PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511092

A 56429 CC

03-326217

DISTRICT 3rd

DATE 11/5/98

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

INDEXED

DATE SYSTEM APPROVED 12-22-98

INSPECTOR

Lehsac Corporation IS PERMITTED TO INSTALL X ALTER

ADDRESS 202 Azar Court Baltimore, MD 21227 FAX 410-536-4210 PHONE (410) 242-6888

SUBDIVISION Gaither Hunt LOT 29 ROAD ~~11020~~ 11021 Steeple Chase Court

PROPERTY OWNER ~~Ryan Homes~~ DAVE & MITZI CHRIST

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TOP SEAM ~~TANK~~ REQUIRED

NOTE! HOUSE MOVED BACK 10'-15' FROM SITE PLAN

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 - From the junction of the 124.35' and 213.07' lot lines, place the distribution box 65 feet down the 213.01' lot line and 35 feet off that same lot line. Run trenches along contour towards the 213.07' 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 @ 11/5/98 DCS

PLANS APPROVED BY Glen Savage DATE 10-06-98

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 IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 25/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

DG PERMIT SIGNED AND RETURNED 9/26/01

B00132492. Construct open wood deck on ~~SFD~~ SFD 38' x 18' w/steps

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.

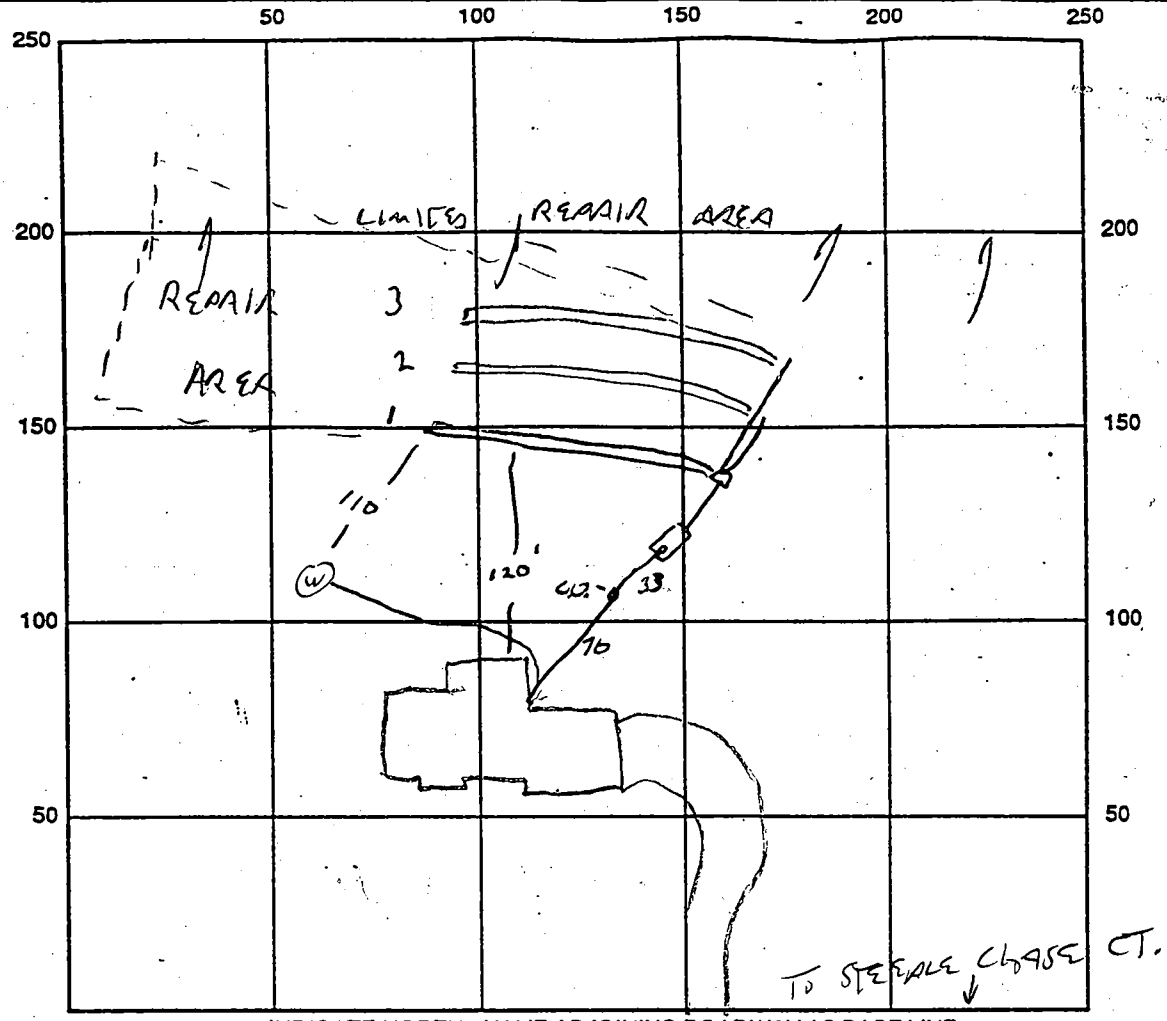
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HC-250(6-90)

56429 CC



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ok - 1500 GALLON CONCRETE CLEANOUTS 1 ON ST

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH +2 FT. TOTAL LENGTH 85 86 88 FT. = 259'

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA 777 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 12-22-98 TANK HOLE VERY ROCKY > 7', WHO HAS PULLED PAPER BACK IN A FEW PLACES - REPLACE AND COVER SYSTEM. GG

NOTE: 1ST SYSTEM INSTALLED STARTING AT UPPER R.H. CORNER OF SOA AS SEEN FROM END OF COURT. GG

DATE SYSTEM APPROVED 12-22-98 INSPECTOR GG

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. 28 29

ROAD AND DESCRIPTION (11020 Steeple Chase Court)

BLDG. PERMIT SIGNED AND RETURNED 10-6-96
Serial # B96 113841

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. SFD-4Bdrm
(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. Ryan R [illegible]
(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 _____

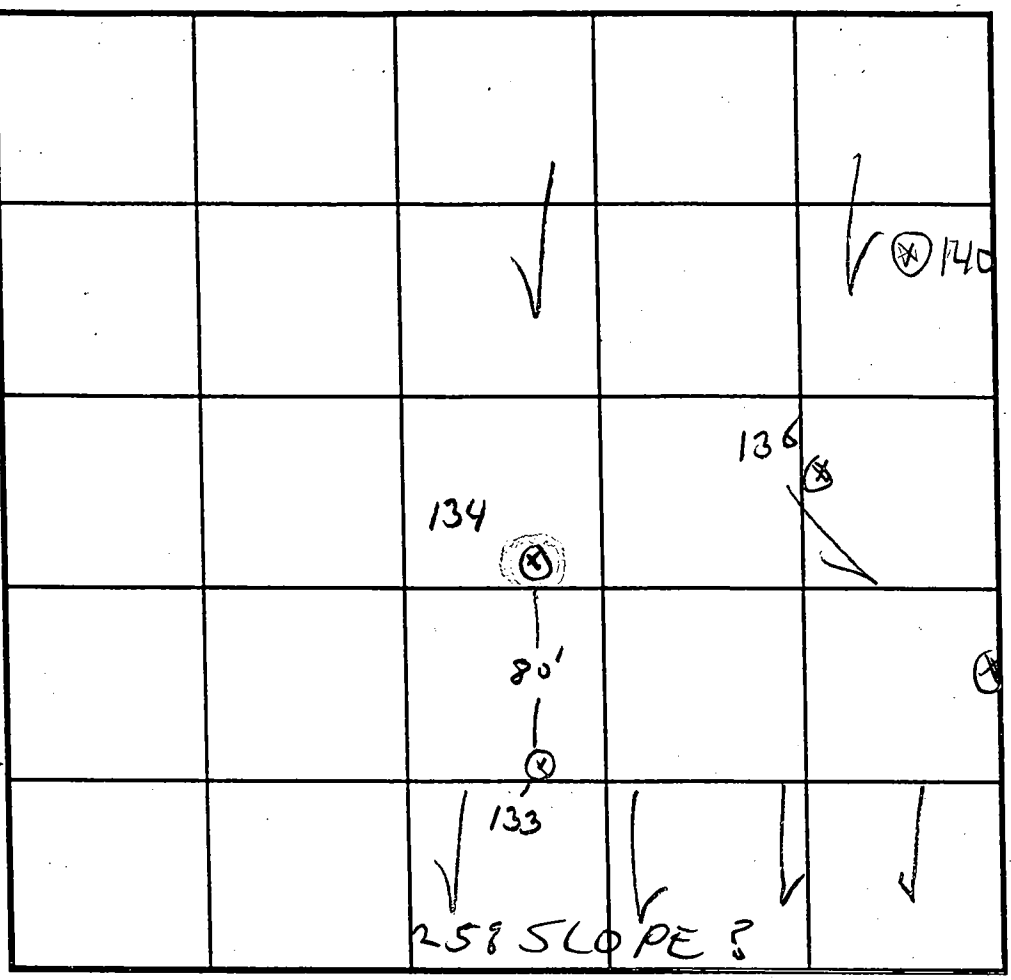
THIS IS NOT A PERMIT

HD-216 (3/92)

56429
COUNTY #

SOIL PROFILE 134
0'
TOPSOIL 1'
DARK BROWN/ ORANGE CLAY LOAM
25% ROCK @ 3'
ROCK
7 508 7

135
TOPSOIL 1
RED BROWN CLAY LOAM 3
BROWN COARSE SANDY LOAM
20% Rock
ROCK
8'



136
SOIL PROFILE 133
0'
TOPSOIL 8"
DARK BROWN SANDY CLAY LOAM ?
DARK BROWN & MIXED LIGHT/YELLOW SANDY HEAVY COARSE LOAM
135 9

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
4/4/96	133	46" / 9	11:52	11:59	11:59	12:11	12MIN
X	134	3'6" / 7	12:02	12:19	12:19	12:48	29MIN
	136	46" / 10'6"	12:16	12:17	12:17	12:19	2MIN
	135	4' / 8'	12:28	12:33	1233	1240	7MIN

REMARKS LOT 29 STAKES NOT SURVEYED

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT DON REUSCH, MIKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 56569

P _____

DISTRICT _____

DATE _____

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

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. ~~28~~ 29

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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 MARK 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

11.1

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/k				
	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, IE PART OF PROPOSAL

TESTED BY G. SAVAGE ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

Approved Septic System Plan
Howard County Health Department

B0041384

Signature

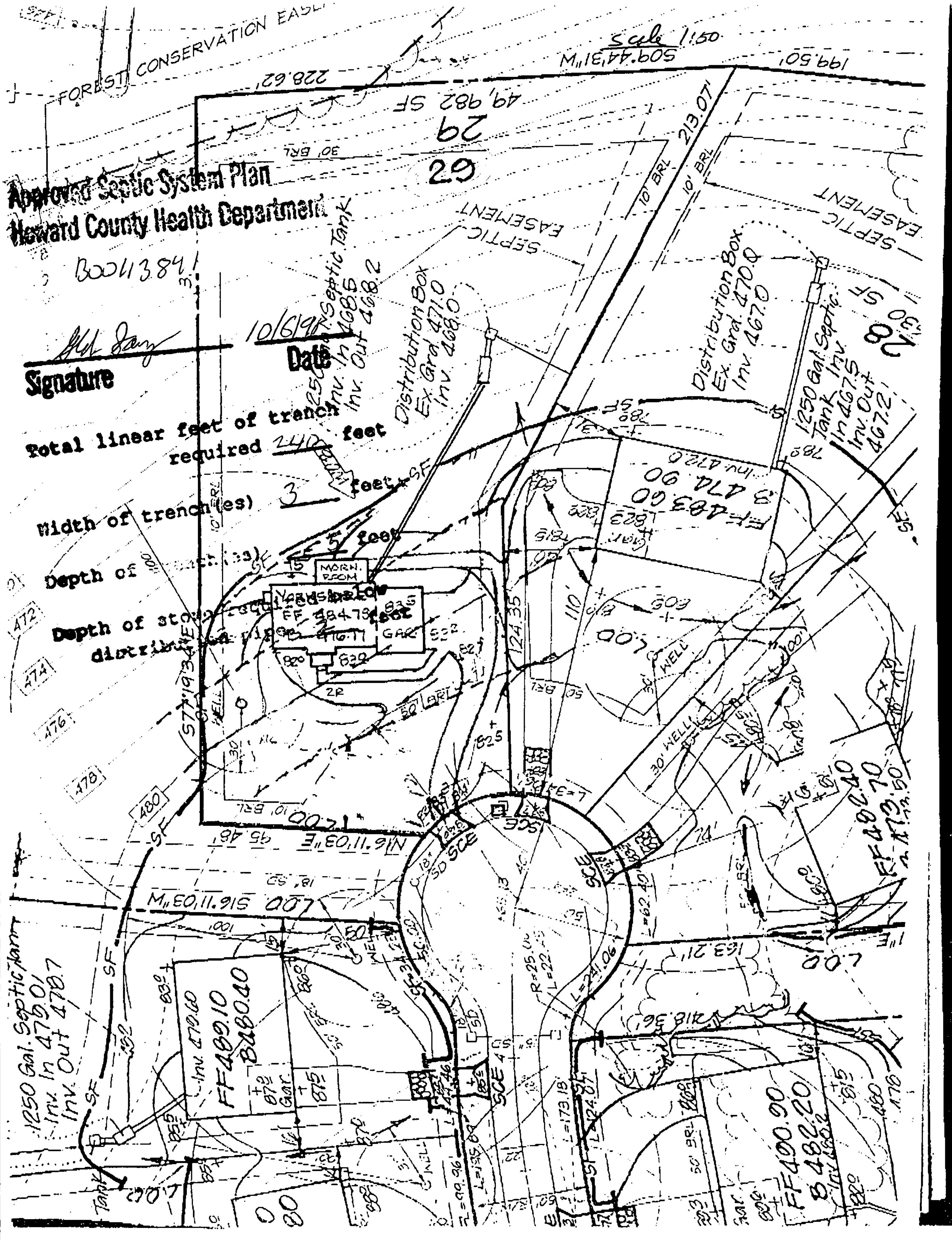
Date 10/6/98

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe feet



RUSSELL DEVELOPMENT, LLC
8808 CENTRE PARK DRIVE, SUITE 108
COLUMBIA, MARYLAND 21045
(410) 964-5522 (410) 964-2620

September 16, 1998

Mr. Glen Savage
Howard County
Department of Environmental Health
3525 H Ellicott Mills Dr.
Ellicott City, Maryland 21043

RE: Gaither Hunt Lot's 14 & 29

Dear Mr. Savage,

I am writing this letter to inform you of the status of the above referenced well locations. Per our previous conversations the permits could not be issued until the sediment trap adjacent to Lot 29 and the berm on Lot 14 have been removed. The road construction has been completed and the sediment control features in these areas have been removed so the permits can be issued at this time.

Your prompt attention to this matter would be greatly appreciated. Should you have any questions, comments or require additional information, please do not hesitate to contact me.

Sincerely,

Monica A. Maloney

Monica A. Maloney

Enclosures (2)

mam

cc: Michael Barlow

GAITHER HUNT LOT 29 12-18-98
STEEPLE CHASE CT
T.C. W/ NORM COLLINS, SUBCONTRACTOR
FOR LEGAL CO.
CONTOUR NOT AS SHOWN
DISREGARD 135' DIST BOX SETBACK FROM
PROD CNTR TANK TO BE RH UPPER
CORNER OUTSIDE SOA
INSTALL TRENCHES R HAND SIDE BEST
MATCHED TO CONTOUR - MAY BE 3' 80'S
OR VARIED LENGTH DEPENDING ON
TRANSIT MEASUREMENTS

WELL CLNE INSTALLED - OK TO COVER
HO 9411750 JS

12-18-98
ok JJ

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer Lehsag Corporation Telephone 242-6888

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

Name of Property Owner Ryan Homes Telephone (410) 654-0501
Subdivision Gaither Hunt Lot # 89 Well Tag # HO-94-1750
Site Address 11080 Steeple Chase Court

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Sta-Rite Pump
3. Model # 15452B-E2
4. Capacity 5 GPM
5. 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 ____

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 ____
2. Size ____
3. NSF and/or BOCA Code approved ____
4. Depth of supply line ____

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

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.

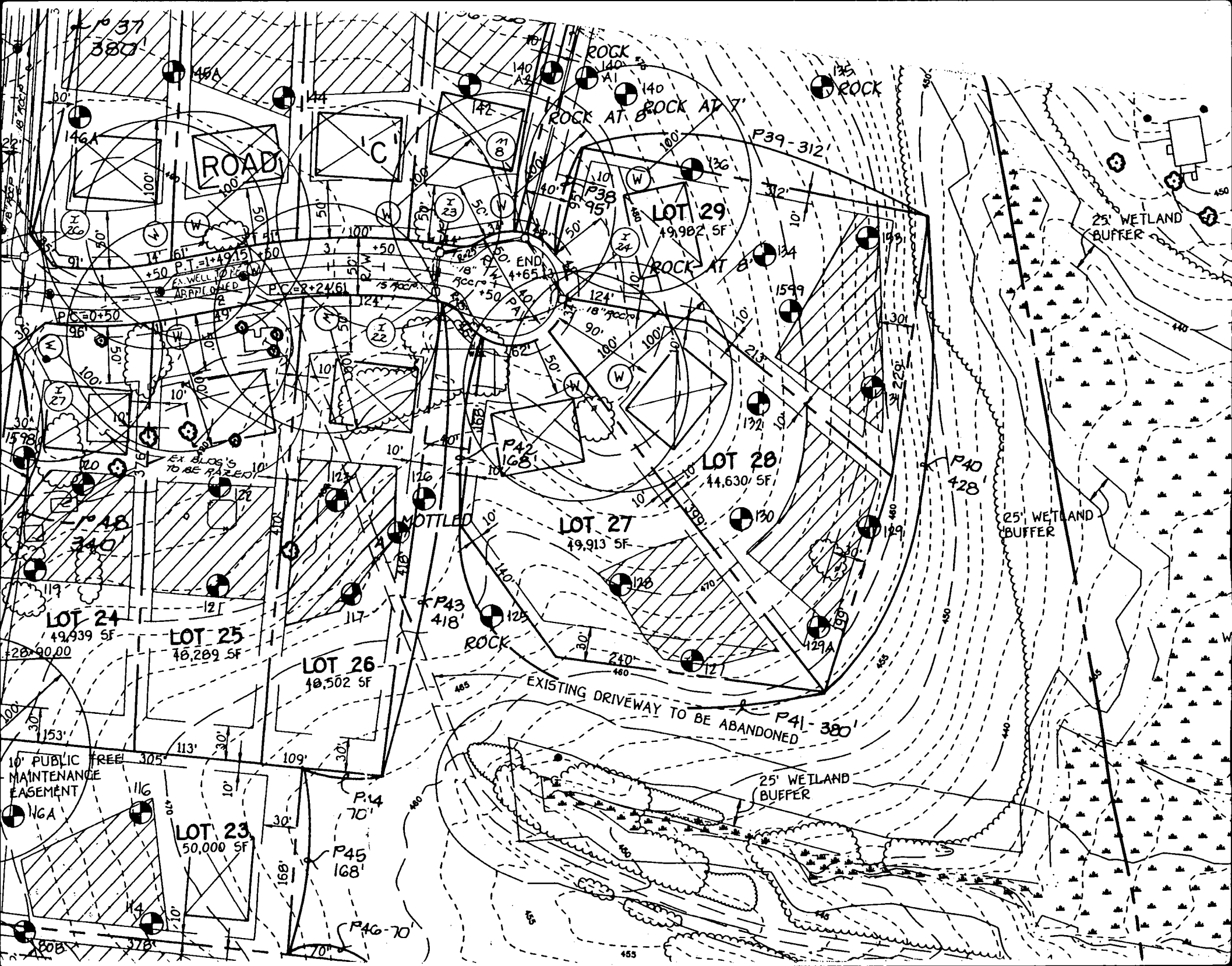
12/18/98 - WPI ON SRH (GS)

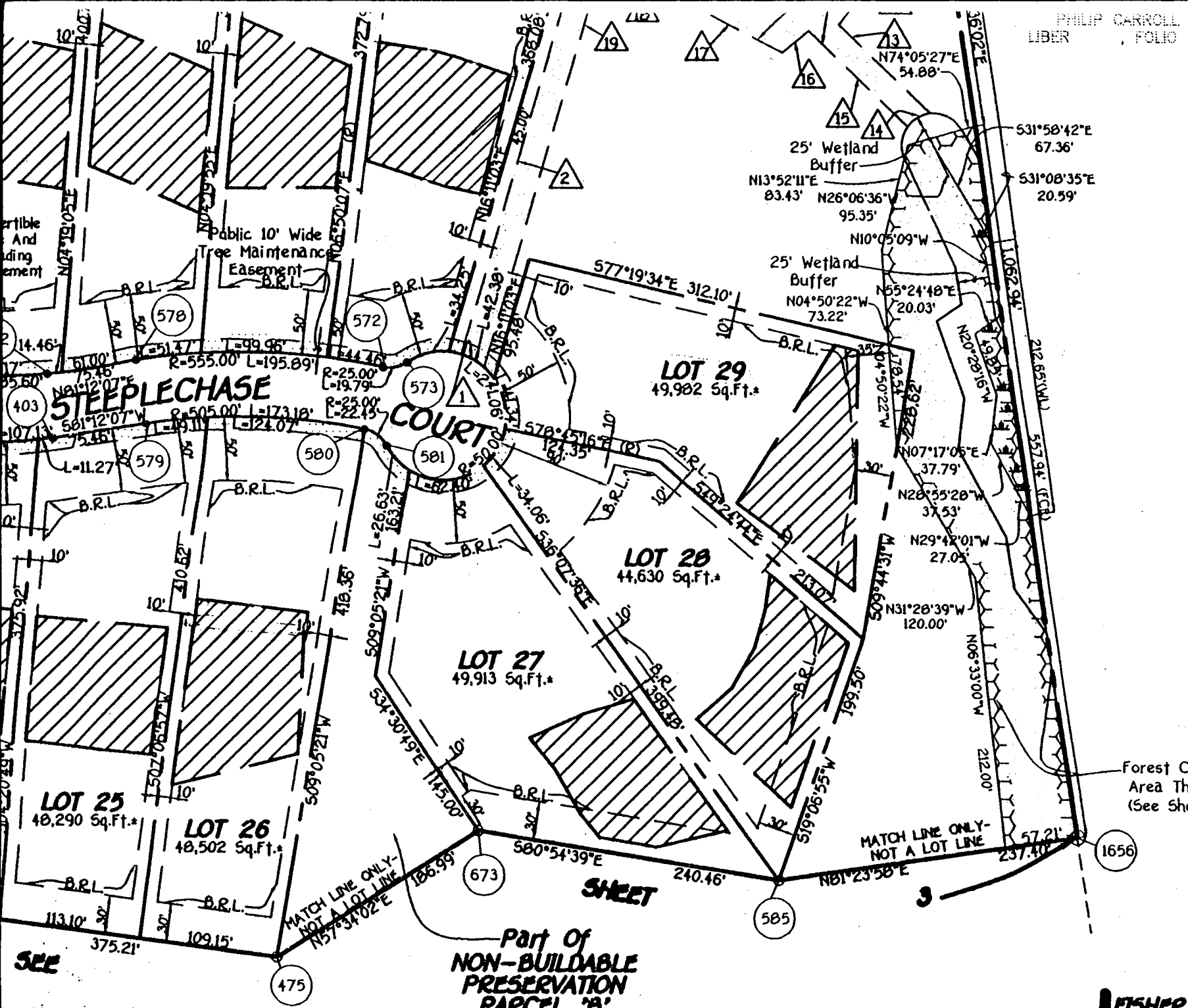
Signature of Applicant: ____

Date: ____

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

HD-213


ROAD
C
LOT 29
49,982 SF
LOT 28
44,630 SF
LOT 27
49,913 SF
LOT 26
48,502 SF
LOT 25
48,289 SF
LOT 24
49,939 SF
LOT 23
50,000 SF
ROCK AT 8'
ROCK AT 7'
ROCK
MOTTLED
EX. WELL TO BE ABANDONED
EX. BLDG'S TO BE RAZED
EXISTING DRIVEWAY TO BE ABANDONED
10' PUBLIC TREE MAINTENANCE EASEMENT
25' WETLAND BUFFER
25' WETLAND BUFFER
25' WETLAND BUFFER
P.T.=1+49.15
P.C.=2+24.61
P.C.=0+50
END 4+65.13
P39-312'
P40 428
P41-380'
P42 168'
P43 418'
P44 340'
P45 168'
P46-70'
P.14 70'



SYMBOL	BEARING & DI
1	R=50.00'
2	N16°11'03"E
3	N44°37'27"E
4	N20°00'03"W
5	N85°40'05"W
6	N04°19'55"E
7	S85°40'05"E
8	N06°46'15"E
9	S85°40'05"E
10	S68°24'13"E
11	S10°17'44"E
12	S37°56'50"W
13	S46°44'24"E
14	R=25.00'
15	N46°44'24"W
16	S50°40'07"W
17	N62°30'08"W
18	S44°37'27"W
19	S16°11'03"W

FISHER, COLLINS & CARTER
CIVIL ENGINEERING CONSULTANTS & LAND
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE
ELLICOTT CITY, MARYLAND 21042

C 1 7021 (1 2 3 6) 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 A5C429CC

ST/CO USE ONLY
DATE Received MM DD YY (8 13)

DATE WELL COMPLETED MM 10 DD 1 YY 98 (15 20)

Depth of Well 22 350 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1750 (28 29 30 31 32 33 34 35 36 37)

OWNER Russell Development (last name / first name)

STREET OR RFD _____ TOWN _____

SUBDIVISION Gaither Hunt SECTION _____ LOT 29

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	16	
Gray Granite	16	250	
Hard Green Granite	250	300	
Gray Granite	300	350	
		33	✓
		98	✓
Dry hole sealed with rock cuttings & cement			
Dry hole	0'	800'	

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (yes Y / no N) — 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. MWD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 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 (44) / no N (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (C M) (45 46) BENTONITE CLAY (B C) (45 46)

NO. OF BAGS 6 NO. OF POUNDS 564

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 20 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST (60 61)	06 (63 64)	20 (66 70)

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

(S T) STEEL (B R) BRASS BRONZE (H O) OPEN HOLE (P L) PLASTIC (O T) OTHER

C 2 (1 2)

DEPTH (nearest ft.)

EACH SCREEN			
1	HO (8 9)	20 (11 15)	350 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (56 60) (NEAREST INCH)

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

from	to

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

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

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 6 (8 9)

PUMPING RATE (gal. per min.) 2.7 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 19 (17 20) ft.

WHEN PUMPING 173 (22 25) ft.

TYPE OF PUMP USED (for test)

- A (27) air
- P (27) piston
- T (27) turbine
- C (27) centrifugal
- R (27) rotary
- O (27) other (describe below)
- J (27) jet
- S (27) 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. (29)

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

PUMP HORSE POWER (37 41)

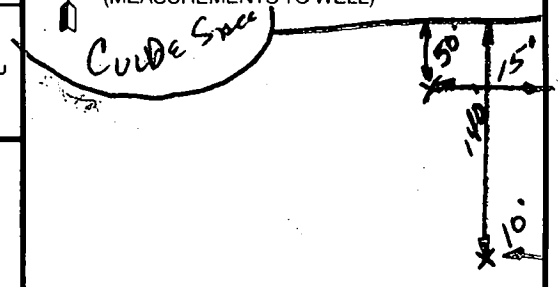
PUMP COLUMN LENGTH (nearest ft.) (43 47)

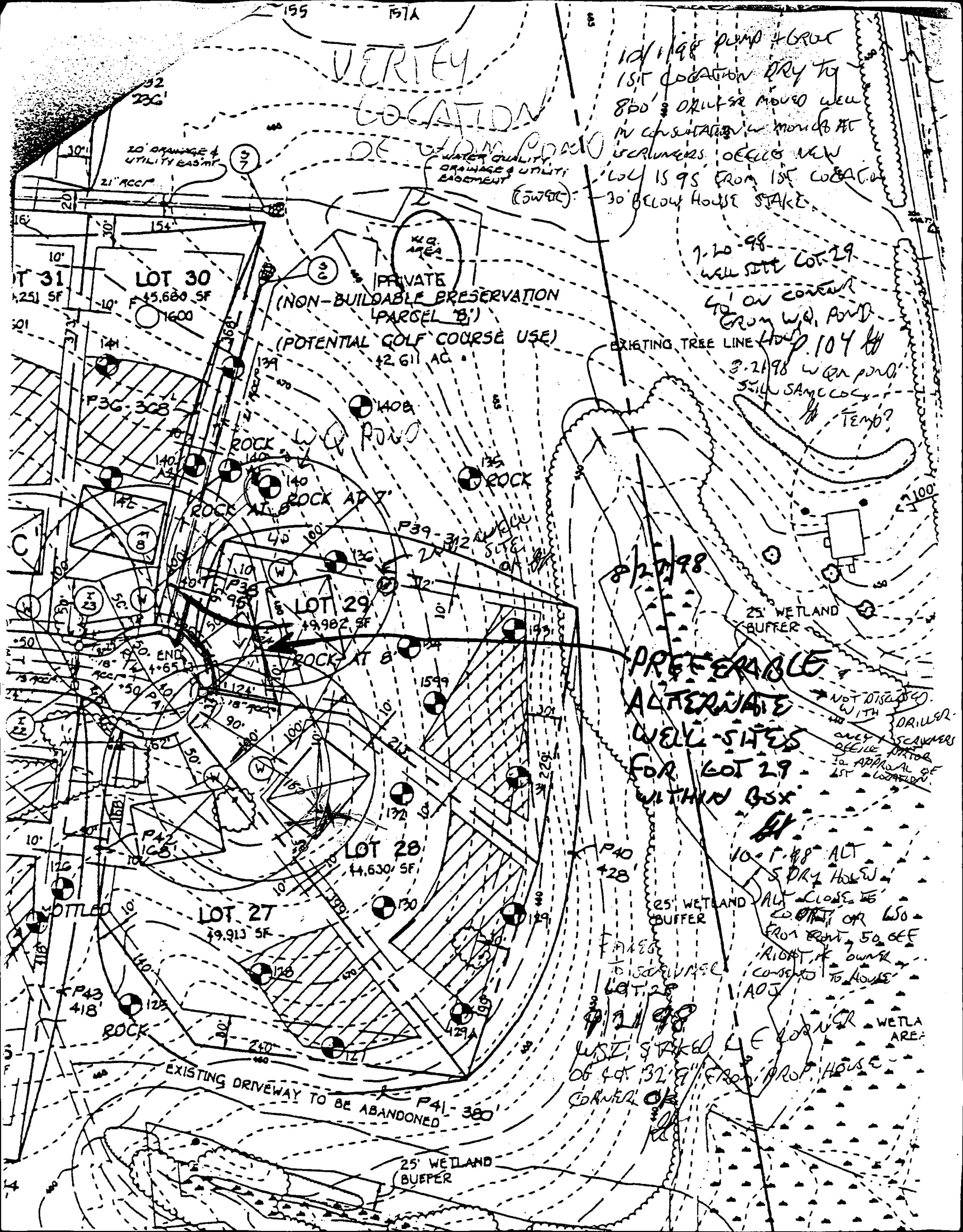
CASING HEIGHT (circle appropriate box and enter casing height)

(+ above) / (– below) (49) LAND SURFACE

2 (nearest foot) (50 51)

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




VERIFY LOCATION OF W.Q. POND
20' DRAINAGE & UTILITY EASM'T
WATER QUALITY, DRAINAGE & UTILITY EASEMENT
LOT 31
LOT 30
45,680 SF
PRIVATE
(NON-BUILDABLE PRESERVATION PARCEL 'B')
(POTENTIAL GOLF COURSE USE)
42.611 AC.
EXISTING TREE LINE
W.Q. AREA
ROCK
W.Q. POND
ROCK AT 7'
ROCK AT 8'
P39-312
LOT 29
49,982 SF
LOT 28
44,630 SF
LOT 27
49,913 SF
25' WETLAND BUFFER
WETLAND AREA
P40 428
P41-380
P42 168
P43 418'
P36-368
EXISTING DRIVEWAY TO BE ABANDONED
PREFERABLE ALTERNATE WELL SITES FOR LOT 29 WITHIN BOX
8/27/98
7-20-98 WELL SITE LOT 29
3-21-98 W.Q. POND
NOT DISCLOSED WITH DRILLER

Page 1 of 2
Date 8-19-99

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1750
Location of property (road) 11021 STEEPLE CHASE CT
Subdivision GAITHER HUNT Lot 29 Block ____ Plat ____ Sec. I
Well Driller MICHAEL BARLOW WELL DRILLING Owner RYAN HOMES / MITZEL

Depth of well 350 FEET
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 _____ 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	23'	3		20
10:15	83'	3		20
10:30	140'	4		15
10:45	205'	4		15
11:00	289'	6		10
11:15	285'	20		3
11:30	285'	20		3
11:45	285'	20		3
12:00	284'	20		3
12:15	284'	20		3
12:30	285'	20		3
12:45	287'	30		2
1:00	287'	30		2
1:15	287'	30		2
1:30	287'	30		2
1:45	287'	30		2
2:00	287'	30		2
2:15	287'	30		2
2:30	288'	30		2
2:45	288'	30		2
3:00	288'	33		1.8
3:15	288'	33		1.8
3:30	288'	33		1.8
3:45	288'	33		1.8

Page 2 of 2
Date 8-19-99

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1750
Location of property (road) 11021 STEEPLECHASE CT.
Subdivision GAITHER HUNT Lot 21 Block ____ Plat ____ Sec. I
Well Driller MICHAEL BARLOW WELL DRILLING Owner RYAN HOMES / MITZEL

Depth of well 350 FEET
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 _____ 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
4:00	289'	33		1.8
4:15	289'	33		1.8
4:30	289'	33		1.8
4:45	289'	33		1.8
5:00	289'	33		1.8
5:15	289'	33		1.8

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 | 8852 | 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-94-1750 (70 79)
fill in this form completely

Date Received (APA) 8 MM DD YY 13

OWNER INFORMATION

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 MWD 355
Driller's Name 76 License No. 81

MICHAEL BARLOW WELL DRILLING SVC INC
Firm Name

912 FAWN COURT JESSUP, MD 21405
Address

Signature 6-17-98 Date

B 2 | WELL INFORMATION
1 2

APPROX. PUMPING RATE (GAL./PER MIN.) 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 (14 20)

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 GS (67 68) WRITE INITIALS IN BOX PERMIT No. HO-94-1750 (70 71 72 73 74 75 76 77 78 79)

B 3 | LOCATION OF WELL

8 COUNTY HOWARD 21

GAITHER HUNT
23 SUBDIVISION 42

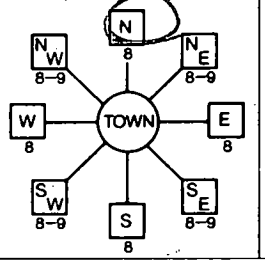
SECTION 1 (44 46) LOT 29 (48 50)

WILDE LAKE ELLICOTT CITY
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I (73 76 77 78)

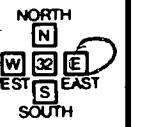
B 4 | (1 2)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



STEEPLECHASE CT.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37 DISTANCE FROM ROAD FT
ENTER FT OR MI (38 39)

TAX MAP: 29 BLK: 5 PARCEL 21

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD A 5642966
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S (41)

DATE ISSUED 9 22 98 (43 MM DD YY 48) CO SIGNATURE 9 22 98 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.

10-1-98
Grout
X

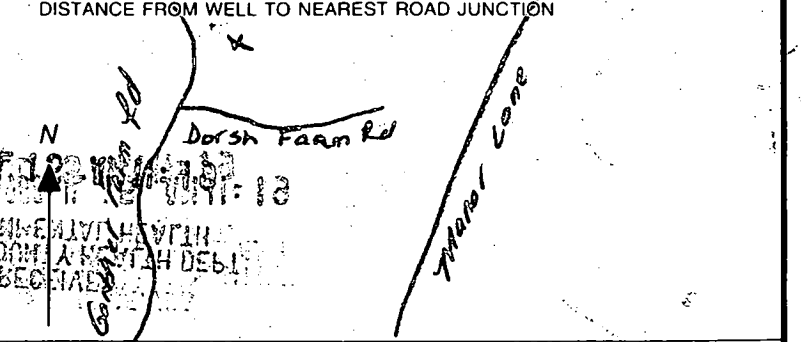
WRITE THE BOX NUMBER FROM THE MAP HERE 830

E [redacted]

N 830 521

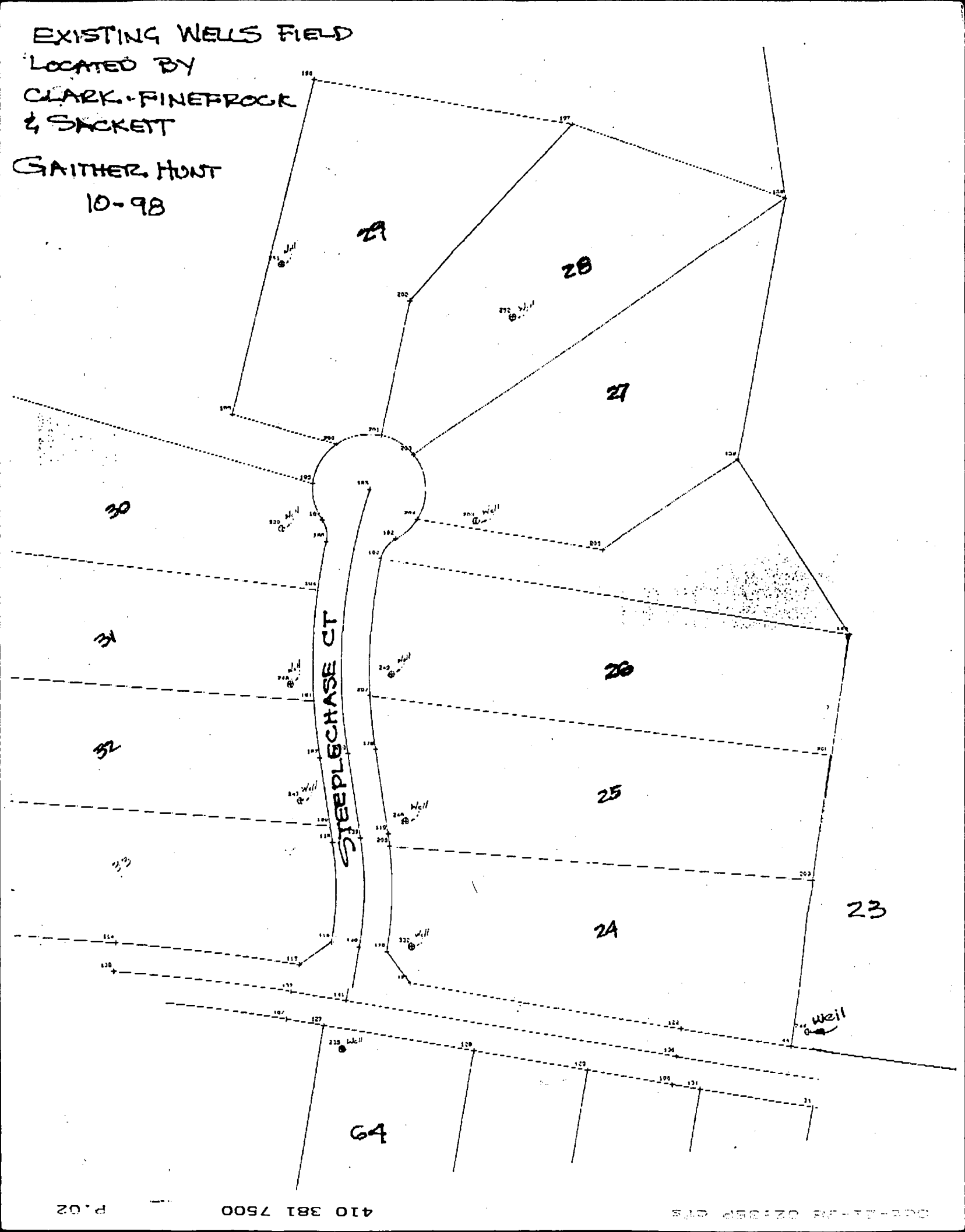
000
000

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


EXISTING WELLS FIELD
LOCATED BY
CLARK-FINEFROCK
& SACKETT
GAITHER, HUNT
10-98
29
28
27
30
31
32
26
25
24
23
64
STEEPLECHASE CT
Well

Zone 'C,
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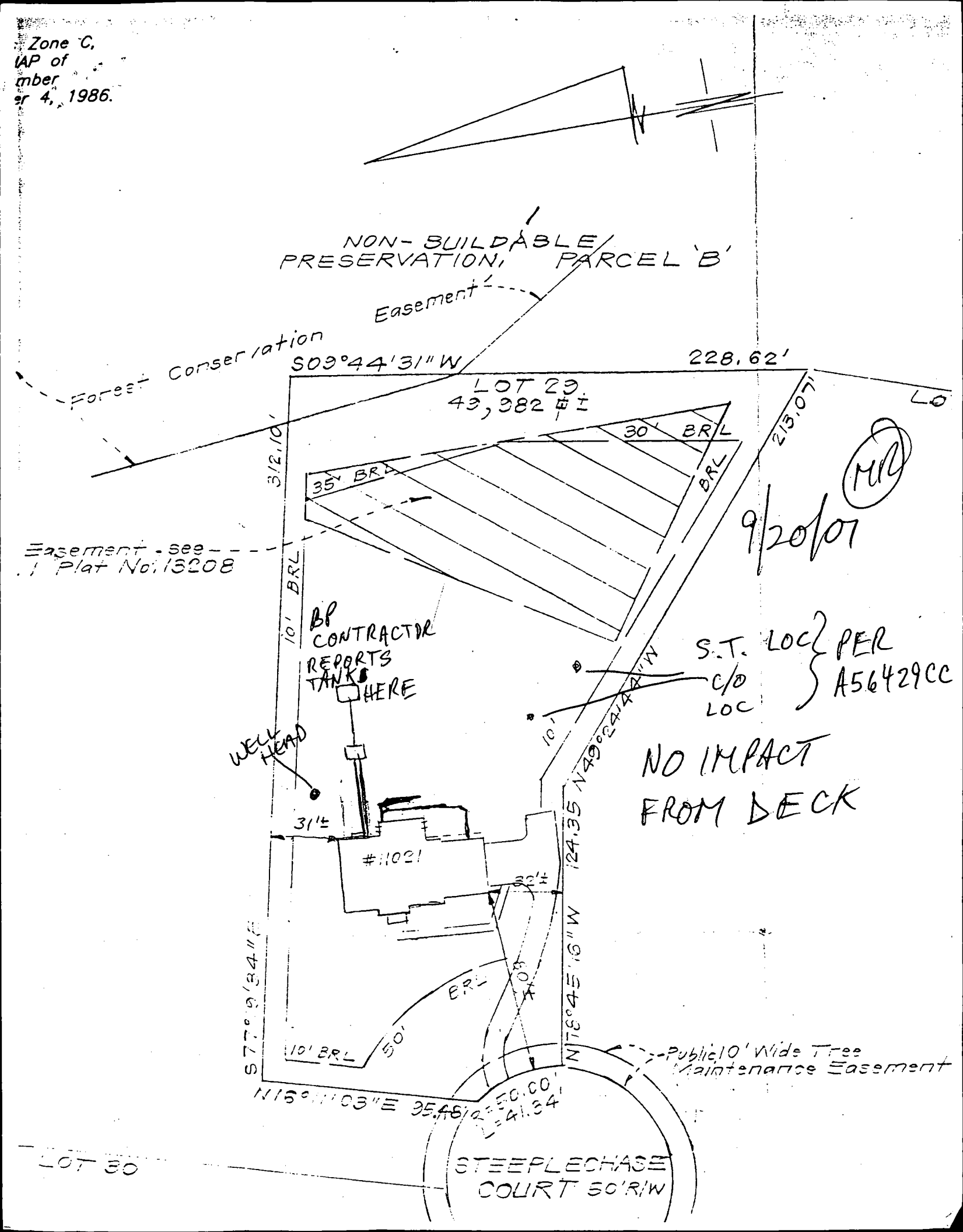
er 4, 1986.



MP
9/20/07

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B- 001 32492

MITZI CHRIST

Building Address 11021 STEEPLECHASE CT
Ellicott City, MD 21043

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

Census Tract 6030 Subdivision Gaither Hunt

Section 1 Block 1 Lot 29

Tax Map 25 Parcel 21 Grid _____

Zoning RC-DEO Map Coordinates 11B17 Lot size

Property Owner's Name DAVE & MITZI CHRIST

Address 11021 STEEPLECHASE CT

City ELLICOTT CITY State MD Zip Code 21043

Home Phone 410 715 2149 Work Phone 4667876

Applicant's Name & Mailing Address, (if other than stated hereon):
ANDREW MENZ
1067 HARBOR CT
E-DENSBURG MD 21797

Phone 4107817500 Fax

Existing Use SFD

Proposed Use SAME

Estimated Construction Cost $ 14,000

Description of Work CONSTRUCT OPEN WOOD DECK ON REAR OF SFD 34' X 8' +/- 17sq

Contractor Company FRONTIER DECK BUILDER

Contact Person ANDY MENZ

Address 1067 HARBOR CT

City E-DENSBURG State MD Zip Code 21797

License No. 51321

Phone 4107817500 Fax

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height: 1'-5"

No. of stories:

Gross area, sq. ft. per floor: 650 sq ft +-

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: _____
Roof: 1 layer

____ State Certified Modular
____ Manufactured Home

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 ☐
____ 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 UNTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature — *Print Name* ANDY MENZ

Title/Company CARPENTER — *Date* 9/21/01

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		
Dev. Engineering: DPZ		
Health	9/26/01	
Fire Protection		
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐		
CONTINGENCY CONSTRUCTION START ☐		
ONE STOP SHOP ☐		

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 New Town Zone:
SDP/Red-line approval date:

PROPERTY ID# 3753

Filing fee	$
Permit fee	$
Excise tax	$
Addl. permit fee	$
TOTAL FEES	$
Subtotal paid	$
Balance due	$
Check #	
Validation	

Accepted by:

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

T:\forms\PERMIT\FRM — Rev. 3/17/00

NOC
N/A