11/19/01 11 A.M. Layout
11/20/01 Anytime Final - Permit in the backhoe

ISSUE DATE: 11/19/2001

APPROVAL DATE: 11/20/01

PERMIT
INDEXED

P 516421

A 511437

RPS # 434319

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

Jack Fyock Septic Service IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Cherry Brae LOT NUMBER: 5

ADDRESS: 11955 Simpson Road PROPERTY OWNER: Mr. & Mrs. Gardenhour

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 210

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 50' off the front lot line and 55' off the left lot line. Run 3 trenches on contour toward house as shown on plan.
NOTES:	

PLANS APPROVED: MER 8/29/01 OK (BB) DATE: 8/21/01

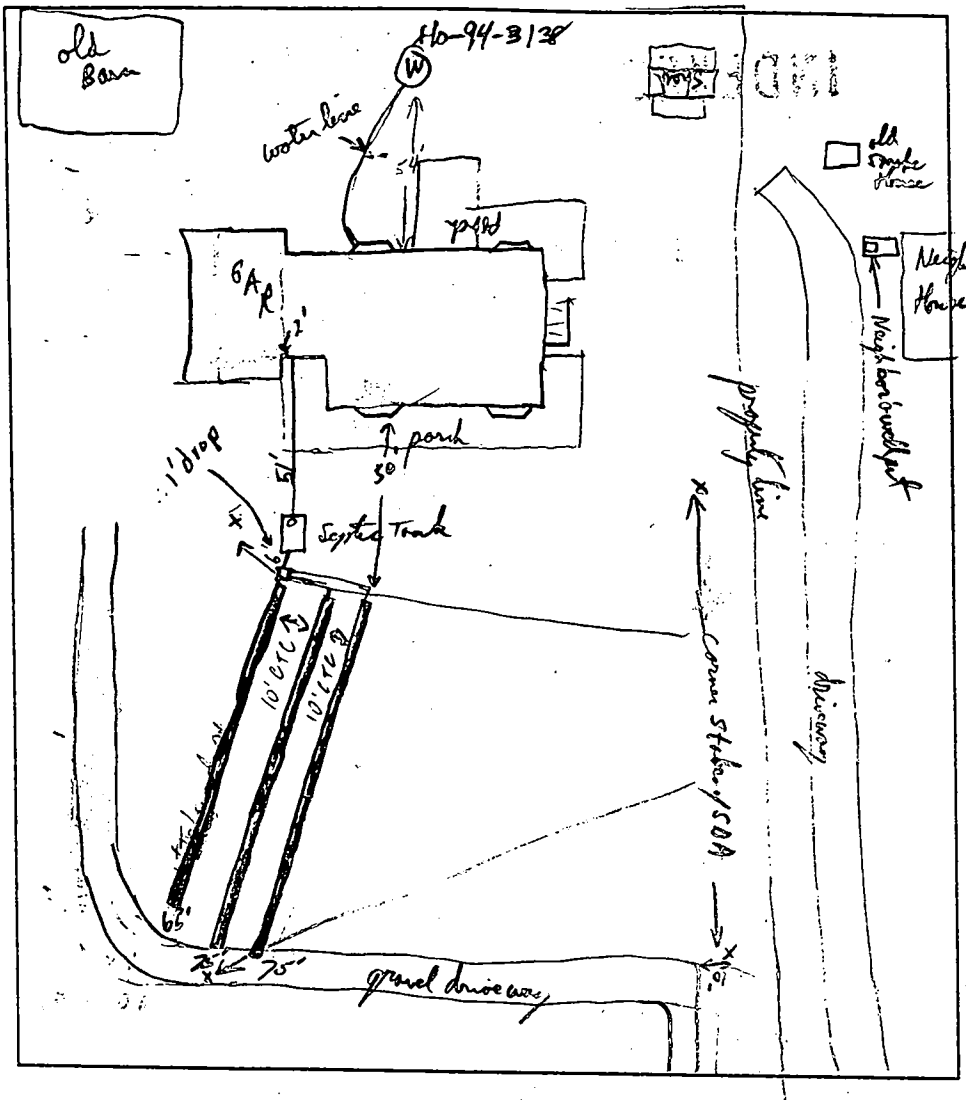
NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTMEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

BLUE PERMIT SIGNED AND RETURNED 11/25/02
B00134048 UG PROPANE TANK (1000 gal)

A 511437

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2'

TRENCH INLET DEPTH 3'

TRENCH BOTTOM DEPTH 2'

DEPTH OF STONE 4'

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH ①-65 ②-75 ③ 75 = 215'

ABSORBENT AREA 860 ft²

DISTRIBUTION BOX LEVEL ✓

BAFFLE IN DISTRIBUTION BOX Brick

SEPTIC TANK DATA

SEPTIC TANK 1250 75 GALLONS

MANHOLE RISER Front - 36"

6 INCH INSPECTION PORT N/A

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A

MANHOLE RISER N/A

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: Location Trenches OK (as designed in center portion of field (60's)) However gravel driveway lays over a portion of each side of SDA. RJP 11/19/01

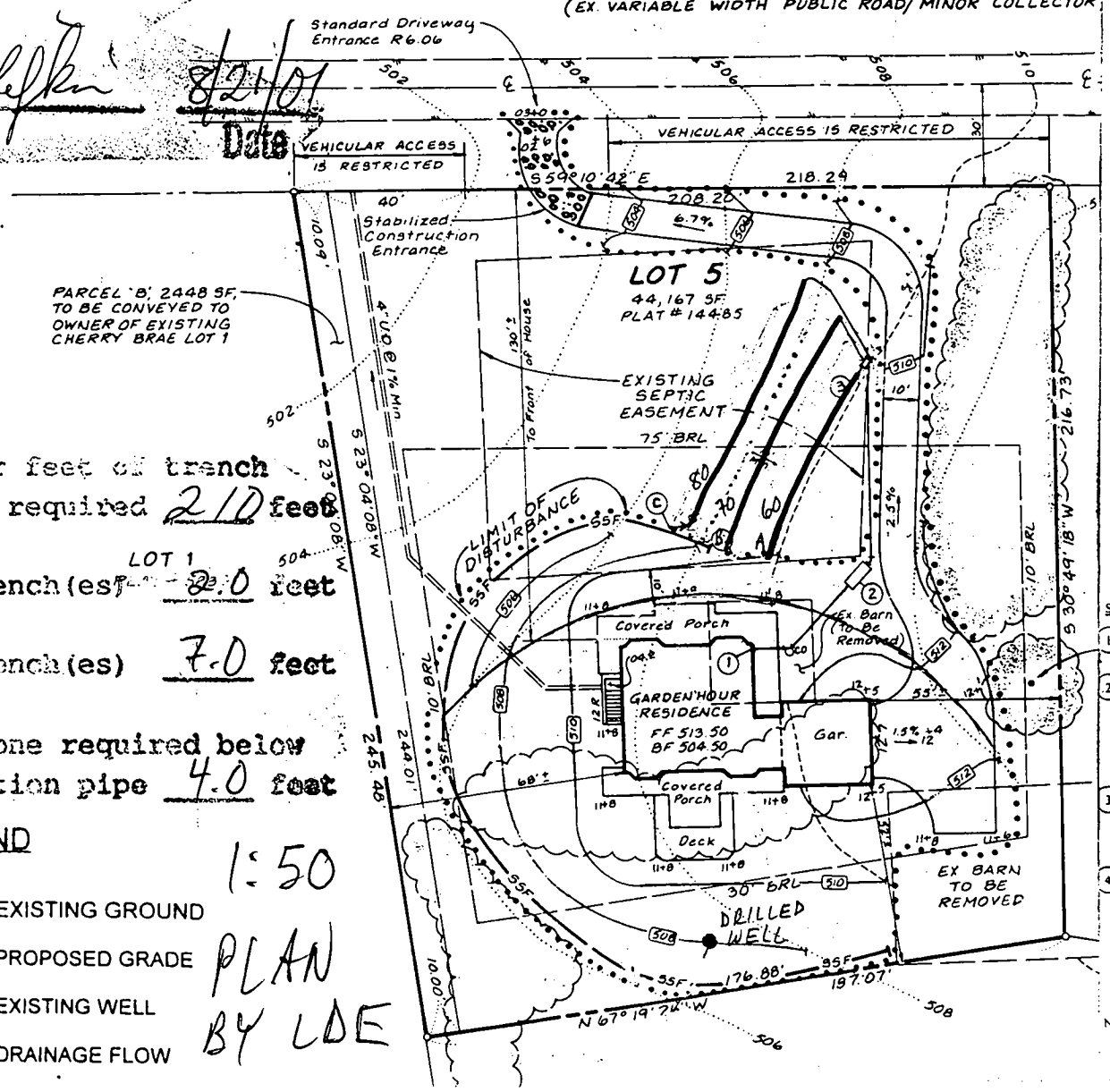
INSPECTION COMMENTS: House Connection, Septic Tank OK (will have baffles added Today) OK to Cover. 11/19/01 Trench #1 installed and covered, Trench #2 in and partially gravel filled, OK to cover when finished. RJP 11/19/01 11/20/01 House connection in, not sealed, OK to cover all work, signed permit noting connection

well cap + tag + grout OK - Needs rest of topsoil Logan 11/19/01

INSPECTOR _____ DATE SYSTEM APPROVED 11/20/01

Approved Septic System Plan
Howard County Health Department

Mark Kefkin 8/21/01
Signature Date



Total linear feet of trench required 210 feet

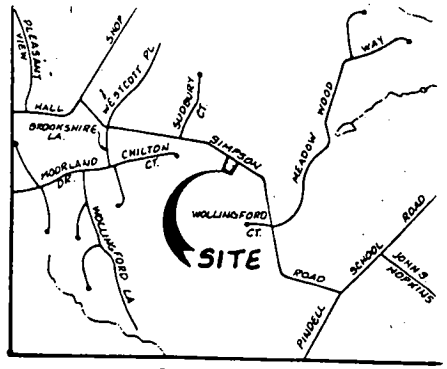
Width of trench(es) 24.0 feet

Depth of trench(es) 7.0 feet

Depth of stone required below distribution pipe 4.0 feet

LEGEND

- 520 --- EXISTING GROUND
- PROPOSED GRADE
- EXISTING WELL
- DRAINAGE FLOW



VICINITY MAP
SCALE: 1" = 2000'

NOTES

1. EXISTING ZONING: RR (RURAL RESIDENTIAL)
2. PLAT REFERENCE: # 14485
3. LIMIT OF DISTURBANCE: 19,800 SF ±
4. THE PROPOSED DRIVEWAY FOR THIS LOT SHALL BE A MINIMUM OF 10 FEET WIDE, 6" CRUSHER RUN WITH 2 1/2" MACADAM SURFACE.
5. THE TOPOGRAPHY SHOWN IS TAKEN FROM THE HOWARD COUNTY AERIAL TOPOGRAPHY.
6. THE EXISTING WOOD BARNS LOCATED ON LOT 5 SHALL BE REMOVED BY THE OWNER LISTED BELOW (STANTON).

SEPTIC SYSTEM DESIGN DATA:

1. INVERT AT FOUNDATION WALL: 509.00 FIRST FLOOR SERVICE ONLY (WALL HUNG WITH INTERIOR PUMP PIT FOR BASEMENT SERVICE)
2. 1250 GALLON SEPTIC TANK (4 BR-PROVIDE MANHOLE TO GRADE)
   EXISTING GROUND OVER TANK: 511.30
   PROPOSED GRADE OVER TANK: 511.30
   INVERT IN: 508.60
   INVERT OUT: 508.30
3. DISTRIBUTION BOX: (3 OUTLETS MINIMUM)
   EXISTING GROUND OVER BOX: 510.00
   PROPOSED GRADE OVER BOX: 510.00
   INVERT IN: 507.00
4. TRENCH DESIGN: 52.5LF PER BR x 4 = 210LF

	(A)	(B)	(C)
EX.GROUND OVER TRENCH:	509.70	508.50	507.50
INVERT TRENCH:	506.70	505.50	504.50
BOTTOM TRENCH:	502.70	501.50	500.00
LENGTH:	60 FT.	70FT.	80 FT.
WIDTH:	2 FT.	2 FT.	2 FT.

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

Call Owner

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0013105 O

Building Address 1955 SIMPSON RD
CLARKSVILLE 21029
Suite/Apt. #: N/A SDP/WP/Petition #: NA
Census Tract 6051.02 Subdivision VICROY ROAD
Section — Area — Lot 5
Tax Map 41 Parcel 193 Grid 7
Zoning RR-DW Map Coordinates 14G13 Lot size 1.17 AC.

Property Owner's Name Charles and Sandra Gardenhour
Address 10004 Margueritta Ave
City Glenn Dale State MD Zip Code 20769
Home Phone (301)262-8238 Work Phone (301)262-8228
Applicant's Name & Mailing Address, (if other than stated hereon):
Chas G. 301-466-7308 301-646-1836
Casey/Conte Sandra G.
Phone Nick Conte Jr Fax to Jr Builder

Existing Use VACANT LAND
Proposed Use NEW RESIDENTIAL DWELLING
Estimated Construction Cost $ 150,000.00
Description of Work CONSTRUCTION OF
Custom
A Single Family Dwelling Deck
4 Br. 3.5 Bath unfinish W/BR Basement
attach 2 car GARAGE

Contractor Company Owner
Contact Person Nick Conte
Address 5707 Courtney Dr.
City Lothian State MD Zip Code 20711
License No. 495
Phone 301-440-4709 Fax

Occupant or Tenant Gardenhour
Contact Name Charles Gardenhour
Address Same
City — State — Zip Code —
Phone Fax

Engineer or Architect Company LDE INC.
Contact Person Bruce Burton
Address 9250 Rumsey Rd., Suite 106
City Columbia State Md. Zip Code 21045
Phone 410-715-1070 Fax 410-715-9540

BUILDING DESCRIPTION - ~~COMMERCIAL~~

Building Characteristics

Height: 2nd floor
No. of stories: 2 Story w/Bsmt
Gross area, sq. ft. per floor: 1440 sf
Use group:
Construction type:
___ Reinforced Concrete
___ Structural Steel
___ Masonry
X Wood Frame
___ State Certified Modular

Utilities

Water Supply:
___ Public
___ Private
Sewage Disposal:
___ Public
X 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:	36'-0"	40'-0"
2nd floor:	36'-0"	40'-0"
Basement:	36'-0"	40'-0"

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4

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.

Charles Sandra Gardenhour — Charles Gardenhour
Applicant's Signature — *Print Name*

Title/Company

6/27/01
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ		
X State Highways		
X Building Official		
X Dev. Engineering, DPZ		
X Health	8/21/01	Mark Kuffner
X Fire Protection		

X Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone
SDP/Red-line approval date — Accepted by

PROPERTY ID#: 51243

Filing fee	$ 25.00
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$ 101
Check	# 39661
Validation	#

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

a:\permit.frm

Rev. 10/15/98

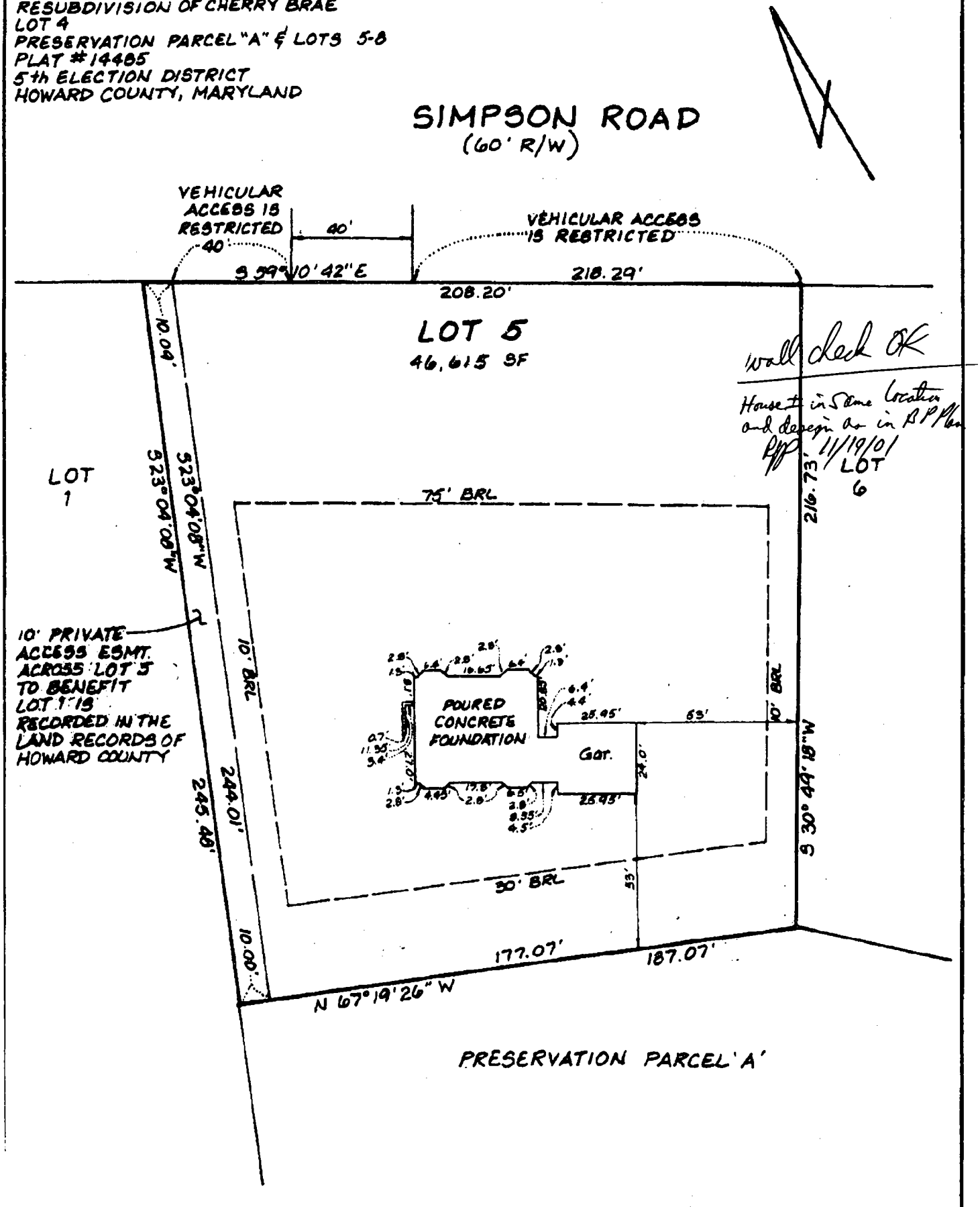
Plans Rcvd

PROPERTY KNOWN AS: LOT 5

CHERRY BRAE

RESUBDIVISION OF CHERRY BRAE
LOT 4
PRESERVATION PARCEL "A" & LOTS 5-8
PLAT #14485
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.



LOCATION DRAWING

CERTIFICATION	PLAT	SCALE 1" = 40'	DATE

6/26/02
1:00

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: EASTERDAY WELL & PUMP Telephone #:
Address: 9265 BROWN CHURCH RD
MT. AIRY, MD 21771
301-831-5170

(Must circle one) Licensed Plumber (Licensed Well Driller) Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Lester Simmons Jr. License# AWD611
*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: Charles Gardenhour Telephone #:
Subdivision: Cherry Brae Lot #: 5 Well Tag #: HO - 94 - 3138
Site Address: 11955 Simpson Road
Clarksville, MD.

Submersible Pump Data
Make: Goulds
Model #: 7651542
Pump Capacity 7 GPM
Well Yield: 7.5 GPM

Pitless Adapter
Make: Cambey
Model#: B-10 X
Depth: 42" (36" min)
NSF approved:

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: 50 (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 ___

Piping to house
Type: Cristan
PSI: 200 (160 psi min)
Depth of supply line: ___(36" min)

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

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 — date 1/3/02

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

Date Insp. Requested: 12/4/01, 1/3/02 Date Insp. Approved: 6/26/02 HD

Inspection Data:
- Pitless adapter and water supply line at least 36" below grade ✓ 1/3/02 (50) SRK
- Two piece cap installed and attached to casing securely ✓
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓ } MR 6/26/02
- Safety rope installed inside of well casing ✓
- Correct well tag attached properly and casing 8" above finished grade ✓ (50) SRK
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓ (RJP) SRK

C 1 0783 — SEQUENCE NO. (MDE USE ONLY)

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

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

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

COUNTY NUMBER A511437

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: 8/7/01

Depth of Well: 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-3138

OWNER: Gardenhour, Jr. (last name) Charles (first name)
STREET OR RFD: Simpson Road TOWN: Highland
SUBDIVISION: Cherry Brae SECTION: LOT: 5

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
Top Soil	0	2	
Brown Shale	2	30	
Brown Mica	30	90	✓
Gray Mica	90	215	
Opening	215	216	✓
Gray Mica	216	500	

NUMBER OF UNSUCCESSFUL WELLS: 0

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.: MWD040
George F. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: WSD038
Bruce Thompson
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 26 NO. OF POUNDS 2600
GALLONS OF WATER 156
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 42 ft. (BOTTOM)
(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	6	100

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	98	500
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	from	to

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): 3
PUMPING RATE (gal. per min.): 7.5
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 25 ft.
WHEN PUMPING: 161 ft.

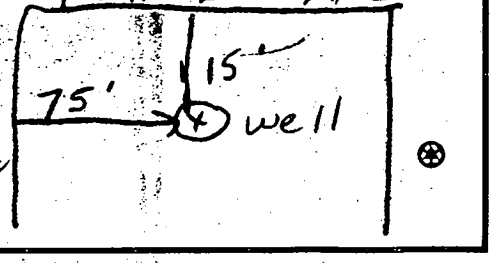
TYPE OF PUMP USED (for test)
[A] air [P] piston [T] turbine
[C] centrifugal [R] rotary [O] other (describe below)
[J] jet [S] submersible

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 (nearest) foot: 2

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)



DENV-CR97

COUNTY

Page ____ of ____ 8/13/01 7:45 Review OK MR 8/21/01
Date ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3138
Location of property (road) Simpsonfd
Subdivision Cherry Brae Lot 5 Block ____ Plat ____ Sec. ____
Well Driller G. Eacterday Owner Charles Gardenhour Jr

Depth of well 400 7gpm
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 12:30 Pumping rate 15 gpm
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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:30	25'	4 sec.	Pump Set at 375'	15 gpm
12:45	100'	4 sec	Kent V. Berry	15 gpm
1:00	145'	5 sec		12 gpm
1:15	160'	8 sec		7.5 gpm
1:30	160'	8 sec		7.5 gpm
1:45	160'	8 sec		7.5 gpm
2:00	160'	8 sec		7.5 gpm
2:15	161'	8 sec		7.5 gpm
2:30	161'	8 sec		7.5 gpm
2:45	161'	8 sec		7.5 gpm
3:00	161'	8 sec		7.5 gpm
3:15	161'	8 sec		7.5 gpm
3:30	161'	8 sec		7.5 gpm

HD-224

Page _____ of _____ Review _____

Date 8/13/2001 NO INSPECTION

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3138

Location of property (road) Simpson Rd

Subdivision Cherry Brae Lot 5 Block _____ Plat _____ Sec. _____

Well Driller G. Edcterday Owner Charles Gardenhour, Jr

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 | 9283 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

W5/5324 please print or type

STATE PERMIT NUMBER: Ho - 94 - 3138

fill in this form completely

OWNER INFORMATION

Date Received (APA): 07/06/01

8674

GARDENHOUR, JR CHARLES
(Last Name, Owner, First Name)

10004 MARQUERITA AVE
(Street or RFD)

GLENN DALE, MD 20769
(Town, State, Zip)

DRILLER INFORMATION

George F. Easterday — MW D 040
(Driller's Name, License No.)

L. Franklin Easterday, Inc.
(Firm Name)

9265 Brown Church Rd., MT. Airy, Md. 21771
(Address)

George F Easterday — 7/5/2001
(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: 300 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: ----G---

PERMIT No. HO - 94 - 3138

B 3 LOCATION OF WELL

Howard — CO#
COUNTY

Cherry Brae
SUBDIVISION

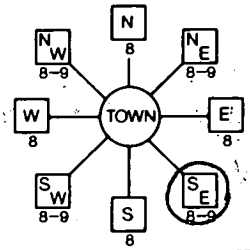
SECTION — LOT 5

Highland
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Simpson Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 230 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI

TAX MAP: 41 BLK ___ PARCEL 198

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard — AS11437
COUNTY NAME — COUNTY NO.

STATE SIGNATURE

INSERT S

DATE ISSUED: 7/12/01 — CO SIGNATURE — EXP DATE: 7/12/02

NORTH GRID: 488 000 — EAST GRID: 0820 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2. wells
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

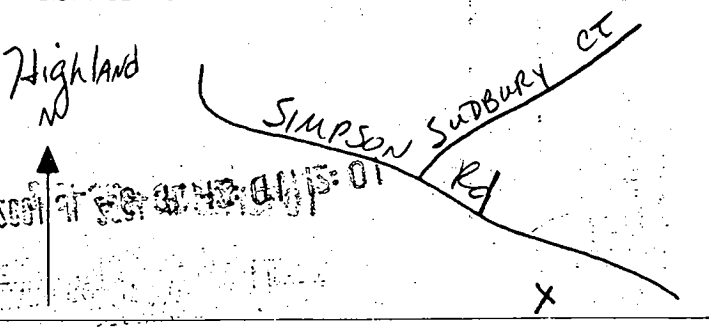
E 820

N 488

000 000

X 8/7/01
Grout ~8:00
8/7/01 TAG,
LOC,
GROUT
OK

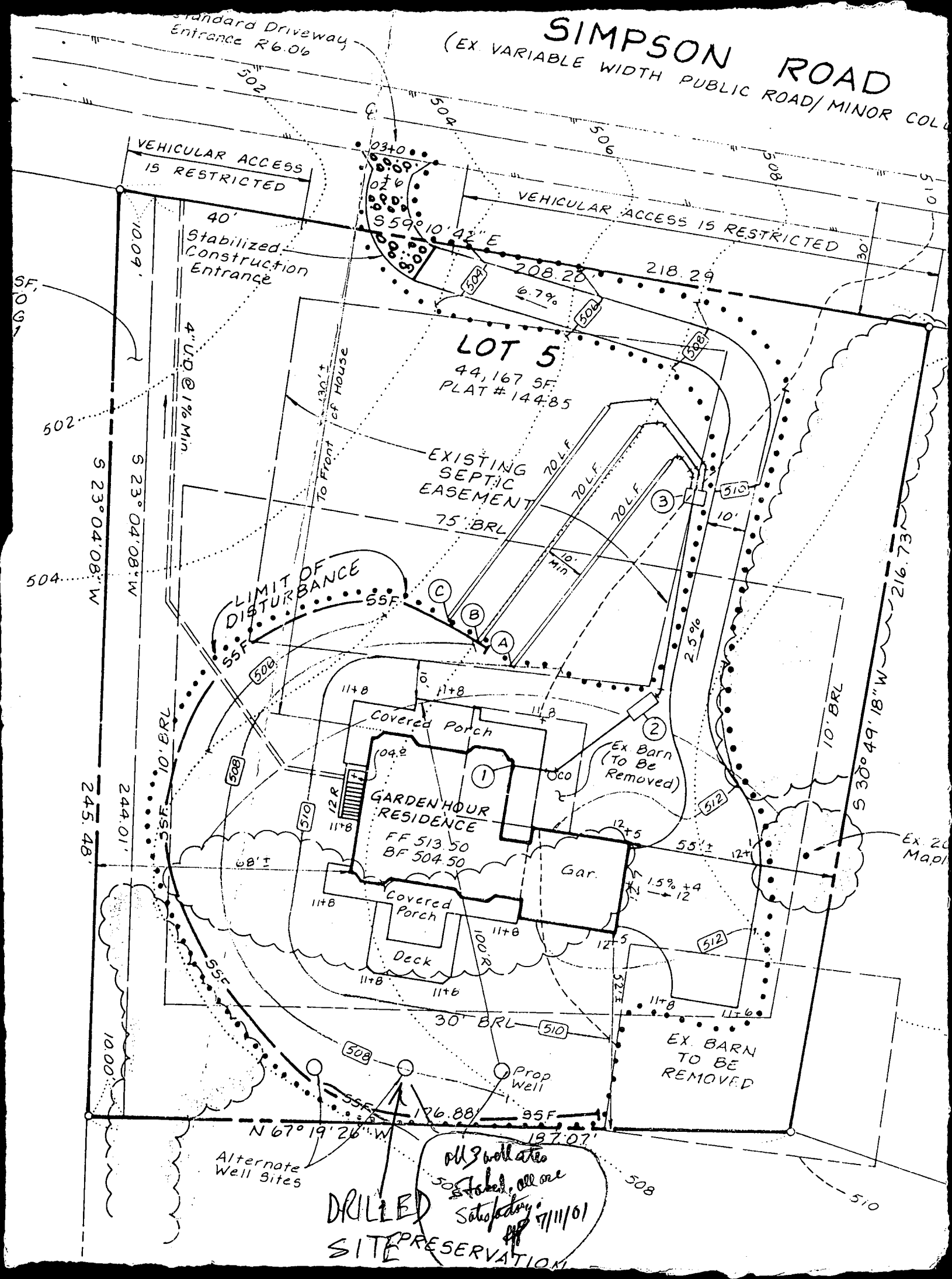
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 G 13



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

DENV-Permit 97

② COUNTY


SIMPSON ROAD
(EX. VARIABLE WIDTH PUBLIC ROAD/ MINOR COL
Standard Driveway Entrance R6.06
VEHICULAR ACCESS IS RESTRICTED
VEHICULAR ACCESS IS RESTRICTED
40' Stabilized Construction Entrance
S 59° 10' 42" E
208.20'
218.29
6.7%
LOT 5
44,167 SF
PLAT # 14485
30'± to Front of House
EXISTING SEPTIC EASEMENT
70 L.F.
70 L.F.
70 L.F.
75' BRL
10' Min.
10'
LIMIT OF DISTURBANCE
55F
4" U.D. @ 1% Min.
S 23° 04' 08" W
245.48'
244.01'
10' BRL
2.5%
S 30° 49' 18" W
216.73'
10' BRL
Covered Porch
Ex Barn (To Be Removed)
GARDEN HOUR RESIDENCE
FF 513.50
BF 504.50
12 R
Gar.
1.5% +4
12
Covered Porch
Deck
100' R
55'±
30' BRL
EX. BARN TO BE REMOVED
Prop Well
196.88'
N 67° 19' 26" W
187.07'
Alternate Well Sites
DRILLED
All 3 wells tested Satisfactory 7/11/01
SITE PRESERVATION
502
504
506
508
510
512

APPLICATION

PERCOLATION TESTING

A 512784A

P _____

DISTRICT 5TH

DATE 10.22.99

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

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

PROPERTY OWNER Thomas A. & Sharon F. Stanton

ADDRESS 11961 Simpson Rd, Clarksville, MD 21029 PHONE (301) 490-7627

AGENT OR PROSPECTIVE BUYER —

ADDRESS — PHONE _____

PROPERTY LOCATION:

SUBDIVISION Cherry Brae LOT NO. #5

ROAD AND DESCRIPTION Simpson Rd

TAX MAP 41 PARCEL # 198

SIZE OF LOT 1 acre (46,375 s.f.) 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. Thomas A. Stanton
(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)

A612984 A
COUNTY #

Cherry Brae Lot 5

SOIL PROFILE

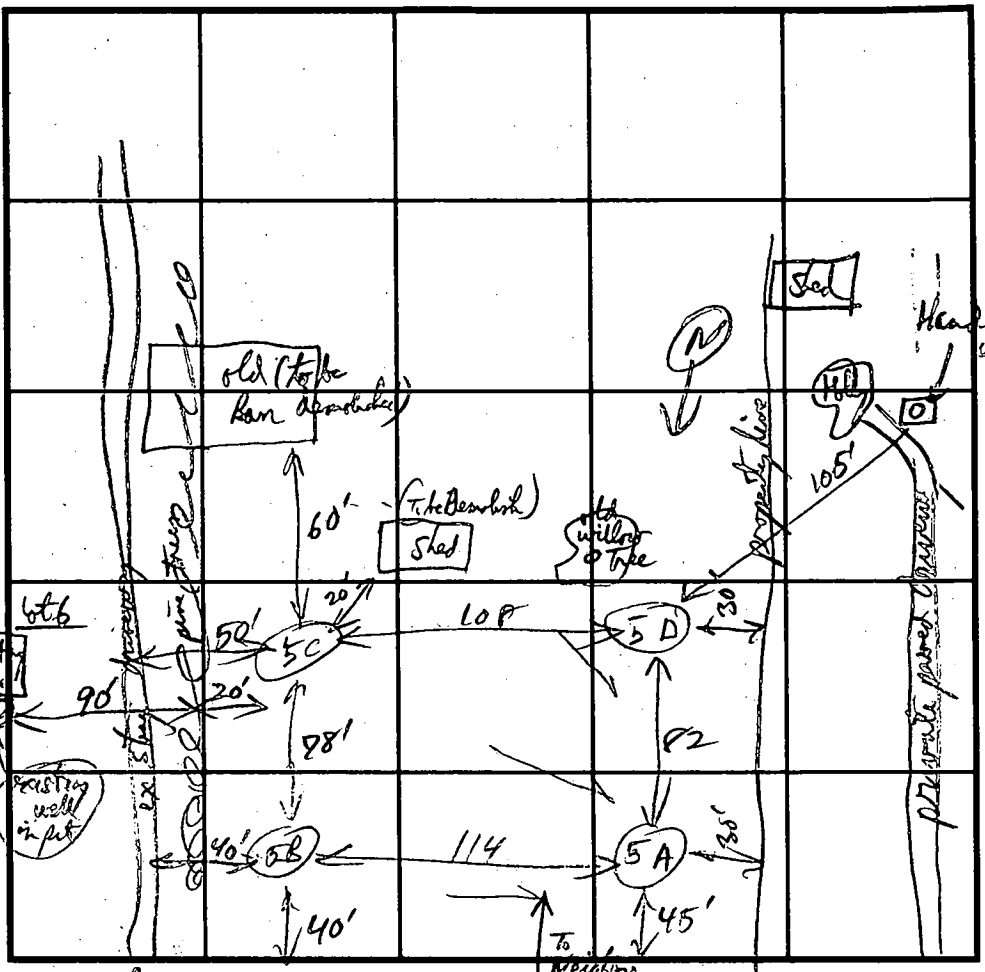
0'

5C

Thin A
Rd Brn clayloam
2½'
Red + Rd Brn Mix c yellow Mica Loam
Mica SL in lower ⅓ of hole
13'

SOIL PROFILE

0'



(Sandy) 5D (Nearby)

6" Thin Topsoil
Red Brn Cl
2'
2' yel Brn Cl
Red HL
4'
4' Red Mica Loam
yel Brn Cl
6'
13'

5B, 5A

6" Topsoil
Red Brn Stony Loam
15"
Red Cl
2½'
Red HL (Micaceous)
5-6'
Red Mica Loam
13'

Simpson Rd 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
12/3/99	5C	3½	12:58:30	1:02:00	1:02:00	1:06:30	4½ mpi
		✓13' 7'	12:59:00	1:06:26	1:06:26	1:18:30	12 mpi
	5D	✓13' 4'	1:06:20	1:13:00	1113:00	1:25	22 min
	5A	✓13'	1:08:30	1:13:00	1:13:00	1:17:30	4½ mpi
	5B	✓13'	Visual	only	(same as 5A)		est 5 mpi

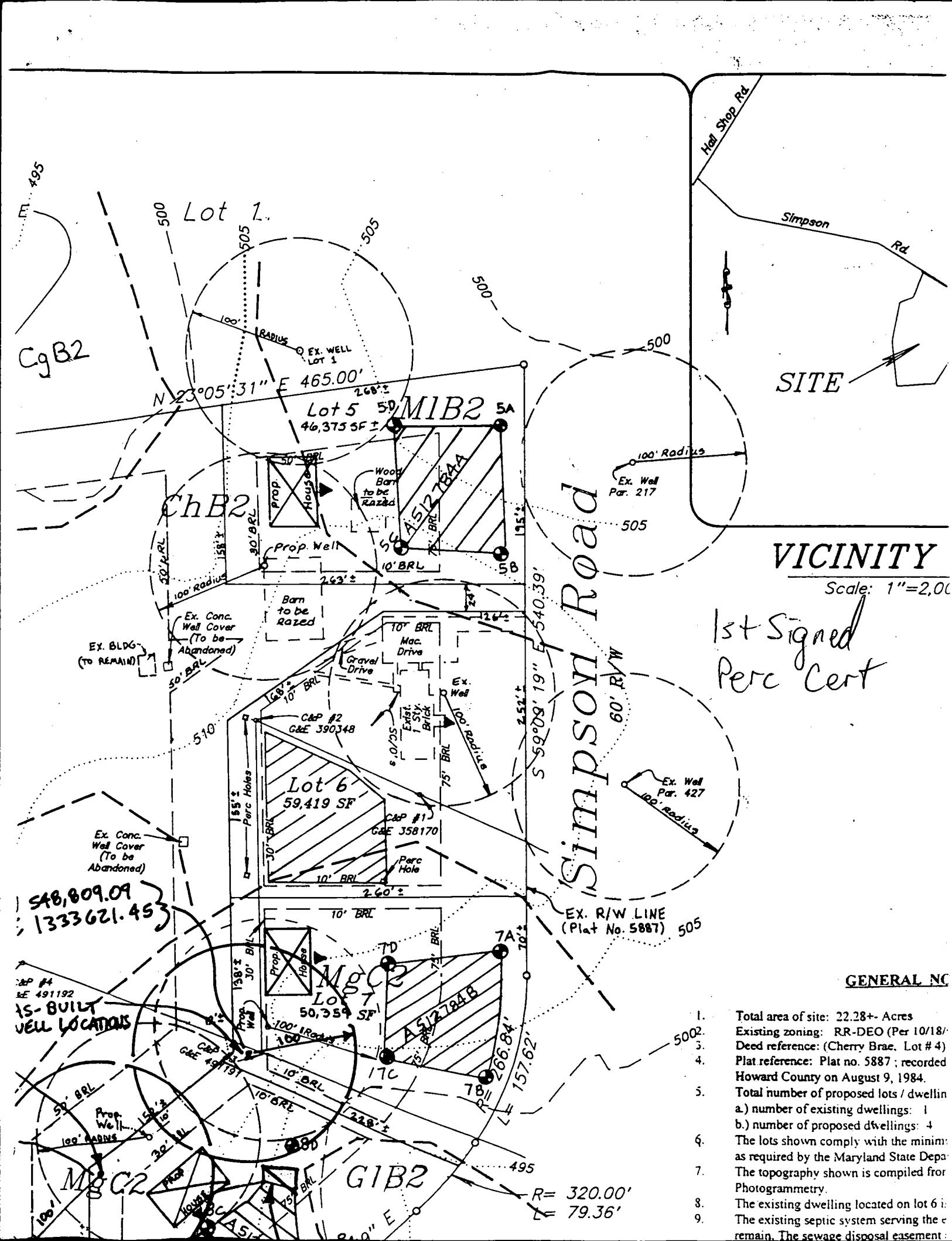
REMARKS

TYPE OF SOIL Chester

TESTED BY R Pinkley ALSO PRESENT K & K

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM



GENERAL NO

1. Total area of site: 22.28+- Acres
2. Existing zoning: RR-DEO (Per 10/18/
3. Deed reference: (Cherry Brae, Lot # 4)
4. Plat reference: Plat no. 5887 ; recorded Howard County on August 9, 1984.
5. Total number of proposed lots / dwellin
   a.) number of existing dwellings: 1
   b.) number of proposed dwellings: 4
6. The lots shown comply with the minim as required by the Maryland State Depa
7. The topography shown is compiled fror Photogrammetry.
8. The existing dwelling located on lot 6 i
9. The existing septic system serving the e remain. The sewage disposal easement

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00134048 K6

Building Address 11955 Simpson Road
Clarksville 21029
Suite/Apt # — SDP/WP/Petition #: —
Tax Map 47 Parcel 198 Grid 7
Census Tract 6065.02 Subdivision Cherry Brae
Section — Area — Lot 5
Zoning RR-DEO Map Coordinates 1461 Lot size

Property Owner's Name Charles Gardenhour
Address 11955 Simpson Road
City Clarksville State Md Zip Code 21029
Home Phone n/a Work Phone n/a 774-1777
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost $ 300,000
Description of Work Build a 1100 sq ft Bypass Unit

Contractor Company Valley Replace
Contact Person Doug Mikuen
Address 205 Naylor Road
City Millersville State Md Zip Code 21108
License No.
Phone n/a 987-5500 Fax n/a 987-5506

Occupant or Tenant Owner
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
Doug Mikuen
Print Name
1-24-02
Date
Title/Company

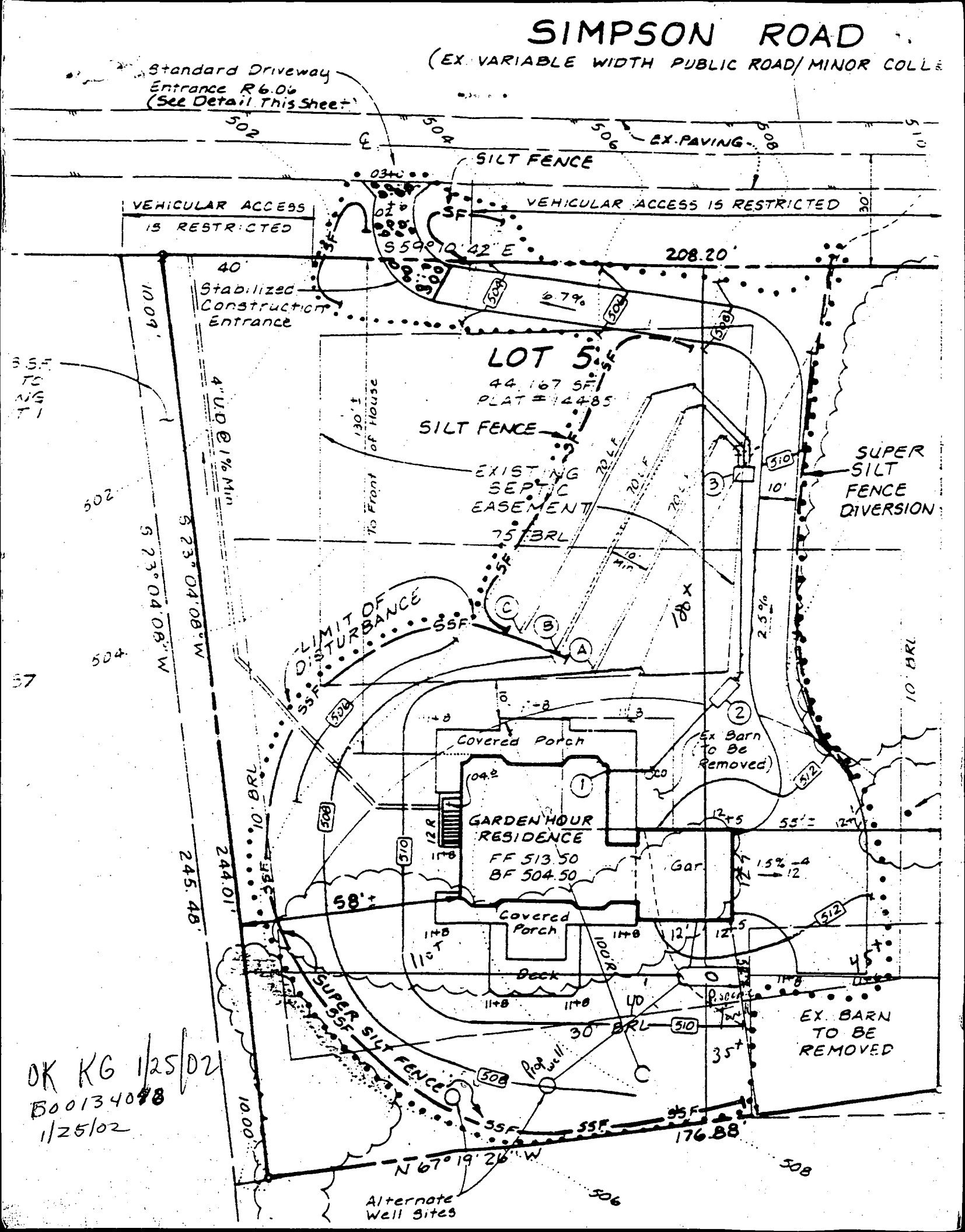
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY INFO
Land Development DPZ			Front:	Filing Fee
Subdivision DPZ			Rear:	Permit Fee
Zoning DPZ			Side:	Excise Tax
Building Official			Side St.:	Add. Fee
Env. Health			All minimum setbacks met?	Impact Fee
Traffic			Yes ☐ No ☐	Allocation
Fire Protection			Is Entrance Permit required?	Other
Soil Conservation District			Yes ☐ No ☐	Validation
Development Engineering Division			Historic District	
Recreation & Parks			Yes ☐ No ☐	
Development Engineering Division			Lot Coverage for New Cedar Zone	
Development Engineering Division			SDP/Redline Approval date	

Distribution: Applicant - White; Building Official - Green; DED/DPZ - Red; Yellow; DED - DPZ - Pink; Applicant - Gold

Forms\PERMITFRM


SIMPSON ROAD
(EX. VARIABLE WIDTH PUBLIC ROAD/ MINOR COLL
Standard Driveway Entrance R6.0
(See Detail This Sheet)
EX. PAVING
SILT FENCE
VEHICULAR ACCESS IS RESTRICTED
VEHICULAR ACCESS IS RESTRICTED
S59°10'42"E
208.20'
40' Stabilized Construction Entrance
6.7%
LOT 5
44,167 SF
PLAT #4485
SILT FENCE
EXISTING SEPTIC EASEMENT
75' BRL
130'± to Front of House
SUPER SILT FENCE DIVERSION
10' BRL
LIMIT OF DISTURBANCE
Covered Porch
Ex Barn to Be Removed
GARDEN HOUR RESIDENCE
FF 513.50
BF 504.50
Gar
Covered Porch
Deck
SUPER SILT FENCE
Prop well
30' BRL
EX. BARN TO BE REMOVED
N67°19'26"W
176.88
Alternate Well Sites
S23°04'08"W
244.01'
245.48'
100.00'
4" U.D @ 1% Min
OK KG 1/25/02
B0013408
1/25/02