Layout 10-11 (if possible)
& Trenches Later
12/22/00 ASAP Final
1/5/01 1/25/01 House Conn
10 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

INDEXED

P 514221
A 50619-M
ISSUE DATE 8/31/2000
APPROVAL DATE 1/25/01

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Holly Hills LOT NUMBER 19 ADDRESS 3306 Sang Road

PROPERTY OWNER Holly Hills, LLC PROPERTY OWNER'S ADDRESS P.O. Box 39
Columbia, MD 21045

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY ____ GALLONS

RPS# 359747

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: ~~Place the distribution box 125' from the rear lot line and 20' from the right lot line~~
Run trenches on contour to left side of lot.

PLANS APPROVED Mark Rifkin OK 7/18/00 DKS DATE 7/10/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

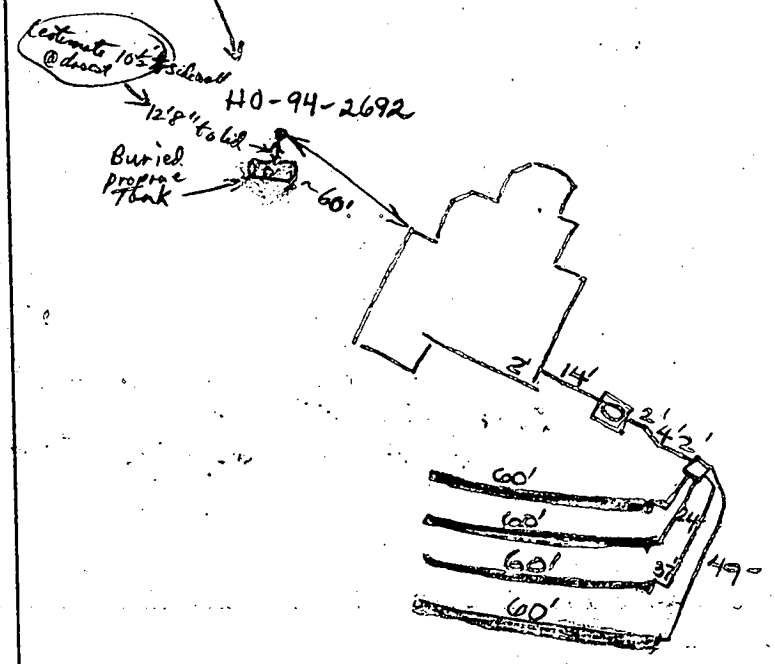
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

514221

LP TANK MOVED TO BE 30' FROM EX. WELL PER BUILDER 3/22/01 SRH

NOT TO SCALE



Sang Road

TRENCH DATA

TRENCH WIDTH 3

TRENCH INLET DEPTH 3

TRENCH BOTTOM DEPTH 5

DEPTH OF STONE 2

NUMBER OF TRENCHES 4

TOTAL TRENCH LENGTH 240'

ABSORBENT AREA 720 sq. ft.

DISTRIBUTION BOX LEVEL ✓

BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1500 GALLONS

MANHOLE RISER ✓

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM ✓

PUMP PERFORMANCE TEST _____

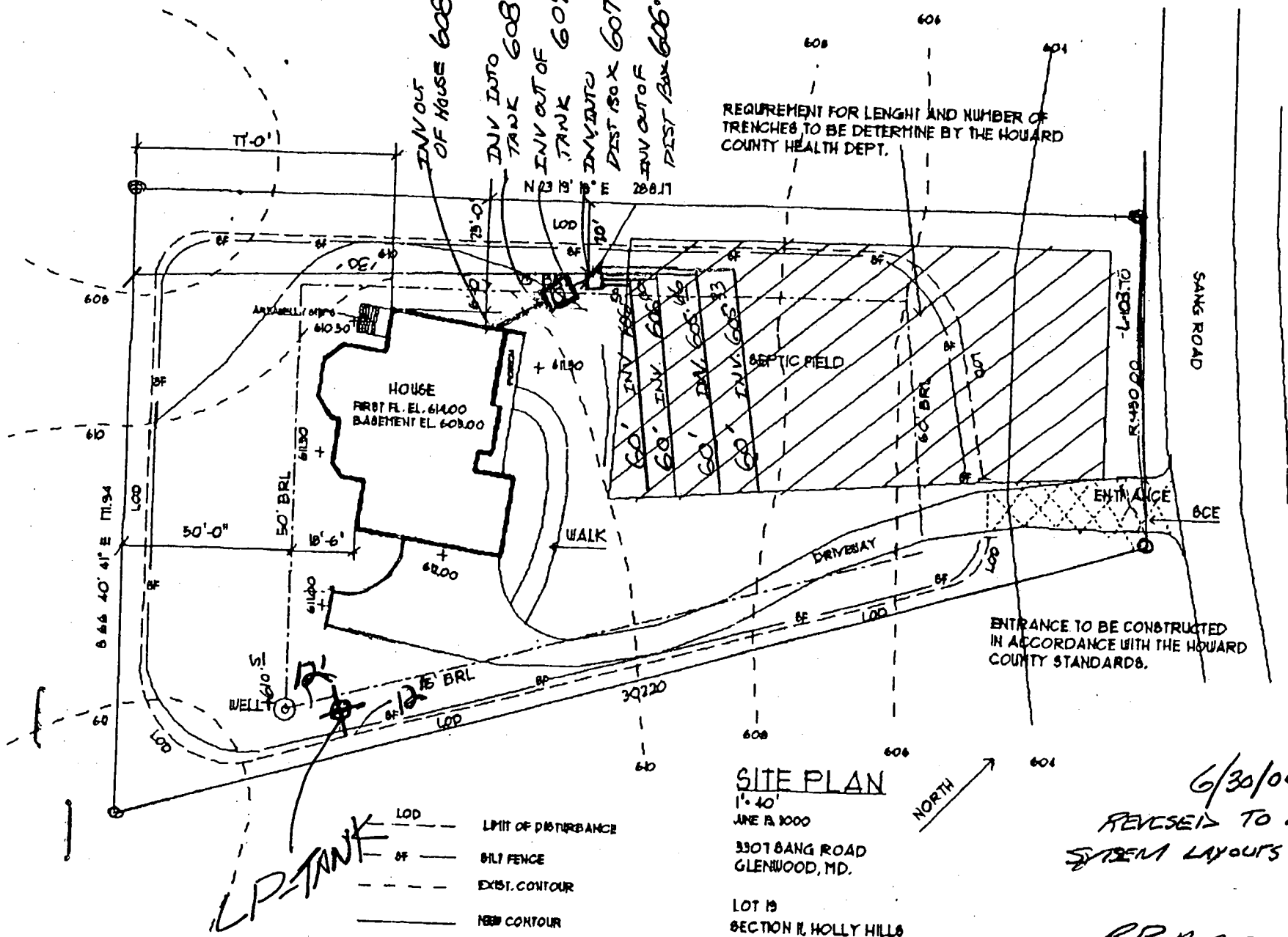
PRE-CONSTRUCTION INSPECTION: 12/21/00 layout confirmed - SDA staked. DKC

INSPECTION COMMENTS: 12/21/00 Needs house connection. OK to cover from 2' off house to d. box and first three trenches. DKC 12/22/00 OK to cover last trench. Need house connection BB OK 1/25/01 PP

1/5/01 No house connection. Need to check well caps. BB

1/25/01 - ① well cap is on Tight, ② well is only 12 ft from a Buried Propane Gas Tank!! This May Be Too Close. Mr. Says 30' separation Required! House Connection OK. 1/25/01 PP

INSPECTOR R. Barkley DATE SYSTEM APPROVED 1/25/01



SITE PLAN

1" = 40'

JUNE 19, 2000

3307 SANG ROAD
GLENWOOD, MD.

LOT 19
SECTION II, HOLLY HILLS
TAX MAP 14, PARCEL 92
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MD.

NOTE: TOP OF FLOOR ELEVATION TO BE DETERMINE BY THE BUILDING CONTRACTOR, GRADE SITE SO THAT DRAINAGE WILL FALL AWAY FROM MAIN BUILDING.

3/28/01 - Proposed Ex. LP Tank moved to be 30' away from well per Mr. Paul Mueller (Builder) OK SRK

6/30/00
REVISED TO SHOW SEPTIC SYSTEM LAYOUTS & ELEVATIONS

B.P. APPLICATION #
B00124995

2-14-01
DP2 OK for a buried TANK with NO structure Above ground per Cliff

C 1 | 07776 | SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50619-M

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 6 DD 2 YY 2000

Depth of Well: 285 ft (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2692

OWNER: Martin (last name) Steve (first name)

STREET OR RFD: Sang Road TOWN: Glenwood

SUBDIVISION: Holly Hills SECTION: LOT: 19

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
Sand	0	75	
Gray Mica Rock	75	285	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes / (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.: MS D024

Joseph L Mayne
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __ D ___

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

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 18 NO. OF POUNDS 1692

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. TOP to 72 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	80

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	78	285
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (NEAREST INCH)

from	to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 5.

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 52 ft.

WHEN PUMPING: 171 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

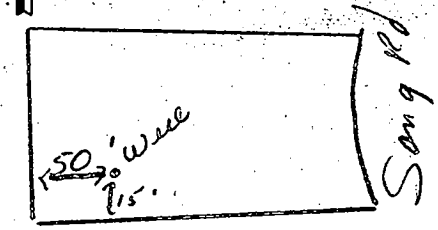
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above / (−) below LAND SURFACE: 2 (nearest) foot

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

N



DENV-CR97

② COUNTY

Page ____ of ____
Date 6/2/2000

Review 6/10/00 O.K. BB

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2692
Location of property (road) Sang Road
Subdivision Holly Hills Lot 19 Block ____ Plat ____ Sec. ____
Well Driller McMayne Owner Steve Martin

Depth of well 285'
Distance of measuring point (M.P.) above ground 1½
Static water level (S.W.L.) below M.P. 52'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.
Total time 30 min. to reach pumping water level 171 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)
7:15	119'	4 sec.	N/A	15 gpm).
7:30	171	4		15
7:45	170	12		5
8:00	169	12		5
8:15	169	12		5
8:30	169	12		5
8:45	170	12		5
9:00	170	12		5
9:15	170	12		5
9:30	170	12		5
9:45	170	12		5
10:00	170	12		5
10:15	170	12		5
10:30	170	12		5

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 09738 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER (70 79): HO-94-2692

fill in this form completely

Date Received (APA): 4/20/2000 (8 MM DD YY 13)

OWNER INFORMATION

Martin (15 Last Name) Steve (Owner First Name 34)

5934 Iron Frame Way (36 Street or RFD 55)

Columbia (57 Town) Md (70 State) 21044 (72 Zip 76)

DRILLER INFORMATION

Joseph L Mayne MSD 024 (Driller's Name 76 License No. 81)

Joseph L. Mayne Well Drilling (Firm Name)

5512 Ridge Rd Mt Airy Md 21771 (Address)

Joseph L Mayne 4/21/2000 (Signature Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL: 260 FEET (24 28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 (AIR-ROTary) AIR-PERcussion ROTARY (Hydraulic Rotary)
37 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
39 [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) (41 52): ___ ___ - ___ ___ - ___ ___ ___ ___

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

APPROP. PERMIT NUMBER: G A P (54 63)

PERMIT No. HO-94-2692 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

Holly Hills (23 SUBDIVISION 42)

SECTION (44 46) LOT 19 (48 50)

Glenwood (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 3 M I (73 76 77 78)

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8-9, N 8, NE 8-9, W 8, TOWN, E 8, SW 8-9, S 8, SE 8-9

Sang Rd (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

34 245 37 DISTANCE FROM ROAD: Ft (ENTER FT OR MI 38 39)

TAX MAP: 14 BLK: 24 PARCEL 92

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) A506/9-M (COUNTY NO.)

STATE SIGNATURE _____ INSERT S → (41)

DATE ISSUED 5/19/2000 (43 MM DD YY 48) Brian Baker 5/19/2001 (CO SIGNATURE EXP. DATE)

NORTH GRID 529 000 (50 55) EAST GRID 798 000 (57 63)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

6/2/00 9:30 am Grout

SOURCES OF DRILLING WATER
1. Well
2.
3.

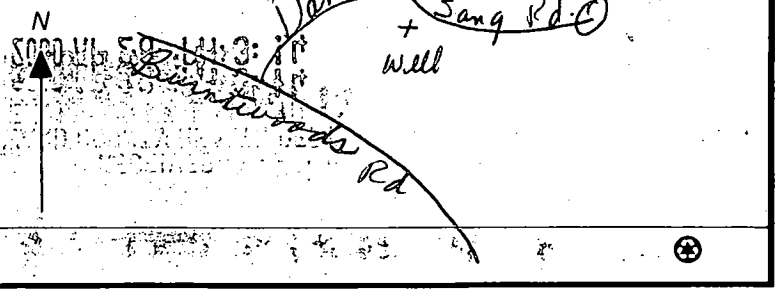
WRITE THE BOX NUMBER FROM THE MAP HERE

E 7998

N 5299

11:45 6/2/00 GROUT, LOC+ 000 000 TAG OK MRB

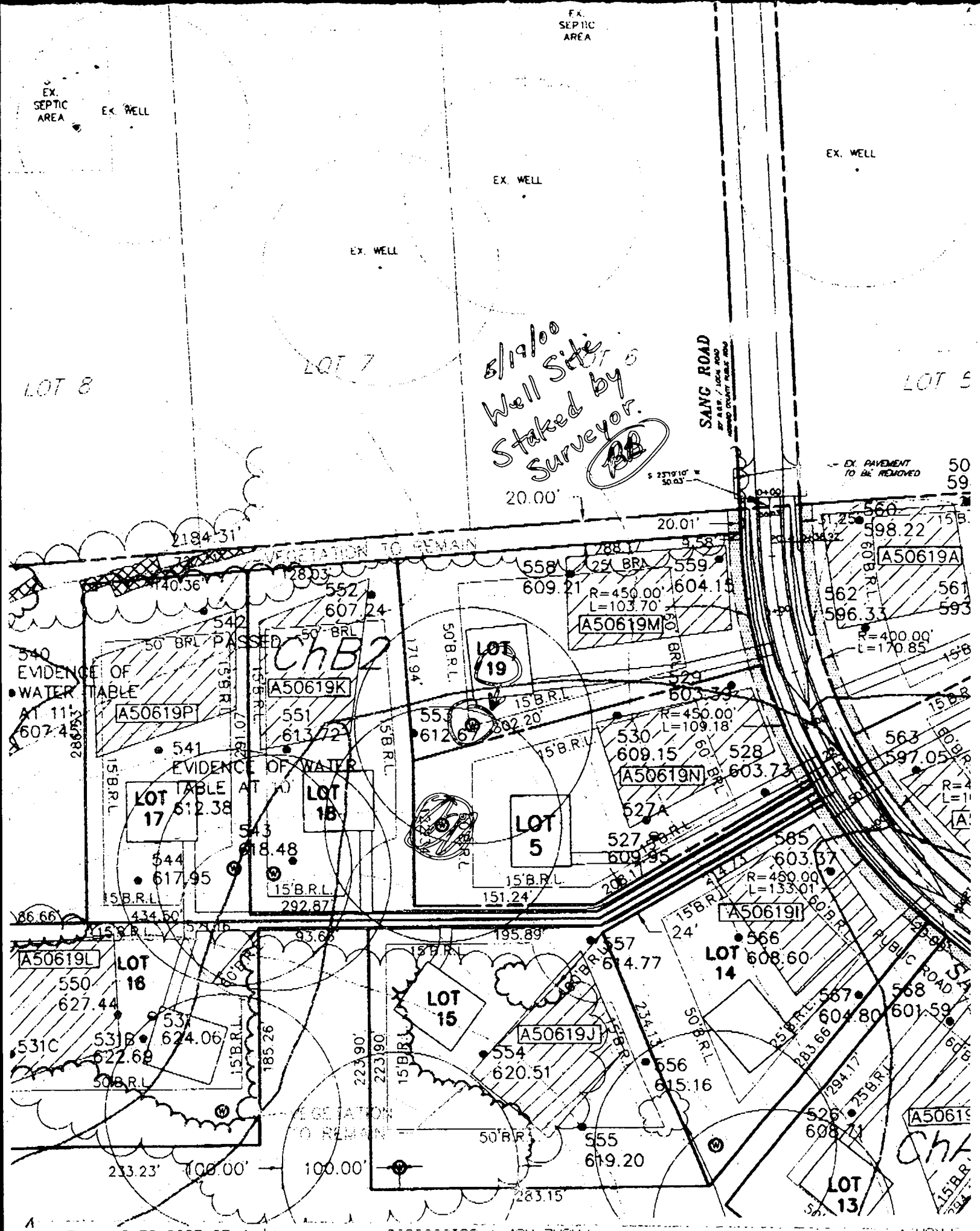
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

DENV-Permit 97

② COUNTY


EX. SEPTIC AREA
EX. WELL
EX. SEPTIC AREA
EX. WELL
EX. WELL
EX. WELL
5/19/00 Well Site Staked by Surveyor. CB
LOT 8
LOT 7
LOT 6
LOT 5
SANG ROAD
EX. PAVEMENT TO BE REMOVED
20.00'
20.01'
2184.31'
VEGETATION TO REMAIN
558 609.21
559 604.15
560 598.22
562 596.33
561 593
A50619A
A50619M
R=450.00' L=103.70'
R=400.00' L=170.85'
552 607.24
542
540
EVIDENCE OF WATER TABLE AT 11' 607.45
PASSED ChB2
A50619K
A50619P
551 613.72
541
EVIDENCE OF WATER TABLE AT 10' 612.38
553 612.67
LOT 19
LOT 17
LOT 18
LOT 5
529 603.39
530 609.15
528 603.73
A50619N
R=450.00' L=109.18'
563 597.05
527A
527B 609.95
565 603.37
R=450.00' L=133.01'
A50619I
543 618.48
544 617.95
566 608.60
LOT 14
557 614.77
A50619L
LOT 16
550 627.44
531C
531B 624.06
531A 622.68
LOT 15
A50619J
554 620.51
556 615.16
567 604.80
568 601.59
555 619.20
526 608.71
LOT 13
A50619
15'B.R.L.
50'B.R.L.
60'B.R.L.
25'B.R.L.
292.87'
151.24'
434.50'
195.89'
185.26'
223.90'
233.23'
100.00'
283.15'
294.17'
206.17'
234.13'
FROM :
PHONE NO. : 3015953090
Apr. 26 2000 02:04PM P2

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2645

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: Garvey Plumbing + Heating Telephone #: 443-250-9189
Address: 5626 Oakwood Rd
[illegible] MD 21231

(Must circle one) Licensed Plumber (circled) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation. License# 1136
Name (Print): James E Garvey
*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: Holly Hills LLC Telephone #: 410-442-1455
Subdivision: Holly Hills Lot #: 19 Well Tag #: HO-94-2692
Site Address: 3306 Sang Rd
Glenwood MD 21738

Submersible Pump Data
Make: Myers
Model #: 2ST02-5
Pump Capacity 5 GPM
Well Yield: 5 GPM

Pitless Adapter
Make: Campell
Model#: B-300X
Depth: 48" (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 285 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 yes
Torque arrestors or Cable guards are required - Must circle one Both
Safety rope, if used, attached to inside of well casing with eye bolt ____

Piping to house
Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6ft
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 and drain field, and sewage disposal area. If this cannot be accomplished contact this office for approval prior to installation.

[signature]
Signature of company representative responsible for installation

1/21/01
date

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

BB SRK

Date Insp. Requested: 1/5/01 Date Insp. Approved: 1/5/01
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓ 1/25/01
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 ____

Att Steve

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2466 INSPECTIONS (410)313-1880
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B 0024995

Building Address 3306 SANG ROAD, GLENWOOD 21738

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

Census Tract 6040 Subdivision HOLLY HILLS

Section — Area — Lot 19

Tax Map 14 Parcel 92 Grid 24

Zoning RR Map Coordinates 9E6 Lot size

Property Owner's Name HOLLY HILLS LLC

Address PO Box 39

City COLUMBIA State MD Zip Code 21045

Home Phone _____ Work Phone 410 442 1455

Applicant's Name & Mailing Address, (if other than stated hereon):
PAUL MUELLER
PO BOX 115
WEST FRIENDSHIP, MD 21794
Phone 410 442 1455 Fax 410 442-1873

Existing Use VACANT LOT

Proposed Use NEW SFD

Estimated Construction Cost $ 250000

Description of Work CONSTRUCT NEW SFD W/TWO CAR ATTACHED GARAGE, 4 BEDROOMS & 4 BATHS, POWDER ROOM, PARTIAL BASMT WITH BATH

Contractor Company MUELLER HOMES INC.

Contact Person PAUL MUELLER

Address PO BOX 115

City WEST FRIENDSHIP State MD Zip Code 21794

License No. _____ Cell 410-984-2265

Phone 410 442 1455 Fax 410 442 1873

CONTRACT PURCHASER
~~Occupant or Tenant~~ STEPHEN & JOYCE MAGTEIN

Contact Name STEVE MAGTEIN

Address 5934 LEON FREEWAY

City COLUMBIA State MD Zip Code 21044

Phone _____ Fax _____

~~Engineer or~~ Architect Company VEC CHAO

Contact Person VEC CHAO

Address 10738 GREEN MOUNTAIN CIRCLE

City COLUMBIA State MD Zip Code 21044

Phone 410 730 4698 Fax 410 730 4698

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics	Utilities
Height:	Water Supply: ___ Public ___ Private
No. of stories:	Sewage Disposal: ___ Public ___ Private
Gross area, sq. ft. per floor:	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: ___ Reinforced Concrete ___ Structural Steel ___ Masonry ___ Wood Frame	Sprinkler system: N/A ☐ ___ Full ___ Partial ___ Other Suppression ___ # of Heads
___ State Certified Modular	

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics	Utilities
SF Dwelling X SF Townhouse ☐	Water Supply: ___ Public X Private
Depth Width	Sewage Disposal: ___ Public X Private
1st floor:	Electric Yes X No ☐ Gas Yes ☐ No X
2nd floor:	Heating System: Electric X Oil ☐ Natural Gas ☐ Propane Gas X
Basement:	Sprinkler system: N/A ☐ ___ NFPA #13D ___ NFPA #13R ___ Other:
Finished Basement X 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	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature — *Print Name* PAUL F. MUELLER

Title/Company — *Date* 6/12/00

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	7/10/00	Mark E. Hoffman
Fire Protection		

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

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 _____

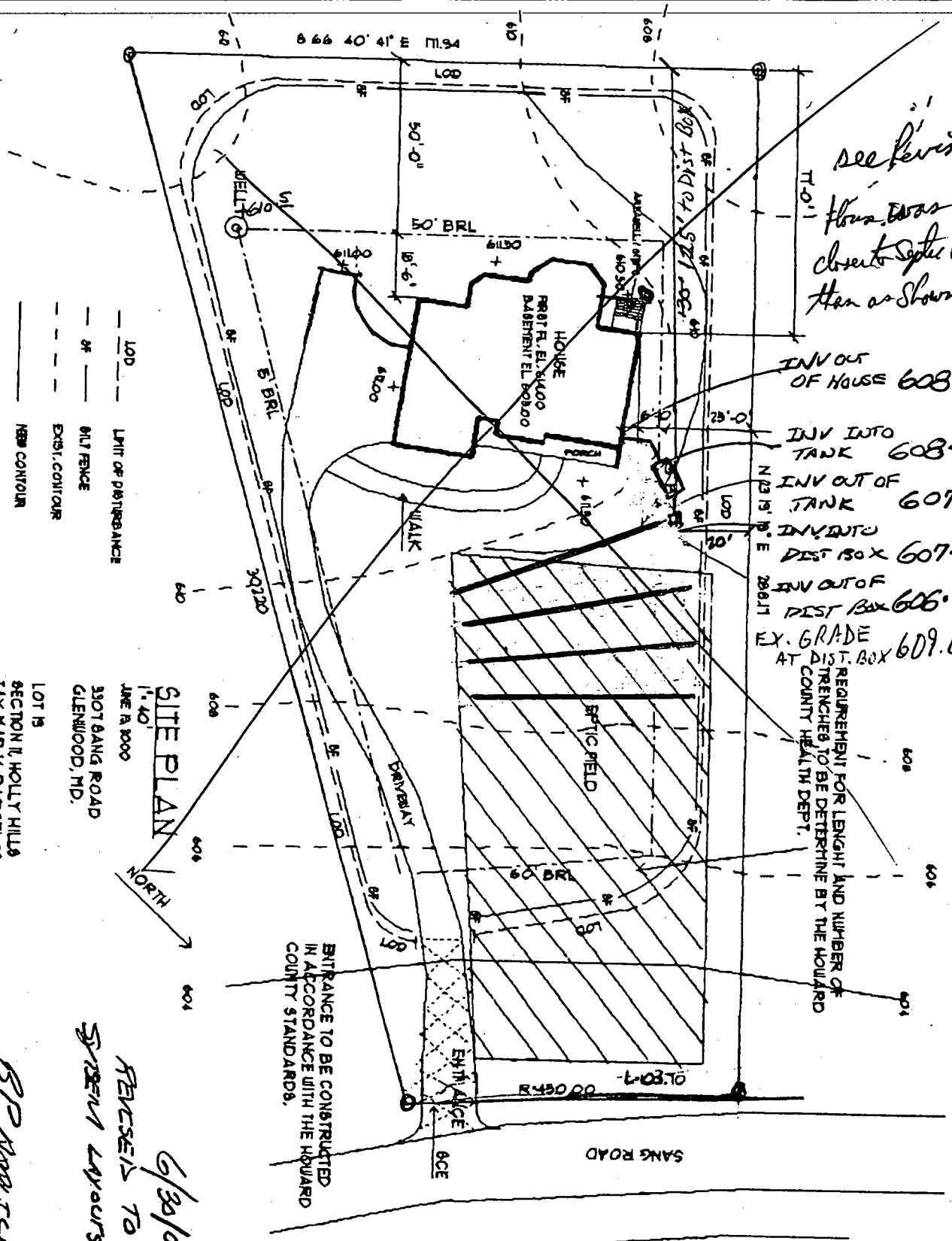
PROPERTY ID#: 46835

Filing fee	$ 25
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 1060
Validation	# 32782

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

s:\permit.frm

Rev. 10/15/98



Approved Septic System Plan
Howard County Health Department

see Revised B/Plan

Mark E. Riffin 7/10/00
Signature Date

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

6/30/00
Revised to show septic system layouts + elevations

B.P. Application #
B0124995

POURED FOUNDATION WALLS

Note: exact trench orientation to be discussed at pre-construction inspection 11/13/00

Total linear feet of trench required 240 feet

Width of trench(es) 6 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department
As Revised BP Plan incorporated New House location as per well check

see Note

Date 12/11/00

REVISED BUILDING PERMIT SITE PLAN 11/6/00 FOR HEALTH DEPT. HOUSE ROTATED 10° CLOCKWISE, AND ~~FOUNDATION CERTIFICATION~~ SHOWING REVISED RECREA

LOT 19
OF
HOLLY HILLS - SECTION II
LOTS 10 THROUGH OPEN SPACE LOT 22 AND 23, AND PRESERVATION PARCEL 'A'
A RESUBDIVISION OF
HOLLY HILLS, SECTION I
BULK PARCELS 'A' AND 'B'
PLAT MDR 12602

STATE OF MARYLAND
CHARLES N. LEDNUM
No. 461
REGISTERED
PROPERTY LINE SURVEYOR

TAX MAP 14 PARCEL #92 BLOCK 24
ELECT DIST. 4TH HOWARD CO. MD.

THIS IS TO CERTIFY that I have located the improvements on the lot shown hereon, and that said improvements exist, and that said improvements lie entirely within the boundaries, except as shown.

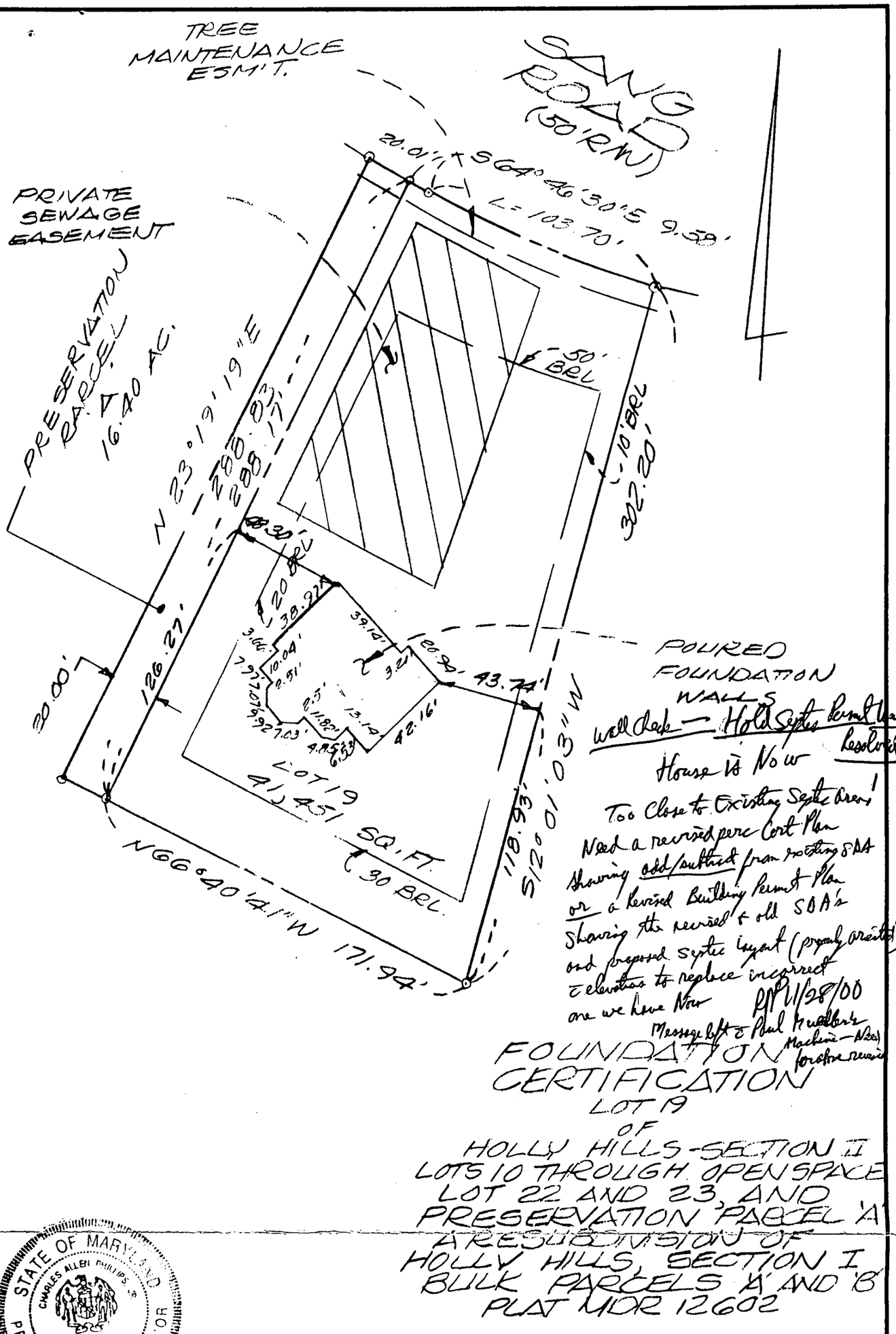
8/9/00

Per KCI TECHNOLOGIES, INC.

THIS PLAT NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES

KCI TECHNOLOGIES, INC.
10 North Park Drive
Hunt Valley, Maryland 21030-1888
(410) 316-7800
Direct Dial Number

SCALE: 1" = 50' DATE: 8-5-2000



POURED FOUNDATION WALLS

well check — Hold Septic Permit Until Resolved

House is Now

Too Close to Existing Septic Area!

Need a revised perc Cert Plan showing add/subtract from existing SDA or a revised Building Permit Plan showing the revised & old SDA's and proposed septic layout (properly oriented) & elevations to replace incorrect one we have Now

11/28/00

Message left @ Paul Trueblood's Machine — Need for new revised

FOUNDATION CERTIFICATION

LOT 19
OF
HOLLY HILLS - SECTION II
LOTS 10 THROUGH OPEN SPACE
LOT 22 AND 23, AND
PRESERVATION PARCEL 'A'
A RESUBDIVISION OF
HOLLY HILLS, SECTION I
BULK PARCELS 'A' AND 'B'
PLAT MDR 12602

STATE OF MARYLAND
CHARLES ALLEN PHILLIPS JR
No. 463
REGISTERED
PROPERTY LINE SURVEYOR

TAX MAP 14 PARCEL #92 BLOCK 24
ELECT DIST. 4TH HOWARD CO. MD.

THIS IS TO CERTIFY that I have located the improvements on the lot shown hereon, and that said improvements exist, and that said improvements lie entirely within the boundaries, except as shown.

8/9/00

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Hunt Valley, Maryland 21030-1888
(410) 316-7800
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SCALE: 1" = 50' DATE: 8-5-2000

079808

APPLICATION

PERCOLATION TESTING

A 50619M

P _____

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

DISTRICT _____

DATE 8/29/95

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 WAYNE NEWSOME

ADDRESS P.O. BOX 39, COLUMBIA, MD 21045 PHONE (410) 792-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HOLLY HILLS ESTATES LOT NO. ORIGINAL 4 NEW LOT 8 19

ROAD AND DESCRIPTION PROPERTY HAS APPROX. 75' OF FRONTAGE ON BURNTWOODS ROAD — 21 LOT (17 NEW SFD's) SUBDIVISON EXTENSION OF SANG ROAD

TAX MAP 14 PARCEL # 92

SIZE OF LOT LOT 8; 40,093 SQ FT 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. Stephanie Demchuk
(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 _____

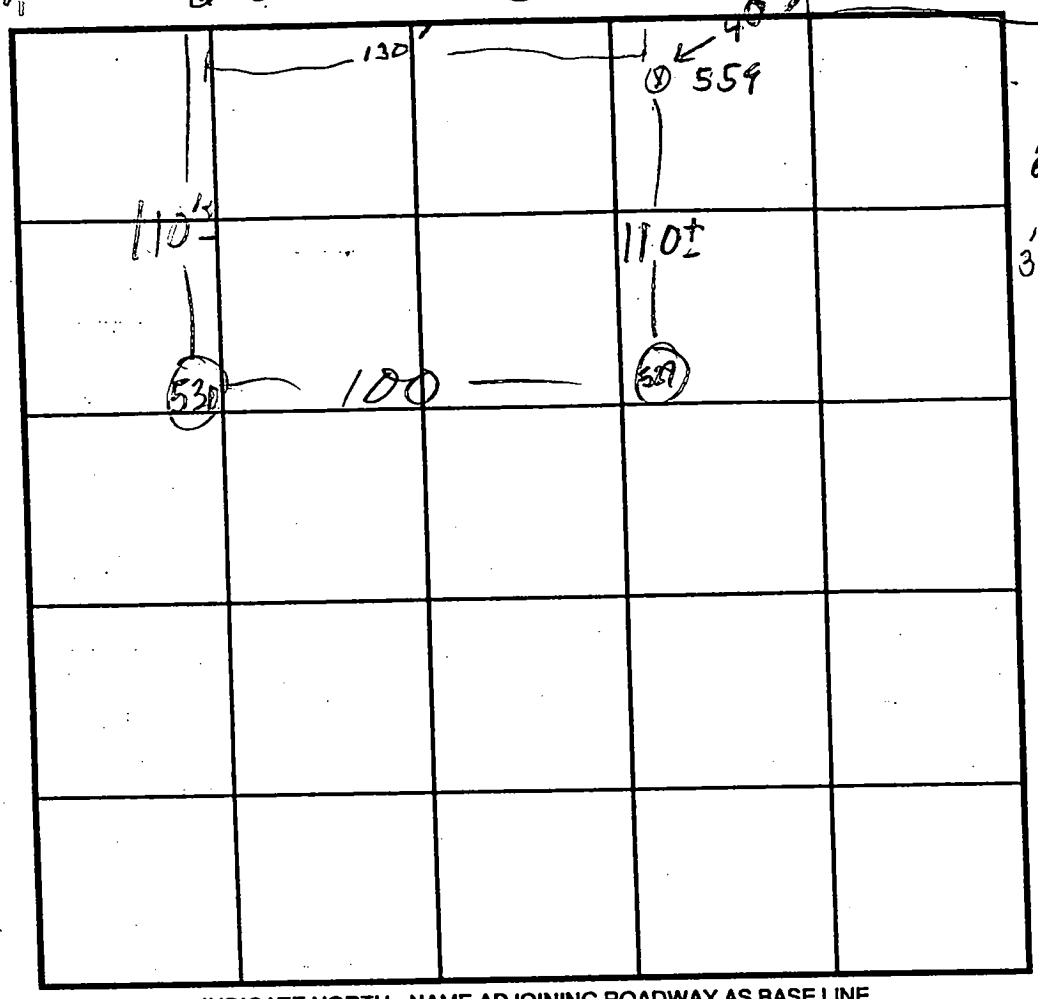
THIS IS NOT A PERMIT

HD-216 (3/92)

50619-M
COUNTY #

@ 558 WOODS

ACCESS ROAD



SOIL PROFILE
0'
558
SIMILAR TO 559

SOIL PROFILE
559
0'
TOPSOIL
6"
BROWN CLAY
3'3"
TAN SANDY SILTY LOAM
11'

530
topsoil
1
med brn si cl
2
pale gray-red micaceous loam saprolite
?

529
topsoil
1'
cl
2'
si lm
11½

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

REPOUR

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/29/95	OK TO 11' 559	5'	3:28	3:29	3:30	3:32	2 MIN
	OK TO 11' 558	4'6"	3:53	3:55	3:55	3:57	2 MIN
4/20/95	530 S M	4/7					8/5
	V	Depth NOT recorded					
	529 V	11½	OK				

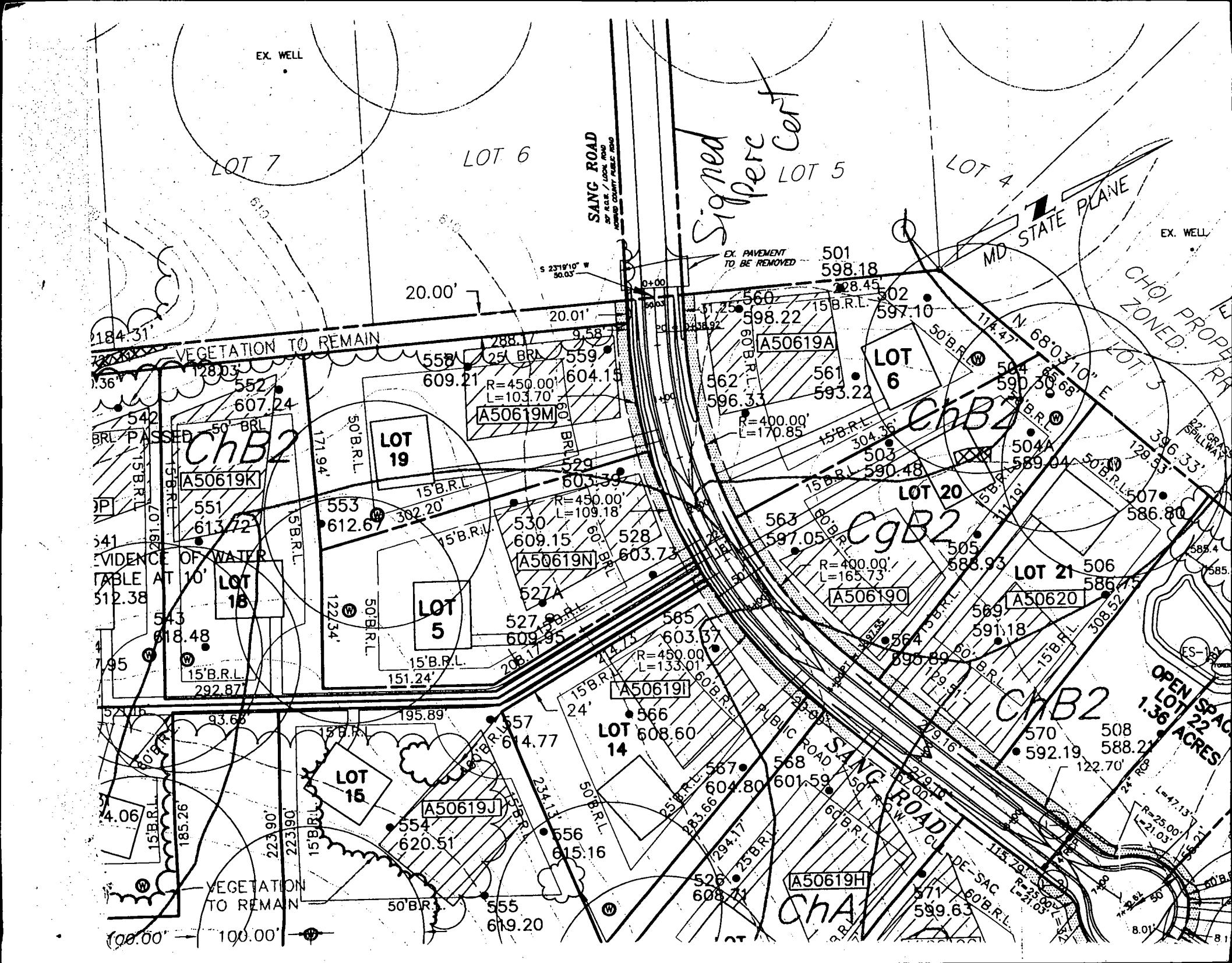
REMARKS LOT 19 SEE ALSO "N" (LOT 5)

TYPE OF SOIL

TESTED BY GLEN SAVAGE ALSO PRESENT WILL HOPKINS-THE CLERK

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 180


EX. WELL
LOT 7
LOT 6
LOT 5
LOT 4
SANG ROAD
Signed Per Cent
MD STATE PLANE
EX. PAVEMENT TO BE REMOVED
20.00'
20.01'
VEGETATION TO REMAIN
2184.31'
288.17'
25' BRL
R=450.00'
L=103.70'
A50619M
A50619A
A50619K
A50619N
A50619O
A50619I
A50619J
A50619H
A50620
LOT 19
LOT 18
LOT 5
LOT 6
LOT 20
LOT 21
LOT 14
LOT 15
ChB2
CgB2
ChA
558
609.21
559
604.15
552
607.24
542
PASSED
551
613.72
553
612.67
302.20'
530
609.15
529
603.39
528
603.73
527A
527.80
609.95
543
618.48
292.87'
151.24'
557
614.77
566
608.60
585
603.37
R=450.00'
L=133.01'
554
620.51
556
615.16
555
619.20
567
604.80
568
601.59
526
608.71
571
599.63
501
598.18
560
598.22
562
596.33
561
593.22
502
597.10
504
590.30
504A
589.04
503
590.48
563
597.05
505
588.93
R=400.00'
L=165.73'
569
591.18
564
595.89
570
592.19
122.70'
506
586.75
507
586.80
508
588.21
OPEN SPACE LOT 22
1.36 ACRES
SANG ROAD
PUBLIC ROAD
50' R.O.W.
CUL-DE-SAC
60'B.R.L.
15'B.R.L.
50'B.R.L.
25'B.R.L.
VEGETATION TO REMAIN
100.00'
100.00'