

12/23/91 ASAP
1/30/92 1PM

04-352181

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 47683

A 46161

DISTRICT 4th

DATE 12/17/91

DATE SYSTEM APPROVED 1/30/92

INSPECTOR M. Rifkin

T. M. Builders IS PERMITTED TO INSTALL X ALTER

ADDRESS 4605 Iris Court, Monrovia, Maryland 21770 PHONE 301-831-9155

SUBDIVISION Reilly Property LOT 3 ROAD 4100 Roxbury Mill Road

PROPERTY OWNER John Reilly Patrick + Stephanie Faber 202-723-6106

ADDRESS Reilly

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 2½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 37 feet from the front (398.25') and 125 feet from the right (468.74') lot line. Run trenches on contour toward lot entrance.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/21/91 RH

PLANS APPROVED BY Mark Rifkin DATE 10/17/91

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

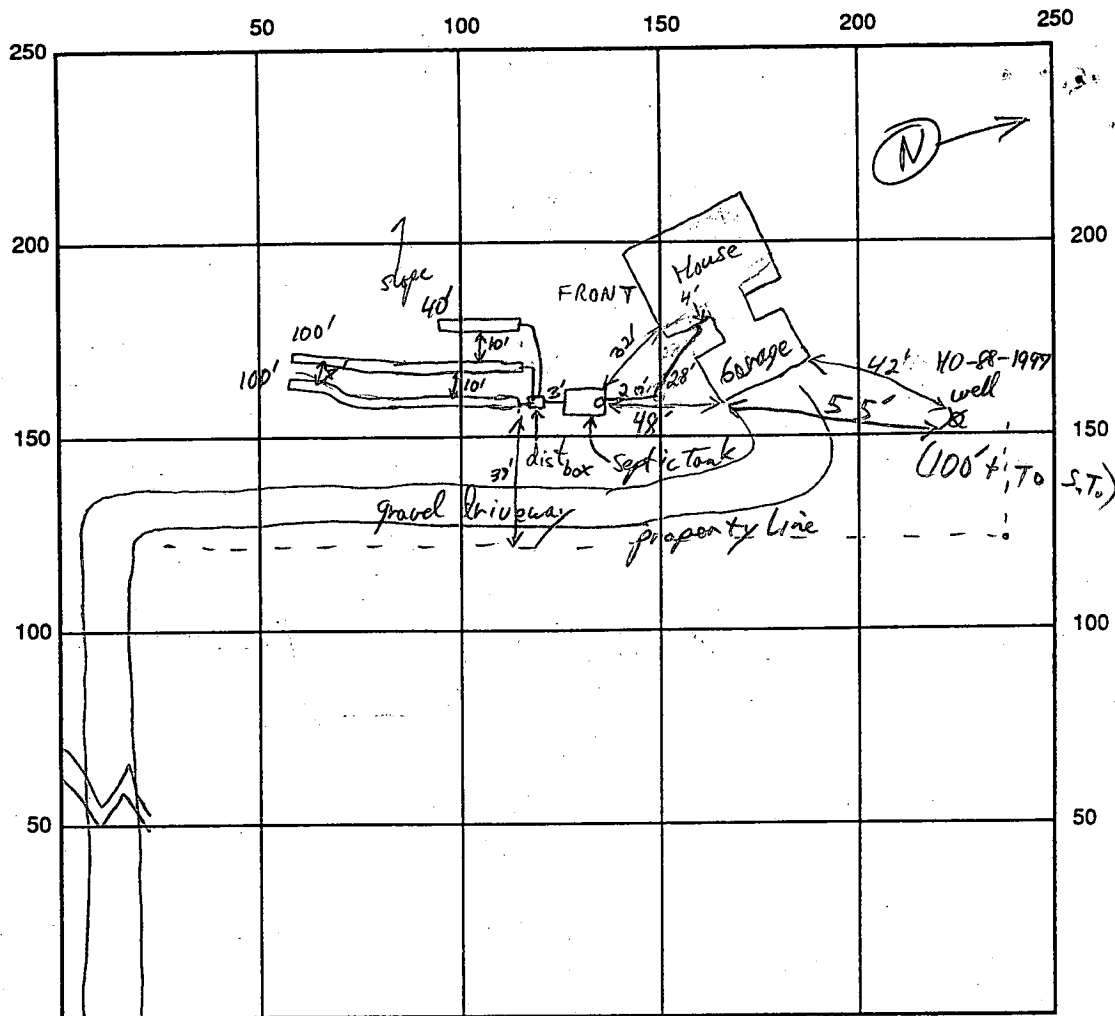
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG PERMIT
AND RETURNED 8/22/01
B00132107 - pool

46161



Roxbury Hill Rd INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ 1500 gal CLEANOUTS OK
 DISTRIBUTION BOX LEVEL ✓ water level & Dial-a-Flows
 DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT. 100'/100'/40'
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 720 SQ. FT.

REMARKS: System OK to Cover (Rocks at end of 1st long trench ch/one with a curve) were found deep and only at 24th surface)
Cleanouts & Line to House from Tank will be installed at time of upi. Call when ready R/P 12-23-91
(Note: Trenches were already filled with gravel & paper covered at 1st visit; unable to verify total Trench depth. R/P)
House Connection Needed
1/30/92 HOUSE CONN & C/O ON S.T. OK TO COVER MR

DATE SYSTEM APPROVED 1/30/92 INSPECTOR M. Ripkin

8-2-90
10:00 AM

APPLICATION

PERCOLATION TESTING

A 46/61

P _____

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

DISTRICT 4th
DATE July 18, 1990
May 30, 1990

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 Dr. John G. Reilly
10301 Georgia Ave., Suite 307
ADDRESS Silver Spring, Maryland 20902 PHONE (301) 593-4200

PROSPECTIVE BUYER Unknown
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Reilly Property LOT NO. 3
4100 ROAD AND DESCRIPTION Roxbury Mill Road

TAX MAP 21 PARCEL # 196
SIZE OF LOT 3.00 acres TYPE BLDG S.F.D.
(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.

John G. Reilly (AGENT)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/2/90 PERCS OK. HOLD FOR PLAT. FIELD
RUN TOPOS REQ'D. PROBABLY NEED TO MOVE SDA UPHILL

BLDG. PERMIT SIGNED
AND RETURNED 11/6/91
Serial # 40382 - SFD-4Bulworn

THIS IS NOT A PERMIT

HD-216

B 1 5552 <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-88-199A <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 10/21/91 Last Name DABST Owner STEPHANIE First Name Street or RFD 5208 COTTONWOOD DRIVE Town LOTHIAN State MD Zip 20711		LOCATION OF WELL COUNTY HOWARD SUBDIVISION REILLY PROD SECTION 3 LOT 3 NEAREST TOWN GLENNWOOD MILES FROM TOWN (enter 0 if in town) 2 1/2 MI
DRILLER INFORMATION Driller's Name Joseph P. Mayne License No. 238 Firm Name Joseph P. Mayne WELL DRILLING Address 5512 Ridge Rd. Mt. Airy, Md. 21771 Signature Joseph P. Mayne Date 10/21/91		NEAR WHAT ROAD Roxbury Mill Road ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD 510 FT ENTER FT OR MI FT
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
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. A46161 STATE SIGNATURE Mark E. Rickin DATE ISSUED 5/6/92 NORTH GRID 519000 EAST GRID 0785000
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 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 78X5 N 51X9
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> AIR-ROTARY <u>AIR-PERCUSsion</u> <u>ROTARY</u> (Hydraulic Rotary) CABLE <u>REVERSE-ROTARY</u> <u>Drive-POINT</u> other _____		11/12/91 9:30 BROUT OK 6 BAGS NOT OBS'D 22' CASING MR 19' OPEN 11/12/91 1 1/2' CASING A.G.
REPLACEMENT OR DEEPEMED 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 <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		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 GA P FORCE MR WRITE INITIALS IN BOX PERMIT No. HO-88-199A		10/21/91 10:23 DEPT. OF ENVIRONMENTAL & NATURAL RESOURCES DIVISION OF WATER CONTROL
SPECIAL CONDITIONS		

(RESIDUE)

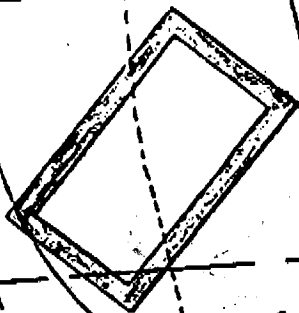
CP5'

100' R

WELL

141 AC
ED TO
SUBDIVISION

1042



MR5

MRD3

LOT 3

NEW
ACTUAL
FIELD

ORIGINAL
PER
SKETCH
PLAN

EX. SEPTIC
TREATMENT

MRD3

675'

30' BR

105' BR

30' BR

100' R

C1 4660 SEQUENCE NO. (DENV. USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

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

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

COUNTY
NUMBER A 46161

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 205 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
H0-88-1797

OWNER Pabst Stephane
last name first name
STREET OR RFD Koxbury Mill Rd TOWN Glencolton
SUBDIVISION REILLY PROPERTY SECTION 3 LOT 3

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use
additional sheets if needed)

FEET
FROM TO

Check
if water
bearing

SAND Stone

0 9

MICA Rock

9 205

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 6 NO. OF POUNDS 364

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 19 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

ST

16

22

EACH
CASING

OTHER CASING (if used)

diameter depth (feet)
inch from to

screen type
or open hole

SCREEN RECORD

insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C2

EACH
SCREEN

DEPTH (nearest ft.)

1 H0 20 305
8 9 11 15 17 21
2
23 24 26 30 32 36
3
38 39 41 45 47 51

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

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

T (E.R.O.S.) W Q
70 72 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 805

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 64

WHEN PUMPING 94

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE: 29

CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

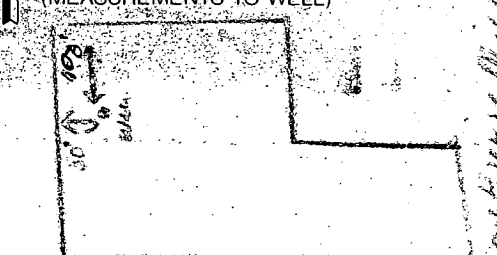
PUMP COLUMN LENGTH (nearest ft.) 43 47

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)



CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

1/30/92 1PM

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # 47781
Date 1/30/92

Name of Installer HOK & SON CO INC

Telephone 698-9165

License Number 8352

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner John Reilly / Stephanie Pabst Telephone 698-9165

Subdivision Reilly Lot # 5 Well Tag # 40-88-1992

Site Address 4100 Poxbury mill rd

Pump

- Type
 - Deep well jet ☐
 - Shallow well jet ☐
 - Submersible ☒
- Make Howells
- Model # 10
- Capacity 10 GPM
- Pump exceeds well capacity Yes ☐ No ☒
- If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☐ Other ☐

Motor

- Horsepower 3/4
- RPM 345
- Voltage 110
 - 110 ☐
 - 220 ☒

Pitless Adapter

- Make Cambell
- Model # 345
- Depth 345

Tank

- Capacity 40 GAL
- Pressure relief valve? yes

Piping

- Type 160 PSI
- Size 1"
- NSF and/or BOCA Code approved ☐
- Depth of supply line 345

Well data

- Depth 205 ft.
- Yield 8.5 GPM
- Static water level 69 ft.
- Will water supply be disinfected by installer? NO

1/30/92 OK to Cover
Pitless Adaptor 3 1/2 - 4' B.G.
MR

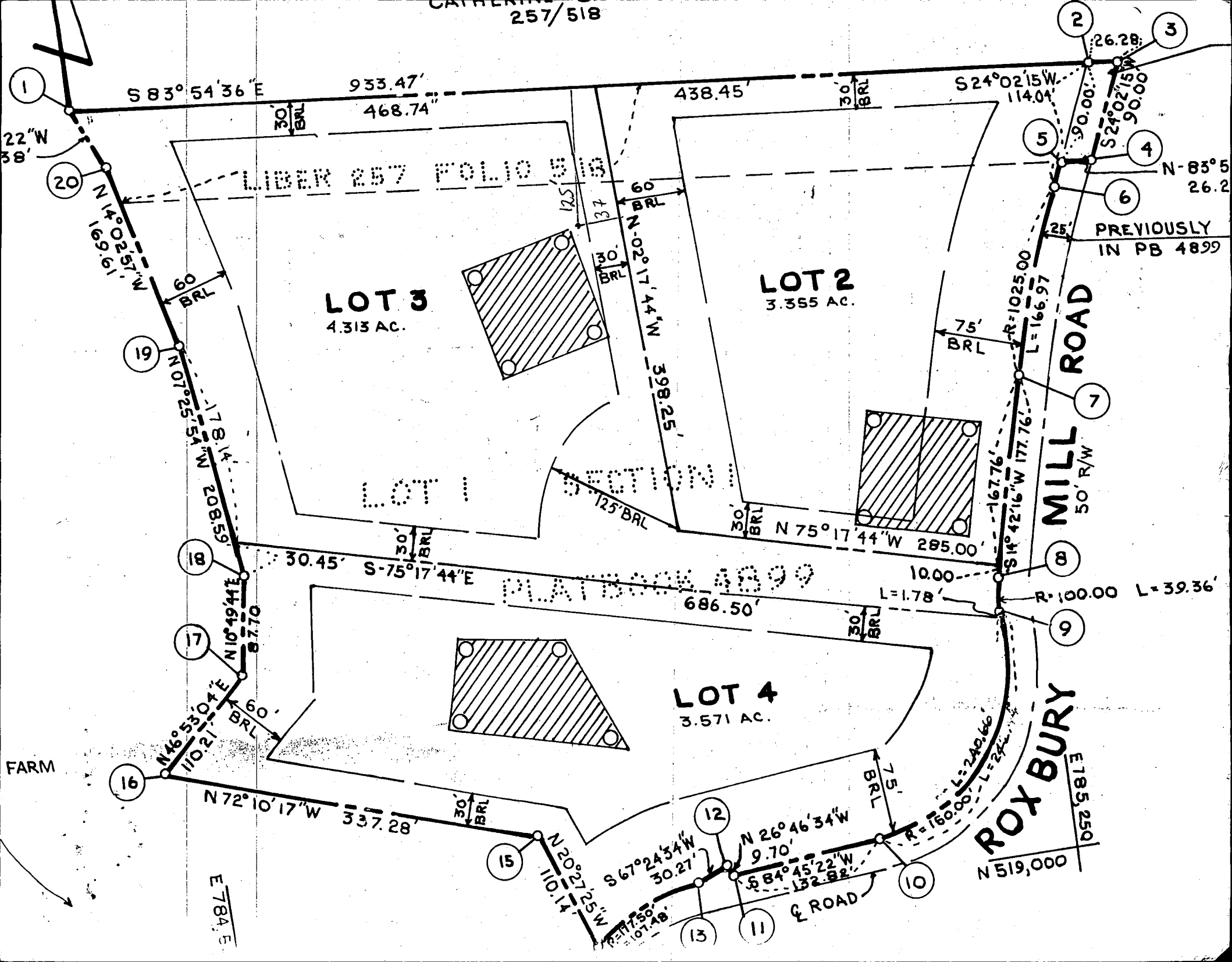
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

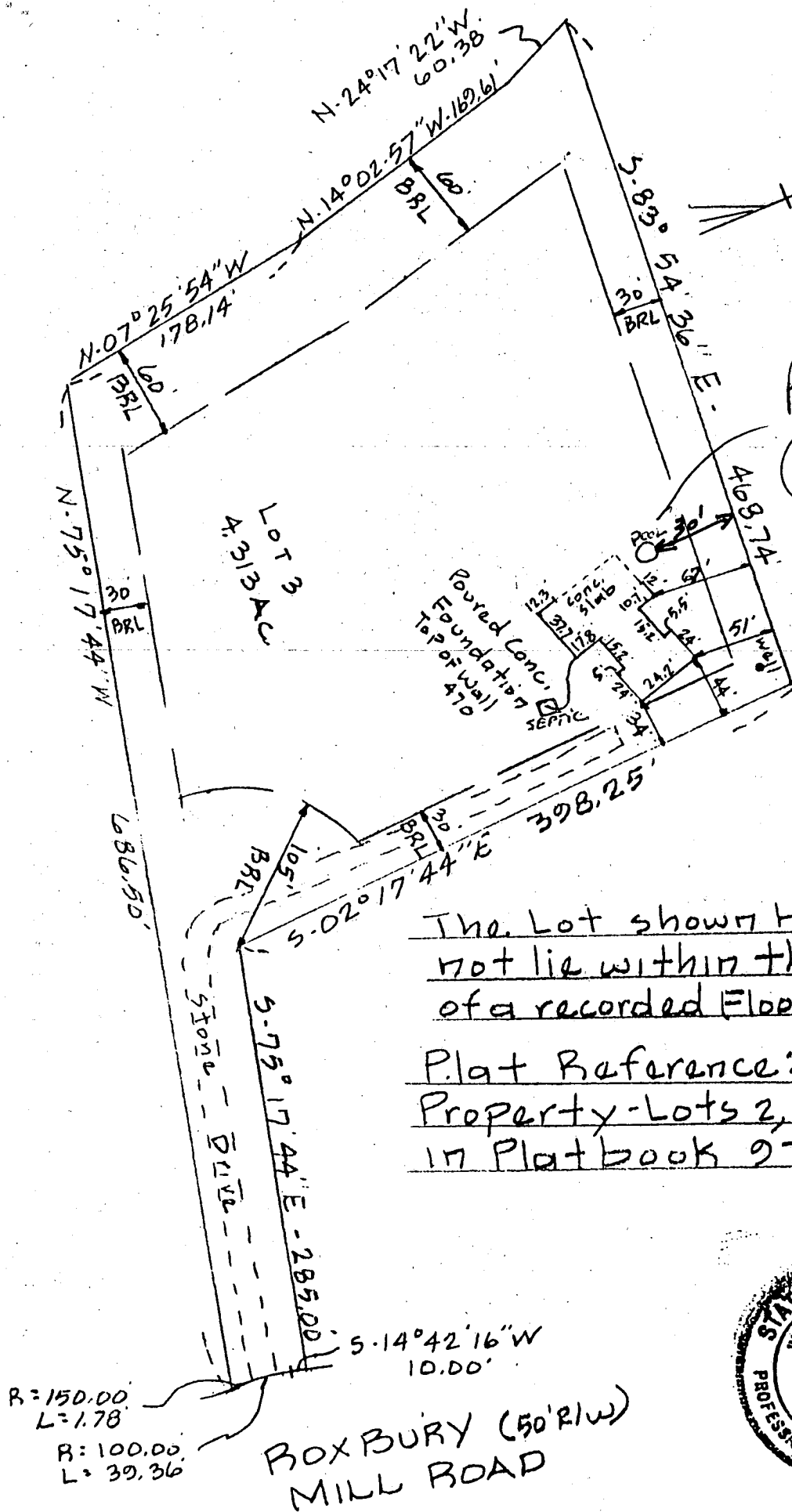
All information given above is true to the best of my knowledge.

Signature of Applicant: Edward C. Hal

Date: 1/30/92

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





Pool OK
 PR 8/22/01

The Lot shown hereon does
 not lie within the limits
 of a recorded Floodplain Easement
 Plat Reference: Reilly
 Property-Lots 2, 3 & 4, recorded
 in Platbook 2786



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 B.00132107
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Building Address <u>4080 Roxbury Mill Road</u> <u>GLENWOOD, MARYLAND 21738</u> Suite/Apt. #: _____ SDP/WPI/Petition #: _____ Census Tract <u>6040 02</u> Subdivision _____ Section _____ Area _____ Lot <u>3</u> Tax Map <u>21</u> Parcel <u>196</u> Grid <u>14</u> Zoning <u>RC</u> Map Coordinates <u>8711</u> Lot size _____	Property Owner's Name <u>PATRICK G. Reilly</u> Address <u>4080 Roxbury Mill Road</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone <u>410-442-1135</u> Work Phone <u>410-552-6050</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax <u>301-550-5470</u>
---	---

Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>1500</u> Description of Work <u>ABOVE GROUND POOL</u> <u>27' x 52' INCHES</u>	Contractor Company <u>J. J. J.</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant <u>PATRICK G. Reilly</u> Contact Name <u>PATRICK G. Reilly</u> Address <u>4080 Roxbury Mill Road</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Phone <u>410-442-1135</u> Fax <u>301-550-5470</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics 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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Patrick G. Reilly</u> Applicant's Signature <u>OWNER</u> Title/Company	<u>Patrick G. Reilly</u> Print Name <u>8.22.01</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ	<u>8/22/01</u>	<u>Joe</u>	Front: <u>105 FT</u>	# <u>31973</u>
<input type="checkbox"/> State Highways			Rear: <u>60 FT</u>	Filing fee \$ _____
<input type="checkbox"/> Building Official			Side: <u>30 FT</u>	Permit fee \$ <u>100</u>
<input type="checkbox"/> Dev. Engineering, DPZ			Side St. <u>N/A</u>	Excise tax \$ _____
<input type="checkbox"/> Health			All minimum setbacks met? <input checked="" type="checkbox"/>	Add'l per. fee \$ _____
<input type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>100</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? <input type="checkbox"/>	Check # <u>2641</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Validation # <u>41294</u>
			Ldt Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

4' 36" E.

468.74'

7-1-8

PROPOSED
WELL LOCATION

Well

Site

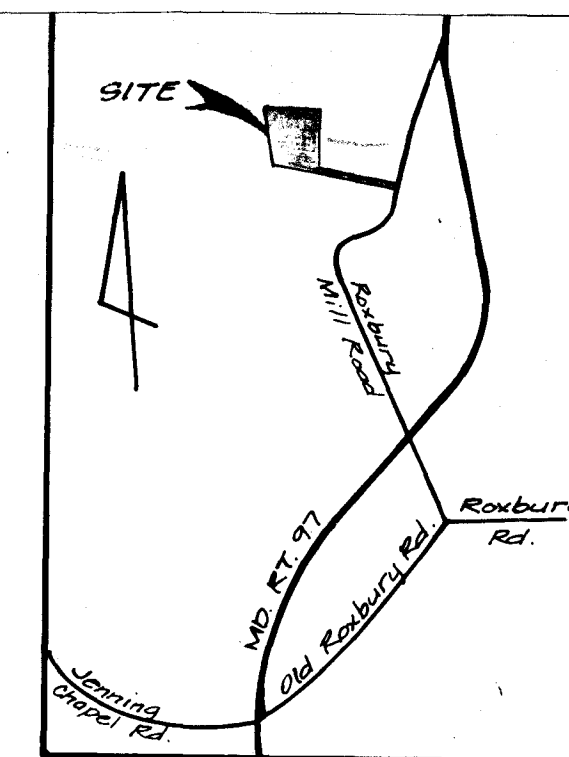
OK

MR 11/6/91

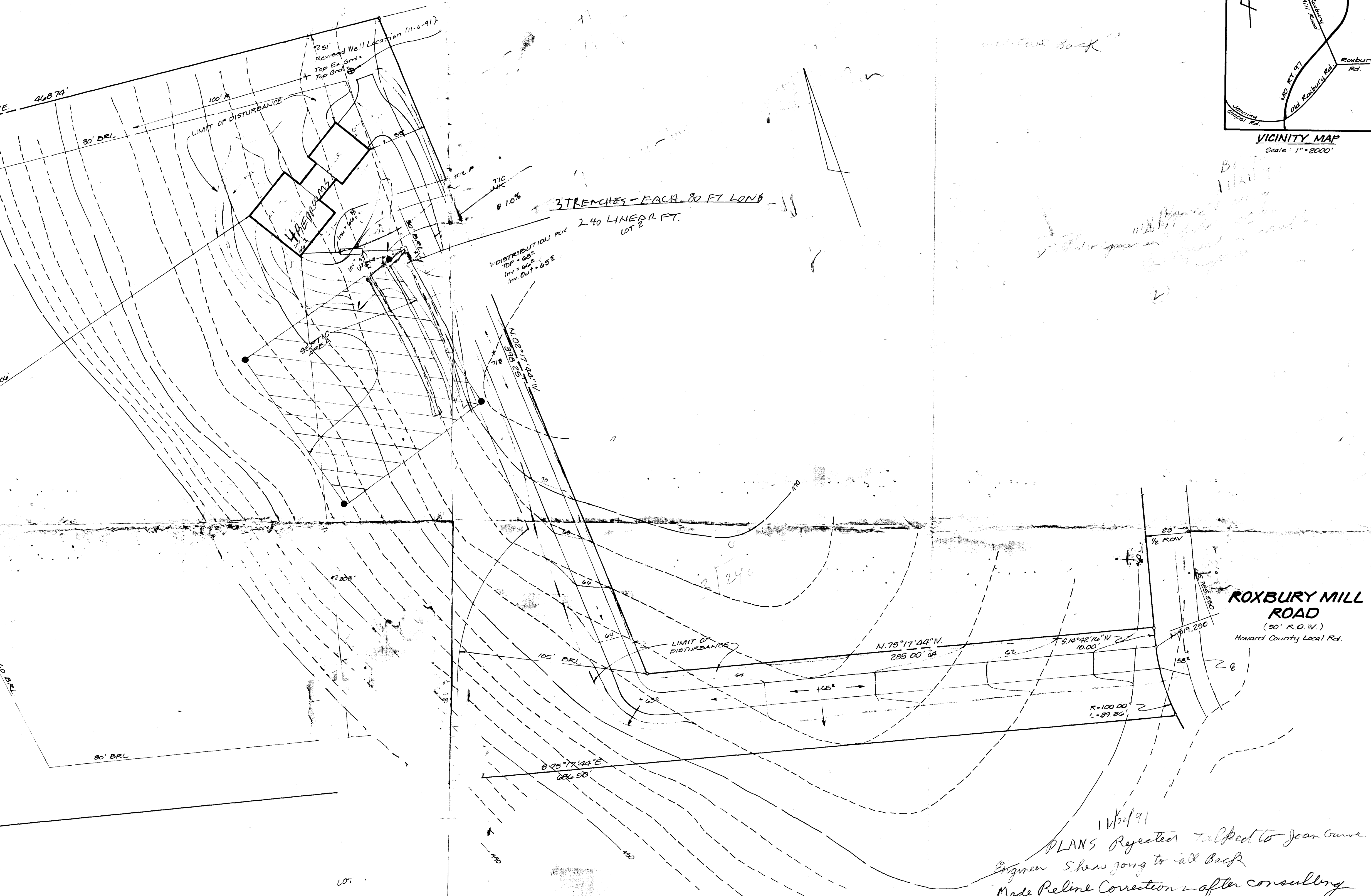
25'

25'

REVISED
WELL
LOCATION



VICINITY MAP
Scale: 1" = 2000'



ROXBURY MILL ROAD
(50' R.O.V.)
Howard County Local Rd.

- NOTE:
1. Boundary based on a lot survey by Boender Assoc., Inc.
 2. Topography based on field run in the building area and tied into Howard County aerial photogrammetric maps.
 3. Contractor to set grades in field and provide positive drainage.
 4. Trenches to be located by Health Dept. in the field.
 5. Basement will not seiver by gravity.

11/21/91
PLANS Rejected. Talked to Joan Garver
Engineer. She's going to call back.
Made Re-line Correction after consulting
with Engineer.
REVISED PLANS 11/22/91
O.K.
B. Hodges
NOV 13 1991

TITLE GRADING STUDY				
PROJECT REILLY PROPERTY				
LOCATION 4TH ELECTION DISTRICT Howard CO., MD.				
SCALE 1" = 30'	DESIGNED BY LJG	DRAWN BY LJG	CHECKED BY /	DATE OCT. 1991
FIELD BOOK	PAGE NO.	JOB NO. 91090	DRAWING NO. 2 of 1	

Boender Associates
ENGINEERS, PLANNERS, SURVEYORS
3230 BETHANY LANE
ELLICOTT CITY, MD. 21043
(301) 465-7777 FAX 465-7966