04 - 346513

12/17-87 12 NOON
12-18-87 AM ASAP FINAL

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 40662

A 38356

DISTRICT 4th

DATE 12/15/87

DATE SYSTEM APPROVED 12/18/87

INSPECTOR RH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Glenwood Springs ROAD ~~2630 Hobbs Road~~ 2817 Saddlebred Ct LOT 45

PROPERTY OWNER Glenwood Spring Partnership

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below origina. grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 165 feet down the right (640') lot line and 120 feet off the same lot line as seen when facing the lot from Right-of-way. off Saddlebred Court. Run trenches on contour toward the right line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 7/29/87

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

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

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

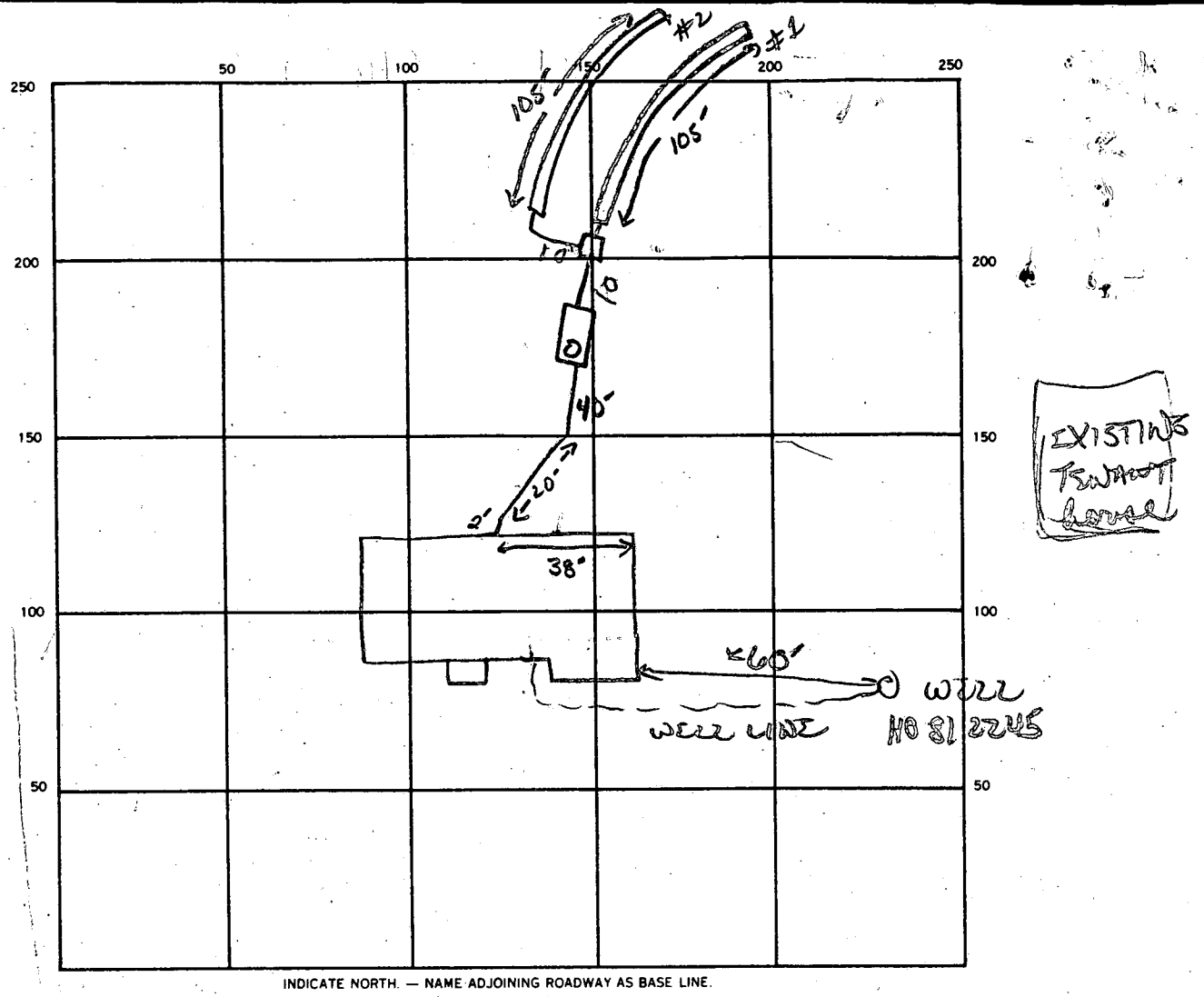
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

A 38356

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

HOBBS Rd,

SEPTIC TANK. LEVEL ✓ 1250 CLEANOUTS ✓S

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 0-4 | 2-4 FT. TOTAL LENGTH ① 105 ② 105 TRF 210 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT. REQUIRED 840

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 12-17-87 OK TO STONE BOTH TRENCHES; OK TO COVER #1 + COVER FROM HOUSE TO TANK

OK TO FINISH #2 INSTALL PIPE ST→DB + CALL FOR FINAL IN AM

12/18/87 TRENCHES OK

12/21/87 OK to cover wellline once ground were installed

DATE SYSTEM APPROVED 12/18/87 INSPECTOR Raymond Hodge

C1 6049 SEQUENCE NO. (OEP 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 PRINT OR TYPE

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

COUNTY NUMBER A-38356

DATE Received:

DATE WELL COMPLETED: 09 15 87

Depth of Well: 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-81-2245

OWNER: CARMEN ASSOCIATES (last name / first name)
STREET OR RFD: SADDLEBRED
TOWN: GLENWOOD
SUBDIVISION: GLENWOOD SPRINGS
SECTION:
LOT: 9

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	31	
GRAY MICA ROCK	31	305	
DRY WELL			
FILLED IN WITH CEMENT + DRILLING MATERIALS			

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 10.17.13 "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 IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): [signature]

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) — **Y** circled

TYPE OF GROUTING MATERIAL: CEMENT (CM) — circled; BENTONITE CLAY (BC)

NO. OF BAGS: 9 NO. OF POUNDS: 846

GALLONS OF WATER: 54

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (TOP) to 32 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	36

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

C2

EACH SCREEN	Type	DEPTH (nearest ft.) from	to
1	HO	34	305
2			
3			

SLOT SIZE 1___ 2___ 3___

DIAMETER OF SCREEN: (NEAREST INCH)

GRAVEL PACK from ___ to ___

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; WQ OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 4

PUMPING RATE (gal. per min. to nearest gal.): 3½

METHOD USED TO MEASURE PUMPING RATE: bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 29
WHEN PUMPING: 131

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

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES / **NO** (circled)

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:

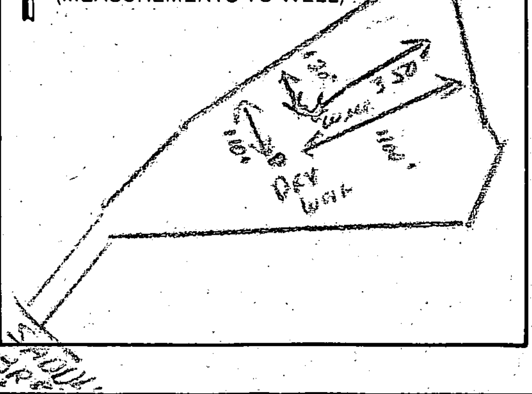
CAPACITY: GALLONS PER MINUTE (to nearest gallon):

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



HEALTH

Page ____ of ____
Date 9/15/87

Review BK 8-4-88 JEN

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2245
Location of property (road) SADDLE BRED Ct.
Subdivision COLEMAN SPRING Lot 9 Block ____ Plat ____ Sec. ____
Well Driller J. Mayne Owner FARMAN ASS.

Depth of well 305'
Distance of measuring point (M.P.) above ground, 2'
Static water level (S.W.L.) below M.P. 29'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12 gal.
Total time 30 MIN. to reach pumping water level 121 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)
7:45	82	5 sec		10
8:00	121	5		12
8:15	121	17		3 1/2
8:30	121	17		3 1/2
8:45	121	17		3 1/2
9:00	121	17		3 1/2
9:15	121	17		3 1/2
9:30	121	17		3 1/2
9:45	121	17		3 1/2
10:00	121	17		3 1/2
10:15	121	17		3 1/2
10:30	121	17		3 1/2
10:45	121	17		3 1/2
11:00	121	17		3 1/2
11:15	121	17		3 1/2
11:30	121	17		3 1/2
11:45	121	17		3 1/2
12:00	121	17		3 1/2
12:15	121	17		3 1/2
12:30	121	17		3 1/2
12:45	121	17		3 1/2
1:00	121	17		3 1/2
1:15	121	17		3 1/2
1:30	121	17		3 1/2
1:45	121	17		3 1/2
2:00	121	17		3 1/2

38356

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # 40684
Date 12-17-87

Name of Installer Allen M. Van Sant Inc Telephone 442-2221

License Number 1862
Certified Well Pump-Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Phil Mangliti Telephone 596-2012
Subdivision Glenwood Springs Lot # 9 Well Tag # 40-81A-2245
Site Address 2830 Hobbs Rd. Glenwood Md.

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 5KS07412
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ✓ No ____
6. If Yes, is low pressure cutoff switch installed? Yes ✓ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ✓ Other ____

Motor
1. Horsepower ____
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ____

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity 42
2. Pressure relief valve? Yes

12/21/87 OK per BN

Piping
1. Type #160
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 3FT

Well data
1. Depth 305 ft.
2. Yield 3½ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [signature]

Date: 12/17/87

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

APPLICATION

A 38356

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 10-14-86

Ex. trench to be located @ mid pt

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Glenwood Springs Partnership

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ron Carter

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Hakes Property (Glenwood Springs) LOT NO. 9 Prelim. ok 4/29/87

ROAD AND DESCRIPTION 2830 Hobbs Rd.

TAX MAP _____ PARCEL # _____

Existing Lot

SIZE OF LOT _____ TYPE BLDG. Lot 9
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-3-87 Perc Satisfactory; Hold For Subdivision Plat. S. Abel

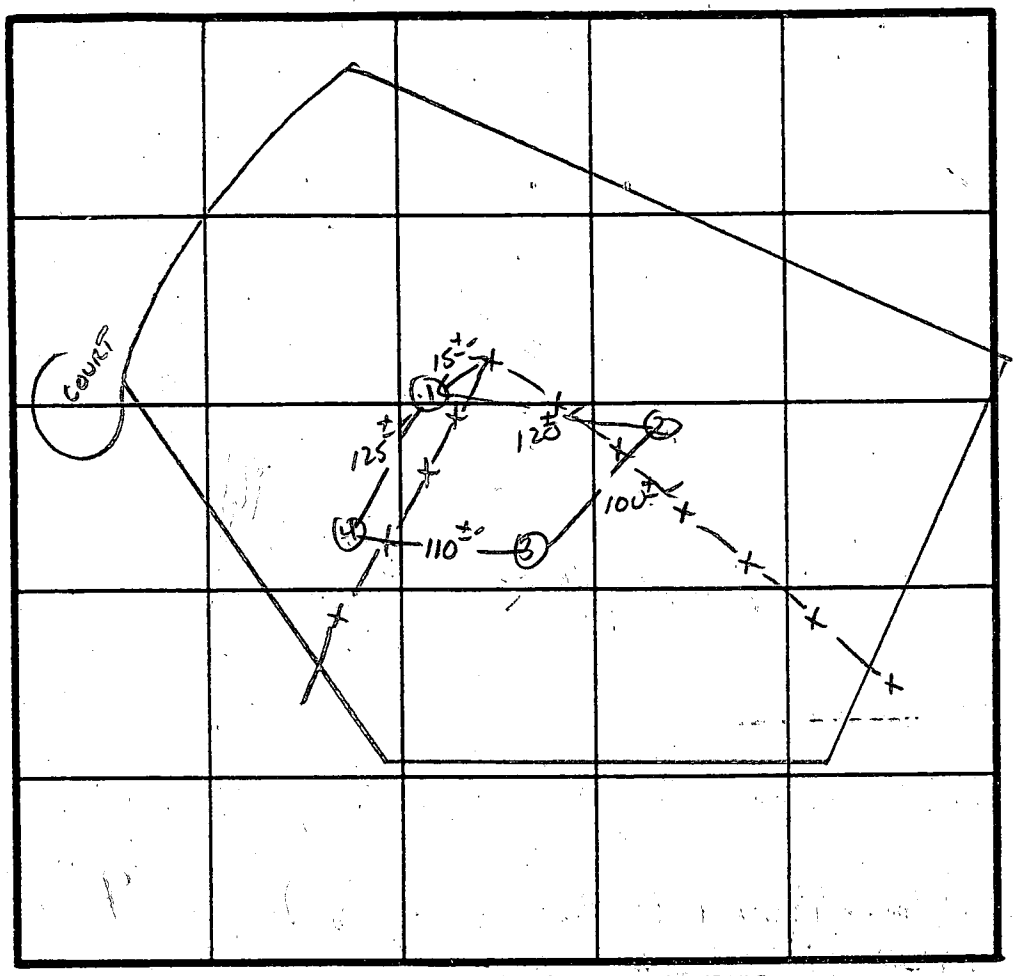
BLDG. PERMIT SIGNED AND RETURNED 9/17/87 #13826

THIS IS NOT A PERMIT

(T)

SOIL PROFILE

0	AP
12"	Yellow Red Silt Loam 12±% CLAY <10% FRAGS
4.5'	Yellow Red Silt Loam 10-15% Fragments
12.5-13'	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hobbs Rd.

$\bar{X}$ = 12 min

BULLET 4½

MAX D 8½

210 Ft/BDRM

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/3/87	1 S	4.5'	2:24	2:35	2:35	2:58	23 min
	1 M	8'	2:25	2:32	2:32	2:42	10 min
	1 V	12.5'	Uniform soil below		4.5'		
	2 S	5'	2:30	2:34	2:34	2:42	8 min
	2 V	12.5'	Uniform soil below		4.5'		
	3 S	4.5'	2:43	2:46	2:46	2:57	11 min
	3 V	13'	Uniform soil below		4.5'		
	4 S	4.5'	2:47	2:51	2:51	2:59	8 min
	4 V	12'	Uniform soil below		4.5'		

REMARKS Holes not per plat

TYPE OF SOIL Manor

TESTED BY S. Abel

ALSO PRESENT Phil M. C. Cissil

EH-12-1079

EMERGENCY/TEMP NO. IF ANY

B 1 | 3348 | SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER 2245
HO-81-2245
fill in this form completely

Date Received

OWNER INFORMATION

CARMAN ASSOCIATES
Last Name — Owner — First Name

P.O. BOX 122
Street or RFD

ELLICOTT CITY MD 21043
Town — State — Zip

DRILLER INFORMATION

Daniel L. Mayer — 238 — License No.
Driller's Name
Daniel L. Mayer WELL DRILLING
Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771
Address
Daniel L. Mayer — 8/11/87
Signature — Date

LOCATION OF WELL

HOWARD
COUNTY

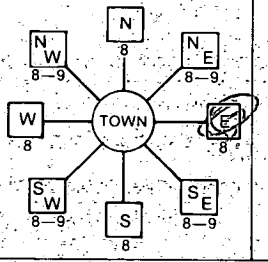
GLENWOOD SPRINGS
SUBDIVISION

SECTION — LOT 9

GLENWOOD
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 5/10 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Saddlebred Court
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 E EAST
SOUTH S

DISTANCE FROM ROAD 425

ENTER FT or MI FT

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

ED HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard — A-58356
COUNTY NAME — COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED 082687 — CO SIGNATURE — EXP. DATE 4/26/88

NORTH GRID 53000 — EAST GRID 079500

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
30 37 AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7905
N 5390
000 000

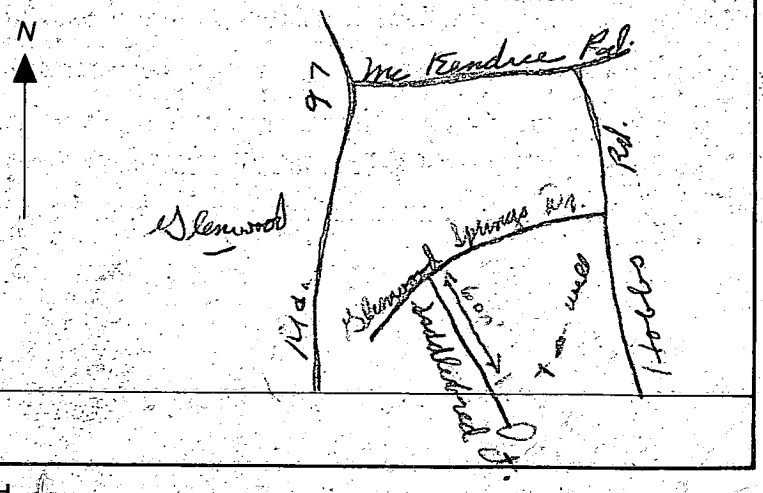
Location 9-15-87
32 open hole
36 ft casing
9 bag of cement
3 ft above ground
well

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
D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) 41 _____ 52

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



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 _____ GAP 63

FORCE CG 67 68 WRITE INITIALS IN BOX — PERMIT No. HO-81-2245 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

HEALTH

WATER DOCTOR

Maryland Water Conditioning, Inc.
P.O. Box 425
Laurel, Maryland 20707 - 0425
Wash. 953-2846 • Balt. 792-0327

To Whom It May Concern:

This is to verify that a B3040, MD State approved, Nitrate filter has been purchased by Philip Manglitz at the following address: 2830 Hobbs Road Glenelg, MD 21738, and installed by Maryland Water Conditioning, Inc./Water Doctor. This unit is manufactured by Kane and is installed by Water Doctor, State of MD WCI 039. The homeowners, Philip Manglitz, agree to have Water Doctor service this equipment for at least twelve (12) months from the date of installation and to automatically renew this service contract each year.

Signed: Philip A. Manglitz
6-25-88

Robert Rhoades

Robert Rhoades

Water Doctor

APPLICATION

PERCOLATION TESTING

A 511395

P

DISTRICT

DATE 2-5-1999

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

Proposal to adjust platted SDA for pool
Ex trench to be located @ mid pt.

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 James LEARD / Andrea Blanden work (202) 314-7754 fax (410) 489-9246

ADDRESS 2817 Saddlebred ct. PHONE (410) 442-2551

AGENT OR PROSPECTIVE BUYER

ADDRESS PHONE

PROPERTY LOCATION:

SUBDIVISION Glenwood SPRINGS LOT NO. 45

ROAD AND DESCRIPTION LOT between Saddlebred ct. and ~~Rt~~ Hobbs road

BLDG. PERMIT SIGNED AND RETURNED 5-5-99
Send to Bro 11737 Inground Pool

TAX MAP PARCEL #

SIZE OF LOT 3+ A. TYPE BLDG. Ex. 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. James Leard
(SIGNATURE OF APPLICANT)

APPROVED BY FOR DATE

DISAPPROVED BY FOR DATE

HOLD PENDING FURTHER TESTS

REASONS FOR REJECTION OR HOLDING PERC OK, HOLD FOR DWG. MR 3/8/99

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

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

THIS IS NOT A PERMIT

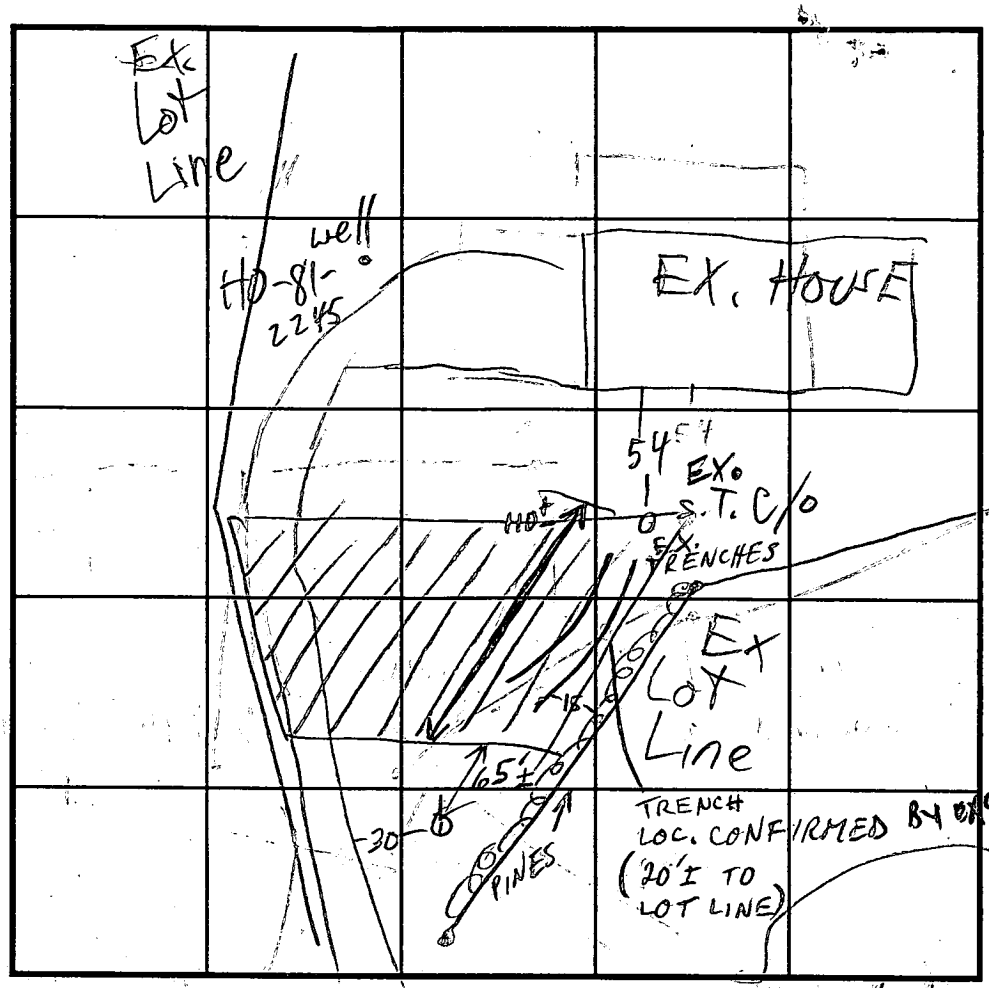
HD-216 (3/92)

COUNTY #

SOIL PROFILE

0'

dk red
dk brn
4.5 cl lm
5.5
red
magenta
yel
tan brn
si salm
<5% frags
13



SOIL PROFILE

0'

54 ± T
58 T- to
62 T- EOS
115 +/- Hole
30 HO - Ar

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. SADDLEBROOK

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/5/99	IV	13	OK	see profile			

REMARKS _____

TYPE OF SOIL _____

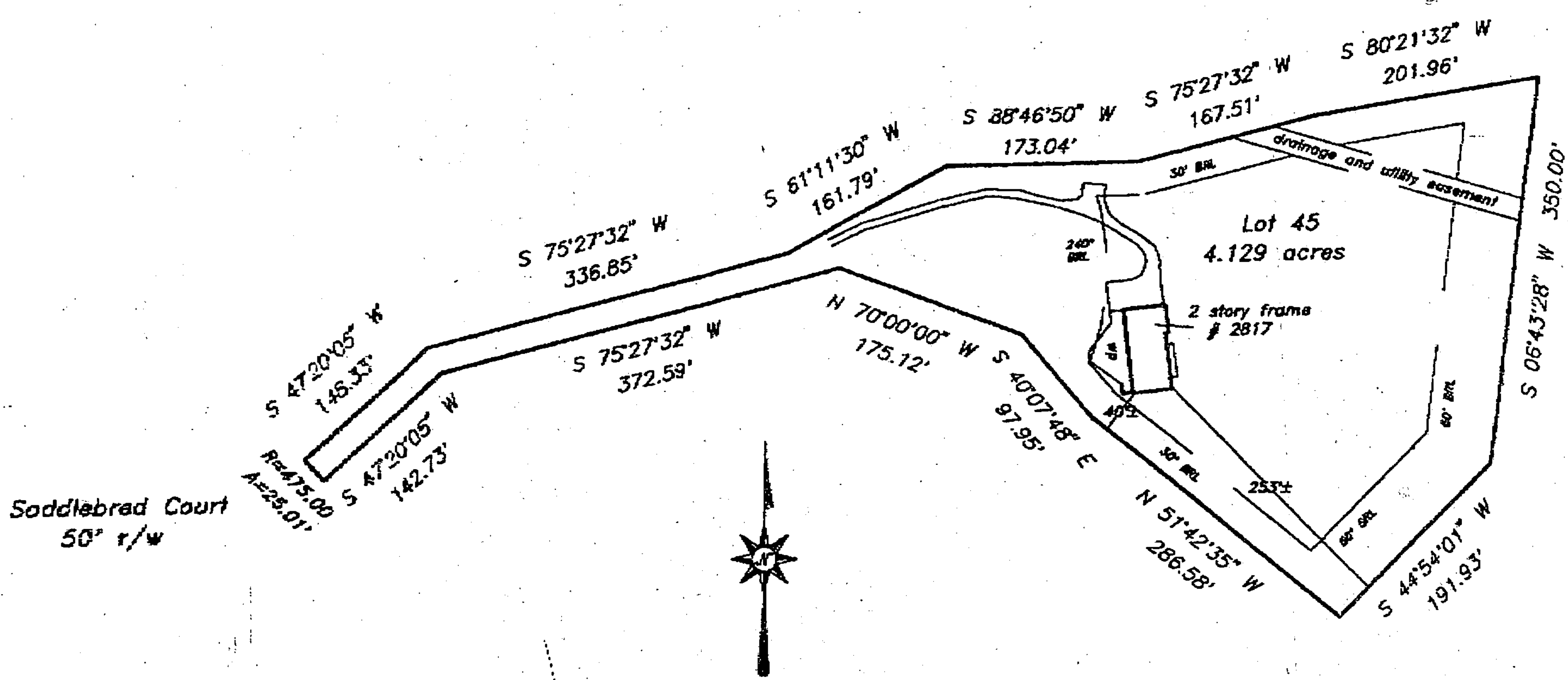
TESTED BY M. Rifkin / C. Lim ALSO PRESENT Whitworth crew, owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 into ex. TRENCH WIDTH _____

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

NOTES:

1) B.R.L. information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
3) NTT, Inc. does not certify to unknown or unrecorded encroachments or overlaps.
4) Property markers not found, or guaranteed by this location.
5) Setback distance accuracy 1±.



Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland. Panel # 14 of 45
Community Panel # 240044-0014 a
Effective date: December 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as *Lot 45 2817 Saddlebred Court* recorded in the Land Records of Howard County, Maryland in Plat Bk. *8082* Liber Folio for the purpose of locating the improvements thereon.

* This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
* This plat is not to be relied upon for the establishment of location of fences, garages, buildings or other existing or future structures.
* This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

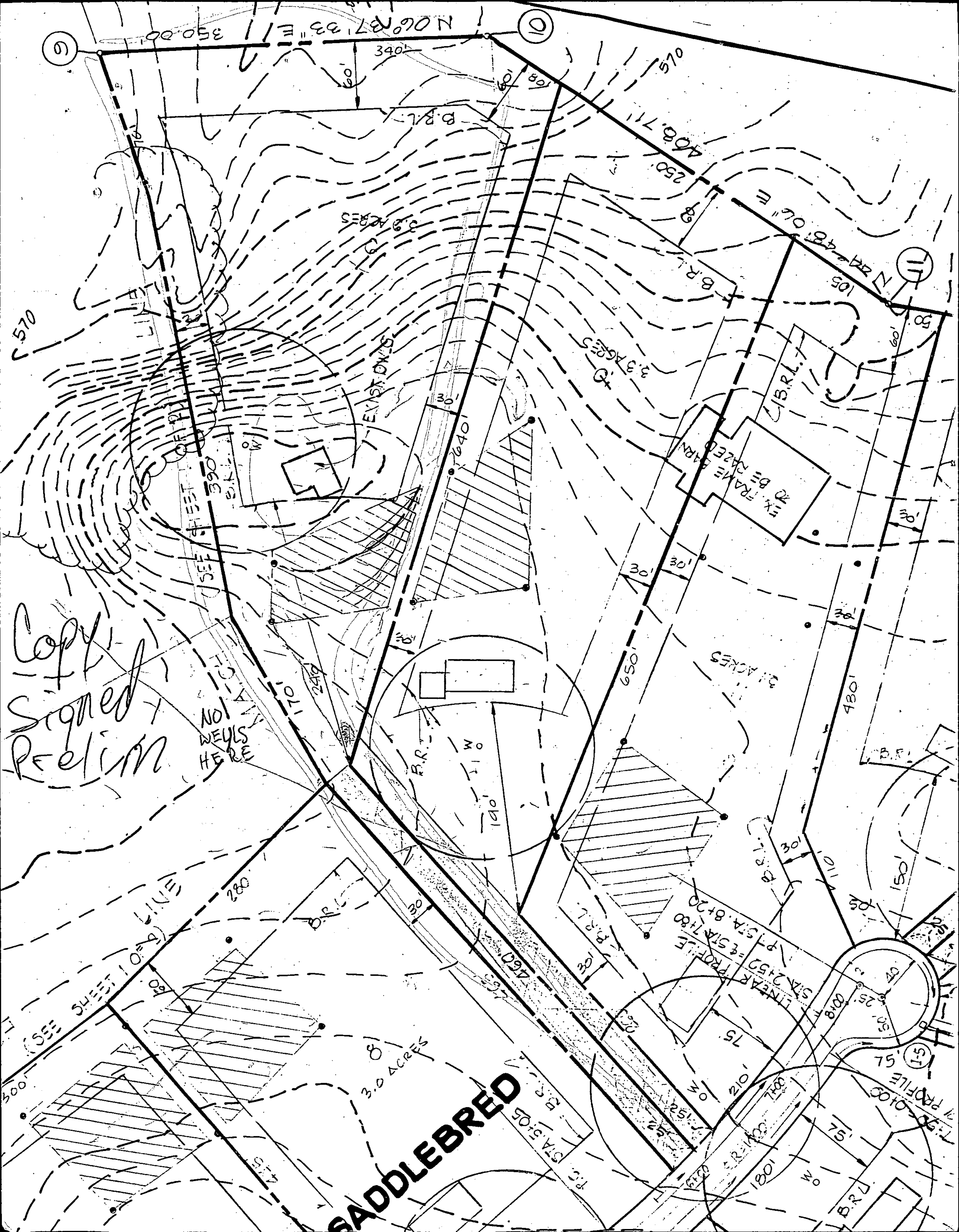
J. Carl Hudgins
Property Line Surveyor #96

LOCATION DRAWING
2817 Saddlebred Court
Glenwood Springs
4th election district
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Ph. (410)442-2031
Fax No. (410)442-1315

Scale:	1"= 150'
Date:	November 16, 1998
Field by:	JLM
Drawn by:	JLM
Drawing #	C984776

Rec'd 1-26-99
from potential
pool installer

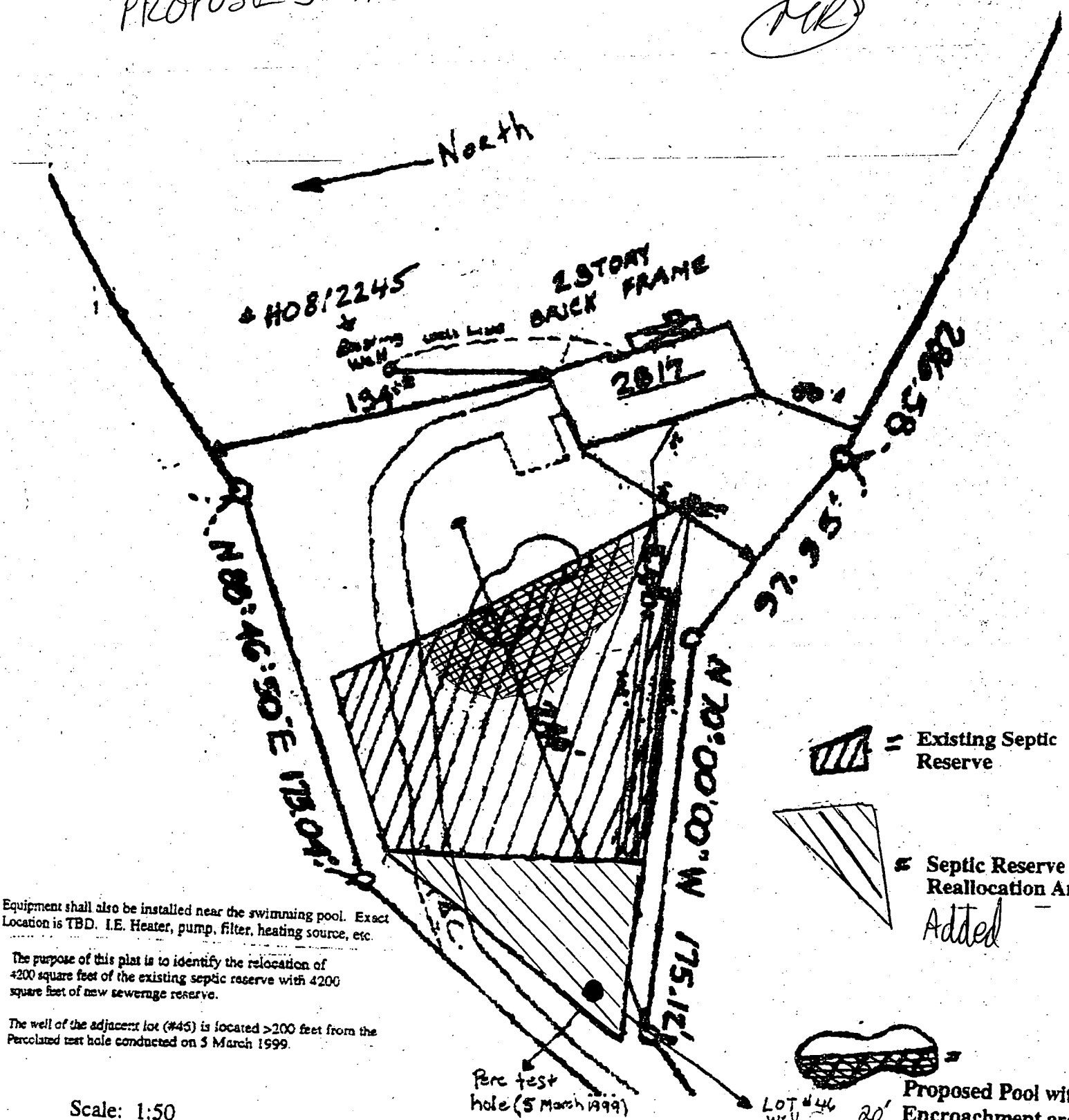


Copy Signed Prelim
NO WELLS HERE
SADDLEBRED
3.0 ACRES
3.3 ACRES
EX. FRAME BARN TO BE RAZED
B.R.L.
570
30'

Glenwood Springs Subdivision
Lot # 45
2817 Saddlebred Court (Glenwood)

↑Hobbs Road ↑ (>750')

3/24/99
PROPOSED ADJUSTMENT FOR POOL OK
MR



Equipment shall also be installed near the swimming pool. Exact Location is TBD. I.E. Heater, pump, filter, heating source, etc.

The purpose of this plat is to identify the relocation of 4200 square feet of the existing septic reserve with 4200 square feet of new sewerage reserve.

The well of the adjacent lot (#45) is located >200 feet from the Percolated test hole conducted on 5 March 1999.

Scale: 1:50

↓Saddlebred Court ↓ (>250')

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 B00117737

Building Address 2817 Saddleback Ct.
GLENWOOD MD 21738
Suite/Apt. #: ____ SDP/WP/Petition #: ____
Census Tract 6090 Subdivision GLENWOOD SPRINGS
Section 1 Area 1 Lot 45
Tax Map 14 Parcel 229 Grid 17
Zoning RR Map Coordinates 905 Lot size

Property Owner's Name JAMES LEARD
Address 2817 Saddleback Ct.
City GLENWOOD State MD Zip Code 21738
Home Phone 442-2551 Work Phone 202-314-7754
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone ____ Fax ____

Existing Use SFD
Proposed Use SFD Inground Pool
Estimated Construction Cost $ 20,000
Description of Work Concrete Swimming Pool
INGROUND - 9'6"x25'-0" 3'-0" to 8'-6"
TRUCK FILLED

Contractor Company Baldwin Pools
Contact Person MARY BALDWIN
Address 13403 Yardley Ln
City Woodbridge State VA Zip Code 22191
License No. 51946
Phone 888-928-3716 Fax 703-492-2518

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
X Private
Sewage Disposal:
____ Public
X 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

MARY BALDWIN
Print Name

Title/Company

May 5, 99
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		
State Highways		
X Building Official	5/5/99	
X Dev. Engineering, DPZ		
X Health	5/5/99	Mark E. Rifle
Fire Protection		

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 New Town Zone:
SDP/Red-line approval date: Accepted by:

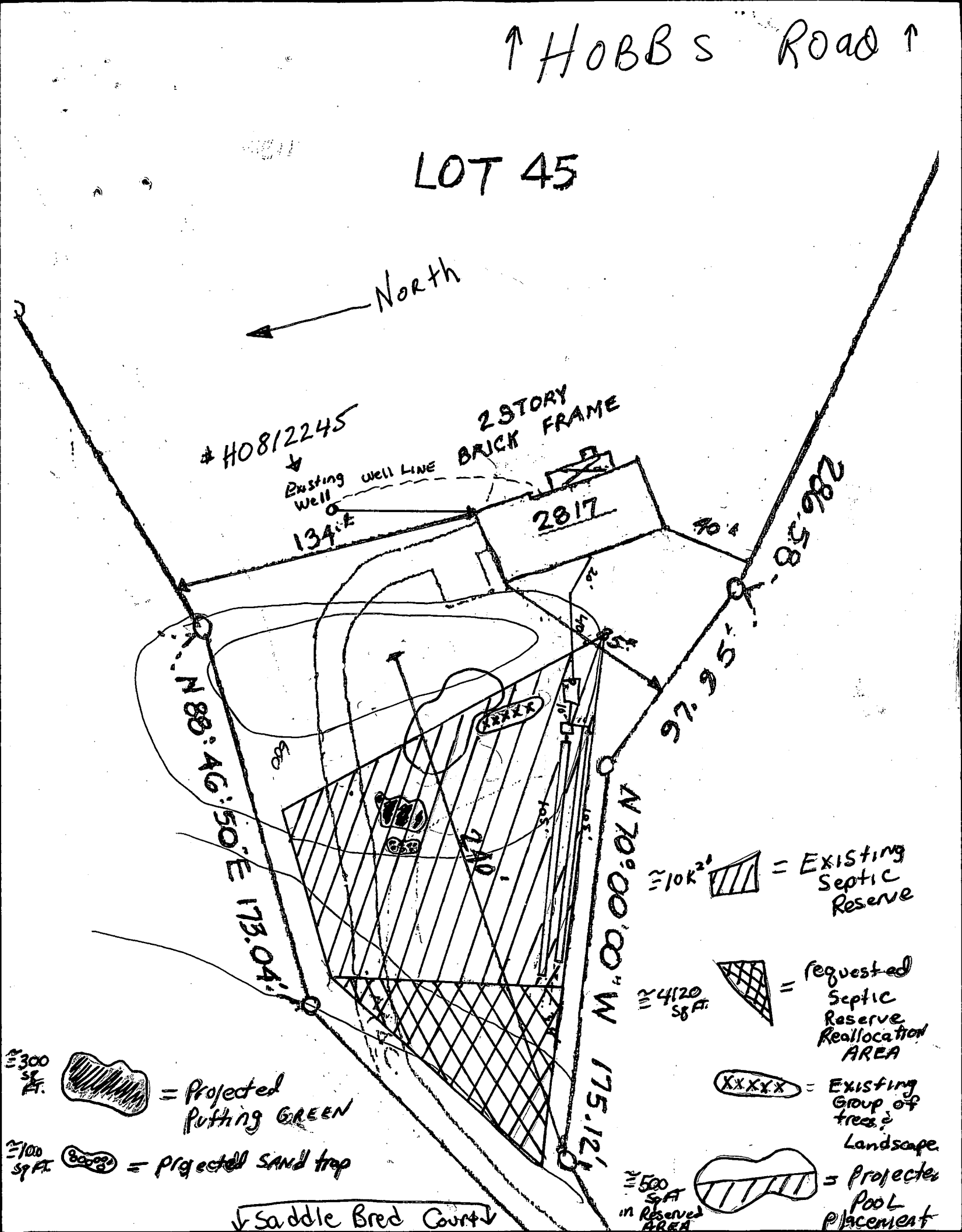
PROPERTY ID#: 49263

Filing fee	$
Permit fee	$ 125
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$ 125
Balance due	$
Check #	1144
Validation #	21427

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

B Permit.frm

Rev. 10/15/98


↑ HOBBS ROAD ↑
LOT 45
North
#H0812245
Existing well
Well LINE
2 STORY BRICK FRAME
2817
134'±
70.4
N 88°46'50" E 173.04'
S 85°08'02" E 97.95'
N 70°00'00" W 175.12'
240'
≅10K²' = Existing Septic Reserve
≅4120 Sq Ft. = requested Septic Reserve Reallocation AREA
XXXXX = Existing Group of trees & Landscape
≅300 Sq Ft. = Projected Putting GREEN
≅100 Sq Ft. = projected SAND trap
≅500 Sq Ft. in Reserved AREA = Projected Pool Placement
Saddle Bred Court


MD. ROUTE 97
BUILDING RESTRICTION LINE
TENANT HOUSE
SEE 1" = 50' SCALE INSET
SEWAGE EASEMENT AREA
FOR LOT 34 - GLENWOOD SPRINGS
AREA = 160 AC.±
PROP. GRAVEL DR.
PROP. GRAVEL DRIVE
SEWAGE EASEMENT AREA
LOT 5 - GLENWOOD SPRINGS
PROP. PRINCIPAL DWLG.
SEE 1" = 50' SCALE
INSET FOR DETAILS
PROP. WELL
HOBBS ROAD
SCALE: 1" = 200'
EX. GR. ELEV. @ TIME OF PERC. 598.3
PROP. GRADE 598.3
INV. DRY WELL OR TRENCH 593.8
PROP. 1250 GAL SEPTIC TANK
EX. GR. 600.2
PROP. GRADE 599.5
INV. IN - 594.5
INV. OUT - 594.3
4" DIA. PIPE
SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS
PRINCIPAL DWELLING
SCALE: 1" = 50'
7/29/87
elevations ok
No well on property
BLDG. PERMIT SIGNED
AND RETURNED
#13626
EX. GRADE @ TIME OF PERC. 605.0
PROP. GRADE 605.0
INV. ELEVATION 601.0
PROP. 1250 GAL. SEPTIC TANK
EX. GRADE - 605.0
PROP. GRADE - 605.0
INV. IN - 606.5
INV. OUT - 606.25
WOODED
INV. 610.0
FARM TENANT HOUSE
SCALE: 1" = 50'
FISHER, COLLINS AND CARTER, INC.
CIVIL ENGINEERS & LAND SURVEYORS
8388 COURT AVENUE
ELLICOTT CITY, MARYLAND 21043
PLOT PLAN TO ACCOMPANY APPLICATION
FOR A BUILDING PERMIT
PROPERTY OF
GLENWOOD SPRINGS PARTNERSHIP
TAX MAP 14 PARCEL 83 & 84
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
JULY 10, 1987
SCALE: AS SHOWN