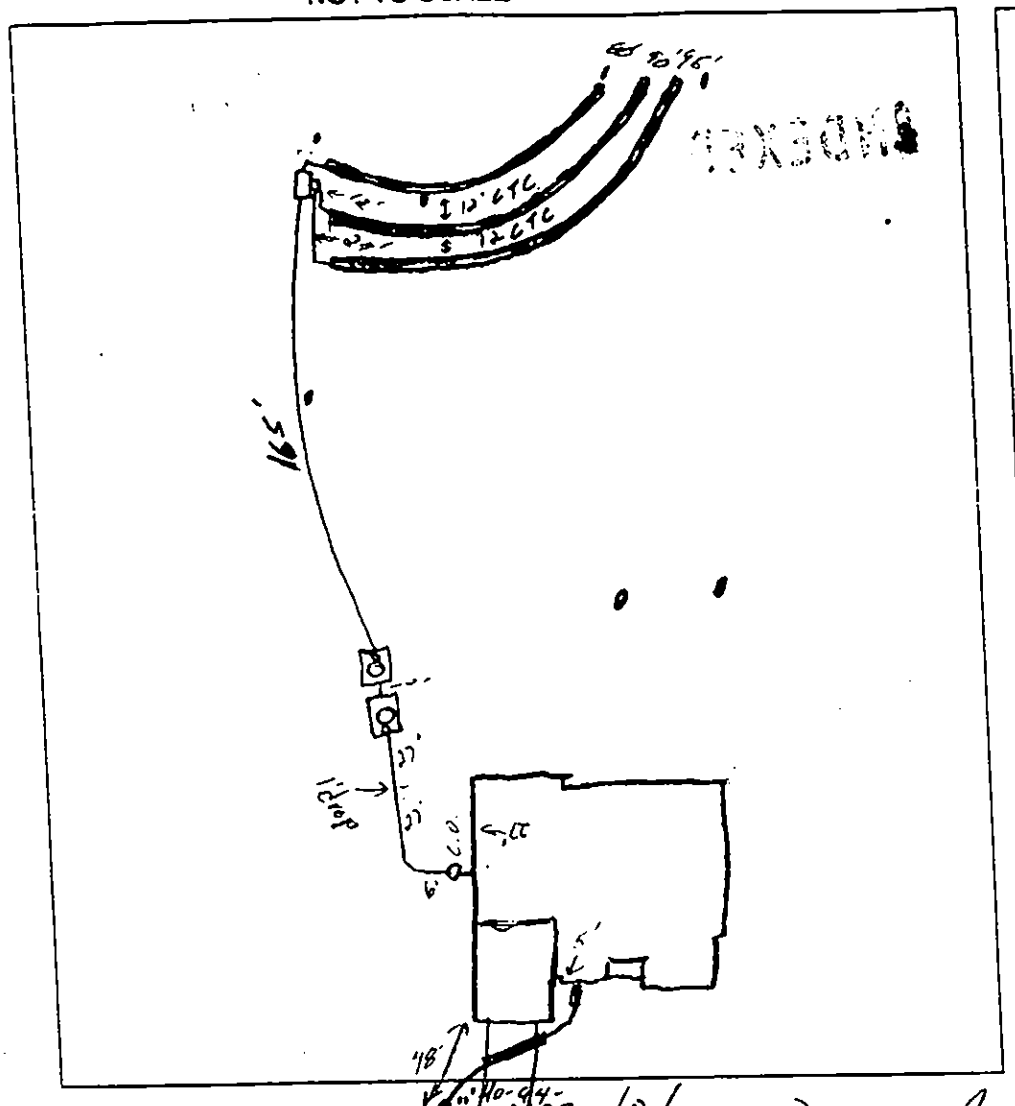
B00 136165 - DECK

5-8-03 B00141744 - POOL

12-3-03 B00145353 - POOL HOUSE

4-579628-A

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'

TRENCH INLET DEPTH 3.5

TRENCH BOTTOM DEPTH 5.5

DEPTH OF STONE 2

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 265'

ABSORBENT AREA 795 ft

DISTRIBUTION BOX LEVEL Yes

BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS

MANHOLE RISER Center

6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 TS

MANHOLE RISER Center

ALARM OPERATIONAL ✓

PUMP PERFORMANCE TEST ✓

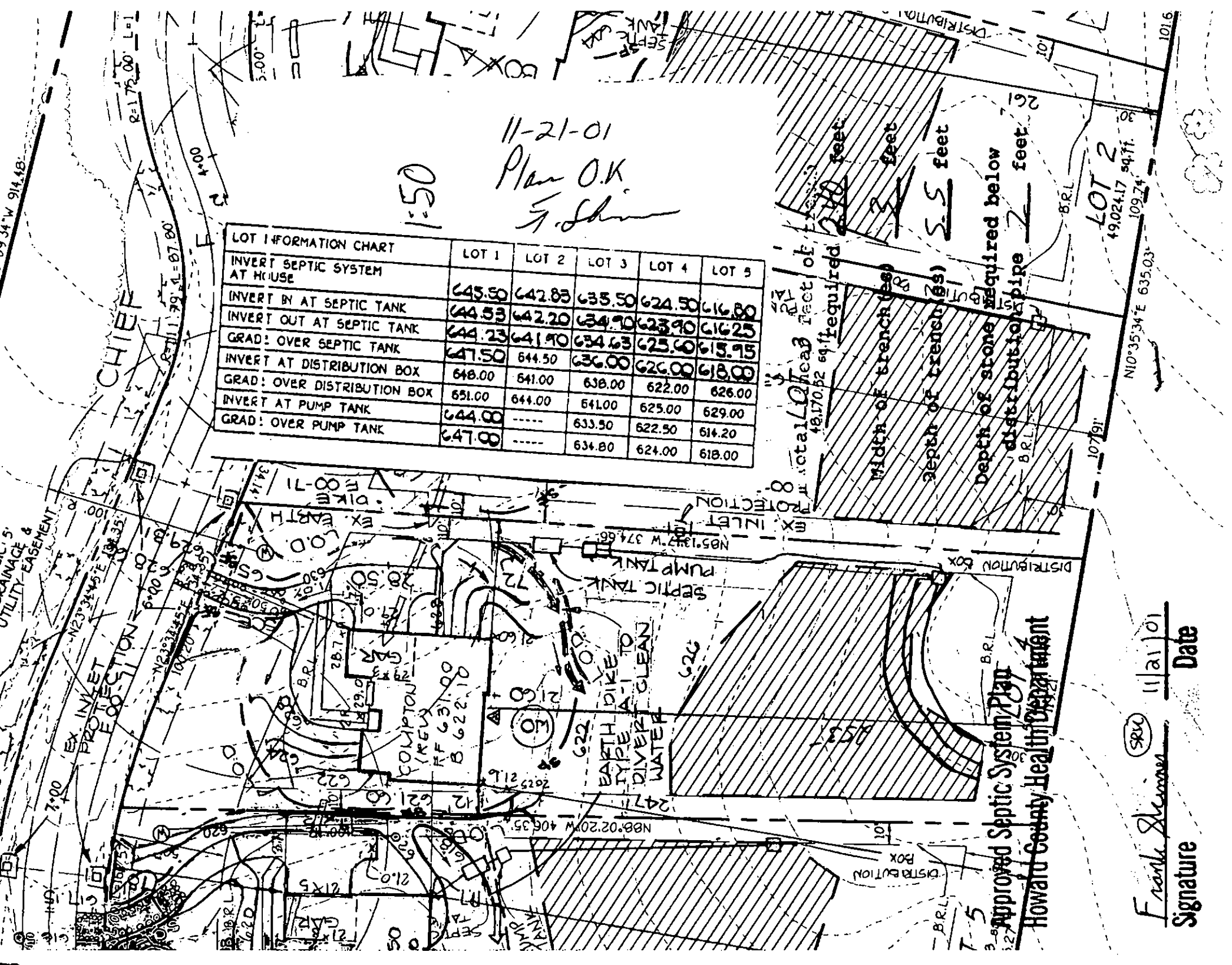
PRE-CONSTRUCTION INSPECTION: 1/8/02 Discussed w/ contractor cutting the corner of SBA to stay on contour. Rest of system per B.P. (SC)

INSPECTION COMMENTS: OK to cover all work. Alarm & pump test needed. House conn needed (SC) 4/23/02 - HOUSE CONN. MADE PER BUILDER - (SRK) 5/21/02 - PUMP & ALARM OPERATIONAL - (SRK)

INSPECTOR Steven R. Krug

DATE SYSTEM APPROVED 5/21/02

RETURN PERMIT



LOT INFORMATION CHART	LOT 1	LOT 2	LOT 3	LOT 4	LOT 5
INVERT SEPTIC SYSTEM AT HOUSE	645.50	642.83	635.50	624.50	616.80
INVERT IN AT SEPTIC TANK	644.53	642.20	634.90	623.90	616.25
INVERT OUT AT SEPTIC TANK	644.23	641.90	634.63	625.60	615.95
GRADE OVER SEPTIC TANK	647.50	644.50	636.00	626.00	618.00
INVERT AT DISTRIBUTION BOX	648.00	641.00	638.00	622.00	626.00
GRADE OVER DISTRIBUTION BOX	651.00	644.00	641.00	625.00	629.00
INVERT AT PUMP TANK	644.00	-----	633.50	622.50	614.20
GRADE OVER PUMP TANK	647.00	-----	636.80	624.00	618.00

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: Eagles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville Md 21784

(Must circle one) Licensed Plumber (Licensed Well Driller) Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MD 0009
*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Ryland Homes Telephone #:
Subdivision: The Paddocks Lot #: 4 Well Tag #: HO 94 - 2670
Site Address: 3515 Sow Chief Rd.

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Goulds	Make: Campbell	Two piece watertight cap: yes
Model #: 7SB05	Model#: N/A	Screened, vented well cap: yes
Pump Capacity 7 GPM	Depth: 42' (36" min)	Cap secured to casing: yes
Well Yield: 15 GPM	NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 300 (feet)		Conduit secured to well cap: yes

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing n/a

Piping to house	House Connection
Type: 1" Black Plastic	PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min)	Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min)	Sleeve caulked and sealed properly: yes

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.

Allen Compton 5/22/02
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/26/02 Date Insp. Approved: 5/29/02 Inspector: SO

Inspection Data:
- Pitless adapter watertight & 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 not seen outside of well cap/casing ✓
- Correct well tag attached properly and casing 3" above finished grade ✓
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓

C 1 | 07669 | 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 13

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 5 22 00

Depth of Well 300 (TO NEAREST FOOT)

ok/cw 4/27/00

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-94-2670

OWNER MOBBERLY (last name) GRETCHEN (first name)

STREET OR RFD PFEFFERKORN RD TOWN GLENELG

SUBDIVISION MOBBERLY PROPERTY SECTION ____ LOT 4

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	FEET TO	check if water bearing
Brown Shale	0	95	
Gray	95	125	
White	125	126	✓
Gray	126	210	
White	210	211	✓
Gray	211	284	
White	284	285	✓
Gray	285	300	

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes Y no N

CIRCLE APPROPRIATE LETTER
- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS LIC. NO.: MSD 0095

Allen Compton
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __D___

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 24 NO. OF POUNDS 2256

GALLONS OF WATER 144

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP ft. to 84 BOTTOM ft.

(enter 0 if from surface)

CASING RECORD
casing types - insert appropriate code below

(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	06	102

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole - insert appropriate code below

(ST) STEEL (BR) BRASS BRONZE (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN		
1	40	84	300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

from	to

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

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 03

PUMPING RATE (gal. per min.) 15.

METHOD USED TO MEASURE PUMPING RATE SGL.

WATER LEVEL (distance from land surface)

BEFORE PUMPING 54 ft.

WHEN PUMPING 75 ft.

TYPE OF PUMP USED (for test)

(A) air (P) piston (T) turbine

(C) centrifugal (R) rotary (O) other (describe below)

(J) jet (S) submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (−) below LAND SURFACE

02 (nearest foot)

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

N

DO survey stakes

DENV-CR97 ② COUNTY

Page _____ of _____ Review _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2670
Location of property (road) PFEFFERKORN RD.
Subdivision MOBBERLY PROPERTY Lot 4 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. 54

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 15
Total time 1hr. 45MIN to reach pumping water level 75 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	54	20		15
9:15	70	20		15
9:30	73	20		15
9:45	74	20		15
10:00	74	20		15
10:15	74	20		15
10:30	74	20		15
10:45	75	20		15
11:00	75	20		15
11:15	75	20		15
11:30	75	20		15
11:45	75	20		15
12:00	75	20		15

HD-224

Page _____ of _____
Date _____

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2670
Location of property (road) PFEFFERKORN RD
Subdivision MOBBERLY PROPERTY Lot 4 Block _____ Plat _____ Sec. _____
Well Driller COMPTON/EAGLE Owner MOBBERLY

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

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 | 13834 | SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: Ho - 94 - 2670

fill in this form completely

Date Received (APA) ____

OWNER INFORMATION

MOBBERLEY GRETCHEN
Last Name | Owner | First Name

RTE 144
Street or RFD

WEST FRIENDSHIP MD 21794
Town | State | Zip

DRILLER INFORMATION

ALLEN COMPTON MSD009
Driller's Name | License No.

FOGLES WELL DRILLING
Firm Name

586 OAKECHT RD SYKESVILLE
Address

Allen Compton 2-22-00
Signature | Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN
AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)
CABLE | REVerse-ROTary | DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

APPROP PERMIT NUMBER: GAP

PERMIT No Ho - 94 - 2670

B 3 LOCATION OF WELL

HOWARD
COUNTY

MOBBERLEY PROP.
SUBDIVISION

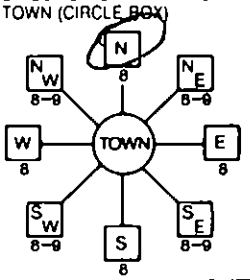
SECTION ____ LOT 4

GLENELG
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 4 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BURNT WOODS
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 720 FT

ENTER FT OR MI

TAX MAP: 22 BLK: 1-7 PARCEL 141-234

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD 13
COUNTY NAME | COUNTY NO.

STATE SIGNATURE ____ INSERT S

DATE ISSUED 03 03 00 | CO SIGNATURE | EXP DATE 3/2/01

NORTH GRID 525 000 EAST GRID 0806 000

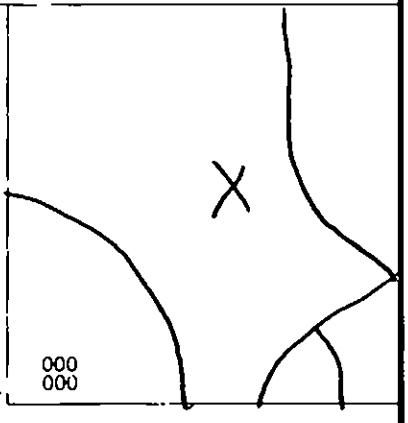
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

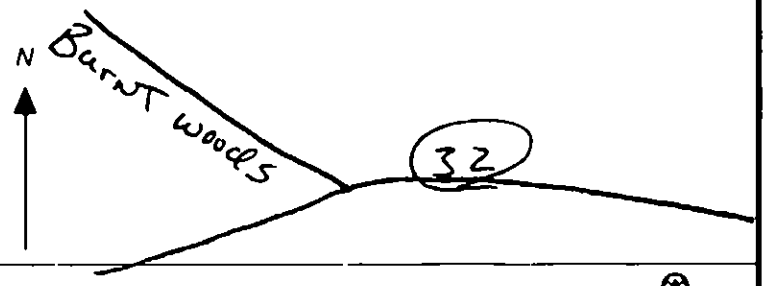
WRITE THE BOX NUMBER FROM THE MAP HERE 6

E 800

N 5205



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

© COUNTY

FOREST CONSERVATION EASEMENT
OS LOT 31
39,610.66 sq.ft.
644.21'
ROAD "A"
PUBLIC 5' DRAINAGE & UTILITY EASEMENT
PUBLIC 10' TREE MAINTENANCE EASEMENT
S82°05'24"W
R=325.00' L=196.04'
37.23'
N11°20'02"W
7+00
N23°34'45"E 134.35'
100' R
8+00
R=275.00' L=167.57'
N11°20'02"W
40.24'
N23°34'45"E
100.20'
34.35'
6+00
SCE
B.R.L.
WC
SEPTIC TANK
PUMP TANK
WELL SITE OK
3/3/00
N88°02'20"W 406
N85°13'17"W 374.66'
MATCH LINE SEE SHEET
S82°05'24"W 387.38'
LOT 5
51,218.28 sq.ft.
95.27'
LOT 4
50,117.75 sq.ft.
119.21'
30'
10'
WO

APPLICATION

PERCOLATION TESTING

A 59868

P _____

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

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. 15 & 14

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 G. 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

HD-216 (3/92)

A598608
COUNTY #

SOIL PROFILE

0'

dark orange brown silty

3.0

like 8241

12.0

8241

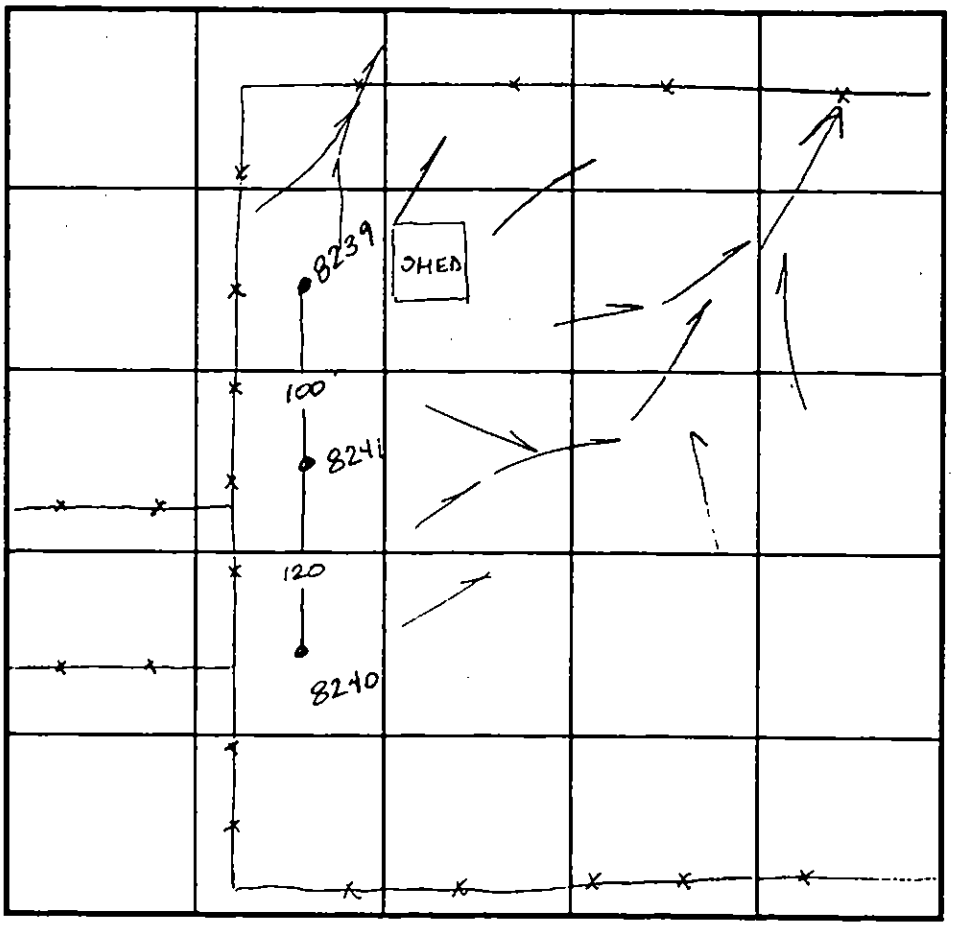
no distinct clay layer pink & yellow mottled silty not H_2O 10% lg. (6-7") diameter slate

12.0

8242

like 8241 but pockets of pink silty & decayed white quartzite

12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-18-99	3240	3.5 / 12.0	2 56	3 00	3 00	3:06	6min
	(8241)	Visual	to 12.0	-SCC.	crofik	—	OK
	(8242)	4.0 / 12.0	3:14	3:16	3:16	3:19	3min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillan ALSO PRESENT Fogks

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5min. TRENCH WIDTH 31

INLET DEPTH 3.5' MAXIMUM BOTTOM DEPTH 5.5' SQ. FT/BEDROOM 180

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 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 GREENBELT MD. 20770 PHONE (301) 489-1120

PROPERTY LOCATION:

SUBDIVISION MOBBERLY PROPERTY LOT NO. 4 B

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. 1
(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

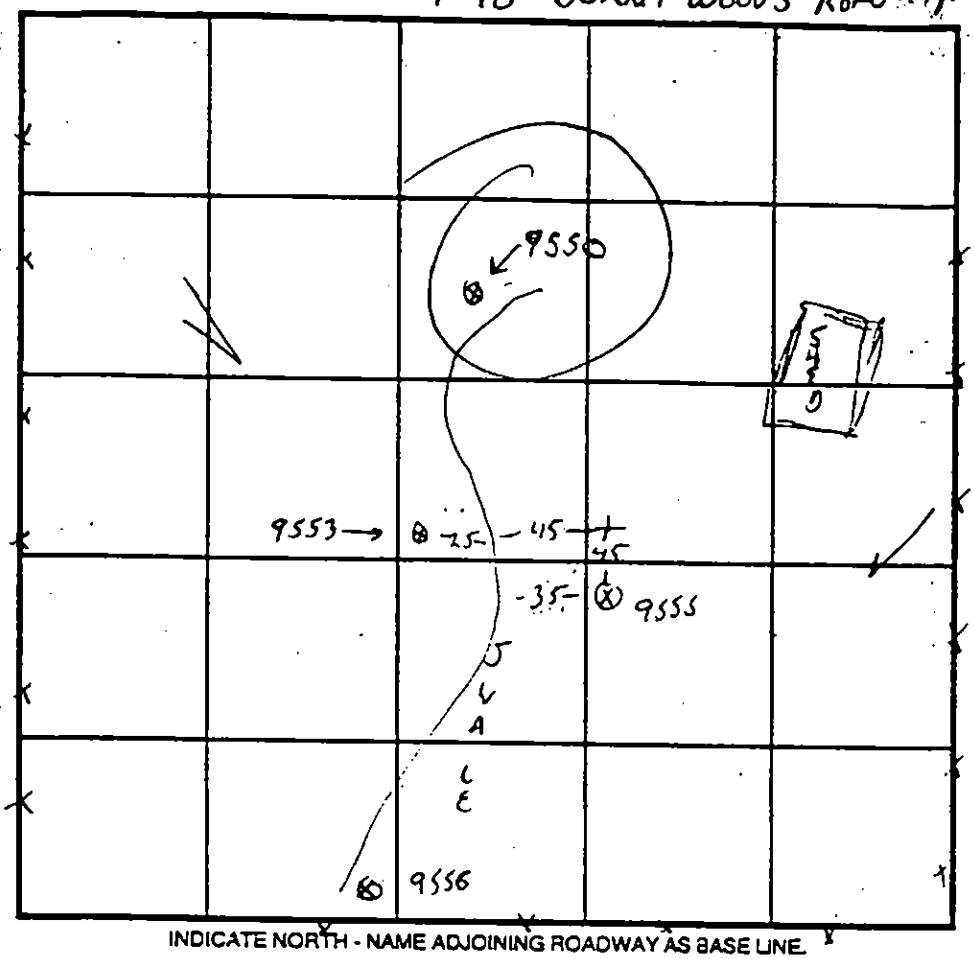
HD-216 (3/92)

↑ TO BURNT WOODS ROAD ↑

COUNTY #

SOIL PROFILE

0"



SOIL PROFILE 55

0"

6" TOPSOIL

STRONG DK CL

3

TAN LS

14

53 50

TOPSOIL 18

STRONG BROWN LOAM

5'

TAN SL

14

LOT 5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-23-98	9555	3.5/14	1.40	1.41	→	1.44	3/4W
	53	5.1/14	1.54	1.58	→	2.03	5MW
	50	/14	VISUAL	OK			OK
	56	SEE SHEET 1 OF 2	LOT 1		SLOW		F

REMARKS _____

TYPE OF SOIL _____

TESTED BY G. SAUNCE ALSO PRESENT Fyock's CREW

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 _____

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. 4

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 G. 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

HD-216 (3/92)

COUNTY #

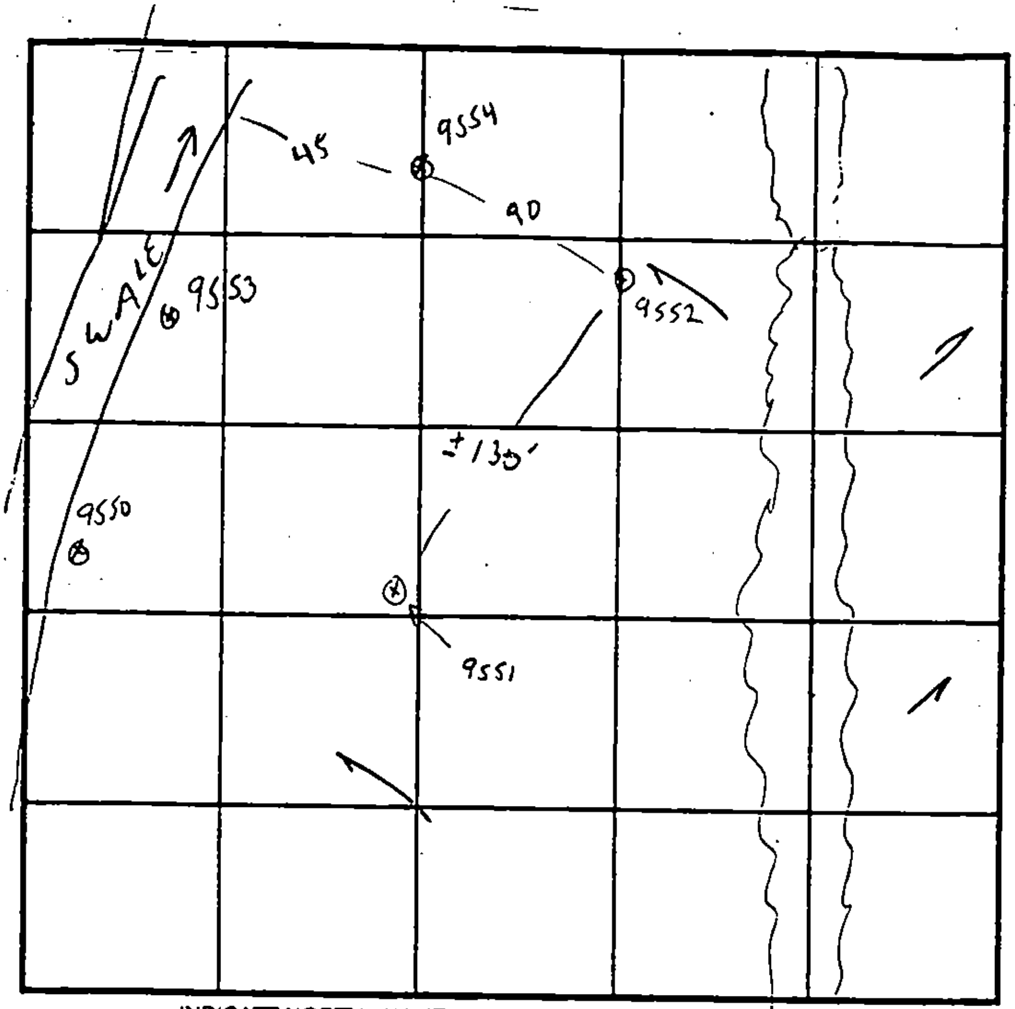
SOIL PROFILE

0'

9554

9554

9554	
TOPSOIL	
BRL	1
TAN SL 5% small Rock	3
	13



SOIL PROFILE 9551

0'

9551	
TOPSOIL	
DK BR Loam	
TAN SL 20% Rock	1
	13

COT4

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ BRANTWOOD RD

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/15/98	9551	3/13	11:42	11:51	→	5 12:15	24 MIN
						SLOW	—
	9554	3/13	11:53				
		3.5	12:01	12:07	→	12:14	7 MIN
	9552	2.5/12'	GOOD PROFILE - SL		BR/Y 5% small Rock		OK

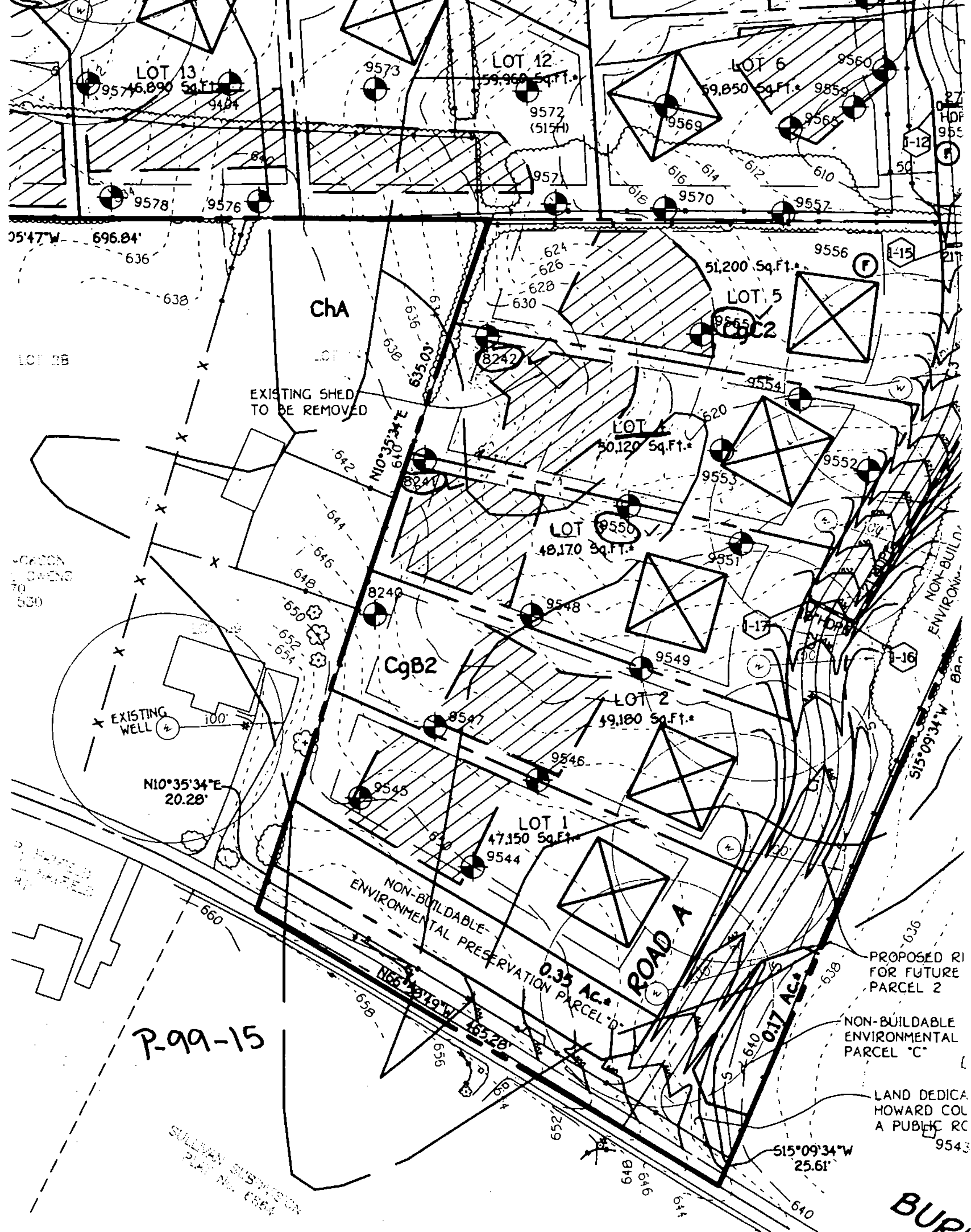
REMARKS ______

TYPE OF SOIL ______

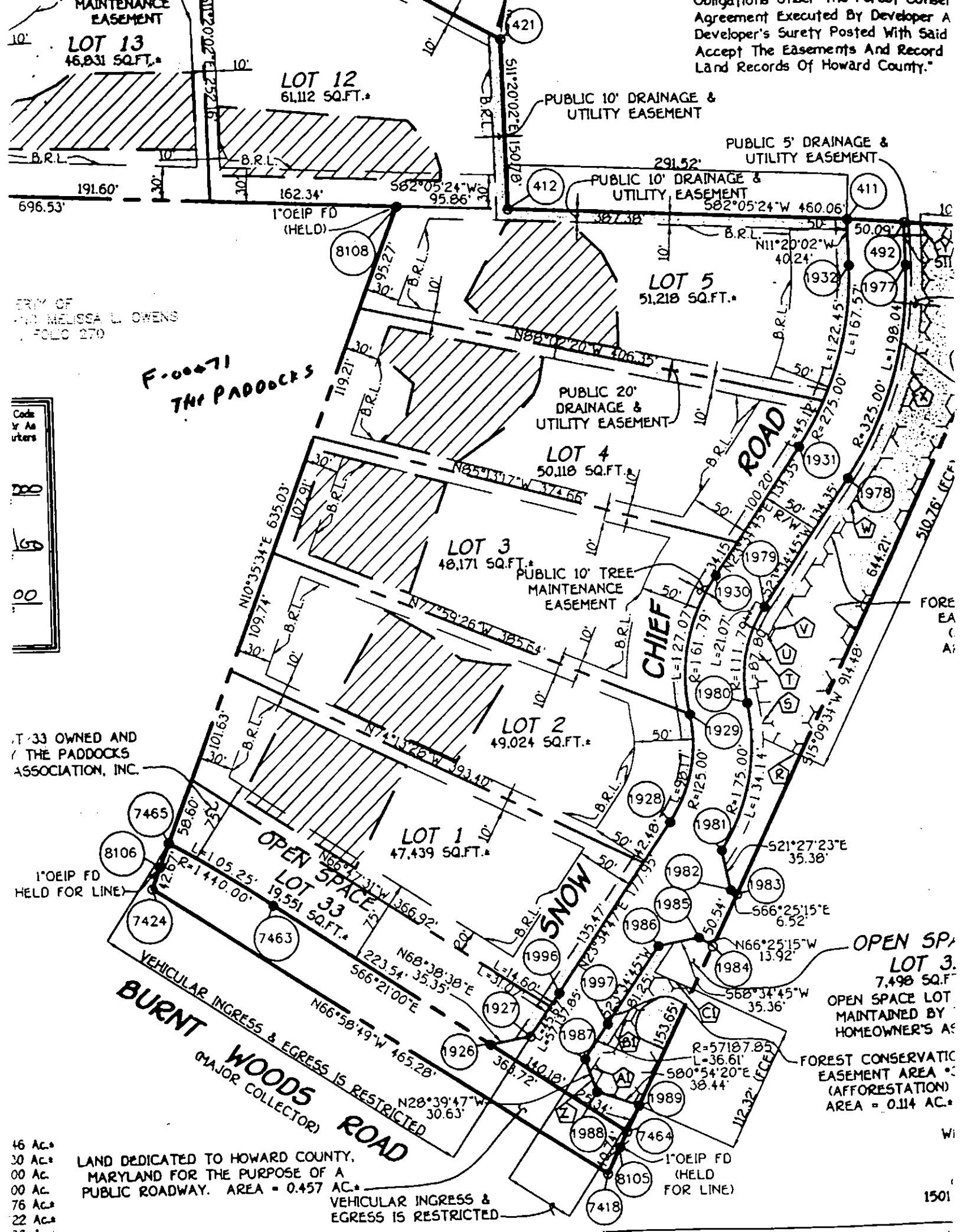
TESTED BY G. SAVAGE ALSO PRESENT ______

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME ______ TRENCH WIDTH ______

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



LOT 13
46,890 Sq.Ft.±
LOT 12
59,960 Sq.Ft.±
LOT 6
59,850 Sq.Ft.±
9573
9572
(515H)
9569
9571
9570
9557
9560
9559
9566
9578
9576
9404
05'47"W 696.84'
ChA
LOT 5
51,200 Sq.Ft.±
9556
9565
CgC2
8242
9554
EXISTING SHED
TO BE REMOVED
635.03'
N10°35'34"E
LOT 4
50,120 Sq.Ft.±
8241
9552
9553
LOT 3
48,170 Sq.Ft.±
9550
9551
8240
9548
CgB2
9549
LOT 2
49,180 Sq.Ft.±
EXISTING
WELL
100'
9547
9546
9545
N10°35'34"E
20.28'
LOT 1
47,150 Sq.Ft.±
9544
NON-BUILDABLE
ENVIRONMENTAL PRESERVATION PARCEL "D"
0.35 Ac.±
ROAD A
0.17 Ac.±
N66°48'29"W 463.28'
S15°09'34"W
S15°09'34"W
25.61'
PROPOSED RI
FOR FUTURE
PARCEL 2
NON-BUILDABLE
ENVIRONMENTAL
PARCEL "C"
LAND DEDICA
HOWARD COU
A PUBLIC RC
9543
NON-BUILD
ENVIRON
P-99-15
BUR


Agreement Executed By Developer A
Developer's Surety Posted With Said
Accept The Easements And Record
Land Records Of Howard County."
MAINTENANCE EASEMENT
LOT 13
46,831 SQ.FT.±
LOT 12
61,112 SQ.FT.±
PUBLIC 10' DRAINAGE & UTILITY EASEMENT
PUBLIC 5' DRAINAGE & UTILITY EASEMENT
PUBLIC 10' DRAINAGE & UTILITY EASEMENT
LOT 5
51,218 SQ.FT.±
LOT 4
50,118 SQ.FT.±
PUBLIC 20' DRAINAGE & UTILITY EASEMENT
LOT 3
48,171 SQ.FT.±
PUBLIC 10' TREE MAINTENANCE EASEMENT
LOT 2
49,024 SQ.FT.±
LOT 1
47,439 SQ.FT.±
OPEN SPACE LOT 33
19,551 SQ.FT.±
CHIEF ROAD
SNOW ROAD
BURNT WOODS ROAD
(MAJOR COLLECTOR)
VEHICULAR INGRESS & EGRESS IS RESTRICTED
LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROADWAY. AREA = 0.457 AC.±
VEHICULAR INGRESS & EGRESS IS RESTRICTED
1"OEIP FD (HELD)
1"OEIP FD HELD FOR LINE)
1"OEIP FD (HELD FOR LINE)
THE PADDOCKS
F-00-71
OPEN SPACE LOT 3.
7,498 SQ.FT.
OPEN SPACE LOT MAINTAINED BY HOMEOWNER'S A
FOREST CONSERVATION EASEMENT AREA
(AFFORESTATION)
AREA = 0.114 AC.±
T-33 OWNED AND THE PADDOCKS ASSOCIATION, INC.
N82°05'24"W 460.06'
N11°20'02"W 40.24'
S11°20'02"E 150.78'
N82°05'24"W 95.86'
N85°13'17"W 374.66'
N85°02'20"W 406.35'
N7°39'26"W 385.64'
N74°13'26"W 393.40'
N66°47'31"W 366.92'
N68°38'38"E 223.54'
S66°21'00"E 35.35'
N66°58'49"W 465.28'
N28°39'47"W 30.63'
S21°27'23"E 35.38'
S66°25'15"E 6.52'
N66°25'15"W 13.92'
S68°34'45"W 35.36'
S80°54'20"E 38.44'
S15°09'31"W 914.48'
N10°35'34"E 635.03'
R=275.00'
R=325.00'
R=125.00'
R=175.00'
R=1440.00'
R=57187.85'
L=1198.04'
L=1167.57'
L=1122.45'
L=134.14'
L=105.25'
L=14.60'
L=36.61'
191.60'
696.53'
162.34'
291.52'
387.38'
50.09'
644.21'
510.76' (ECE)
112.32' (ECE)
153.65'
140.18'
368.72'
366.92'
177.95'
135.47'
42.18'
50.54'
58.60'
42.67'
119.21'
107.91'
109.74'
101.63'
395.27'
100.20'
134.35'
87.80'
111.79'
127.07'
161.79'
21.07'
34.15'
45.12'
7465
8106
7424
7463
8108
421
412
411
492
1932
1977
1931
1978
1979
1930
1980
1929
1928
1981
1982
1983
1985
1986
1984
1996
1997
1927
1926
1987
1989
1988
7464
8105
7418
C1
B1
A1
Z
W
V
U
T
S
R
X
1501

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00136165

Building Address 3515 Snow Chief Rd
Glenelg MD 21737

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

Census Tract 6030 Subdivision Paddocks

Section _____ Area _____ Lot 4

Tax Map 22 Parcel 141 Grid 1

Zoning RR-DEO Map Coordinates 9F8 Lot size

Property Owner's Name Pulte Homes

Address 1501 S. Edgewood St

City Baltimore State MD Zip Code 21227

Home Phone _____ Work Phone _____

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

Phone Fax

Existing Use SFD

Proposed Use SFD NEW Deck

Estimated Construction Cost $ $1,300.00

Description of Work 36 x 12 Wood Deck + 12 x 12 Gazebo

Contractor Company Mid-Atlantic Deck + Fence

Contact Person Wall Davis

Address 200 Rt 3 South

City Gambrills State MD Zip Code 21054

License No. 05 [illegible]

Phone 410-729-[illegible] Fax 410-729-1090

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

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
✓ Public
___ Private

Sewage Disposal:
✓ Public
___ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
_____ 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 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

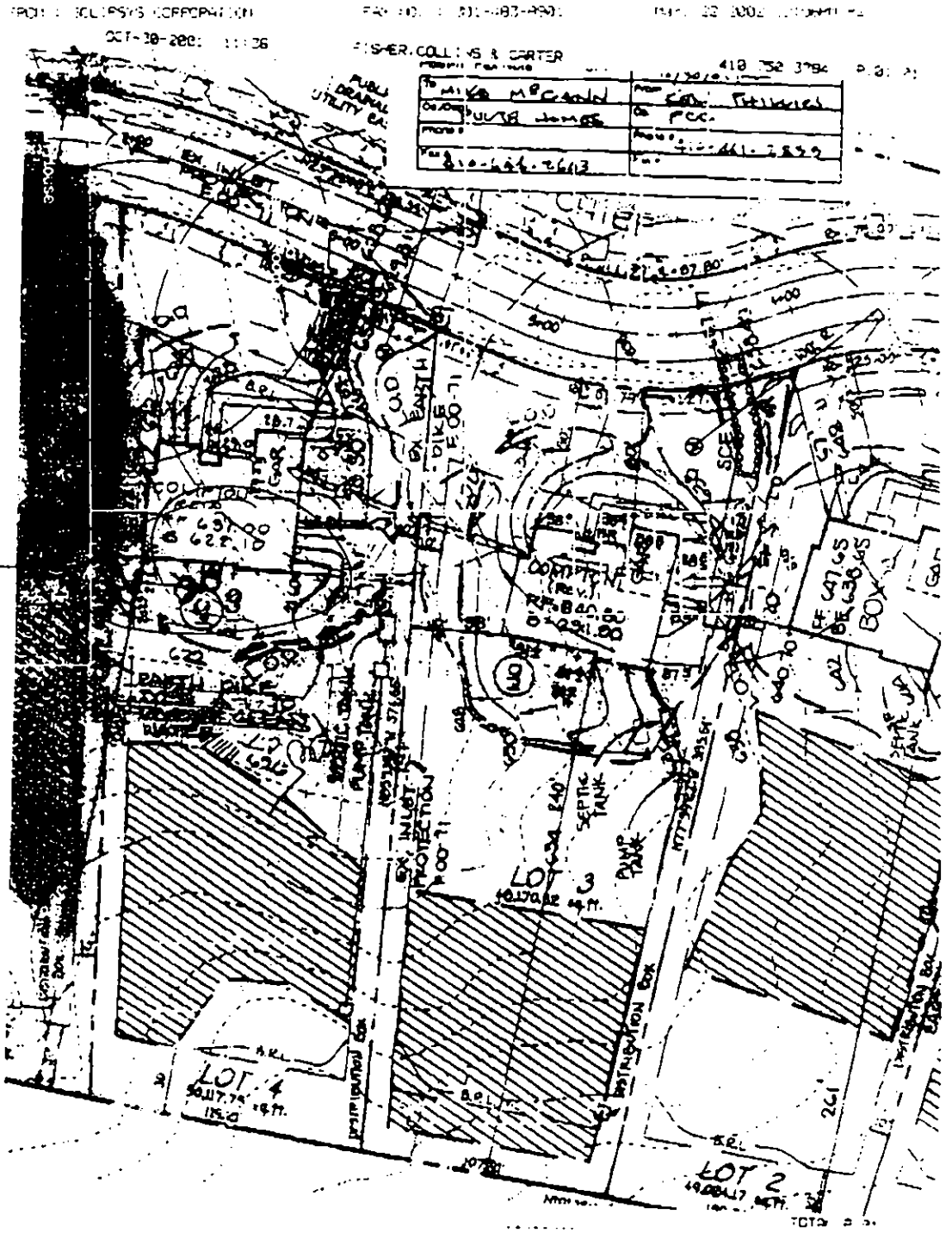
Print Name

Title/Company

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

5/15 5/15/02



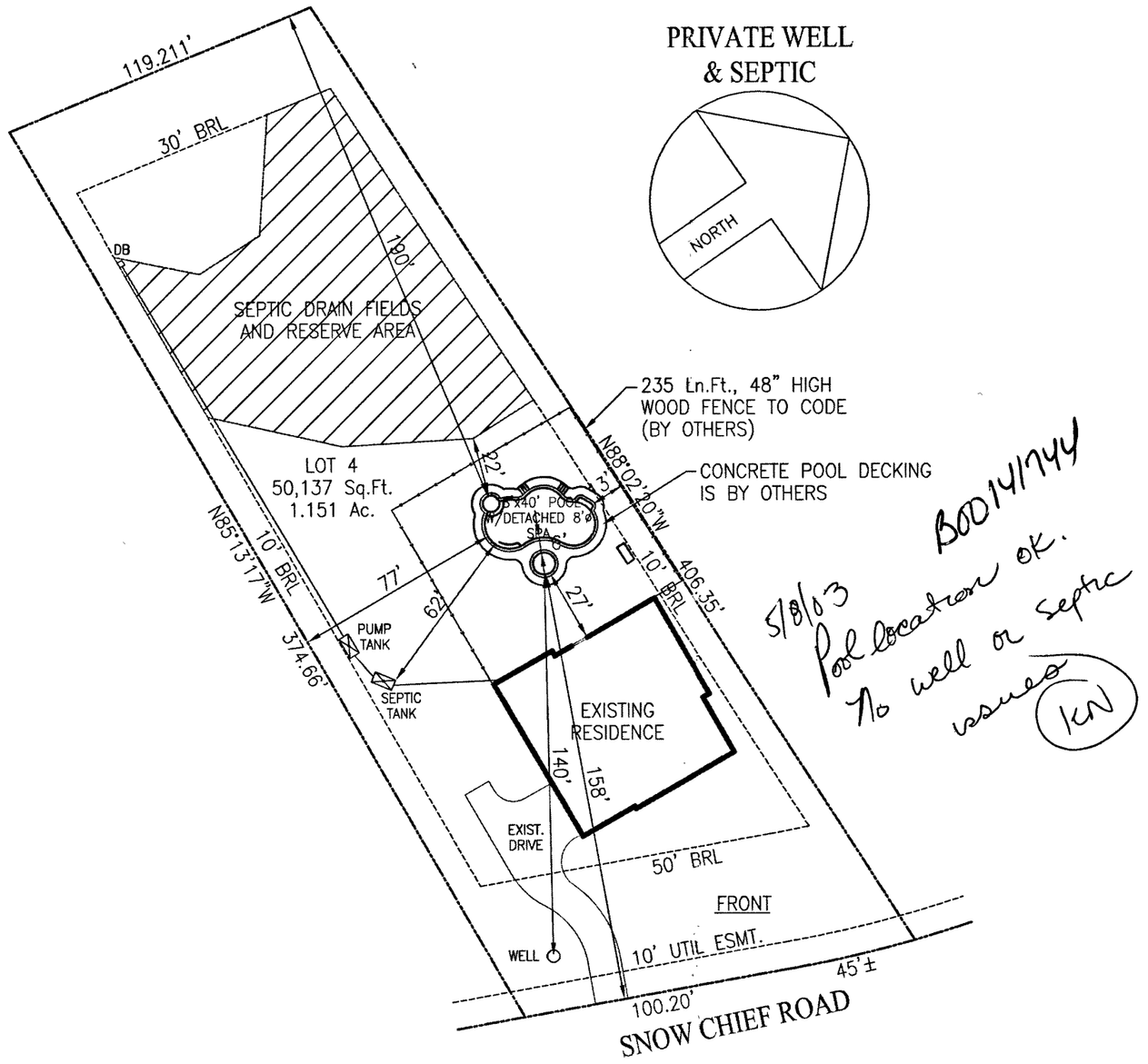
.36 x 12 Deck

1" = 50' Scale

B00136165
OK GREG
MELLIN

SETBACKS:

REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	20'



B0014744

5/8/03
Pool location ok.
No well or septic
issues
KN

REVISIONS:

00/00/00

Maryland POOLS Inc.

9515 GERWIG LANE - SUITE 119
COLUMBIA, MARYLAND 21046
800-252-SWIM (7946)

EQUIPMENT LIST

DIRT/GRADING:	HAUL
SPA:	50 Sq.Ft. RAISED 18"
RAISED BEAM:	24" HIGH (APPROX 26 Sq.Ft.)
TILE:	TBD
COPING:	TBD
PLASTER:	BLACK MARBLE PEBBLETECH
FILTER SYS:	C&C 420 SF CART. W/2 HP PUMP
CLEANING SYS:	PCC 2000
TREATMENT SYS:	MINERAL SPRINGS
CONTROL SYS:	JANDY RS-8
HEATER:	400K BTU (NAT GAS)
LIGHTS:	ONE WATTS: 500 VOLTS: 500
LOVESEAT:	TBD
AQUA BENCH:	6' OUTSIDE
RAIL GOODS:	GRABRAILS W/3 IN-WALL STEPS
DECKING:	TBD
FENCE:	BY OWNER
POOL COVER:	NONE TYPE: N/A
CHEMICALS:	$50 CHEMICAL ALLOWANCE
OTHER ITEMS:	(3) SHEER DESCENT WATERFALLS 30 Sq.Ft. DRY BAR & (3) BAR STOOLS TF-54 TELESCOPING FOUNTAIN 1HP BOOSTER PUMP & FITTINGS
ELECTRIC:	200 FT.

POOL DATA

SIZE/SHAPE:	18' x 40'
POOL AREA:	610 SPA: 50 OTHER: 12/30
TOTAL AREA:	702
PERIMETER:	105/28 SPA: 25
GALLONAGE:	21,400 DEPTH: 3'-0" TO 6'-0"

DIRECTIONS TO SITE

RT-32 WEST 9 MILES TO L/T ON BURNTWOODS RD
GO TO 1ST R/T ON SNOW CHIEF
GO TO SITE @ 3515

ZONE 1
MAP 22, GRID 1, PARCEL 141

MAP #: 9
GRID: H8

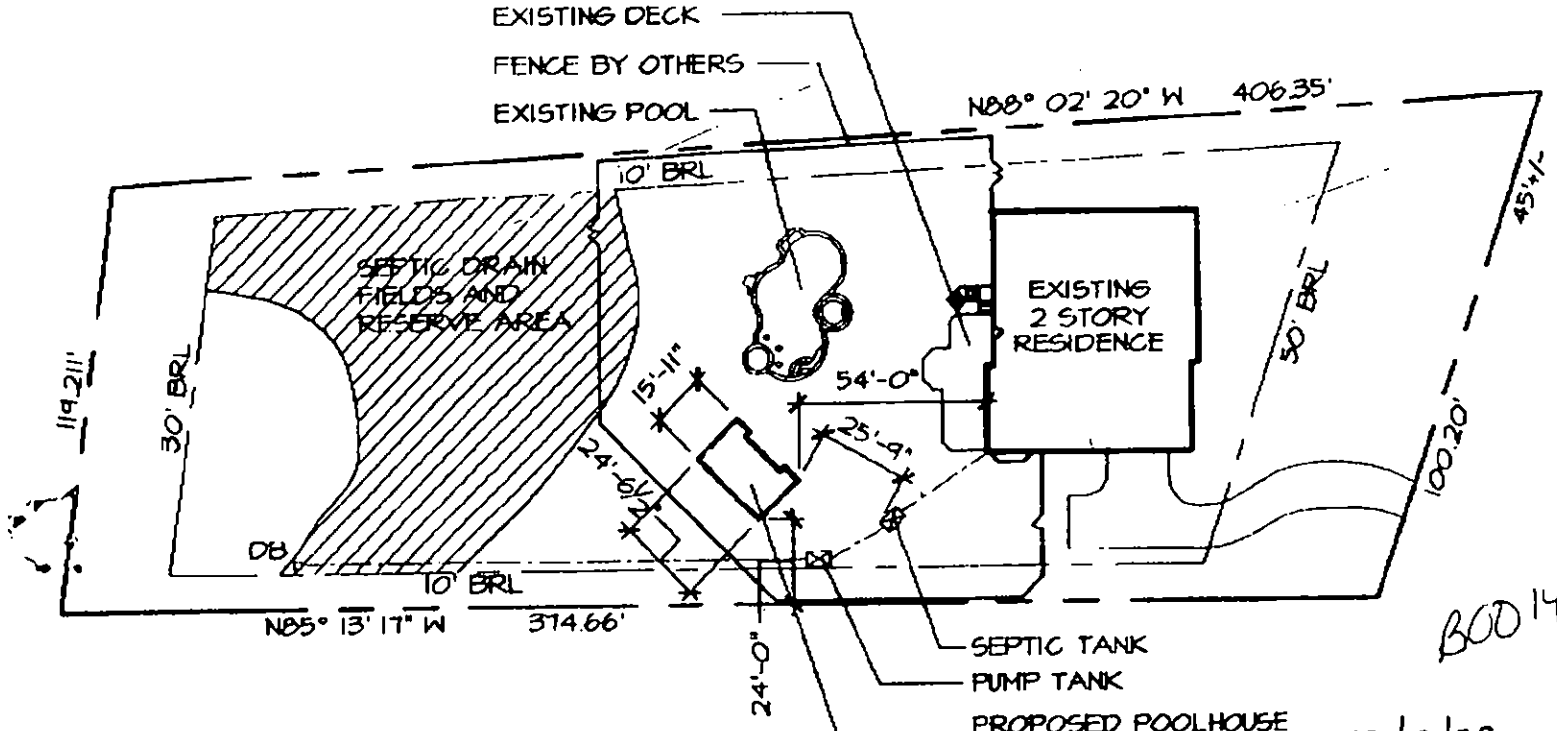
Robert & Carol Thurber
3515 Snow Chief Road
Glenelg, Maryland 21737
Howard County

HOME PHONE: 410-489-4206
OFFICE PHONE: 240-568-8103 (MR)
OTHER PHONE: 301-502-7592 (ROLAND)

SITE PLAN

LOT:	SUBDIVSION NAME:	DISTRICT:	TAX ID #:
4	THE PADDOCKS	3	332969

SCALE:	BY:	DATE:	JOB NUMBER:	SHEET #:
1"=40'	JEK	04/07/03	JS03-7381	S-1



BOD 145353

OK (SRK) 12/3/03

Install connection to septic system via septic permit for line (additional tank may be needed) → from proposed bathroom in pool house

1 SK1 SITE PLAN

SCALE: 1" = 50'-0"

LAPC Lehman Associates, P.C. — Architecture • Space Planning • Interior Design	Lehman Associates, P.C. 6566 Mink Hollow Road Highland, MD 20777-9766 Tel: 301-854-1108 Fax: 301-854-1072 www.LAPC.us	PROPOSED POOLHOUSE FOR ROBERT AND CAROL THURBER 3515 SNOW CHIEF ROAD GLENELG, MARYLAND 21737	SITE PLAN	SK1 25 NOV. 2003