

LAYOUT _____ INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 1/4/05 - 2 PM INSP 6 _____

ISSUE DATE: 10/20/2004

APPROVAL DATE: 1/6/05

PERMIT

INDEXED

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

P 521 548

A 43263

(301) ⁰⁻¹ 748
 -2297

Kenneth Mayne IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 11723 Legore Bridge Road, Keymar PHONE NUMBER: 301-898-0955

SUBDIVISION: Cattail Creek LOT NUMBER: 39

ADDRESS: 3654 Sycamore Valley Run PROPERTY OWNER: Trinity Quality Homes

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: 210 180

LINEAR FEET OF TRENCH REQUIRED: 210 101 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box approximately 50 feet from the highest corner easement stake as shown on the approved plan. Run trenches on contour away from the house. Keep the ends of the trenches 25 feet from the steep slopes.
NOTES:	Sleeve the section of pipe that goes under the driveway and place gravel around the sleeve to deter settling.

PLANS APPROVED: Brian Baker KJB DATE: 10/15/03

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

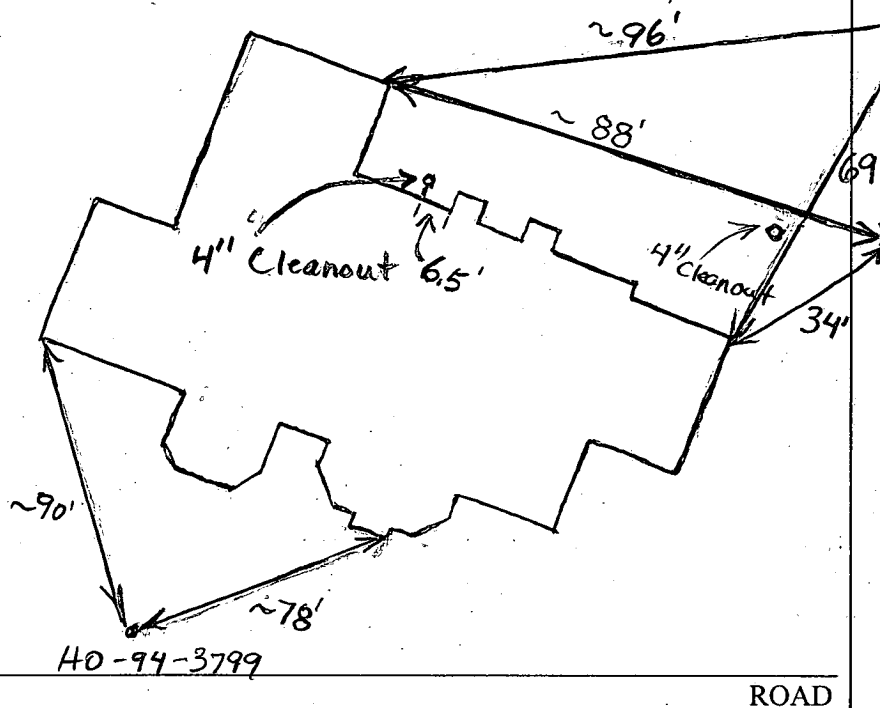
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED

AND RETURNED

4/2/04 B00143478 SUN PORCH
 11/23/04 B00151087 1000 Gal LG PROPANE TANK
 12/1/04 B00151365 INGROUND CONCRETE POOL

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES 2		
TOTAL LENGTH 101'		
ABSORPTION AREA 404 sq. ft.		
DISTRIBUTION BOX LEVEL Yes		
DISTRIBUTION BOX BAFFLE Yes		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	?
CAPACITY	1250 GAL
Dist. SEAM LOC	Top
Box TANK LID DEPTH	4'-4"
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	?
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3.5'
BAFFLES	No
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	None
WATERTIGHT TEST	No

PRE-CONSTRUCTION 11/3/04 Arrived at site late in day. System installed and covered. Kenny Mayne had left but had

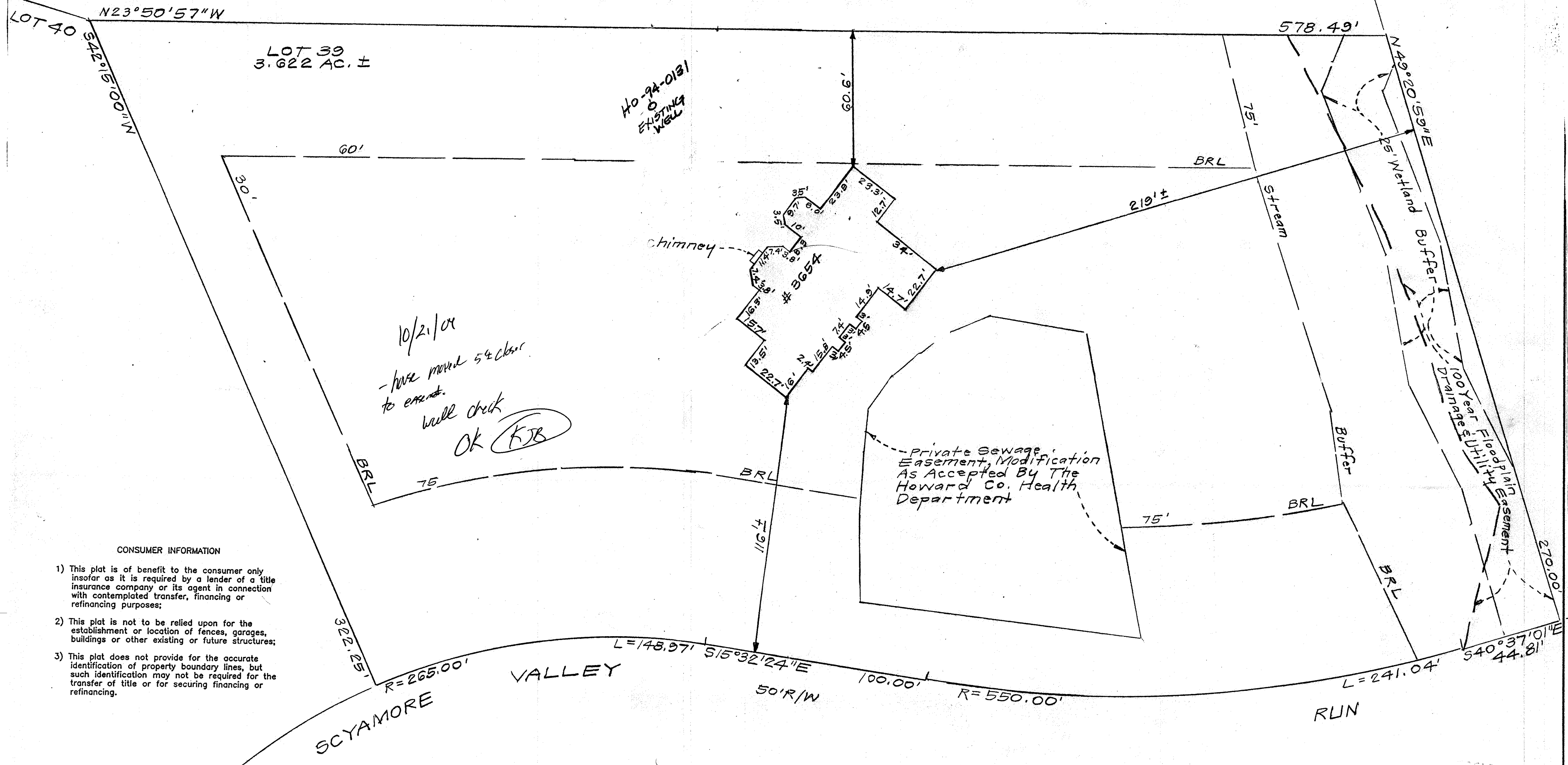
INSTALLATION Placed as built drawing on cleanout. Tanks had too much cover over them. Told homebuyer that dirt would have to be removed from over tanks during final grading. Need pump and alarm test. (BB) 11/22/04 Kenny Mayne said that tank lids were traffic bearing. Will have to check in field. (BB) 1/6/04 Pump and alarm working. Told Kenny Mayne to use traffic bearing lids if tanks to be deeper than 3'. Installed tanks not traffic bearing.

FINAL INSPECTOR B. Baker DATE OF APPROVAL 1/6/05

NOTE: This Lot appears to lie in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440020B, Panel 20 of 45, dated December 4, 1986.

Wall Check: 12-9-03
Top of Wall Elev.: 501.1

OPEN SPACE LOT 36
CATTAIL CREEK COUNTRY CLUB
PLAT No. 9517

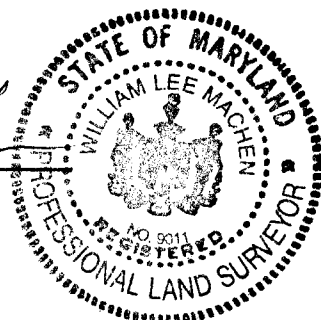


CONSUMER INFORMATION

- 1) This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
- 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
- 3) 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.

SURVEYOR'S CERTIFICATE

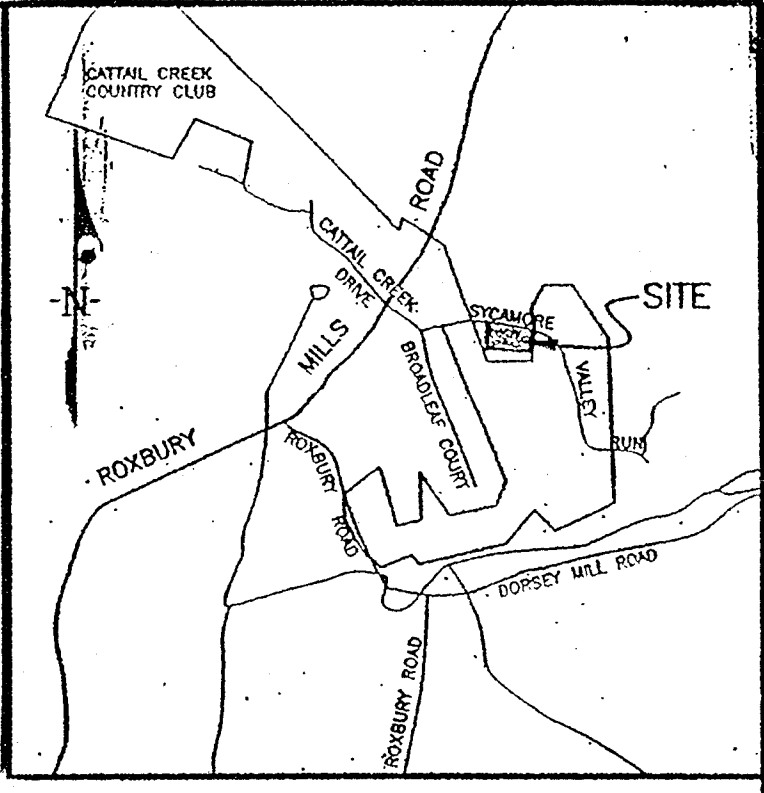
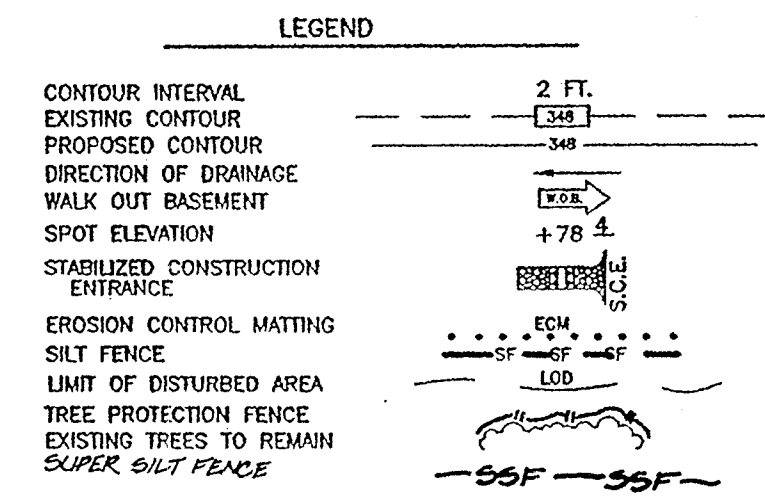
I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.



NOTES:
1. The ± setback distance accuracy = 1'.

Plat Reference: PLAT No. 10066

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED	LOCATION DRAWING 3654 SYCAMORE VALLEY RUN LOT 39 CATTAIL CREEK COUNTRY CLUB LOTS 37-47 (A RESUBDIVISION OF LOTS 21-27 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 30'
DRAWN	KWC	DRAWING
CHECKED	PAS	JOB NO.
DATE	12-10-03	FILE NO. 03-042-0



VICINITY MAP
Scale: 1"=2000'

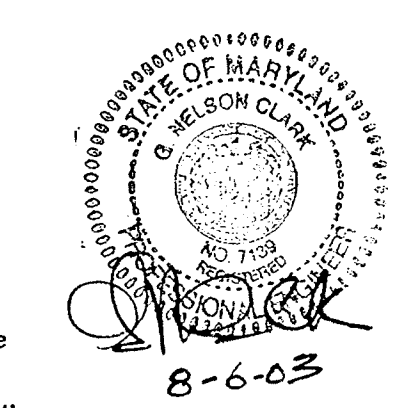
GENERAL NOTES:

1. Subject property is zoned: RC-DEO per 10-18-93 Comprehensive Zoning Plan.
2. The total area included in this submission is: 3.662 Acres.
3. The total number of lots included in this submission is: 1
4. Improvement to property: Single Family Detached
5. The maximum lot coverage permitted is: 30%
6. Department of Planning and Zoning reference file numbers: F01-04
7. THE EXISTING WELLS SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL LOG NUMBER EX-101-02-0301) HAVE BEEN FIELD TESTED BY CLARK, FINEFROCK & SACKETT, INC. (INDIVIDUAL OR COMPANY NAME, PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN).
8. Any damage to county owned rights-of-way shall be corrected at the developer's expense.
9. All roadways are public and existing.
10. The existing topography was taken from Road Construction Plans prepared by Morris & Ritchie Associates in January 1996.
11. The coordinates shown hereon are based upon the Howard County Geodetic Control which is based upon the Maryland State Plane Coordinate System - Howard County Monuments Numbers: 2122002 & 2232002.
12. The contractor shall notify the Department of Public Works/ Division of Construction Inspection at (410) 313-1880 at least twenty-four (24) hours prior to the start of work.
13. The contractor shall notify "Miss Utility" at 1-800-257-7777 at least 48 hours prior to any excavation work.
14. For driveway entrance details, refer to Ho. Co. Design Manual Volume IV details R.6.03 & R.6.05.
15. In accordance with FDP-Phase 222 Part III bay windows or chimneys not more than 10 feet in width may project not more than 4 feet into any setbacks; porches and decks may project not more than 3 feet into the front or rear setbacks.
16. STORMWATER MANAGEMENT IS PROVIDED PER: F01-04

OWNER / DEVELOPER

SYCAMORE VALLEY PARTNERSHIP
C/O LAND DESIGN & DEVELOPMENT, INC.
12020 ROCKY RIDGE ROAD
COLUMBIA, MARYLAND 21044

SUBDIVISION NAME CATTAIL CREEK COUNTRY CLUB		SECTION/AREA N/A	LOTS/PARCELS 6	
PLAT NO. 10065	BLOCK NO. N/A	ZONE RC-DEO	ELECTION DIST. 4	CENSUS TRACT 6040
WATER CODE N/A		SEWER CODE N/A		
CLARK · FINEFROCK & SACKETT, INC. ENGINEERS · PLANNERS · SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.				
DESIGNED -RSL	SITE DEVELOPMENT PLAN LOT 39			SCALE 1"=30'
DRAWN ZAH	CATTAIL CREEK COUNTRY CLUB			DRAWING 1 of 2
CHECKED -BAR	LOTS 37-47 (A RESUBDIVISION OF LOTS 21-27) FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND			JOB NO. 03-042
DATE 5-8-03	FOR: T.B.I. HOMES, INC. 3675 PARK AVENUE, SUITE 301 ELLCOTT CITY, MD 21043			FILE NO. 03-042-X



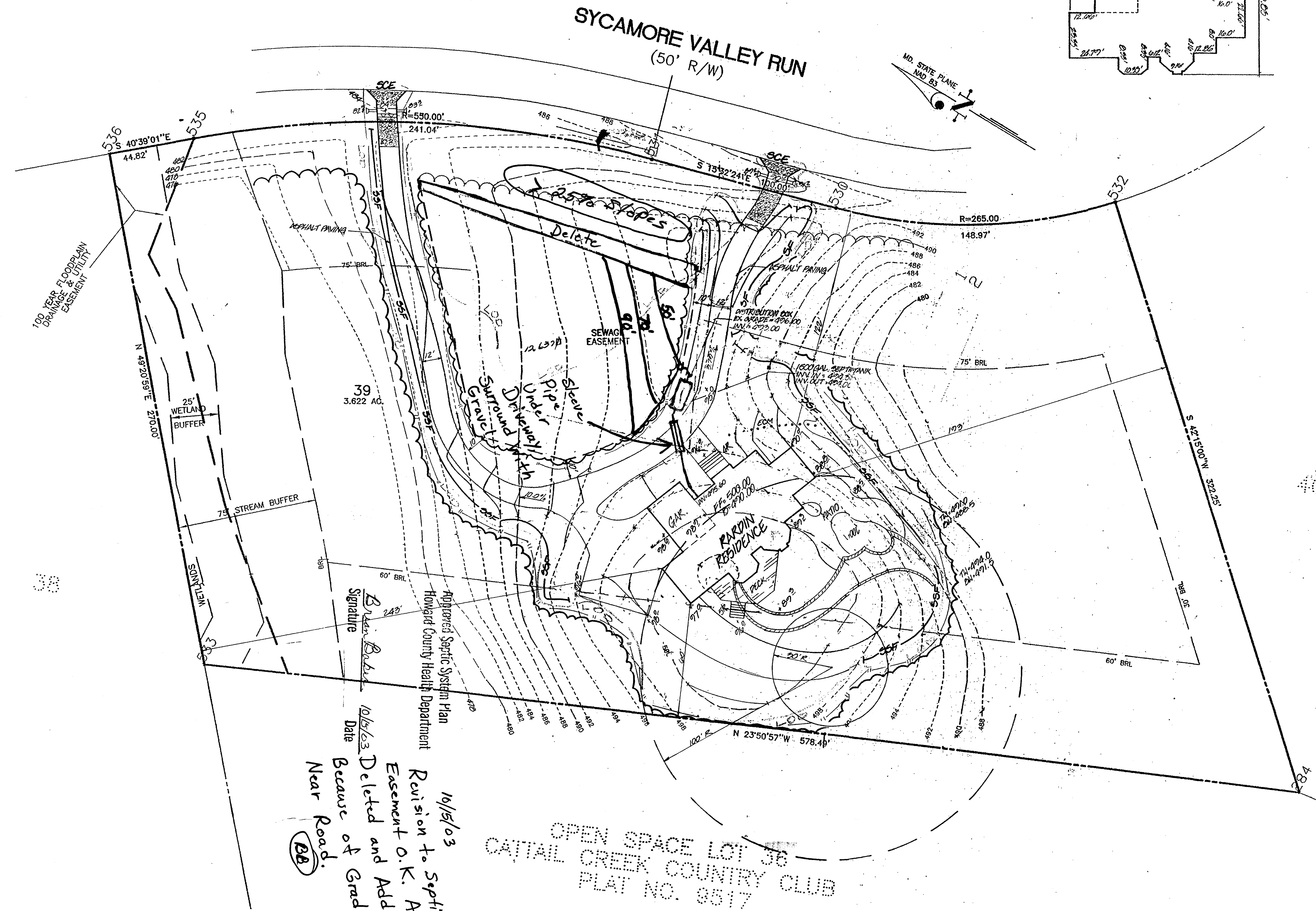
ENGINEER'S CERTIFICATE
I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.
G. NELSON CLARK
DATE 7-24-03

DEVELOPER'S/BUILDER'S CERTIFICATE
I/We certify that all development and construction will be done according to this plan of development and plan for sediment and erosion control and that all responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary.
DATE 8-6-03

Reviewed for HOWARD S.C.D.
and meets Technical Requirements
Signature _____ Date _____
U.S. Natural Resources Conservation Service

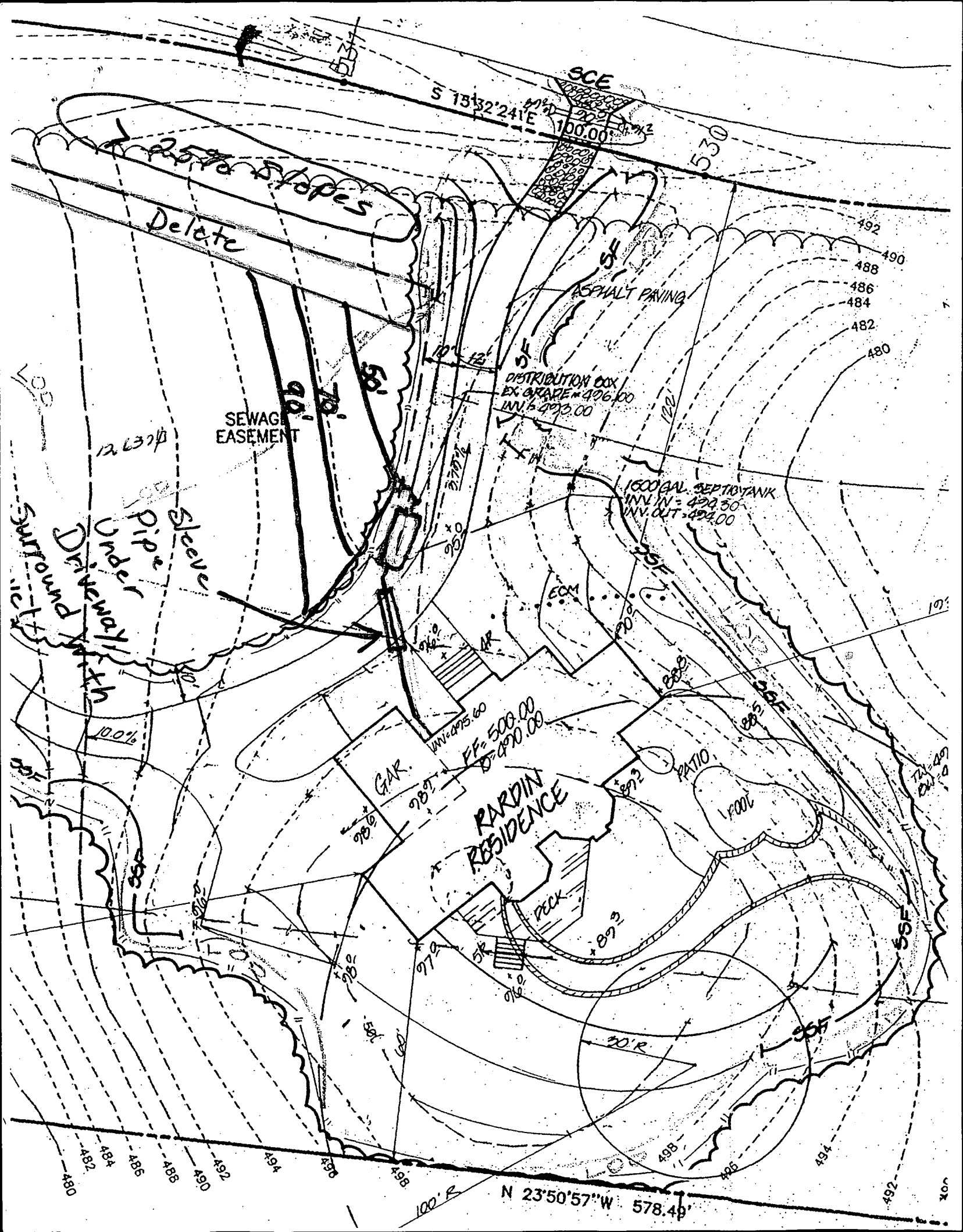
THIS DEVELOPMENT PLAN IS APPROVED
FOR SOIL EROSION AND SEDIMENT
CONTROL BY THE HOWARD SOIL
CONSERVATION DISTRICT.
Howard S.C.D. _____ Date _____

APPROVED: DEPARTMENT OF PLANNING & ZONING
CHIEF, DEVELOPMENT ENGINEERING DIVISION _____ DATE _____
CHIEF, DIVISION OF LAND DEVELOPMENT _____ DATE _____
DIRECTOR _____ DATE _____



10/5/03
Revision to Septic
Easement O.K. Area
Deleted and Added
Because of Grading
Near Road.
(BA)

OPEN SPACE LOT 36
CATTAIL CREEK COUNTRY CLUB
PLAT NO. 9517



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: Do-Ts Plumbing Heating Telephone #: 410-531-2330
Address: 11350 Frederick Rd.
Ellicott City, Md. 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Duane G. Bert License# 21899

*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: Rardin Telephone #: _____

Subdivision: Cat Tail Lot #: 79 Well Tag #: HO -

Site Address: ~~3654~~ 3654 Syracuse Valley Run
Glenwood, Md 21728

Submersible Pump Data

Make: Tacuzzi
Model #: T75472X-52
Pump Capacity 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Driss
Model#: 1"
Depth: 42 (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt yes

Piping to house

Type: plastic
PSI: 1" (160 psi min) 200 psi
Depth of supply line: 12 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 42"
Sleeve caulked and sealed properly: yes

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

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

Date Insp. Requested: 11/3/04

Date Insp. Approved: 1/6/05 RB

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

C1 3826

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY NUMBER **(13)** A432631 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED

MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
05 30 03

Depth of Well

22 220 26
(TO NEAREST FOOT)10/5/03
OK. (BB)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-3799
28 29 30 31 32 33 34 35 36 37OWNER Trinity Homes
STREET OR RFD 3654 Sycamore Valley Road first name TOWN Glenwood
SUBDIVISION Cattail Creek SECTION 1 LOT 39

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	30	
Brown Slate	30	35	
Blue Slate	35	50	
Brown Slate	50	55	✓
Blue Slate	55	220	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
(Y) (N)
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 15 NO. OF POUNDS 1500GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 30+ BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40
60 61 63 64 66 70E A C H S C R E E N
OTHER CASING (if used)
diameter inch depth (feet) from toscreen type or open hole
(insert appropriate code below)
ST BR HO
STEEL BRASS OPEN
BRONZE HOLE
PL OT
PLASTIC OTHERC 2 DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
170 38 220
E A C H S C R E E N
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min.) 5.5METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.WHEN PUMPING 20 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 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } 2 (nearest foot)
49 50 51

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)

Road
200'
well
30'
Prop Line
old well
Abandoned Sealed

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

B 1	2338	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>W519565</u>	STATE PERMIT NUMBER <u>H0-94-3799</u> <small>fill in this form completely</small>
Date Received (APA) <u>9/10/03</u> <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name <u>Trinity Quality Homes Inc</u>		34 First Name		
36 Street or RFD <u>3675 PARK AVE</u>		55		
57 Town <u>ELLICOTT City MD</u>		70 State <u>MD</u>		76 Zip <u>21043</u>
DRILLER INFORMATION				
Driller's Name <u>Ralph E. Mayne</u>		76 License No. <u>MSD117</u>		
Firm Name <u>Ralph E. Mayne Well Drilling</u>				
Address <u>17024 Hardy Rd. Mt Airy MD, 21771</u>				
Signature <u>Ralph E. Mayne</u>		Date <u>9-9-03</u>		
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)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
<u>Howard</u> <u>(13)</u> <u>A43263</u>				
COUNTY NAME COUNTY NO.				
STATE SIGNATURE _____ INSERT S → 41				
DATE ISSUED <u>9/16/2003</u> <u>Brian Baber</u> <u>9/16/2004</u>				
43 MM DD YY 48 CO SIGNATURE EXP. DATE				
NORTH GRID <u>522 000</u> EAST GRID <u>791 000</u>				
50 55 57 63				
APPROXIMATE DEPTH OF WELL <u>150</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEINED 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				
<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 DEEPEIN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 <u>H0-94-0131</u>				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. <u>H0-94-3799</u>				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL			
8 COUNTY <u>Howard</u>		21		
23 SUBDIVISION <u>CATTAIL Creek Country Club</u>		42		
SECTION <u>44</u> <u>46</u>		LOT <u>39</u> <u>50</u>		
52 NEAREST TOWN <u>GLENWOOD</u>		71		
MILES FROM TOWN (enter 0 if in town) <u>1</u> M <u>1</u>				
73 76 77 78				

B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
11 NEAR WHAT ROAD <u>3654 SYCAMORE VALLEY Rd</u>				
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
DISTANCE FROM ROAD <u>200</u> ENTER FT OR MI <u>FK</u>				
TAX MAP: <u>21</u> BLK: <u>10</u> PARCEL <u>6</u>				

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

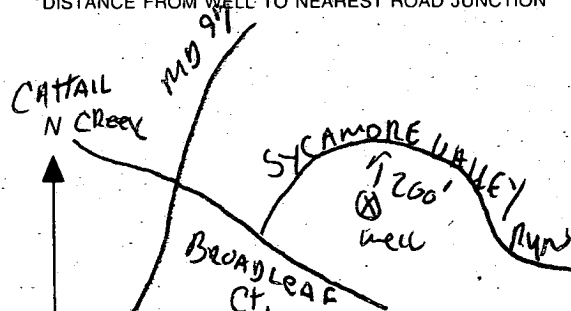
SOURCES OF DRILLING WATER

1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 522 791
N 522

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



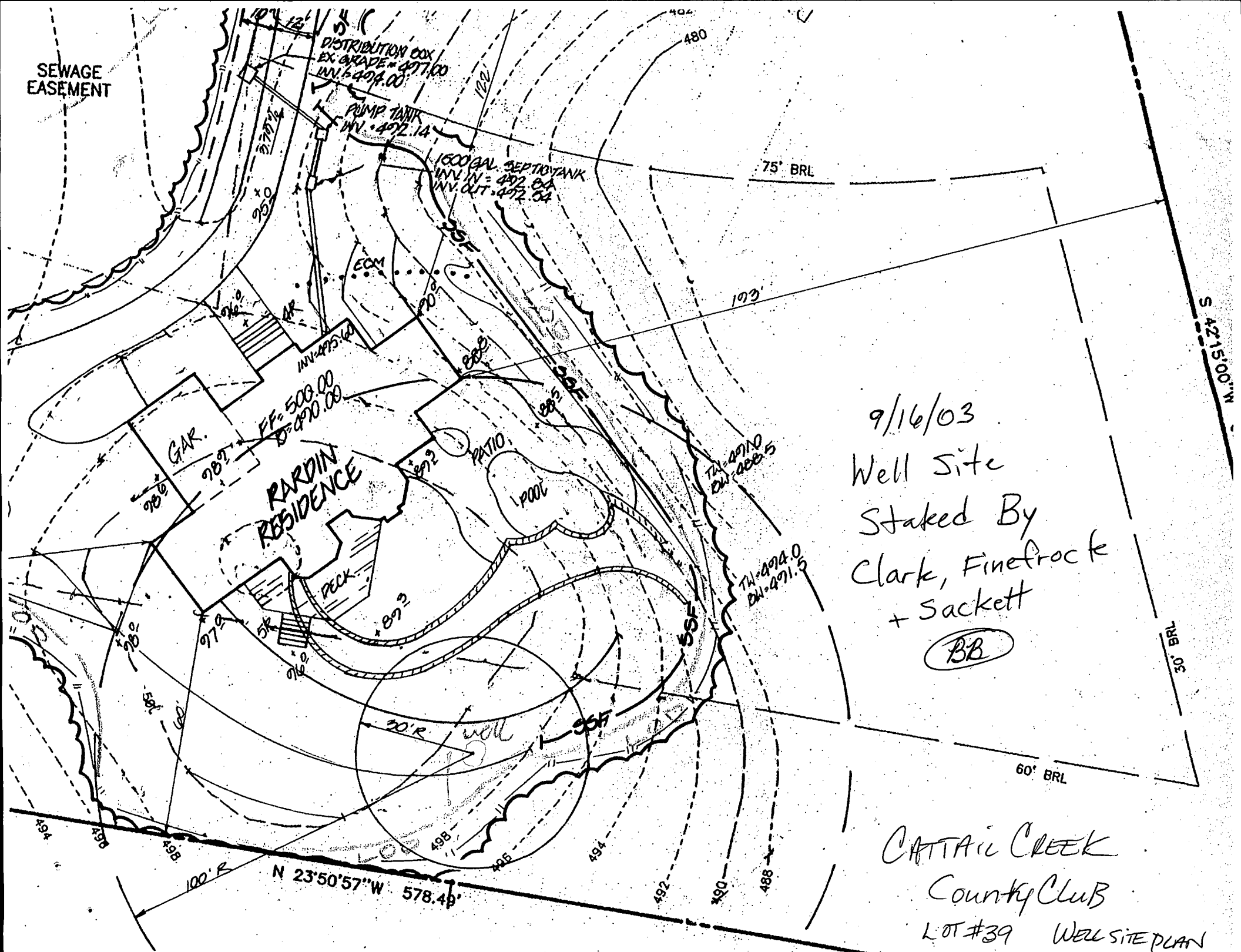
Well Permit No. HO - 94-3799
Location of property (road) 3654 Sycamore Valley Road
Subdivision Cattail Creek Lot 39 Block Plat Sec.
Well Driller Ralph Mayne Owner Trinity Homes

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

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

[illegible]

SEWAGE
EASEMENT



9/16/03
Well Site
Staked By
Clark, Finetrock
+ Sackett

BB

CATTAIL CREEK
Country Club
LOT #39 WELL SITE PLAN



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Lynn

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by Clark, Finetruk & Sadoff on 8/27/03 and is ready for site inspection.
- ☐ _____ will call the Health Department for a time to meet in the field to verify a well location.
- ☒ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Lot #39 CatHail Creek

*From:
Lynn Covey Trinity Bldgs
410-984-2824*

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- WELL OWNER
- MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Sept 30 2003 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any)

PERMIT NUMBER OF REPLACEMENT WELL

PERSON ABANDONING WELL: Ralph E MAYNE

WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD (MSD) MGD

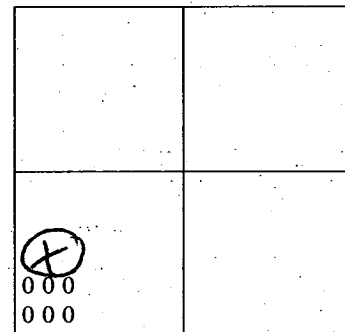
OWNER'S NAME: Trinity Quality Homes

WELL LOCATION: 3654 SYCAMORE VALLEY RUN

COUNTY: Howard
NEAREST TOWN: GLENWOOD
TAX MAP 31 BLOCK 10 PARCEL 6
SUBDIVISION: CATTAIL Creek Country Club
SECTION: — LOT: 39

MARYLAND GRID COORDINATES

BOX NUMBER E 791
N 522



SHOW WELL LOCATION
BY X WITHIN BOX

TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

logged
Well Tag?

USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

TYPE OF CASING:

☐ STEEL ☒ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

DEPTH OF WELL: 240 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 1 1/2

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING-SANITARIAN

LICENSE #

CIRCLE ONE 117 MWD (MSD) MGD Sept 30 2003
DATE

C1 5136		SEQUENCE NO. (DENV USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)							
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div>8</div><div>13</div></div>		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div>15</div><div>20</div></div>		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div>22</div><div>26</div></div>		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div>28</div><div>37</div></div>	
OWNER		last name		first name		TOWN	
STREET OR RFD							
SUBDIVISION		SECTION		LOT			
WELL LOG Not required for driven wells				GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
				TYPE OF GROUTING MATERIAL			
DESCRIPTION (Use additional sheets if needed)				CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>			
				NO. OF BAGS NO. OF POUNDS			
FEET FROM TO				GALLONS OF WATER			
				DEPTH OF GROUT SEAL (to nearest foot)			
Check if water bearing				from ft. to ft.			
				(enter 0 if from surface)			
Overburden 0 15 Soft Shale 15 37 Granite 37 250 X				CASING RECORD			
				casing types insert appropriate code below			
				STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/>			
				PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>			
				MAIN CASING TYPE			
				Nominal diameter top (main) casing (nearest inch)			
				Total depth of main casing (nearest foot)			
				OTHER CASING (if used)			
				diameter inch depth (feet) from to			
				SCREEN RECORD			
				screen type or open hole insert appropriate code below			
				STEEL <input checked="" type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/>			
				BRONZE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>			
				DEPTH (nearest ft.)			
				EACH SCREEN			
				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			
				OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)			
				T (E.R.O.S.) W Q			
				70 72 74 75 76			
				TELESCOPE CASING LOG INDICATOR OTHER DATA			
DRILLERS IDENT. NO.				COUNTY			
DRILLERS SIGNATURE							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

Well Permit No. HO - 94-0131
 Location of property (road) SYCAMORE VALLEY RUN
 Subdivision CATTAIL CREEK Lot 39 Block Plat Sec.
 Well Driller G.E. HARR SON'S CORP. Owner SYCAMORE VALLEY PROPERTY

I. High rate pumping -- reservoir drawdown

II. Recovery pump test data - observations to be recorded every 15 minutes

HD-224

Well Permit No. HO - 94-0131
Location of property (road) SYCAMORE VALLEY RUN
Subdivision CATTAIL CREEK Lot 39 Block Plat Sec.
Well Driller G.E. HARRISON'S CORP. Owner SYCAMORE VALLEY PROPERTY

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

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

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 08033		SEQUENCE NO. (DP USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER H0-94-0131 <small>70 fill in this form completely 79</small>	
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>							
OWNER INFORMATION Date Received (APA) 062794 15 Last Name 54 First Name 34 10805 Hickory Ridge 36 Street or RFD 55 Columbia MD 21044 57 Town 70 State 72 Zip 76				LOCATION OF WELL 8 COUNTY 21 CATTAIL Creek 23 SUBDIVISION 42 SECTION 44 46 LOT 39 48 50 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78			
DRILLER INFORMATION Driller's Name Paul M. Fabiszak 399 77 License No. 80 Firm Name G. Edgar Harr Sons' Copp. Address 12047 Falls Rd Cockeysville 21030 Signature Date 6/22/94				B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 NEAR WHAT ROAD 30 Sycamore Valley Run ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 100 37 DISTANCE FROM ROAD ENTER FT or MI 38 39			
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 150 14 20				USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL 200 24 28 FEET				APPROXIMATE DIAMETER OF WELL 6 INCH			
METHOD OF DRILLING (circle one) 30 BORED (or Augered) 37 JETTED Jettied & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A #43263 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 022094 Charles Harr 6/20/95 43 48 CO SIGNATURE EXP. DATE NORTH GRID 521000 EAST GRID 0791000 50 55 57 63			
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2' above grade 2. 40' casing 3. 9 bags ? open hole Arrived @ 11:00 am - tag checked - grout comp'd location C.D.K.S.				WRITE THE BOX NUMBER FROM THE MAP HERE E 780 11 N 520 11			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41				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 67 68 WRITE INITIALS IN BOX 67 68 PERMIT No. H0-94-0131 70 71 72 73 74 75 76 77 78 79				SPECIAL CONDITIONS			



APPLICATION

PERCOLATION TESTING

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

A 43263

P _____

DISTRICT 4

DATE 12/9/88

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 Egwood Farm Inc C/O Land Design + Development

ADDRESS 8307 Main St PHONE 461-4600

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Clark LOT NO. 26 New # 22
Final lot 39

ROAD AND DESCRIPTION Roxbury + Dorsey Mill

TAX MAP 21 PARCEL # 6

SIZE OF LOT - 3.4 AC. TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mal D. Kei
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

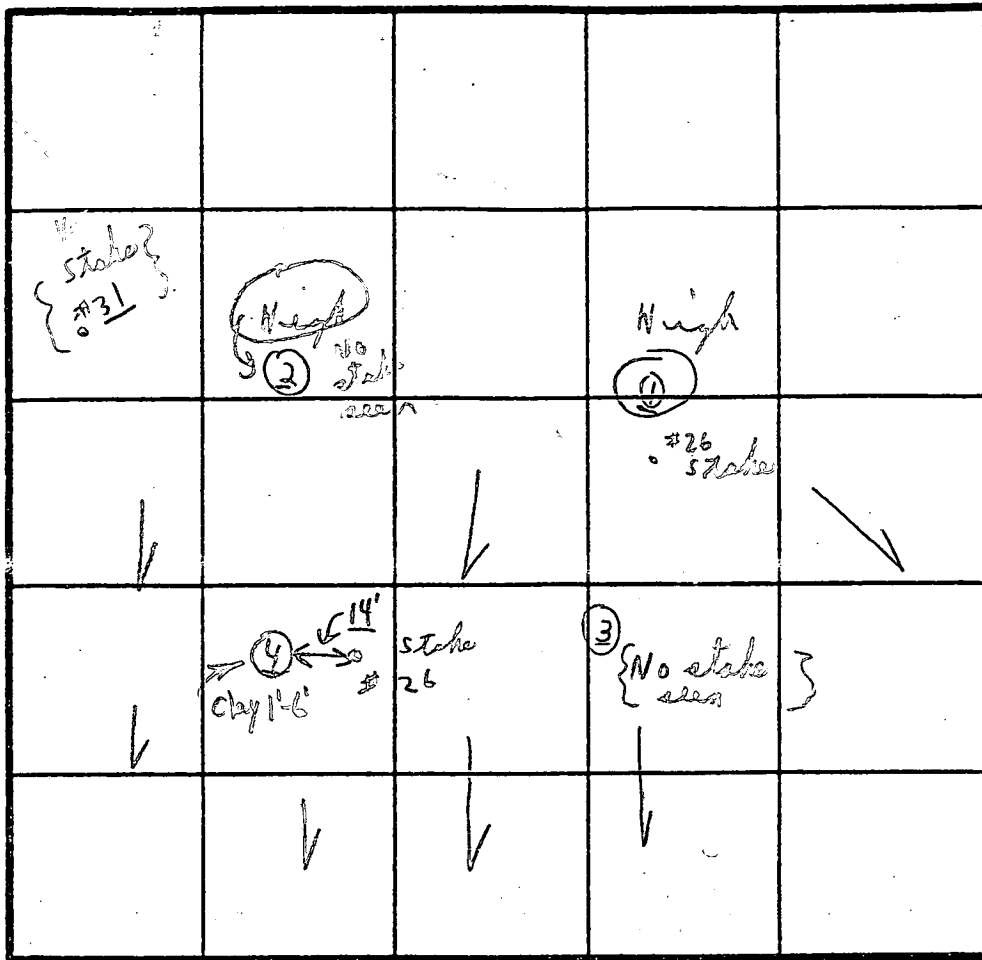
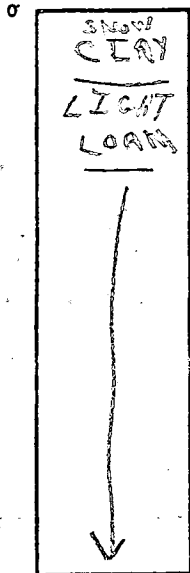
THIS IS NOT A PERMIT

#43263

New #22 Lot 39

#26

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

4 minutes average

4' solid

10' 10"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/11/89	①	4 1/2'	:	:	:	:	
Wed	① ✓	11 1/2'	Visual		Sandy	Loam	
	②	4'	3:20	3:22	3:22	3:26	4 min
	②	7 1/2'	3:20	3:22	3:22	3:25	3 min
	③	4'	3:28	3:30	3:30	3:34	4 min
	③	10'			LOAM	LIG NT SANDY	
	④	6'	3:37	3:38	3:38	3:40	2 min
	④	12'			LOAM		

REMARKS

1/11/89 Tests per stake; Test in wood

TYPE OF SOIL

No stones at shell or lower

TESTED BY

C. B. D.

ALSO PRESENT

{ Same as #25 4 men }

PLATS NO. 4780 & 4783

S 15° 40' 28" E,

1641.70'

LOT 42

3.338 AC. ±

LOT 40

3.390 AC. ±

LOT 39

3.622 AC. ±

OPEN SPACE LOT 36
CATTAIL CREEK COUNTRY CLUB
PLAT NO 9517

LOT 41

180
to SDA
4443
LM

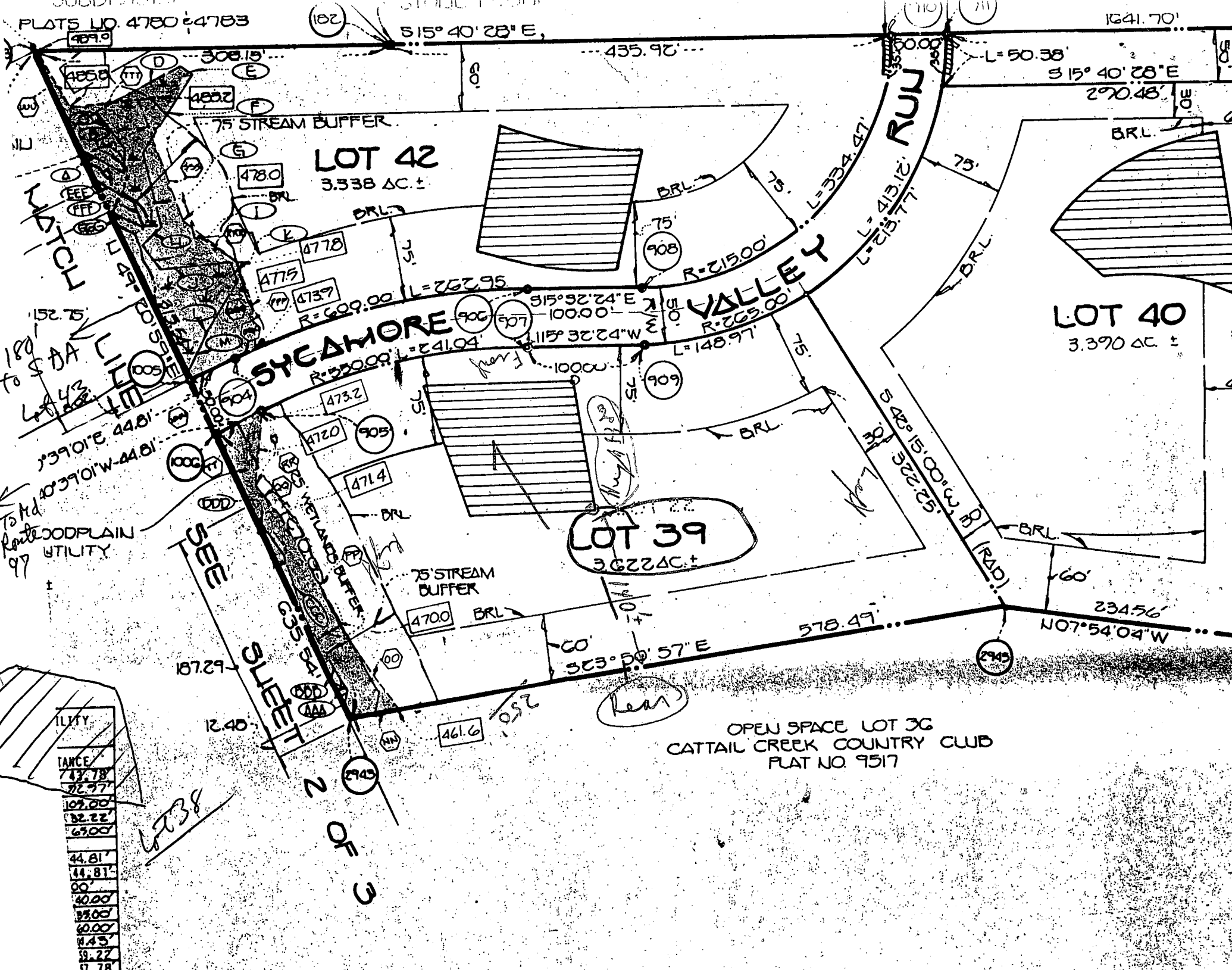
To Rd
Route 300 PLAIN
97 UTILITY

SEE
SHEET

2
OF
3

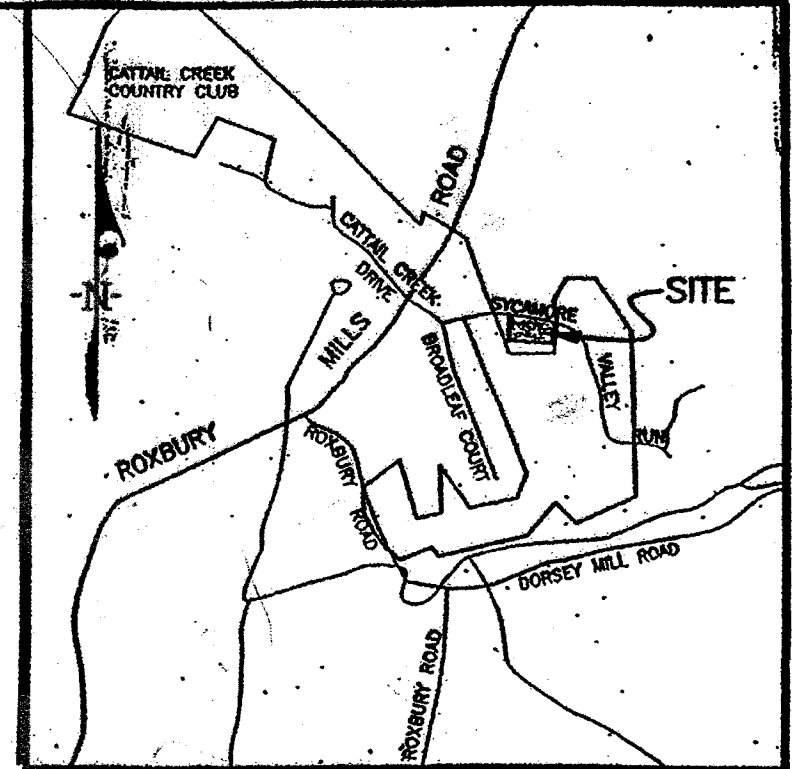
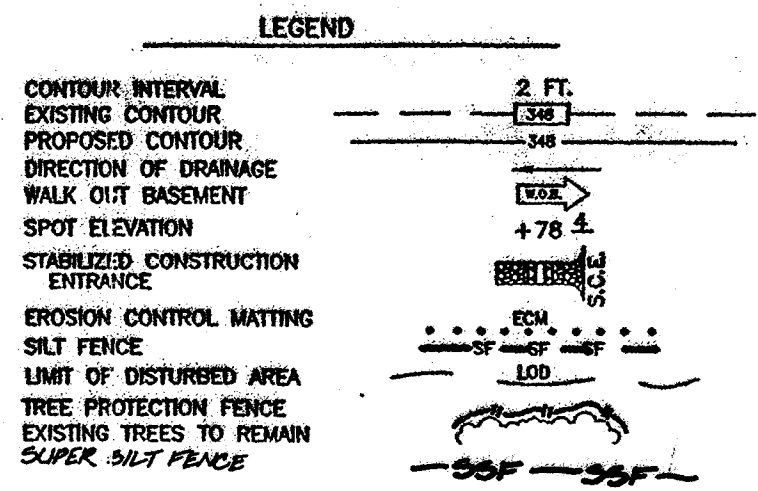
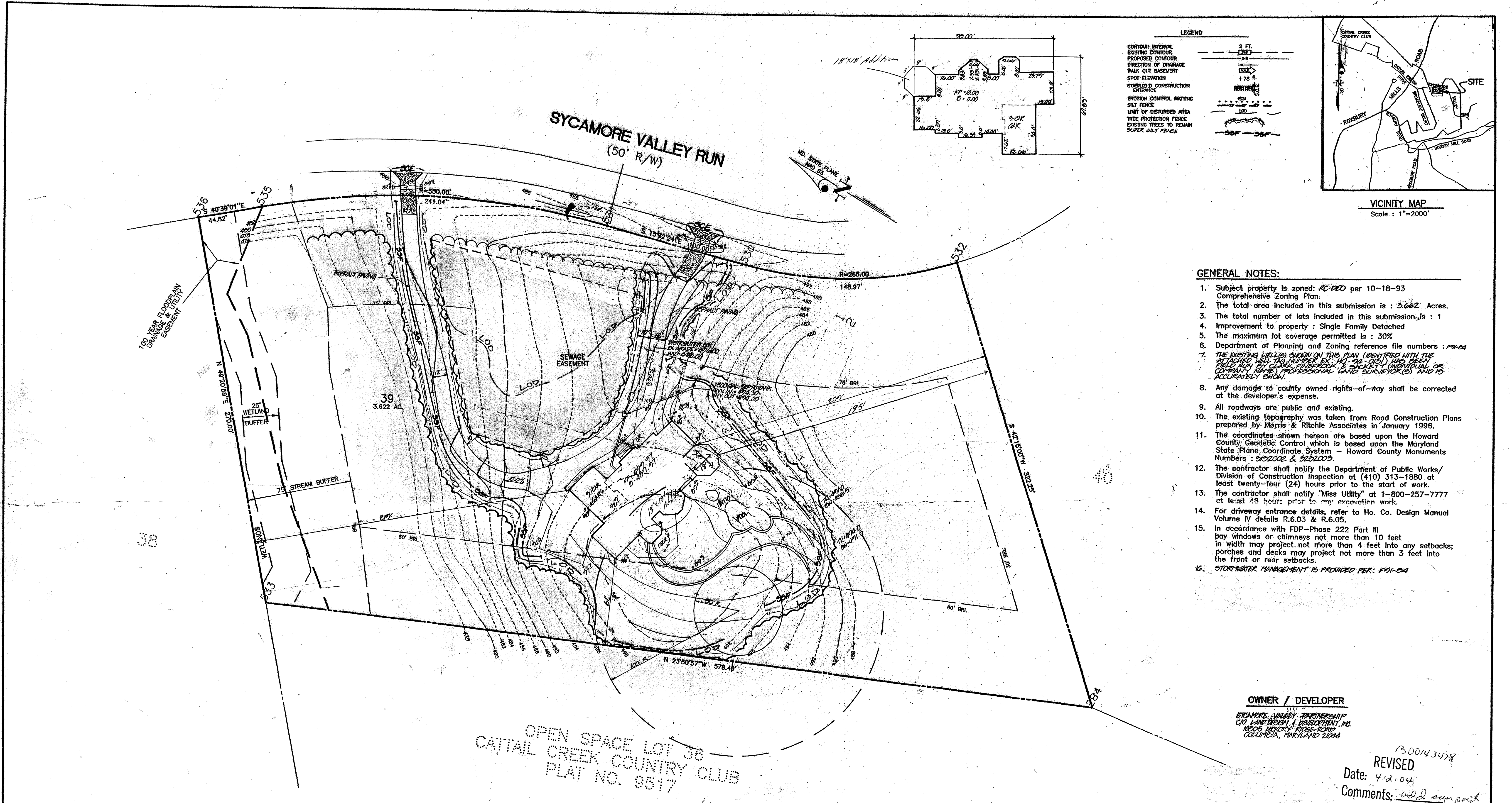
UTILITY
TANCE
43.78'
72.97'
109.00'
132.22'
69.00'
44.81'
44.81'
00'
40.00'
33.00'
60.00'
11.43'
18.22'
12.78'

4738





DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2465 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00143478 BB	
Building Address <u>5054 SYCAMORE VALLEY RD</u> <u>ELLCOTT CITY 21738</u>			Property Owner's Name <u>TRINITY QUALITY HOMES INC</u> Address <u>3175 PARK AVE #301</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ City <u>ELLCOTT CITY</u> State <u>MD</u> Zip Code <u>21043</u>			Home Phone _____ Work Phone <u>410-513-8722</u>		
Census Tract <u>604002</u> Subdivision <u>CANAL CREEK</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Section _____ Area _____ Lot <u>39</u>			Phone _____ Fax <u>410-480-0013</u>		
Tax Map <u>21</u> Parcel <u>6</u> Grid <u>9</u>			Contractor Company <u>SMC</u>		
Zoning <u>RCO</u> Map Coordinates <u>9A9H</u> Lot size <u>3.62AC</u>			Contact Person _____		
Existing Use <u>VACANT LOT</u>			Address _____		
Proposed Use <u>SFD</u>			City _____ State _____ Zip Code _____		
Estimated Construction Cost \$ <u>300,000</u>			License No. <u>699</u> Phone _____ Fax _____		
Description of Work <u>2 STORY FULL CSMT</u> <u>SFD, 1113, 11R, 2PP (SEWER) (402)</u> <u>111110 CSMT w/ full 111110 PP, 2 DUCKS</u>			Engineer or Architect Company <u>SMC</u>		
Occupant or Tenant <u>N/A</u>			Contact Person _____		
Contact Name _____			Address _____		
Address _____			City _____ State _____ Zip Code _____		
City _____ State _____ Zip Code _____			Phone _____ Fax _____		
Phone _____ Fax _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		
BUILDING DESCRIPTION - <u>COMMERCIAL</u>			BUILDING DESCRIPTION - <u>RESIDENTIAL</u>		
Building Characteristics			Building Characteristics		
Height: _____			SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		
No. of stories: _____			Depth _____ Width _____		
Gross area, sq. ft. per floor: _____			1st floor: _____		
Use group: _____			2nd floor: _____		
Construction type: _____			Basement: _____		
Reinforced Concrete			Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>		
Structural Steel			Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		
Masonry			No. of Bedrooms <u>4</u>		
Wood Frame			Multi-family dwellings:		
State Certified Modular			No. of efficiency units: _____		
Utilities			No. of 1 BR units: _____		
Water Supply: _____			No. of 2 BR units: _____		
Public			No. of 3 BR units: _____		
Private			Other Structure: <u>2 DUCKS</u>		
Sewage Disposal: _____			Dimensions: _____		
Public			Footings: _____		
Private			Roof: _____		
Electric Yes <input type="checkbox"/> No <input type="checkbox"/>			State Certified Modular		
Gas Yes <input type="checkbox"/> No <input type="checkbox"/>			Manufactured Home		
Heating System: _____			Heating System: _____		
Electric <input type="checkbox"/> Oil <input type="checkbox"/>			Electric <input type="checkbox"/> Oil <input type="checkbox"/>		
Natural Gas <input type="checkbox"/>			Natural Gas <input type="checkbox"/>		
Propane Gas <input type="checkbox"/>			Propane Gas <input checked="" type="checkbox"/>		
Sprinkler system: N/A <input type="checkbox"/>			Sprinkler system: N/A <input type="checkbox"/>		
Full			NFA #13D		
Partial			NFA #13R		
Other Suppression			Other: _____		
# of Heads					
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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.					
Applicant's Signature <u>Mary L. Dege</u>			Print Name <u>SMC</u>		
Title/Company <u>Trinity</u>			Date <u>8/1/03</u>		
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY ** - FOR OFFICE USE ONLY -					
AGENCY			PROPERTY ID# <u>59071</u>		
DATE			Filing fee \$ _____		
SIGNATURE APPROVAL			Permit fee \$ _____		
Land Development, DPZ			Excise tax \$ _____		
Building Official			Add'l per. fee \$ _____		
Dev. Engineering, DPZ			TOTAL FEES \$ _____		
Health <u>10/15/03 Brian Baker</u>			Sub-total paid \$ _____		
Fire Protection			Balance due \$ _____		
Is Sediment Control approval required prior to issuance?			Check <u>2912</u>		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Validation <u>32600</u>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Accepted by <u>0</u>		
ONE STOP SHOP: <input type="checkbox"/>					
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					
T:\forms\PERMIT.FRM			Rev. 5/17/00		



- GENERAL NOTES:**
1. Subject property is zoned: RC-DEO per 10-18-93 Comprehensive Zoning Plan.
 2. The total area included in this submission is: 3.662 Acres.
 3. The total number of lots included in this submission is: 1
 4. Improvement to property: Single Family Detached
 5. The maximum lot coverage permitted is: 30%
 6. Department of Planning and Zoning reference file numbers: F91-04
 7. THE EXISTING WELLS SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER EX: NO. 24-0151) HAS BEEN FIELD VERIFIED BY CLARK, FINEFROCK & SACKETT, INC. (INDIVIDUAL OR COMPANY) A PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN.
 8. Any damage to county owned rights-of-way shall be corrected at the developer's expense.
 9. All roadways are public and existing.
 10. The existing topography was taken from Road Construction Plans prepared by Morris & Ritchie Associates in January 1996.
 11. The coordinates shown hereon are based upon the Howard County Geodetic Control which is based upon the Maryland State Plane Coordinate System - Howard County Monuments Numbers: 3022002 & 3232002.
 12. The contractor shall notify the Department of Public Works/ Division of Construction Inspection at (410) 313-1880 at least twenty-four (24) hours prior to the start of work.
 13. The contractor shall notify "Miss Utility" at 1-800-257-7777 at least 48 hours prior to any excavation work.
 14. For driveway entrance details, refer to Ho. Co. Design Manual Volume IV details R.6.03 & R.6.05.
 15. In accordance with FDP-Phase 222 Part III bay windows or chimneys not more than 10 feet in width may project not more than 4 feet into any setbacks; porches and decks may project not more than 3 feet into the front or rear setbacks.
 16. STORMWATER MANAGEMENT IS PROVIDED PER: F91-04

OWNER / DEVELOPER
SYCAMORE VALLEY PARTNERSHIP
C/O LANDTRON, INC. DEVELOPMENT, INC.
10000 ROCKY RIDGE ROAD
COLUMBIA, MARYLAND 21044

REVISED
Date: 4.2.04
Comments: added sign post

OPEN SPACE LOT 38
CATTAIL CREEK COUNTRY CLUB
PLAT NO. 9517

Reviewed for HOWARD S.C.D.
and meets Technical Requirements
Signature _____ Date _____
U.S. Natural Resources Conservation Service

THIS DEVELOPMENT PLAN IS APPROVED
FOR SOIL EROSION AND SEDIMENT
CONTROL BY THE HOWARD SOIL
CONSERVATION DISTRICT.

Howard S.C.D. Date _____

DEVELOPER'S/BUILDER'S CERTIFICATE

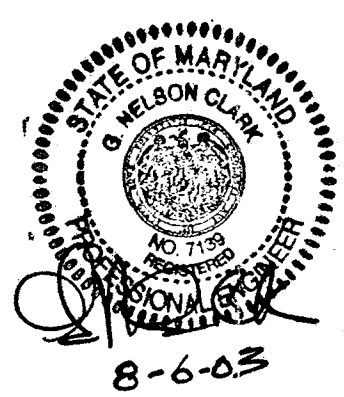
"We certify that all development and construction will be done according to this plan of development and plan for sediment and erosion control and that all responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary."

NAME DATE 8/6/03

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

G. NELSON CLARK DATE 7-24-03



APPROVED: DEPARTMENT OF PLANNING & ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION DATE _____

CHIEF, DIVISION OF LAND DEVELOPMENT DATE _____

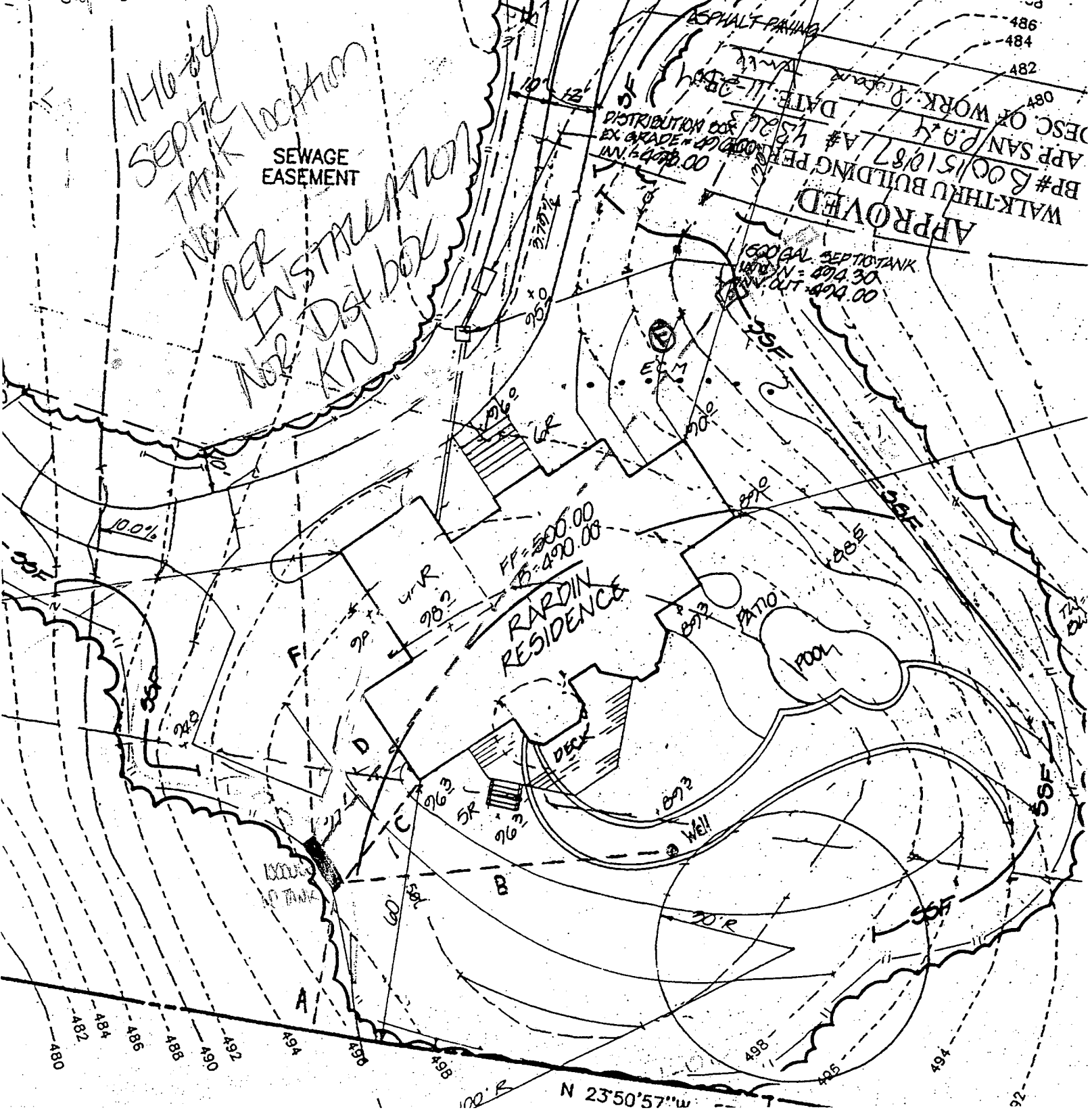
DIRECTOR DATE _____

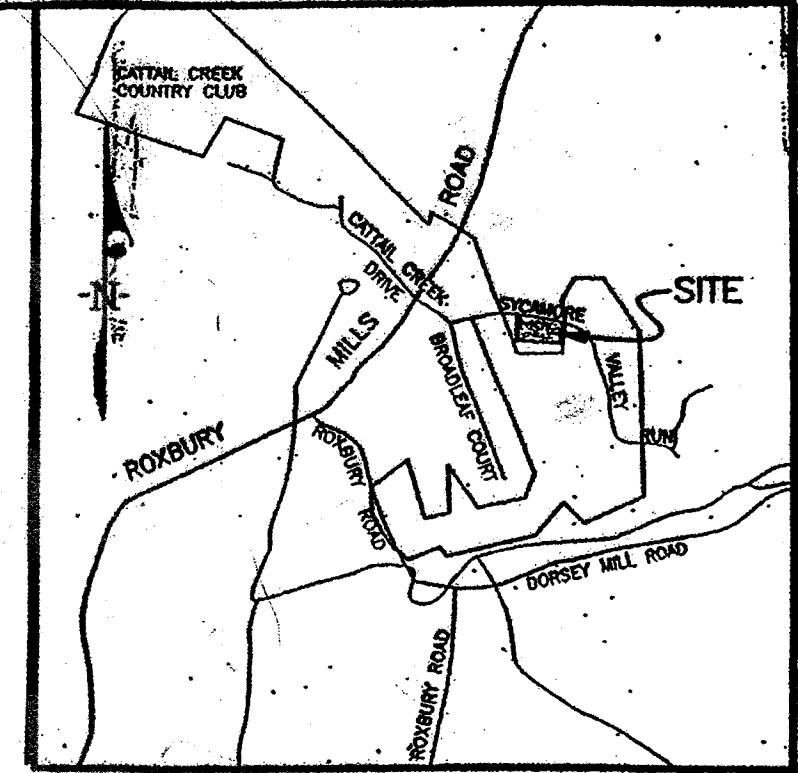
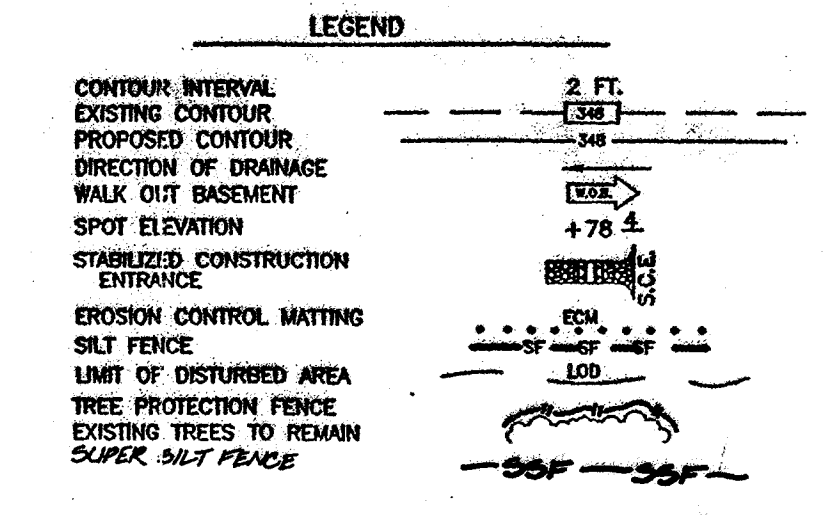
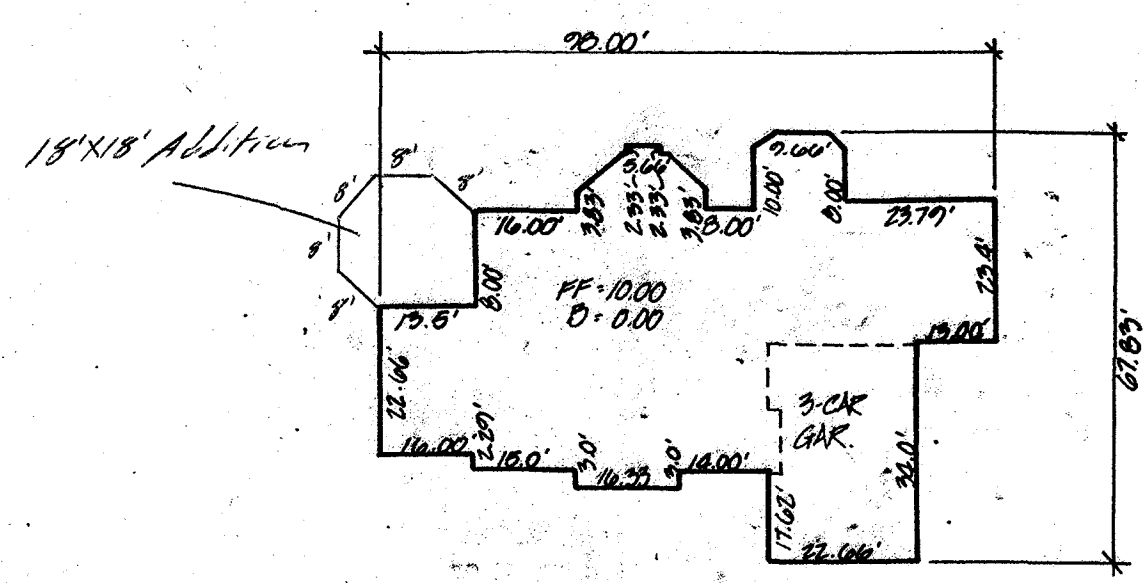
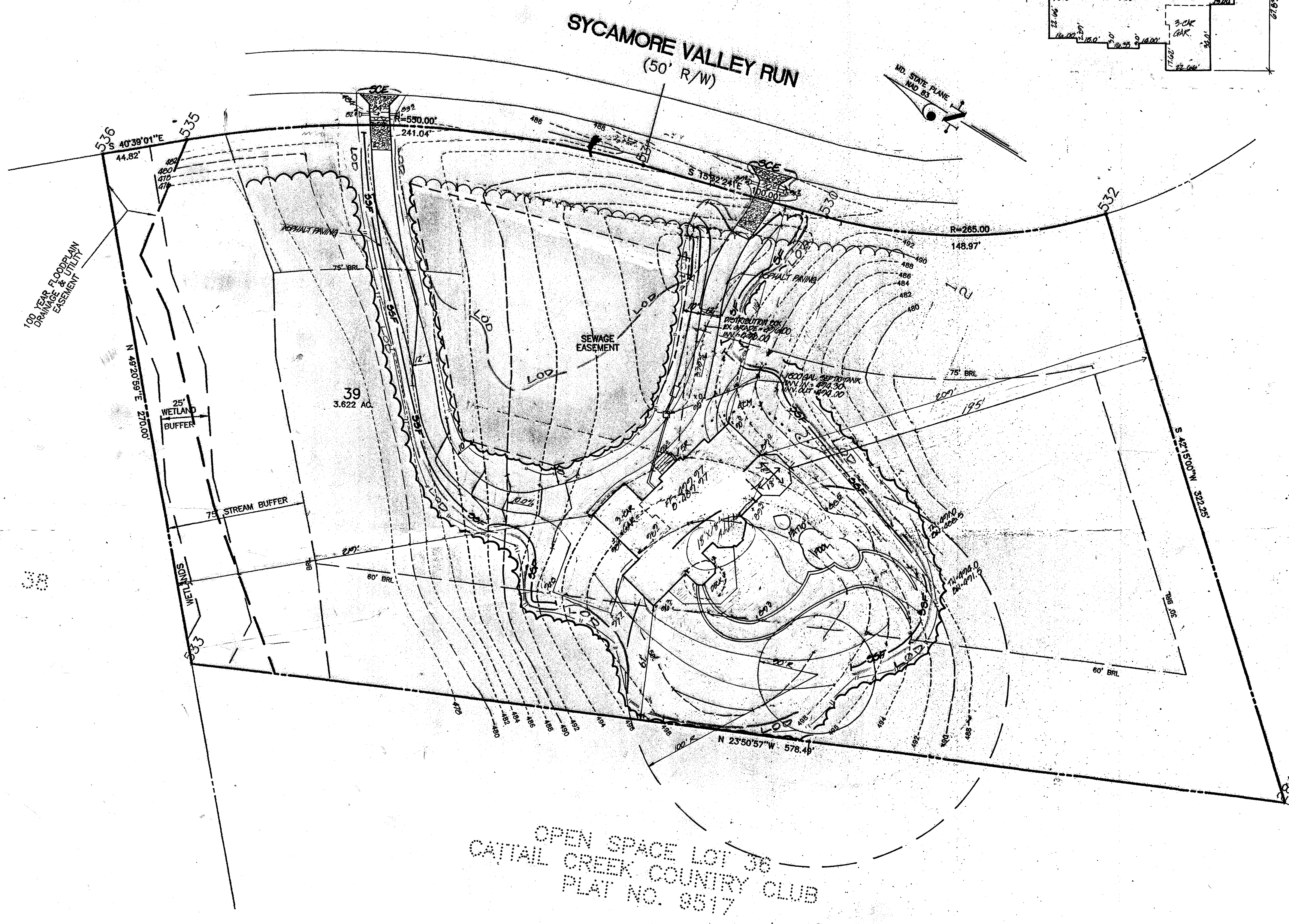
SUBMISSION NAME CATTAIL CREEK COUNTRY CLUB		SECTION/AREA N/A	LOTS/PARCELS 6	
PLAT NO. 1003	BLOCK NO. N/A	ZONE RC-DEO	TAX MAP NO. 21	ELECTION DIST. 4
WATER CODE N/A		SEWER CODE N/A		
CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.				
DESIGNED -RGL	SITE DEVELOPMENT PLAN LOT 39			SCALE 1"=30'
DRAWN ZAH	CATTAIL CREEK COUNTRY CLUB			DRAWING 1 of 2
CHECKED -DAR	LOTS 37-47 (A RESUBDIVISION OF LOTS 21-27) FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND			JOB NO. 03-042
DATE 5-8-03	FOR: T.B.I. HOMES, INC. 3675 PARK AVENUE, SUITE 301 ELICOTT CITY, MD 21043			FILE NO. 03-042-X

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 B00151087 KN																																										
Building Address <u>31054 Spring Valley Rd</u> <u>Charmers Rd 21718</u> TAY ID #04-352874 Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>14102</u> Subdivision <u>Charmers Creek</u> Section _____ Area _____ Lot <u>35</u> Tax Map <u>21</u> Parcel <u>6</u> Grid <u>9</u> Zoning <u>B10</u> Map Coordinates <u>94774</u> Lot size <u>362</u>			Property Owner's Name <u>Susan Patton</u> Address <u>6904 Grove Coll</u> City <u>Charmersville</u> State <u>Mo</u> Zip Code <u>21029</u> Home Phone <u>(410) 539-0319</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____																																											
Existing Use <u>Small Shop</u> Proposed Use <u>Small Shop w/ 10 units</u> Estimated Construction Cost \$ <u>4000</u> Description of Work <u>Small (1) 1000 sq ft and more</u> <u>TO BE BUILT OUT</u>			Contractor Company <u>United Pacific</u> Contact Person <u>Pat</u> Address <u>101 W. Drexville Blvd</u> City <u>St. Joe, Mo</u> State <u>Mo</u> Zip Code <u>21771</u> License No. <u>6-1779</u> Phone _____ Fax _____																																											
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____																																											
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL																																											
<table border="1"><thead><tr><th>Building Characteristics</th><th>Utilities</th></tr></thead><tbody><tr><td>Height: _____</td><td>Water Supply: _____ Public _____ Private _____</td></tr><tr><td>No. of stories: _____</td><td>Sewage Disposal: _____ Public _____ Private _____</td></tr><tr><td>Gross area, sq. ft. per floor: _____</td><td>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Use group: _____</td><td>Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/></td></tr><tr><td>Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____</td><td>Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____</td></tr></tbody></table>			Building Characteristics	Utilities	Height: _____	Water Supply: _____ Public _____ Private _____	No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	<table border="1"><thead><tr><th>Building Characteristics</th><th>Utilities</th></tr></thead><tbody><tr><td>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____</td><td>Water Supply: _____ Public _____ Private _____</td></tr><tr><td>1st floor: _____</td><td>Sewage Disposal: _____ Public _____ Private _____</td></tr><tr><td>2nd floor: _____</td><td>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>Basement: _____</td><td>Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/></td></tr><tr><td>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____</td><td>Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____</td></tr><tr><td>Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</td><td></td></tr><tr><td>Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____</td><td></td></tr><tr><td>State Certified Modular _____ Manufactured Home _____</td><td></td></tr></tbody></table>			Building Characteristics	Utilities	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____	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 _____												
Building Characteristics	Utilities																																													
Height: _____	Water Supply: _____ Public _____ Private _____																																													
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____																																													
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>																																													
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>																																													
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____																																													
Building Characteristics	Utilities																																													
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____																																													
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____																																													
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>																																													
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>																																													
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____																																													
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 THEREIN; (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 _____ Title/Company _____			Print Name <u>Anna E. Gorman</u> Date <u>11-7-04</u>																																											
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY ** - FOR OFFICE USE ONLY -																																														
<table border="1"><thead><tr><th>AGENCY</th><th>DATE</th><th>SIGNATURE APPROVAL</th></tr></thead><tbody><tr><td>Land Development, DPZ</td><td></td><td></td></tr><tr><td>State Highways</td><td></td><td></td></tr><tr><td>Building Official</td><td></td><td></td></tr><tr><td>Dev. Engineering, DPZ</td><td></td><td></td></tr><tr><td>Health</td><td>11-23-04</td><td><u>[Signature]</u></td></tr><tr><td>Fire Protection</td><td></td><td></td></tr></tbody></table>			AGENCY	DATE	SIGNATURE APPROVAL	Land Development, DPZ			State Highways			Building Official			Dev. Engineering, DPZ			Health	11-23-04	<u>[Signature]</u>	Fire Protection			<table border="1"><thead><tr><th>DPZ SETBACK INFORMATION</th><th>PROPERTY ID#</th></tr></thead><tbody><tr><td>Front: _____</td><td>Filing fee \$ _____</td></tr><tr><td>Rear: _____</td><td>Permit fee \$ _____</td></tr><tr><td>Side: _____</td><td>Excise tax \$ _____</td></tr><tr><td>Side St.: _____</td><td>Add'l per. fee \$ _____</td></tr><tr><td>All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/></td><td>TOTAL FEES \$ _____</td></tr><tr><td>Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/></td><td>Sub-total paid \$ _____</td></tr><tr><td>Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/></td><td>Balance due \$ _____</td></tr><tr><td>Lot Coverage for NewTown Zone _____</td><td>Check # _____</td></tr><tr><td>SDP/Red-line approval date _____</td><td>Validation # _____</td></tr></tbody></table>			DPZ SETBACK INFORMATION	PROPERTY ID#	Front: _____	Filing fee \$ _____	Rear: _____	Permit fee \$ _____	Side: _____	Excise tax \$ _____	Side St.: _____	Add'l per. fee \$ _____	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	Lot Coverage for NewTown Zone _____	Check # _____	SDP/Red-line approval date _____	Validation # _____
AGENCY	DATE	SIGNATURE APPROVAL																																												
Land Development, DPZ																																														
State Highways																																														
Building Official																																														
Dev. Engineering, DPZ																																														
Health	11-23-04	<u>[Signature]</u>																																												
Fire Protection																																														
DPZ SETBACK INFORMATION	PROPERTY ID#																																													
Front: _____	Filing fee \$ _____																																													
Rear: _____	Permit fee \$ _____																																													
Side: _____	Excise tax \$ _____																																													
Side St.: _____	Add'l per. fee \$ _____																																													
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____																																													
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____																																													
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____																																													
Lot Coverage for NewTown Zone _____	Check # _____																																													
SDP/Red-line approval date _____	Validation # _____																																													
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>																																														
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA																																														

DISTANCE FROM TANK TO
 PROPERTY LINE (A) : 32'
 Well (B) : 71'
 Riser Corner (C) : 28'
 FRONT CORNER (D) : 35'
 SEPTIC TANK (E) : 150'
 SEPTIC EASEMENT (F) : 88'

CATTAIL CREEK COUNTRY CLUB			SECTION/AREA	LOTS/PARCELS	
PLAT NO.	BLOCK NO.	ZONE	TAX MAP NO.	ELECTION DIST.	CENSUS TRACT
0065	N/A	RC-DEO	21	4	6040
WATER CODE			SEWER CODE		
N/A			N/A		
CLARK · FINEFROCK & SACKETT, INC. ENGINEERS · PLANNERS · SURVEYORS 7135 MINSTREL WAY · COLUMBIA, MD 21045 · (410) 381-7500 BALT. · (301) 621-8100 WASH.					
DESIGNED -RGL	SITE DEVELOPMENT PLAN LOT 39				SCALE 1"=30'
DRAWN ZAH	CATTAIL CREEK COUNTRY CLUB LOTS 37-47 (A RESUBDIVISION OF LOTS 21-27) FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND				DRAWING 1 of 2
CHECKED -DAR					JOB NO. 03-04
DATE 5-8-03	FOR : T.B.I. HOMES, INC. 3675 PARK AVENUE, SUITE 301 ELLCOTT CITY, MD 21043				FILE NO. 03-042





- GENERAL NOTES:**
- Subject property is zoned: RC-DEO per 10-18-93 Comprehensive Zoning Plan.
 - The total area included in this submission is: 3.662 Acres.
 - The total number of lots included in this submission is: 1
 - Improvement to property: Single Family Detached
 - The maximum lot coverage permitted is: 30%
 - Department of Planning and Zoning reference file numbers: F91-04
 - THE EXISTING WELLS SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER 855-141-015) HAS BEEN FIELD RUN BY CLARK, FINEFROCK & SACKETT, INC. (INDIVIDUAL OR COMPANY) NAME, PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN.
 - Any damage to county owned rights-of-way shall be corrected at the developer's expense.
 - All roadways are public and existing.
 - The existing topography was taken from Road Construction Plans prepared by Morris & Ritchie Associates in January 1996.
 - The coordinates shown hereon are based upon the Howard County Geodetic Control which is based upon the Maryland State Plane Coordinate System - Howard County Monuments Numbers: 302002 & 323200.
 - The contractor shall notify the Department of Public Works/ Division of Construction Inspection at (410) 313-1880 at least twenty-four (24) hours prior to the start of work.
 - The contractor shall notify "Miss Utility" at 1-800-257-7777 at least 48 hours prior to any excavation work.
 - For driveway entrance details, refer to Ho. Co. Design Manual Volume IV details R.6.03 & R.6.05.
 - In accordance with FDP-Phase 222 Part III bay windows or chimneys not more than 10 feet in width may project not more than 4 feet into any setbacks; porches and decks may project not more than 3 feet into the front or rear setbacks.
 - STORMWATER MANAGEMENT IS PROVIDED PER: F91-04

OWNER / DEVELOPER
SYCAMORE VALLEY PARTNERSHIP
C/O LANDSCAPE & DEVELOPMENT, INC.
10005 HICKORY RIDGE ROAD
COLUMBIA, MARYLAND 21044

REVISED
Date: 4.2.04
Comments: add sun porch

APPROVED: DEPARTMENT OF PLANNING & ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION	DATE
CHIEF, DIVISION OF LAND DEVELOPMENT	DATE
DIRECTOR	DATE

Reviewed for HOWARD S.C.D. and meets Technical Requirements

Signature _____ Date _____
U.S. Natural Resources Conservation Service

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

Howard S.C.D. _____ Date _____

DEVELOPER'S/BUILDER'S CERTIFICATE

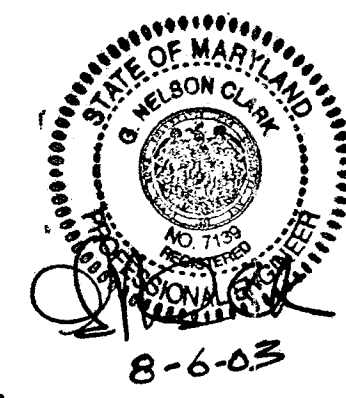
"We certify that all development and construction will be done according to this plan of development and plan for sediment and erosion control and that all responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary."

Signature _____ DATE 8/6/03

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

Signature G. NELSON CLARK DATE 7-24-03



SUBDIVISION NAME CATTAIL CREEK COUNTRY CLUB		SECTION/AREA N/A	LOTS/PARCELS 6		
PLAT NO. 10065	BLOCK NO. N/A	ZONE RC-DEO	TAX MAP NO. 21	ELECTION DIST. 4	CENSUS TRACT 6040
WATER CODE N/A		SEWER CODE N/A			
CLARK · FINEFROCK & SACKETT, INC. ENGINEERS · PLANNERS · SURVEYORS 7135 MINSTREL WAY · COLUMBIA, MD 21045 · (410) 381-7500 BALT. · (301) 621-8100 WASH.					
DESIGNED -RSL	SITE DEVELOPMENT PLAN LOT 39				SCALE 1"=30'
DRAWN ZAH	CATTAIL CREEK COUNTRY CLUB LOTS 37-47 (A RESUBDIVISION OF LOTS 21-27) FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND				DRAWING 1 of 2
CHECKED -DAK	FOR: T.B.I. HOMES, INC. 3675 PARK AVENUE, SUITE 301 ELLCOTT CITY, MD 21043				JOB NO. 03-042
DATE 5-8-03					FILE NO. 03-042-X

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 B00151365
---	-------------------------------------	----------------------------

Building Address <u>3654</u> <u>39 Sycamore Valley Run Glenwood</u>	Property Owner's Name <u>Scott & Susan Kardin</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>5944 Gentle Call</u>
Census Tract <u>604002</u> Subdivision <u>Cattail Creek CC</u>	City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21024</u>
Section _____ Area _____ Lot <u>39</u>	Home Phone <u>443 535 0718</u> Work Phone <u>301 953 1559</u>
Tax Map <u>21</u> Parcel <u>6</u> Grid <u>9</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>RCODE</u> Map Coordinates <u>9AH</u> Lot size _____	Phone _____ Fax _____
Existing Use <u>SFD</u>	Contractor Company <u>Pleasure Pools</u>
Proposed Use <u>same / pool</u>	Contact Person <u>PAUL HORICHS</u>
Estimated Construction Cost \$ <u>30,000</u>	Address <u>905 Berryman's Ln</u>
Description of Work <u>Inground concrete</u> <u>swimming pool 22'x44' (3'-5'-86")</u> <u>filled by tank truck</u>	City <u>Parkerstown</u> State <u>MD</u> Zip Code <u>21136</u>
Occupant or Tenant <u>owner</u>	License No. <u>MHC 1228</u>
Contact Name _____	Phone <u>410 833 0850</u> Fax <u>410 324 2075</u>
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Private <input checked="" type="checkbox"/>	1st floor: _____	Private <input checked="" type="checkbox"/>
Use group: _____	Sewage Disposal: _____	2nd floor: _____	Sewage Disposal: _____
Construction type: _____	Public <input type="checkbox"/>	Basement: _____	Public <input type="checkbox"/>
<input checked="" type="checkbox"/> Reinforced Concrete	Private <input checked="" type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Structural Steel _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame _____	Heating System: _____	Multi-family dwellings: _____	Heating System: _____
State Certified Modular _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input checked="" type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Heating System: _____
	Full _____	Other Structure: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Partial _____	Dimensions: _____	Natural Gas <input type="checkbox"/>
	Other Suppression _____	Footings: _____	Propane Gas <input type="checkbox"/>
	# of Heads _____	Roof: _____	Sprinkler system: N/A <input type="checkbox"/>
		State Certified Modular _____	NFPA #13D _____
		Manufactured Home _____	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 THEREIN; (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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>Paul Horichs</u>	PAUL HORICHS
Title/Company <u>Pleasure Pools</u>	Print Name
	<u>12/1/04</u>
	Date

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

FOR OFFICE USE ONLY:			PROPERTY ID# <u>59071</u>	
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St. _____	Add'l per fee \$ _____
Health <u>12-1-04</u> <u>[Signature]</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 type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

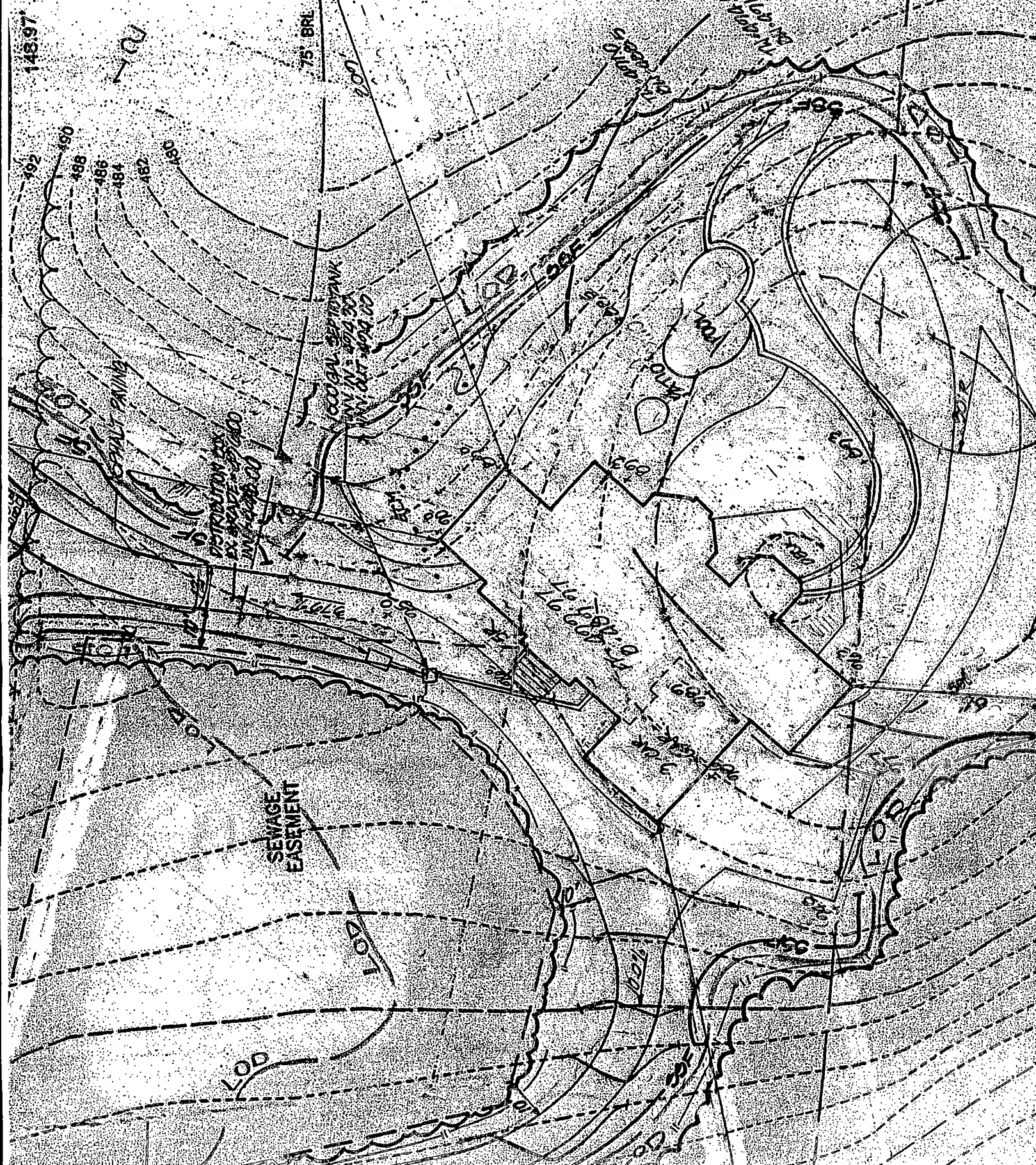
T:\forms\PERMIT.FRM Rev. 5/17/00

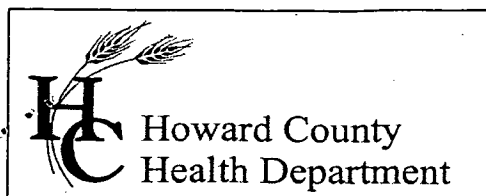
50. BRL

1990

scale
1:30

APPROVED:
WALK-THRU BUILDING PERMIT
BP# B0057365 A#
APP. SAN RAY DATE: 12/1/04
DESC. OF WORK: IN GROUND
POOL TO REAR OF HOUSE





7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

January 6, 2005

Trinity Quality Homes
3675 Park Avenue, #301
Ellicott City, MD 21043

SENT VIA FACSIMILE 410-480-0013

RE: Cattail Creek, Lot 39
3654 Sycamore Valley Run
Glenwood, MD 21738
BP #: B00143478
Well Permit # HO-94-3799

Dear Sir:

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 1/06/2005. Final approval of the well line connection to the dwelling was approved on 1/06/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3799. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 12/22/2004
Date of Well Completion: 09/30/2003

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File