

11/12/01 11-12pm Layout

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

P 514656

A 511073-A

ISSUE DATE 11/16/2000

APPROVAL DATE 1/12/01

INDEXED 05-433207

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION The Chase II LOT NUMBER 1 ADDRESS 11649 Vixens Path

PROPERTY OWNER Mr. & Mrs. Charles Allen PROPERTY OWNER'S ADDRESS 7189 Rivers Edge Road

SEPTIC TANK CAPACITY 1500 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY NA GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 240

LINEAR FEET OF TRENCH REQUIRED 400

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth

6 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 165' off the 652.26' lot line and 230' off the 402.20' lot line.

Run trenches on contour toward the 402.00' lot line. 6/10/00 C.K. (BA)

PLANS APPROVED Amy McMillen DATE 5/12/2000

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 8/5/2004 800/49752

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

**BUILDING PERMITS SIGNED
AND RETURNED**

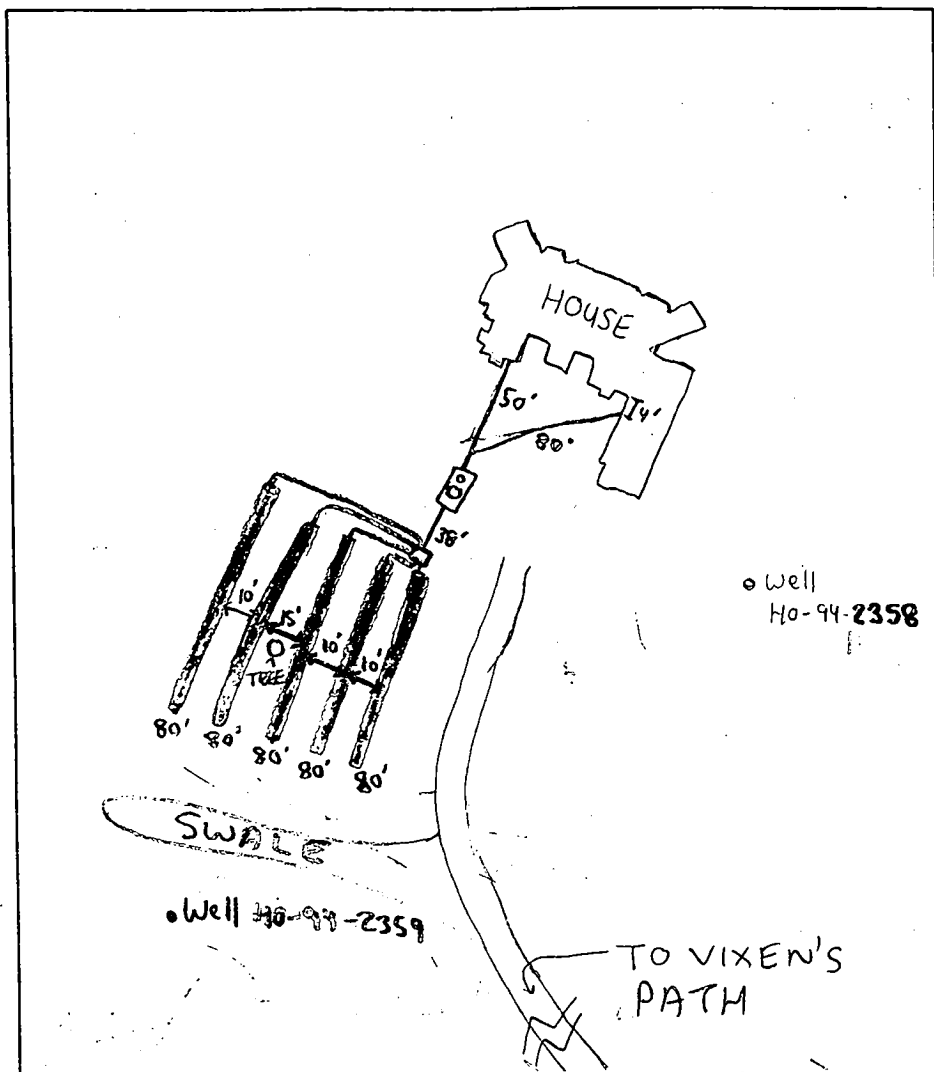
INGROUND POOL

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

A511073-A

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 3'
TRENCH BOTTOM DEPTH 5'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 5
TOTAL TRENCH LENGTH 400'
ABSORBENT AREA 1200 ft²
DISTRIBUTION BOX LEVEL ☒
BAFFLE IN DISTRIBUTION BOX ☒

SEPTIC TANK DATA

SEPTIC TANK 1500 T.S. GALLONS
MANHOLE RISER ☒
6 INCH INSPECTION PORT ☒

PUMP CHAMBER DATA

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

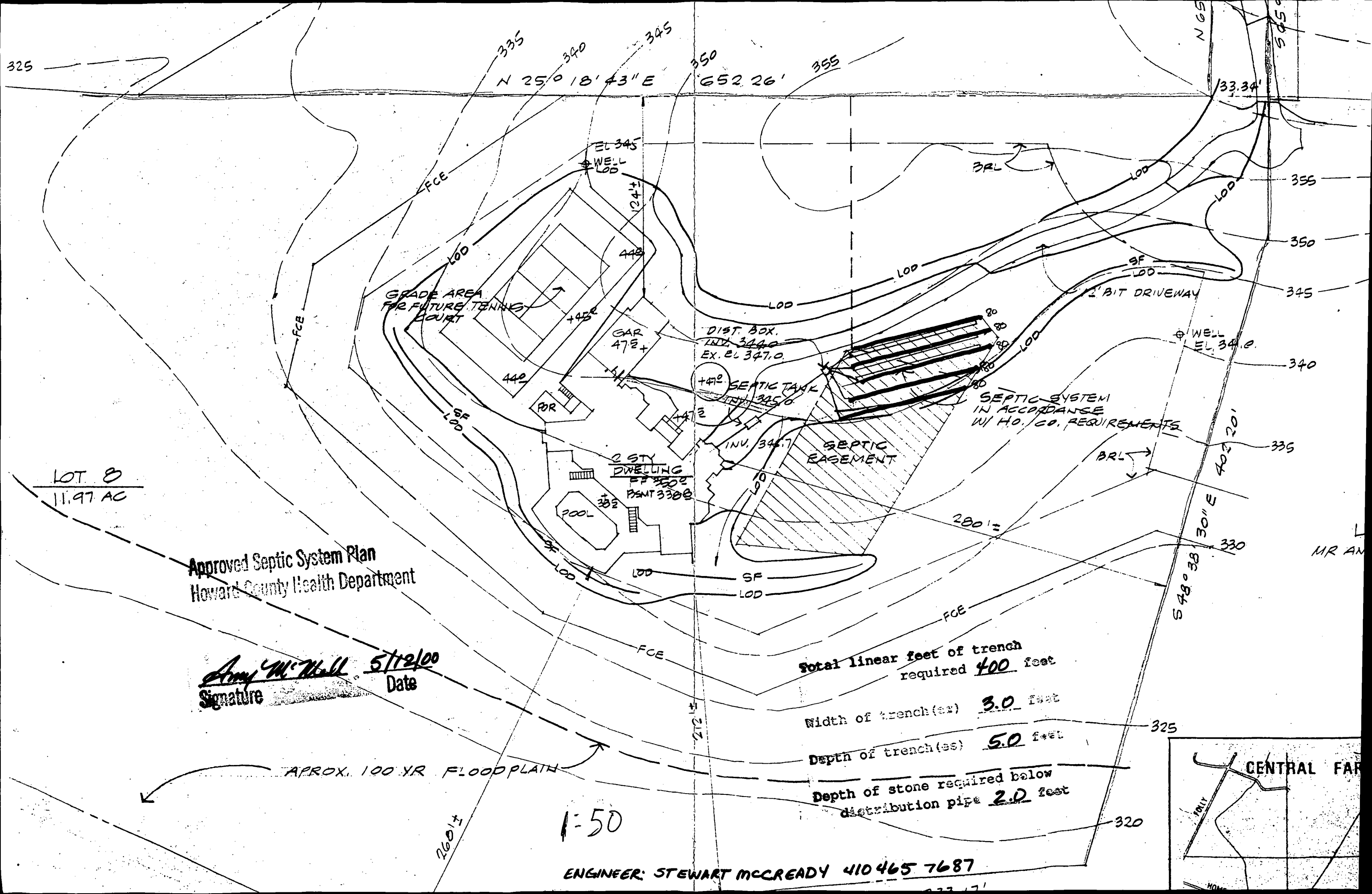
PRE-CONSTRUCTION INSPECTION: 1/12/01 - WENT OVER LAYOUT W/INSTALLER, KEEP TRENCHES 10' CTC
WHERE POSSIBLE, OK TO CONTINUE WORK (SRK)

INSPECTION COMMENTS: 1/12/01 - OK TO COVER ALL WORK (SRK)

BLIND SIGNATURE
AND RETURN

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 1/12/01



LOT 8
11.97 AC

Approved Septic System Plan
Howard County Health Department

Amy M. Hall 5/12/00
Signature Date

APPROX. 100 YR FLOODPLAIN

1:50

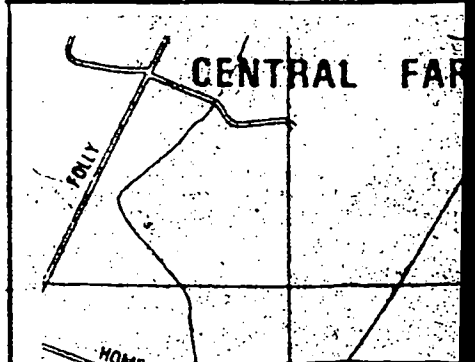
ENGINEER: STEWART MCCREEDY 410 465 7687

Total linear feet of trench
required 400 feet

Width of trench (as) 3.0 feet

Depth of trench (as) 5.0 feet

Depth of stone required below
distribution pipe 2.0 feet



**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: Gartland Plumbing Inc Telephone #: 410-875-5303
Address: 1620 W. Old Liberty 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): J. Joseph Ga-Hard 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: Allen Charles Telephone #: 301 854 0253
Subdivision: The Chase II Lot #: 8 Well Tag #: HO-94-33589
Site Address: 11649 Vixen's Path
Ellicott City, MD 21042

Submersible Pump Data

Make: Goulds
Model #: 26507
Pump Capacity: 2 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: BTL
Model#: Picolt
Depth: 42 (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: 120 (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: 42 (36" min)

House Connection

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

Sleeved
under Footer
To Tank

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

3-7-01
date

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

Date Insp. Requested: 3/9/01

Date Insp. Approved: 3/9/01

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 ✓

BB

C106596

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBERA511073B

123456
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED
MMDDYY
813

DATE WELL COMPLETED
MMDDYY
8-25-99

Depth of Well
2220026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-2359
28293031323334353637

OWNERHoward Est Dev. Group
STREET OR RFDVixens Path
SUBDIVISIONBenedict FarmSECTIONLOT2

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		check if water bearing
	FROM	TO	
Brown Soil	0	25	✓ ✓
HARD Brown Sandstone	25	36	
GRAY Granite	36	190	
Green Granite	190	200	
		65	
		190	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
YESYESNO
TYPE OF GROUTING MATERIAL (Circle one)
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS454610NO. OF POUNDS940
GALLONS OF WATER60 gal
DEPTH OF GROUT SEAL (to nearest foot)
from0'ft. to39'ft.
TOP52BOTTOM58
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
STEELSTCONCRETECO
PLASTICPLOTHOTHER
MAIN CASING TYPEST
Nominal diameter top (main) casing (nearest inch)06
Total depth of main casing (nearest foot)39
606163646670

OTHER CASING (if used)
diameter inchdepth (feet) from to
EACH CASING

SCREEN RECORD

screen type or open hole insert appropriate code below
STEELSTBRASSBRONZEBRONZEPLASTICPLHOLEHOLEOTOTHER
DEPTH (nearest ft.)
H039200
EACH CASING

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3
PUMPING RATE (gal. per min.)10
METHOD USED TO MEASURE PUMPING RATEWatch & Buckets
WATER LEVEL (distance from land surface)
BEFORE PUMPING27'
WHEN PUMPING65'
TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother (describe below)
JjetSsubmersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)YESNO
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)3135
PUMP HORSE POWER3741
PUMP COLUMN LENGTH (nearest ft.)4347
CASING HEIGHT (circle appropriate box and enter casing height)
+above- below
LAND SURFACE3 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTURED
YESYNO
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. MW D 385
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. MW D 549
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2

DEPTH (nearest ft.)
H039200
EACH CASING
SLOT SIZE 123
DIAMETER OF SCREEN (NEAREST INCH)
5660
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.)WQ
7072747576
TELESCOPE CASINGLOG INDICATOROTHER DATA

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
LEFT PROP. LINE
30'
110'
FRONT PROP. LINE

Well Permit No. HO - 94 2359
Location of property (road) Vivens Path
Subdivision Benedict Farm Lot 2 Block Plat Sec.
Well Driller Michael Barlow Owner Howard Estates Dev. Group

Static water level (S.W.L.) below M.P.

Time pump started _____ Pumping rate 10
Total time _____ to reach pumping water level _____ ft. below M.P.

HD-224

C1 06695 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER A511073 A

ST/CO USE ONLY

DATE RECEIVED

MM 08 13 99

DATE WELL COMPLETED

9-11-99

Depth of Well

22 125 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-94-2358

OWNER Howard Est. Dev. Group
STREET OR RFD 11649 Vixens Path
SUBDIVISION Benedict Farm SECTION LOT 1

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		check if water bearing
	FROM	TO	
Brown soil	0	45	
Gray Granite	45	125	
		65 ✓	
		85 ✓	
		90 ✓	

1) 300' Dry hole
ABANDONED & SEALED
WITH DRILL CUTTINGS
AND CEMENT

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 122

GALLONS OF WATER 78 gals

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

ST 06 50
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST BR HO
STEEL BRASS OPEN
PL PL OT
PLASTIC PLASTIC OTHER

C2

DEPTH (nearest ft.)

1 2 110 50 125
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
E
N
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

70 72 74 75 76
TELESCOPE LOG
CASING INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

10
15

METHOD USED TO
MEASURE PUMPING RATE

water bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

20' ft.
17 20

WHEN PUMPING

50' ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other
27 27 27 (describe below)
J jet S submersible
27 27

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO
(CIRCLE) (YES or 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)

+ above
49
- below
49 51

LAND SURFACE

2 (nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

165'
120' Dryhole
35' 35'

DRILLERS LIC. NO. MW D 355

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW D 549

Max S. Jones

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

COUNTY

Well Permit No. HO - 94 2358
Location of property (road) Vivens Path
Subdivision Benedict Farm Lot 1 Block Plat Sec.
Well Driller Michael Barlow Owner Howard Estates Dev. Group

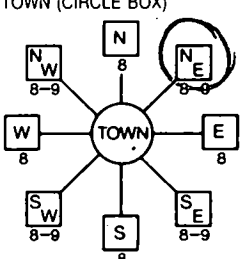

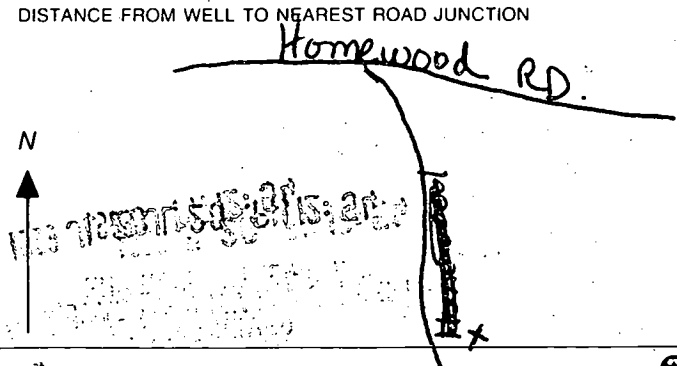
Depth of well 125 Feet.

Distance of measuring point (M.P.) above ground 2.0

Static water level (S.W.L.) below M.P. 20'

Time pump started 8:00 Pumping rate 10 g.p.m.
Total time 15 min to reach pumping water level 50 ft. below M.P.

[illegible]

B 1 14180 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-2358 <small>70 fill in this form completely 79</small>
Date Received (APA) 07 28 99 <small>8 MM DD YY 13</small> OWNER INFORMATION Howard Estates Development Corp <small>15 Last Name Owner First Name 34</small> 8808 Centre Park Dr. <small>36 Street or RFD 55</small> Columbia MD 21045 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> Benedict Farms <small>23 SUBDIVISION 42</small> SECTION 1 LOT 1 <small>44 46 48 50</small> Clarks ville <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 8 <small>73 76 77 78</small>	
DRILLER INFORMATION MICHAEL Barlow MW 0355 <small>Driller's Name 76 License No. 81</small> MICHAEL Barlow Well Drilling Inc <small>Firm Name</small> 912 Fawn Ct. Joppa MD 21085 <small>Address</small> 7-27-99 <small>Signature Date</small>		B 4 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Vixen's Path Homewood Road <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  1650 <small>34 DISTANCE FROM ROAD 37</small> ENTER FT OR MI FT. <small>38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A511073A <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED 081299 A McMillen 081200 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 515 000 EAST GRID 825 000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		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 825 N 515 8:10 AM - 9:11 99 NO INSP X 000 000	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ <small>41 52</small>		SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. H0-94-2358 <small>70 71 72 73 74 75 76 77 78 79</small>			

Howard County Health Department

To: _____

8/20/99

Chip Allen

301 854 0753

Please call him
when the pump
test is scheduled
so he can be there

Thanks

From: _____

Date: _____

HD-170

Well Permit No. HO - 94 2359
Location of property (road) Vivens Path
Subdivision Benedict Farm Lot 2 Block Plat Sec.
Well Driller Michael Barlow Owner Howard Estates Dev. Group

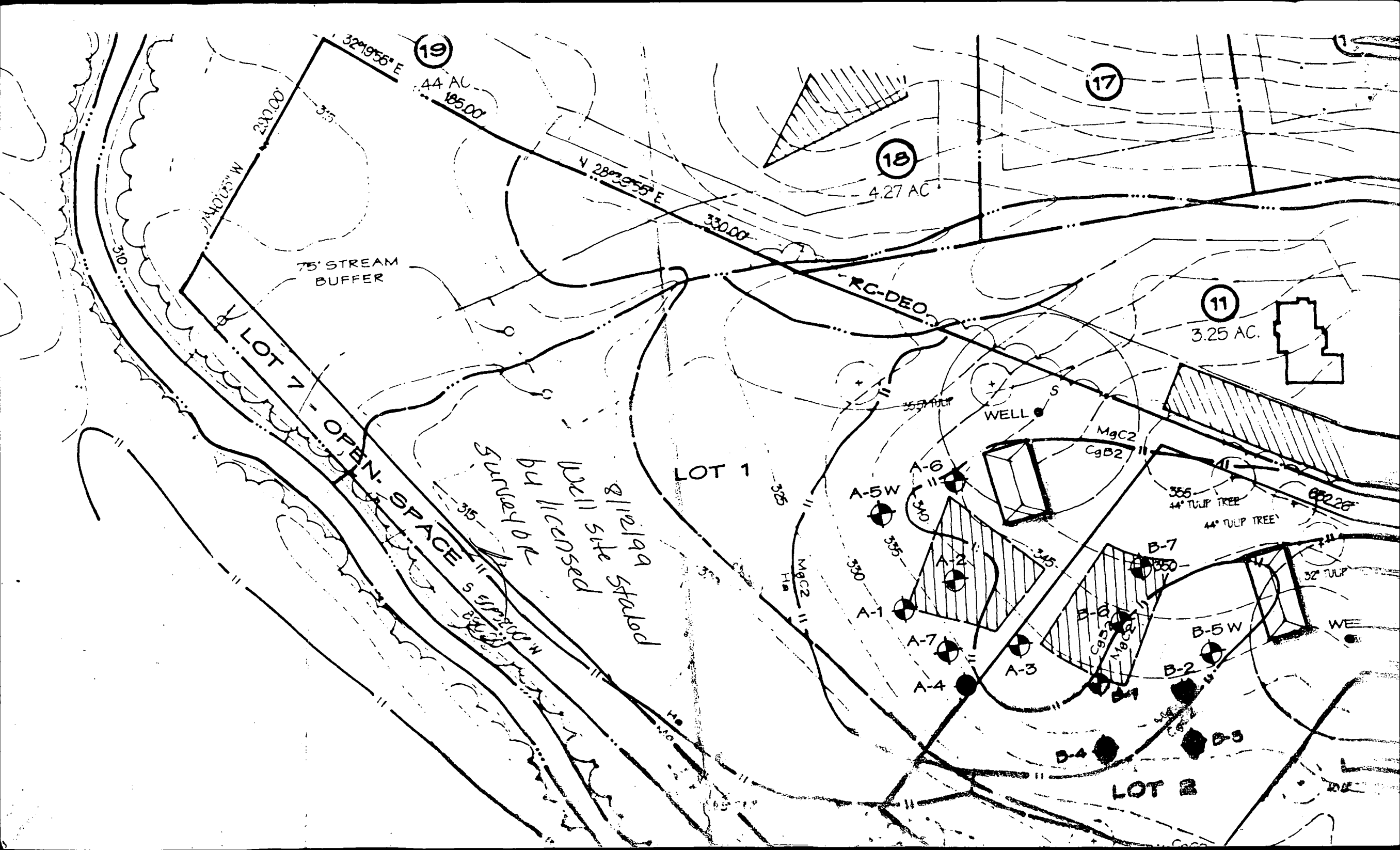
Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

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

[illegible]

B 1	14179	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2359 <small>fill in this form completely</small>
Date Received (APA) 072899		OWNER INFORMATION		
8 MM DD YY 13 Howard Estates Development Corp		15 Last Name Owner First Name 34		
36 8808 Centre Park Dr.		55 Street or RFD		
57 Town Columbia MD		70 State 72 Zip 21045 76		
DRILLER INFORMATION		LOCATION OF WELL		
76 Driller's Name MICHAEL Barlow 81 License No. MW D355		8 COUNTY Howard 21		
Firm Name MICHAEL Barlow Well Drilling Inc		23 SUBDIVISION Benedict Farms 42		
Address 912 Fawn Ct, Joppa, MD 21085		SECTION 44 46 LOT 2 50		
Signature [Signature] Date 7-27-99		52 NEAREST TOWN Clarksville 71		
B 2 WELL INFORMATION		MILES FROM TOWN (enter 0 if in town) 8 M I 73 76 77 78		
APPROX. PUMPING RATE (GAL. PER MIN.) 5		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		TAX MAP: _____ BLK: _____ PARCEL _____		
<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 Co A511073B COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 081299 A M T L L 081200 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 000 EAST GRID 000 50 55 57 63		
APPROXIMATE DEPTH OF WELL 300 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 6" INCH		SOURCES OF DRILLING WATER		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE		
BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____		E 825 N 515		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<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 39 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		8-25-99 - 12:10 Noon. No Insp A X Home Rd		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER 54 G A P 63				
PERMIT NO. HO-94-2359				
SPECIAL CONDITIONS				

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



LOT 1

11

3.25 AC.

EX WELL

10

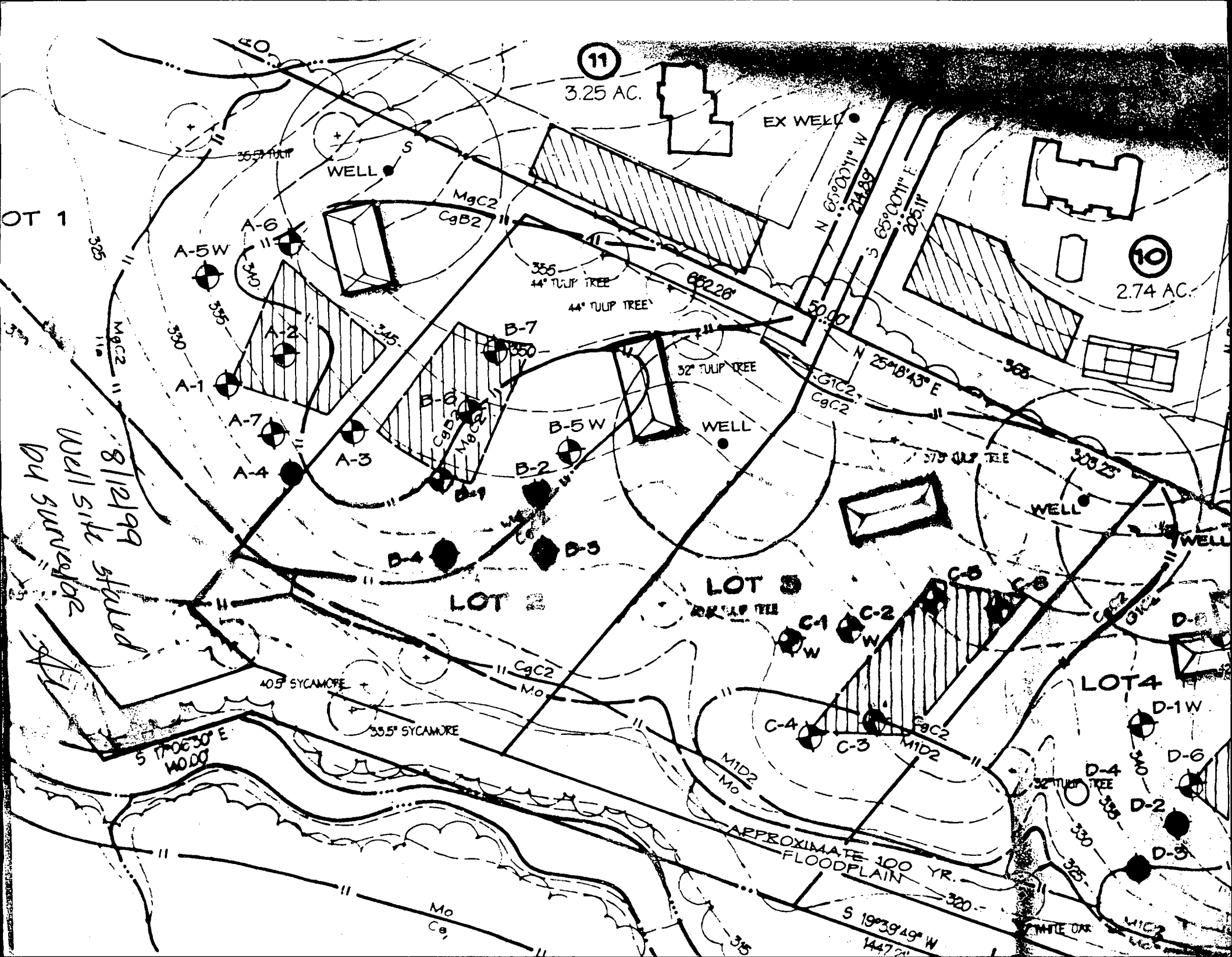
2.74 AC.

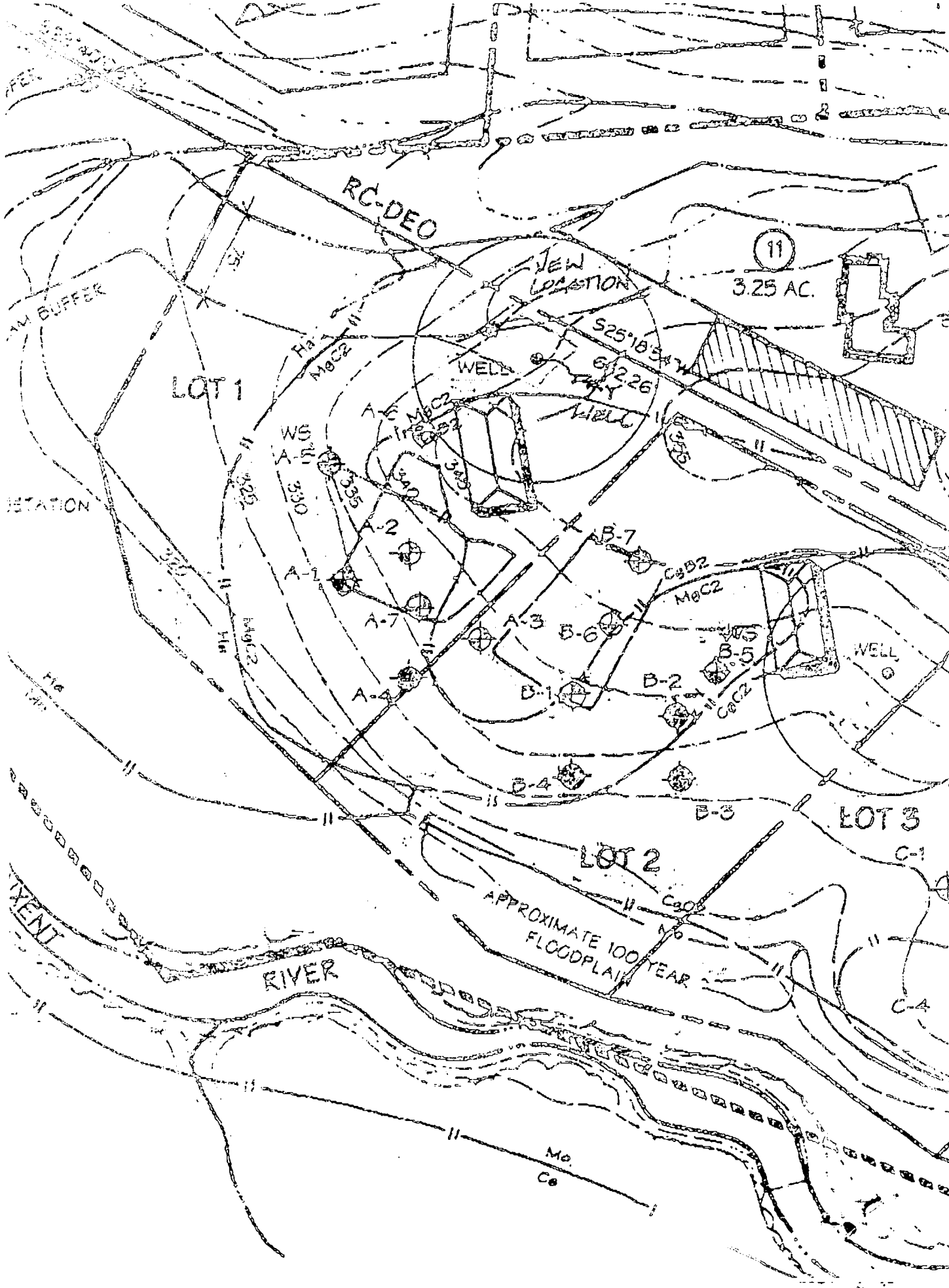
LOT 2

LOT 3

LOT 4

8/12/99
Well site staked
by surveyor







Daft McCune Walker, Inc.

200 East Pennsylvania Ave.
Towson, Maryland 21286
410.296.3333
FAX.296.4705
dmw@dmw.com

Fax Transmittal

To: Amy Date: 9.7.99

Firm: Health Net FAX #: _____

From: Melanie Moser No. of Pages, including cover: 2

Project Name: Chaza II Project No.: 97125.B

Comments: Rev. well location on Lot 1, as requested

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Benedict Farm

A 511073 A

STREET NAME: Vixens Path

LOT NUMBER: 08

AVERAGE PERCOLATION RATE: 20 min SQUARE FEET PER BEDROOM: 240

NUMBER OF BEDROOMS: 5 LINEAR FEET OF TRENCH PER BEDROOM: 80

TOTAL LINEAR FEET OF TRENCH: 400 SEPTIC TANK CAPACITY: 1500

TOP SEAMED TANK REQUIRED? YES ☒ NO

COMPARTMENTED TANK REQUIRED? YES ☒ NO

TRENCH DIMENSIONS: Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade.

Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe. BB

PUMPED SYSTEM PROPOSED: YES ☒ NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

LOCATION: Begin trenches 150' off the 652.26 lot line and 230' off the 402.20 lot line Run trenches on contour toward the 402.00 lot line.

ADDITIONAL NOTES: _____

Reviewer: A. McMill

Date: 5/12/00

11/23/98
10:00

APPLICATION

PERCOLATION TESTING

A 511073

P _____

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

10/29/98

DISTRICT _____

DATE 10/29/98

Preview OK
Wet season may be
required
Lots 2-4 need some
revision to well sites
due to uphill septic

- Clarification on
status of remaining
parcels. An

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 NATALIE C. ZIEGLER, ET ALIA. c/o J. THOMAS GARNENER

ADDRESS 8800 CENTRE PARK DR #209 PHONE (410) 964-5522
COLUMBIA, MD. 21045

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BENEDICT FARM LOT NO. #1

ROAD AND DESCRIPTION VIXENS PATH, HOWARD COUNTY CU-DE-GR

TAX MAP 29 PARCEL # P-28

SIZE OF LOT ± 3.0 ACRES. TYPE BLDG. SINGLE FAMILY DWELLING.
(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]
(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

A511073

COUNTY #

SOIL PROFILE

A5

TOPSOIL

RED
COARSE
LOAM

6"

TAN

LS

LAYERS
OF DEACON
TACUMATION

1 THICK

AT 3.5"

RIDGE

11'

A2

TOPSOIL

RED
MICACEOUS
LOAM

6"

TAN

SIL

5.6'

ROOTS TO 3'

A4

TOPSOIL

STRONG
BROWN
CLAY

6"

YELLOW

BROWN

SC

4.5'

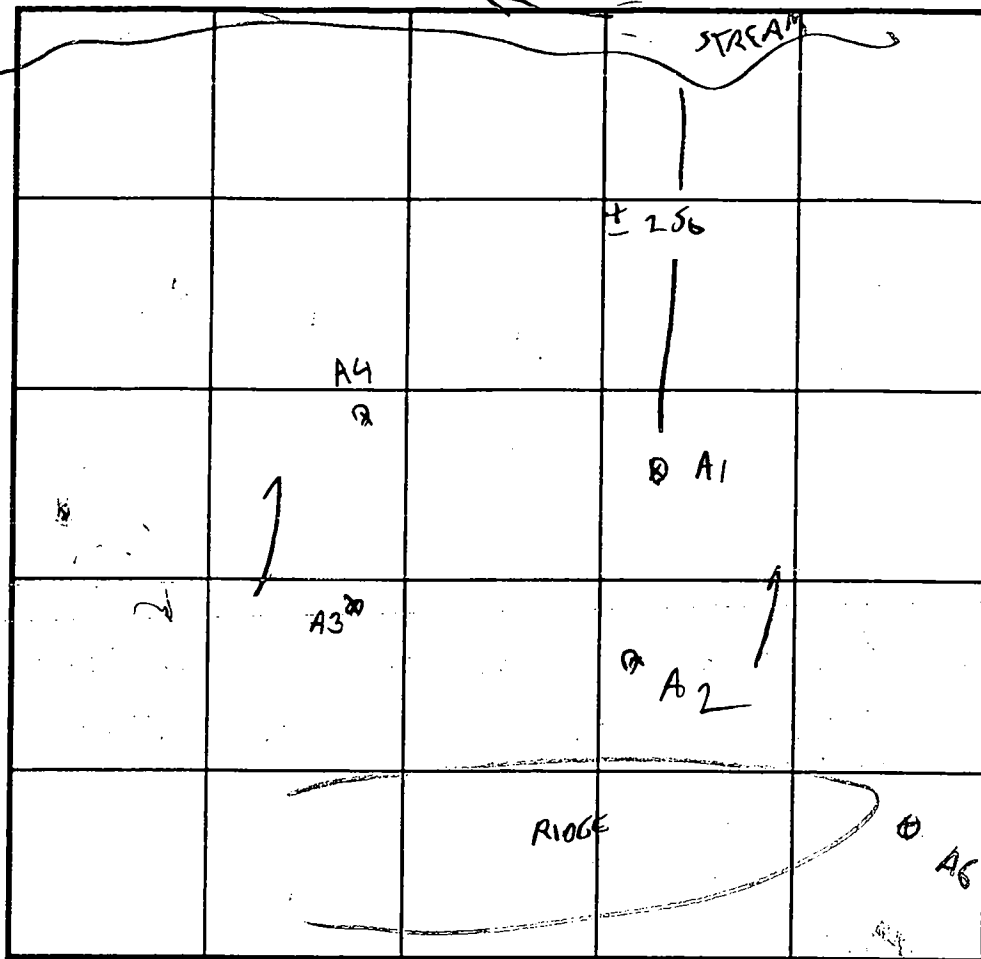
STRONG

BROWN

CLAY

5.5'

REMARKS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

A1

TOPSOIL

STRONG
BROWN
LOAM

6"

3'

YELLOW
LOAMMOUND
CLAY
SANDY LOAM
MICACEOUS
ROOTS ENTIRE
PROFILE

8'

A5

A6 SIMILAR
TO A1
ROOTS TO 7.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/23/98	A1	3.5/11	2:43	2:44	→	2:46	2 MIN
	A4	8.5V	NOT TESTED DEEP		CLAY TO ROCK		F
	A2	3.5/10	2:55	3:02	→	3:14	12 MIN
HOLD	A5	3.5/11	3:21	3:22	→	3:24	2 MIN
	A6	3/11	3:23	3:25	→	3:28	3 MIN
	A3	3/11V	OK				0/5

REMARKS LOT 1, DUG AS STAKED LAST SEASON A5

TYPE OF SOIL A1 IS 5-10 ABOVE FLOOD PLAIN

TESTED BY C. SAVAGE

ALSO PRESENT SEALINGER, MIKE JOHNSON

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 511073

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Follow up TESTING

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 BENGOLCT FARM LOT NO. 1

ROAD AND DESCRIPTION VIXENS PATH EXTENSION

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

COUNTY #

SOIL PROFILE

0'

A7

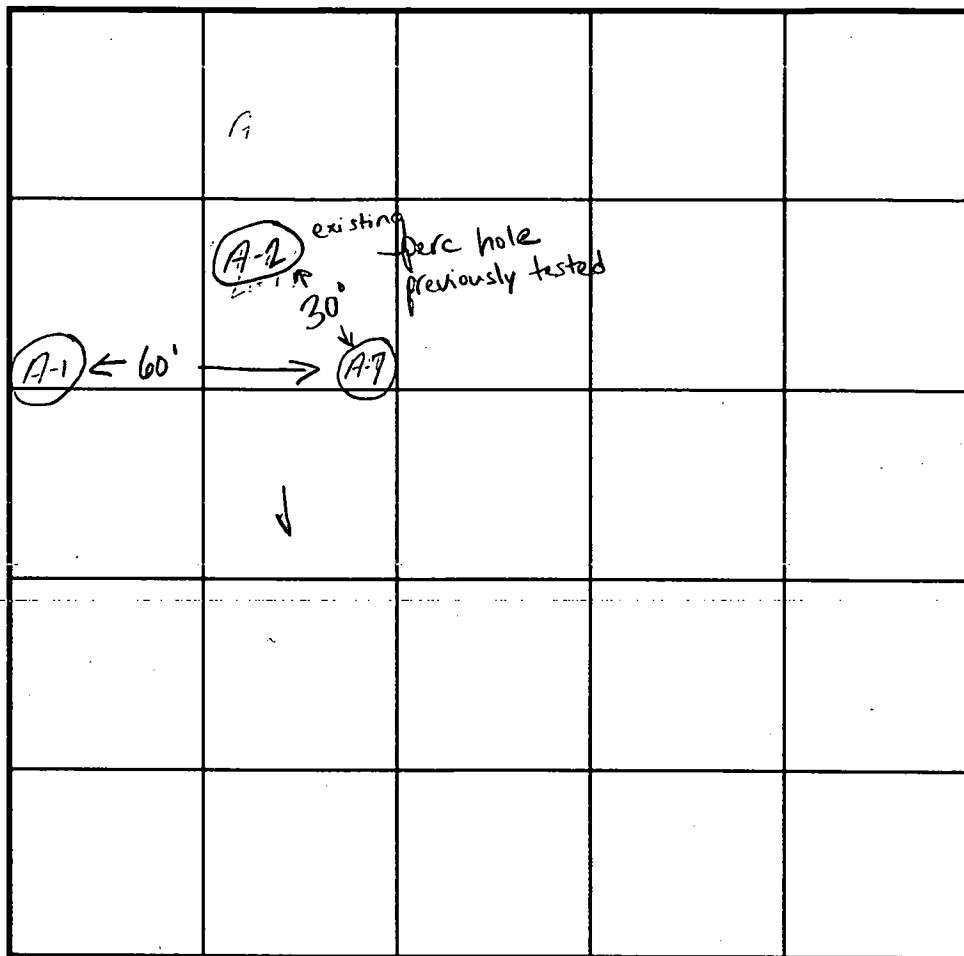
Orange/
brown
clm

4'

lt. tan/
orange
sacm
decayed
feldspar
and quartz
at 7.0' (40%)

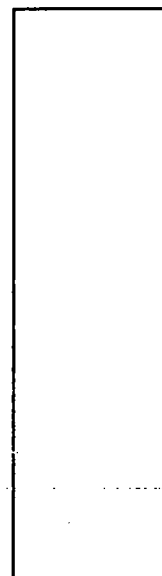
10'

HARD BOTTOM



SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-3-99	A7	4.0's	10:53 ₂₀	11:05	11:05	11:30	25
Lot 2		10.0'D	Visual	ok - see profile			

REMARKS Wooded lot

TYPE OF SOIL

TESTED BY

Kim Maiste

ALSO PRESENT

Mike + Sam

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

25 min

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

300

APPLICATION

PERCOLATION TESTING

A 511073

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 10/29/98

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 NATALIE C. ZIEGLER, ET ALA. c/o J. THOMAS GARNENER

ADDRESS 8808 CENTRE PARK DR #209 PHONE (410) 964-5522
COLUMBIA. MD. 21045

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BENEDICT FARM LOT NO. #2

ROAD AND DESCRIPTION VIXENS PATH. HOWARD COUNTY CUL-DE-SAC

TAX MAP 29 PARCEL # P-28

SIZE OF LOT ± 3.1 ACRES. TYPE BLDG. SINGLE FAMILY DWELLING.
(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]
(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

AS11073

COUNTY #

SOIL PROFILE

0' 0.5

STRONG BR
MICACIOUS
COS L

4

Dark Brown
MICA
LITHA

Roots

WHITE/GREY
DECEASED?
ZONE
20% QUARTZ
GRAVEL

10

B1

RED
COSMTAN
SC

12

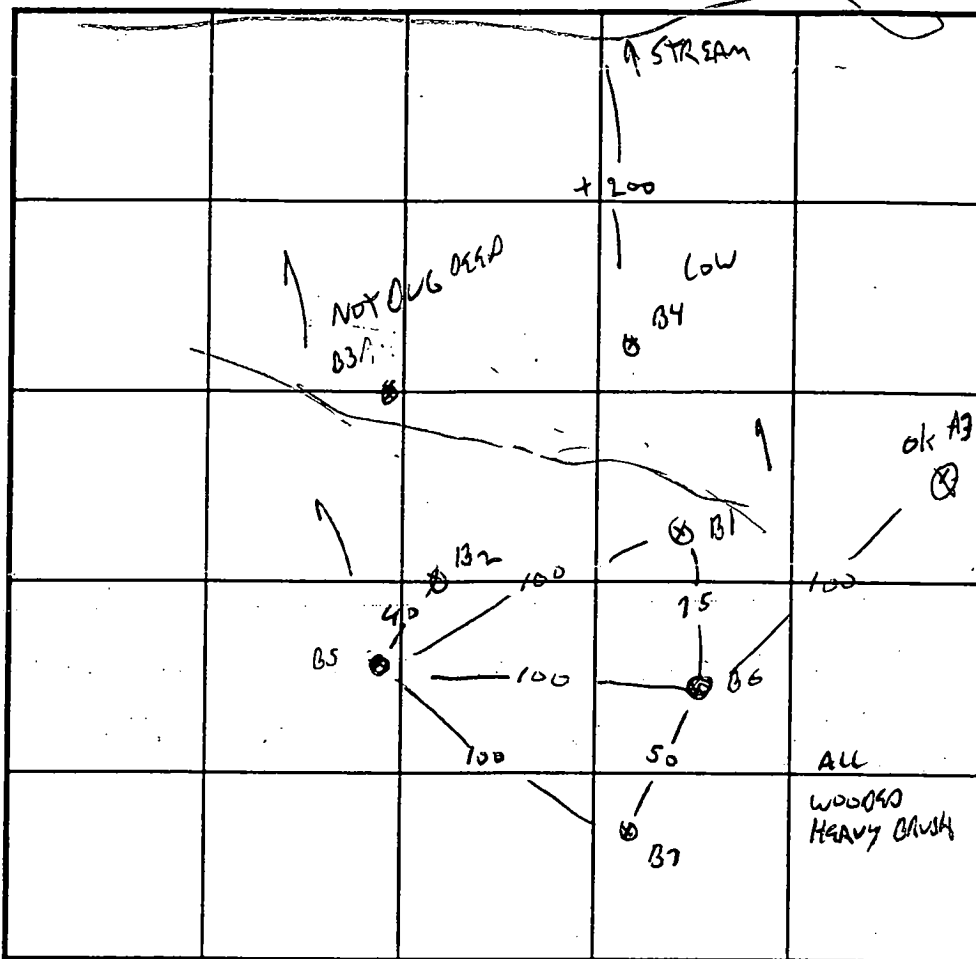
B2A

CLAY

SC

6

IRREVERSAL



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 0.4

TOP SOIL

18

BROWN
CLAY

+8

DARK
YELLOW
BROWN
LOAM
AT BOTTOM
ROOTS
To 5

10

B7 TAN
YELLOW CLAY
COS L TO 3
TOP
TAN SC MIXED IN
5% PARENT ROCK W
1/4 MANGANESE
COATING ON
CALC

DATE	TEST NO.	DEPTH	PRE-WET START	STOP	TEST - 1" DROP START	STOP	TIME
1/23/80	B4	10V NOT USABLE	CLAY				FAIL
	B1	4/12	3:45	3:50	→	3:59	9 MIN
	B2	9	ROCK/CLAY				FAIL
	B3	4V - SAME AS	B4	NOT COMPLETED			
HOLD	B5	5/10V	2:03	2:05	→	2:12	7 MIN
	B6	4/11	2:11	2:13	→	2:16	3 MIN
	B7	6/11.5	3:01	3:02	→	3:04	2 MIN
	A3		SIMILAR				EST 2 min

REMARKS LOT 2, DUG AS STAKED, HOLD B5 FOR WET SEASON

TYPE OF SOIL

TESTED BY G. SAVAGE

ALSO PRESENT Tom SCHLIER, MIKE JOHNSON

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

4

TRENCH WIDTH

3

INLET DEPTH

3 1/2

MAXIMUM BOTTOM DEPTH

5 1/2

SQ. FT./BEDROOM

180

APPLICATION

PERCOLATION TESTING

A 5/31/29

P _____

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

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

OK-
RETEST
FOR PREFERRED
HOUSE SITE, TWO DISTRICT
RECORDED LOTS TO BE DATE 11/17/99
PROPOSED FOR CONSOLIDATION
MR. 11/17/99

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

PROPERTY OWNER

MR AND MRS CHARLES ALLEN JR

ADDRESS

7189 RIVERS EDGE RD COLUMBIA MD 21044 PHONE 301-854-0753

AGENT OR PROSPECTIVE BUYER

STEWART - MCCREARY ARCHITECTS PA

ADDRESS

8329 MAIN ST. ELLICOTT CITY PHONE 410-465-7687

PROPERTY LOCATION:

SUBDIVISION

THE CHASE II

LOT NO.

LOTS 1 AND 2

ROAD AND DESCRIPTION

HOMWOOD ROAD TO

TO END OF VIXEN'S PATH.

TAX MAP

29

PARCEL #

P. 28

SIZE OF LOT

1.4 AC

TYPE BLDG.

SFD

(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.

CRAIG STEWART AIA

(SIGNATURE OF APPLICANT) CRAIG STEWART

APPROVED BY

FOR

DATE

DISAPPROVED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

REASONS FOR REJECTION OR HOLDING

12/29/99 PERC OK, HOLD FOR PLAN

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

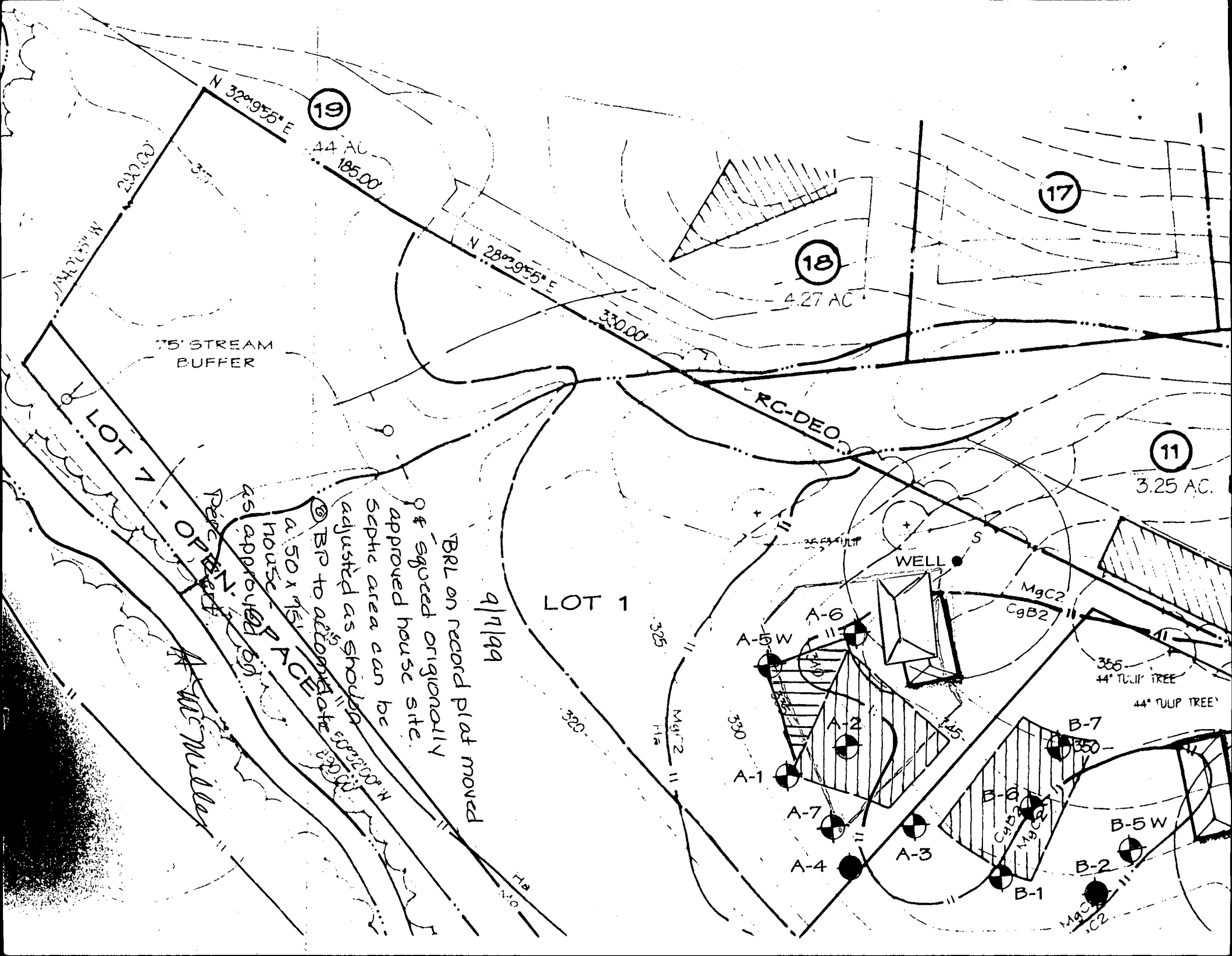
DATE

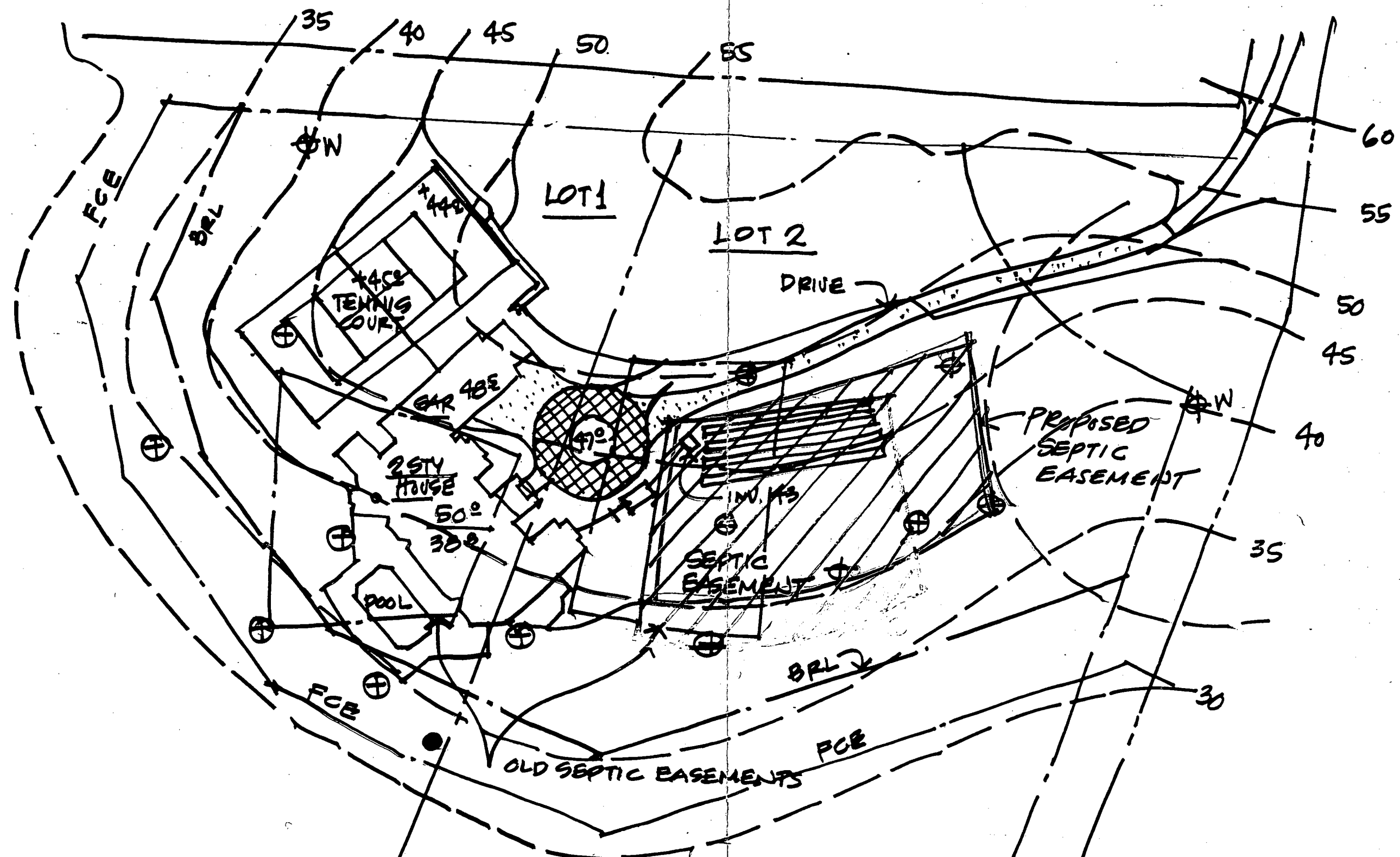
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #

DATE

THIS IS NOT A PERMIT

INLET DEPTH	MAXIMUM BOTTOM DEPTH	SQ. FT./BEDROOM
1.0	1.0	1.0
1.5	1.5	1.5
2.0	2.0	2.0
2.5	2.5	2.5
3.0	3.0	3.0
3.5	3.5	3.5
4.0	4.0	4.0
4.5	4.5	4.5
5.0	5.0	5.0
5.5	5.5	5.5
6.0	6.0	6.0
6.5	6.5	6.5
7.0	7.0	7.0
7.5	7.5	7.5
8.0	8.0	8.0
8.5	8.5	8.5
9.0	9.0	9.0
9.5	9.5	9.5
10.0	10.0	10.0
10.5	10.5	10.5
11.0	11.0	11.0
11.5	11.5	11.5
12.0	12.0	12.0
12.5	12.5	12.5
13.0	13.0	13.0
13.5	13.5	13.5
14.0	14.0	14.0
14.5	14.5	14.5
15.0	15.0	15.0
15.5	15.5	15.5
16.0	16.0	16.0
16.5	16.5	16.5
17.0	17.0	17.0
17.5	17.5	17.5
18.0	18.0	18.0
18.5	18.5	18.5
19.0	19.0	19.0
19.5	19.5	19.5
20.0	20.0	20.0
20.5	20.5	20.5
21.0	21.0	21.0
21.5	21.5	21.5
22.0	22.0	22.0
22.5	22.5	22.5
23.0	23.0	23.0
23.5	23.5	23.5
24.0	24.0	24.0
24.5	24.5	24.5
25.0	25.0	25.0
25.5	25.5	25.5
26.0	26.0	26.0
26.5	26.5	26.5
27.0	27.0	27.0
27.5	27.5	27.5
28.0	28.0	28.0
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41.0	41.0	41.0
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42.5	42.5	42.5
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44.0	44.0	44.0
44.5	44.5	44.5
45.0	45.0	45.0
45.5	45.5	45.5
46.0	46.0	46.0
46.5	46.5	46.5
47.0	47.0	47.0
47.5	47.5	47.5
48.0	48.0	48.0
48.5	48.5	48.5
49.0	49.0	49.0
49.5	49.5	49.5
50.0	50.0	50.0
50.5	50.5	50.5
51.0	51.0	51.0
51.5	51.5	51.5
52.0	52.0	52.0
52.5	52.5	52.5
53.0	53.0	53.0
53.5	53.5	53.5
54.0	54.0	54.0
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56.0	56.0	

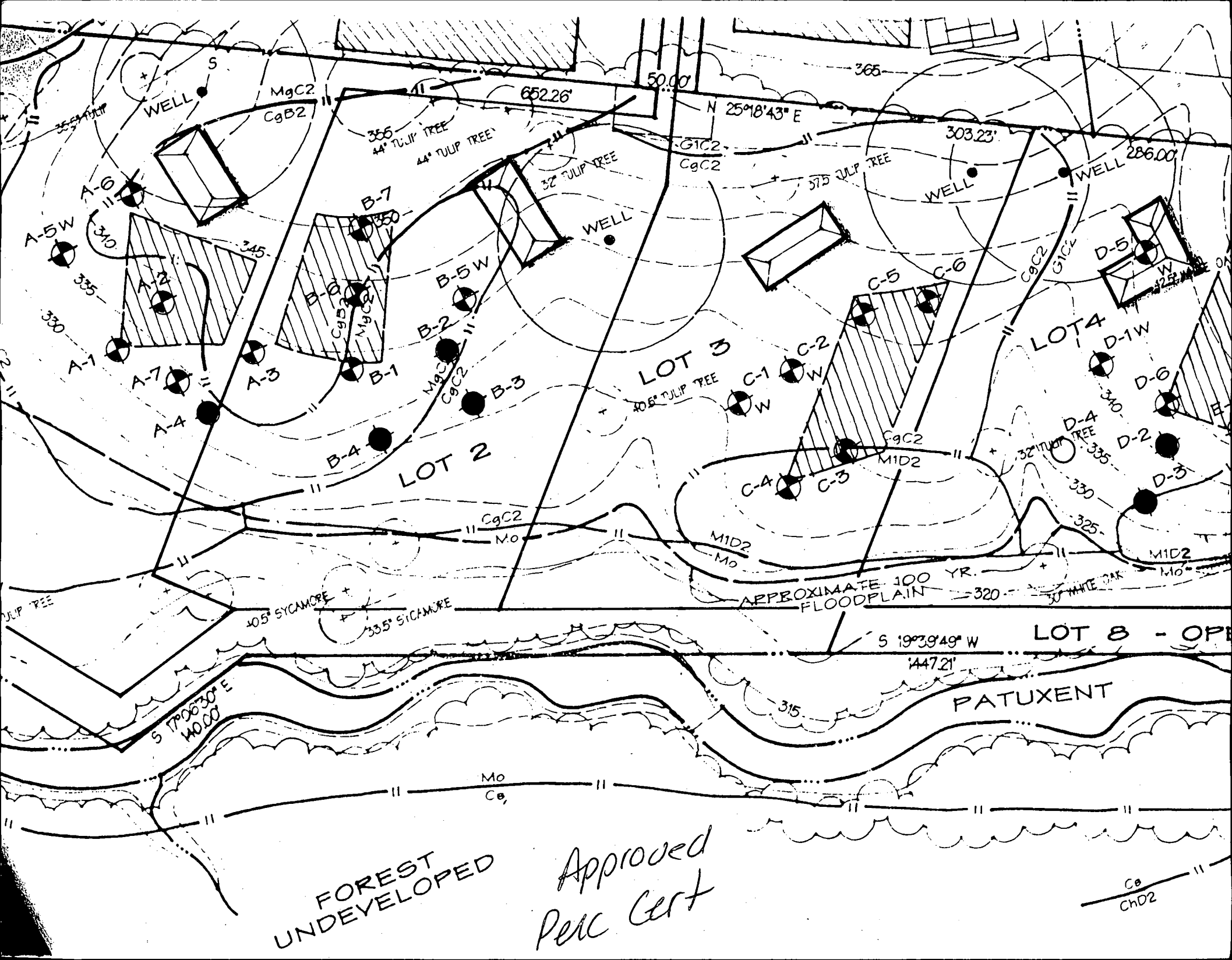




NORTH

PARTIAL SITE PLAN - LOTS 1 AND 2 THE CHASE II
THE ALLEN RESIDENCE

SCALE: 1" = 50' 11-16-99



THE CHASE II
PROPOSED LOT 8
PERC. CERTIFICATION
PLAN ENLARGED
TO 1" = 50'
1-25-00
DMW
410.296-3333

- LEGEND**
- EXISTING TOPOGRAPHY
 - PROPERTY LINE
 - STREAM
 - STREAM CENTERLINE
 - STREAM BUFFER
 - 100 YR. FLOODPLAIN
 - NON-TIDAL WETLANDS
 - EXISTING TREELINE
 - SPECIMEN TREES
 - LOT NUMBERS
 - SOIL DELINEATION
 - 25%+ STEEP SLOPES
 - 15 TO 25% STEEP SLOPES
 - LOT LINES
 - PASSED PERC TEST
 - FAILED PERC TEST
 - PROPOSED SEPTIC FIELD LOCATION
 - NOT DUG
 - WET SEASON PERC TEST
 - WELL LOCATION

EXISTING SEPTIC EASEMENT TO BE ABANDONED

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 S.F. AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PUBLIC SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.

PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS HAVE BEEN SHOWN WHERE PERTINENT.

PURPOSE STATEMENT:

THE PURPOSE OF THIS PLAN IS TO COMBINE EXISTING LOTS 1 AND 2 OF CHASE II INTO LOT 8, AND TO RELOCATE THE APPROVED SEPTIC EASEMENT.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

Drive M. [Signature] 2/8/00
HOWARD COUNTY HEALTH OFFICER MR. DATE

12400	BKC	PER HEALTH DEPARTMENT COMMENTS
Date	No.	Revision Description
OWNER: CHARLES ALLEN 7189 RIVERS EDGE ROAD COLUMBIA, MD 21044		
TAX MAP #29 5th ELECTION DISTRICT	PARCEL 25 HOWARD COUNTY, MARYLAND	
DMW Draft: McCune-Walker, Inc. 200 East Pennsylvania Avenue Towson, Maryland 21286 (410) 296-3333 Fax: 296-4705		
A Team of Land Planners, Landscape Architects, Engineers, Surveyors & Environmental Professionals		
SECTION NAME BENEDICT FARMS	SECTION AREA 29	LOT/PARCEL # 25
PLAT OR L.P.	BLOCK #	DATE
	29	1-5-00
TITLE THE CHASE II - LOT 8 (FORMERLY LOTS 1 & 2) PERCOLATION CERTIFICATION PLAN		
Des By CSC, JLS	Scale 1"=50'	Proj. No. 97125.B2
Drn By BKC	Date 1-5-00	
Chk By MM	Approved	1 OF 1

Meeting @ SRC 12/9/99

Health

2:30 on the 12/9m (Thursday)
Chas. Allen

Chase II

Craig Stewart (architect), Melanie Moser, C. Hamilton, HR
w/ Lot owner Chas. Allen

- OK for two wells connected as potable supply
- encouraged that the impending O's ONLY request
be delayed at least until after perc, if not later

THE CHASE II

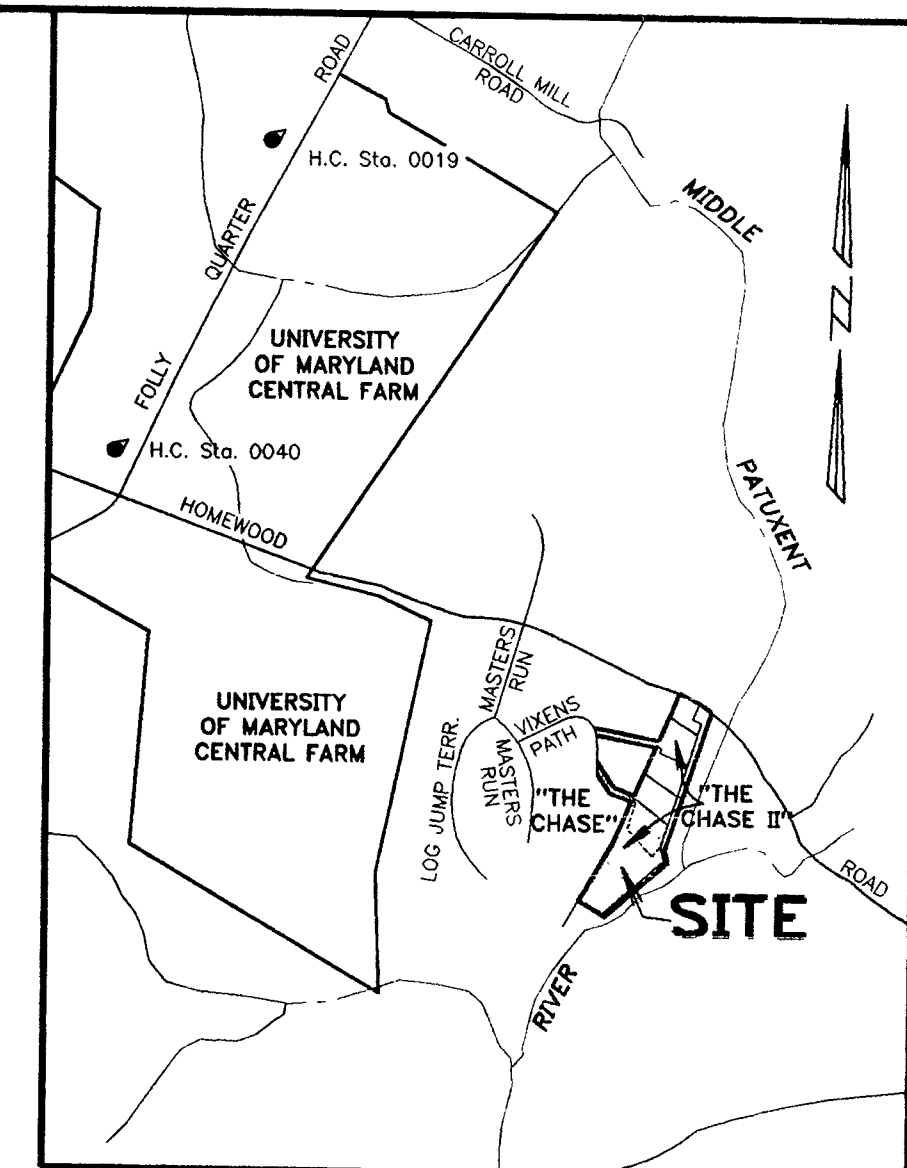
LOT 8

GENERAL NOTES

1. Coordinates shown hereon are based on Maryland Coordinate System, NAD 83, as projected by Howard County Geodetic Control Stations:

Station	North	East
0040	577270.584	1332002.577
0019	580468.096	1333675.518

2. This Plat is based upon a field run monumented boundary survey performed on or about December, 1998 by Daft McCune Walker, Inc.
3. □ Denotes a Rebar with a yellow cap marked "Prop. Mark CFS" found.
4. "STANDARD MARKER SET" Denotes 3/4" pin set with aluminum cap marked "Daft McCune Walker, Inc. Property Marker C-99" set.
5. Areas shown hereon are more or less.
6. Subject property zoned RR-DEO per case ZB994M on 8th September, 1998 pipestems are zoned RC-DEO per Comprehensive Zoning Plan dated 10-18-93.
7. Minimum building setback restrictions from property lines are shown hereon.
8. No clearing, grading or construction is permitted within wetlands, streams and their buffers and forest conservation easements or floodplain areas.
9. For pipestem lots, refuse collection, snow removal and road maintenance are provided to the junction of the pipestem and road Right-of-Way only, and not to the pipestem lot driveway.
10. This area designated a private sewage easement of 10,000 square feet as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easements. Recordation of a modified sewage easement shall not be necessary.
11. See Department of Planning and Zoning File Nos. ZB 994M, WP 99-47, F 99-167 and F 87-108.
12. Waiver petition WP 99-47 was approved 12/04/98 which waived Sections 16.102(d)(2), to waive platting the 300 plus acre residue of Benedict Farm; 16.120(b)(6)(i) to allow three adjacent pipestems on the plat for Lots 1-5. This Section of the Regulations allows more than two pipestems if DPZ approves the design, provided that a use-in-common driveway is provided in accordance with the Design Manual; 16.121(e) to waive the required 40 feet of suitable open space frontage on a public road; 16.144(2) to waive the Preliminary Equivalent Sketch Plan for the 25 acres site; and 16.1202(a) to waive addressing Forest Conservation Program requirements on the 300 plus acre residue until that land is proposed for subdivision.
13. The Forest Conservation Easements have been established to fulfill Section 16.1200 of the Howard County Code - Forest Conservation Act. No clearing or grading or construction is permitted within the easements; however, forest management practices, as defined in the Deed of Forest Conservation Easement are allowed.
14. Forest Conservation obligations have been met by recordation of 6.1 Acres of forest retention easement areas as shown on the previously recorded plat, F 99-167. Surety in the amount of \$26,571.60 was posted as part of the Developer's Agreement.
15. Driveways shall be provided prior to residential occupancy to ensure safe access for fire and emergency vehicles per the following minimum requirements: (a) Width - 14 feet; (b) Surface - 6" of compacted crusher run base with tar and chip coating 1-1/2" minimum depth; (c) Geometry - maximum 15% grade, maximum 10% grade change and 45 foot turning radius; (d) Structures - Culverts/Bridges - capable of supporting 25 gross tons (H25-loading); (e) Drainage elements - capable of safely passing 100 year flood with no more than 1 foot depth over surface; (f) Structure Clearances - minimum 12 feet; (g) Maintenance - sufficient to ensure all weather use.
16. The purpose of this plat is to combine Lot 1 and Lot 2 of "The Chase II" Record Plat No. 14025 into one lot, Lot 8, as shown hereon, and to revise the private sewage easement area for said Lot 8.
17. Landscape requirements in accordance with Section 16.124 of the Howard County Code and the Landscape Manual, have been fulfilled under the previously recorded plat, F 99-167.
18. There are no wetlands located on this site.
19. Developer reserves unto itself, its successors and assign all easements shown on this plan for water, sewer, storm drainage, other public utilities and forest conservation located in, on, over and through Lot 8. Any conveyances of the aforesaid lot shall be subject to the easements herein reserved. Whether or not expressly stated in the deed conveying said lot, Developer shall execute and deliver deeds for the easements herein reserved to Howard County with a metes and bounds description of the forest conservation area. Upon completion of the public utilities and their acceptance by Howard County and in the case of the Forest Conservation Easement upon completion of the developers obligations under the Forest Conservation Installation and Maintenance Agreement executed by Developer and the County, and the release of developers surety posted with said agreement, the County shall accept the easement and record the deed of easement in the Land Records of Howard County, Maryland.



VICINITY MAP
SCALE: 1" = 2000'

TABULATION OF FINAL PLAT

a. Total Number of Lots/Parcels to be recorded	1
Buildable	1
Open Space	0
b. Total area of Lots	11.970 Ac. ±
Buildable	11.970 Ac. ±
Open Space	0.000 Ac. ±
Total area of 100 year floodplain and 25% or greater steep slopes	5.085 Ac. ±
c. Total Area of road right-of-way to be recorded including widening strips	0.00 Ac. ±
d. Total Area of Subdivision to be recorded	11.970 Ac. ±

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, IN CONFORMANCE WITH THE MASTER PLAN OF WATER AND SEWERAGE FOR HOWARD COUNTY

Dina K. MDE 4/4/00
Howard County Health Officer *D.K. MDE* Date

APPROVED: HOWARD COUNTY DEPT. OF PLANNING AND ZONING

Mike 4/10/00
Chief, Development Engineering Division *Mike* Date

APPROVED: HOWARD COUNTY DEPT. OF PLANNING AND ZONING

James B. Allen 4/12/00
Director *James B. Allen* Date

OWNER'S DEDICATION

We, Charles B. Allen, Jr. and Frances G. Allen owners of the property shown and described hereon, hereby adopt this plan of subdivision, and in consideration of the approval of this Final Plat by the Department of Planning and Zoning, establish the minimum building restriction lines and grant unto Howard County, Maryland, its successors and assigns,

- (1) The right to lay, construct, and maintain sewers, drains, water pipes, and other municipal utilities and services, in and under all roads and street rights-of-way and the specific easements shown hereon;
- (2) The right to require dedication for public use the beds of the streets and/or roads, and floodplains and open spaces, where applicable, and for other good and valuable consideration, hereby grant the right and option to Howard County, to acquire the fee simple title to the beds of the streets and/or roads and floodplains, storm drainage facilities, and open spaces, where applicable; and
- (3) The right to require dedication of waterways and drainage easements for the specific purpose of their construction, repair and maintenance; and
- (4) That no building or similar structure of any kind shall be erected on or over the said easements and rights-of-way.

The requirements of Section 3-108, The Real Property Article, Annotated Code of Maryland, 1988 Replacement Volume, (as supplemented) as far as they relate to the making of this plat and the setting of markers have been complied with.

Witness our hands this 23 day of MARCH 2000
CHARLES B. ALLEN, JR. AND FRANCES G. ALLEN

Charles B. Allen Jr.
CHARLES B. ALLEN, JR.

Frances G. Allen
FRANCES G. ALLEN

SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct, that it is a subdivision of all the lands conveyed by The Chase II Holding Co., LLC to Charles B. Allen, Jr. and Frances G. Allen, by Deeds dated December 8, 1999 and recorded in the aforesaid Land Records in Liber M.D.R. 4985, Folio 196 and Folio 199; that all monuments are in place or will be in place prior to acceptance of the streets in the subdivision by Howard County as shown. The requirements of Section 3-108, The Real Property Article, of the Annotated Code of Maryland, 1988 Replacement Volume, (as supplemented) as far as they relate to the making of this plat and the setting of markers have been complied with.

Anthony J. Vitti 3/24/00
Anthony J. Vitti
Professional Land Surveyor No. 10951 Date

Owners:
Charles B. Allen, Jr. and Frances G. Allen
7189 Rivers Edge Road
Columbia, Maryland 21044

DMW
Daft · McCune · Walker, Inc.
A Team of Land Planners,
Landscape Architects,
Engineers, Surveyors &
Environmental Professionals
200 East Pennsylvania Avenue
Towson, Maryland 21286
410 296 3333
Fax 296 4705

RECORDED AS PLAT No. 14187
ON 4/19/00 IN THE
LAND RECORDS OF HOWARD COUNTY, MD.

THE CHASE II LOT 8

A RESUBDIVISION OF THE CHASE II
LOTS 1 AND 2 RECORDED AS PLAT NO. 14025

COVER SHEET 1 OF 2
ZONING: RR-DEO

TAX MAP 29 GRID 3 PARCEL 28
FIFTH ELECTION DISTRICT
HOWARD COUNTY MARYLAND

SCALE: AS SHOWN MARCH 22, 2000

F00-135

Minimum Lot Size

Lot No	Gross Area	Pipestem Area	Remaining Area
Lot 8	11.970	0.465	11.505

Curve Table

Curve	Delta	Radius	Length	Chord Bearing	Distance	Tangent
C2	39°36'09"	50.00'	34.56'	N 57°55'58" E	33.88'	18.00'

E 1336500
N 573500

PRIVATE USE IN COMMON
DRIVEWAY EASEMENT TO
SERVE LOT 8 (THIS PLAT),
LOT 3 "THE CHASE II"
PLAT 14025
AND LOT 10
"THE CHASE LOTS 1 THRU 48"
PLAT 7260
USE-IN-COMMON DRIVEWAY
MAINTENANCE AGREEMENT
IS RECORDED IN THE
LAND RECORDS OFFICE OF
HOWARD COUNTY, MARYLAND
SIMULTANEOUSLY WITH THIS PLAT

C2
R = 50.00'
L = 16.76'

LOT 10
"THE CHASE
LOTS 1 THRU 48"
PLAT 7260

LOT 11
"THE CHASE
LOTS 1 THRU 48"
PLAT 7261

LOT 18
"THE CHASE
LOTS 1 THRU 48"
PLAT 7263

LOT 19
"THE CHASE
LOTS 1 THRU 48"
PLAT 7263

LOT 3
"THE CHASE II"
PLAT 14025

LOT 8
11.970 Acres±

LOT 1
"THE CHASE II"
PLAT 14025

MARY CARTER CARROLL ZIEGLER, ET AL
WILL RECORD K.K.H. 17/271

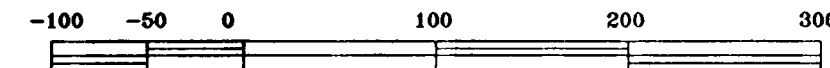
MARY CARTER
CARROLL
ZIEGLER, ET AL
WILL RECORD
K.K.H. 17/271

OPEN SPACE LOT 6 "THE CHASE II" PLAT 14025
(DEDICATED TO RECREATION AND PARKS)

Coordinates

Point	North	East
AD22	573708.97	1336852.33
AD25	573569.88	1336978.77
AD27	573479.07	1337173.53
BN123	572889.43	1336894.66
BN124	572599.88	1336736.36
LC1	572443.56	1336637.42
LC6	572310.98	1336846.88
LC7	572868.02	1337523.42
LC8	572988.91	1337486.20
LC19	573726.95	1336881.04
LC20	573597.26	1336998.93
LC24	573474.24	1337262.78
LC26	573208.48	1337584.66

Scale 1" = 100'



Legend

— FP —	FLOODPLAIN LINE
— FCE —	FOREST CONSERVATION EASEMENT LINE
— SBL —	STREAM BUFFER LINE
— BRL —	"BRL" BUILDING RESTRICTION LINE



Daft McCune Walker, Inc.
A Team of Land Planners,
Landscape Architects,
Engineers, Surveyors &
Environmental Professionals
200 East Pennsylvania Avenue
Towson, Maryland 21286
410 296 3333
Fax 296 4705

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE
SYSTEMS, IN CONFORMANCE WITH THE MASTER
PLAN OF WATER AND SEWERAGE FOR HOWARD
COUNTY

Don K. MDE 4/4/00
Howard County Health Officer *Don K. MDE* Date

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND
ZONING

Mike 4/10/00
Chief, Development Engineering Division *Mike* Date

James B. Smith 4/12/00
Director *James B. Smith* Date

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- (1) The right to lay, construct, and maintain sewers, drains, water pipes, and other municipal utilities and services, in and under all roads and street rights-of-way and the specific easements shown hereon;
- (2) The right to require dedication for public use the beds of the streets and/or roads, and floodplains and open spaces, where applicable, and for other good and valuable consideration, hereby grant the right and option to Howard County, to acquire the fee simple title to the beds of the streets and/or roads and floodplains, storm drainage facilities, and open spaces, where applicable; and
- (3) The right to require dedication of waterways and drainage easements for their construction, repair and maintenance; and
- (4) That no building or similar structure of any kind shall be erected on or over the said easements and rights-of-way.

The requirements of Section 3-108, The Real Property Article, Annotated Code Of Maryland, 1988 Replacement Volume, (as supplemented) as far as they relate to the making of this plat and the setting of markers have been complied with.

Witness our hands this 23 day of March 2000
CHARLES B. ALLEN, JR. AND FRANCES G. ALLEN

Charles B. Allen Jr
CHARLES B. ALLEN, JR.

Frances G. Allen
FRANCES G. ALLEN

SURVEYOR'S CERTIFICATE

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Anthony J. Viti 3/23/00
Anthony J. Viti
Professional Land Surveyor No. 10951 Date

RECORDED AS PLAT NO. 14188
ON 4/19/00 IN THE
LAND RECORDS OF HOWARD COUNTY, MD.

THE CHASE II

LOT 8

A RESUBDIVISION OF THE CHASE II
LOTS 1 AND 2 RECORDED AS PLAT NO. 14025

SHEET 2 OF 2
ZONING: RR-DEO

TAX MAP 29 GRID 3 PARCEL 28
FIFTH ELECTION DISTRICT
HOWARD COUNTY MARYLAND

SCALE: 1" = 100' MARCH 22, 2000

FOO-135

E 1336500
N 573500

C2
R = 50.00'
L = 52.36'

AD22 STANDARD MARKER SET
AD23 STANDARD MARKER SET

LOT 48 "THE CHASE" PLAT 7260
PRIVATE USE IN COMMON
DRIVEWAY EASEMENT TO
SERVE LOTS 1, 2 AND 3
AND LOT 10
"THE CHASE LOTS 1 THRU 48"
PLAT 7260
USE-IN-COMMON MAINTENANCE
AGREEMENT ~~IS~~ RECORDED
AMONG THE LAND RECORDS OF
HOWARD COUNTY, MARYLAND

LOT 10
"THE CHASE"
LOTS 1 THRU 48
PLAT 7260

F-99-167

LOT 11
"THE CHASE"
LOTS 1 THRU 48
PLAT 7261

LOT 18
"THE CHASE"
LOTS 1 THRU 48
PLAT 7263

N 25°18'43" E 652.26'
382.63'

MINIMUM BUILDING
SETBACK LINE

LOT 2

3.376 Acres±

MINIMUM BUILDING
SETBACK LINE

Utility Easement Plat No. 7263 & 7261
BN123

E 330.00'

STREAM
BUFFER

LOT 1

8.594 Acres±

FOREST CONSERVATION
EASEMENT

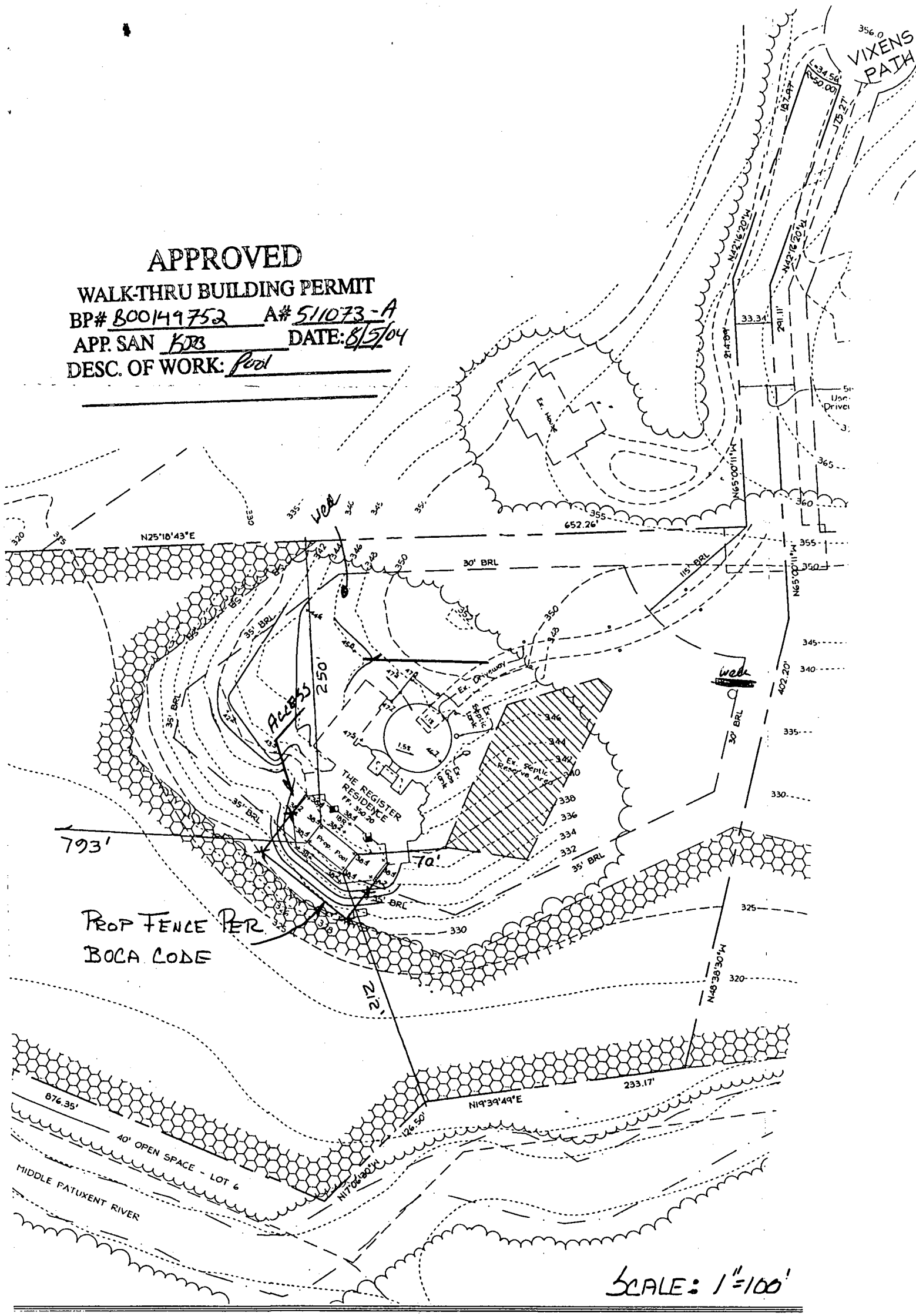
LC4

VIXENS PATH

APPROVED

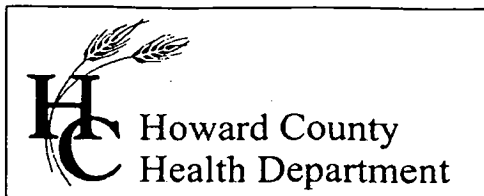
WALK-THRU BUILDING PERMIT

BP# 800149752 A# 511073-A
APP. SAN KJB DATE: 8/5/04
DESC. OF WORK: Pool



SCALE: 1"=100'

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2655 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-2650		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-00149752																										
Building Address: <u>11649 VIXEN PATH</u> <u>ELICOTT CITY, MD 21042</u>		Property Owner's Name: <u>John Register</u> Address: <u>11649 Vixens Path</u> City: _____ State: _____ Zip Code: _____ Home Phone: <u>301-390-4817</u> Work Phone: _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>John Register</u> <u>12408 Longwater Dr</u> <u>Mitchellville MD 20701</u> Phone: _____ Fax: _____																											
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract: <u>605102</u> Subdivision: <u>The Chase II</u> Section: _____ Area: _____ Lot: <u>18</u> Tax Map: <u>29</u> Parcel: <u>382</u> Grid: <u>3</u> Zoning: <u>29</u> Map Coordinates: <u>14.5.1</u> Lot size: <u>11.97 AC</u>		Contractor Company: <u>Anthony Kylian Pools</u> Contact Person: <u>Jane Kestler agent for contractor</u> Address: <u>10840 Gailford Rd Ste 407</u> <u>Annapolis</u> City: <u>Jurisdiction</u> State: <u>MD</u> Zip Code: <u>20701</u> License No.: <u>19347</u> Phone: <u>301-490-1530</u> Fax: _____																											
Existing Use: <u>Single family dwelling</u> Proposed Use: <u>Same w/ pool</u> Estimated Construction Cost: \$ <u>21,200</u> Description of Work: <u>Reinforced concrete</u> <u>inground pool w/ DE filter pool</u> <u>filled by</u> <u>20x40</u> <u>3-5</u>		Engineer or Architect Company: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____																											
Occupant or Tenant: <u>Same as owner</u> 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 DESCRIPTION - RESIDENTIAL																											
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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: <u>Jane Kestler</u> Title/Company: <u>Agent for Contractor</u>		Print Name: <u>Jane Kestler</u> Date: <u>04 Aug 04</u>																											
Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u> ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -																													
AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input type="checkbox"/> Building Official <input 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"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		DPZ SETBACK INFORMATION 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: _____																											
PROPERTY ID# <u>45953</u> Filing fee \$ _____ Permit fee \$ <u>50</u> Excise tax \$ _____ Add'l per. fee \$ <u>5</u> TOTAL FEES \$ _____ Sub-total paid \$ <u>75</u> Balance due \$ _____ Check # <u>1128</u> Validation # <u>75324</u>		Accepted by: <u>[Signature]</u>																											
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA																													
T:\forms\PERMIT FRM Rev. 5/17/00																													



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

October 25, 2004

Mr. & Mrs. Charles Allen
7189 Rivers Edge Road
Columbia, MD 21044

SENT VIA FACSIMILE 301-854-0753

RE: The Chase II, Lot 8
11649 Vixens Path
Ellicott City, MD 21042
BP # B00123650
Well Permit # HO-94-2359

Dear Mr. & Mrs. Allen:

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 01/21/2001. Final approval of the well line connection to the dwelling was approved on 03/09/2001.**

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-94-2359. 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: 10/21/2004
Date of Well Completion: 08/25/1999

Respectfully,

Stuart Osger, R. S.
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Services Program
File

CORRECTED COPY BUILDING PERMIT

Marydon
2648

Phil

HOWARD COUNTY
INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY MD 21043-4395
(410) 313-2455

PERMIT NBR: B00123650
PROJECT NBR:
CENSUS TRACT: 6051.01
APPLIC DATE: 04/18/00
ISSUE DATE: 07/31/00

MAP COORDINATES: 14J1
BUILDING ADDRESS:
11649 VIKENS
ELLICOTT CITY MD 21042

PATH

OWNER INFORMATION:

ALLEN CHARLES
7189 RIVERS EDGE RD
COLUMBIA MD 21044

SUBDIVISION: THE CHASE II
TAX MAP: 29 ACREAGE 0.00
BLK(ST): LOT:8 BLK:3
PARCEL: 28 SECTION:
AREA: DISTRICT: 5
PROPERTY ID NUMBER: 0000-0004-5858
SFP: FILE:

WRK: HM:(301) 854-0753
APPLC: CRAIG L STEWART/ARCH

CONTRACTOR INFORMATION:

GREENFIELD HOMES INC
6656 LUSTER DR
HIGHLAND MD 20777
PHONE: (410) 781-6782
COUNTY LICENSE: CTR01924
STATE LICENSE:
LICENSEE:
PHONE: (410) 781-6782

SUITE/APT:

IMPROVEMENT TYPE.: NEW
USE TYPE.: SINGLE FAMILY DWELLING
EXISTING USE.: VACANT LOT
PROPOSED USE.: NEW CUSTOM SFD 2-STORY FULL FINISHED BASEMENT 5FB
PROPOSED WORK.: 12 ROOMS 3HB 3FD 4 CAR GARAGE 5BR

DESCRIPTION OF WORK		BUILDING CHARACTERISTICS	
LOT CHARACTERISTICS		BUILDING HEIGHT (FT)	
AREA OF LOT		NUMBER OF STORIES	
AREA DISTURBED		USE GROUP	
ENTRANCE PERMIT		TYPE OF CONSTRUCTION	
STATE CERTIFIED		MODULAR BUILDING	
OCCUPANT INFORMATION		MOBILE HOME	
NAME		WASTE DISPOSAL TYPE	
ADDRESS		WATER SUPPLY TYPE	
CITY/ST/ZIP		HEATING FUEL	
ENGINEER OR ARCHITECT		SPRINKLER	
NAME		NBR OF STAIRS	
ADDRESS		GROSS AREA SQ FT	
CITY/ST/ZIP		OCCUP. SQ FT (80)	
(410) 465-7637		OCCUP. SQ FT (40)	
		COST OF CONSTR. \$	

BUILDING DIMENSIONS		UNITS		IMPROVEMENTS	
LEN. WIDTH		SINGLE FAMILY		CENTRAL-A-C Y	
UNFIN. BASEMENT 110 130		NBR BEDRMS		ELECTRIC Y-E	
FIN. BASEMENT		MULTI FAMILY		FIREPLACE	
1ST FLOOR 130 110		EFFICIENCY		PLUMBING	
2ND FLOOR 127 92		1 BEDROOM		BATH (NBR) 5.0	
GARAGE		2 BEDROOM		OTHER	
CARPORT		3+ BEDROOM		DRYWELL	
PORCH		TOTL UNITS 1			
DECK					

ZONING RRDEO
ALL MINIMUM SETBACK REQUIREMENTS MET? Y
FRONT 75FT
REAR 35FT
SIDE 30FT
SIDE ST

** PLEASE CHECK PLOT PLAN FOR DRIVEWAY SPECS PRIOR TO*

APPROVING FINAL

CASH RECEIPT NBR.: 31053 33638
FEE PAYMENT HISTORY: \$ 13,328.00

APPROVED BY DIRECTOR OF INSPECTIONS, LICENSES, AND PERMITS: D. M. HAMMERMAN

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) 313-3600

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00123650

Building Address
11649 VIXENS PATH
ELLICOTT CITY, MD 21042

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

Census Tract 60511 Subdivision THE CHASE II

Section 116 Area 116 Lot 1

Tax Map 29 Parcel 28 Grid 3

Zoning RR-15 Map Coordinates 11.31 Lot size 12 AC

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost \$ 2,000,000

Description of Work NEW 5 BEDROOM HOME WITH 4 CAR GARAGE WITH HAS AND SWIMMING POOL

Occupant or Tenant

Contact Name

Address

City State Zip Code

Phone Fax

Property Owner's Name MR & MRS CHARLES ALLEN

Address 7187 RIVERS EDGE RD

City COLUMBIA MD Zip Code 21044

Home Phone 301-854-0753 Work Phone N/A

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

Phone 30 Fax 301-854-0753

Contractor Company GREENFIELD HOMES

Contact Person WAYNE GREENFIELD

Address 6656 FOSTER DRIVE

City HIGHLAND MD Zip Code 20777

License No.

Phone 410-781-6782 Fax

Engineer or Architect Company STEWART MCCOY

Contact Person CRAIG STEWART

Address 8329 MAEN ST

City ELLICOTT CITY MD Zip Code 21043

Phone 410-465-7687 Fax 410-465-7737

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: 112 109

2nd floor:

Basement:

Finished Basement Unfinished Basement

Crawl space Slab on Grade

No. of Bedrooms 5

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 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

11649 VIXENS PATH

Title/Company

Stewart McCoy Arch

Print Name

CRAIG L. STEWART

Date

4-18-10

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY

DATE

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID#

Land Development DPZ

State Highways

Building Official

Dev. Engineering DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

YES NO

CONTINGENCY CONSTRUCTION START: ONE STOP SHOP:

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Front: 15' Main

Rear: 35' Main

Side: 30' Main

Side St: N/A

All minimum setbacks met?

YES NO

Is Entrance Permit required?

YES NO

Historic District?

YES NO

Lot Coverage for New Town Zone

SDP/Red-line approval date

Accepted by

Filing fee

Permit fee

Excise tax

Sub-total paid

Add'l permit fee

TOTAL FEES

Balance due

Check

Validation