

LAYOUT 11/15/04 - PM INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 11/15/2004

APPROVAL DATE: 12/8/04

**PERMIT INDEXED**

P 521575

A 46870

TAX ID #04-353021

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

J. Warren Herder IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 4085 Roxbury Mill Rd PHONE NUMBER: 301-483-6968

SUBDIVISION: Herder Property LOT NUMBER: 2

ADDRESS: 4085 Roxbury Mill Road PROPERTY OWNER: J Warren/Virginia Herder

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐

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

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 185-200 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Install septic tank and distribution box as shown on the approved plan. Run 2-100' trenches 12 foot center to center on contour.
NOTES:	Basement gravity service is proposed.

PLANS APPROVED: Kacie Noonan Reviewed by: \_\_\_\_\_ DATE: 7/9/04

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED

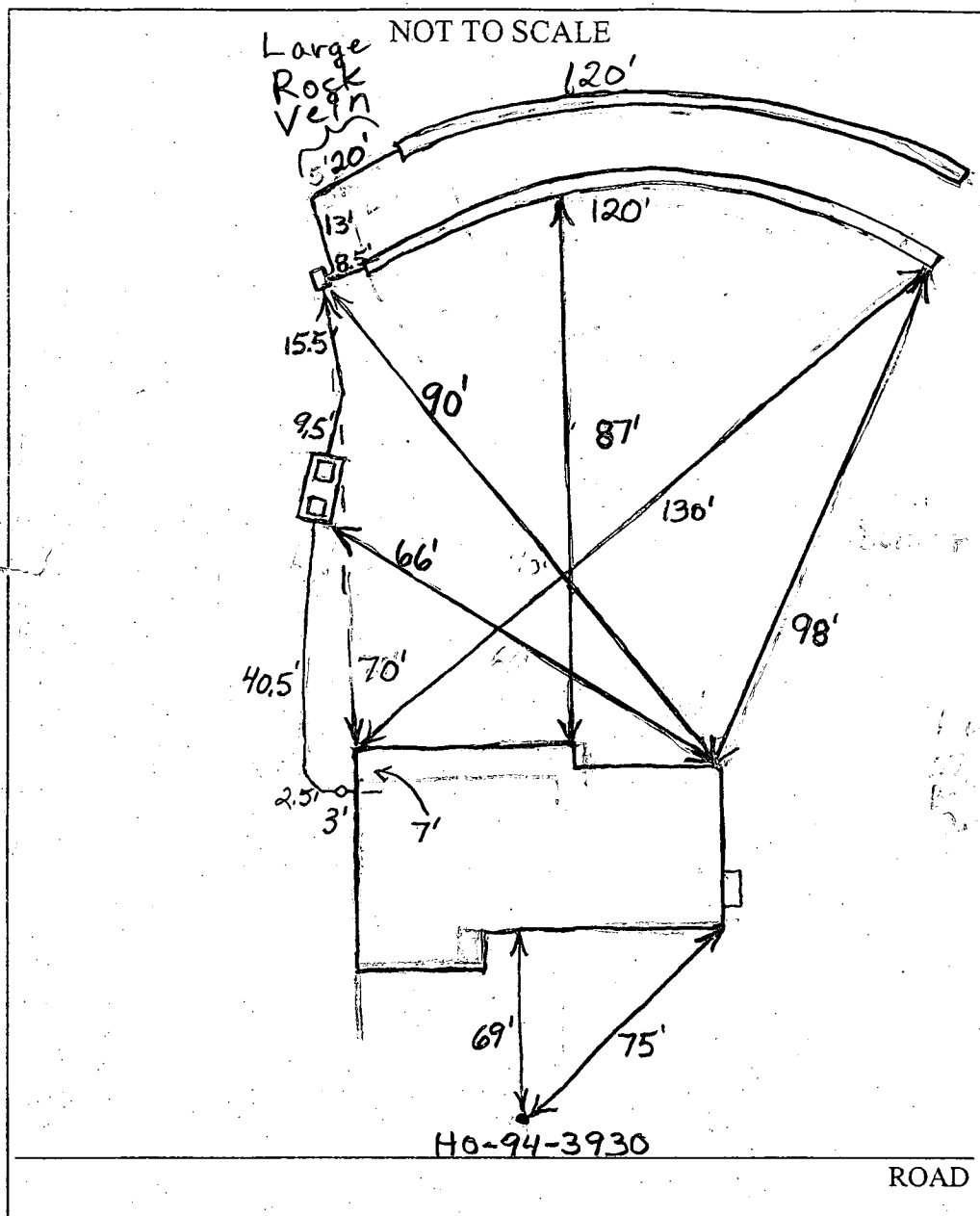
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

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**

A46870



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	5'	7'
NUMBER OF TRENCHES		
2		
TOTAL LENGTH		
225		
ABSORPTION AREA		
675+Sidewall		
DISTRIBUTION BOX LEVEL		
Levelers		
DISTRIBUTION BOX BAFFLE		
Yes		
DISTRIBUTION BOX PORT		
No		

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL		
✓		
2-Comp.		
CAPACITY	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	~1'	
BAFFLES	Missing One	
BAFFLE FILTER	No	
MANHOLE LOC	Front+Back	
6" PORT LOC	None	
WATERTIGHT TEST	No	
SEPTIC TANK 2 LEVEL		
N/A		
CAPACITY		GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

PRE-CONSTRUCTION 11/19/04 Easement staked by homeowner. Loc

Distribution box close to where it should be. System

INSTALLATION installed without layout by new contractor.

Trenches very rocky near distribution box. Especially

lower trench. Left message with homeowners father to

abandon first 15'-20' of lower trench. Septic tank

missing one compartment baffle. BB 12/8/04 It looks

like first 15' of lower trench abandoned. Part of gravel

dug out and replaced with dirt. ~15' of slotted pipe

replaced with solid pipe. Still missing one baffle.

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 12/8/04

Told homeowner to have installer put baffle in tank. O.K to cover everything.



## SEDIMENT CONTROL NOTES

- A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSING AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (313-1055).
- ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE MOST CURRENT STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, AND REVISIONS THERE TO.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN: a) 7 CALENDAR DAYS FOR ALL PERMETER SEDIMENT CONTROL STRUCTURES, DIKES, PERMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1, b) 14 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
- ALL SEDIMENT TRAPS/BASINS SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 15, OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.
- ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, FOR PERMANENT SEEDING (SEC. 50), SOO (SEC. 54), TEMPORARY SEEDING (SEC. 50), AND MULCHING (SEC. 52). TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
- ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSIS

4.239 ACRES  
AREA TO BE ROOFED OR PAVED  
0.0528 ACRES  
AREA TO BE VEGETATIVELY STABILIZED  
0.0619 ACRES  
TOTAL CUT  
165 CUYD.  
TOTAL FILL  
165 CUYD.

- ANY SEDIMENT CONTROL STRUCTURE WHICH IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.
- ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERMETER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.
- TRENCHES FOR THE CONSTRUCTION OF UTILITIES UP TO THREE FEET LENGTHS OR THAT WHICH SHALL BE BACK-FILLED AND STABILIZED WITHIN ONE WORKING DAY, WHICHEVER IS SHORTER.

### SEQUENCE OF CONSTRUCTION

- OBTAIN GRADING PERMIT.
- INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN. (1 day)
- PERFORM NECESSARY GRADING AND STABILIZE THE SITE. (2 days)
- CONSTRUCT DWELLING ON SITE. (90 days)
- AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS.

### TEMPORARY SEEDING NOTES

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.

### SEEDING PREPARATION

- LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.
- IF NOT PREVIOUSLY LOOSENED.

### SOIL AMENDMENTS

APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER (4 LBS./1000 SQ. FT.)

### SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL RYE (32 LBS./1000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (37 LBS./1000 SQ.FT.) FOR THE PERIOD NOVEMBER 16 THRU FEBRUARY 28. PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOO.

### MULCHING

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 210 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT AREAS ON SLOPES 8 FEET OR HIGHER, USE 340 GALLONS PER ACRE (8 GAL./1000 SQ.FT.) FOR ANCHORING. REFER TO THE 1998 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

### PERMANENT SEEDING NOTES

ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:

### SEEDING PREPARATION

- LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

### SOIL AMENDMENTS

APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (14 LBS./1000 SQ.FT.) BEFORE SEEDING HARDWOOD OR DISC INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 30-0-0 UREAFORM FERTILIZER (9 LBS./1000 SQ.FT.) AND 500 LBS. PER ACRE (11.5 LBS./1000 SQ.FT.) OF 10-20-20 FERTILIZER.

### SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (23 LBS./1000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE, FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (4 LBS./1000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THROUGH FEBRUARY 28, PROJECT SITE BY: OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING; OPTION (2) - USE SOO; OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEED.

### MULCHING

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### MAINTENANCE

- INSPECT ALL SEEDING AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.
- FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNWEED AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.

TOPSOIL SPECIFICATIONS - SOIL TO BE USED AS TOPSOIL MUST MEET THE FOLLOWING: TOPSOIL SHALL BE A LOAM, SANDY LOAM, CLAY LOAM, SILT LOAM, SANDY CLAY LOAM, LOAMY SAND. OTHER SOILS MAY BE USED IF RECOMMENDED BY AN AGRONOMIST OR SOIL SCIENTIST AND APPROVED BY THE APPROPRIATE APPROVAL AUTHORITY. REGARDLESS, TOPSOIL SHALL NOT BE A MIXTURE OF CONTRASTING TEXTURE SUBSOILS AND SHALL CONTAIN LESS THAN 5 % BY VOLUME OF CINDER, STONES, SLAG, COARSE FRAGMENTS, GRAVEL, STICKS, ROOTS TRASH OR OTHER MATERIALS LARGER THAN 1 1/2" IN DIAMETER.

TOPSOIL MUST BE FREE OF PLANTS OR PLANT PARTS SUCH AS BERMUDA GRASS, QUACKGRASS, JOHNSONGRASS, NUTSEDGE, POISON IVY, THISTLE, OR OTHERS AS SPECIFIED.

WHERE THE TOPSOIL IS EITHER HIGHLY ACIDIC OR COMPOSED OF HEAVY CLAYS, GROUND LIMESTONE SHALL BE SPREAD AT THE RATE OF 4-8 TONS/ACRE (200-400 POUNDS PER 1000 SQUARE FEET) PRIOR TO THE PLACEMENT OF TOPSOIL. LIME SHALL BE DISTRIBUTED UNIFORMLY OVER DESIGNATED AREAS AND WORKED INTO THE SOIL IN CONJUNCTION WITH TILLAGE OPERATIONS AS DESCRIBED IN THE FOLLOWING PROCEDURES.

## TEMPORARY SEEDING NOTES

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### MULCHING

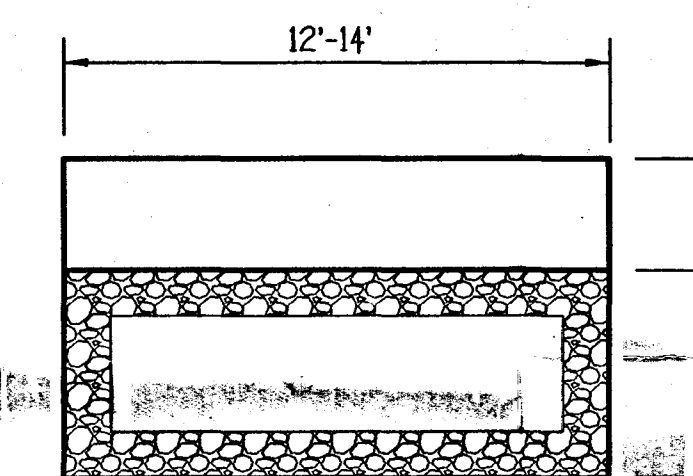
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## SEQUENCE OF CONSTRUCTION

- OBTAIN GRADING PERMIT. 1 DAY
- INSTALL SEDIMENT AND EROSION CONTROL DEVICES AS SHOWN ON PLAN. 1 DAY
- CLEAR AND GRUB TO LIMITS OF DISTURBANCE AND MASS GRADE TO SUB-BASE. 1 DAY
- INSTALL TEMPORARY SEEDING. 1 DAY
- CONSTRUCT BUILDINGS. 2 MONTHS
- FINE GRADE SITE AND INSTALL PERMANENT SEEDING AND LANDSCAPE. 1 DAY
- REMOVE SEDIMENT CONTROL DEVICES AS UPLAND AREAS ARE STABILIZED AND PERMISSION IS GRANTED BY E/S CONTROL INSPECTOR. 2 DAYS

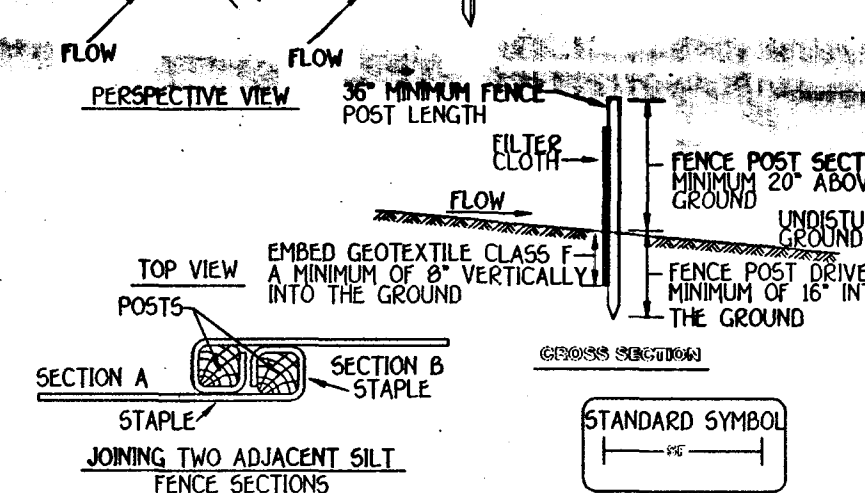
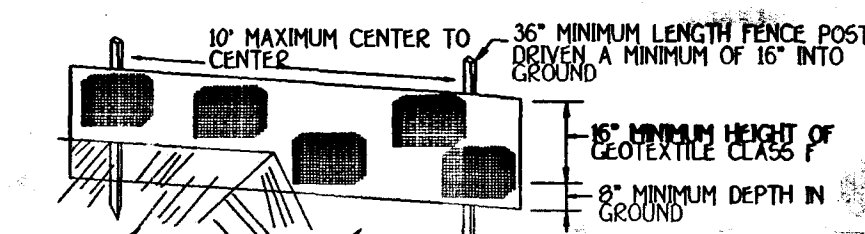


## COMMON DRIVEWAY DETAIL

NOT TO SCALE

## EROSION CONTROL MATTING

NOT TO SCALE



### Construction Specifications

- Fence posts shall be a minimum of 3/8\"/>

Slope Steepness	(Maximum) Slope Length	(Maximum) Silt Fence Length
Filter: 1:1 to 2:1	unlimited	unlimited
1:1 to 1 1/2:1	125 feet	1,000 feet
1 1/2:1 to 2:1	100 feet	750 feet
2:1 to 3:1	50 feet	500 feet
3:1 to 4:1	40 feet	250 feet
4:1 to 6:1	20 feet	125 feet

Note: In areas of less than 2:1 slope and sandy soils (USDA general classification system, soil Class A) maximum slope length and silt fence length will be unlimited. In these areas a silt fence may be the only perimeter control required.

## SILT FENCE

NOT TO SCALE

## DEVELOPER'S CERTIFICATE

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY 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."

*Jim K. Whitton*  
SIGNATURE OF DEVELOPER

6/17/04  
DATE

## ENGINEER'S CERTIFICATE

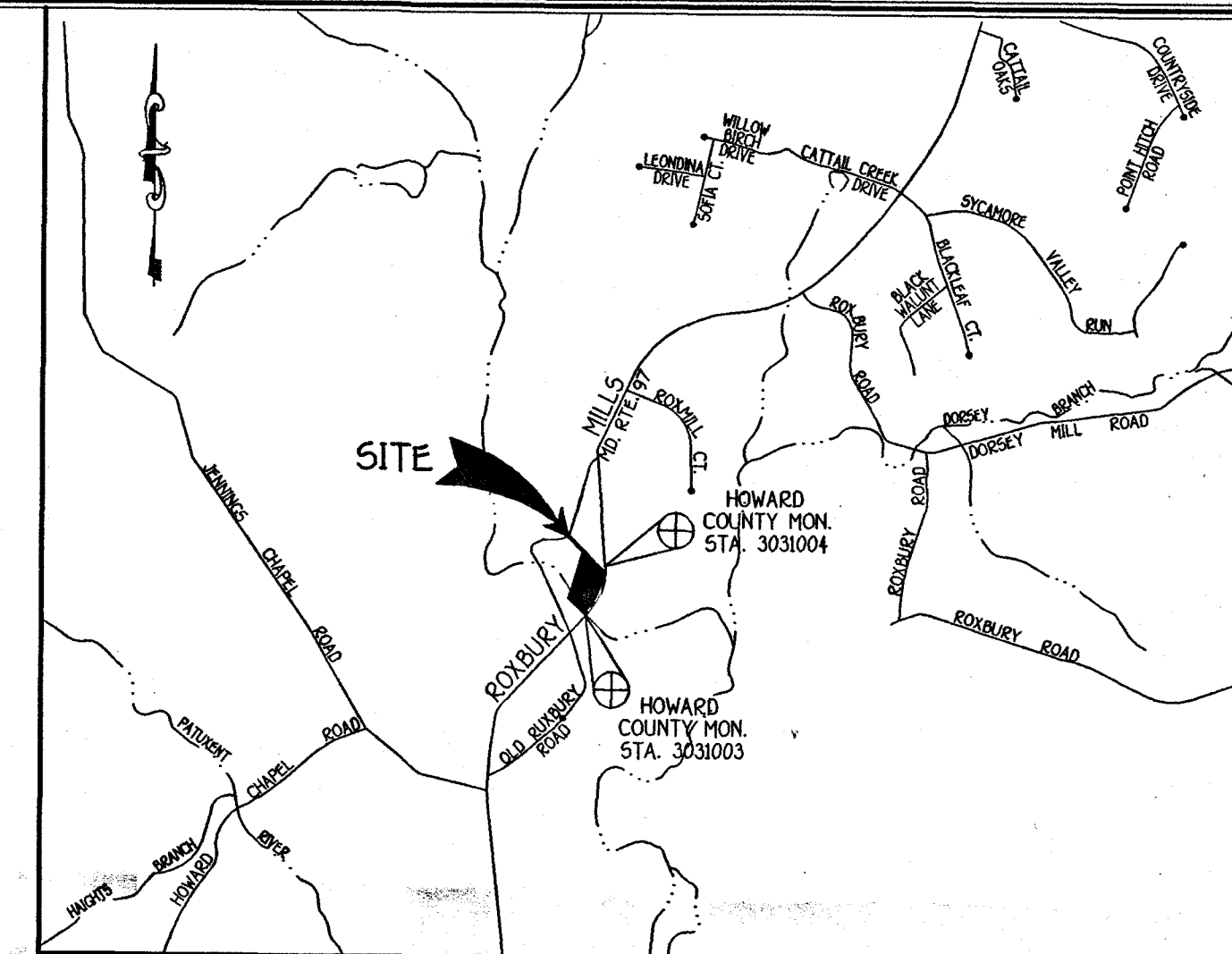
"I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT."

*Earl D. Collins*  
EARL D. COLLINS

6-17-04  
DATE

## BUILDER/DEVELOPER

WARREN HERDER  
8522 QUARRY BRIDGE COURT  
COLUMBIA, MARYLAND 21046  
301-483-6968



## VICINITY MAP

SCALE: 1" = 2,000'

## GENERAL NOTES

- SUBJECT PROPERTY ZONED: RC-DEO
- TOTAL AREA OF PROPERTY: 44,629 SQ.FT.
- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- FIELD RUN TOPOGRAPHIC SURVEY DONE BY CLARK, FINEFROCK & SACKETT, INC.
- NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.
- DRIVEWAY CULVERTS SHALL BE CONSTRUCTED AT SITE DEVELOPMENT PLAN STAGE IN ACCORDANCE WITH APPROVED CULVERT SIZE SHOWN ON F-01-191.
- PER SECTION 3.2.C OF THE HOWARD COUNTY STORMWATER MANAGEMENT ORDINANCE, DEVELOPMENTS THAT DO NOT DISTURB OVER 5,000 SF ARE EXEMPT FROM THE PROVISIONS OF THIS ORDINANCE AND THE REQUIREMENTS OF PROVIDING STORMWATER MANAGEMENT.

## NOTE

THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO 94-3213 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

Approved Septic System Plan  
Howard County Health Department

*Kacie Nooren*  
Signature Date 7/17/04

S.T./Elevation existing 427.00  
inv in 428.00 (3' cover on lid)  
inv out 422.70

D.Box/ Elevation existing 424.00  
inv in 419.5

SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
+362.5	SPOT ELEVATION
—TP—TP—	TREE PROTECTION FENCE
—SS—SS—	SUPER SILT FENCE
—WDB—	PROPOSED WALKOUT
LOD	LIMITS OF DISTURBANCE
○	EXISTING STREET TREES FROM F-01-191

## PLOT PLAN HERDER PROPERTY LOT 2

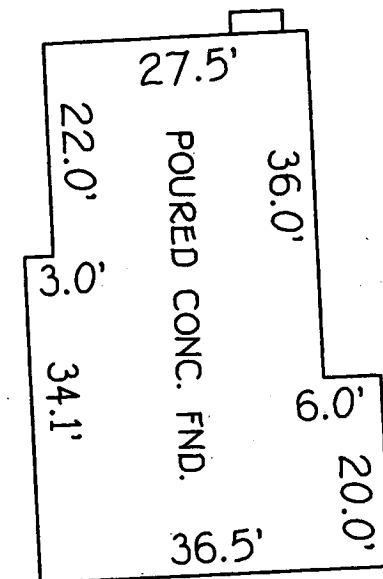
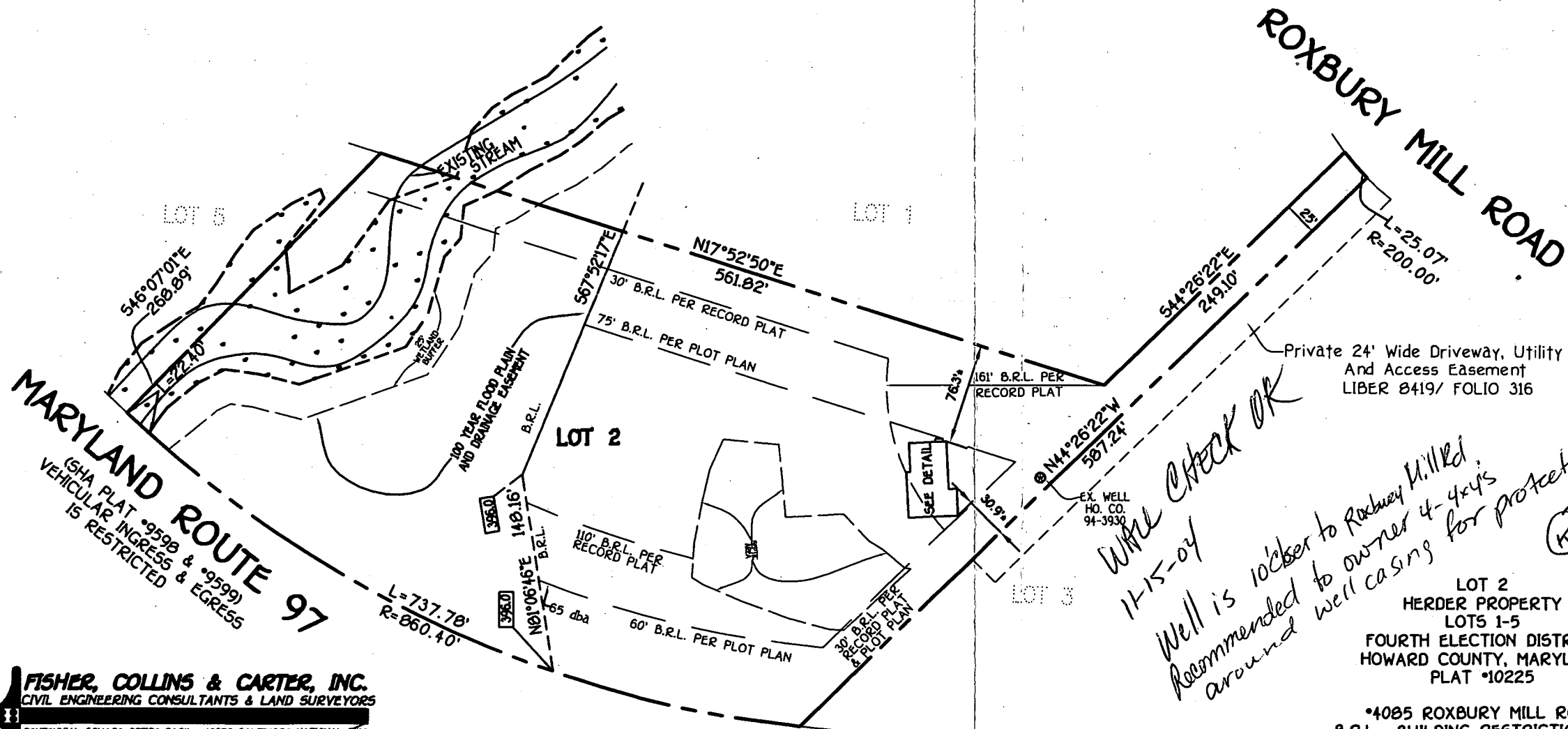
TAX MAP NO. 21 PARCEL 5  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: JUNE, 2004

G.P.-04-109



GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440020B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (\*)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO- 94 - 3930) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



DETAIL:  
1"=20'



## HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 9/27/04  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=100'  
DATE: 9/30/04  
DRAWN BY: VLJ  
CHECKED BY: MLR  
PROJECT No.: 30372

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855

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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Herder Property Lot #: 2 Well Tag #: HO-94-3930  
Site Address: 4085 Roxbury Mill Road

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, 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: \_\_\_\_\_ Date Insp. Approved: 12/21/04 Inspector: BB

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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

11/19/04  
BB  
No Wrong Size Pipe  
12/21/04  
Correct  
Conduit  
Installed  
BB

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9833

## APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # \_\_\_\_\_  
Date 2/25/05

Name of Installer GERALD L. WALKERTelephone 301-834-8573License Number 6952Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒Name of Property Owner WARREN HERDERTelephone 301-483-6968Subdivision HERDER PROPERTY Lot # 2

Well Tag # \_\_\_\_\_

Site Address 4085 RINDLEY MILL RD  
ROUTE 97

## Pump

1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible ☒

## Motor

1. Horsepower 1/2  
2. RPM 3450  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 ☒

## Pitless Adapter

1. Make BOSHART  
2. Model # P-100  
3. Depth 42"

2. Make STA-RITE3. Model # SSP4C04H4. Capacity 5 GPM5. Pump exceeds well capacity Yes \_\_\_\_\_ No ☒6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No ☒7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards ☒ Other \_\_\_\_\_

## Tank

1. Capacity 35 gal  
2. Pressure relief valve? YES

## Piping

1. Type POLYETHYLENE  
2. Size 1" 200psi  
3. NSF and/or BOCA Code approved ☒  
4. Depth of supply line 42"

## Well data

1. Depth 200 ft.  
2. Yield 20 GPM  
3. Static water level 35' ft.  
4. Will water supply be disinfected by installer? YES

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: *Gerald L. Walker*Date: 2/25/05

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

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

<b>C1</b> 3472 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 4 28 04		Depth of Well 22 200 26 (TO NEAREST FOOT) O.K. BB		COUNTY NUMBER <b>(13)</b> A 40870 PERMIT NO. FROM "PERMIT TO DRILL WELL" HPD-94-3930																
OWNER last name <u>Herder</u> first name <u>Warren</u>		STREET OR RFD <u>Roxbury Mill Rd</u>		TOWN <u>Glenwood</u>		SUBDIVISION <u>Herder</u> SECTION <u>2</u> LOT <u>2</u>																
<b>WELL LOG</b> 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)			<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="radio"/> Y no <input type="radio"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input type="radio"/> BC NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1710</u> GALLONS OF WATER <u>90</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>36</u> ft. (enter 0 if from surface)			<b>C3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>20</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>35</u> ft. WHEN PUMPING <u>37</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="radio"/> A air <input type="radio"/> P piston <input type="radio"/> T turbine <input type="radio"/> C centrifugal <input type="radio"/> R rotary <input type="radio"/> O other (describe below) <input type="radio"/> J jet <input checked="" type="radio"/> S submersible																
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Sand</td><td>0</td><td>36</td><td></td></tr><tr><td>Gray granite</td><td>36</td><td>200</td><td></td></tr></tbody></table>			DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Sand	0	36		Gray granite	36	200		<b>CASING RECORD</b> casing types insert appropriate code below <input checked="" type="radio"/> ST STEEL <input type="radio"/> CO CONCRETE <input type="radio"/> PL PLASTIC <input type="radio"/> OT OTHER MAIN CASING TYPE <u>P.L.</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>40</u> EACH CASING OTHER CASING (if used) diameter inch depth (feet) from to			<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="radio"/> NO <input checked="" type="radio"/> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="radio"/> + above <input type="radio"/> - below LAND SURFACE <u>2</u> (nearest foot)		
				DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing															
FROM	TO																					
Sand	0	36																				
Gray granite	36	200																				
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED yes <input checked="" type="radio"/> Y no <input type="radio"/> N CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIC. NO. <u>M SDO24</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <input checked="" type="radio"/> ST STEEL <input type="radio"/> BR BRASS <input type="radio"/> HO OPEN HOLE <input type="radio"/> PL PLASTIC <input type="radio"/> OT OTHER 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 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA			<b>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) <u>561.82</u> <u>90</u> <u>100</u> <u>well</u> <u>ma 97</u> <u>See attached</u>																

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3930

Location of property (road)

Subdivision *Kinder Bros*

Well Driller Joe Wayne

Lot	Block	Plat	Sec.
1	1	1	1
2	1	1	1
3	1	1	1
4	1	1	1
5	1	1	1
6	1	1	1
7	1	1	1
8	1	1	1
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95	1	1	1
96	1	1	1
97	1	1	1
98	1	1	1
99	1	1	1
100	1	1	1

Owner Herder, Warner

Depth of well 200

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P. 35'

### I. High rate pumping -- reservoir drawdown

Time pump started 7:00

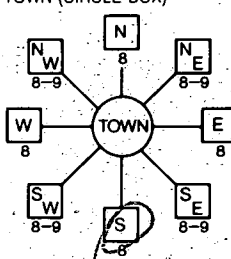
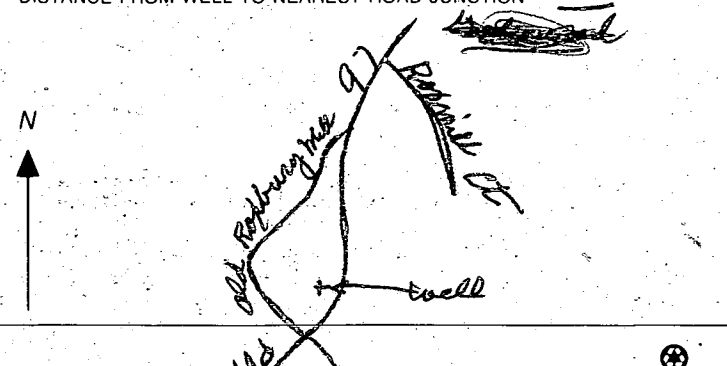
Pumping rate 20 gpm

Total time 2 min to reach pumping water level 37 ft. below M.P.

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

[illegible]



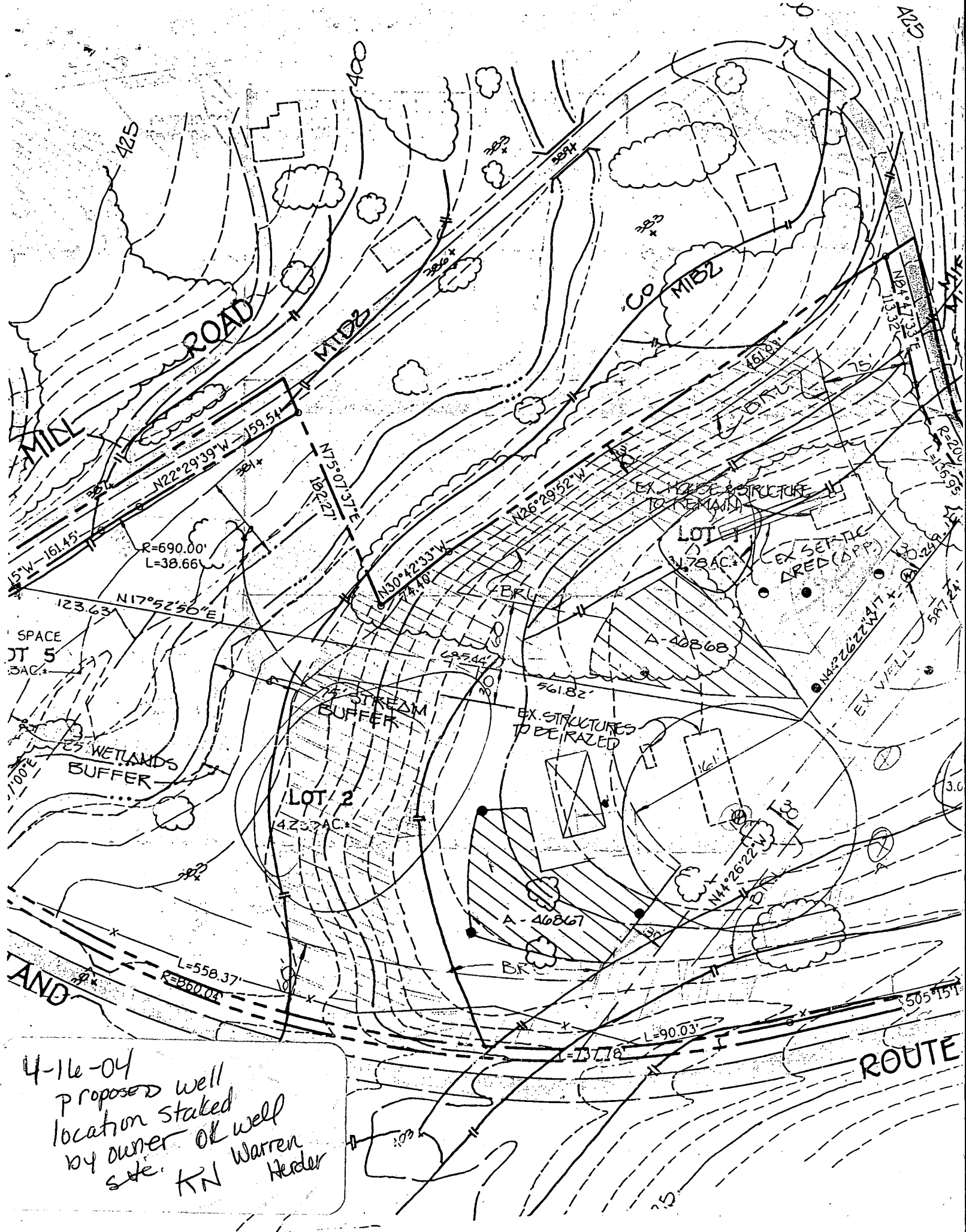
B 1 1 2 3 <b>2298</b> 4 5 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 520146 please type	STATE PERMIT NUMBER <b>HD - 94 - 3930</b> 70 fill in this form completely 79
Date Received (APA) <b>04 13 04</b> 8 MM DD YY 13 15 <u>Herder</u> <u>Warren</u> <u>John</u> Last Name Owner First Name 34 36 <u>9522 Quarry Bridge Ct.</u> Street or RFD 55 57 <u>Columbia</u> <u>MD</u> <u>21046-1926</u> Town State Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Herder Property</u> 42 SECTION <u>44</u> 46 LOT <u>2</u> 48 50 52 NEAREST TOWN <u>Blennwood</u> 71 MILES FROM TOWN (enter 0 if in town) <u>2 1/2</u> M I 73 76 77 78	
DRILLER INFORMATION 1 Driller's Name <u>Joseph E. Mayo</u> 76 License No. <u>MSD024</u> 81 2 Firm Name <u>Joseph E. Mayo Well Drilling</u> Address <u>5512 Ridge Rd. Mt. Airy Md 21771</u> Signature <u>Joseph E. Mayo</u> Date <u>4/10/04</u>		B 4 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  2 NEAR WHAT ROAD <u>MD 97 Rockburg Mill Rd</u> 30 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"/> 34 <u>350</u> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <u>21</u> BLK: _____ PARCEL <u>50</u>	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) <u>4</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>416870 Howard Co</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S. → 41 DATE ISSUED <u>4-10-04</u> <u>Kacie Norman</u> <u>4/16/05</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>510</u> 000 55 EAST GRID <u>780</u> 000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>780</u> N <u>510</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____	
REPLACEMENT OR 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 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>Blennwood</u> 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HD - 94 - 3930</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Well Permit No. HO - 94-3930  
Location of property (road) ~~Rox~~ Roxbury Mill Road  
Subdivision Herder Property Lot 2 Block Plat Sec.  
Well Driller W. Mayne Owner Herder

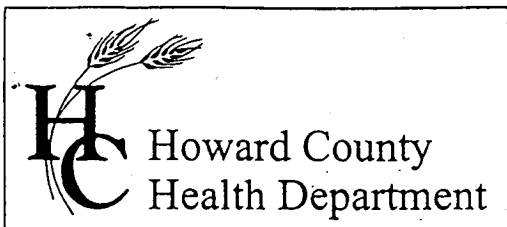
### I. High rate pumping -- reservoir drawdown

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

[illegible]



4-16-04  
 proposed well  
 location stated  
 by owner of well  
 site. KN Warren  
 Header



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](http://www.hchealth.org)

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

## ATTENTION WELL DRILLERS!!!

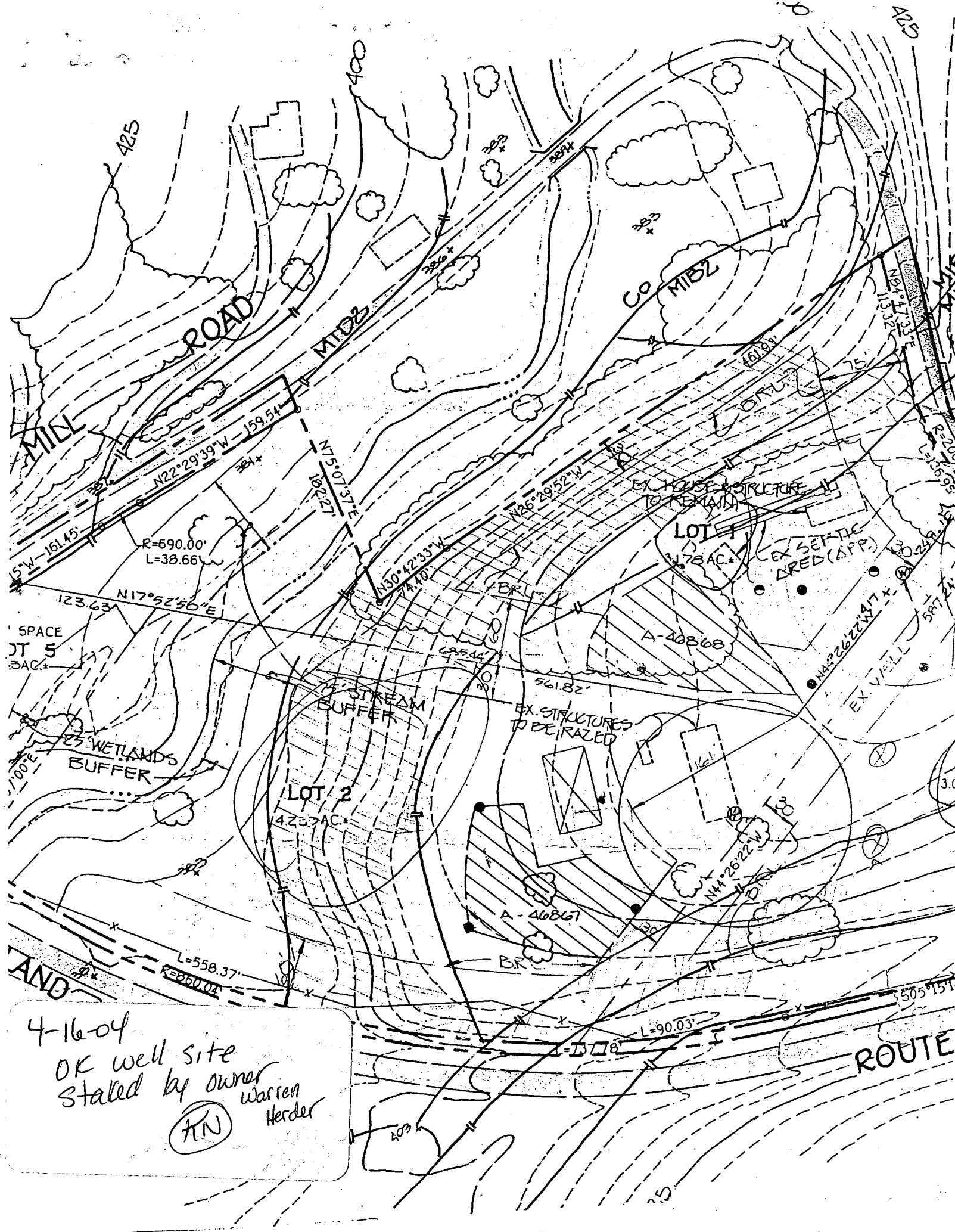
When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by Owner  
on 4-12-04 and is ready for site inspection.
- ☐ Owner 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





4-16-04  
OK well site  
stated by owner  
Warren Herder  
(HN)

4/29/91

# APPLICATION

PERCOLATION TESTING

A 46867  
P \_\_\_\_\_

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

3-5-91 Preview ok.  
Possible wet season required  
due to landscape position  
200 ft buffer to streams  
required. JEN

DISTRICT \_\_\_\_\_  
DATE 3/6/91

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 MR. & MRS. JOHN HERDER

ADDRESS 4088 ROXBURY MILL RD. PHONE JOHN REUWER 740-2100 X223

PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION HERDER PROPERTY LOT NO. 2

ROAD AND DESCRIPTION ROXBURY MILLS RD. (RT 97)

TAX MAP 21 PARCEL # 5

SIZE OF LOT 5.5 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.

John C. Reuwer for owner  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

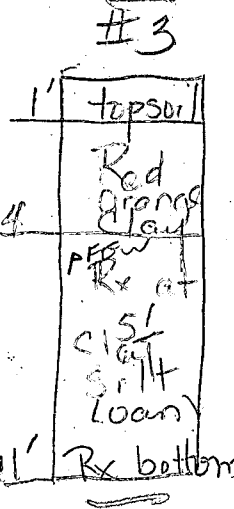
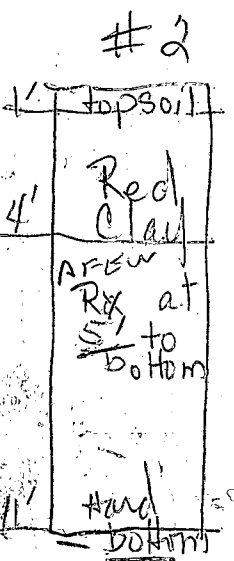
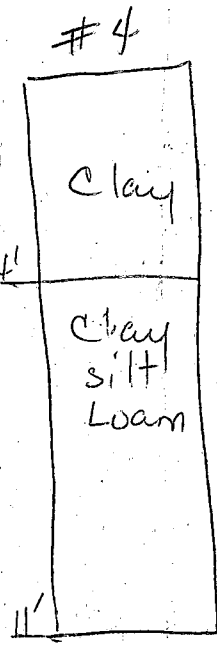
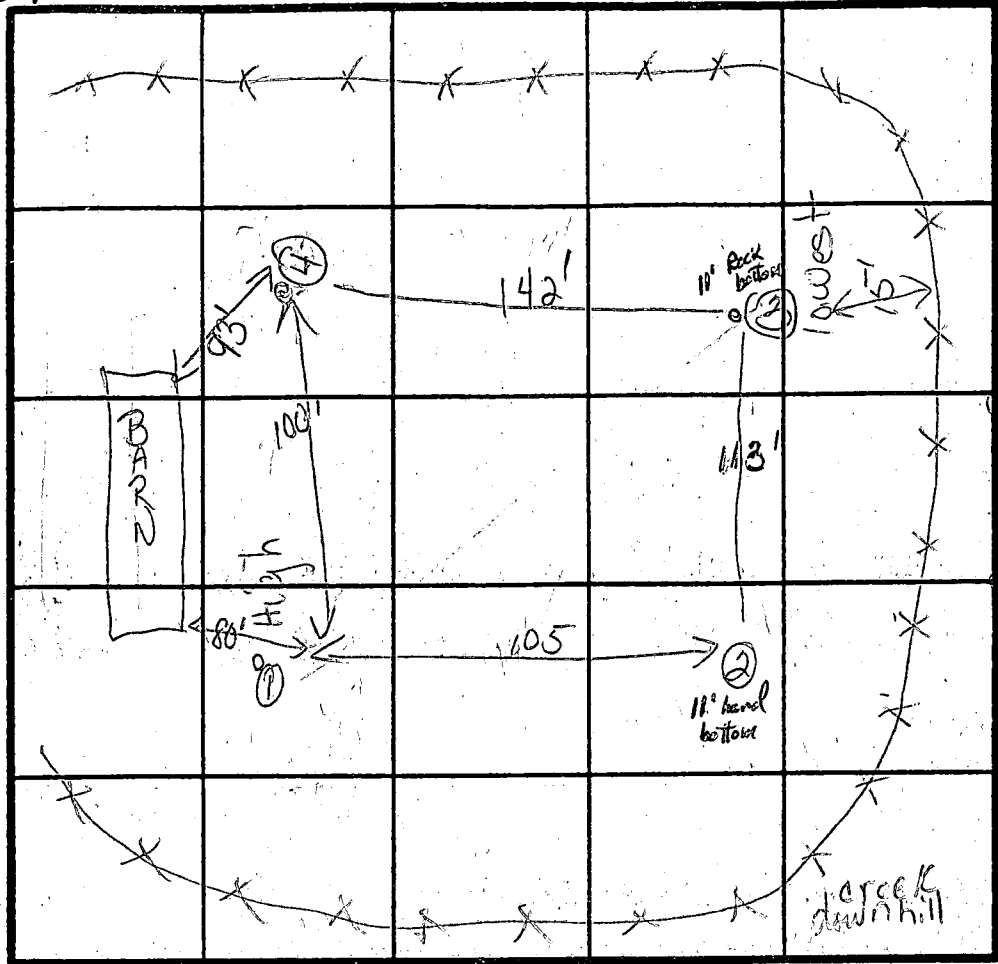
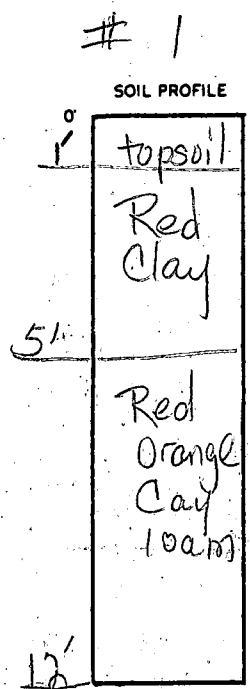
REASONS FOR REJECTION OR HOLDING 5/31/91 PERC OK HOLD FOR PLAT R/H

HD-216

## THIS IS NOT A PERMIT

Lot 2 A-46867

Lot 2



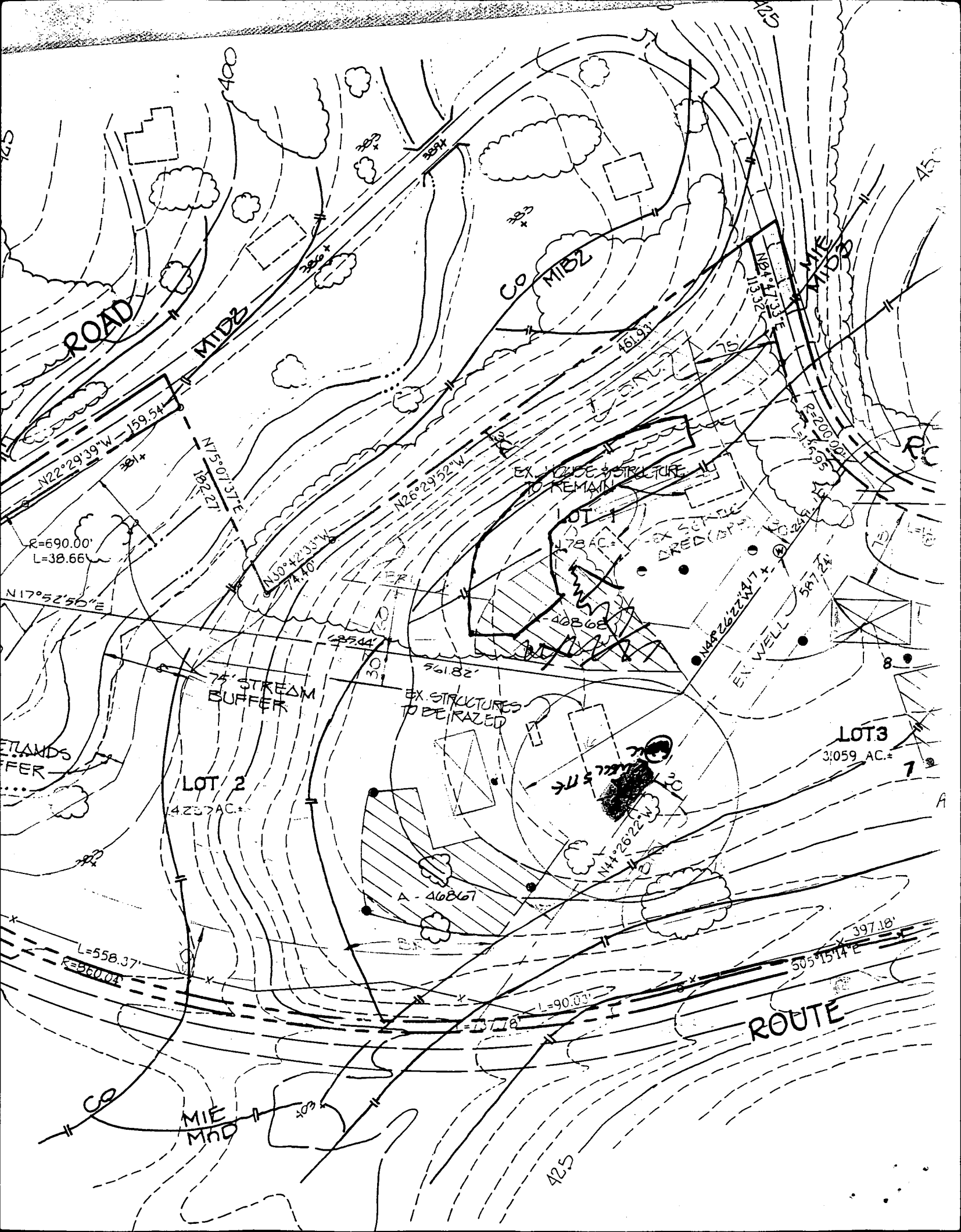
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/91	① S	4'	1:55	1:57	1:57	2:01	④
	① M	17'	1:56	1:59	1:59	2:01	②
	V	12"	OK				
	② S	5'	1:59	2:04	2:04	2:14	⑩
	② V	11'	OK SHALLOW				
	③ S	4'	2:01	2:07	2:07	2:22	⑮
	V	11'	OK SHALLOW				
	④ V	11'	OK				

REMARKS PERC HOLES NOT DUG PER SURVEYOR STAKES

ALL TESTED HOLES WERE OK <sup>MINOR</sup> ROCK AT 4-5 FT IS NOT SIGNIFICANT

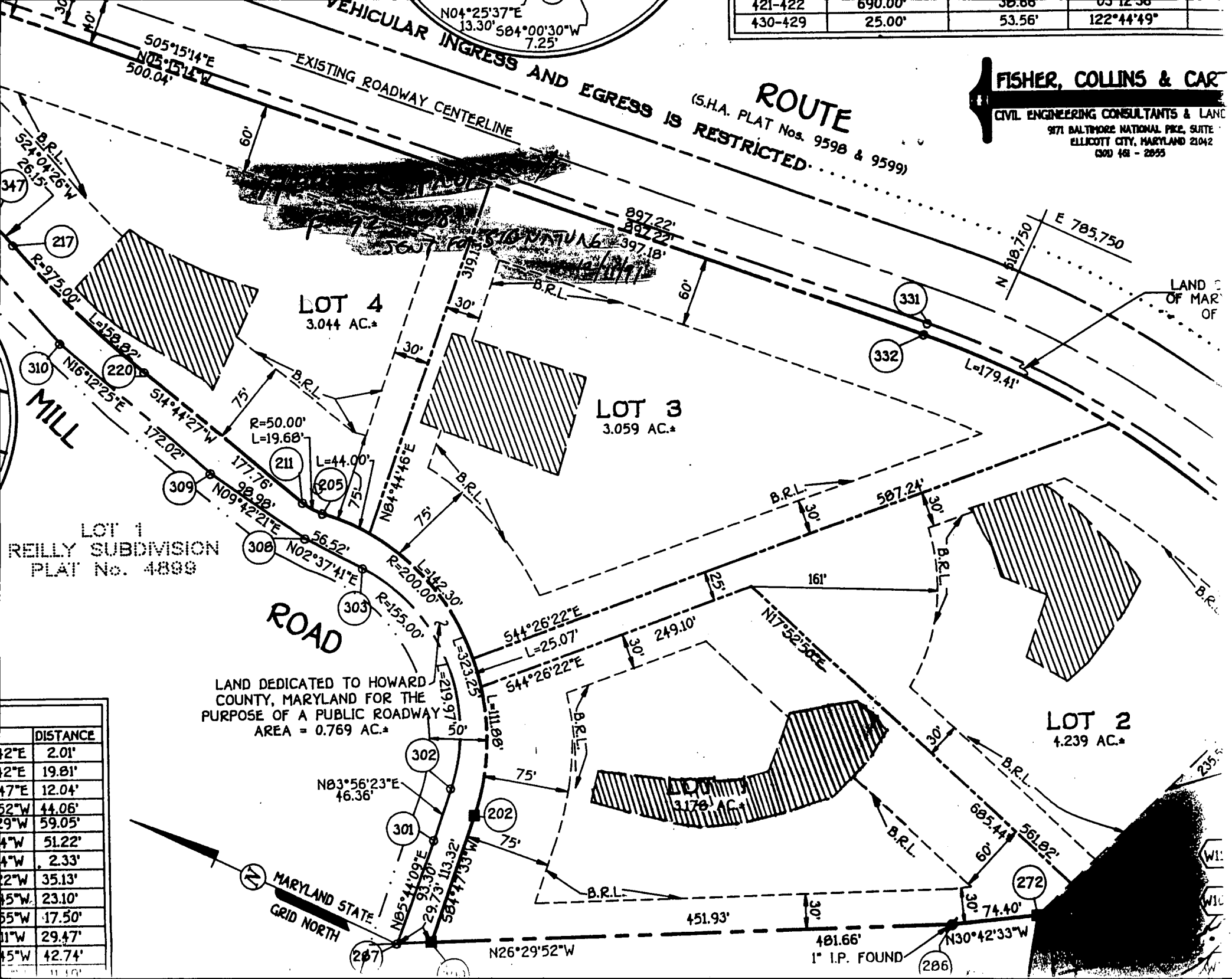
TESTED BY BRG/ML ALSO PRESENT John Renwer Mr Keltman





421-422	690.00'	38.66'	03°12'30"
430-429	25.00'	53.56'	122°44'49"

**FISHER, COLLINS & CART**  
 CIVIL ENGINEERING CONSULTANTS & LAND  
 9171 BALTIMORE NATIONAL PIKE, SUITE  
 ELLICOTT CITY, MARYLAND 21042  
 (301) 461-2855



	DISTANCE
2°E	2.01'
2°E	19.81'
47°E	12.04'
52°W	44.06'
59°W	59.05'
4°W	51.22'
4°W	2.33'
2°W	35.13'
5°W	23.10'
55°W	17.50'
11°W	29.47'
45°W	42.74'

10225

Health copy

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B000149033
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Building Address <u>4085 <del>20th Street</del> <u>Greenwood, MD 21738</u></u> Suite/Apt. #: <u>        </u> SDP/WP/Petition #: <u>        </u> Census Tract <u>104002</u> Subdivision <u>Herder Property</u> Section <u>        </u> Area <u>        </u> Lot <u>2</u> Tax Map <u>21</u> Parcel <u>5</u> Grid <u>1420</u> Zoning <u>R-DEO</u> Map Coordinates <u>        </u> Lot size <u>4.239 Acres</u>	Property Owner's Name <u>J. WARREN &amp; VIRGINIA E HEIZER</u> Address <u>7522 QUARRY ISLAND CT.</u> City <u>COLMARIA</u> State <u>MD</u> Zip Code <u>21046</u> Home Phone <u>(301) 483-6968</u> Work Phone <u>(240) 261-4500</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>301-483-6968</u> Phone <u>        </u> Fax <u>        </u>
Existing Use <u>VACANT RESIDENTIAL LOT</u> Proposed Use <u>RESIDENTIAL SINGLE FAMILY</u> Estimated Construction Cost \$ <u>400,000</u> Description of Work <u>NEW CUSTOM SFD</u> <u>ATTACHED 2-CAR GARAGE/5 BR</u> <u>3 FULL BA/2 HALF BA</u>	Contractor Company <u>N/A OWNER</u> Contact Person <u>        </u> Address <u>        </u> City <u>        </u> State <u>        </u> Zip Code <u>        </u> License No. <u>        </u> Phone <u>        </u> Fax <u>        </u>
Occupant or Tenant <u>N/A OWNER</u> Contact Name <u>        </u> Address <u>        </u> City <u>        </u> State <u>        </u> Zip Code <u>        </u> Phone <u>        </u> Fax <u>        </u>	Engineer or Architect Company <u>NAHC</u> Contact Person <u>JOSH MARGULIES</u> Address <u>5724 INDUSTRY LN</u> City <u>FREDERICK</u> State <u>MD</u> Zip Code <u>21704</u> Phone <u>301 694 9100</u> Fax <u>        </u>

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: <u>        </u> No. of stories: <u>        </u> Gross area, sq. ft. per floor: <u>        </u> Use group: <u>        </u> 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	<b>Utilities</b> 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>34</u> <u>54</u> 2nd floor: <u>28</u> <u>54</u> Basement: <u>31</u> <u>54</u> 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>5</u> Multi-family dwellings: No. of efficiency units: <u>        </u> No. of 1 BR units: <u>        </u> No. of 2 BR units: <u>        </u> No. of 3 BR units: <u>        </u> Other Structure: <u>        </u> Dimensions: <u>        </u> Footings: <u>        </u> Roof: <u>        </u> <input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> 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: <u>N/A</u> <input type="checkbox"/> <u>        </u> NFPA #13D <u>        </u> NFPA #13R <u>        </u> Other:

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

<u>Warren Herder</u> Applicant's Signature <u>OWNER/BUILDER</u> Title/Company	<u>WARREN HERDER</u> Print Name <u>6/18/04</u> <u>6.21.04</u> Date
--	---

Checks payable to: <b>DIRECTOR OF FINANCE OF HOWARD COUNTY</b> ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -	<b>DPZ SETBACK INFORMATION</b> Front: <u>        </u> Rear: <u>        </u> Side: <u>        </u> Side St.: <u>        </u> All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone <u>        </u> SDP/Red-line approval date <u>        </u>	<b>PROPERTY ID#:</b> <u>62638</u> Filing fee \$ <u>100</u> Permit fee \$ <u>        </u> Excise tax \$ <u>        </u> Add'l per. fee \$ <u>        </u> TOTAL FEES \$ <u>        </u> Sub-total paid \$ <u>        </u> Balance due \$ <u>        </u> Check # <u>555</u> Validation # <u>71346</u> Accepted by <u>        </u>
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Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

March 9, 2005

J. Warren & Virginia Herder  
9522 Quarry Bridge Court  
Columbia, MD 21046

RE: Herder Property, Lot 2  
4085 Route 97  
Glenwood, MD 21738  
BP #: B00149033  
Well Permit # HO-94-3930

Dear Sirs:

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 12/08/2004. Final approval of the well line connection to the dwelling was approved on 12/21/2004.**

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-94-3930. 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(s): 03/03/2005 & 03/08/2005  
Date of Well Completion: 04/28/2004

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File