

LAYOUT 4/10/02 11-12 INSP 4 7/12/02 10:30
INSP 2 4/12/02 PM INSP 5 _____
INSP 3 4/15/02 PM INSP 6 _____

ISSUE DATE: 4/3/2002

APPROVAL DATE: 7/12/02

PERMIT

INDEXED

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

P 516906--8

A 59868-G

Fogle's Septic Clean, Inc.] IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Rd., Sykesville 21784 PHONE NUMBER: 410-795-3432

SUBDIVISION: The Paddocks LOT NUMBER: 30

ADDRESS: 3524 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: 210

LINEAR FEET OF TRENCH REQUIRED: 280 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 30 feet from the left lot line and 80 feet from the rear 233.00' lot line. Run trenches in both directions. Pumped system will probably be required
NOTES:	Maintain 100' setbacks with well. Well line must not be closer than 10' to any part of septic system. Trenches to be 10' center to center if contour allows.

PLANS APPROVED: Brian Baker

DATE: 3/22/2002

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

BUILDING PERMIT SIGNED

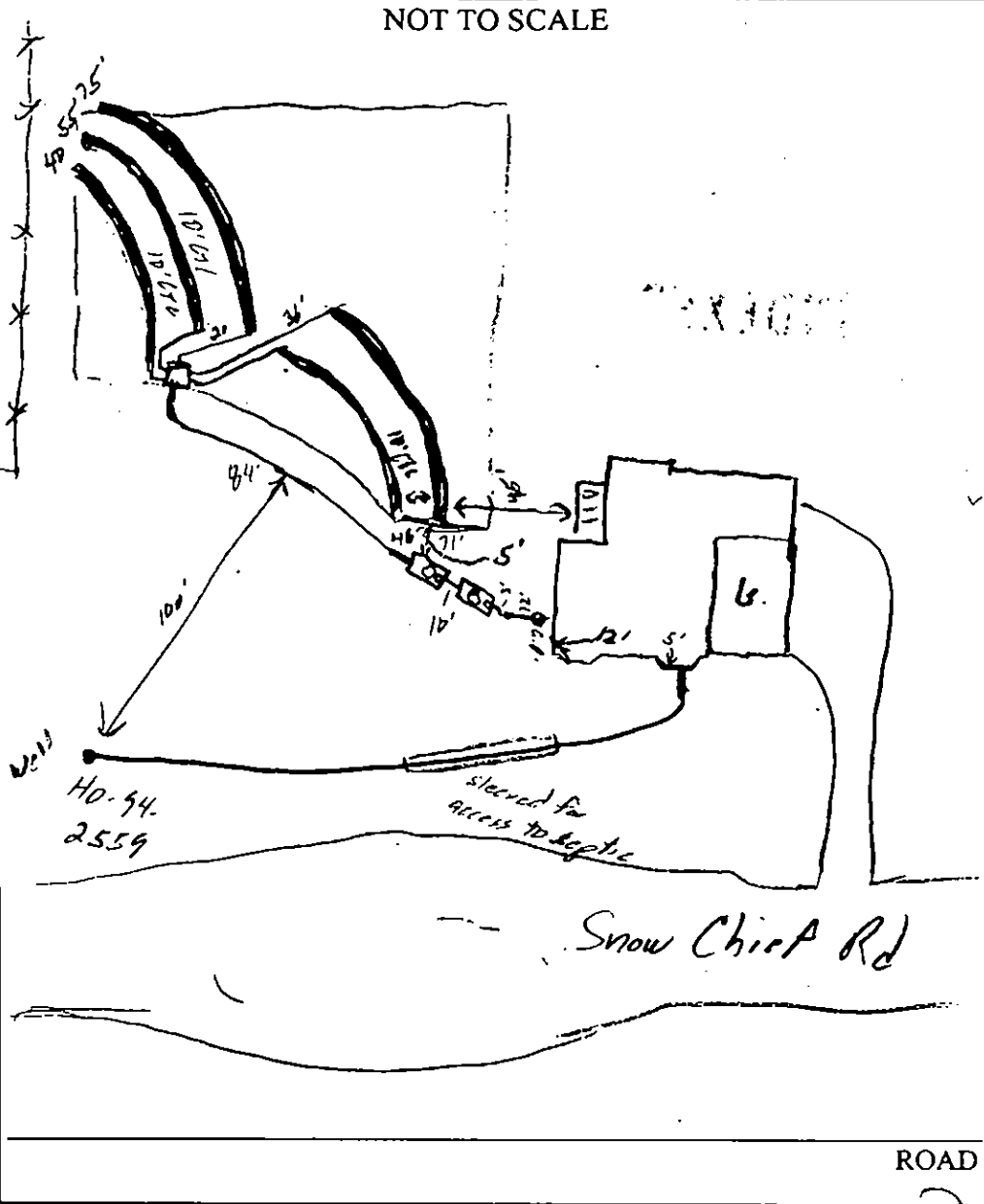
AND RETURNED

ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

10-15-03 800 144550-DECK

A59868G

NOT TO SCALE

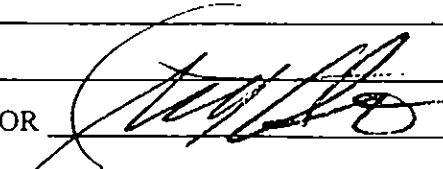


TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3	5
NUMBER OF TRENCHES		5
TOTAL LENGTH		287'
ABSORPTION AREA		861
DISTRIBUTION BOX LEVEL		426
DISTRIBUTION BOX BAFFLE		426
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL		
CAPACITY	1250	GAL
SEAM LOC	Top	
TANK LID DEPTH	12"	
BAFFLES	yes	
BAFFLE FILTER		
MANHOLE LOC	Front	
6" PORT LOC	Front	
WATERTIGHT TEST	yes	
SEPTIC TANK 2 LEVEL		
CAPACITY	1250	GAL
SEAM LOC	Top	
TANK LID DEPTH	24"	
BAFFLES	yes	
BAFFLE FILTER		
MANHOLE LOC	Front	
6" PORT LOC	Front	
WATERTIGHT TEST	yes	

PRE-CONSTRUCTION 4/10/02 Layout per B.P. (SO)

INSTALLATION 4/12/02 Tank's set, house conn needed (SO)
 4/15/02 OK to cover all work (SO)
 7/12/02 Pump & Alarm test OK (SO)

FINAL INSPECTOR  DATE OF APPROVAL 7/12/02

RECEIVED AND RETURNED TO THE ISSUING OFFICE

EX. EARTH OKE
F.00-71

UTILITY EASEMENT

EX.
1 STORY
WOOD
BARN

EX. 2 STORY
ALUMINUM
SIDING HOUSE

EX. SUPER
100. F
INV D.B. 605.50
GRADE D.B. 608.50
EF 614

SNOW CHIEF ROAD

EX. INLET
PROTECTION

~~PUBLIC TO TREE~~
~~MAINTENANCE EASEMENT~~

EX. EARTH OKE
F.00-71

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440012 B EFFECTIVE DEC. 4, 1995.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (+)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

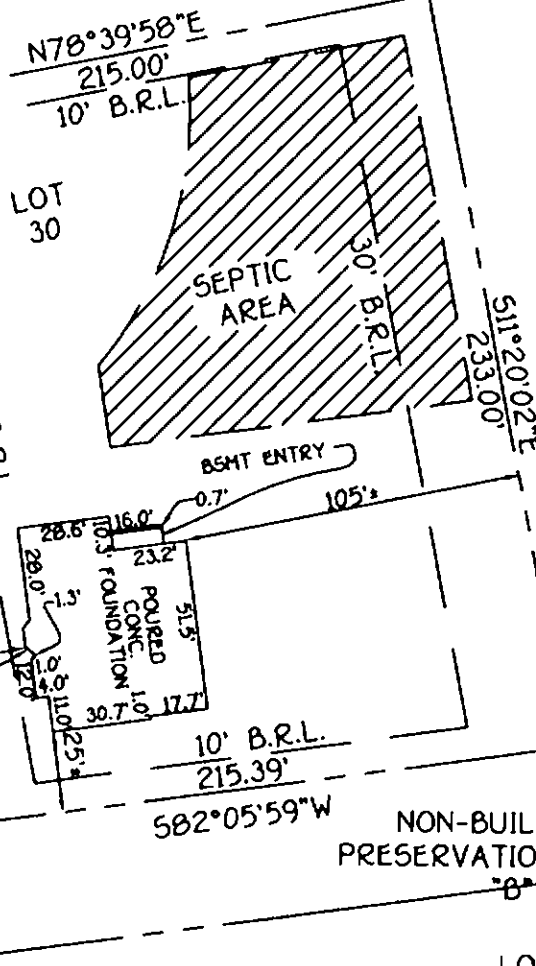
BUILDABLE
PRESERVATION PARCEL
"A" IS PRIVATELY
OWNED AND MAINTAINED
AND IS ENCUMBERED
WITH AN EASEMENT
AGREEMENT WITH THE
PADDOCK'S HOMEOWNER'S
ASSOCIATION, INC. AND
HOWARD COUNTY,
MARYLAND

10' PUBLIC TREE
MAINTENANCE
EASEMENT

5' PUBLIC
DRAINAGE
& UTILITY
EASEMENT

SNOW CHIEF ROAD
50' R/W

NOTE:
(3.2'x5.8'x3.2')



Wall check OK
House is
More or less in same
location as on B.P. Plan.
App 4/3/02

PUBLIC STORM WATER
MANAGEMENT, DRAINAGE
UTILITY & ACCESS
EASEMENT

B.R.L. BUILDING RESTRICTION LINE
TOP OF WALL ELEV. 609.3'±

LOT 30
THE PADDOCKS
LOTS 1 THRU 33 & PRESERVATION
PARCEL A THRU B
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT No. 14483

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 481 - 2995

Drawing Name:

FCC •



PROFESSIONAL LAND SURVEYOR DATE

REG. 582

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 3/05/02
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 3/08/02
DRAWN BY: D.B.
CHECKED BY: _____
PROJECT No.: 30664

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 560 Abbott Rd
Stylesville Md 21154

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

Name (Print): Allan Compton License# msd 009

*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: Pluto Telephone #: _____
Subdivision: The Paddocks Lot #: 30 Well Tag #: HO 94-2559
Site Address: 3524 Snow Chief Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Red Jacket</u>	Make: <u>Cannell</u>	Two piece watertight: <u>yes</u>
Model #: <u>8G16</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>8</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 1 1/2" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1999 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 no

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

Allan Compton 6/19/02
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/12/02 Inspector SRK

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 groud observed below pitless adapter ✓

C1 07606		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.	
1 2 3 8				COUNTY NUMBER 13		
ST/CO USE ONLY DATE Received MM DD YY 8 24 00		DATE WELL COMPLETED 8 24 00		Depth of Well 22 300 26 (TO NEAREST FOOT)		
				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 2559		
				28 29 30 31 32 33 34 35 36 37		
OWNER <u>MOBBEALY GRETCHEN</u>						
STREET OR RFD <u>PFEFFERLOIN RD</u> TOWN <u>GLENELO</u>						
SUBDIVISION <u>MOBBEALY PROPERTY</u> SECTION LOT <u>30</u>						
WELL LOG Not required for driven wells			GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>			
FEET FROM TO			NO. OF BAGS <u>72</u> NO. OF POUNDS <u>7128</u>			
check if water bearing			GALLONS OF WATER <u>72</u>			
Brown shale 0 74			DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft. (enter 0 if from surface)			
Gray 74 100			CASING RECORD			
Brown 100 101 ✓			casing types insert appropriate code below <input checked="" type="checkbox"/> ST <input type="checkbox"/> CO <input type="checkbox"/> PL <input type="checkbox"/> OT			
Gray 101 195			MAIN CASING TYPE <u>ST</u> <u>06</u> <u>80</u>			
White 195 196 ✓			Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)			
Gray 196 280			OTHER CASING (if used) diameter inch depth (feet) from to			
White 280 281 ✓			SCREEN RECORD			
Gray 281 300			screen type or open hole (insert appropriate code below) <input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO <input type="checkbox"/> PL <input type="checkbox"/> OT			
NUMBER OF UNSUCCESSFUL WELLS: _____			DEPTH (nearest ft.) <u>HO</u> <u>38</u> <u>300</u>			
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			C2			
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			E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 C 3 38 39 41 45 47 51 R E N			
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			SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
DRILLERS LIC. NO. 1 <u>M 5 D 0 0 9</u> <u>Driller Signature</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 <u>D</u>			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA			
			PUMPING TEST			
			HOURS PUMPED (nearest hour) <u>03</u>			
			PUMPING RATE (gal. per min.) <u>10.1</u>			
			METHOD USED TO MEASURE PUMPING RATE <u>196L</u>			
			WATER LEVEL (distance from land surface)			
			BEFORE PUMPING <u>42</u> ft.			
			WHEN PUMPING <u>89</u> ft.			
			TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible			
			PUMP INSTALLED			
			DRILLER INSTALLED PUMP (YES or NO) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.			
			TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O) IN BOX 29			
			CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35			
			PUMP HORSE POWER 37 41			
			PUMP COLUMN LENGTH (nearest ft.) 43 47			
			CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>02</u> (nearest foot)			
			LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)			
			NO survey states			

Well Permit No. HO - 94-2559
Location of property (road) Pfefferkorn Rd.
Subdivision MOBBERTY P.D. Lot 30 Block Plat Sec.
Well Driller COMPTON / FLYNN Owner GRACHEEN MOBBERTY

Depth of well 300'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 42'

Time pump started 10:00 Pumping rate 20
Total time 30 MIN. to reach pumping water level 89 ft. below M.P.

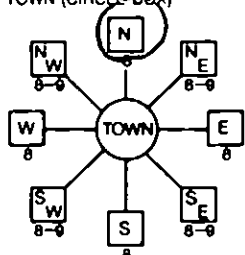
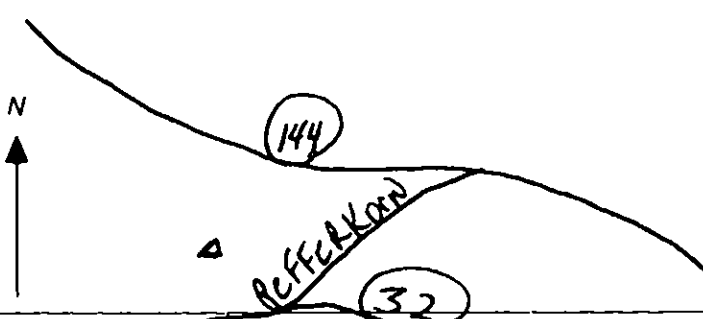
[illegible]

Well Permit No. HO - _____
 Location of property (road) _____
 Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller _____ Owner _____

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

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

[illegible]

B 1 19897 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER Ho - 94 - 2559 <small>70 fill in this form completely 79</small>
Date Received (APA) <small>8 MM DO YY 13</small> MOBBERLEY Gretchen <small>15 Last Name 34 Owner First Name</small> Route 144 <small>36 Street or RFD 55</small> West Friendship MD 21794 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> MOBBERLEY PRO. <small>23 SUBDIVISION 42</small> SECTION 30 LOT 30 <small>44 46 48 50</small> GLENELG <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 4 M I <small>73 76 77 78</small>	
DRILLER INFORMATION Allen Compton MS D 009 <small>Driller's Name 76 License No 81</small> Fogle's Well Drilling <small>Firm Name</small> 580 Obrecht rd Sykesville <small>Address</small> Allen Compton 1-13-00 <small>Signature Date</small>		B 4 PFEFFERKORN <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 890 37</small> DISTANCE FROM ROAD 890 FT <small>ENTER FT OR MI 38 39</small> TAX MAP: 22 BLK: 1-7 PARCEL: 141-234	
B 2 WELL INFORMATION <small>1 2</small> APPROX PUMPING RATE (GAL. PER MIN) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (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		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 <small>COUNTY NAME COUNTY NO</small> STATE SIGNATURE _____ INSERT S → <small>DATE ISSUED 41</small> 01 19 00 C. W. W. 01 18 01 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 526 EAST GRID 0803 <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E 800³ N 520⁶ <small>000 000</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN <small>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTARY DRIVE-POINT</small> 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 	
REPLACEMENT OR DEEPENED WELLS (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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER Ho - 94 - 2559 <small>54 GAP 63</small> PERMIT No Ho - 94 - 2559 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

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 3/16/99

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Mobberly Property LOT NO. 30

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

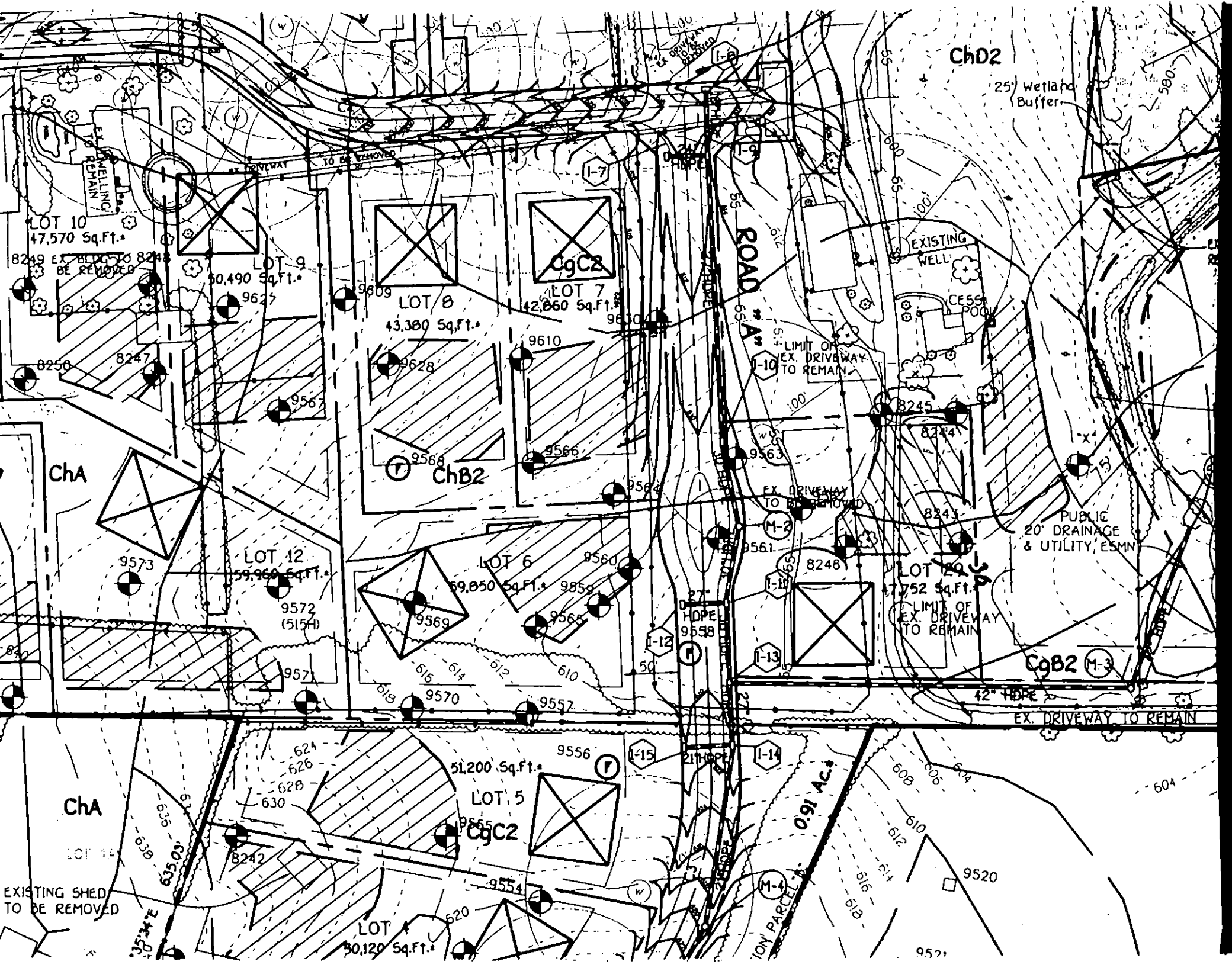
REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT./BEDROOM 210

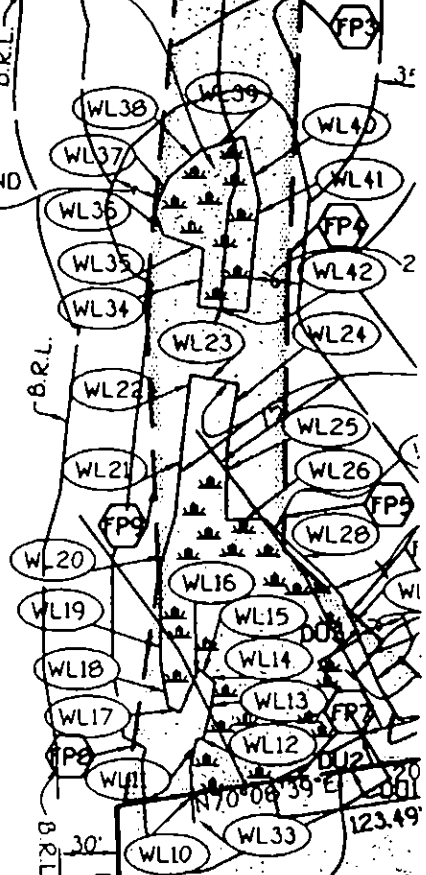


WETLANDS
(Metes & Bounds Chart
See Sheet 1)

F-00-71 THE PADDOCKS

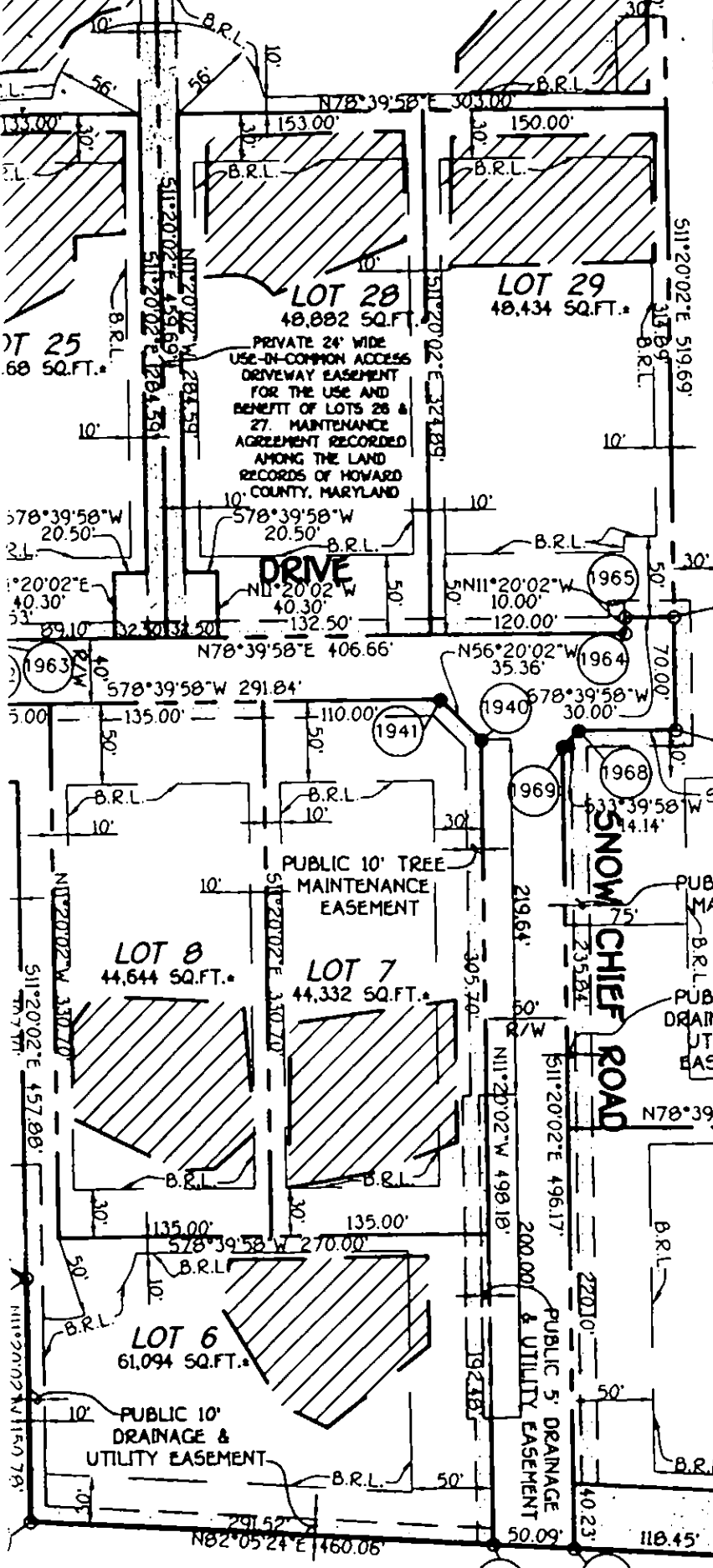
25' WETLAND
BUFFER

BUILDABLE
PRESERVATION PARCEL
'A' IS PRIVATELY
OWNED AND MAINTAINED
AND IS ENCUMBERED
WITH AN EASEMENT
AGREEMENT WITH THE
PADDOCKS
HOMEOWNER'S
ASSOCIATION, INC. AND
HOWARD COUNTY,
MARYLAND



PUBLIC
MANAGEMENT
UTILITIES
NON-
FREE
PA

NON-BUILDABLE
PARCEL 'B'
MAINTAINED BY
HOMEOWNER'S ASSOCIATION
AND IS ENCUMBERED BY
EASEMENT AGREEMENT
HOWARD COUNTY



SNOW
CHIEF
ROAD

SEE

4" REBAR FD
(HELD)
PUBLIC STORM WATER
MANAGEMENT, DRAINAGE
UTILITY & ACCESS EASEMENT

Conservation Easements

Shown On This Plan For Water, Sewer, Storm Drainage, Other Public
Locations Herein Reserved Whether Or Not Expressly Stated In The Deeds
Easements Herein Reserved To Howard County, With A Metes And Bounds

PROPERTY OF
JAMES P. JACKSON
N 585900
E 1315550
E 101011
(meters)

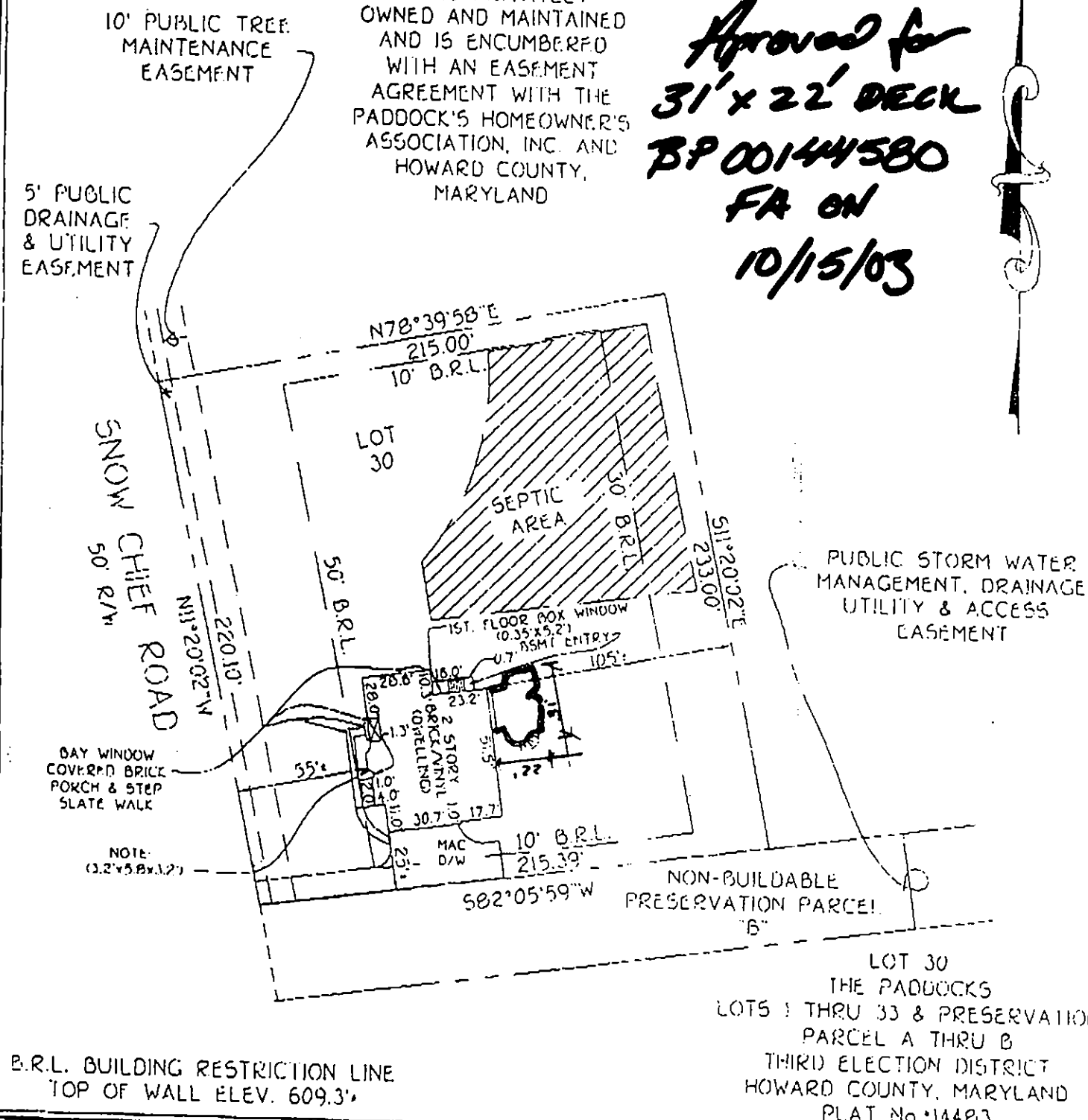
1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.

2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440012 B EFFECTIVE DEC. 4, 1986.

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (1).

4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

Approved for
31' x 22' DECK
BP 00144580
FA ON
10/15/03



B.R.L. BUILDING RESTRICTION LINE
TOP OF WALL ELEV. 609.3'

LOT 30
THE PADDOCKS
LOTS 1 THRU 33 & PRESERVATION
PARCEL A THRU B
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT No. 14483

HOUSE LOCATION
DRAWING

FOUNDATION LOCATION: 7/05/02
FINAL LOCATION: 7/01/02
BOUNDARY SURVEY:

SCALE: 1"=60'
DATE: 7/02/02
DRAWN BY: D.B.
CHECKED BY:
PROJECT No.: 30664

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PKCE
ELLICOTT CITY, MARYLAND 21012
4101 461 2856

Showing Name:

FGL:



PROFESSIONAL LAND SURVEYOR

7/02/00
DATE