1/13/98
1/13/00
2-11-99
C.O. noon

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511332

A 56429-Y

DISTRICT

DATE 1.4.99

DATE SYSTEM APPROVED 2/11/99

INSPECTOR DKS

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 25 ROAD 11004 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 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 6 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet down the right lot line and 45 feet off that same lot line. Run trenches along contour towards the rightlot line as seen from Steeple chase Court.

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

OK YM 10/20/98

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 IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

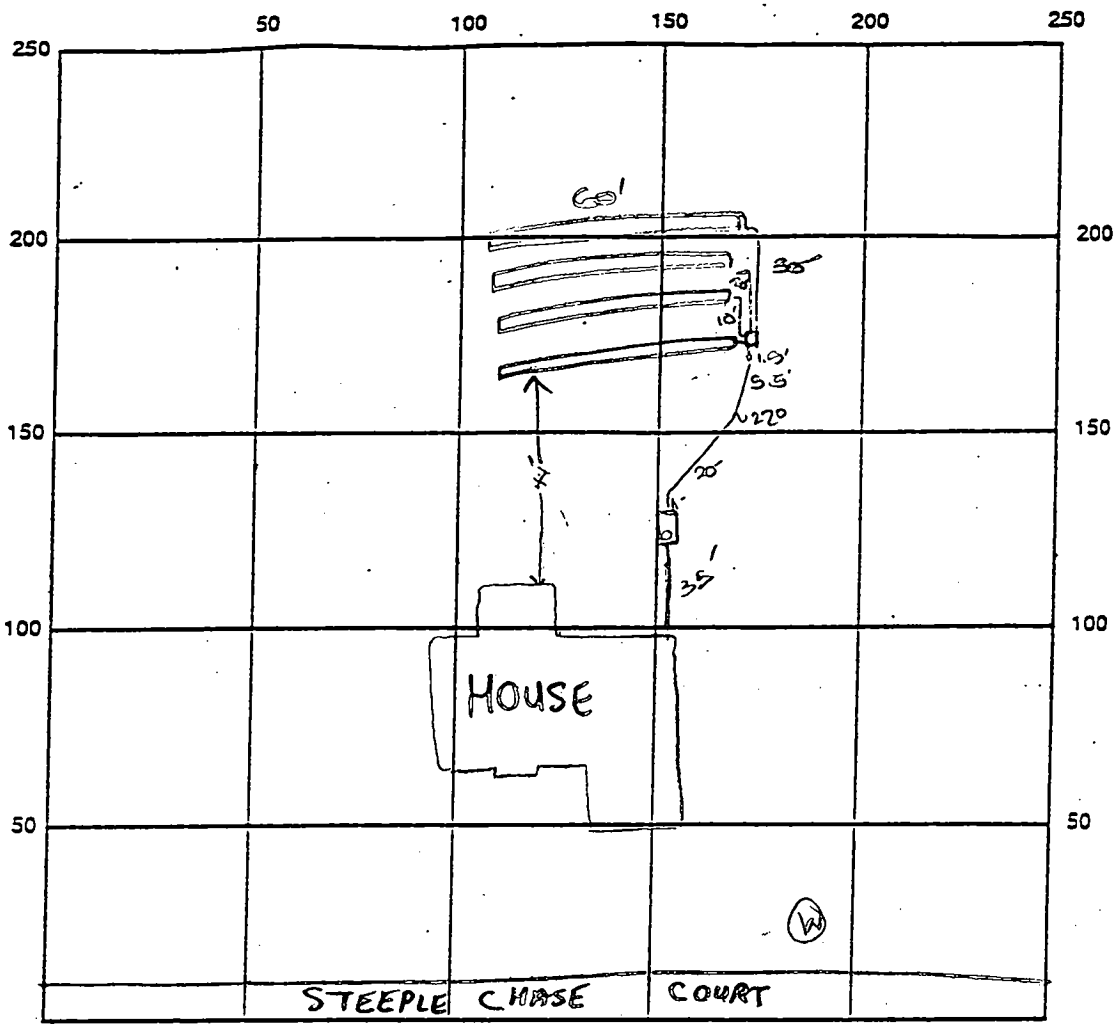
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A-56429-Y

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/~~TILE~~ TILE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4 x 60 FT. → 240

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~/BOTTOM AREA 720 SQ. FT.

DRYWELL

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

ABSORBENT AREA — SQ. FT.

REMARKS: 1/13/98 OK to cover bse to DB - DB placement should be moved so that line of of ST turns in a 45° ∠ to ward the right prop. line. Run trenches toward the left prop line - OK to install trenches, leave ends open Ah

2/11/99 FINAL INSP - OK to cover all work. DKS

DATE SYSTEM APPROVED 2/11/99 INSPECTOR

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 00 114114

Building Address 11004 Steeplechase Ct
Ellicott City, MD 21043
Suite/Apt. #: SDP/WP/Petition #:
Census Tract 6030 Subdivision Gaither Land
Section Area Lot
Tax Map 29 Parcel 21 Grid 4
Zoning RC-NT Map Coordinates Lot size 98,540

Owner's Name
Address 11004 Steeplechase Ct.
City Ellicott City State MD Zip Code 21043
Home Phone Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc.
2502 Fairlee Path
Abingdon, MD 21009
Phone 410-515-1717 Fax 410-515-2515

Existing Use
Proposed Use SFD
Estimated Construction Cost $ 90,000.00
Description of Work Type: Highgrove
2 Sty.Full Bsmt.,HP,2½,HB
3 Car Garage,4BR,Opt.Ff Finished Bath

Contractor Company Owner
Contact Person Pat Orio - Agent
Address
City State Zip Code
License No.
Phone 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:
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 ☐
____ NFPA #13
____ Full
____ Partial
____ Other Suppression

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:	60	36
2nd floor:	60	36
Basement:	60	36

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:
Dimensions:
Footings:
Roof:
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
___ Public
X Private
Sewage Disposal:
___ Public
X 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Patricia A Orio

Applicant's Signature *Print Name*
Building Permit Services, Inc.
10-6-98

Title/Company *Date*

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

VALIDATION
KEEP

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	10/8/98	
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 NewTown Zone
SDP/Red-line approval date

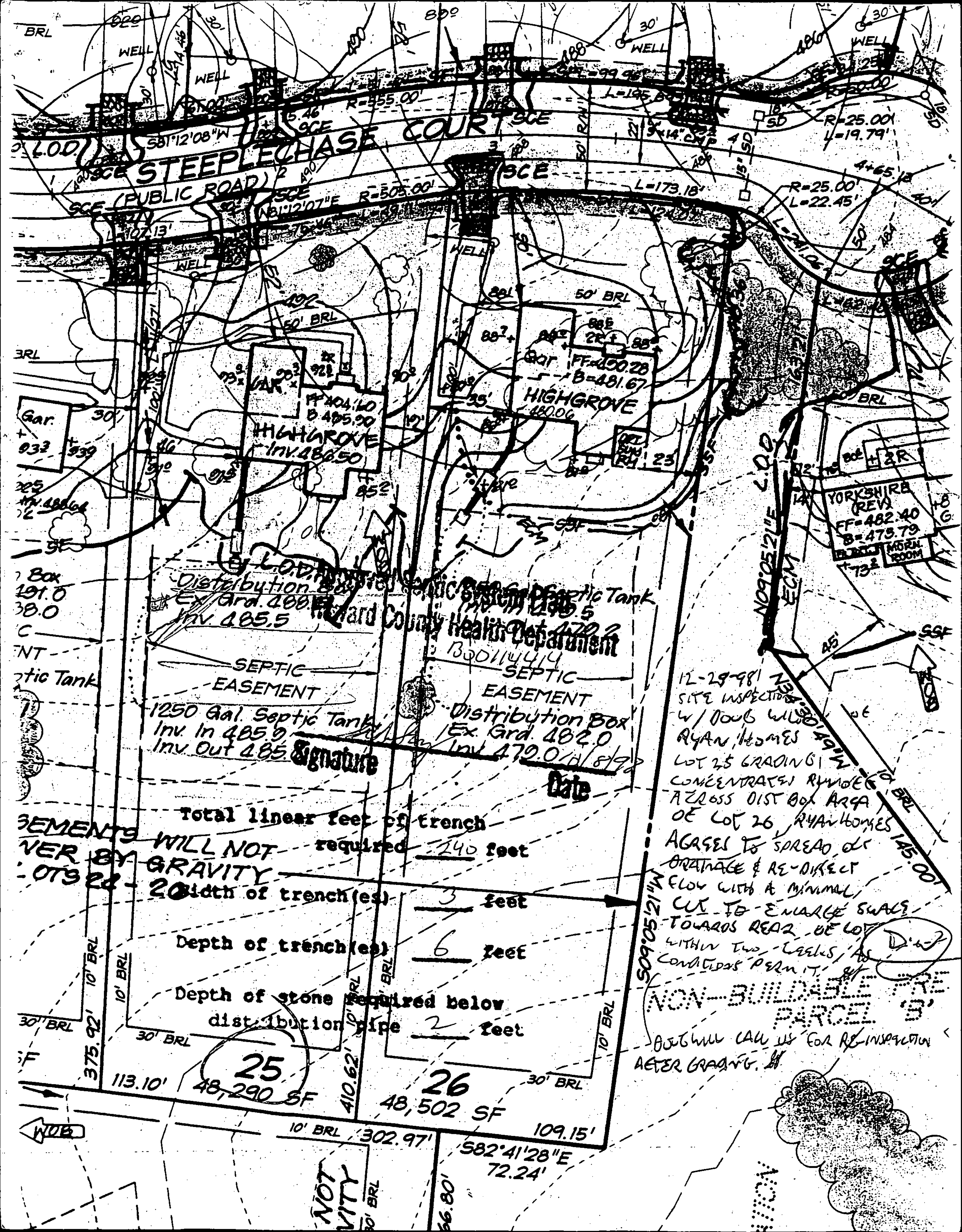
PROPERTY ID#: 27984

Filing Fee $	25
Permit Fee $	364
(.10 sq. ft. ☐) (.15 sq. ft. ☐)	
Excise Tax $	4510
(.40 sq. ft. ☐) (.80 sq. ft. ☐)	
TOTAL FEES	5,099
Check #	
Validation #	
Accepted by:	

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

s:\permit.frm

Rev. 8/25/98


STEEPLECHASE COURT
(PUBLIC ROAD)
R=555.00'
R=505.00'
S81°12'08"W
N81°12'07"E
L=195.83'
L=173.18'
R=25.00'
L=19.79'
R=25.00'
L=22.45'
4+65.18
WELL
SCE
L.O.D.
50' BRL
30' BRL
10' BRL
SD
15" SD
HIGHGROVE
Inv. 486.50
HIGHGROVE
480.06
FF=490.28
B=481.67
YORKSHIRE
(REV)
FF=482.40
B=473.79
MORN. ROOM
Gar
Distribution Box
Ex. Grd. 488.0
Inv. 485.5
Septic Tank
Howard County Health Department
SEPTIC EASEMENT
SEPTIC EASEMENT
1250 Gal. Septic Tank
Inv. In 485.9
Inv. Out 485.
Distribution Box
Ex. Grd. 482.0
Inv. 479.0
Signature
Date
Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 6 feet
Depth of stone required below distribution pipe 2 feet
EASEMENTS WILL NOT
SERVE BY GRAVITY
12-28-98 SITE INSPECTION W/ DOUG WILD RYAN HOMES
LOT 25 GRADING IS CONCENTRATED RUNOFF ACROSS DIST BOX AREA OF LOT 26. RYAN HOMES AGREES TO SPREAD OUT DRAINAGE & RE-DIRECT FLOW WITH A MINIMAL CUT TO ENLARGE SWALE TOWARDS REAR OF LOT WITHIN TWO WEEKS AS CONDITIONS PERMIT.
DOUG WILL CALL US FOR RE-INSPECTION AFTER GRADING.
NON-BUILDABLE PRES. PARCEL 'B'
N09°05'21"E
S09°05'21"W
145.00'
375.92'
410.62'
113.10'
302.97'
109.15'
S82°41'28"E
72.24'
25
48,290 SF
26
48,502 SF
WUB
ECM
SSF

A564L94
COUNTY #

SOIL PROFILE

0' A

orange red silt lm

4.0

lgt brown brown silt lm 10% rock

refusal

10.0

1607

TOPSOIL

ORANGE CLAY LOAM

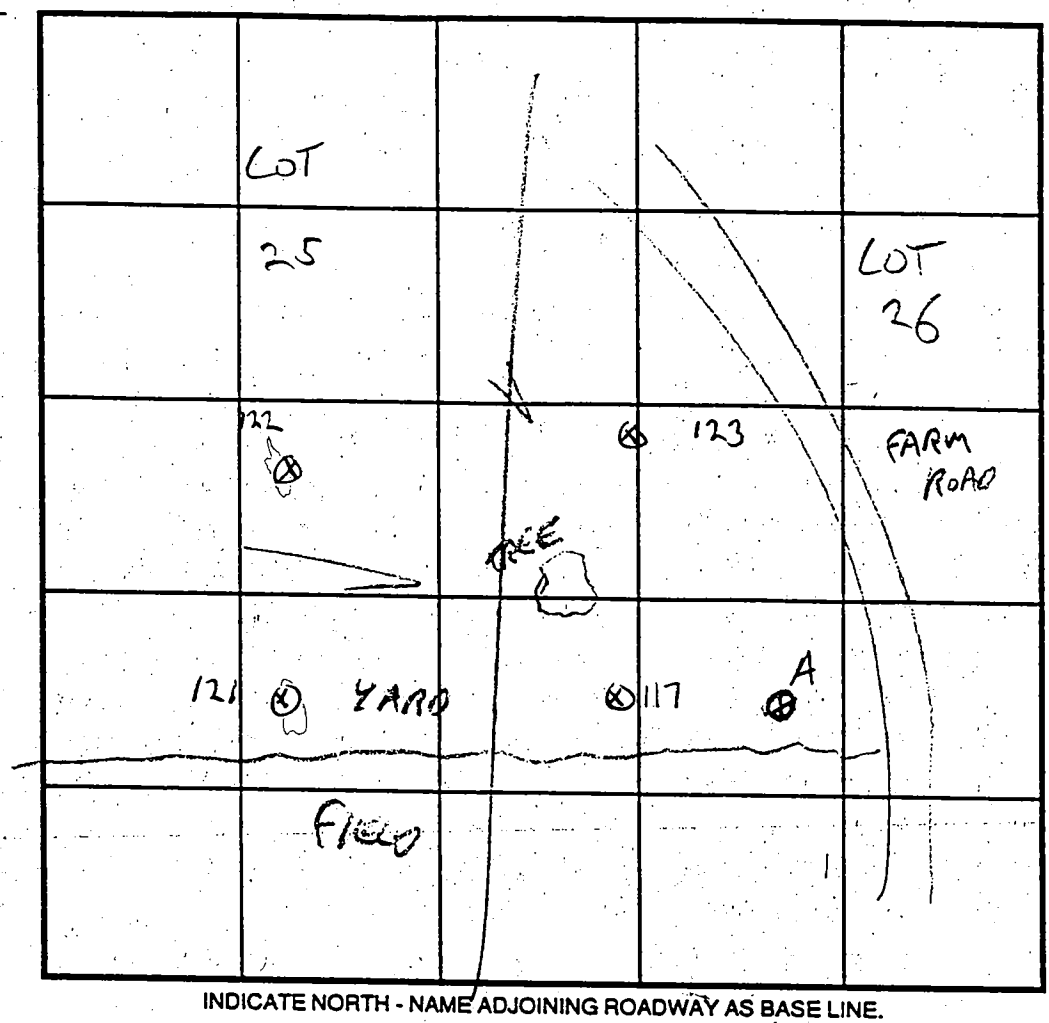
4'

BROWN SSL

ORANGE MOTTLES SAND PRESENT 36.5'

DRY

11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TYPICAL

SOIL PROFILE

0'

TOPSOIL 1'

BROWN CLAY LOAM 4

BROWN SSL

11' 6"

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-11-96	123	5'6" / 11'6"	3:38	3:40	3:40	3:44	4 MIN
	117	5' / 11'6"	3:35	3:39	3:39	3:43	4 MIN
	122	6 / 12	SEE	LOT 43	PROFILE		4 MIN
	121	4'6" / 10'6"	"	"	"		4 MIN
1/24/97	1607	11'	VERIFY	LOCATION			
2/26/97	A	Visual	to 11.0		SEE PROFILE		OK

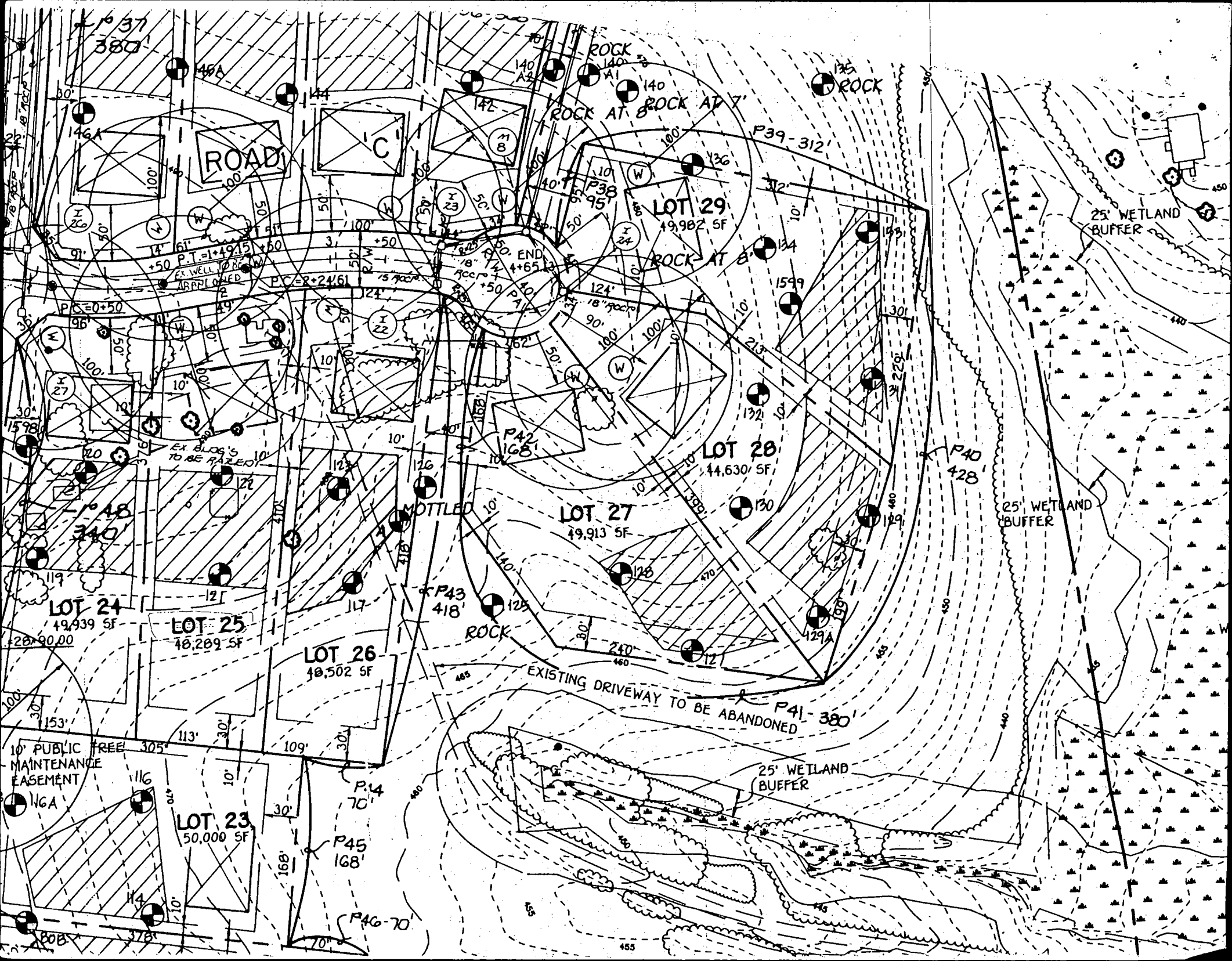
REMARKS LOT 44 - HOLE A OPEN 24 HOURS / 26

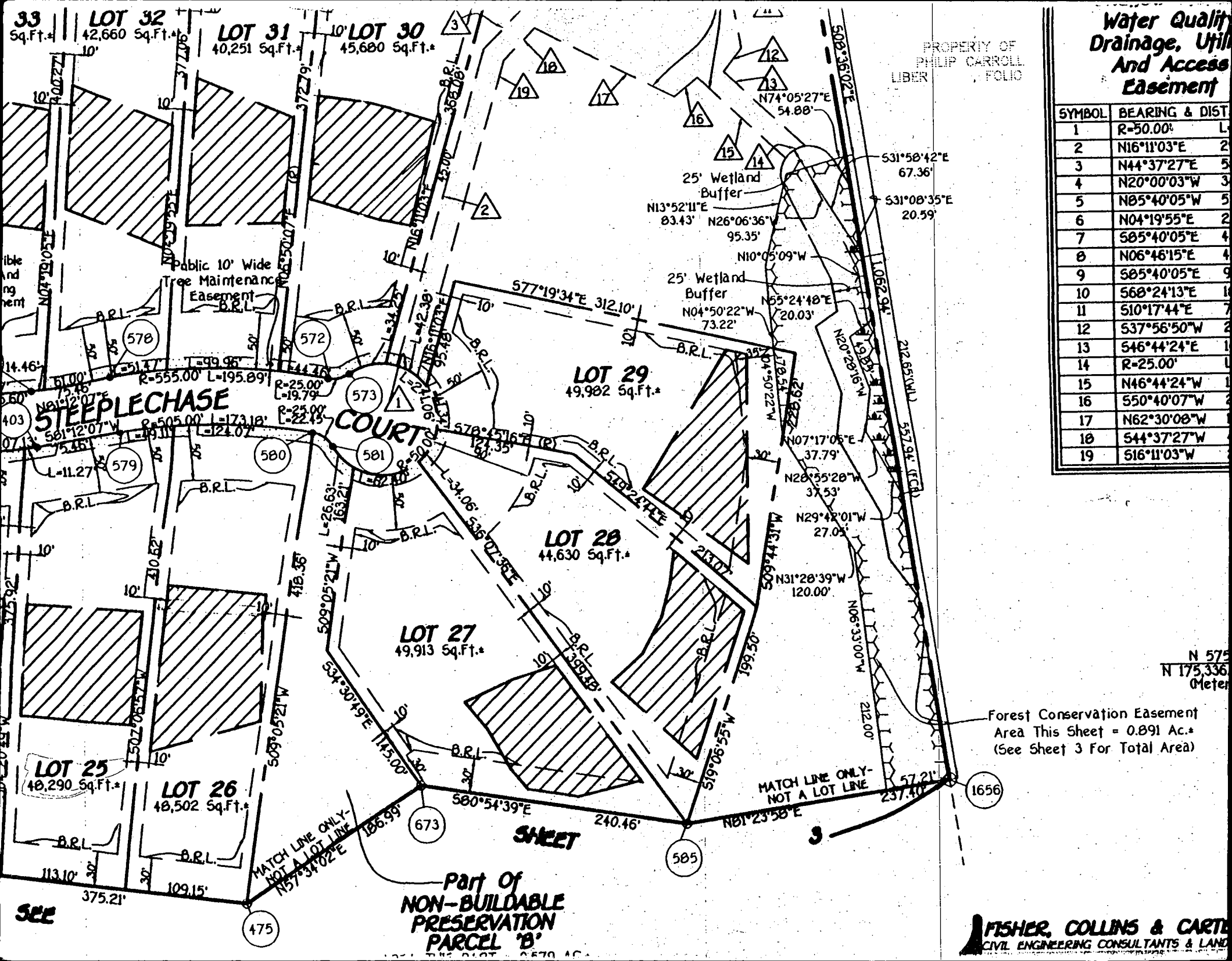
TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT OWN MIKE+AIKE REVIEW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 MIN TRENCH WIDTH 3

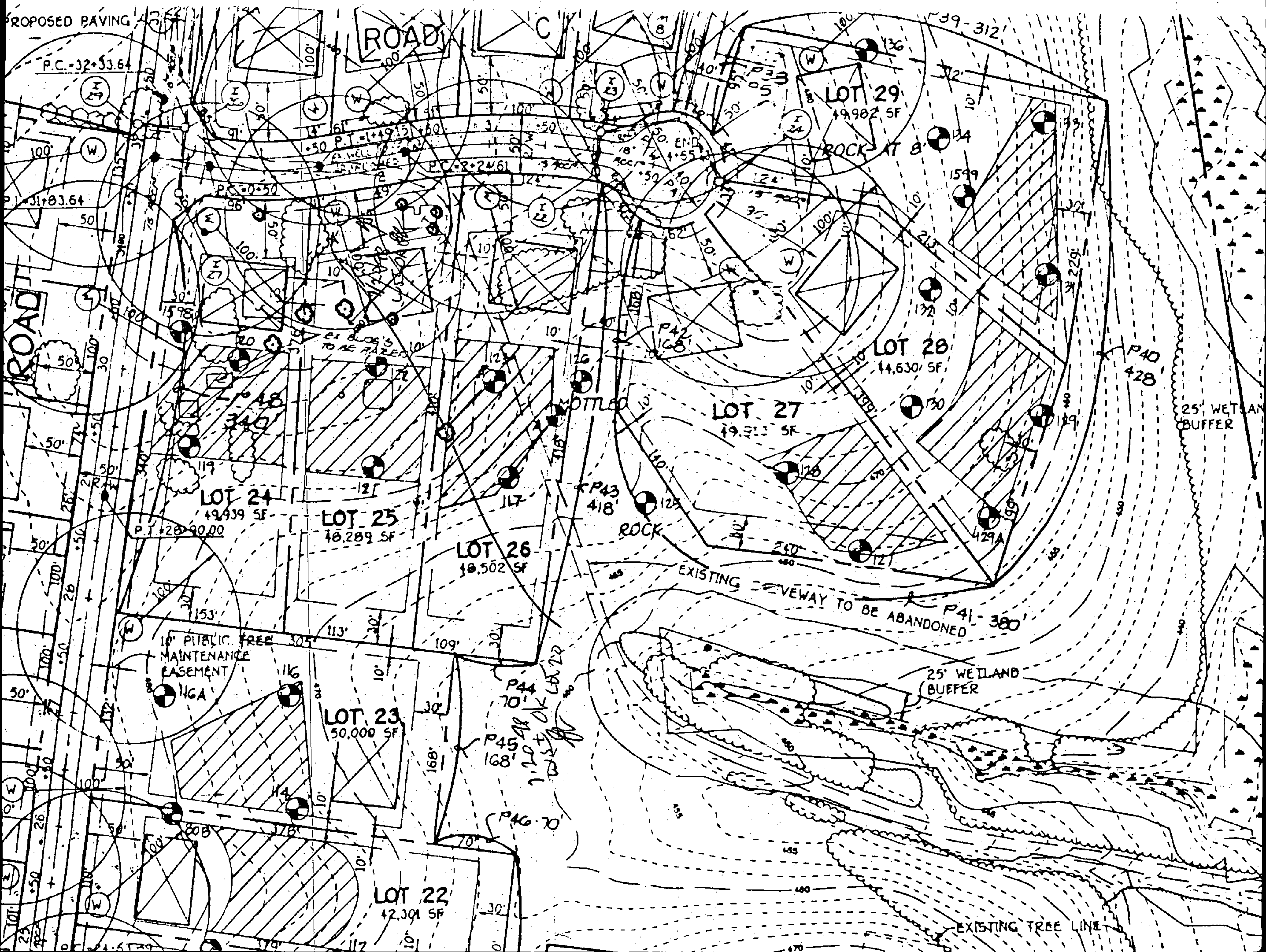
INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT/BEDROOM 180


P37
380'
ROAD
C
ROCK
ROCK AT 8'
ROCK AT 7'
P39-312'
LOT 29
49,982 SF
P38
95'
ROCK AT 8'
25' WETLAND BUFFER
P.T.=1+49.15
P.C.=2+24.61
P.C.=0+50
END 4+65.13
Ex. WELL TO BE ABANDONED
Ex. BLDG'S TO BE RAZED
P42
168'
LOT 28
44,630 SF
P40
428'
LOT 27
49,913 SF
MOTTLED
P43
418'
ROCK
LOT 24
49,939 SF
LOT 25
48,289 SF
LOT 26
48,502 SF
EXISTING DRIVEWAY TO BE ABANDONED
P41-380'
10' PUBLIC FREE MAINTENANCE EASEMENT
LOT 23
50,000 SF
P44
70'
P45
168'
P46-70'
25' WETLAND BUFFER



Water Quality, Drainage, Utility And Access Easement

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


ROPOSED PAVING
ROAD
P.C.=32+33.64
LOT 29
49,982 SF
ROCK AT 8'
P39-312'
LOT 28
44,630 SF
P40
428
LOT 27
25' WETLAND BUFFER
EX BLDG'S TO BE RAZED
MOTTLED
P42
168
LOT 24
49,939 SF
LOT 25
48,289 SF
LOT 26
48,502 SF
P43
418'
ROCK
EXISTING
VEWAY TO BE ABANDONED
P41-380
10' PUBLIC TREE
MAINTENANCE
EASEMENT
LOT 23
50,000 SF
P44
70'
P45
168'
25' WETLAND
BUFFER
P46 70'
LOT 22
42,301 SF
EXISTING TREE LINE

C 1 — 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 A5642 9CC

ST/CO USE ONLY
DATE Received MM 10 DD 13 YY 98

DATE WELL COMPLETED MM 08 DD 10 YY 98

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1649

OWNER RUSSELL (last name) DEVELOPMENT, LLC (first name)

STREET OR RFD _____ TOWN WILDE LAKE

SUBDIVISION GAITHER HUNT SECTION _____ LOT 25

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 Sandstone	0	24	
Gray Granite	24	31	
Brown Sandstone	31	37	
Gray Granite	37	200	
		45 ✓	
		60 ✓	
		170 ✓	

NUMBER OF UNSUCCESSFUL WELLS: 0

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. 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] no (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 10 NO. OF POUNDS 940

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 if from surface)

CASING RECORD
(casing types insert appropriate code below)

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE: ST

Nominal diameter top (main) casing (nearest inch): 06

Total depth of main casing (nearest foot): 40

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 [HO] OPEN HOLE [BZ] BRONZE [PL] PLASTIC [OT] OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN	TOP	BOTTOM
1	HO	40 / 200
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) 3

PUMPING RATE (gal. per min.) 15.

METHOD USED TO MEASURE PUMPING RATE: Watch & Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 ft.

WHEN PUMPING 46 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)

N

20'

15'

Right Prop Line

Front Prop Line

DENV-CR97

② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 4798 | SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER: Ho -94 -1649
fill in this form completely

Date Received (APA)

OWNER INFORMATION

RUSSELL DEVELOPMENT LLC
Last Name / Owner / First Name
8808 CENTRE PARK Dr. Suite 108
Street or RFD
COLUMBIA MARLAND 21045
Town / State / Zip

DRILLER INFORMATION

MICHAEL BARLOW MWD 355
Driller's Name / License No.
MICHAEL BARLOW WELL DRILLING SVC. INC
Firm Name
912 FAWN COURT Joppa MD 21085
Address
Signature 6-17-98 Date

B 2 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
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
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)

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

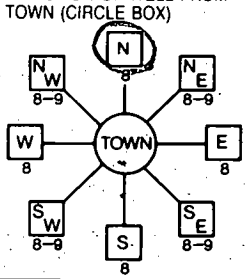
APPROP. PERMIT NUMBER GAP
FORCE GS WRITE INITIALS IN BOX PERMIT No. Ho -94 -1649

B 3 LOCATION OF WELL

HOWARD
COUNTY
GAITHER HUNT
SUBDIVISION
SECTION 1 LOT 25
WILDELAKE
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 4 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road C
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 15 ENTER FT OR MI
TAX MAP: 6 BLK: 5 PARCEL 21

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A5642CC
COUNTY NAME / COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 7 27 98 7 27 99
CO SIGNATURE EXP. DATE
NORTH GRID 521 000 EAST GRID 830 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1.
2.
3.

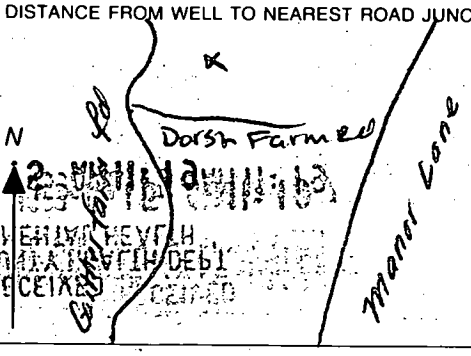
8/10/98
10:30

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

1/6/99 AM Work not Started KM
1/19/99 3pm

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 1/14/99

Name of Installer LEHSAC CORPORATION Telephone 4102426888

License Number #3344
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner RYAN HOMES Telephone 410 654-0501
Subdivision GAITHERSBURG Lot # 25 Well Tag # HO-94-1649
Site Address 11004 STEEPLE CHASE CT.

Pump
1. Type
   a. Deep well jet _____
   b. Shallow well jet _____
   c. Submersible X
2. Make JACUZZI PUMP
3. Model # 15452IB-F2
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No X
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 3/4
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? _____

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

Well data
1. Depth 200 ft.
2. Yield 15 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? V

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: _____

Date: 1/4/99

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

HD-215

A56429-4 VC

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 B00122576

Building Address 11004 STEEPE CHASE CT.
ELLICOTT CITY, MD 21042
Suite/Apt.#: ____ SDP/WP/Petition #: ____
Census Tract 6030 Subdivision Gaither Hunt
Section 1 Area 1 Lot 25
Tax Map 29 Parcel 21 Grid 4
Zoning ____ Map Coordinates ____ Lot size ____

Property Owner's Name MOHAMMIE IQBAL & ABIDA IQBAL
Address 11004 STEEPLECHASE COURT
City ELLICOTT CITY State MD Zip Code 21042
Home Phone 410-997-9981 Work Phone 410-368-3076
Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS ABOVE
Phone ____ Fax ____

Existing Use RESIDANTIAL
Proposed Use RESIDANTIAL W/DECK
Estimated Construction Cost $ 12000 TIN (1200/00 MD)
Description of Work TO BUILD AN ATTACHED WOODEN DECK 20x16 1/STORY

Contractor Company OWNER
Contact Person ____
Address ____
City ____ State ____ Zip Code ____
License No. ____
Phone ____ Fax ____

Occupant or Tenant OWNER
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:
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:
Roof:
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
___ Public
X Private
Sewage Disposal:
___ Public
X 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Mohammed Iqbal — *Applicant's Signature*
MOHAMMED IQBAL — *Print Name*
Title/Company
2-24-00 — *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		
X State Highways		
X Building Official	2/24/00	
Dev. Engineering DPZ		
X Health	2/24/00	
X 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 NewTown Zone ____
SDP/Red-line approval date ____

PROPERTY ID# 3-7984

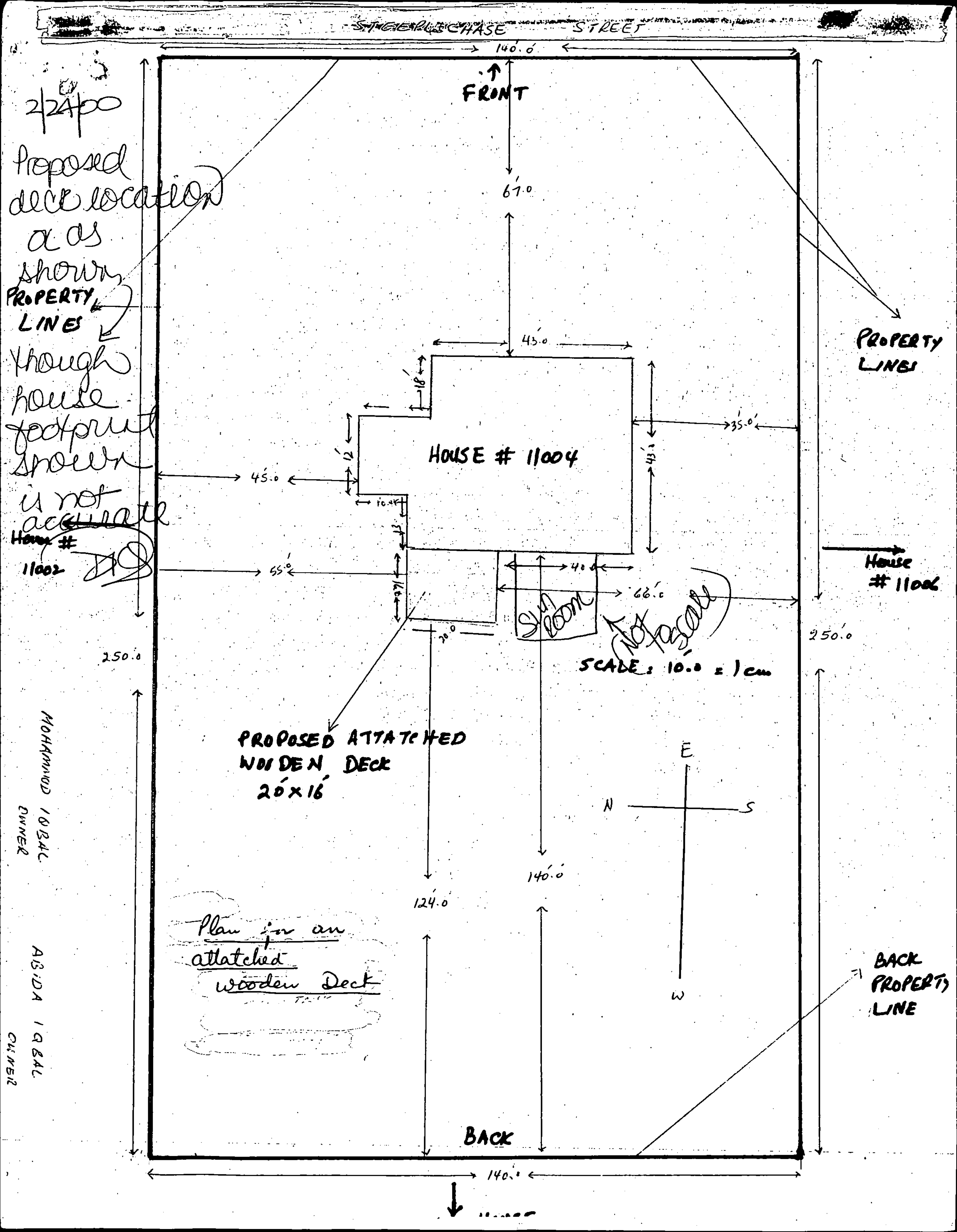
Filing fee	$
Permit fee	$ 83.00
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$ 83.00
Balance due	$
Check	# 540
Validation	# 37521

Accepted by ____

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

s:\permit.fmv

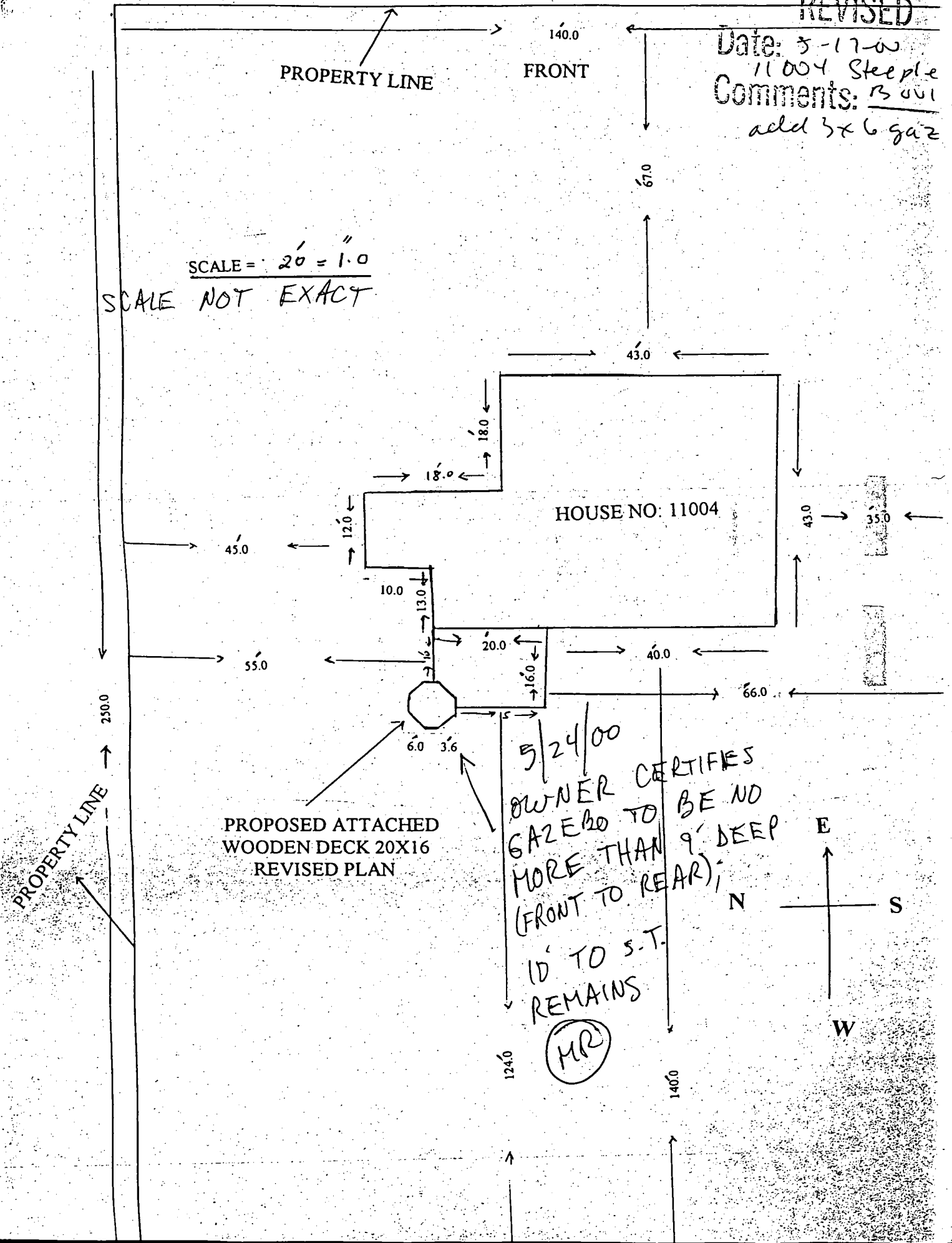
Rev. 10/15/98


STEEPLECHASE STREET
140.0
FRONT
2/24/00
Proposed deck location a as shown
PROPERTY LINES
though house footprint shown is not accurate
House # 11002
61.0
43.0
18
12
45.0
10.4
HOUSE # 11004
35.0
43.1
PROPERTY LINES
55.0
16
40
66.0
Sun Room
Not to scale
House # 11006
20.0
250.0
250.0
SCALE: 10.0 = 1 cm
PROPOSED ATTATCHED WOODEN DECK 20×16
E
N
S
W
MOHAMMAD IQBAL OWNER
ABIDA IQBAL OWNER
124.0
140.0
Plan for an attatched wooden Deck
BACK PROPERTY LINE
BACK
140.0

STEEPLECHASE COURT

REVISED

Date: 5-17-00
11004 Steeple
Comments: B 001
added 3x6 gaz



6030

PR issued 5/17/00

#825
CH 0754
CR # 31717 5-17-00

Mohammed Iqbal
11004 Steeplechase Ct:
Ellicott City, MD: 21042

May 17,2000

Please call when ready
410-750-2905

Mr. Avis L. Corbin, Chief
Licenses & Permits Division
Department of Inspections, Licenses & Permits
Howard County, Ellicott City, MD: 21043

Re: PERMIT NMR: B00122576

Dear Sir,

410-997-5981
410-336-8193

This for favor of your information that I want to make some changes in my proposed Wooden Deck, for which a permit, mentioned above was issued on 2/24/00.

I plan to add a hexagonal 3 feet by 6 feet, alternating sides gazebo on the right outer side of the proposed wooden deck. I have enclosed three copies of the revised plan for favor of your information and approval, please.

Thank you

Sincerely

Abida Iqbal

RHSA Thank you,
cc Health Dept
5/24/00 NO OBJECTION TO GAZEBO
M. Rifkin
How. Co. Health