

LAYOUT 3/23/04 INSP 4 _____
INSP 2 3/24/04-PM INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 2/27/2004

APPROVAL DATE: 3/24/04

PERMIT

P 5 20072

A 41425

03283534
ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

Earl E Preston Jr, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 2228 Engle Rd, Fallston PHONE NUMBER: 410-557-8100

SUBDIVISION: Kings Gift LOT NUMBER: 21

ADDRESS: 11631 West Winchester Lane PROPERTY OWNER: Kenneth Barney

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 275 HOUSE SERVED BY PUBLIC WATER ☒

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the middle of the top of the septic easement. Run trenches on contour in both directions.
NOTES:	Trenches should be 10' center to center at closest points.

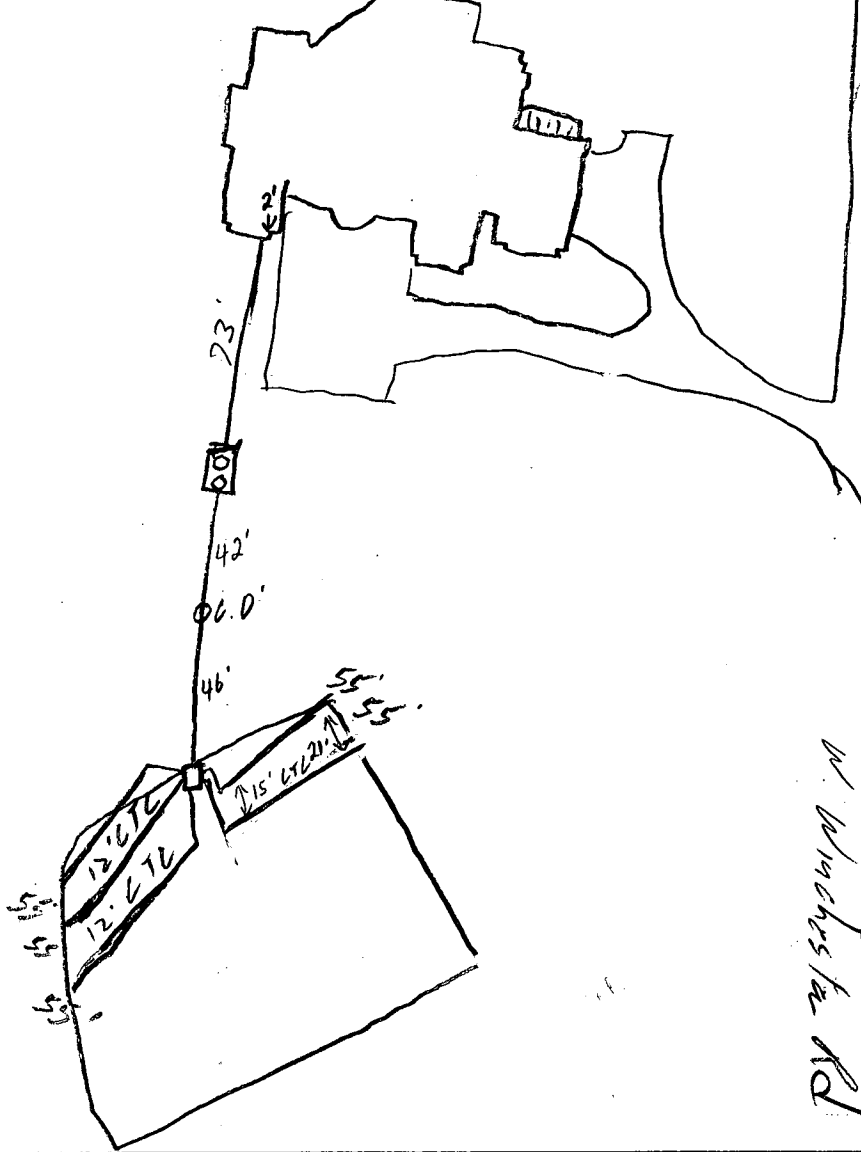
PLANS APPROVED: Brian Baker KB 5/3/04 DATE: 4/4/03

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A41425

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		5
TOTAL LENGTH		275'
ABSORPTION AREA		825 4
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL		
Comp.	CAPACITY	1250 GAL
	SEAM LOC	Top
	TANK LID DEPTH	1'
	BAFFLES	✓
	BAFFLE FILTER	—
	MANHOLE LOC	F&B
	6" PORT LOC	—
	WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL		
	CAPACITY	— GAL
	SEAM LOC	—
	TANK LID DEPTH	—
	BAFFLES	U/A
	BAFFLE FILTER	—
	MANHOLE LOC	—
	6" PORT LOC	—
	WATERTIGHT TEST	—

PUBLIC WATER

ROAD

PRE-CONSTRUCTION 3/23/04 - SRA not stated, contractor triangulated D.B. location. Contours not accurate OK to install (5) 55" trenches.

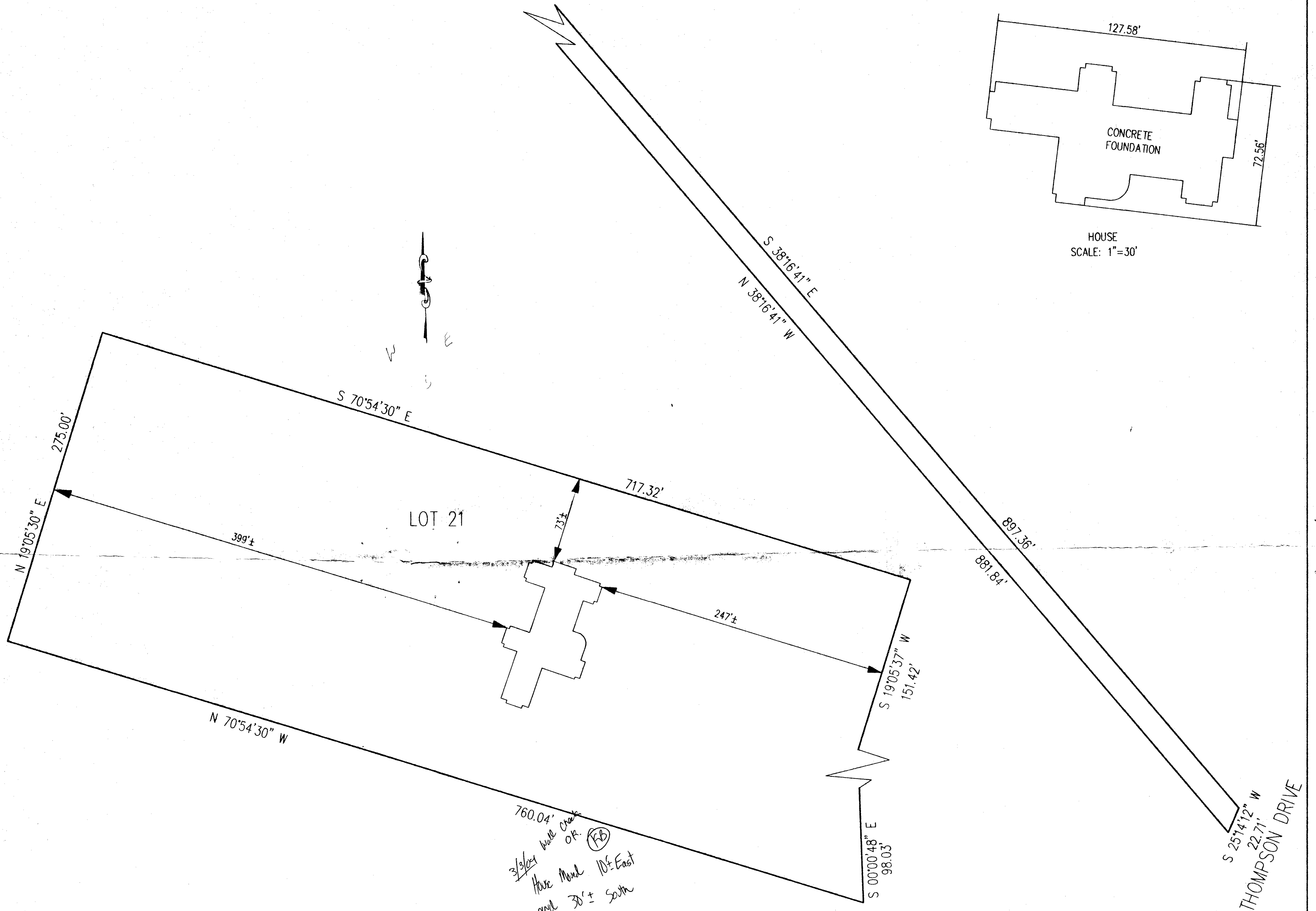
INSTALLATION Tank set (SD)
3/24/04 - OK to cover all work (SD)

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

3/24/04



PLOT PLAN

LOT 21

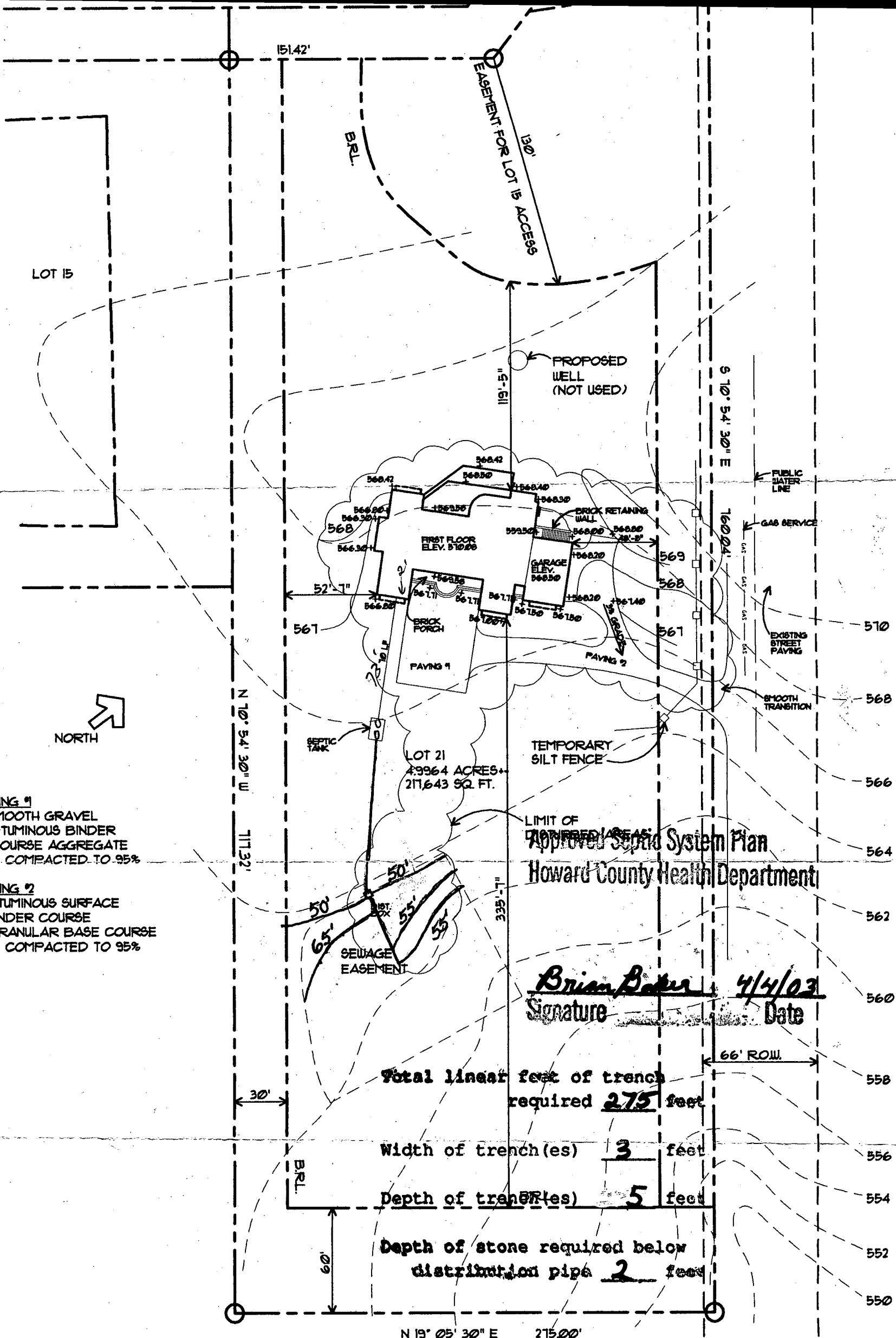
KINGS GIFT

3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

K.L.S. CONSULTANTS, INC.
ENGINEERS AND SURVEYORS

4401 PHILADELPHIA ROAD
BEL AIR, MARYLAND 21015
(410) 734-0445

DRAWN:	JULIE CAMPBELL	
CHECKED:	RONALD M. KEARNEY	
DATE	SCALE	FILE NO.
12/16/03	1"=50'	9179-61



PAVING #1
 2" SMOOTH GRAVEL
 2" BITUMINOUS BINDER
 6" COURSE AGGREGATE
 SOIL COMPACTED TO 95%

PAVING #2
 1" BITUMINOUS SURFACE
 1" BINDER COURSE
 3" GRANULAR BASE COURSE
 SOIL COMPACTED TO 95%

Approved Septic System Plan
Howard County Health Department

Brian Baker **4/4/03**
 Signature Date

Total linear feet of trench required 275 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

NOTE:
 SITE INFORMATION DEVELOPED FROM:
 REVISED PLAT FOR KING'S GIFT BY: SHANABERGER & LANE
 8726 TOWN & COUNTRY BOULEVARD
 SUITE 106 & 107
 ELLICOTT CITY, MD. 21043 410.461.9563

3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 ZONED RC-DEO LIBER 1744-FOLIO 500 4603
 DATE 5/1/91 REV. 10/3/91

ARUNDEL CUSTOM HOMES
 1629 FOREST DRIVE
 ANNAPOLIS, MD. 21403

SEPTIC SYSTEM DATA

FIRST FLOOR EL. 510.00
 BASEMENT EL. 559.16
 INV. OUT OF HOUSE 564.00
 INV. IN SEPTIC TANK 562.54 W/10' OF LINE FROM HOUSE TO TANK
 INV. OUT SEPTIC TANK 562.29
 EXIST EL. SEPTIC TANK 566.00
 PROP EL. SEPTIC TANK 566.00
 EXIST EL. DIST. BOX 563.50
 INV. IN DIST. BOX 560.62

NOTE: LIFT PUMP FOR BASEMENT POWDER ROOM

Chambers
 ARCHITECTURAL ASSOCIATES
 1010 N. Charles Street
 Baltimore, Maryland 21201
 410/727-4535
 Fax: 410/727-3134

PROJECT NAME
 BARNEY RESIDENCE
 11631 WEST WINCHESTER LANE
 ELLICOTT CITY, MARYLAND 21042

DRAWING NAME
 SITE PLAN

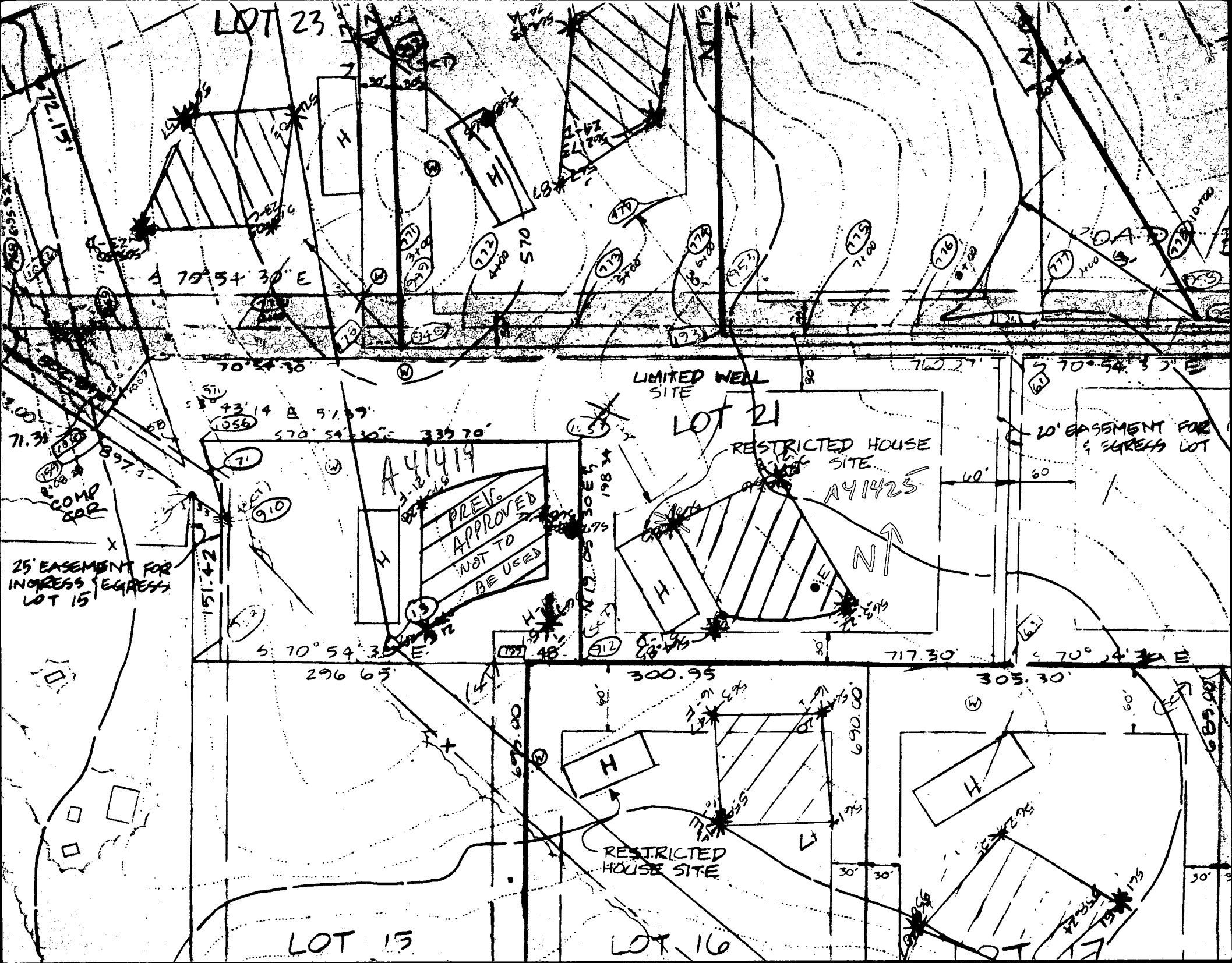
SCALE:
 1" = 60'

DATE
 MARCH 10, 2003
 REVISED APRIL 2, 2003 (SEPTIC SYSTEM)

PROJECT NUMBER
 T113

DRAWING NO.
 A-1.11

LOT 23



LIMITED WELL SITE

LOT 21

RESTRICTED HOUSE SITE

AY1425

20' EASEMENT FOR INGRESS LOT

AY1419






PREV. APPROVED
NOT TO
BE USED

25' EASEMENT FOR INGRESS/EGRESS LOT 15

LOT 15

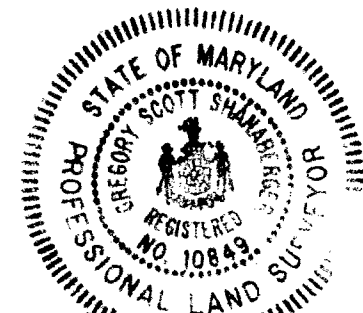
LOT 16

NOTES:

1. THE TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM HOWARD COUNTY AERIAL PHOTOGRAMMETRY.
2. EXISTING CONTOURS - - - - 530
3. PROPOSED CONTOURS 
4. SUCCESSFUL PERC TEST 
5. FAILED PERC TEST 
6.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FEET AS REQUIRED BY THE MD. STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT 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 PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
7. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD. STATE DEPT. OF THE ENVIRONMENT.
8. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100 FEET OF THE WELL & SEPTIC AREA SHOWN HEREON.
9.  PREVIOUSLY - APPROVED PRIVATE SEWAGE EASEMENT NOT PROPOSED TO BE USED.

APPROVED: FOR PRIVATE WATER &
PRIVATE SEWAGE
SYSTEMS, HOWARD CO.
HEALTH DEPARTMENT.

Joseph W. Borden 5-24-94
COUNTY HEALTH OFFICER HIL DATE



Gregory Scott Shanaberger 4/21/94
G. SCOTT SHANABERGER DATE
PROFF. LAND SURVEYOR #10849

FIELD LOCATED PERC TEST PLAT

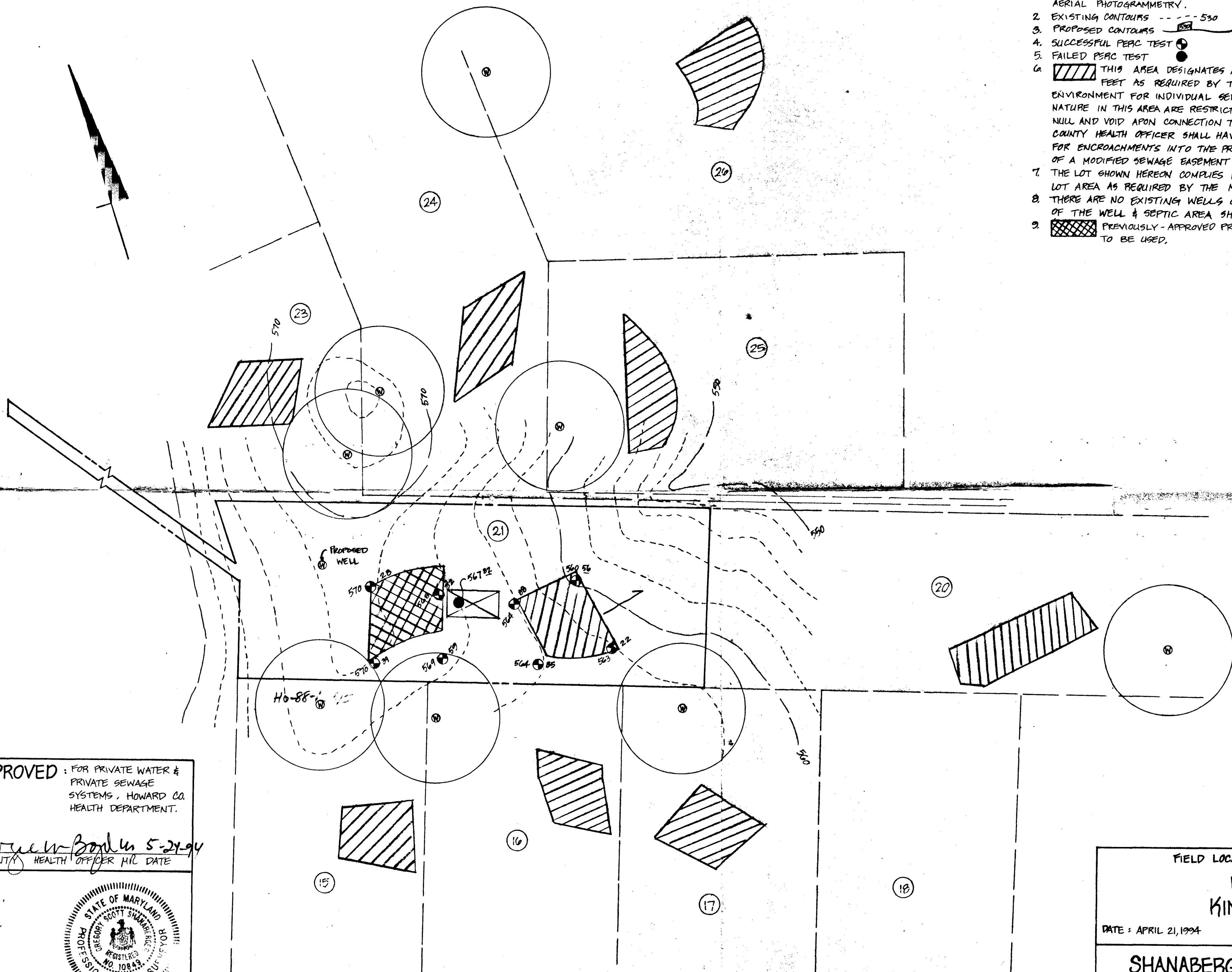
LOT 21
KING'S GIFT

DATE: APRIL 21, 1994

SCALE: 1"=100'

SHANABERGER & LANE

8726 TOWN & COUNTRY BLVD. SUITE 104
ELLICOTT CITY, MD
(410) 461-9563



APPLICATION

PERCOLATION TESTING

A 41425

P _____

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

DISTRICT 3

DATE 4/6/88
10 March, 1988

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 Jean R. Dickey, Individually; Jean R. Dickey, Trustee Jean R. Dickey Inter-Vivos
TRUST

ADDRESS 13850 Forsythe Rd., Sykesville, Md 21784 PHONE (301) 442-2226

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION King's Gift LOT NO. CLD 21

ROAD AND DESCRIPTION North on Route 144, East of Thompson Drive

TAX MAP 16 PARCEL # 338

SIZE OF LOT 5.048 Ac ± 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 H.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Richard K. Lane (Agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/23/88 - Den OK Hold for Plat

THIS IS NOT A PERMIT

ALSO PRESENT

APPLICATION

PERCOLATION TESTING

A 41419

P _____

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

DISTRICT 3

DATE 4/6/88
10 March, 1988

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 Jean R. Dickey, Individually; Jean R. Dickey, Trustee Jean R. Dickey Inter-Vivos TRUST

ADDRESS 13850 Forsythe Rd., Sykesville, Md 21784 PHONE (301) 442-2226

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION King's Gift LOT NO. 15 21

ROAD AND DESCRIPTION North on Route 144, East of Thompson Drive NOT USED

TAX MAP 16 PARCEL # 332

SIZE OF LOT 5.000 Ac ± 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.

Richard F. Lerner (Agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-26-88 RUC Satisfaction

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS
BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

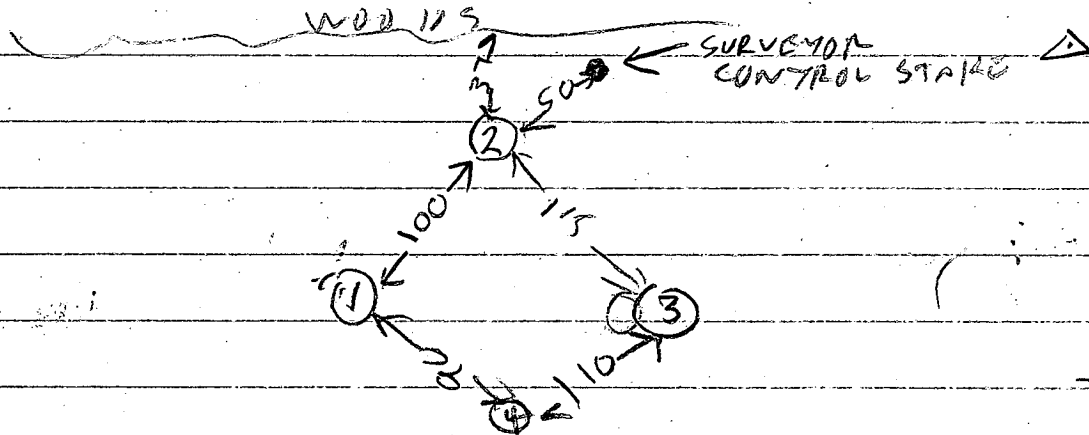
60 12-1079

KINGS GIFT

1.5
2.5

KINGS GIFT LOT NEW ~~X~~ IS

OLD LOT 21 PASSED TEST BUT LOT LINES HAVE BEEN CHANGED SO ANOTHER PERC NEEDED



X Perc
Smin
180 D/BK
4-8

10
11

6/28/88	1S	5	1216	1223	1223	1224	9	1100
	1V	11.5	OK					Elevation
	2S	5	1223	1233	1233	1237	4	Almost
	2V	12	OK					Level
	3D	8	1248	1252	1252	1256	4	3
	3S	5	1248	1252	1252	1257	5	
	3V	12	OK					
	4V	12	OK					

0
4
BROWN
CLAY
GRAY
BROWN
SAND
LOAM

0
4
BROWN
CLAY
BROWN
SAND
LOAM
GRAY
SAND
LOAM

0
4
BROWN
CLAY
BROWN
CLAY
SAND
LOAM

Test by R. Hodges

also present Dave
Kellerman

12

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00140686
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[illegible]

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	<u>Utilities</u> Water Supply: _____ Public _____ Private Sewage Disposal: _____ Public _____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads	<u>Building Characteristics</u> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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	<u>Utilities</u> Water Supply: <input checked="" type="checkbox"/> Public _____ Private Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> _____ 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 [Signature] Print Name Robert Carter
 Title/Company President Date 12/10/2003

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

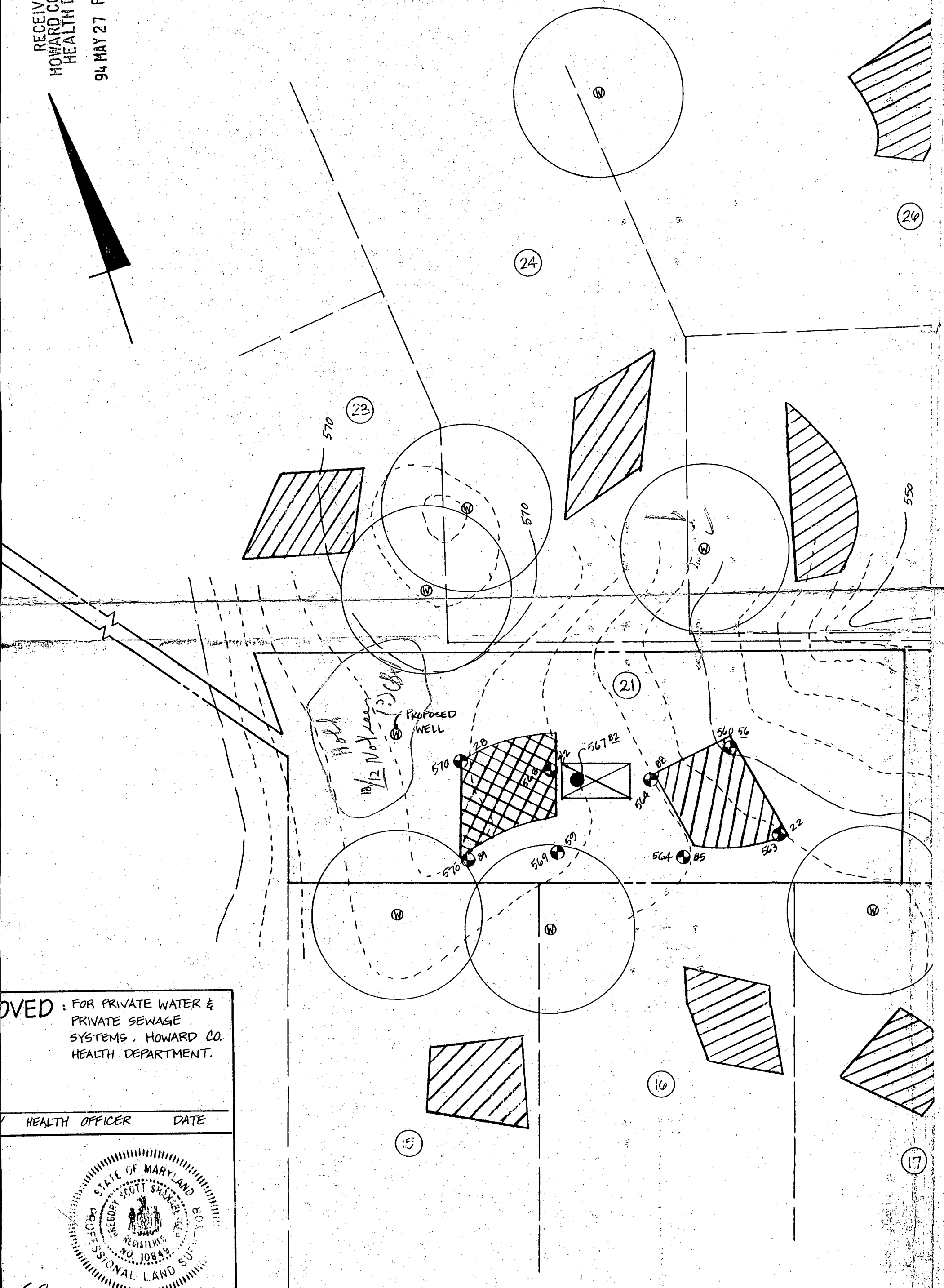
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

- FOR OFFICE USE ONLY -

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#</u>
Land Development, DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>4/4/03 Brian Baker</u>			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>7940</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>21130</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

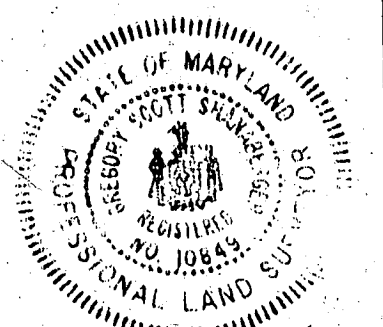
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
94 MAY 27 PM 12:03



APPROVED : FOR PRIVATE WATER &
PRIVATE SEWAGE
SYSTEMS, HOWARD CO.
HEALTH DEPARTMENT.

HEALTH OFFICER DATE



Handwritten signature and date: 4/21/04



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 6, 1994

Patapsco Build Corp.
8223 Chandler Court
Ellicott City, Maryland 21043


RE: Well Permit Application
Kings Gift - Lot 21
Route 144
Driller: Ralph Mayne

Dear Sir:

The above referenced well drilling application cannot be processed at this time because the proposed well site was not staked at the time of inspection.

Please contact this office to resolve this matter so we may complete the review of your application. Thank you.

Very truly yours,


Ronald J. Pinkley, R. S.
Water and Sewerage Program

RJP:jr

cc: Ralph Mayne Well Driller
File



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 5, 1995

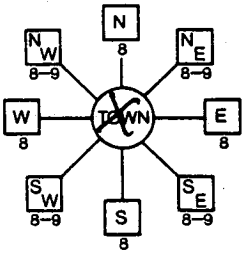

MEMORANDUM

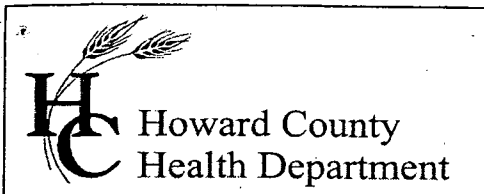
TO: Mr. Ralph Mayne
Ralph Mayne Well Drilling
9120 Brown Church Road
Mt. Airy, Maryland 21771

FROM: Mrs. Donna K. Soe, Sanitarian
Water and Sewerage Program
Howard County Bureau of Env. Health

RE: Unprocessed well permits (2)
King's Gift, Lot #21
Fulton Manor, Preservation Parcel A

The above referenced well permits are being returned to you unprocessed.
These well permits have been in our office for at least eleven months.

B 1 1228 <small>THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS</small>	SEQUENCE NO. (DP USE ONLY) _____	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-
Date Received (APA) 052794		B 3 LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION KINGS GLEN SECTION 44 LOT 21 MAYFIELD 52 NEAREST TOWN _____ MILES FROM TOWN (enter 0 if in town) 0 MI	
OWNER INFORMATION 15 Last Name PATASCO Owner BUILD First Name CORP 36 8223 Street or RFD CHANDLER CT 57 ELLCOTT Town CITY State MD Zip 21043		DRILLER INFORMATION Driller's Name Ralph Mayne MSD/MGD/MWD 1116 Firm Name Ralph Mayne (well drilling) 77 License No. 80 Address 920 Brown Church Rd. Mt. Airy Signature Ralph Mayne Date 5/23/94	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD MD 144 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 2500 37 DISTANCE FROM ROAD ENTER FT OR MI FT	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A#41425 STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 12/12/94 CO SIGNATURE Charles Bryan EXP. DATE 12/12/95 NORTH GRID 50 000 EAST GRID 57 000	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		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 820 N 530	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 3 CABLE REVERSE-ROTARY Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE C WRITE INITIALS IN BOX PERMIT No. HO-94- 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS DICK JUPPER 461-0093 Deeper 251-2580 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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

March 17, 2005

Kenneth Barney
10204 Spruce Way
Ellicott City, MD 21042

SENT VIA FAX TO 410-602-8069

RE: Kings Gift, Lot 21
11631 West Winchester Lane
Ellicott City, MD 21042
BP# B00140686
PUBLIC WATER

Dear Sir/Madam:

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 03/24/2004.**

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

mlb

cc: Building Inspector's Office
File