PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-326225

P 511350

A 56429-98

DISTRICT 3rd

DATE 1-15-99

DATE SYSTEM APPROVED 1-20-99

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXX 410-313-2640

INDEXED

Lehsac Corp. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 202 Azar Court Baltimore, Maryland 21227 PHONE (410) 242-6888

SUBDIVISION Gaither Hunt LOT 30 ROAD 11013 Steeple Chase Court

PROPERTY OWNER Ryan Homes

ADDRESS _____

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 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 155 feet down the left (372.79') lot line and 10 feet off that same lot line. Run trenches along contour toward the right (368.08') lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. Ok BF 1-8-99

*MAINTAIN 20' SEPARATION BETWEEN HOUSE AND SEWAGE DISPOSAL EASEMENT***

PLANS APROVED BY Glen savage DATE 10-08-98

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 I[redacted]

[redacted] 7-3-99

B00131688-reissued OLD
BP# 00131591 59x26 DECK

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

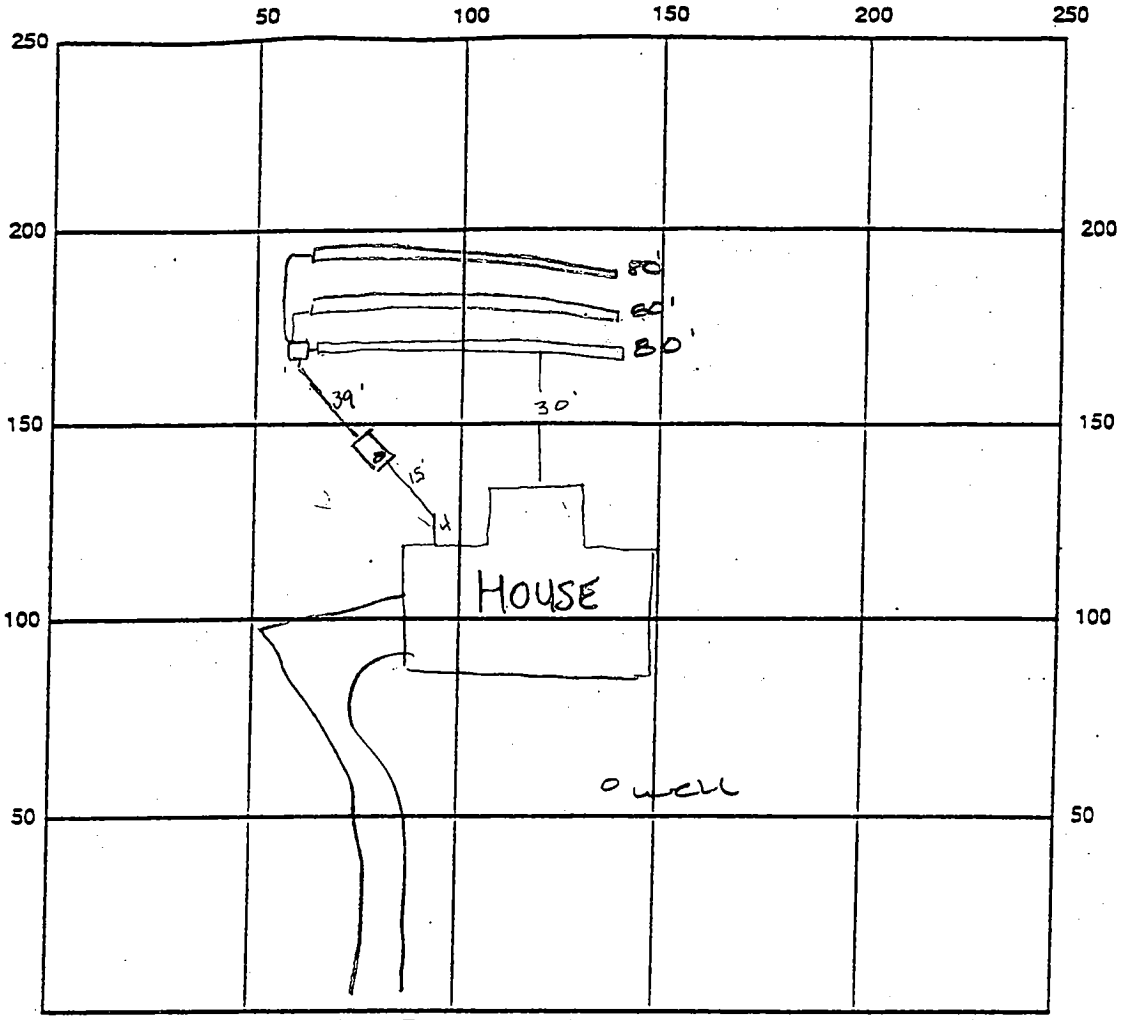
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

AAA

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Steeplechase Ct

SEPTIC TANK LEVEL OK 1250gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/~~TILE~~ DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 5.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA 720 SQ. FT. 240 / 3 / 20

~~DRAINAGE~~ Drywell INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 1-19-99 - OK to cover all work - hse connection needed AH

1-20-99 has house connection, ok to cover KM

DATE SYSTEM APPROVED 1-20-99 INSPECTOR Kim Maiste

1/19/99 3 PM

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 # ____
Date 1/19/99

Name of Installer LEHSAC CORP / TOM PAPPAS Telephone ____

License Number 3344
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner Ryan Homes Telephone 410-654-0501
Subdivision Gaither Hunt Lot # 30 Well Tag # HO-94-1641
Site Address ____

- -

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Jacuzzi
3. Model # 15S45283-S2
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes X 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 X Other ____

Motor
1. Horsepower 5
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 X

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

Tank
1. Capacity 86
2. Pressure relief valve? Y

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

Well data
1. Depth 600 ft.
2. Yield 2 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? Y

- -

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.

Inspected ?

Signature of Applicant: [signature]

Date: 1/15/99

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

HD-215

4380

SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A5642900

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED MM 10 DD 5 YY 98

Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1641 AA

OWNER RUSSELL DEVELOPMENT (last name) 52 (first name)

STREET OR RFD STEEPLE CHASE CT TOWN WILDE LAKE

SUBDIVISION GAITHER HUNT SECTION 1 LOT 30

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
Brown Soil	0	27	
GRAY GRANITE	27	150	
WHITE GRANITE	150	165	
HARD GRAY GRANITE	165	500	
HARD GREEN GRANITE	500	550	
HARD GRAY GRANITE	550	600	
		180	✓
Dry holes Abandoned & sealed with drill cuttings & cement			
Dryhole #1 500'			
Dryhole #2 500'			

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Yes) Y (no) 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.: MD D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JW D 341

Max S. Jones

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

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 352

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 30 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	06	30

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) 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	DEPTH (nearest ft.)	
1	HO 30	600
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

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

T ____ (E.R.O.S.) ____ W-Q ____

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2 GPM

METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 ft.

WHEN PUMPING 249 ft.

TYPE OF PUMP USED (for test)

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

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. ____

CAPACITY: GALLONS PER MINUTE (to nearest gallon) ____

PUMP HORSE POWER ____

PUMP COLUMN LENGTH (nearest ft.) ____

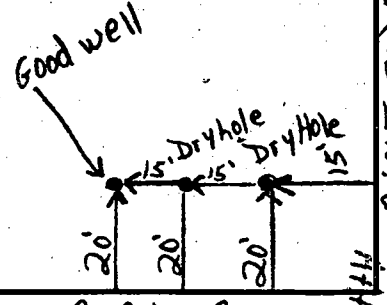
CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE

− below

2 (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DENV-CR97 ② COUNTY

Page 2 of 2
Date 10-5-98

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1641
Location of property (road) STEEPLE CHASE CT
Subdivision GAITHER HUNT Lot 30 Block ____ Plat ____ Sec. ____
Well Driller MICHAEL BARLOW Owner RUSSELL DEVELOPMENT LLC

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

I. High rate pumping -- reservoir drawdown

Time pump started 10:15 Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

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)
4:15	249	30		2
4:30	249	30		2
4:45	249	30		2
5:00	249	30		2
5:15	249	30		2
5:30	249	30		2

HD-224

Page 1 of 2
Date 10-5-98

Review ok 10/8/98

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1641
Location of property (road) STEERS CHASE CT
Subdivision GAITHER HUNT Lot 30 Block ____ Plat ____ Sec. ____
Well Driller MICHAEL BARLOW Owner RUSSELL DEVELOPMENT LLC

Depth of well 600'
Distance of measuring point (M.P.) above ground ____
Static water level (S.W.L.) below M.P. 31'

I. High rate pumping -- reservoir drawdown

Time pump started 10:15 Pumping rate 2 gpm
Total time ____ to reach pumping water level ____ 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)
10:15	31	4		15
10:30	166	4		15
10:45	158	5		12
11:00	162	8		7.5
11:15	247	10		6
11:30	249	30		2
11:45	249	30		2
12:00	249	30		2
12:15	249	30		2
12:30	249	30		2
12:45	249	30		2
1:00	249	30		2
1:15	249	30		2
1:30	249	30		2
1:45	249	30		2
2:00	249	30		2
2:15	249	30		2
2:30	249	30		2
2:45	249	30		2
3:00	249	30		2
3:15	249	30		2
3:30	249	30		2
3:45	249	30		2
4:00	249	30		2

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 | 8353 | SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: Ho -94 -1641
70 79
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
RUSSELL DEVELOPMENT LLC
15 Last Name Owner First Name 34
8808 CENTRE PARK DR. SUITE 108
36 Street or RFD 55
COLUMBIA MARYLAND 21045
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

MICHAEL BARLOW MW D 355
Driller's Name 76 License No. 81
MICHAEL BARLOW WELL DRILLING SVC. INC.
Firm Name
912 FALLS COURT JOPPA, MD 21085
Address
Signature 6-17-98 Date

B 2 | WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20 12

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 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
39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEN AN EXISTING WELL

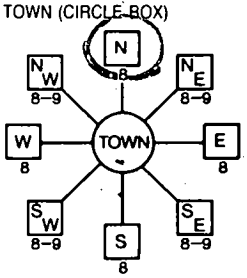
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER GAP
54 63
FORCE G S (WRITE INITIALS IN BOX) PERMIT No. Ho - 94 - 1641
67 68 70 71 72 73 74 75 76 77 78 79

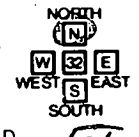
B 3 | LOCATION OF WELL
8 COUNTY HOWARD 21
23 SUBDIVISION GAITHER HUNT 42
SECTION 1 (44 46) LOT 30 (48 50)
52 NEAREST TOWN WILDE LAKE 71
MILES FROM TOWN (enter 0 if in town) 4 M
73 76 77 78

B 4 | 1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road C
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 20 37 DISTANCE FROM ROAD
ENTER FT OR MI FT 38 39

TAX MAP: 29 BLK: 5 PARCEL 21

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD A5642900
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 7 21 98 7.21.99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 521 000 (50 55) EAST GRID 830 000 (57 63)

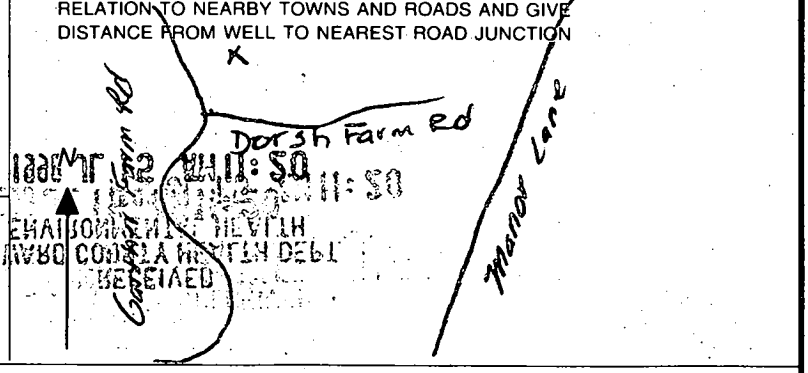
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 830
N 521

X
000
000

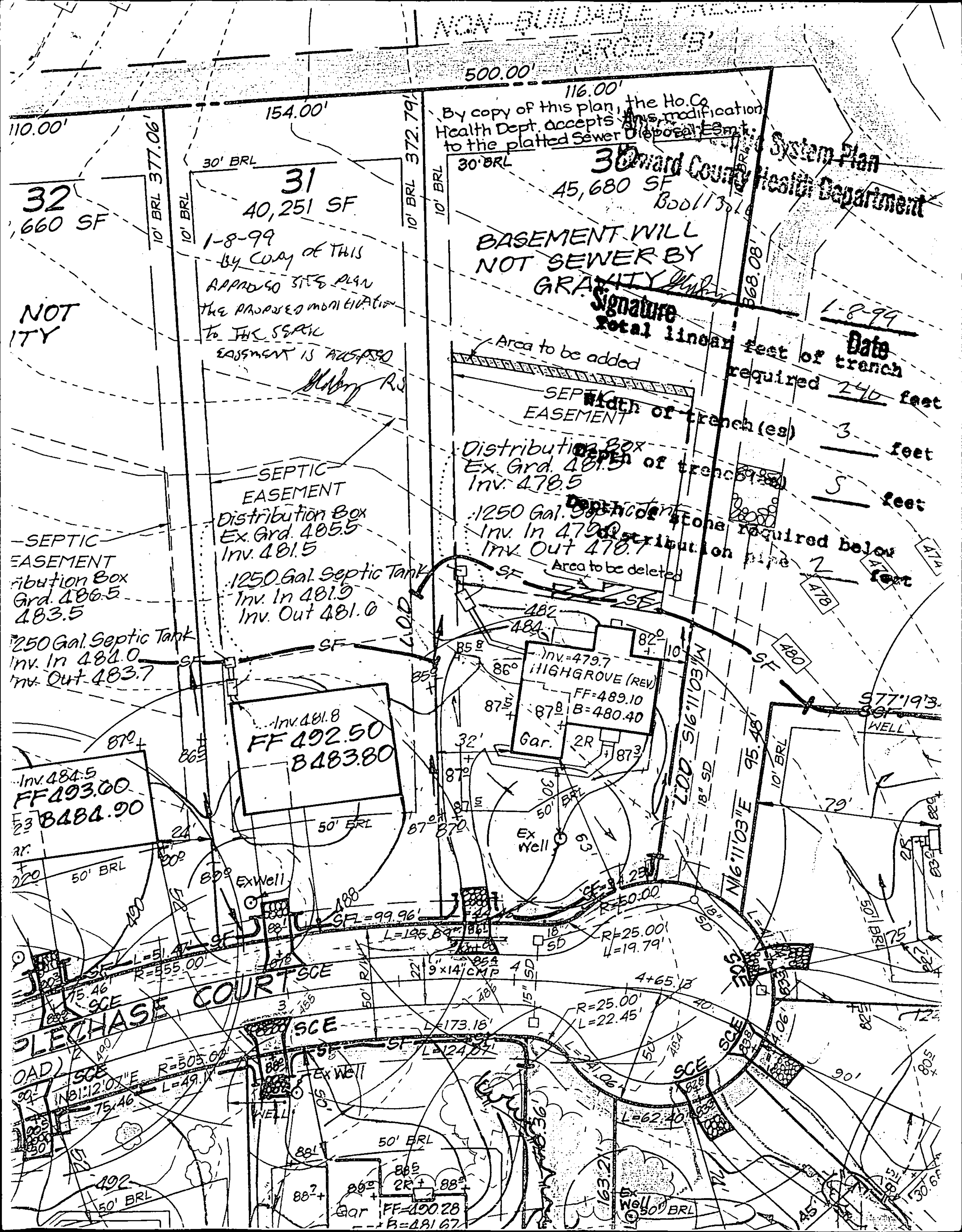
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

LOT 34
44,850 SF
LOT 33
49,890 SF
LOT 32
42,660 SF
LOT 31
40,251 SF
LOT 30
45,680 SF
LOT 29
49,982 SF
ROAD 'C'
PRIVATE
(NON-BUILDABLE PRESERVATION
PARCEL 'B')
(POTENTIAL GOLF COURSE USE)
42.611 AC ±
W.Q. AREA
WATER QUALITY, DRAINAGE & UTILITY EASEMENT
20' DRAINAGE & UTILITY EAS'MT
EX. WELL TO BE ABANDONED
EX. BLDG'S TO BE RAZED
P.T.=1+49.15
P.C.=0+50
P.C.=2+24.61
END 4+65.13
EXISTING
ROCK AT 8'
ROCK AT 7'
ROCK AT 8'
P32 236'
P33-345
P35-500
P36-368
P37 380'
P38 95'
P39-312
P42 168
8.21.98 WELL CASING SET 30 FEET OF 1ST LOCATION NOT GROUTED WELL ALL STILL ON LOT
7.20.98 WSI OK
8/11/98 1ST WELL SITE DRY, 2ND SITE 15' TO LEFT OK
8/17 2ND SITE DRY
OK TO MOVE ANYWHERE LEFT OF LOT & NO FURTHER BACK
MAY NEED TO ADJUST DRIVEWAY



NON-BUILDABLE PRES...
PARCEL 'B'
500.00'
116.00'
154.00'
110.00'
By copy of this plan, the Ho.Co. Health Dept. accepts this modification to the platted Sewer Disposal Esmt.
Septic System Plan
Howard County Health Department
30' BRL
31
40,251 SF
30
45,680 SF
32
,660 SF
10' BRL
377.06'
372.79'
368.08'
1-8-99
By copy of this approved site plan the proposed modification to the septic easement is accepted
RS
BASEMENT WILL NOT SEWER BY GRAVITY
Signature
1-8-99
Date
Total linear feet of trench required 246 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below distribution pipe 2 feet
Area to be added
Area to be deleted
SEPTIC EASEMENT
Distribution Box Ex. Grd. 481.5 Inv. 478.5
1250 Gal. Septic Tank Inv. In 479.0 Inv. Out 478.7
Distribution Box Ex. Grd. 485.5 Inv. 481.5
1250 Gal. Septic Tank Inv. In 481.9 Inv. Out 481.6
Distribution Box Ex. Grd. 486.5 483.5
1250 Gal. Septic Tank Inv. In 484.0 Inv. Out 483.7
NOT ...ITY
L.O.D.
SF
Inv.=479.7
HIGHGROVE (REV)
FF=489.10
B=480.40
Gar.
2R
Inv.481.8
FF 492.50
B 483.80
Inv.484.5
FF 493.00
B 484.90
50' BRL
Ex Well
S16°11'03"W
N16°11'03"E
95.48'
S77°19'3..
WELL
SF=99.96'
L=195.84'
L=51.47'
R=555.00'
9"x14" CMP
18" SD
R=25.00'
L=19.79'
R=50.00
4+65.13
R=25.00'
L=22.45'
L=173.18'
L=124.07'
L=241.06'
L=62.40'
STEEPLECHASE COURT
SCE
50' R/W
R=505.00'
L=49.17'
N81°12'07"E
75.46'
SCE
FF=490.28
B=481.67
Gar
50' BRL
478
480

APPLICATION

PERCOLATION TESTING

A 56429

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4/4/96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~J Thomas Scrivener~~ Ryan Homes

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd 21044 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 51

ROAD AND DESCRIPTION (11013 Steeple Chase Court)

BLDG. PERMIT SIGNED
~~BND RETURNED~~ 10-8-98
Serial # B010113016

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4 Bdrms
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

56 429
COUNTY #

SOIL PROFILE 144

0'

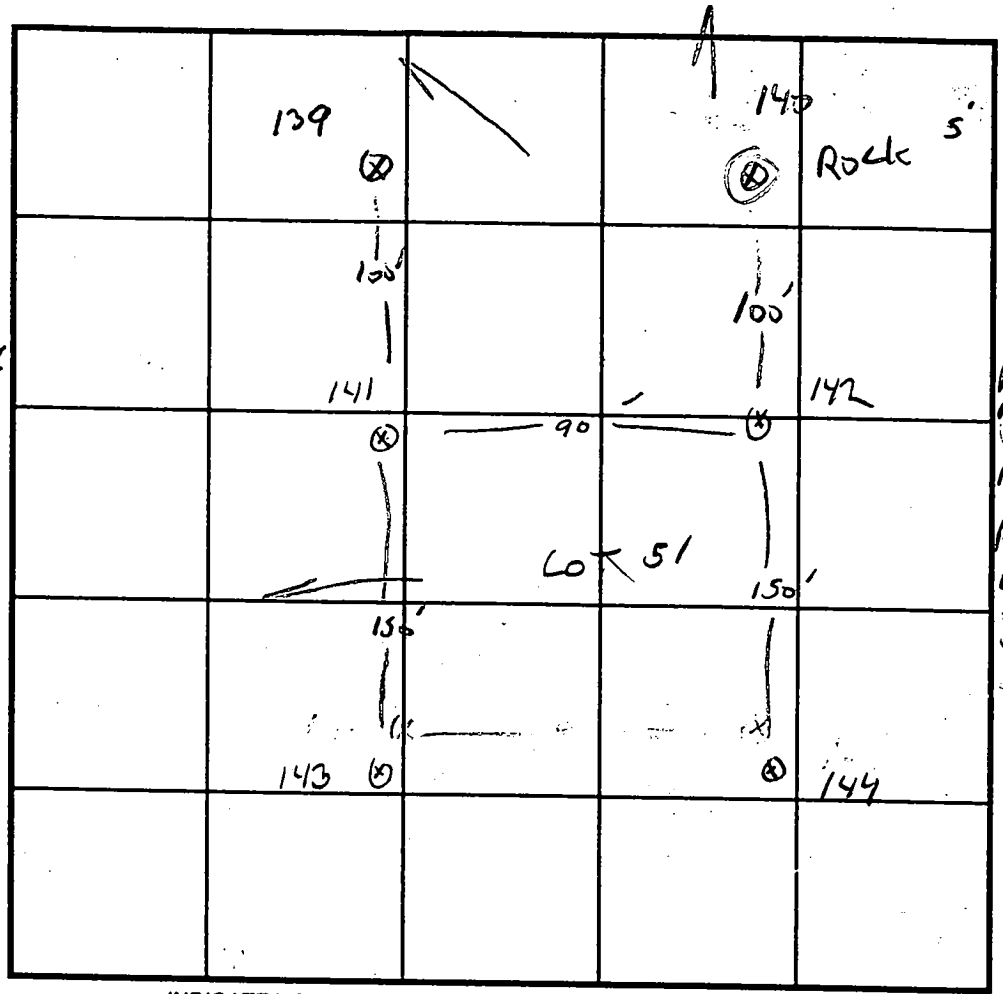
TOPSOIL

18'

ORANGE CLAY

4'6"

TAN S.S.C.



SOIL PROFILE 141

0'

TOPSOIL

1'

ORANGE/ YELLOW SANDY CLAY

6"

DARK BROWN SANDY LOAM

11'6"

143
142

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. ← N

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
4-4-96	141	5'6" / 11'6"	10:24	10:26	10:26	10:29	3 MIN	
	142	5'6" / 11'6"	10:31	10:32	10:32	10:34	2 MIN	
	144	5' / 11'6"	10:44	10:46	10:46	10:54	8 MIN	REPEAT 2X
	143	4'6" / 10'	10:47	TEST	STOPPED	LITTLE MOVEMENT		
	143	5'6" / 10'	11:21	11:27	11:27	11:36	9 MIN	

REMARKS DUG AS STAKED - NOT PER PLAT - 30' UP HILL PLANNED FURTHER THAN

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT DON REUWER, MIKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 56569

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd 21044 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. SR

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. _____
(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. Donald R Reuwer Jr
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

COUNTY #

SOIL PROFILE

0'

1601

TOPSOIL

BROWN CLAY LOAM — 3

BROWN SANDY LOAM 25% QUARTZ ROCKS 74' 10-25% GRAVEL THROUGHOUT — 11

1599

TOPSOIL

REDISH ORANGE SANDY CLAY — 3.5

OAKIE ORANGE/BROWN SANDY LOAM 6"-12" LAYERS OF ROCK SANDY LOAM > 7' — 10.5

REQUESTED MAKE UP TEST LOCATIONS SEVERAL LOTS

SOIL PROFILE

0'

1602

TOPSOIL

BROWN CLAY LOAM — 2.5

TANISH OLIVE SILT LOAM — 6

TAN SANDY LOAM WHITE POCKETS W/ORANGE MOTTLES

DRY — 11

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/24/97	LOT 33 1602	11V	0k				
	LOT 31 1601	5.5/11V	11:40	11:42	11:42	11:45	3 MIN
X	LOT 30 1600	COVERED	AT TIME OF	INSP. PROB ROCK	OR WATER		
	LOT 29 1599	10.5 V	ok				

REMARKS SEE TEST PLAN FOR APROX. LOCATION

TYPE OF SOIL TEST 1600, IS PART OF PROPOSE

TESTED BY G. SAVAGE ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A 56569

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd 21044 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 58

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. _____
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

COUNTY #

SOIL PROFILE

0'

1601

TOPSOIL

BROWN CLAY LOAM — 3

BROWN SANDY LOAM 25% QUARTZ ROCKS 74' 10-25% GRAVEL THROUGHOUT — 11'

1599

TOPSOIL

REDISH ORANGE SANDY CLAY — 3.5

DARK ORANGE/BROWN SANDY LOAM 6"-12" LAYERS OF ROCK SANDY LOAM > 7' — 10.5

REQUESTED MAKE UP TEST LOCATIONS SEVERAL LOTS

SOIL PROFILE

0'

1602

TOPSOIL

BROWN CLAY LOAM — 2.5

TANISH OLIVE SILT LOAM — 6

TAN SANDY LOAM WHITE POCKETS W/ORANGE MOTTLES

DRY — 11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/24/97	LOT 33 1602	11V	6/<				
	LOT 31 1601	5.5/11V	11:40	11:42	11:42	11:45	3 MIN
X	LOT 30 1600	COVERED	AT TIME OF	HYD. PROB ROCK		OR WATER	
	LOT 29 1599	10.5 V	ok				

REMARKS SEE TEST PLAN FOR APPROX. LOCATION

TYPE OF SOIL TEST 1600, IS PART OF PROOF

TESTED BY G. SAVAGE ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

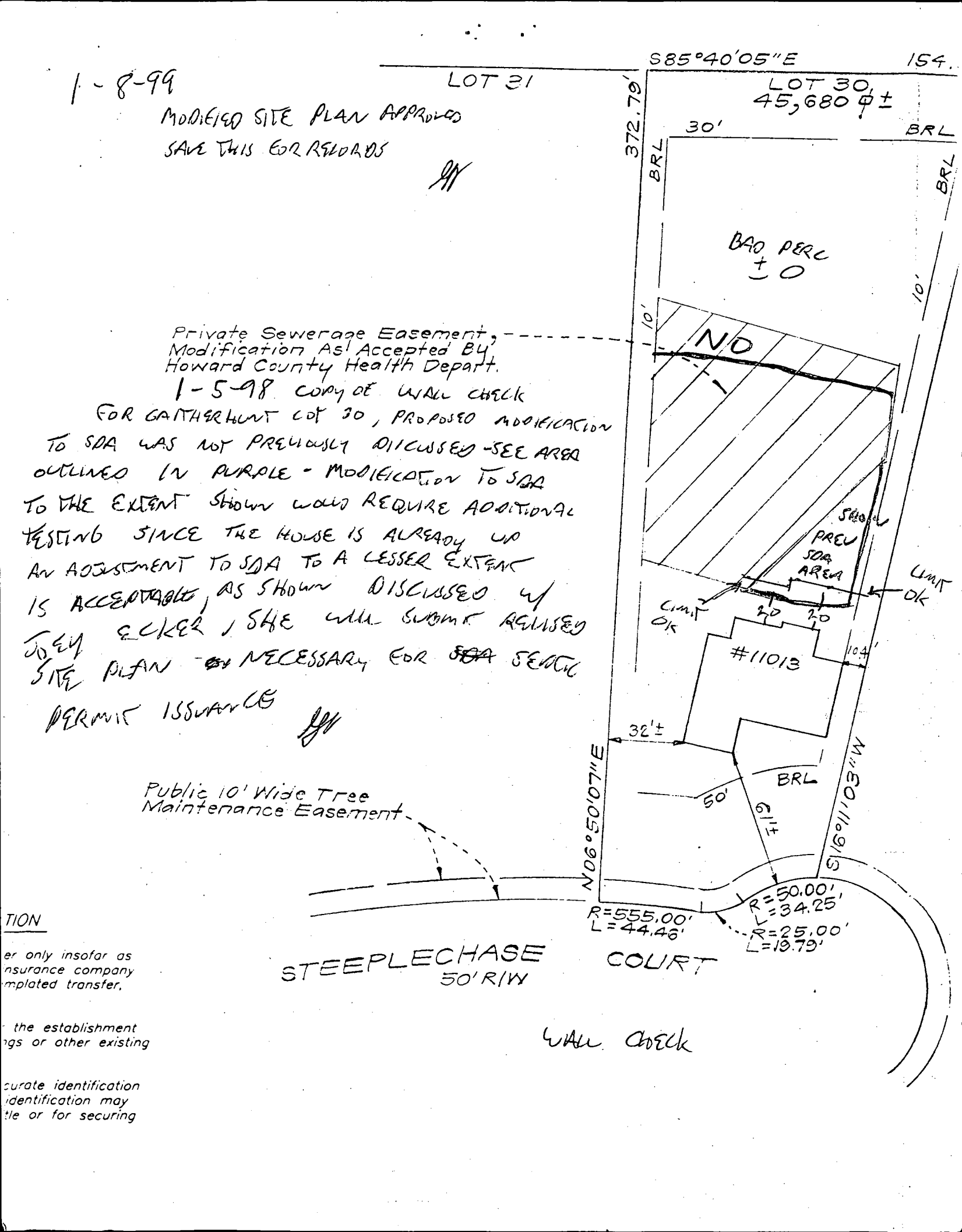
INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

1-8-99

MODIFIED SITE PLAN APPROVED

SAVE THIS FOR RECORDS

JH



1-5-98 COPY OF WALL CHECK FOR GAITHERHUNT LOT 30, PROPOSED MODIFICATION TO SDA WAS NOT PREVIOUSLY DISCUSSED - SEE AREA OUTLINED IN PURPLE - MODIFICATION TO SDA TO THE EXTENT SHOWN WOULD REQUIRE ADDITIONAL TESTING SINCE THE HOUSE IS ALREADY UP AN ADJUSTMENT TO SDA TO A LESSER EXTENT IS ACCEPTABLE, AS SHOWN DISCUSSED W/ JOEY ECKER, SHE WILL SUBMIT REVISED SITE PLAN ~~as~~ NECESSARY FOR ~~SDA~~ SEPTIC PERMIT ISSUANCE

JH

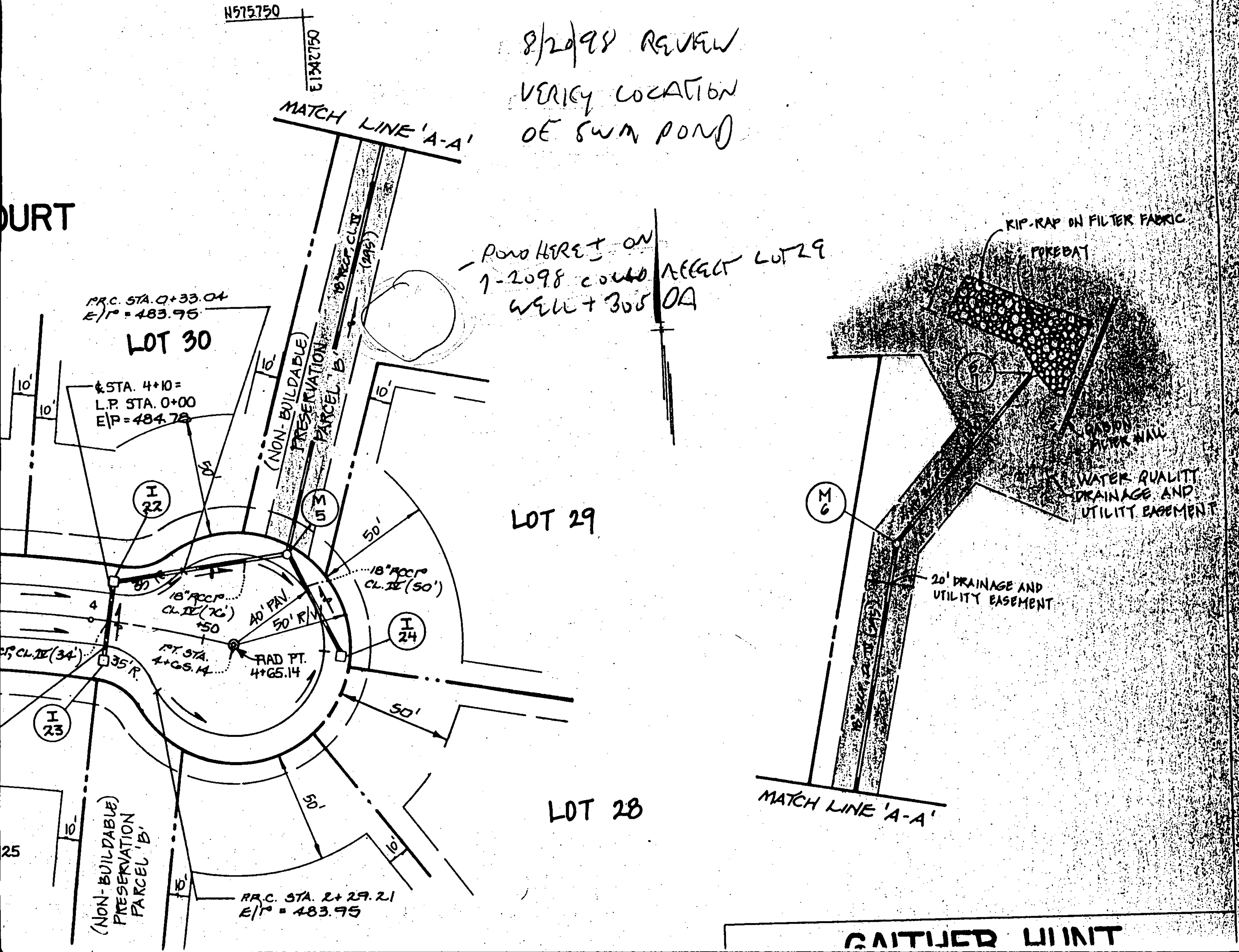
WALL CHECK

TION

er only insofar as
nsurance company
mplated transfer,

the establishment
gs or other existing

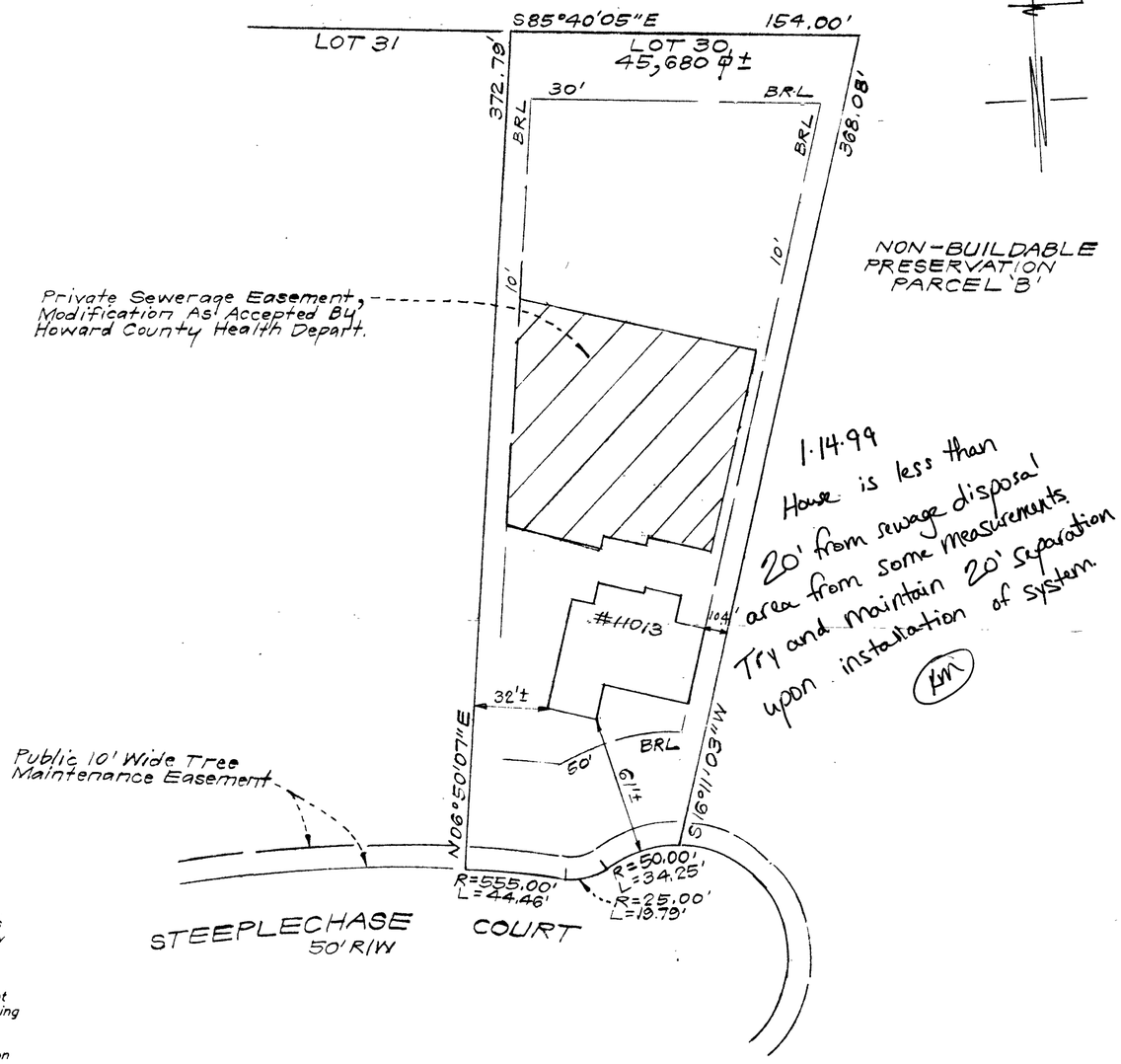
curate identification
identification may
tle or for securing

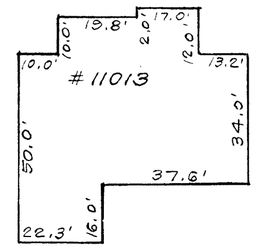


N575750
E1342750
8/20/98 REVIEW
VERIFY LOCATION
OF SWM POND
MATCH LINE 'A-A'
POND HERE ± ON
1-2098 COULD AFFECT LOT 29
WELL + 300 OA
URT
LOT 30
P.R.C. STA. 0+33.04
E/P = 483.95
℄ STA. 4+10 =
L.P. STA. 0+00
E/P = 484.78
(NON-BUILDABLE)
PRESERVATION
PARCEL 'B'
10'
M
5
I
22
I
23
I
24
18" RCCP
CL.IV (70')
18" RCCP
CL.IV (50')
CL.IV (34')
40' PAV.
50' R/W
50'
+50
PT. STA.
4+65.14
RAD PT.
4+65.14
35' R.
LOT 29
LOT 28
P.R.C. STA. 2+29.21
E/P = 483.95
25
RIP-RAP ON FILTER FABRIC
FOREBAY
GABION
FILTER WALL
WATER QUALITY
DRAINAGE AND
UTILITY EASEMENT
M
6
20' DRAINAGE AND
UTILITY EASEMENT
MATCH LINE 'A-A'
GAITHER HUNT

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440027B, Panel 27 of 45, dated December 4, 1986.

Wall Check: 11-3-98
Top of Wall Elev.: 486.2





SCALE: 1"=30'

CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

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

1-11-99
DATE

STATE OF MARYLAND
PAIGE ADOLPHUS SEE, JR.
No. 9[illegible]
REGISTERED
PROPERTY LINE SURVEYOR

NOTES:

1. The ± setback distance accuracy = 1'.

Plat Reference: PLAT No. 13211

CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.

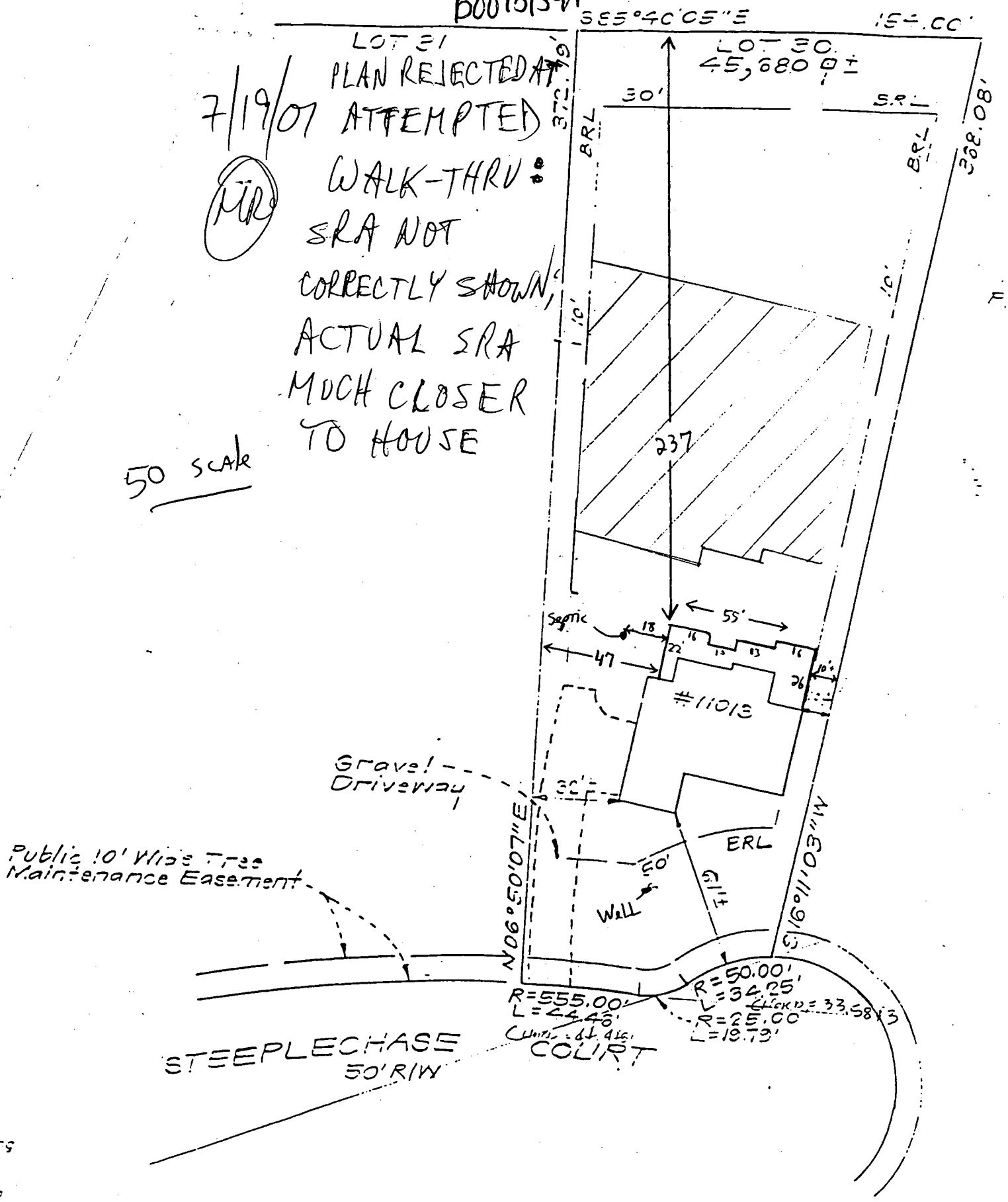
DESIGNED	LOCATION DRAWING 11013 STEEPLECHASE COURT LOT 30 **GAITHER HUNT** Section 1, Area 1, Lots 1 – 33, Lots 63 – 71, Preservation Parcels 'B' Thru 'E' And Bulk Parcel 'F', A Resubdivision of Lots 4 and 5, Klein and Linn Property, (Plat No. 3407) And Liber 4208 At Folio 436 SECOND ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN KWC		DRAWING
CHECKED PAS		JOB NO.
DATE 1-8-99		FILE NO. 98-009-0

B00131591

7/19/07 PLAN REJECTED AT ATTEMPTED WALK-THRU: SRA NOT CORRECTLY SHOWN, ACTUAL SRA MUCH CLOSER TO HOUSE

MR

50 scale

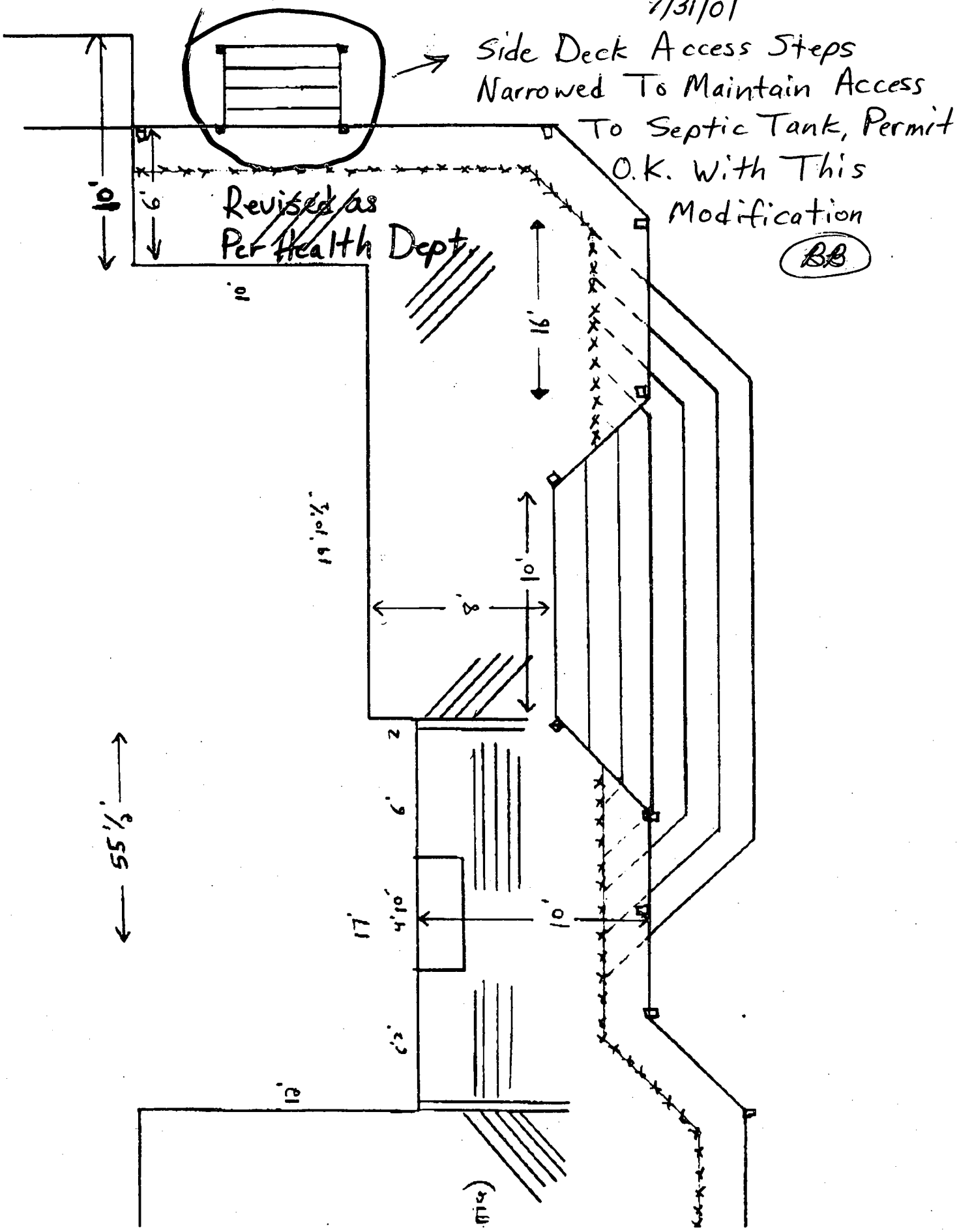


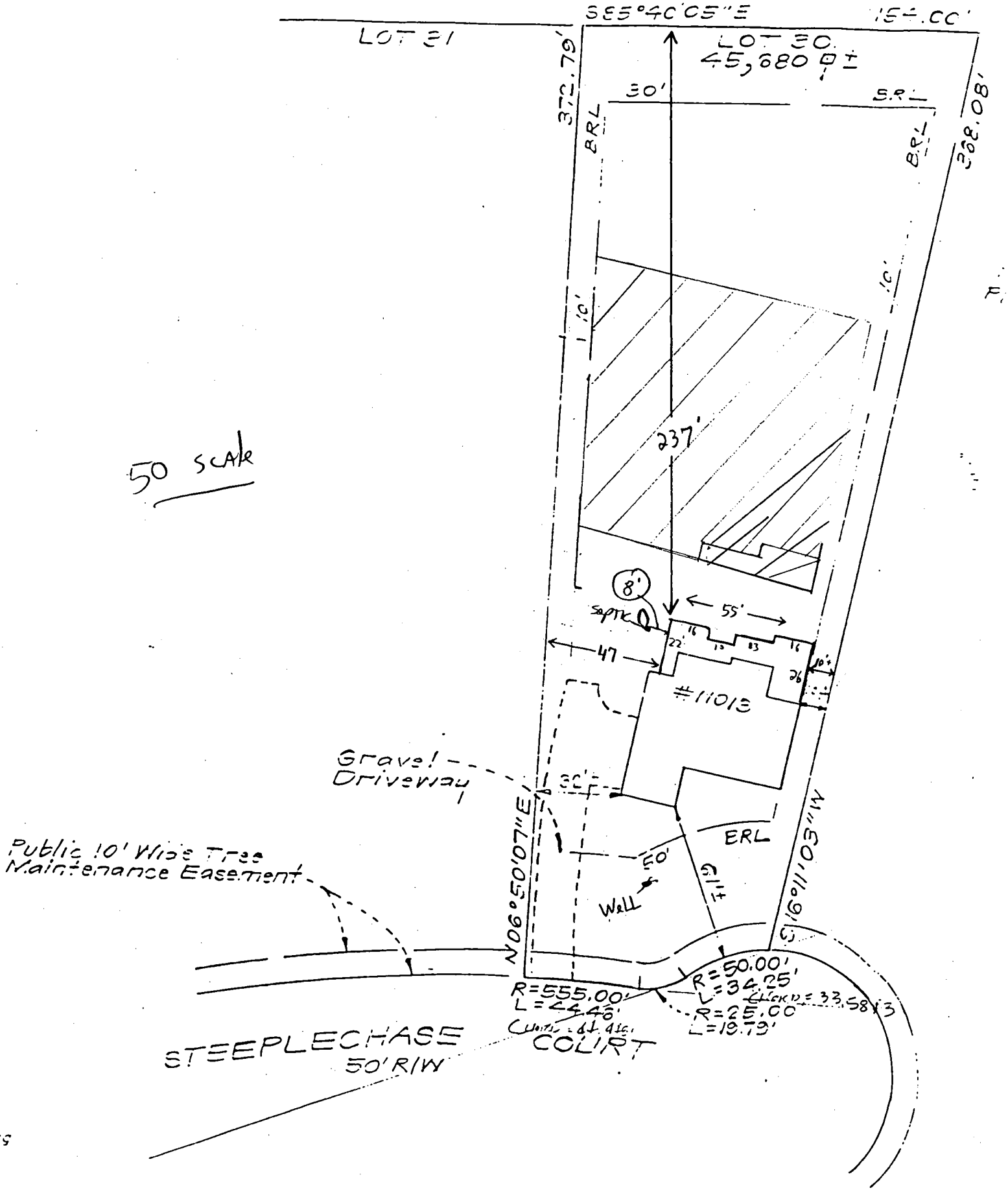
B00131688

7/31/01

Side Deck Access Steps Narrowed To Maintain Access To Septic Tank, Permit O.K. With This Modification

BB




S85°40'05"E
LOT 31
LOT 30
45,680 ± S.F.
372.79'
30'
B.R.L.
B.R.L.
302.08'
10'
10'
237'
50 scale
8'
septic
55'
47
#11013
Gravel Driveway
30'
ERL
50'
Well
N06°50'07"E
N16°11'03"W
Public 10' Wide Tree Maintenance Easement
R=555.00'
L=44.46'
R=50.00'
L=34.25'
R=25.00'
L=19.79'
STEEPLECHASE
50' R/W
COURT

B00131688

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 B00131591

Building Address 11013 Steeple Chase Ct
Ellicott City, MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision Gartlan Farm Hunt

Section 1 Area 1 Lot 30

Tax Map 29 Parcel 21 Grid 5

Zoning RCDEO Map Coordinates 11 B 13 Lot size

Property Owner's Name Timothy Maureen Dolan
Address 11013 Steeple Chase Ct.
City Ellicott City State MD Zip Code 21042
Home Phone 410-772-9461 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
David R. Lombardo
6503 R. Belair Road
Baltimore, MD 21206
Phone 410-254-7360 Fax 410-254-7604

Existing Use SFD
Proposed Use SFD w/Deck
Estimated Construction Cost $ 14,000
Description of Work 55' x 26' x 5' height wood deck on rear of SFD. Irregular shape = 835 ft. w/steps

Contractor Company American Deck, Inc
Contact Person David R. Lombardo
Address 6503 R Belair Road
City Baltimore State MD Zip Code 21206
License No. 32765
Phone 410-254-7360 Fax 410-254-7604

Occupant or Tenant _____
Contact Name Same as Above
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person Same as Above
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: Trip + Pour
Roof: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
~~Public~~
☒ Private well

Sewage Disposal:
~~Public~~
☒ Private septic

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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

David R. Lombardo
Applicant's Signature

David R. Lombardo
Print Name

American Deck, Inc
Title/Company

7/17/01
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	1/29	Cancelled
Dev. Engineering, DPZ		
Health		Return to Avo
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP: ☐

Greg Mella 2/1/02

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 3-6800

Filing fee	$	
Permit fee	$	50
Excise tax	$	
Sub-total paid	$	
Add'l permit fee	$	30
TOTAL FEES	$	30
Balance due	$	
Check	#	3087
Validation	#	

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

a:\permit.fm

Rev. 10/15/98