05-405114

6/14/88 nisa

PERMIT

P 43/44

A 36988

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

DATE 11/30/88

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

TAX ID # 05-405114

DATE SYSTEM APPROVED 12/14/88

INSPECTOR RH

Jack Fyock IS PERMITTED TO INSTALL X ALTER ____

ADDRESS ____ PHONE 988-9270

SUBDIVISION The Chase ROAD 11620 Vixen Path LOT 12

PROPERTY OWNER Harve & Eileen Horowitz

ADDRESS ____

BUILDING PERMIT SIGNED AND RETURNED
11-4-94 B00150805 - Finish Basement

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

GARBAGE GRINDER? YES X NO ____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Beginning from the intersect of the rear 471.46' lot line and the 300.0' lot line place the trench 110 feet along the 471.46' lot line moving to the left and 100 feet off the same line as seen when facing the lot from Vixen Path. Run trenches on contour toward the left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 04/cw

PLANS APPROVED BY Sid Abel DATE Updated - 2/23/88

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

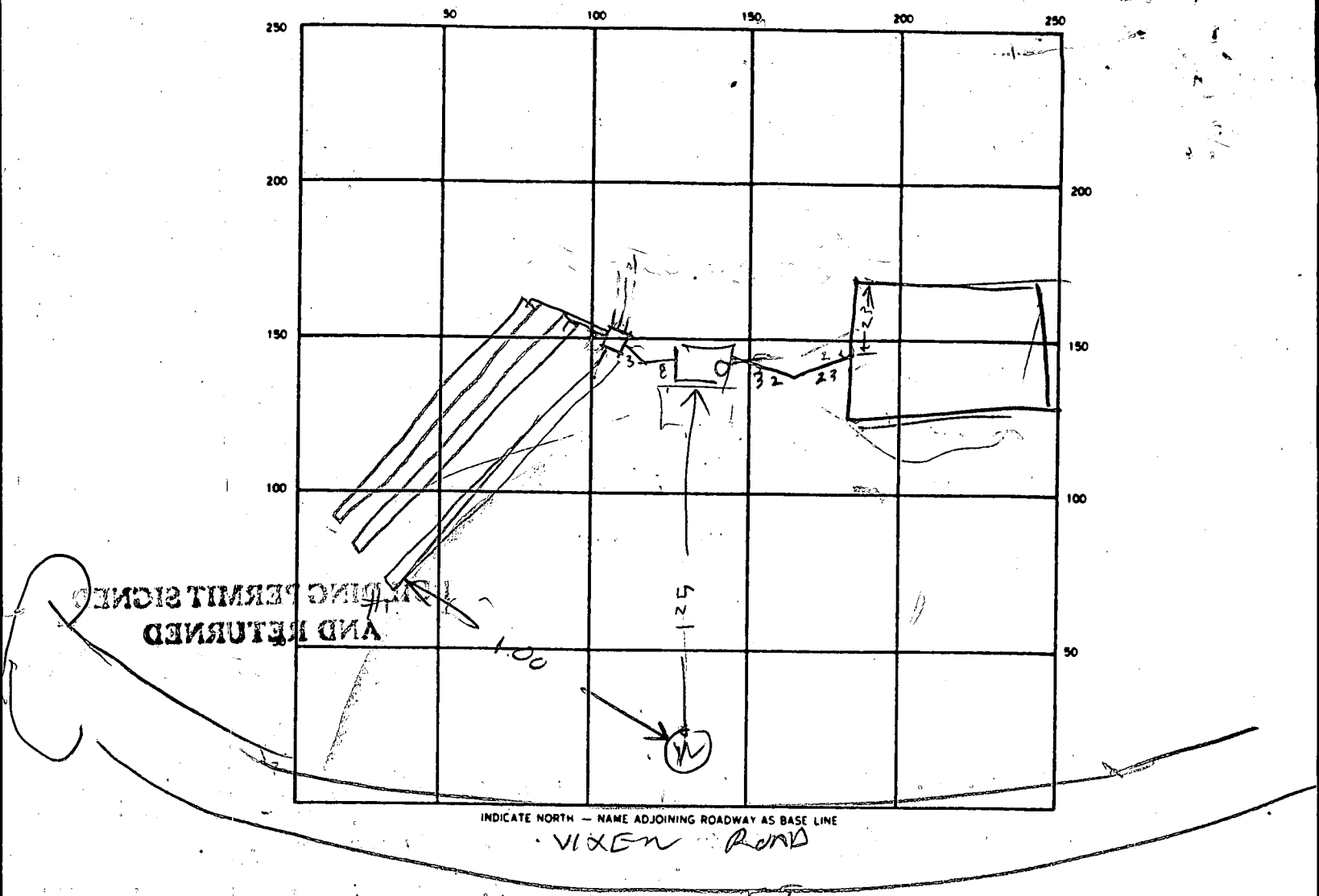
BLDG. PERMIT SIGNED AND RETURNED 8/7/90
Serial # 34323 - Pool

A 36988

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



SEPTIC TANK. LEVEL 2000 CLEANOUTS OK

DISTRIBUTION BOX. LEVEL

DRAIN FIELD/TILE FIELD. DEPTH 1: 5.5 | 2: 5 | 3: 5 FT. TRENCH WIDTH 3 3 3 FT. INLET DEPTH 1: 3 | 2: 3.5 | 3: 2 FT.

EFFECTIVE GRAVEL DEPTH 1: 2 | 2: 2 | 3: 2 FT. TOTAL LENGTH 1: 100 | 2: 100 | 3: 100 FT 300

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA INSTALLED 900 | REQUIRED 880 SQ FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/14/88 AM LOCATION OK SHIFTED HIGHER THAN SHOWN ON PLANS TO AVOID STREAM BED.

DATE SYSTEM APPROVED 11/14/88 INSPECTOR Raymond Hodges

APPLICATION

A 36988

PERCOLATION TESTING

P

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

DISTRICT 5

DATE 5/15/86

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 ~~Wayback Corporation~~ Eileen Horowitz

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS — PHONE —

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 12

ROAD AND DESCRIPTION ~~Homewood Road~~ 11620 Vixen Path

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 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.

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile fields DATE 1-6-87

REJECTED BY — FOR — DATE —

HOLD PENDING FURTHER TESTS — DATE —

REASONS FOR REJECTION OR HOLDING 6/24/86 Perc. Satisfactory, Hold For Subdivision Plat. Shallow Syst. only

BLDG. PERMIT SIGNED AND RETURNED 2-23-88

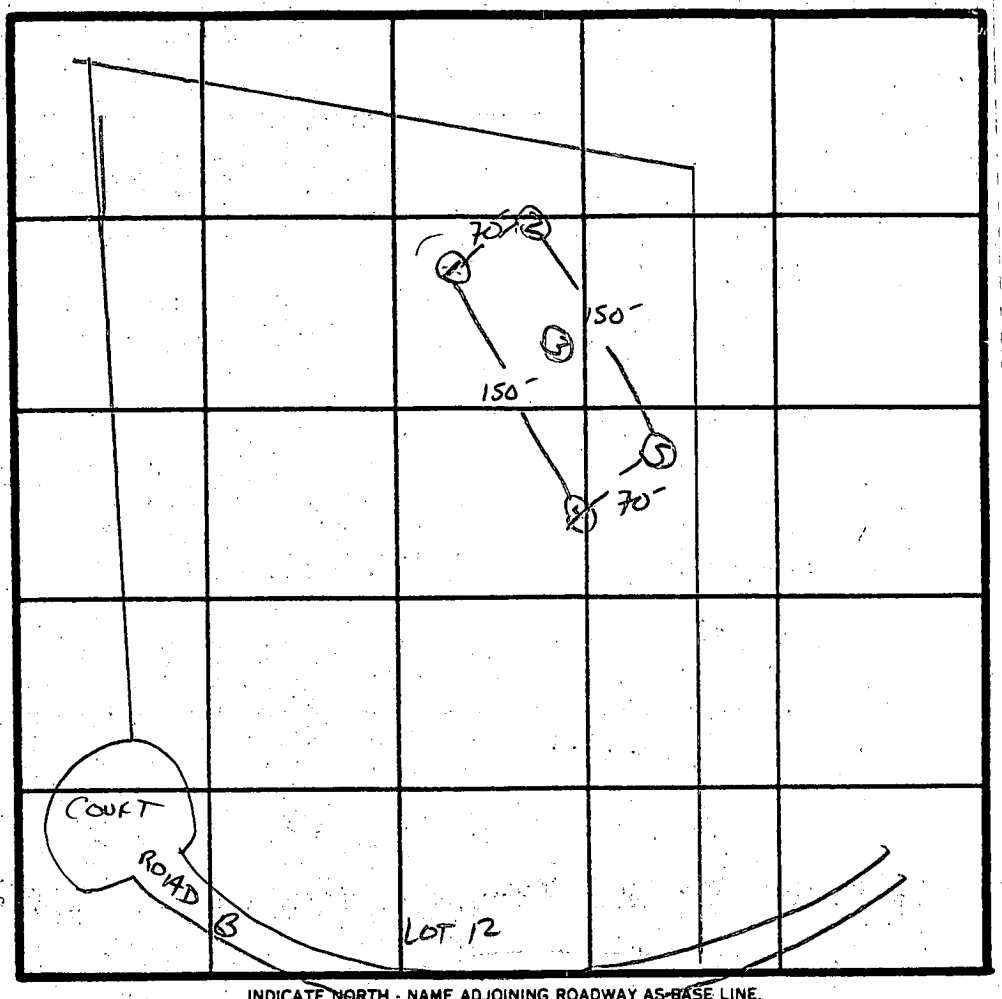
BP 16850 SAC

THIS IS NOT A PERMIT

③ ④
① ②

SOIL PROFILE

0"
4" A-1-3
Yell. Br. SAND LOAM <10% C.LAY + <10% FRAGMENTS
3.5' LIGHT BR SAND LOAM <10% FRAGMENTS
12'



x̄ PERC 7 MIN
INLET 3.5'
BOTTOM 5.0'
180 Φ/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

N / HOMEWOOD Rd.

⑤

0
4' A-1-3
STRONG BROWN SAND LOAM 10-20% FRAGMENTS W 9% CLAY
4'
STRONG BR SAND LOAM <10% FRAGMENTS
12'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
6/24/96	1 S V	4' 12'	2:51 UNIFORM	2:52 Soil Below 3.5'	2:52	2:54	2MIN
	2 S V	3.5 12'	2:56 SAME AS	3:07 HOLE #1	3:07	3:30	23MIN
	3 V	12'	SAME AS HOLE #1		1&2		
	4 S M	4' 9'	3:07 3:15	3:08 3:16	3:08 3:16	3:10 3:17	2MIN 1MIN
	4 V	12'	SAME AS HOLES 1-3				
	5 S M	4' 12'	3:06 UNIFORM	3:10 Soil Below 4'	3:10	3:13	3MIN

REMARKS Proceed as per Plat. Shallow System only. SA

TYPE OF SOIL Manor Loam

S. Mitchell

Jeff Bob

EH-12-1079

APPLICATION

A 3698P

PERCOLATION TESTING

P _____

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS — PHONE —

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 12

ROAD AND DESCRIPTION Homewood Road

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

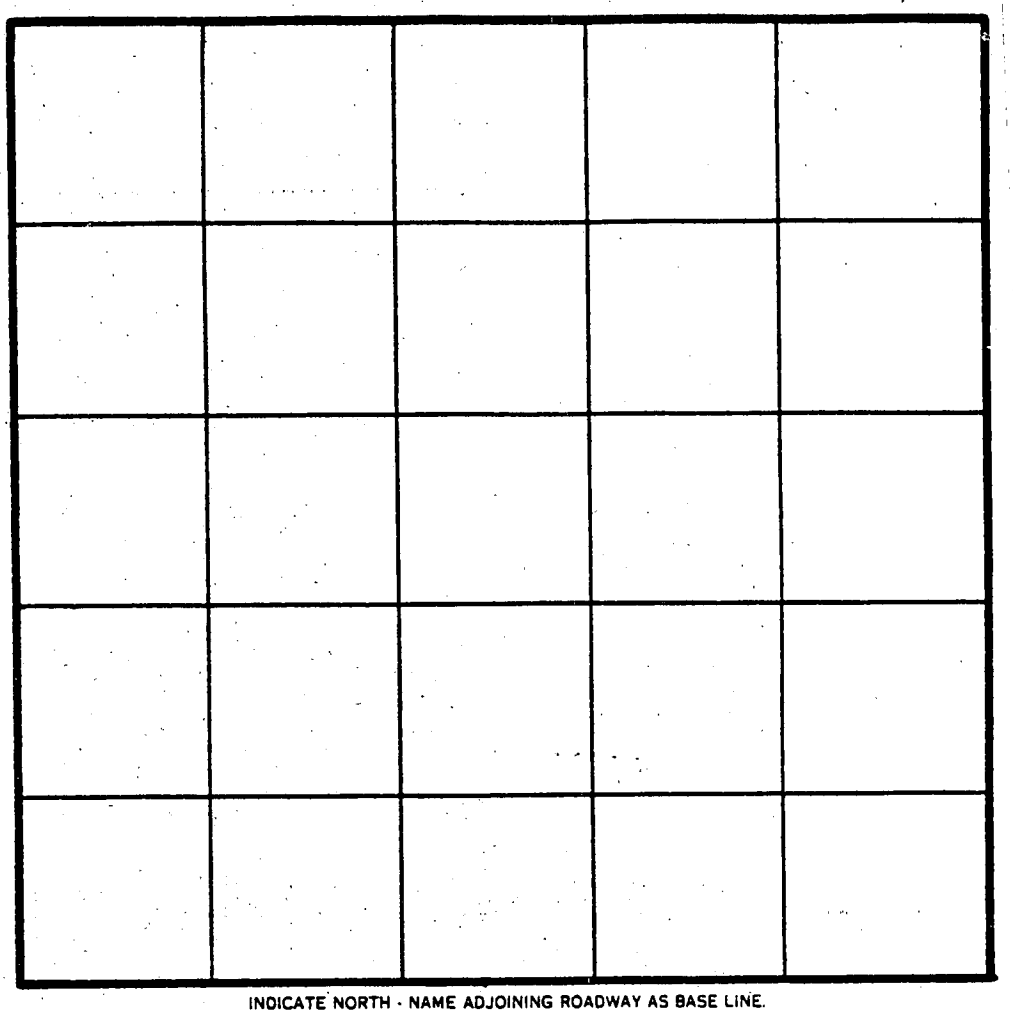
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

EH-12-1079

NOTES:
1. ● INDICATES A PERCOLATION TEST HOLE.
2. ▨ THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF MENTAL HEALTH AND HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER, SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM LOT WIDTH AND AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF MENTAL HEALTH AND HYGIENE.
4. F.F. ELEVATION 393± ✓
   B.O.M.T. ELEVATION 384± ✓
   GAR. ELEVATION 392± ✓
   DISTRIBUTION BOX:
   EXISTING ELEVATION 377± ✓
   INVERT 374± ✓
   TANK:
   EXISTING ELEVATION 381± ✓
   INVERT OUT 376.67 ✓
   INVERT IN 377± ✓
   INVERT AT HOUSE 380± ✓ ± BSMT

VIXENS PATH

R = 200.00'
L = 330.31'
50' R/W
S 05° 00' 00" W
309.10'
R = 25.00'
L = 21.05'
R = 50.00'
L = 58.58'
N 33° 04' 44" W
471.46'
75' BUILDING RESTRICTION LINE
EXISTING WELL ELEVATION 389.70
PROPOSED DRIVE
DISTRIBUTION BOX
TRENCHES AS SPECIFIED BY REQUIRED HEALTH DEPT.
60' BUILDING RESTRICTION LINE
N 10° 00' 00" W
300.00'
30' DRAINAGE & UTILITY ESMT.
28.46'
60'
LOT 12
3.240 AC.±
LOT 13
LOT 14

2/23/88 Illegible
2-23-88 Sicky Abel
BLDG. PERMIT SIGNED AND RETURNED 2-23-88
BP 16850 SM

M. & H. DEVELOPMENT ENGINEERS, INC.
SUITE 231, HARPERS CHOICE VIL. CTR.
5485 HARPERS FARM ROAD
COLUMBIA, MARYLAND 21044
PHONE 730-9060

SITE DEVELOPMENT PLAN
LOT 12, VIXENS PATH
THE CHASE
TAX MAP 29, PARCEL 24
PLAT NUMBER 7120
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: 1/5/88

5/3188

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # 41474
Date 4/11/88

Name of Installer Mechanical Systems Co Telephone 442-1718

License Number MD. 6681
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber MD 6681

Name of Property Owner Byron Builders Telephone 740 4488
Subdivision The Chase Lot # 12 Well Tag # HO-81-2276
Site Address 11620 Vixen Path

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

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

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

Tank
1. Capacity ____
2. Pressure relief valve? ____

Piping
1. Type Qwest
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 42"

Well data
1. Depth 285 ft.
2. Yield 12 GPM
3. Static water level 36 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).

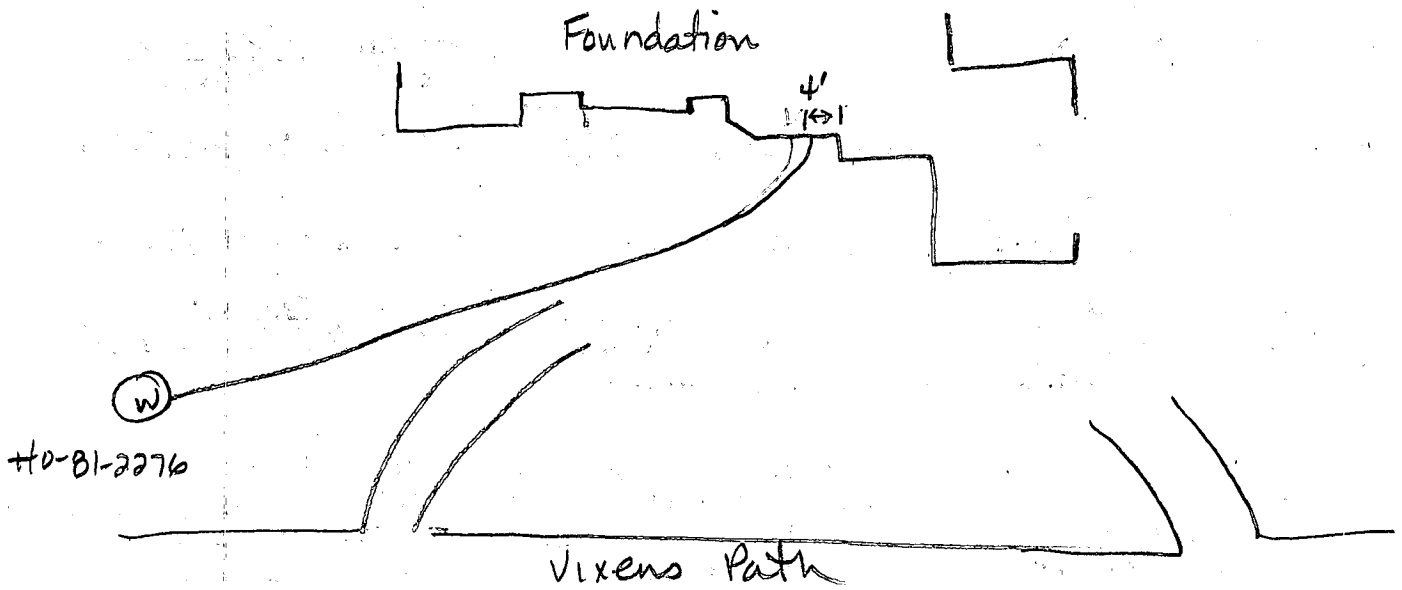
All information given above is true to the best of my knowledge.

Signature of Applicant: Douglas Polansky

Date: 4-11-88

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

HD-215



5-3-88

Pitless adaptor at 42 inches. Well line at 54 inches in the trench. Connection to foundation cemented. Ground line supplied but not connected to casing. VE Nadeau

C 1 6081 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

COUNTY NUMBER: A-38988

DATE Received: [ ]

DATE WELL COMPLETED: 10/14/87

Depth of Well: 285 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-81-2276

OWNER: BYRON Builders (last name / first name)

STREET OR RFD: VIXENS PATH   TOWN: CLARKSVILLE

SUBDIVISION: THE CHASE   SECTION: ____   LOT: 12

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
SAND	0	31	
GRAY Mica Rock	31	285	✓
Dry Wells -	400,	460,	
460, 400, 340			
Filled in with cement + Drilling materials			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) circled / no N

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

NO. OF BAGS: 8   NO. OF POUNDS: 752

GALLONS OF WATER: 48

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (TOP) to 32 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types — insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	36

OTHER CASING (if used) — EACH CASING: diameter inch; depth (feet) from / to

SCREEN RECORD
screen type or open hole — insert appropriate code below: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2

EACH SCREEN	Type	DEPTH (nearest ft.) from	to
1	HO	35	285
2			
3			

SLOT SIZE 1____ 2____ 3____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

C 3 — PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 5½

METHOD USED TO MEASURE PUMPING RATE: bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 36
WHEN PUMPING: 78

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 WILL INSTALL PUMP (CIRCLE) (YES or NO): YES 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: [ ]

CAPACITY: GALLONS PER MINUTE (to nearest gallon): [ ]

PUMP HORSE POWER: [ ]

PUMP COLUMN LENGTH (nearest ft.): [ ]

CASING HEIGHT (circle appropriate box and enter casing height): + above / − below LAND SURFACE (nearest foot)

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238

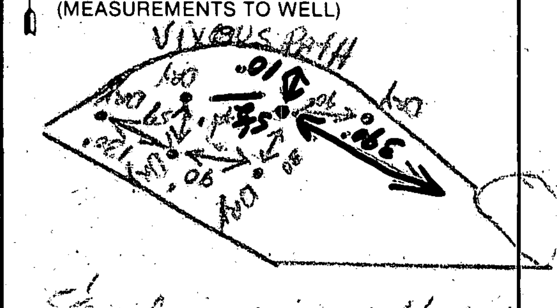
[signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T: 70 [ ] TELESCOPE CASING   (E.R.O.S.): 72 [ ] LOG INDICATOR   W.Q: 74 75 76 [ ] OTHER DATA

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)



5½ gal. well is 10 ft. ...

HEALTH

Page ____ of ____
Date 10/14/87

Review O/C 8/11/88 BH

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2276
Location of property (road) VIXENS PATH
Subdivision THE CHASE Lot 12 Block ____ Plat ____ Sec. ____
Well Driller JOE MAYNE Owner BRAON BUILDERS

Depth of well 285'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 36'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12 gal.
Total time 30 MIN to reach pumping water level 77 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	63'	5 sec.		12
8:00	77	11		5 1/2
8:15	77	11		5 1/2
8:30	77	11		5 1/2
8:45	77	11		5 1/2
9:00	77	11		5 1/2
9:15	77	11		5 1/2
9:30	77	11		5 1/2
9:45	77	11		5 1/2
10:00	77	11		5 1/2
10:15	77	11		5 1/2
10:30	78	11		5 1/2
10:45	78	11		5 1/2
11:00	78	11		5 1/2

HD-224

Page ____ of ____
Date ____

Review ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2276
Location of property (road) VIXENS PATH
Subdivision THE CHASE. Lot 12 Block ____ Plat ____ Sec. ____
Well Driller TOM MAYNE Owner BYRON BUILDERS

Depth of well 285 ft
Distance of measuring point (M.P.) above ground 1 ft
Static water level (S.W.L.) below M.P. 36 ft

546
11 J 60
55
50
44
-60

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12 gal
Total time 30 min to reach pumping water level 77 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:16 am	77 ft.	11 sec		5.5
10:20 am	78 ft	11 sec		5.5
10:25 am	78 ft	11 sec		5.5
			10-14-87 Pump at 250 feet.	
			Water sample taken at	
			10:15 am H 1237 H.E. Nadeau	

HD-224

EMERGENCY/TEMP. NO. IF ANY

B 1 | 9305 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER: HO-81-2276
fill in this form completely

Date Received: 09 02 87

OWNER INFORMATION

BYRON BUILDERS
Last Name / Owner / First Name

5397 Twin Knolls Rd.
Street or RFD

Columbia MD 21045
Town / State / Zip

DRILLER INFORMATION

Joseph L. Wayne
Driller's Name

238
License No.

Joseph L. Wayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy, Md. 21771
Address

Joseph L. Wayne 8/27/87
Signature / Date

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER: GAP

FORCE: SA (WRITE INITIALS IN BOX) PERMIT No.: HO-81-2276

LOCATION OF WELL

B 3

HOWARD
COUNTY

THE CHASE
SUBDIVISION

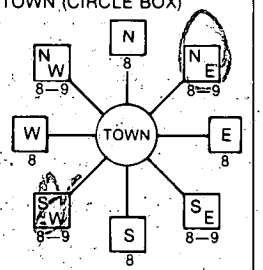
SECTION LOT 12

CLARKSVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 3 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Vistas path
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N
WEST W 32 E EAST
S SOUTH

DISTANCE FROM ROAD: 65

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A-36988 — COUNTY NO.

OEP SIGNATURE
STATE HEALTH INSERT S

DATE ISSUED: 09 08 87
CO-SIGNATURE
EXP. DATE: 03-07-88

NORTH GRID: 513000
EAST GRID: 082400

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

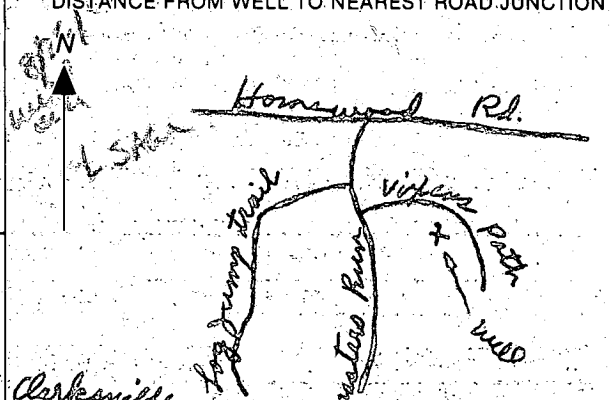
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8204
N 5143

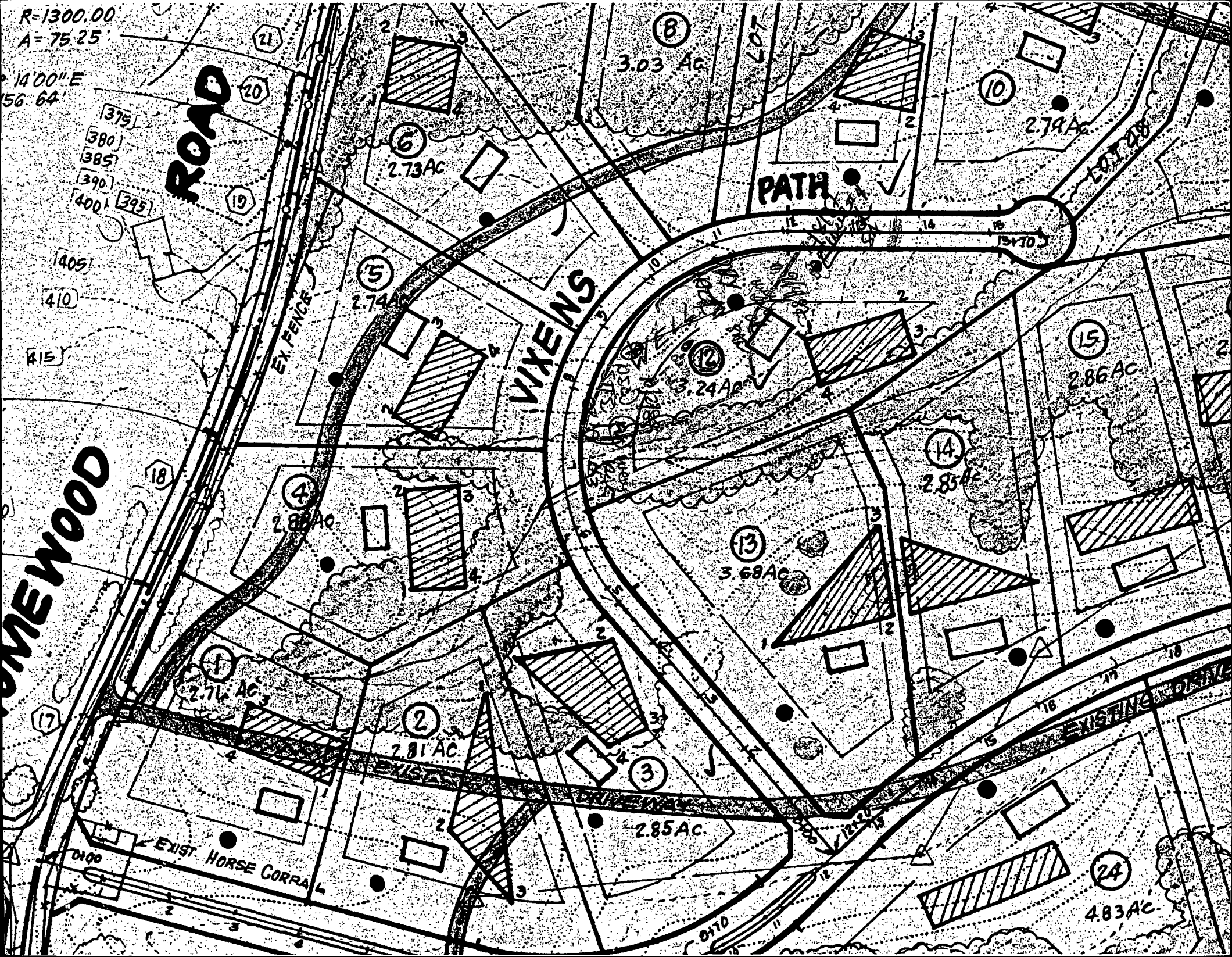
10-14-87 Location ok
36 ft casing
32 ft openhole
8 bags cement
1 ft above ground
WX
All 5 holes are filled with 3 bags cement each

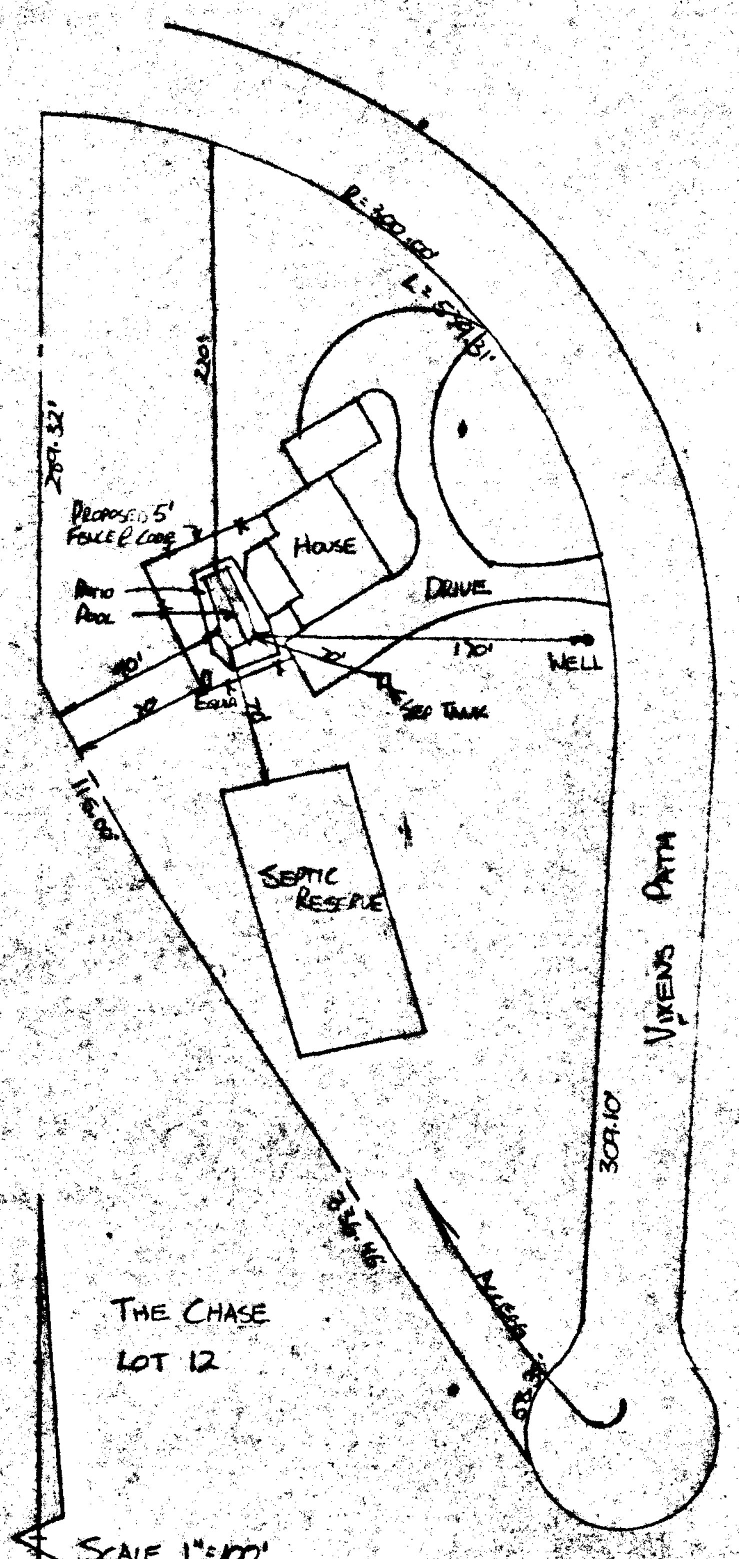
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

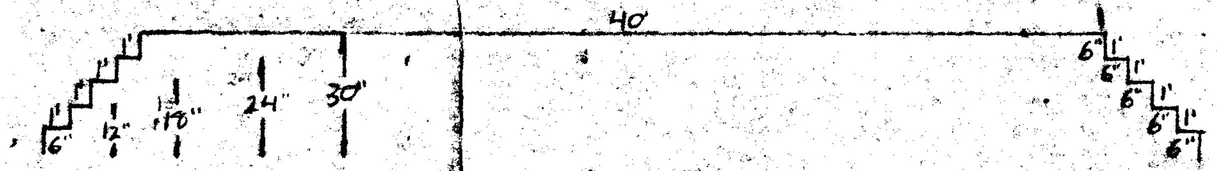


SPECIAL CONDITIONS

HEALTH

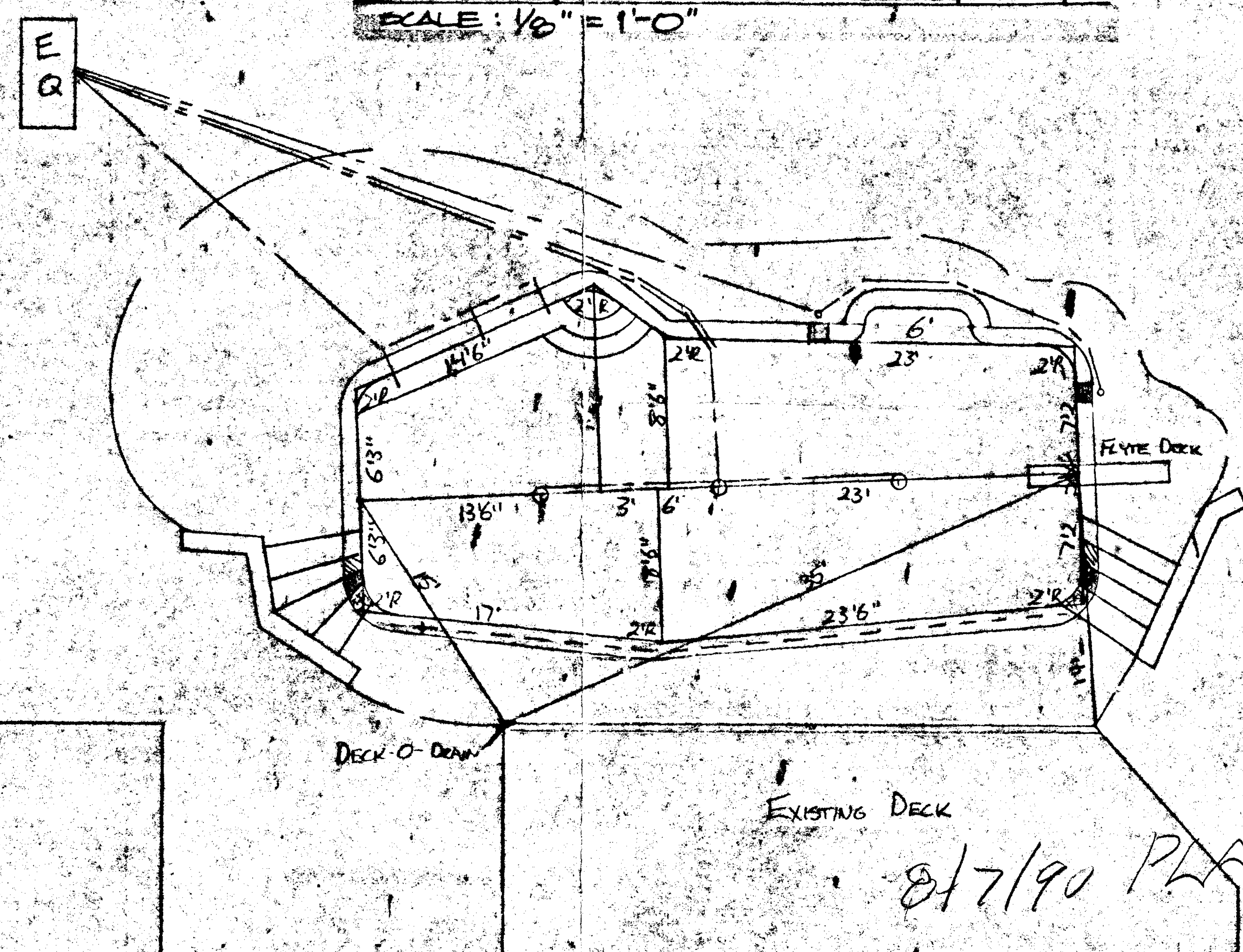

R=1300.00'
A=75.25'
14'00"E
156.64'
ROAD
PATH
VIXENS
EX FENCE
EXIST. HORSE CORRAL
EXISTING
1
2.71 AC
2
2.81 AC
3
2.85 Ac.
4
2.88 Ac
5
2.74 Ac
6
2.73 Ac
8
3.03 Ac
10
2.79 Ac
12
3.24 Ac
13
3.68 Ac
14
2.85 Ac
15
2.86 Ac
24
4.83 Ac.

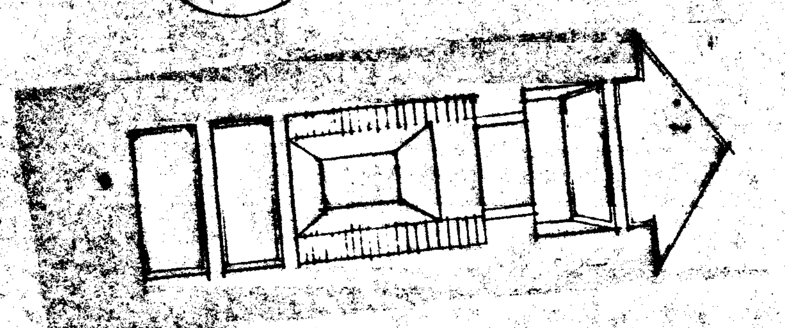


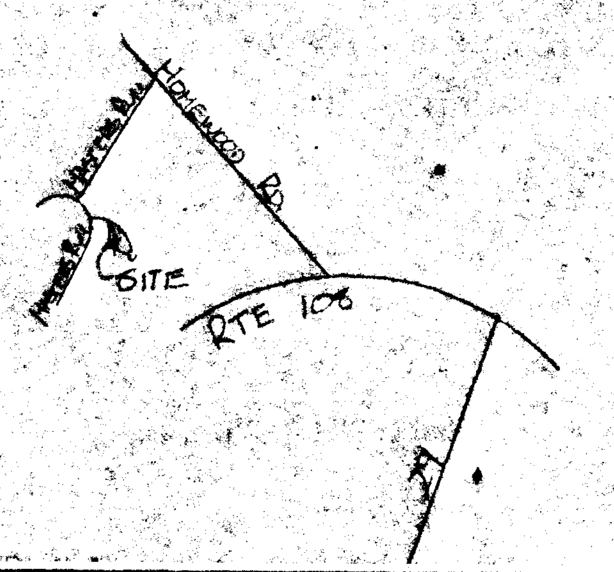


Pool & Plumbing Layout

Scale: 1/8" = 1'-0"







8/7/90 PLANS OK
R Hodges

BUYER:
TO DETERMINE APPROXIMATE ELEVATION OF POOL ON DAY OF EXCAVATION.

BUYER:
POOL AREA TO BE FENCED, PER COUNTY OR CITY ORDINANCE. GATES TO BE SELF CLOSING AND SELF LATCHING.
BY BUYER

BUYER:
WET DOWN CONCRETE SHELL AT LEAST TWICE DAILY FOR 7 DAYS.
DO NOT TURN ON POOL LIGHT WHEN POOL IS EMPTY.

Buyer to Finalize Deck Size with Deck Contractor and Understands Additional Footage Above Amount Quoted on Appurtenance will be Charged at $______ Per Sq. Foot.

NOTE SCALE 1/8" = 1'0"

29(N) To Rte 108(W) To (R) On Homewood Rd To (L) On Master Run To (L) On Vixens Path To Site On (R)

ANY GRADING IF REQUIRED OVER ______ HOURS TO BE PAID AT THE RATE OF $85.00 PER HOUR. GRADING TO BE ROUGH GRADING ONLY.

CONSTRUCTION OFFICE HOURS
MON-FRI 9-5
(703) 451-9454

FLOOR SYSTEM		PLUMBING			SET BACKS	
FLOOR HEADS#	3	SKIMMER	2"	63 FT.	HOUSE	10 FT.
STEP HEADS#		RETURNS	2"	23 FT.	SIDE	10 FT.
BENCH HEADS #		RETURNS	1½"	5 FT.	REAR	10 FT.
LOVE SEAT#		AUTO CLR.	1½"	37 FT.	STREET	– FT.
SPA HEADS#		SPA SUCT.	"	FT.	SEPTIC	20 FT.
Heads may vary due to shape, size and depth.		SPA RET.	"	FT.	WELL	20 FT.
		AIR LINE	"	FT.	FENCE	5' MIN FT.
		Return	1"	4 FT.	PUB. WATER	No
		Floor	2"	36 FT.	PUB. SEWER	No
			"	FT.		

Z 2

GENERAL SPECIFICATIONS *

SIZE 19' X 40' DEPTH 3' TO 8'6" PERIM. 107 FT.
SHAPE Archadia AREA 650 SQ. FT
COPING TYPE Brown Brick TILE
MOTOR H.P. 2 GPM FILTER 52 SQ. FT.
SKIMMER # 2 BACKWASH TO Area

POOL EQUIPMENT *

HEATER MODEL Propane SIZE 380,000 BTU
TIME CLOCK TYPE: STANDARD 1 DELAY 1
POOL CLEANING SYSTEM: Polaris
SPA — SQ. FT. — AIR INJECTORS # — BLOWER —
SPA LIGHT # — VOLT — WATT
POOL LIGHT # 1 110 VOLT 300 WATT
BOARD MODEL Flyte Deck SIZE 8 FT. TILE
LADDER MODEL — TILE LOVESEAT 6 FT.
CLEANING TOOLS Yes VACUUM WITH 35 FT. HOSE
POOL BENCH 12 FT. ROPE RINGS & FLOATS Yes

SITE CONDITIONS *

PRE SITE GRADING HR. DIRT WALK — FT.
DIRT HAUL — DIRT STAY Yes
CONCRETE REMOVAL — SQ. FT.
STUMPS # — PUSH OVER ONLY — HAUL
TREES TO BE CUT BY: —

SPECIAL NOTES *

1) Anthro-Flow Floor Returns

PERMIT OFFICE Howard County
LOT 12 BLOCK SUB. DIV. The Chase
SALESMAN J. Kagen MANAGER J. Kagen
SALES OFFICE Baltimore PH. # 922-8301
CONSTRUCTION OFFICE PH. # 703-451-9454
JOB # CONTRACT DATE 7/31/90
CASH Yes LOAN —

DATE DWN 8/1/90
DWN. BY KA
CKD BY
MAP 14 J-1

SWIMMING POOL

NAME Harvey & Eileen Horowitz
ADDRESS 11620 Vixens Path
Ellicott City, MD 21043
CROSS STREETS
RES. PHONE 997-3080 BUS. PHONE

ANTHONY POOLS
A Division of Anthony Industries, Inc.

AP-8015E

Howard County MARYLAND

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

J. Michael Evans, Director

CANCELLATION NOTICE

DATE: May 20, 2003

(X) Department of Planning and Zoning
(X) Bureau of Engineering
(X) Health Department (Environmental)
( ) Inspectors: (Building)
( ) (Plumbing)
( ) (Electrical)
( ) (Fire)
(X) Licenses & Permit Division: (Building)
( ) (Plumbing)
( ) Tax Assessment Office
(X) Owner
(X) Division of Plan Review
( ) Construction Inspection Division
(X) Other Architect - Stewart McCready

RE: Cancellation and/or Expired Permit/Application

Permit Number Building #B00133170
Date of Issue Not Issued
Owner Harvey Horowitz
Location 11620 Vixens Path, Ellicott City, MD 21043
Description of Work For 2 story addition.

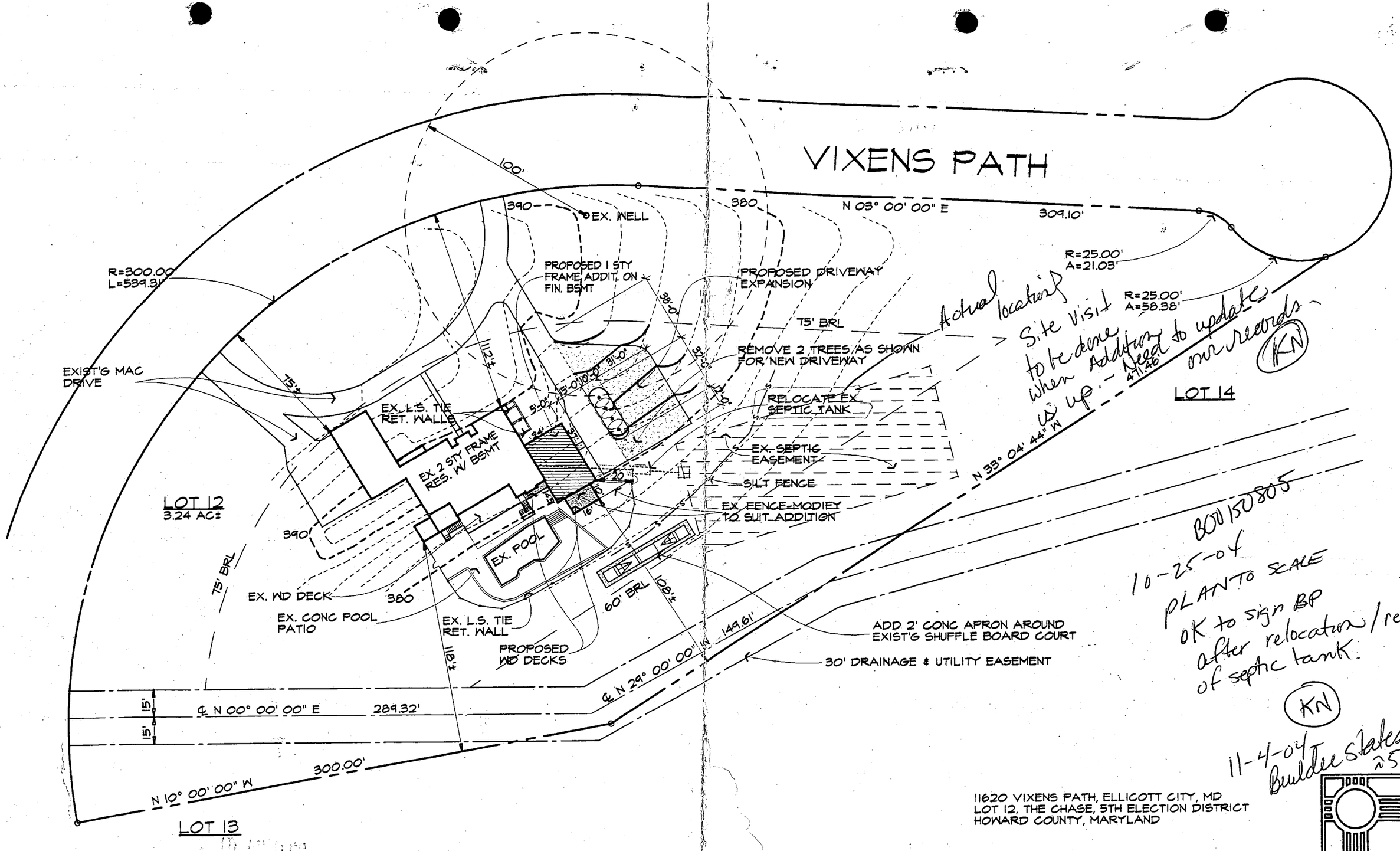
Reason International Building Code, 2000 Edition - Suspensions of Permit

NOTE: Construction drawings will be held for ten (10) days at the Front Counter. If they are not picked up by then, they will be destroyed.

FROM: Ann Carb

Chief, Licenses and Permit Division
Department of Inspections, Licenses and Permits
Phone Number (410) 313-2455

cancel/cwc



11620 VIXENS PATH, ELLICOTT CITY, MD
LOT 12, THE CHASE, 5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SITE PLAN	1"=50'
HOROWITZ RESIDENCE	17 OCT 01

STEWART McCREADY
ARCHITECTS PA
8329 MAIN STREET
ELLICOTT CITY, MD 21043
FAX (410) 465-7737
(410) 465-7687