

04364481

LAYOUT 6/18/04 1:00 INSP 4 \_\_\_\_\_  
 INSP 2 6/24/04 INSP 5 \_\_\_\_\_  
 INSP 3 6/25/04 - 10:30-11 INSP 6 \_\_\_\_\_

ISSUE DATE: 5/27/2004P 520381APPROVAL DATE: 6/25/04A 58993-BB

# PERMIT INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

04-364481

K & K Excavating IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 14960 Frederick Rd, Woodbine PHONE NUMBER: 410-442-1336

SUBDIVISION: Cattail Ridge LOT NUMBER: 26

ADDRESS: 3517 Winding Path Court PROPERTY OWNER: Selfridge Builders

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 149 HOUSE SERVED BY PUBLIC WATER ☐

|           |   |
|-----------|---|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Place the distribution box at the highest corner of the staked SDA closest to the house and 100 feet from the adjacent well on Lot 25. Run (3) 50' trenches on contour to right side of lot.                            |
| NOTES:    | Place the septic tank exactly 10 feet from the house (as shown on the plan) to maintain maximum separation to the SDA.  |

PLANS APPROVED: MER OK/MR DATE: 2/26/04

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A58993-BB

NOT TO SCALE

A hand-drawn site plan for a property. The main building is a large, irregular polygon. A winding path starts from a point at the bottom left, indicated by a double-headed arrow labeled '55'', and curves around the building. To the right of the building is a smaller rectangular structure labeled 'C'. Dimensions for this structure include '15'' for its width, '10'' for its height, and '12'' for a small extension. Above structure 'C' are several diagonal lines, each labeled '60''. Other dimensions include '18'' for a horizontal section of the building, '15'' for a vertical section, and '10'' for a small horizontal section. A small 'C' is also marked on the building's boundary. The text 'HO-94-2429' is written below the building, and 'Winding Path Court' is written at the bottom of the page.

HO-94-2429

Winding Path Court

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL                      ✓

CAPACITY 1500 GAL

SEAM LOC 100'

TANK LID DEPTH 3'

BAFFLES                      ✓

BAFFLE FILTER                      ✓

MANHOLE LOC Front

6" PORT LOC                      ✓

WATERTIGHT TEST                      ✓

SEPTIC TANK 2 LEVEL                     

CAPACITY                      GAL

SEAM LOC N/A

TANK LID DEPTH N/A

BAFFLES                     

BAFFLE FILTER                     

MANHOLE LOC                     

6" PORT LOC                     

WATERTIGHT TEST                     

PRE-CONSTRUCTION 6/18/04 Area not staked. Called Bob (Selfridge), told him to get area staked. The Ketterman want to install 240' of trench INSTALLATION or four 60' trenches. Told them it was O.K. but to wait until area is staked. Contour is close to what is shown on B.P. plans (BB)

6/24/04 - Tank set, 2 trenches installed. OK to cover, work completed (SC)

6/25/04 - Trenches complete OK to cover (SC)

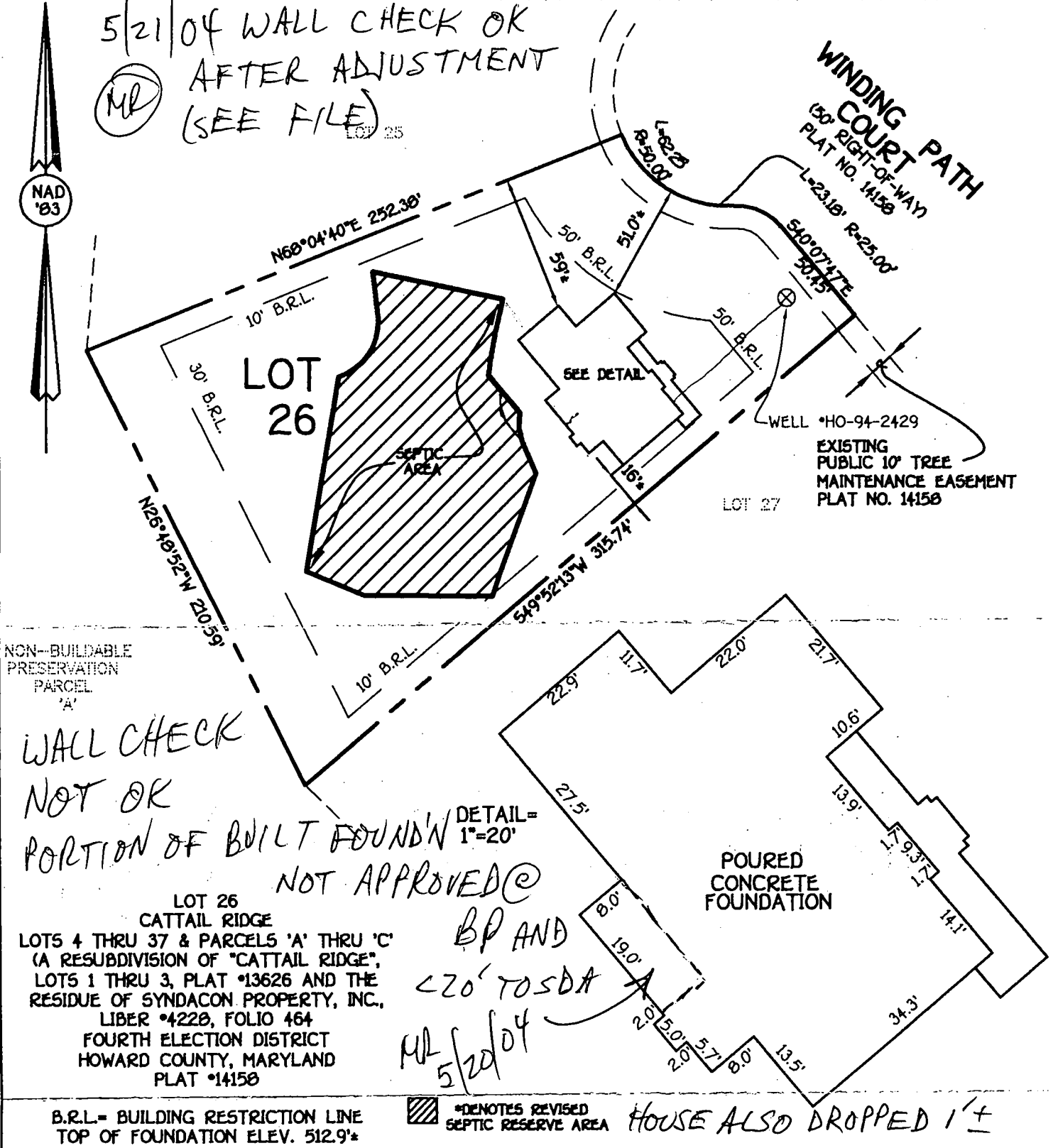
FINAL INSPECTOR

DATE OF APPROVAL \_\_\_\_\_

6/25/04

**GENERAL NOTES:**

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440020B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 0.5' (+)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



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

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



PROFESSIONAL LAND SURVEYOR DATE  
REG. • 10/82

## HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 3/31/04  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=60'  
DATE: 4/13/04  
DRAWN BY: V.L.J.  
CHECKED BY: TAF  
PROJECT No.: 61074

Approved Septic System Plan  
Howard County Health Department

*Mark Refkin* 2/26/04  
Signature Date

LOT 25

HO-942428

D. Box

LOT 26

46,640 SQ. FT.

1500 GAL SEPTIC TANK  
FIN GRD 509.5  
INV. IN 506.8  
INV. OUT 506.5

DISTRIBUTION BOX  
FIN 500.510.0  
INV 506.0

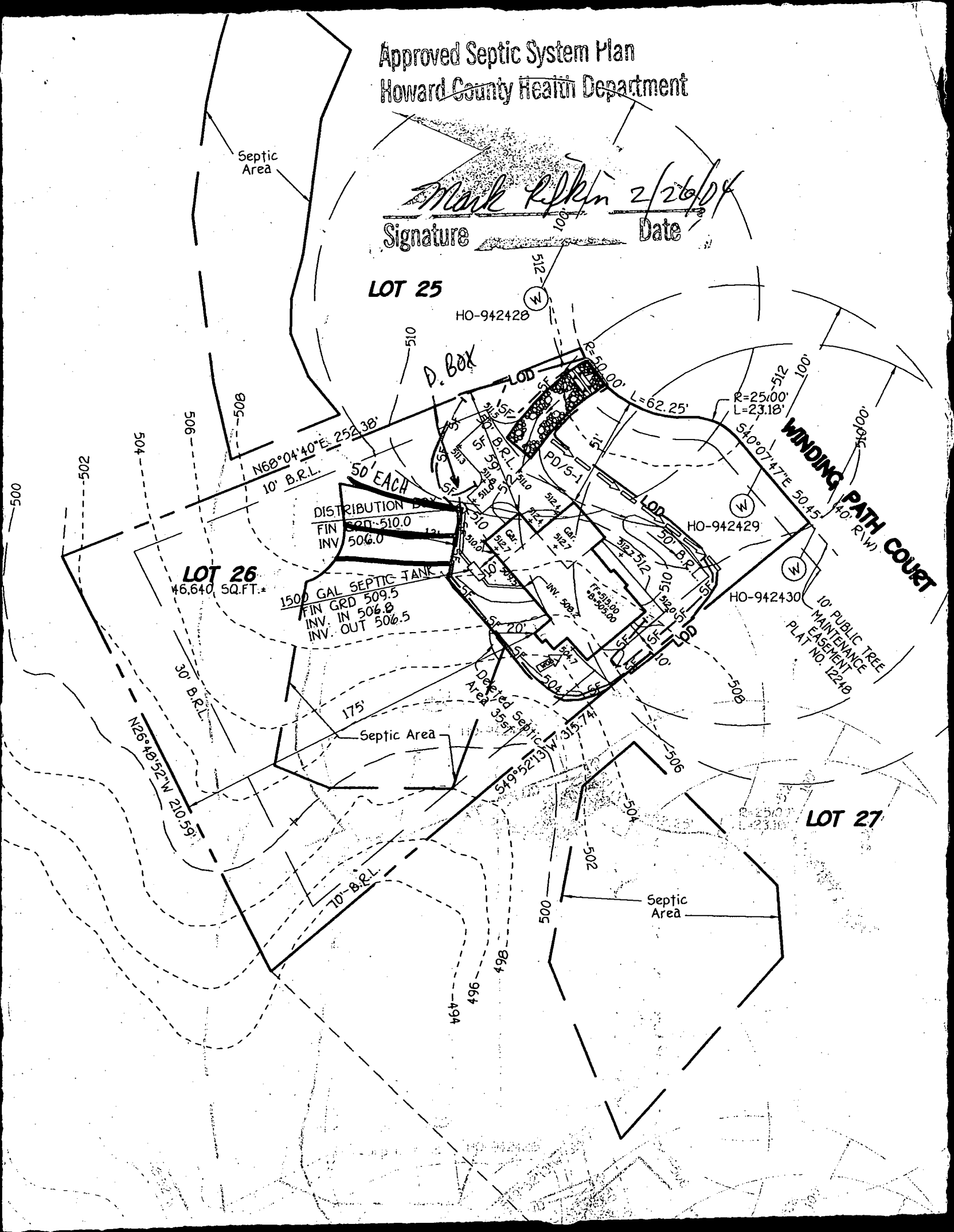
Septic Area

WINDING PATH COURT

LOT 27

Septic Area

10' PUBLIC TREE  
MAINTENANCE  
EASEMENT  
PLAT NO. 1224B



HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B 05146278 MEA

Building Address 3517 WINDING PATH COURT  
GLAUBURN MD 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6040.02 Subdivision Cattail Ridge

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 26

Tax Map 21 Parcel 228 Grid 3

Zoning R1000 Map Coordinates 8127 Lot size 1.06 AC.

Existing Use VACANT LOT

Proposed Use NEW HOME

Estimated Construction Cost \$ 495,000

Description of Work NEW CUSTOM SINGLE FAMILY  
HOMES, 2 STORY, FULL BSMT, 3 CAR GAR.  
2 FB, 1 HD, 4 BR, 2 F/P

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name JAMES H. SELF

Address 1445 GARROD DR

City GLAUBURN State MD Zip Code 21738

Home Phone \_\_\_\_\_ Work Phone 410-531-0930

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax 410-531-0939

Contractor Company JAMES H. SELF, Inc.

Contact Person Tom LAGAN

Address 1445 GARROD DRIVE

City GLAUBURN State MD Zip Code 21738

License No. HBL00724

Phone 410-531-0930 Fax 410-531-0939

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 34 70

2nd floor 34 70

Basement 34 70

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

☒ 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 THERE TO, (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.

Applicant's Signature \_\_\_\_\_

Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_

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 \_\_\_\_\_

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

PROPERTY ID# 61008

Filing fee \$ 600.00

Permit fee \$ \_\_\_\_\_

Feb 27 04 11:03a

HO CO FNV HFRI TH

14103132648

p.1

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: NATIONAL WATER SERVING Telephone #: 301-854-1333  
Address: P.O. Box 138  
ASHTON, MD 20861

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

Name (Print): DAVID RYCKE

Licensed Well Pump Installer

License #: PT 0145

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

Name of Property Owner: Schledge Builders

Telephone #: 410-531-8930

Subdivision:

Lot #:      Well Tag #: HO-94-2429

Site Address: 3517 Winding Path Ct  
Glenwood, MD 21738

**Submersible Pump Data**

Make: BRUNNEN

Model #: 15 SQE 100-250

Pump Capacity: 15 GPM

Well Yield: 7.5 GPM

Depth of well encountered at time of pump installation: 275 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

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

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

**Well Cap and Electric Conduit**

Two piece watertight cap: YES

Screened, vented well cap: YES

Cap secured to casing: YES

Conduit min 18" B.G.: YES

Conduit secured to well cap: YES

**Piping to house**

Type: ADON Jet Coil

PSI: 160 (160 psi min)

Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: YES

Approximate length of sleeve: 5'10"

Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date

8/18/04

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested:

Date Insp. Approved: 6/25/04

Inspector: (50)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope not seen outside of well cap/casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

C119771

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. *OKSRK 1/31/00*

COUNTY  
NUMBER *A58993BB*

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

DATE WELL COMPLETED  
MM DD YY  
*10-2-99*

Depth of Well  
22 *275* 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
*HO-94-2429*

OWNER *Cattail Overlook*

STREET OR RFD *Windy Path Ct* TOWN *Glenwood*

SUBDIVISION *Cattail Ridge* SECTION LOT *26*

WELL LOG

Not required for driven wells

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

| DESCRIPTION (Use<br>additional sheets if needed) | FEET |     | check<br>if water<br>bearing |
|--|------|-----|------------------------------|
|  | FROM | TO  |                              |
| Light Brown<br>CLAY                              | 0    | 50  |                              |
| GRAY GRANITE                                     | 50   | 275 |                              |
|  |      | 160 | ✓                            |
|  |      | 230 | ✓                            |

GROUTING RECORD

yes no  
☒ ☐

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS *14* NO. OF POUNDS *1316*

GALLONS OF WATER *84 gal*

DEPTH OF GROUT SEAL (to nearest foot)

from *0* ft. to *55* ft.

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

☒ ☒

MAIN  
CASING  
TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

*ST* *06* *55*

OTHER CASING (if used)

diameter depth (feet)

inch from to

SCREEN RECORD

screen type  
or open hole

☒ ☒ ☒

DEPTH (nearest ft.)

*HO* *55* *275*

C3

PUMPING TEST

HOURS PUMPED (nearest hour) *3*

PUMPING RATE (gal. per min.) *7.5*

METHOD USED TO  
MEASURE PUMPING RATE *Watch & Bucket*

WATER LEVEL (distance from land surface)

BEFORE PUMPING *46'* ft.

WHEN PUMPING *168'* ft.

TYPE OF PUMP USED (for test)

☒ ☐ ☐

☒ ☐ ☐

☐ ☒

PUMP INSTALLED

DRILLER INSTALLED PUMP YES ☒

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

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 29

CAPACITY:  
GALLONS PER MINUTE

(to nearest gallon) 31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

☒ above

LAND SURFACE

☐ below *2* (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: *0*

WELL HYDROFRACTURED ☒ ☒

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 *Max B. Jones*

LIC. NO. *MWD 549*

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

C2

DEPTH (nearest ft.)

*HO* *55* *275*

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN (NEAREST  
INCH)

56 60

from to

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

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

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

70 72 74 75 76

TELESCOPE  
CASING LOG  
INDICATOR OTHER DATA

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES  
AND INDICATE NOT LESS THAN  
TWO DISTANCES  
(MEASUREMENTS TO WELL)

LEFT Prop Line

25'

10'

FRONT Prop Line

|   |                                |  |   |
|---|--------------------------------|--|---|
| B 1 <b>16680</b><br><small>1 2 3 4 5 6</small>  | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br><b>PERMIT TO DRILL WELL</b><br>please print or type   | STATE PERMIT NUMBER<br><b>HO-94-2429</b><br><small>70 fill in this form completely 79</small> |
| Date Received (APA)<br><b>083099</b><br><small>8 MM DD YY 13</small><br><b>CATTAIL OVERLOOK, LLC</b><br><small>15 Last Name Owner First Name 34</small><br><b>8808 CENTRE PARK DR. Suite 108</b><br><small>36 Street or RFD 55</small><br><b>Columbia MARYLAND 21045</b><br><small>57 Town 70 State 72 Zip 76</small>   |                                | B 3 LOCATION OF WELL<br><b>HOWARD</b><br><small>8 COUNTY 21</small><br><b>CATTAIL RIDGE</b><br><small>23 SUBDIVISION 42</small><br>SECTION <b>26</b><br><small>44 46 48 50</small><br><b>ROXBURY</b><br><small>52 NEAREST TOWN 71</small><br>MILES FROM TOWN (enter 0 if in town) <b>2</b><br><small>73 76 77 78</small>   |   |
| DRILLER INFORMATION<br><b>MICHAEL BARLOW MWD 355</b><br><small>Driller's Name 76 License No. 81</small><br><b>MICHAEL BARLOW WELL DRILLING INC</b><br><small>Firm Name</small><br><b>912 FAUN CT. Joppa, MD 21085</b><br><small>Address</small><br><i>[Signature]</i> <b>8/18/99</b><br><small>Signature Date</small>   |                                | B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br><br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br><b>WINDY PATH CT.</b><br><small>11 NEAR WHAT ROAD 30</small><br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br><small>34 IS 37</small><br>DISTANCE FROM ROAD <b>FT</b><br><small>ENTER FT OR MI 38 39</small><br>TAX MAP: _____ BLK: _____ PARCEL: _____                              |   |
| B 2 WELL INFORMATION<br><small>1 2</small><br>APPROX. PUMPING RATE<br>(GAL. PER MIN.) <b>5</b><br><small>8 12</small><br>AVERAGE DAILY QUANTITY NEEDED<br>(GAL. PER DAY) <b>500</b><br><small>74 20</small>   |                                | NOT TO BE FILLED IN BY DRILLER<br>HEALTH DEPARTMENT APPROVAL<br><b>Howard County A58993BB</b><br><small>COUNTY NAME COUNTY NO.</small><br>STATE SIGNATURE _____ INSERT S → _____<br><small>DATE ISSUED 41</small><br><b>090799 A M MULL 9/2/99</b><br><small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small><br>NORTH GRID <b>520 000</b> EAST GRID <b>780 000</b><br><small>50 55 57 63</small> |   |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="checkbox"/> PUBLIC WATER SUPPLY WELL<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING<br><input type="checkbox"/> GEO-THERMAL   |                                | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1. _____<br>2. _____<br>3. _____<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>E <b>780</b><br>N <b>520</b><br>000<br>000  |   |
| APPROXIMATE DEPTH OF WELL <b>250</b> FEET<br><small>24 28</small><br>APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH  |                                | 9/27/99<br>Missed grout<br>10/4/99 Grout<br>rescheduled. Missed grout (BB)   |   |
| METHOD OF DRILLING (circle one)<br>BORED (or Augered) JETTED Jetted & DRIVEN<br>30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)<br>37 CABLE REVERSE-ROTARY DRIVE-POINT<br>other _____  |                                | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>  |   |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br>39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 |                                | Not to be filled in by driller (MDE OR COUNTY USE ONLY)<br>APPROP. PERMIT NUMBER 54 _____ 63<br>PERMIT NO. <b>HO-94-2429</b><br><small>70 71 72 73 74 75 76 77 78 79</small>   |   |
| SPECIAL CONDITIONS<br><small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>   |                                |  |   |





Howard County  
Health Department

# APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 11/18/03

TEST TIME \_\_\_\_\_

AD 519612

AGENCY REVIEW: \_\_\_\_\_

DATE 10/9/2003

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☒ CONSTRUCT NEW SEPTIC SYSTEM(S)  
☒ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM  
☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☒ NEW STRUCTURE(S)  
☐ ADDITION TO AN EXISTING STRUCTURE  
☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)  
☒ BUILD ON AN EXISTING LOT IN A SUBDIVISION  
☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES  
☒ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH UNKNOWN PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)  
☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)  
☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) MR. RICHARD LOMBARDO

DAYTIME PHONE (410) 442-1826

CELL \_\_\_\_\_

FAX \_\_\_\_\_

MAILING ADDRESS 3194 DANMARK DRIVE WEST FRIENDSHIP MARYLAND 21794-9714  
STREET CITY/TOWN STATE ZIP

APPLICANT MR. TIM RAGEN

DAYTIME PHONE (410) 531-8930 (w)

CELL \_\_\_\_\_

FAX (410) 531-8939

MAILING ADDRESS #14045 GARED DRIVE GLENWOOD MARYLAND 21738  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME CATTAIL RIDGE LOT NO. 26

PROPERTY ADDRESS #3517 WINDING PATH COURT GLENWOOD, MD. 21738  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 21 GRID 3 PARCEL(S) 1/2 228 PROPOSED LOT SIZE 1 ACRE ±

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

Tim Ragen

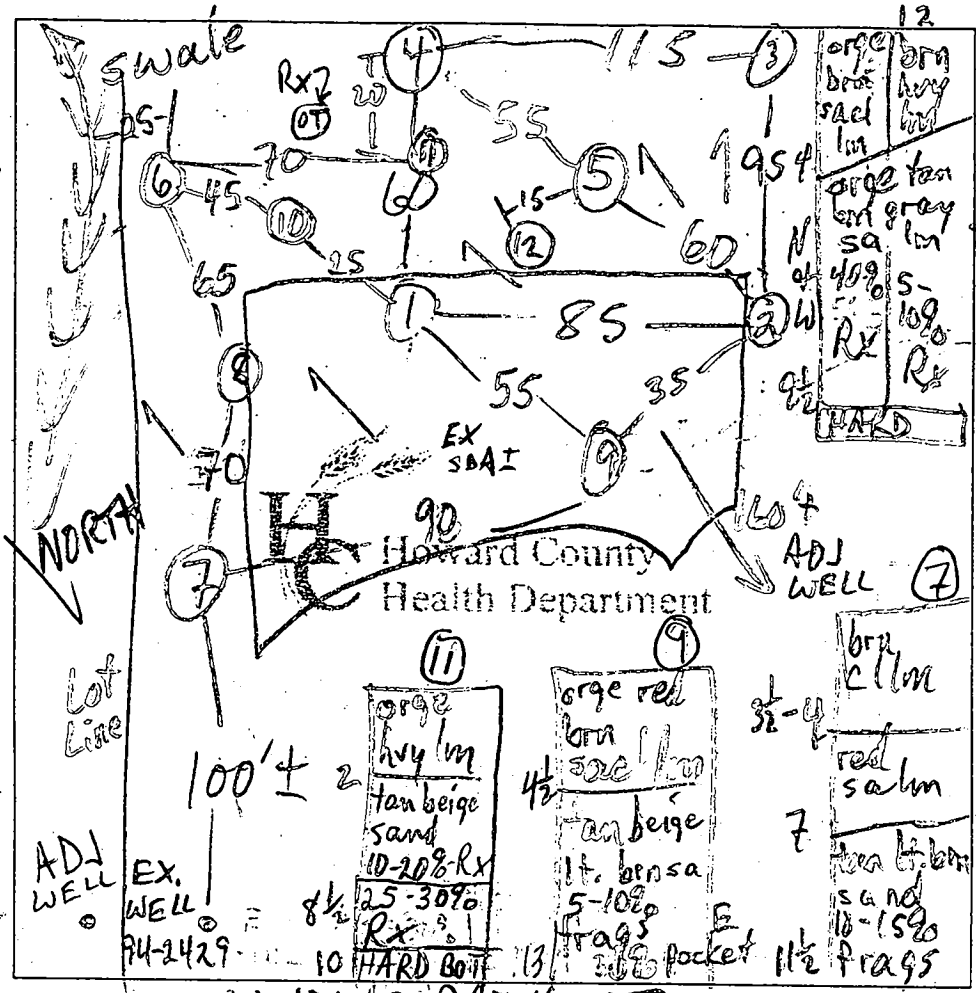
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P (2)  
 orge brn  
 sac l/m  
 20% 30-  
 Rx 60%  
 orge brn  
 ssa l/m  
 10- 40-  
 25% 60%  
 Rx Rx  
 SEMI-HARD

3  
 orge brn  
 sac l/m  
 + hvy l/m  
 Lt. brn  
 tan orge  
 sa l/m  
 10- 10-  
 25% 30%  
 Rx Rx

5  
 orge  
 brn  
 sac l/m  
 30% Rx  
 6  
 brn  
 orge  
 sa l/m  
 30-50%  
 Rx



4  
 orge  
 red brn  
 sac l/m  
 5  
 tan gray  
 sand  
 40-  
 70%  
 Rx  
 HARD

6 11 10  
 brn hvy  
 l/m  
 2 3  
 tan  
 sand  
 100m  
 5-10%  
 frags

8  
 orge brn  
 hvy l/m  
 5  
 tan beige  
 Lt. brn  
 sa l/m  
 25%  
 Rx

### WINDING PATH CT

| DATE     | TEST # | DEPTH  | START                 | BREAK<br>1" DROP | STOP<br>2" DROP | TIME OF<br>2nd INCH | P/F/H |
|----------|--------|--------|-----------------------|------------------|-----------------|---------------------|-------|
| 11/18/03 | 2 V    | 11     |                       |                  |                 |                     | F     |
|          | 3 V    | 12     | OK BUT NOT IN PATTERN |                  |                 |                     | P     |
|          | 4 V    | 10     |                       |                  |                 |                     | F     |
|          | 5 V    | 12     |                       |                  |                 |                     | F     |
|          | 12 V   | 9 1/2  | OK @ SE SIDE          |                  |                 |                     | P     |
|          | 1 V    | 12 1/2 |                       |                  |                 |                     | P     |
|          | 6 V    | 11 1/2 |                       |                  |                 |                     | P     |
|          | 10 V   | 11     |                       |                  |                 |                     | P     |
|          | 11 V   | 10     | HARD BOT              |                  |                 |                     | P     |
|          | 8 V    | 12     |                       |                  |                 |                     | P     |
|          | 7 V    | 1 1/2  | 10:57:00              | 10:59            | 11:04           | 5                   | P     |
|          | 9 V    | 13     |                       |                  |                 |                     | P     |

REMARKS  
 SANITARIAN H. Ripkin BACKHOE Ketterman OTHERS ---  
 TEST HOLES USED IN SDA 0-6-7-8-9-10 AVG. PERC TIME < 7 SQ. FT/BR 180  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

# SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Cattail Overlook

A 58993BB

STREET NAME: Windy Path Ct

LOT NUMBER: 26

AVERAGE PERCOLATION RATE: 3 min SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS:        LINEAR FEET OF TRENCH PER BEDROOM: 60

TOTAL LINEAR FEET OF TRENCH:        SEPTIC TANK CAPACITY:       

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be 30 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 2.0 feet of stone below distribution pipe.

=====

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL:        gallon pump chamber.

YES NO Top sealed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

=====

LOCATION:       

ADDITIONAL NOTES:       

Reviewer:       

Date:

# APPLICATION

PERCOLATION TESTING

A 58993

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 9-25-97

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 Scribner

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

AGENT OR PROSPECTIVE BUYER c/o LIDAD

ADDRESS 10805 Hickory Ridge Suite 205 PHONE 410-740-2100

Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Han Rei LOT NO. 2526

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1339 3

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS)  
(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

LOT 8

COUNTY #

SOIL PROFILE

335

lgt brn  
siltm

med  
orange  
brown  
siltm  
15%  
Rx

possible  
mottling  
last 1.0'

337

orange  
red  
brn  
siltm

lgt.  
pink  
tan  
siltm  
10%  
Rx

336C  
334A

heavy  
red cilm  
40% Rx

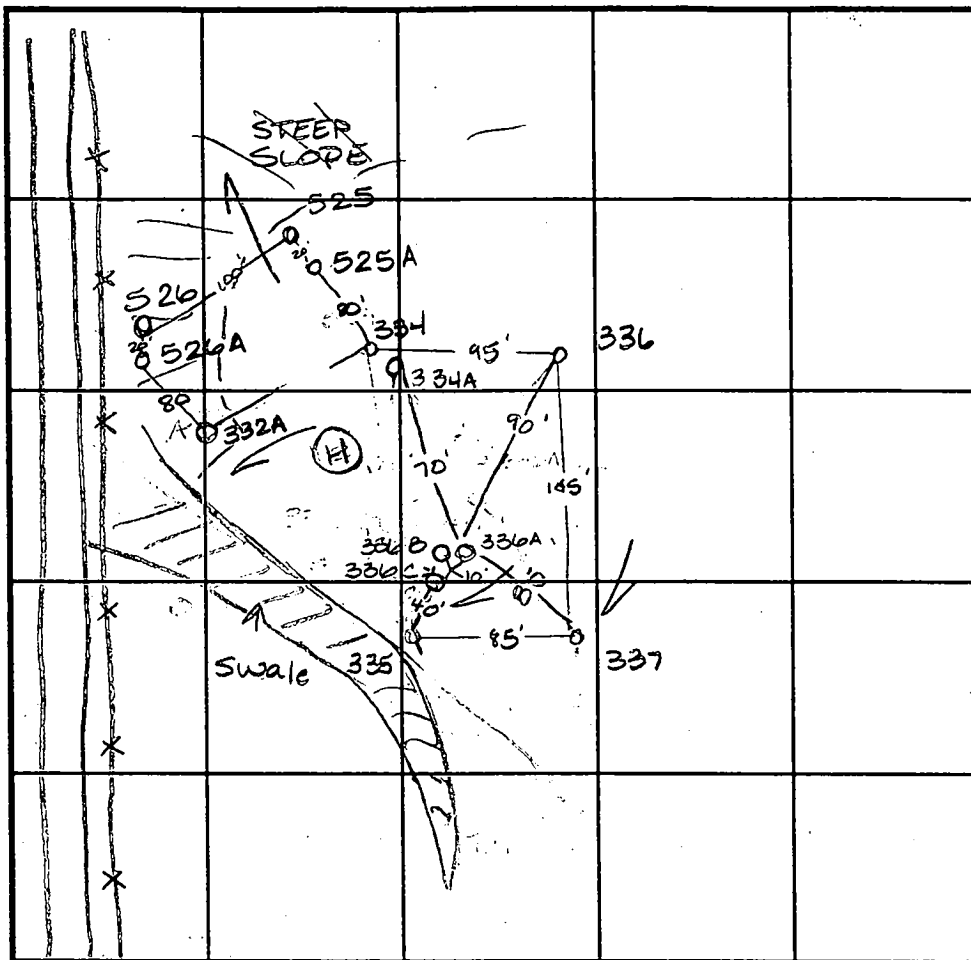
lgt. tan  
orange  
siltm  
10%  
decayed  
feldspar

SOIL PROFILE

332A

red  
brn  
siltm

pink  
siltm  
15%  
Rx  
mica clods



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH.                        | PRE-WET            |                    | TEST - 1" DROP     |      | TIME      |
|---------|----------|-------------------------------|--------------------|--------------------|--------------------|------|-----------|
|         |          |                               | START              | STOP               | START              | STOP |           |
| 11-4-97 | 335      | 3.0<br>V12.0                  | 3:02 <sup>30</sup> | 3:06               | 3:06               | 3:09 | 3min      |
|         | 337      | 3.5<br>V11.0                  | 3:13               | 3:15 <sup>30</sup> | 3:15 <sup>30</sup> | 3:21 | 5 1/2 min |
|         | 334A     | 3.5<br>V10.0                  | 3:20 <sup>30</sup> | 3:23 <sup>30</sup> | 3:23 <sup>30</sup> | 3:27 | 3 1/2 min |
|         | 334      | Refusal at 5.5' Insufficient  |                    |                    |                    |      |           |
|         |          | depth to bedrock              |                    |                    |                    |      | F         |
| 11-5-97 | 336      | Refusal at 6.0 Insufficient   |                    |                    |                    |      |           |
|         |          | depth to bedrock              |                    |                    |                    |      | F         |
|         | 336A/B   | > 50% Rock beginning at 3.0   |                    |                    |                    |      |           |
|         |          | Insufficient depth to bedrock |                    |                    |                    |      | F         |
|         | 336C     | 4.0<br>V11.0                  | 11:05              | 11:06              | 11:06              |      |           |

REMARKS

332A Visual

OK

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Don Reuver

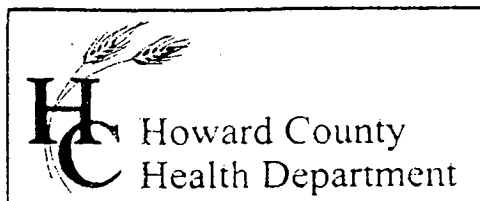
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

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

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

November 26, 2003

Mr. Richard Lombardo  
3194 Danmark Drive  
West Friendship, MD 21794

RE: Percolation Test Results - A 519612  
Cattail Ridge, Lot 26, Winding Path Court  
Adjustment to Platted Sewage Easement

Dear Mr. Lombardo:

Percolation testing conducted November 18, 2003 to provide house siting options on the referenced property indicated limited satisfactory soil conditions. The primary limiting factor was shallow depths to bedrock at three locations within the proposed sewage reserve area. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer/surveyor of a plan showing the following:

- 1) actual locations of all excavated test holes with field verified topography and legible identification
- 2) a suitable house site
- 3) the existing well and sewage easement on the property
- 4) a proposed sewage easement which best fits the passed test holes
- 5) a note certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
- 6) a note indicating that depicted topography reflects field-matched information
- 7) the plan identification number (PC 519612) in the title block

This plan should be submitted within sixty days to allow field verification if necessary. If you have any questions regarding this matter, please contact me according to the above information.

Very truly yours,

Mark E. Rifkin, R.S.

Water and Sewerage Program

MR

Enclosures

cc: Selfridge Builders  
Fisher Collins & Carter  
File

**ADDITIONAL NOTES:**

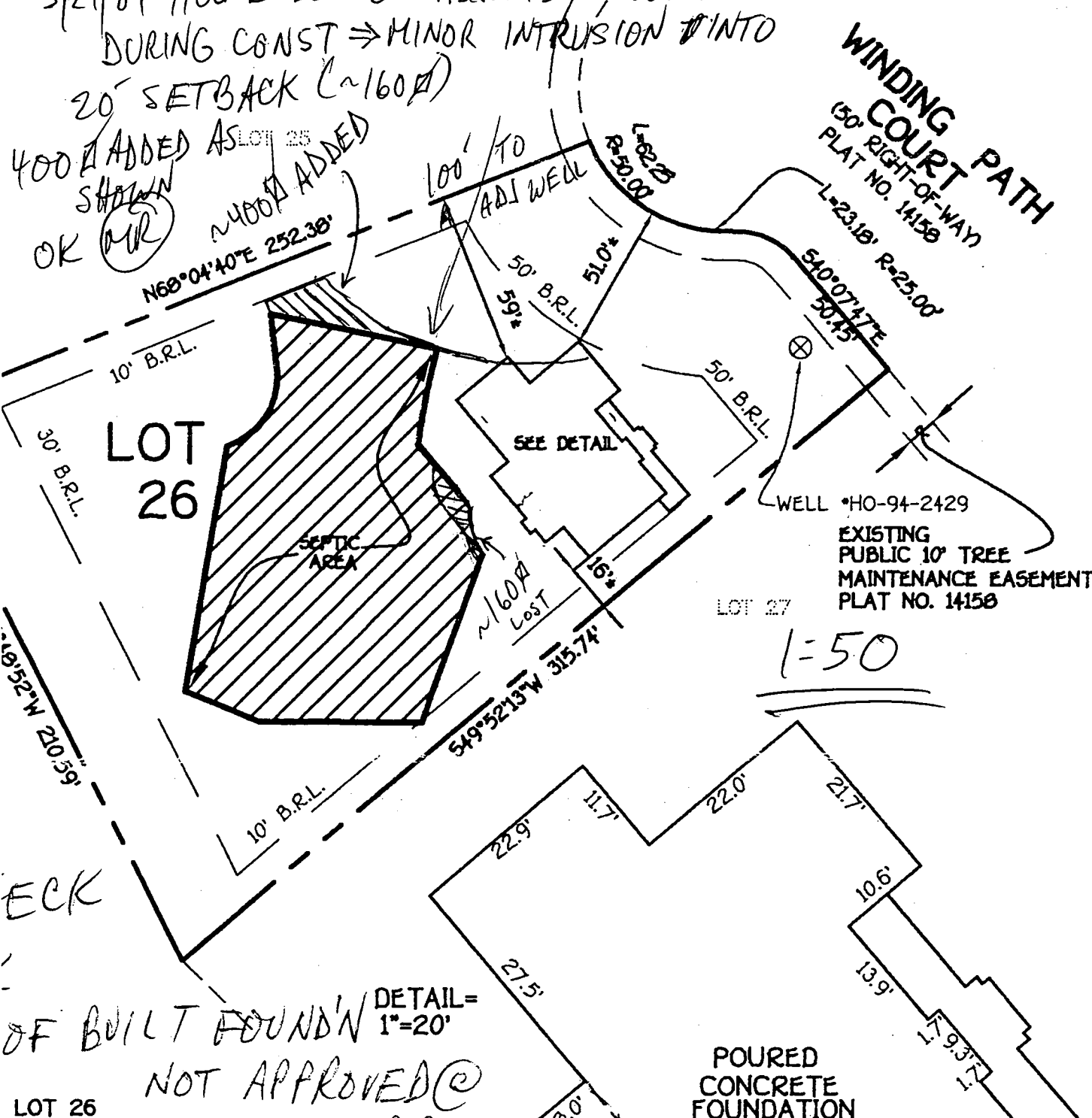
DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY  
1 INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN  
TH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN  
SS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED  
E ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT  
OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT,  
DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH  
MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.  
ERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE  
2D COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440020B EFFECTIVE DEC. 4, 1986.  
FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF  
0.5' (±)

RT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

5/21/04 HOUSE DESIGN ADJUSTED TWICE  
DURING CONST  $\Rightarrow$  MINOR INTRUSION INTO

20' SETBACK (~160')

4000 ADDED AS LOT 25  
SHOWN  
OK (AIR)  
4000 ADDED  
NOTE 252.38'



OF BUILT FOUND'N DETAIL=  
1"=20'  
NOT APPROVED@  
LOT 26

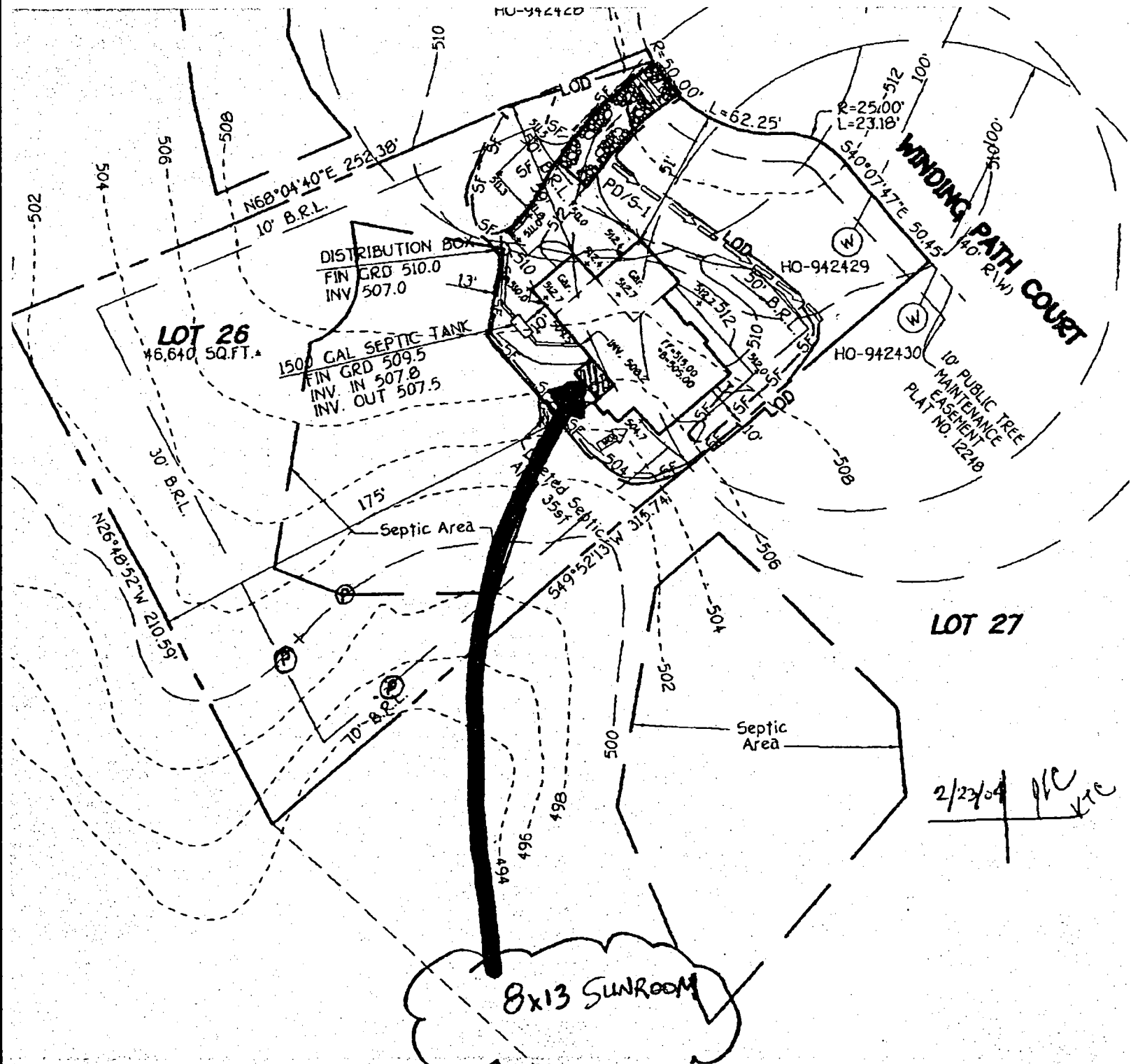
POURED  
CONCRETE  
FOUNDATION

Thank You,

PS: Need as soon as possible...

→ TIM RAGEN@SELFRIDGE

2/24/04 T/C W/SENDER: PROP. SUNROOM ON FOUNDATION  
20' REQ'D TO SDA; OK TO MODIFY @ TOP OF  
MR SDA AGAINST WELL RADIUS LOT 25; 3 SYSTEMS OR





# LEGEND

- EXISTING 2' CONTOURS
- EXISTING 10' CONTOURS
- EXISTING TREE LINE
- GLB2 SOIL LINES AND TYPES
- MLC2
- (W) DENOTES EXISTING WELL
- (X) DENOTES PREVIOUSLY TESTED FAILED PERC
- (O) DENOTES PREVIOUSLY TESTED PASSED PERC
- (F) DENOTES FAILED PERC HOLES
- (P) DENOTES PASSED PERC HOLES
- [X] DENOTES PROPOSED HOUSE
- [X] DENOTES 15%-24.9% SLOPES
- [X] DENOTES 25% AND GREATER SLOPE
- [X] DENOTES 1500 Sq.Ft. ALTERNATE WELL SITE
- [X] DENOTES PREVIOUSLY APPROVED SEWERAGE EASEMENT (SEE PLAT # 14150)

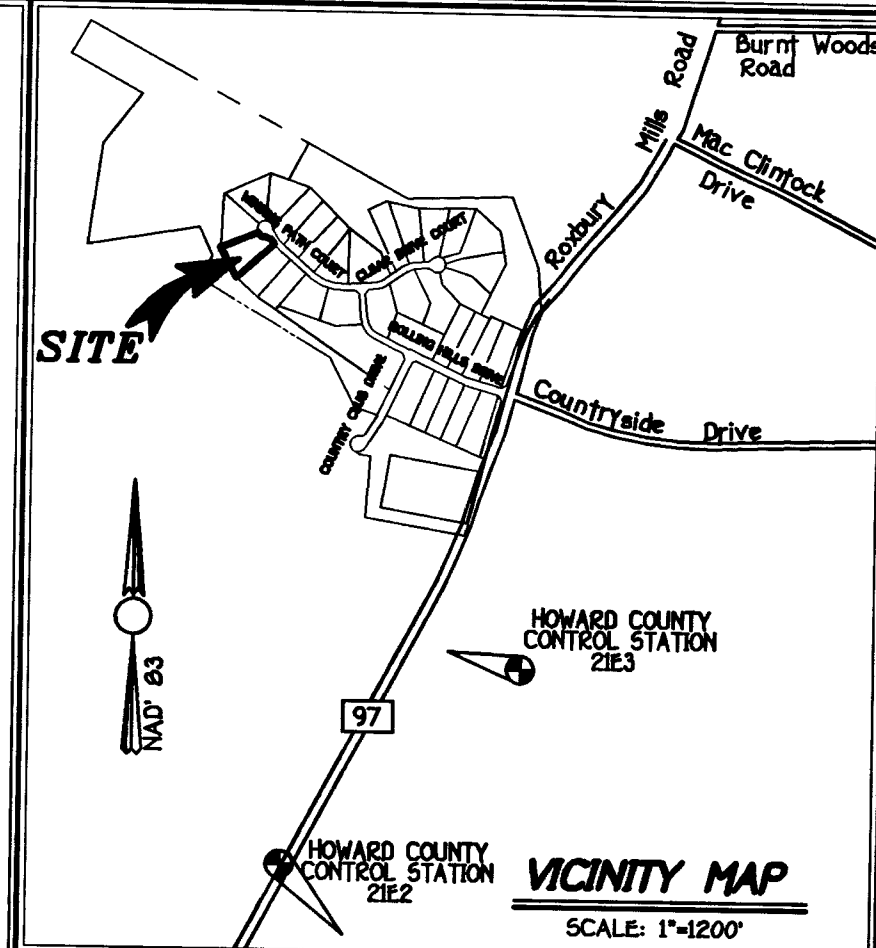
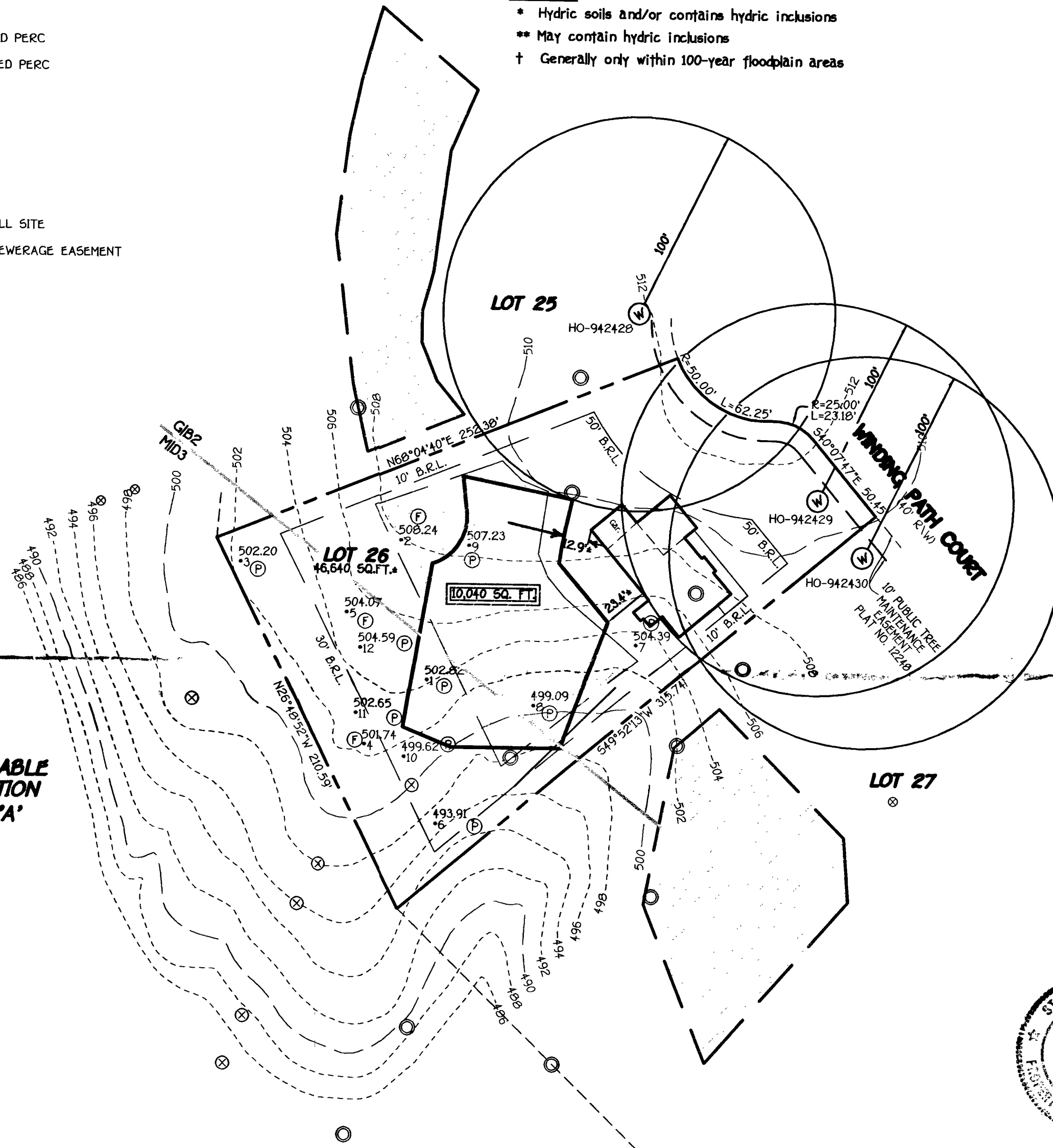
# SOILS LEGEND

| SOIL | NAME   | CLASS |
|------|--|-------|
| GLB2 | Glenelg loam, 3 to 8 percent slopes, moderately eroded | B     |
| MID3 | Manor loam, 15 to 25 percent slopes, severely eroded   | B     |

## NOTES:

- \* Hydric soils and/or contains hydric inclusions
- \*\* May contain hydric inclusions
- † Generally only within 100-year floodplain areas

NON-BUILDABLE  
PRESERVATION  
PARCEL 'A'



## GENERAL NOTES:

- THIS AREA DESIGNATES A RELOCATED PRIVATE SEWERAGE RESERVE AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS RESERVE AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE RESERVE AREA.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION COMBINED WITH ACTUAL FIELD LOCATIONS.
- ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
- TOPOGRAPHY SHOWN HEREON IS FROM FLOWN AERIAL TOPOGRAPHY AND MATCHES FIELD CONDITIONS.
- BOUNDARY INFORMATION SHOWN HEREON IS BASED ON THE PLAT ENTITLED (CATTAIL RIDGE) DATED 12-15-1999 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AS PLAT NO. 14150.
- PLAN IDENTIFICATION PC 519612
- THIS AREA DESIGNATES AN EXISTING PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS PER RECORD PLAT NO. 14150.
- THE MINIMUM ALLOWED DISTANCE FROM THE PROPOSED HOUSE TO THE SEWERAGE RESERVE AREA IS 20 FEET. THE MINIMUM ALLOWED DISTANCE FROM THE PROPOSED GARAGE TO THE SEWERAGE RESERVE AREA IS 10 FEET.

## PERC CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.

*Mark L. Robel*  
Signature of Professional Land Surveyor  
Mark L. Robel, Property Line Surveyor No. 339.  
2/13/04  
Date

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,  
HOWARD COUNTY HEALTH DEPARTMENT.

*Penny Boonin M.D. P.E.*  
COUNTY HEALTH OFFICER  
2-17-04  
DATE

## PERC RELOCATION CERTIFICATION PLAN CATTAIL RIDGE LOT 26

(PLAT REFERENCE No. 14150)

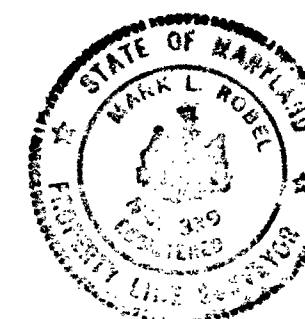
TAX MAP 21 GRID NO. 3 PARCEL: 228  
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"= 50' ZONED: RC-DEO DATE: JANUARY 20, 2004  
REVISION DATE: FEBRUARY 6, 2004  
REVISION DATE: FEBRUARY 13, 2004  
PLAN IDENTIFICATION PC 519612

OWNER  
RICHARD M. LOMBARDO  
3194 DANMARK DRIVE  
WEST FRIENDSHIP, MARYLAND 21794-9714

BUILDER  
JAMES H. SELFBRIDGE  
14045 GARED DRIVE  
GLENWOOD, MARYLAND 21738  
ATTN: MR. TIM RAGEN

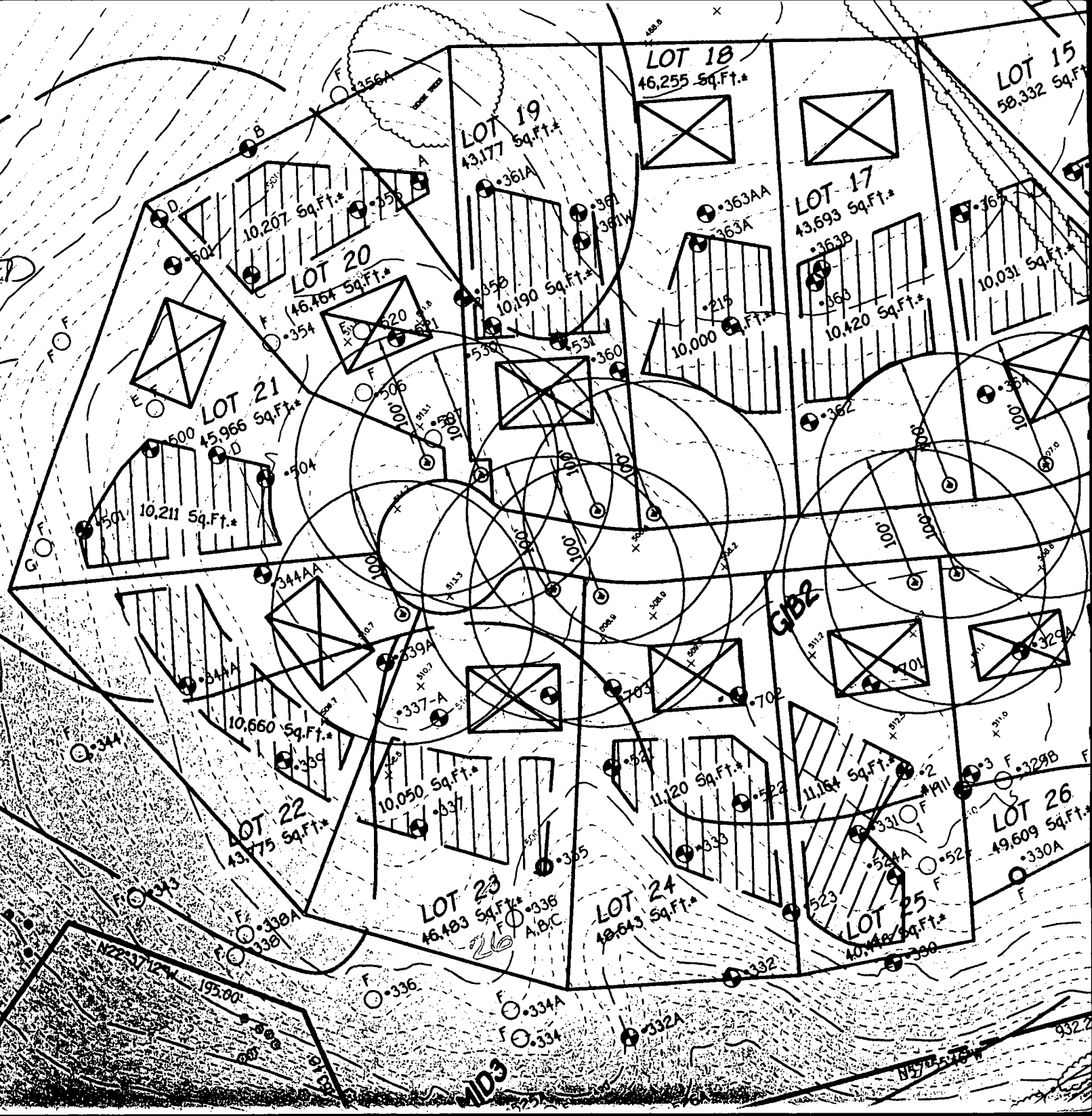
**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

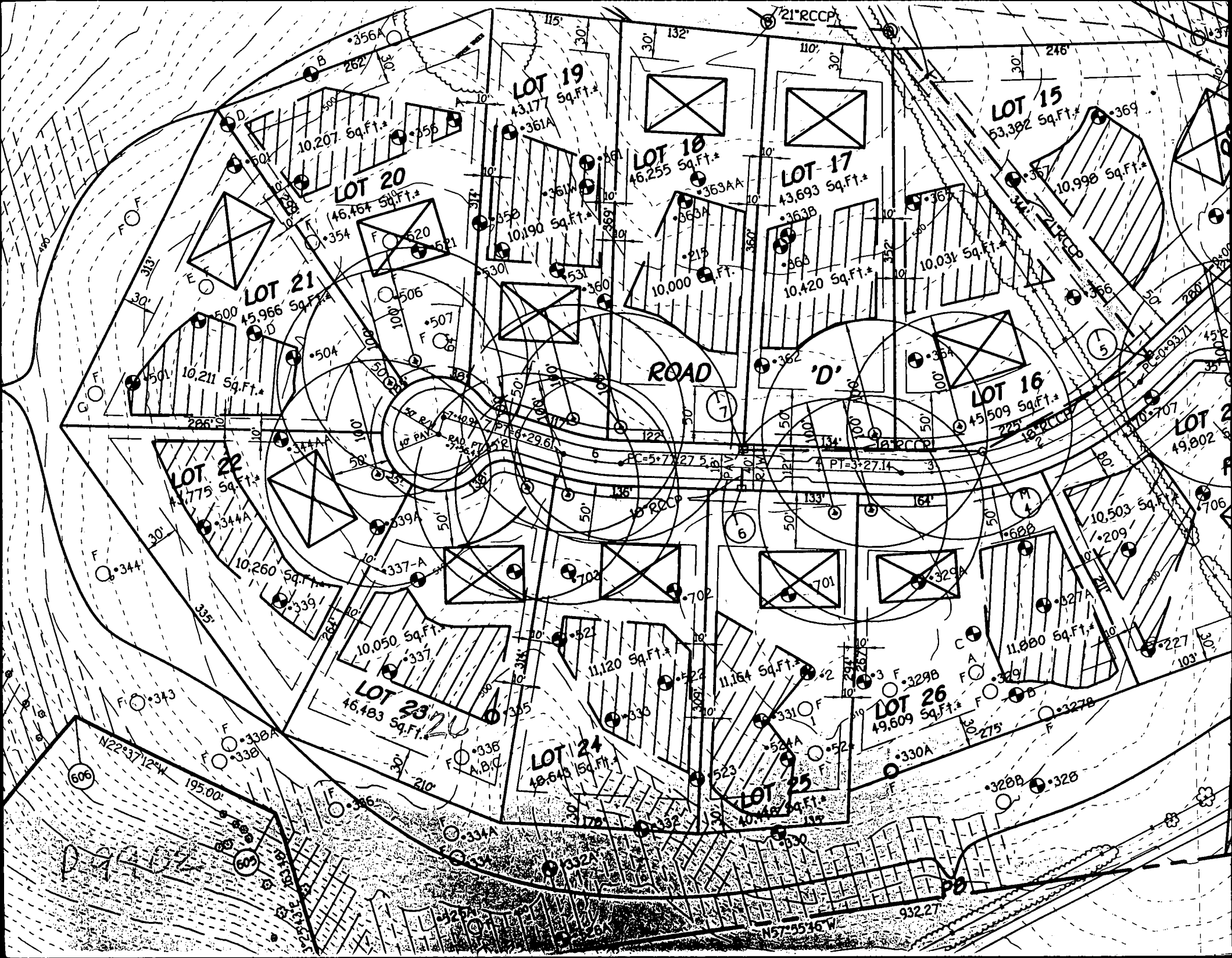
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855



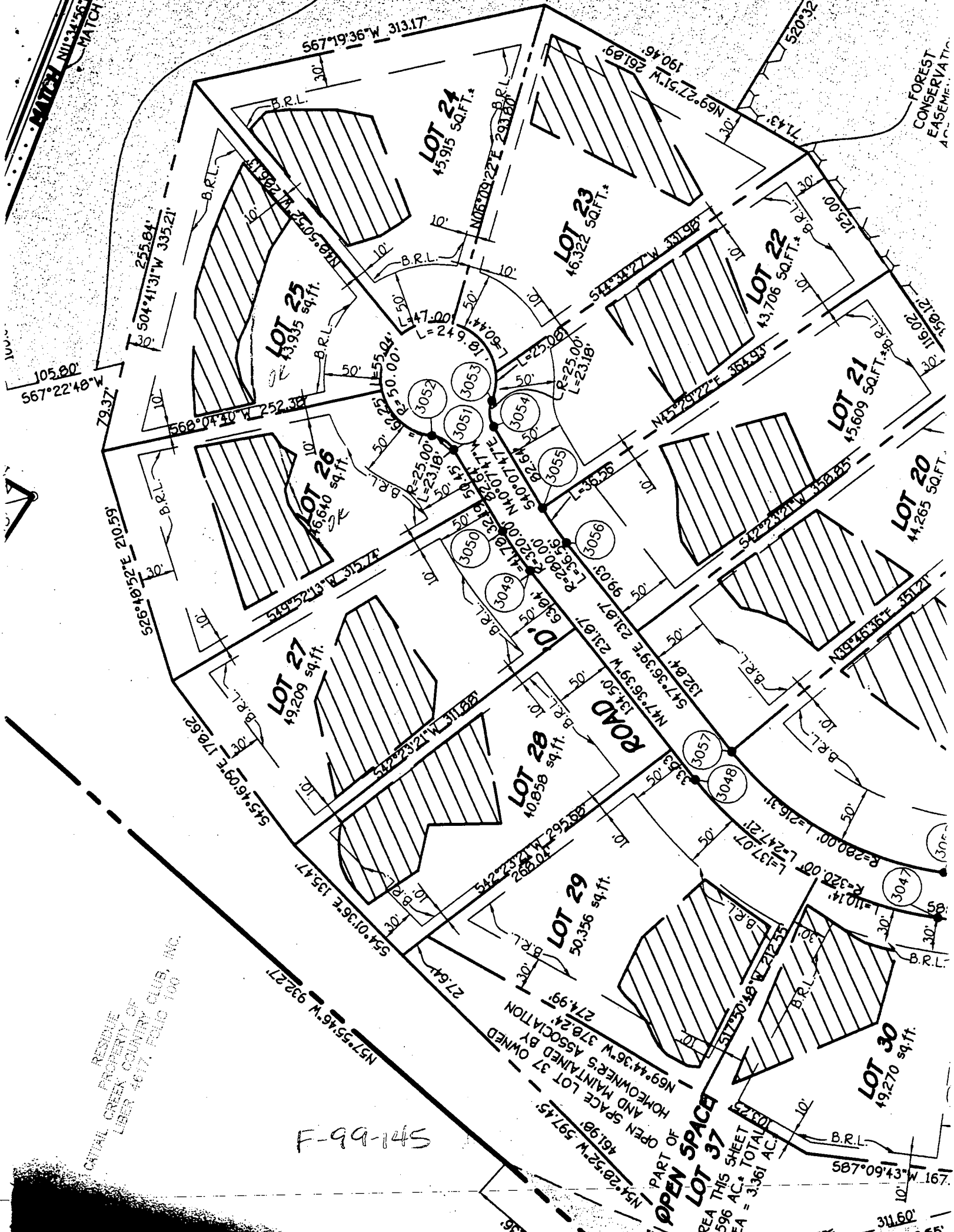
DATA FOR HIGHLIGHTED  
NOT FOUND  
HOLES

SIGNED  
PERC  
CERT





MATCH N10°34'56"E

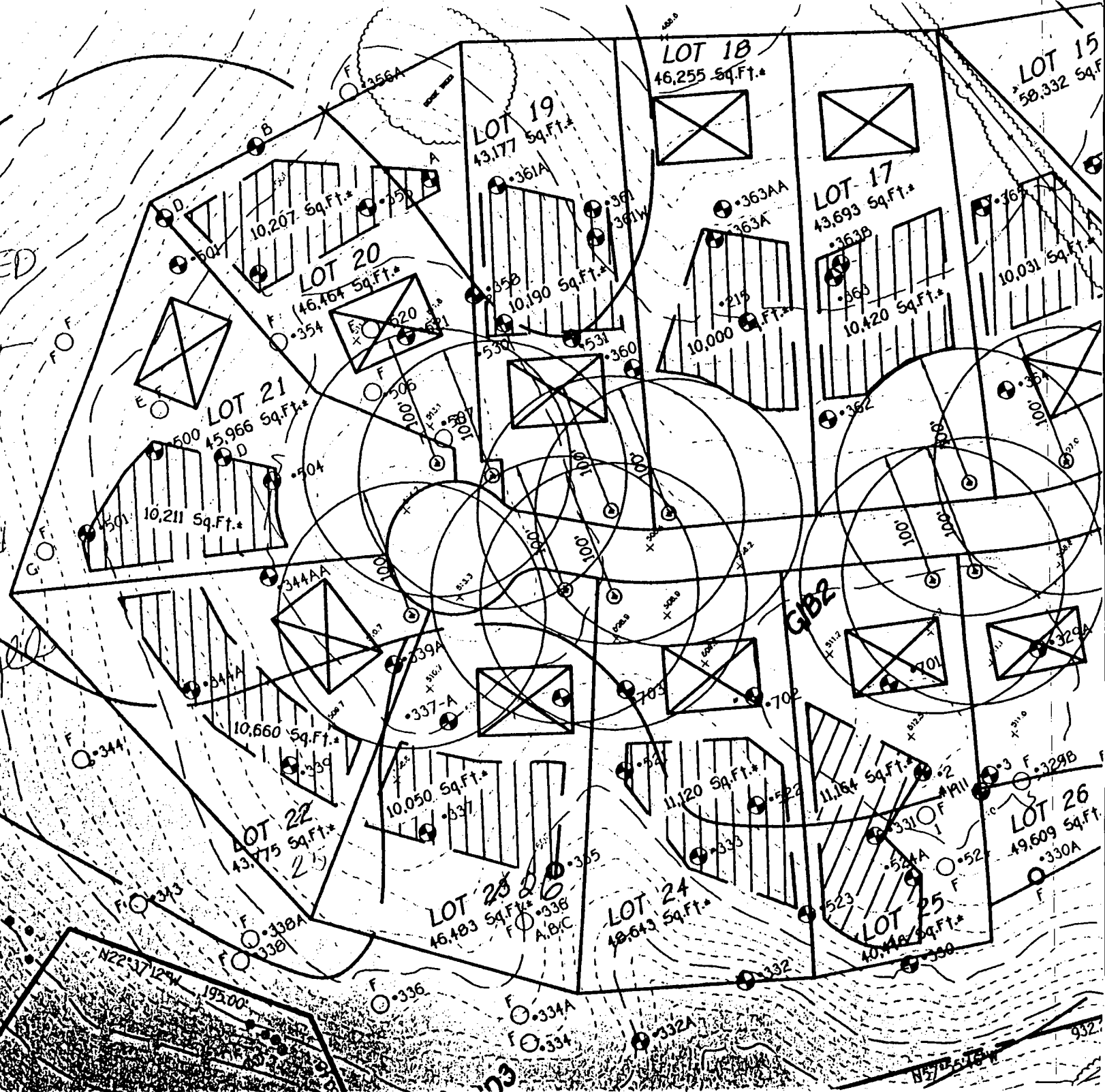


FOREST CONSERVATION EASEMENT



SIGNED  
PER  
CERT

9/7/99  
well site staked  
by licensed  
surveyor  
J. M. [unclear]







Howard County  
Health Department

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

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

October 14, 2004

James H. Selfridge Builders  
14045 Gared Drive  
Glenwood, MD 21738

**SENT VIA FACSIMILE 410-531-8939**

RE: Cattail Ridge, Lot 26  
3517 Winding Path Court  
Glenwood, MD 21738  
BP #: B00146278  
Well Permit # HO-94-2429

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 06/25/2004. Final approval of the well line connection to the dwelling was approved on 06/25/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2429. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 09/10/2004 & 10/13/2004  
Date of Well Completion: 10/02/1999

Approving Authority,

  
Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File