

12/17/00  
Sagelec Co. PA - P17

2/11/00 2pm C.O.  
Not ready by 3:30 - try tomorrow  
12/12/00 C.O. 2 PM

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 514650

A 510569-F

ISSUE DATE 11/15/2000

APPROVAL DATE 12/12/00

RPS# 333167

**INDEXED**

K & K Excavating IS PERMITTED TO INSTALL X ALTER         

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Eagle's Ridge LOT NUMBER A ADDRESS 12310 Fawn River Way

PROPERTY OWNER Selfridge Bilders PROPERTY OWNER'S ADDRESS 14045 Gared Drive

SEPTIC TANK CAPACITY 1250 GALLONS Glenwood, MD 21738

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Beginning from the intersection of the 255.87' and 270.05' lot lines, begin trenches 70 feet down the 270.05' lot line and 70 feet off that same lot line. Run trenches on contour as shown on the approved building permit site plan.

Keep trenches 7' edge to edge (10' center to center) to conserve future septic repair area

PLANS APPROVED Amy Mc Millen DATE 8/15/00

PERMIT VOID AFTER 2 YEARS OK SRV 8/16/00

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

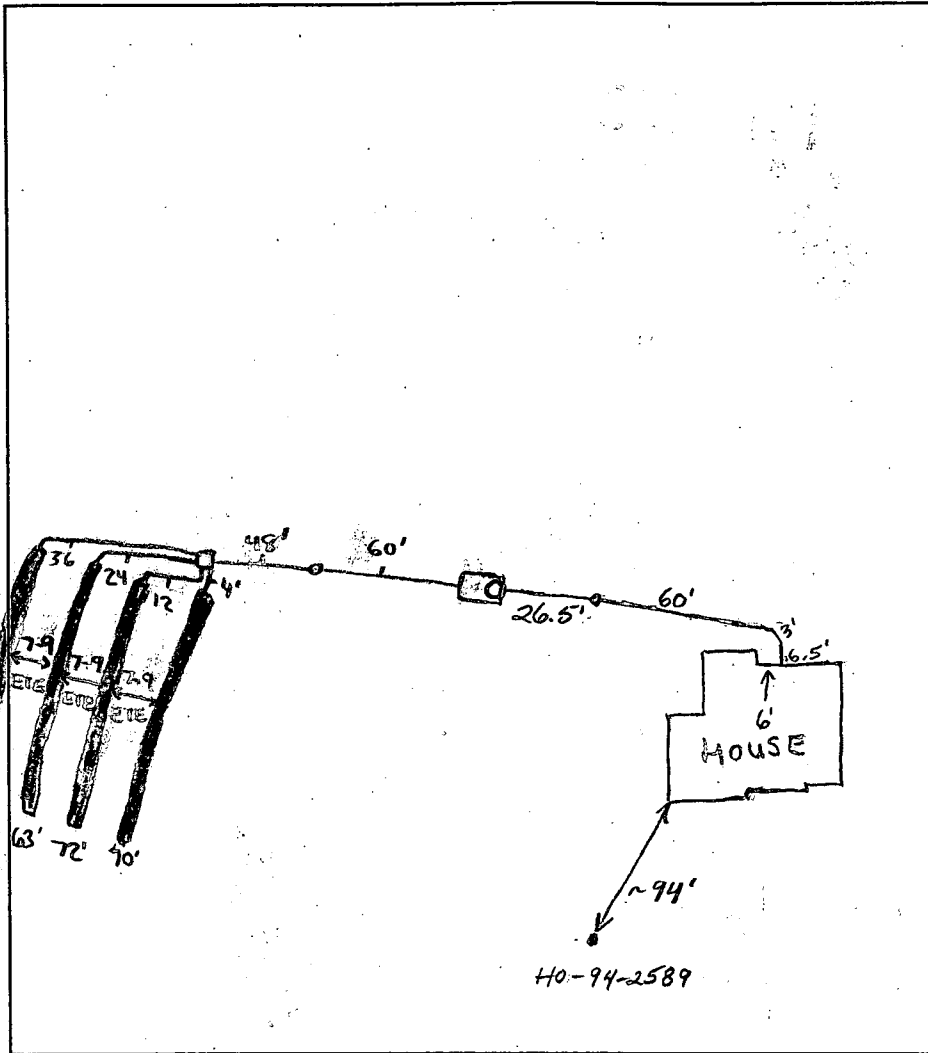
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR 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

P 514650

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 3'  
 TRENCH BOTTOM DEPTH 5'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 280'  
 ABSORBENT AREA 840 ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 TB GALLONS  
 BAFFLES IN Yes  
 MANHOLE RISER Yes  
 6 INCH INSPECTION PORT No

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS NA  
 MANHOLE RISER NA  
 ALARM NA  
 PUMP PERFORMANCE TEST NA

Fawn River Way  
 PRE-CONSTRUCTION INSPECTION: 12/6/00 LAYOUT OK, S.T. TO BE CLOSER TO HOUSE (MR)

INSPECTION COMMENTS: 12/7/00 Tank set. House connection made. (BR)  
12/8/00- OK TO COVER FROM TANK TO BOX (SRK) Work from this day (SRK) 12/11/00  
12/12/00- OK TO COVER ALL WORK (SRK)

2/2/00 WFI OK (MR)  
 INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 12/12/00

# APPLICATION

PERCOLATION TESTING

A 510569-F

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 7-17-98

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 John & Michele Fish

ADDRESS 12286 Carroll Mill Rd PHONE 410-730-1074

AGENT OR PROSPECTIVE BUYER Northridge Development LLC

ADDRESS 14045 Jared Drive, Glenwood 21738 PHONE 410-730-1074

PROPERTY LOCATION:

SUBDIVISION Carroll Mill Road - Sec. One LOT NO. Pres. Parcel A (~~EXIST~~)

ROAD AND DESCRIPTION east side of Carroll Mill Road, between  
Triadelphia and Etchinson Roads

TAX MAP 27/23 PARCEL # 81

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. Existing SFD  
(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.

Cindy DeZopp Northridge Development LLC  
(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

510569  
COUNTY #

SOIL PROFILE  
804, 805, 807

34'

11'

Dry/Hard  
Dark  
Orange  
Silty Clay  
Loam  
Some mica

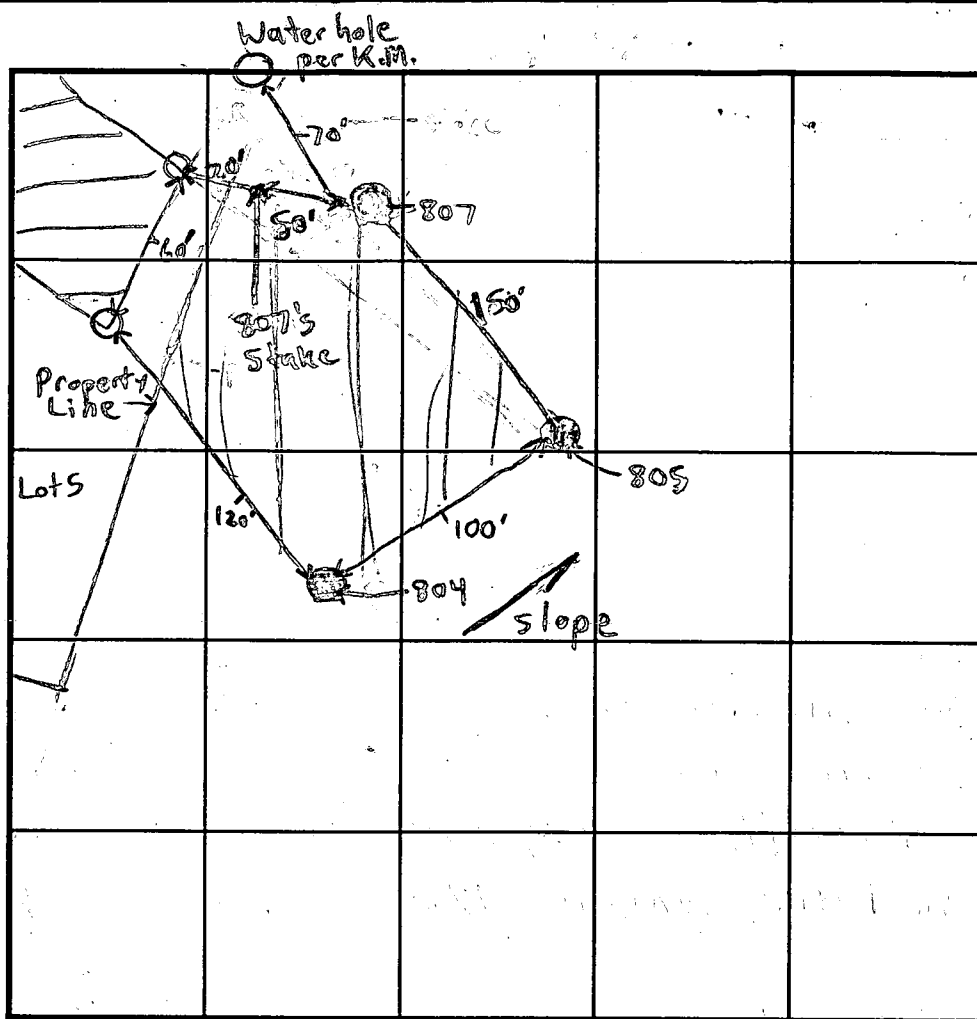
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Beige/Tan  
Sandy  
Silt  
Loam  
High mica

---

<5%  
Rock  
Fragments

805



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/99	804	3.5	2:18pm	2:26pm	perc slow at 23 minutes redug to 4'		
		4'	2:41pm	2:44pm	2:44pm	2:47pm	3min
		11'	OK	→	SEE PROFILE		
	805	3.5	2:54pm	2:55pm	2:55pm	3:00pm	5min
		11'	OK	→	SEE PROFILE		
	807	12'	OK, No evidence of moisture	→	SEE PROFILE		

REMARKS \_\_\_\_\_

TYPE OF SOIL Sandy Silt Loam

TESTED BY Mark Rifkin, Steven Krieger ALSO PRESENT Chuck Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 510569

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 7-17-98

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 Michele & John Fish

ADDRESS 12286 Carroll Mill Road PHONE 410-730-1074

AGENT OR PROSPECTIVE BUYER Northridge Development LLC

ADDRESS 14045 Jared Drive, Glenwood 21738 PHONE 410-730-1074

PROPERTY LOCATION: These percs not used - too close to SWMPond

SUBDIVISION Carroll Mill Road Sec. Two LOT NO. Pres. Parcel A

ROAD AND DESCRIPTION east side of Carroll Mill Road, between Triadelphia and Echevizen Roads

TAX MAP 22/23 PARCEL # 553

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. Pres. Parcel A  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Cindy DeZoppo Northridge Development LLC  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

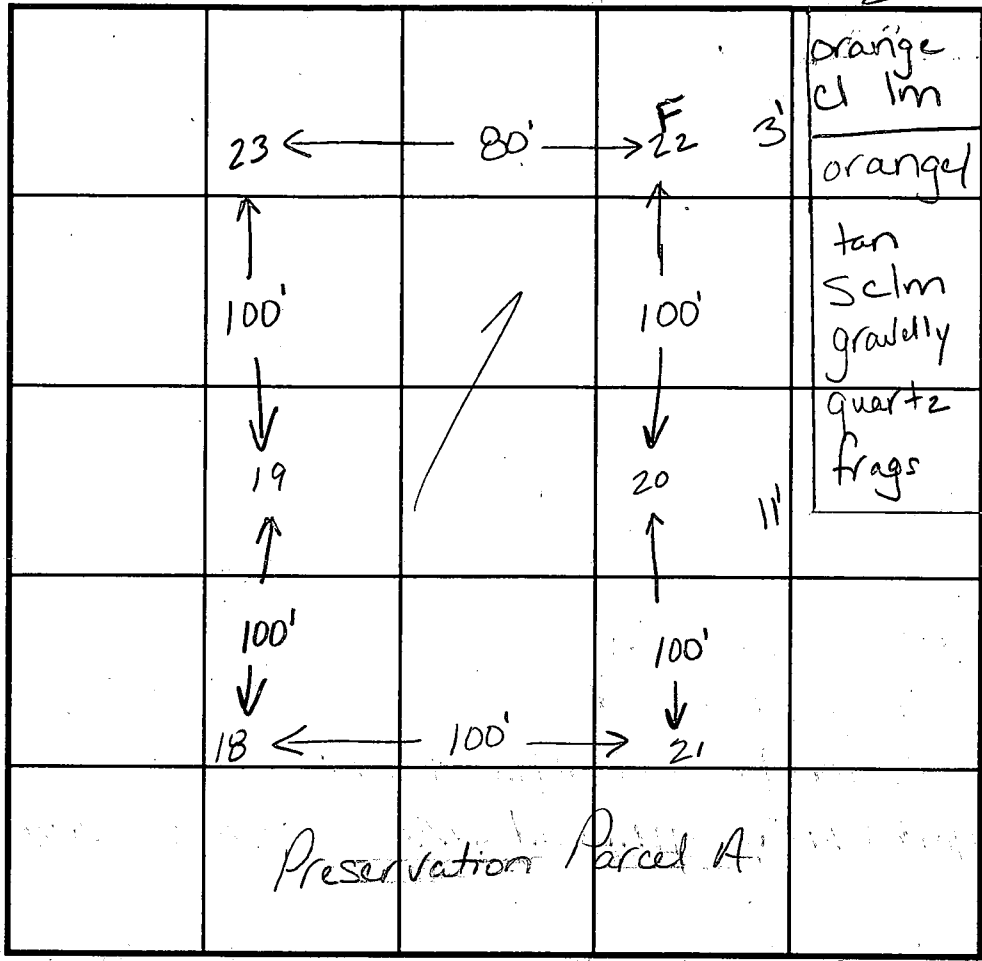
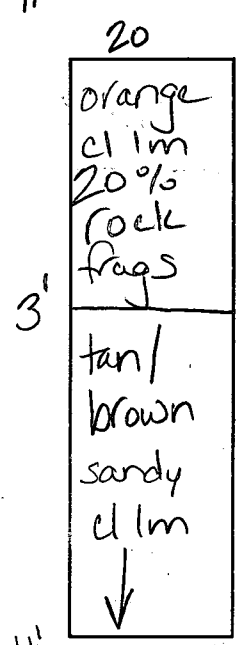
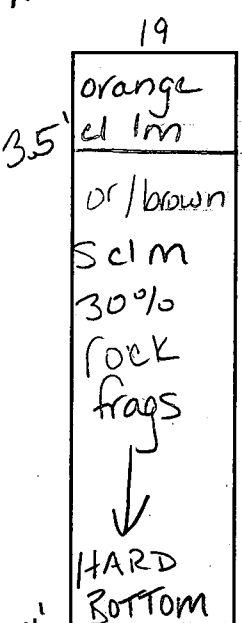
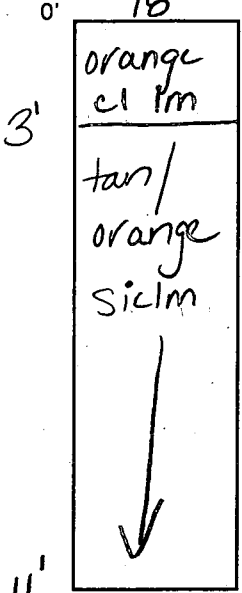
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT

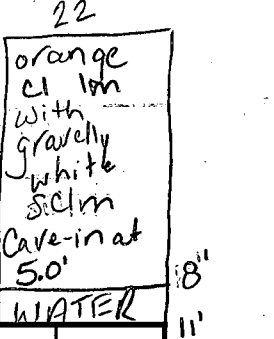
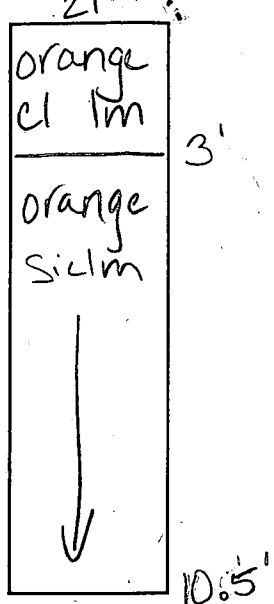
SOIL PROFILE

SOIL PROFILE



Preservation Parcel A

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE *Carroll Mill*



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8.14.98	18	3.0'S	2:50:30	2:57:30	2:57:30	3:11:30	14min
		11.0'D	visual ok - see profile				
	19	3.0'S	3:19:30	SLOW - REDUG			
	(redug) 19	5.0'S	4:13	4:23	4:23	4:43	20min
	20	11.0'D	visual ok - see profile				
	20	11.0'D	visual only - see profile				
	21	3.0'S	3:00:15	3:03	3:03	3:11	8min
		10.5'D	visual ok - see profile				
	22	11.0'D	FAILED DUE TO WATER				F
	23	4.0'S	3:31:30	3:40	3:40	4:10	30min

REMARKS *test holes staked by surveyor, site heavily wooded*

TYPE OF SOIL \_\_\_\_\_

TESTED BY *Kim Maiste* ALSO PRESENT *Chuck Zapp*

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME *18 minutes* TRENCH WIDTH *3.0*

INLET DEPTH *4.0* MAXIMUM BOTTOM DEPTH *6.0* SQ. FT./BEDROOM *240*

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER \_\_\_\_\_

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

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ 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

510569

COUNTY #

SOIL PROFILE

44

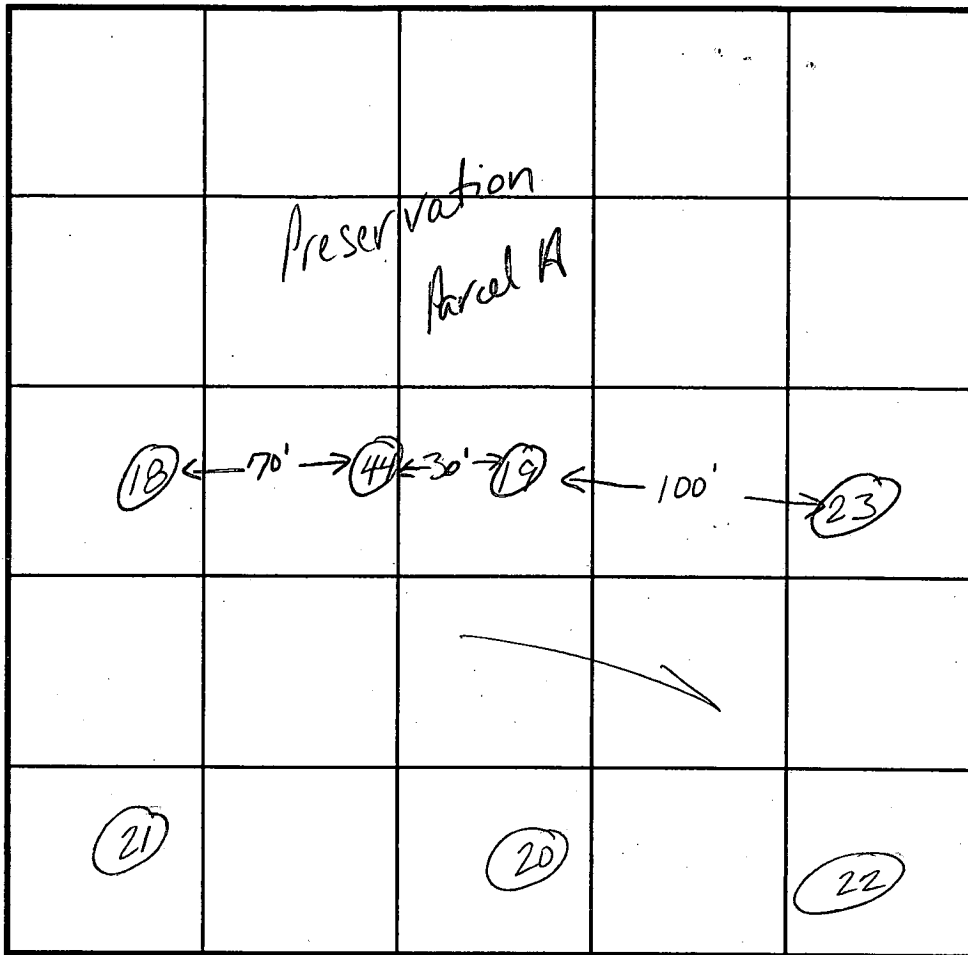
0'  
4'  
11.5'  
Orange/brown  
cl 1m

tan/beige  
sclm

10% shale  
frags  
↓

SOIL PROFILE

Empty soil profile box



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9.25.98	44	5.0'S	10:5640	10:5805	10:5805	10:5930	fast	
		(repow)	11:0020	11:0210	11:0210	11:0410	2min	
		11.5'0	visual ok - see profile					

REMARKS test holes staked, site heavily wooded

TYPE OF SOIL  
TESTED BY Kim Maiste ALSO PRESENT Cindy Deluppo  
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2min TRENCH WIDTH  
INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM 180

F.00.84  
7-17-00

PROPERTY OF  
JOHN E. FISH  
L.4520 / F.115  
ZONED RR-DEO

MARYLAND STATE  
MERIDIAN (NAT)

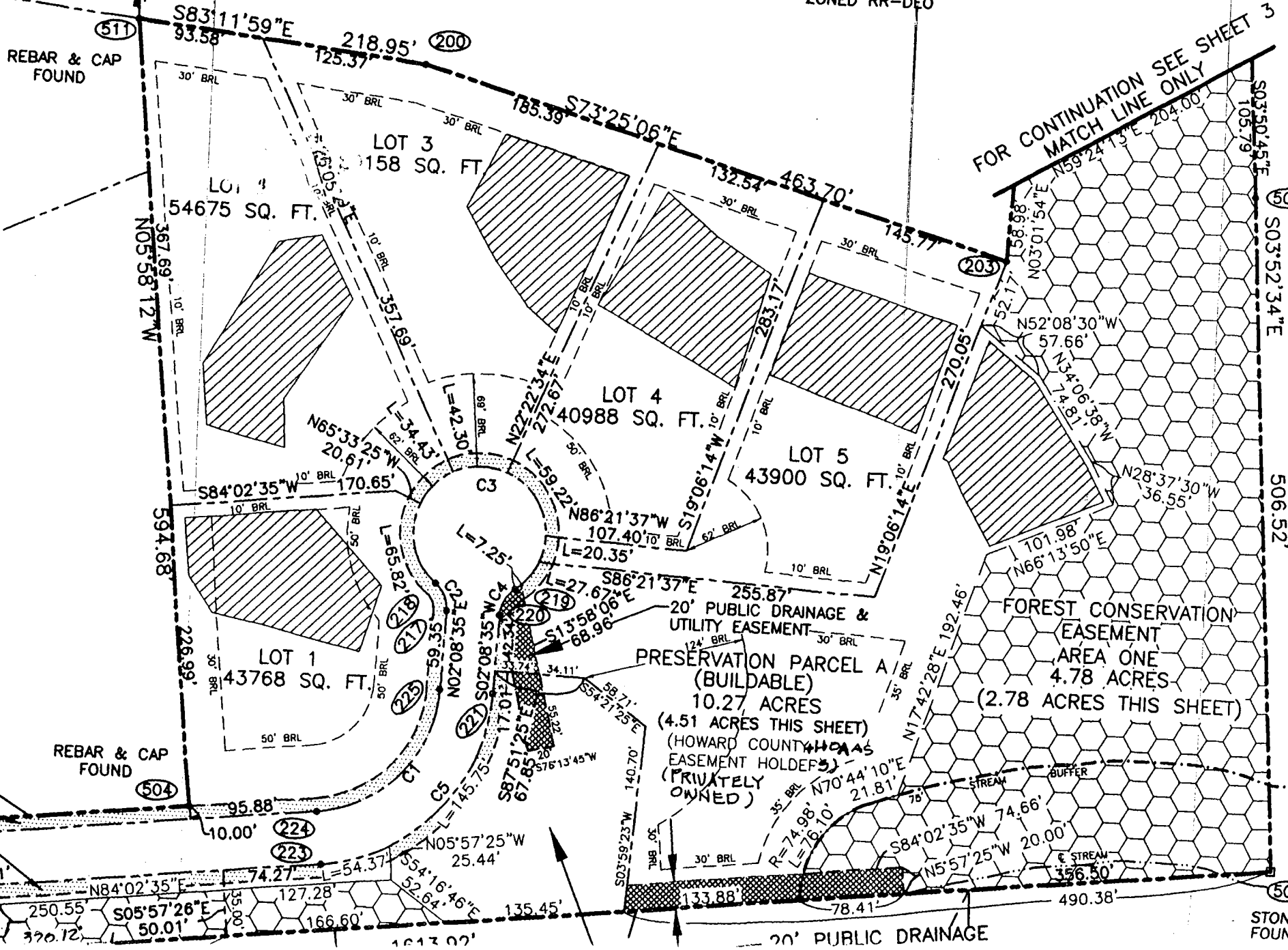
REBAR & CAP  
FOUND

FOR CONTINUATION SEE SHEET 3  
MATCH LINE ONLY

587250  
1" PIPE  
FOUND

KLAUSMEYER  
AND LOT 38,  
WOOD  
PLAT  
ZONED

586750



STONE  
FOUND

B00125966

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B00125966

Building Address: 12310 Fawn River Way  
Ellicott City MD 21042  
Suite/Apt. #: 1 SDP/MP/Petition #: \_\_\_\_\_  
Census Tract: 6050 Subdivision: Eagle Ridge  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: Pres. PUCDA  
Tax Map: 22 Parcel: 553 Grid: 6  
Zoning: RR Map Coordinates: 1068 Lot size: 9.00 ±

Property Owner's Name: Selfridge Bldg  
Address: 14045 Gaud Drive  
City: Glenwood State: MD Zip Code: 21738  
Home Phone: 410-730-1074 Work Phone: \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Existing Use: VACANT  
Proposed Use: SFD  
Estimated Construction Cost: \$ 350,000  
Description of Work: 4 Bdrms, 3 1/2 Bath, 2 car gar  
FP, concrete pch, un finished bsm +

Contractor Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms: <u>4</u>	
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 _____	

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: Cindy DelZoppo  
Title/Company: Selfridge Bldg

Print Name: Cindy DelZoppo  
Date: 8/11/2000

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	<u>8/15/00</u>	<u>A McMill</u>
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: 47583

Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>1267</u>
Validation	# _____

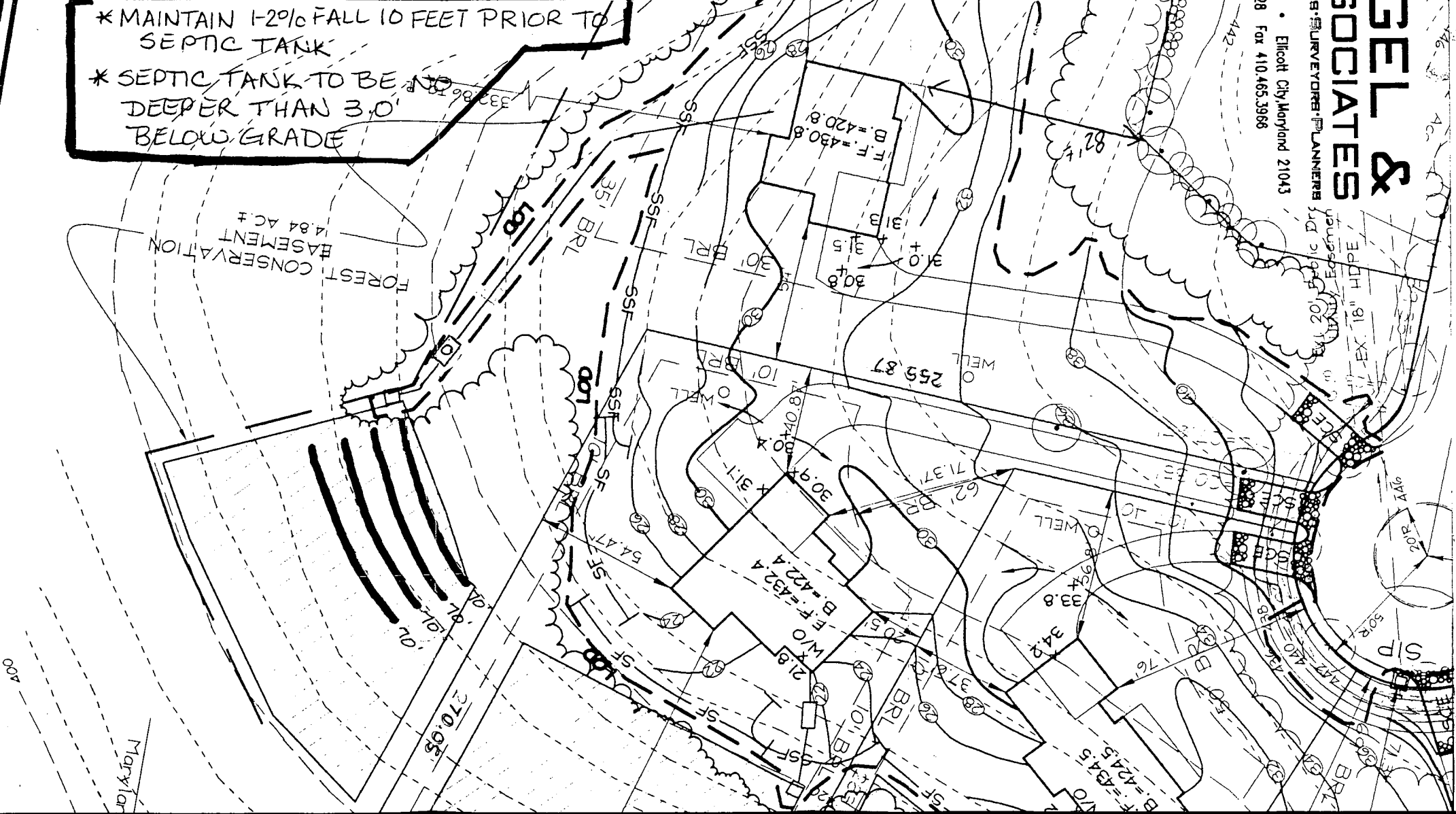
Accepted by: \_\_\_\_\_

SEPTIC CHART

LOT NO.	DISTRIBUTION BOX		SEPTIC TANK			HOUSE INV. OUT
	EX. GRADE	INV. OUT	EX. GRADE	IN	OUT	
1	454.2	451.2	455.0	451.9	451.6	452.3
2	443.9	440.2	443.8	441.4	441.1	442.0
3	428.0	425.0	430.8	426.5	426.2	426.9
4	422.0	419.0	424.2	419.8	419.5	420.0
5	420.0	417.0	421.8	417.7	417.4	417.9
PRESERVATION PARCEL A	418.0	415.0	418.0	416.0	416.3	418.3

\* MAINTAIN 1-2% FALL 10 FEET PRIOR TO SEPTIC TANK

\* SEPTIC TANK TO BE NO DEEPER THAN 3.0' BELOW GRADE



**VOGEL & ASSOCIATES**  
 ENGINEERS SURVEYORS PLANNERS  
 3691 Park Avenue, Suite 101 • Elkott City, Maryland 21043  
 Tel 410.461.5828 Fax 410.465.3986

Total linear feet of trench required 280 feet

Width of trench(es) 30 feet

Depth of trench(es) 50 feet

Depth of stone required below distribution pipe 20 feet

Approved Septic System Plan  
 Howard County Health Department

*Cheryl Sue Mudd*  
 Signature Date 8/15/09

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: Pipe-Rite Plumbing Telephone #: 410-788-3080  
Address: 405 Lafayette Ave  
Baltimore: MD 21228

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

Name (Print): George Baker License# 2214  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: DE Boek Telephone #: \_\_\_\_\_  
Subdivision: Eagles Ridge Lot #: 6 Well Tag #: HO-94-2589  
Site Address: 12310 Fawn Ridge Way PP-A  
Ellicott City 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: MAYERS Make: MARTINSON Two piece watertight cap:   
Model #: 25T 52-5 Model#: B70X Screened, vented well cap:   
Pump Capacity 9.5 GPM Depth: 48 (36" min) Cap secured to casing:   
Well Yield: 6 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 205 (feet) Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection  
Type: Plastic PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min) Approximate length of sleeve: 6'  
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly:

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.

George Baker 02-21-01  
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 2/2/00 Date Insp. Approved: 2/2/00 (MR) SRK  
Inspection Data: Pitless adapter and 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 installed inside of well 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





B 1 1906

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2589 fill in this form completely

Date Received (APA) 01 12 00

OWNER INFORMATION

North Ridge Development LLC, 14045 BARED DR., GLENWOOD MD 21738

B 3 LOCATION OF WELL

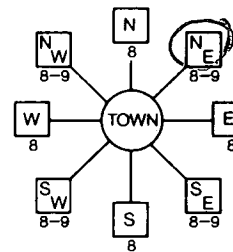
Howard COUNTY, EAGLE RIDGE SUBDIVISION, Preservation Parcel, SECTION 44 46, LOT A 48 50, GLENELG NEAREST TOWN, MILES FROM TOWN 3

DRILLER INFORMATION

Ralph MAYNE MS D116, Ralph MAYNE well DRILLING, 9120 Brown Church Rd Mt Airy, Fresh Mynel 1-10-00

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



FAWN RIVER way NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 115 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 6 PARCEL 553

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.), AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME, A510569-F COUNTY NO., STATE SIGNATURE, DATE ISSUED 02 03 00, Mark E. Ripkin 2/3/01, CO SIGNATURE, NORTH GRID 526, EAST GRID 0818

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY (circled), JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVerse-ROTary, DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER 54, G A P 63

PERMIT No. HO-94-2589

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

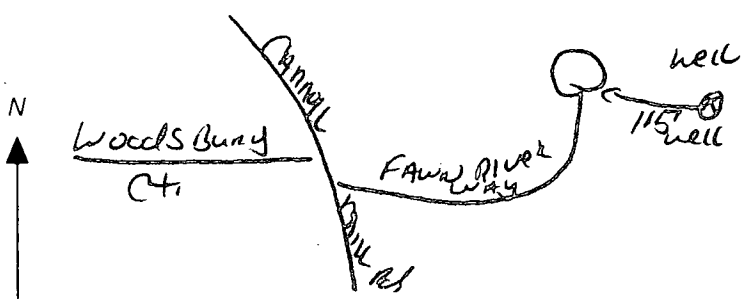
- SOURCES OF DRILLING WATER 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8218, N 5286

117'30 GROUT NOINSP

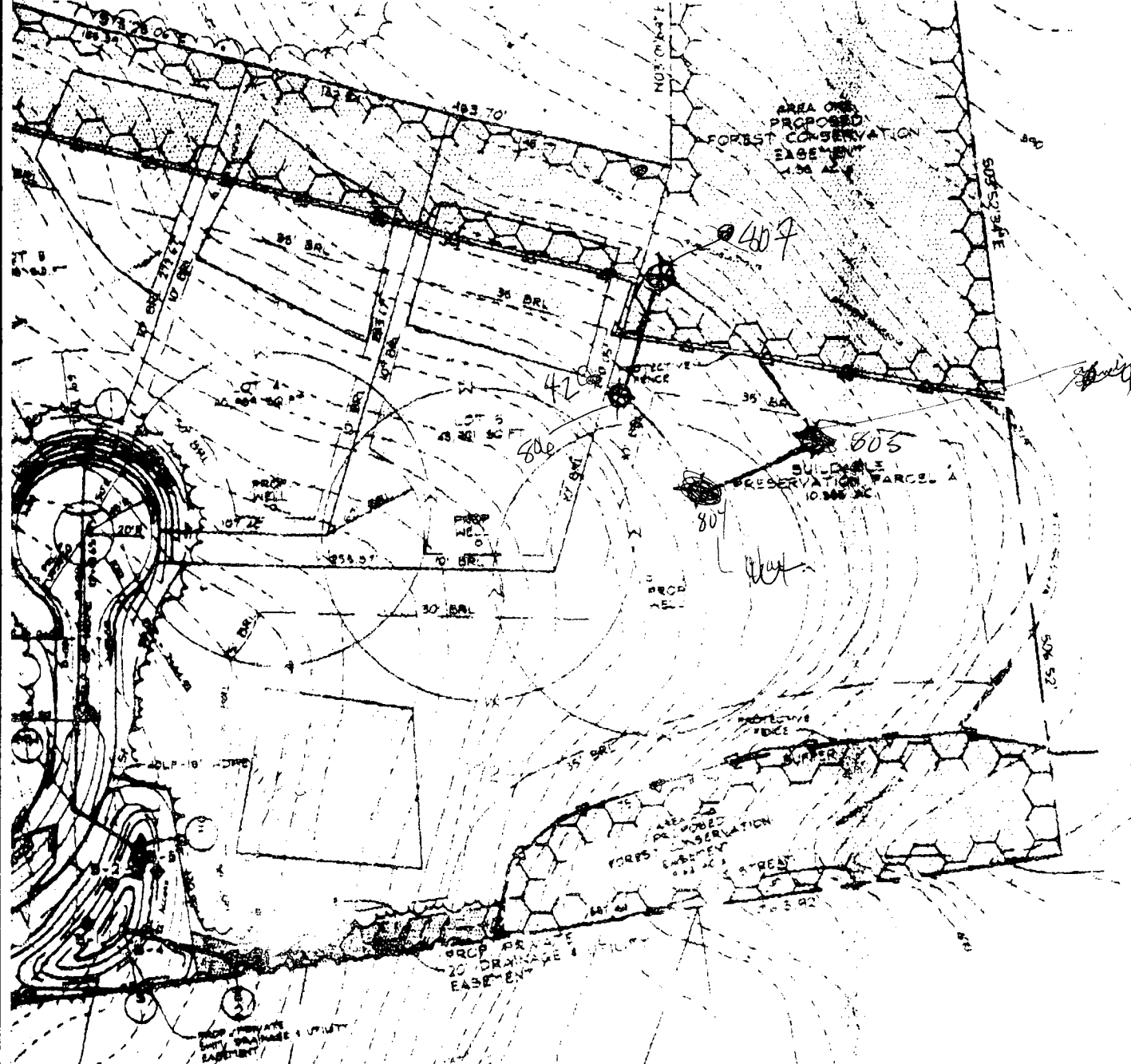
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





Perc data 8/18/99  
 Fish Property

10/18/99



1/31/01 Signed by *AM*

Building Address 12310 FAWN RIVER WAY  
ELLICOTT CITY MD 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6030 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot PROPOSED A

Tax Map 73 Parcel 575 Grid \_\_\_\_\_

Zoning R2000 Map Coordinates 130 Lot size \_\_\_\_\_

Property Owner's Name MARTINE de BOER

Address 12310 FAWN RIVER WAY

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410 984 7530 Work Phone \_\_\_\_\_

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

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

Existing Use SINGLE FAMILY HOME

Proposed Use S.F.H WITH 2 DECKS

Estimated Construction Cost \$ 11,200

Description of Work CONSTRUCT DECK 30'x11'  
W/OUT STAIRS ON REAR OF HOUSE. DECK  
TO BE 11x13' w/ 6" railing & 2x4 posts

Contractor Company BUDDING, Branch Landscaping & Design, Inc

Contact Person R.B. Boswell

Address 11710 WINDUPHILL RD

City GLAINVILLE State MD Zip Code 21727

License No. 49527

Phone 410 492 6768 Fax \_\_\_\_\_

Occupant or Tenant MARTINE & EILEEN de BOER

Contact Name DAVE

Address 12310 FAWN RIVER WAY

City ELLICOTT CITY State MD Zip Code 21042

Phone 410 984 7530 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person NA

Address \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

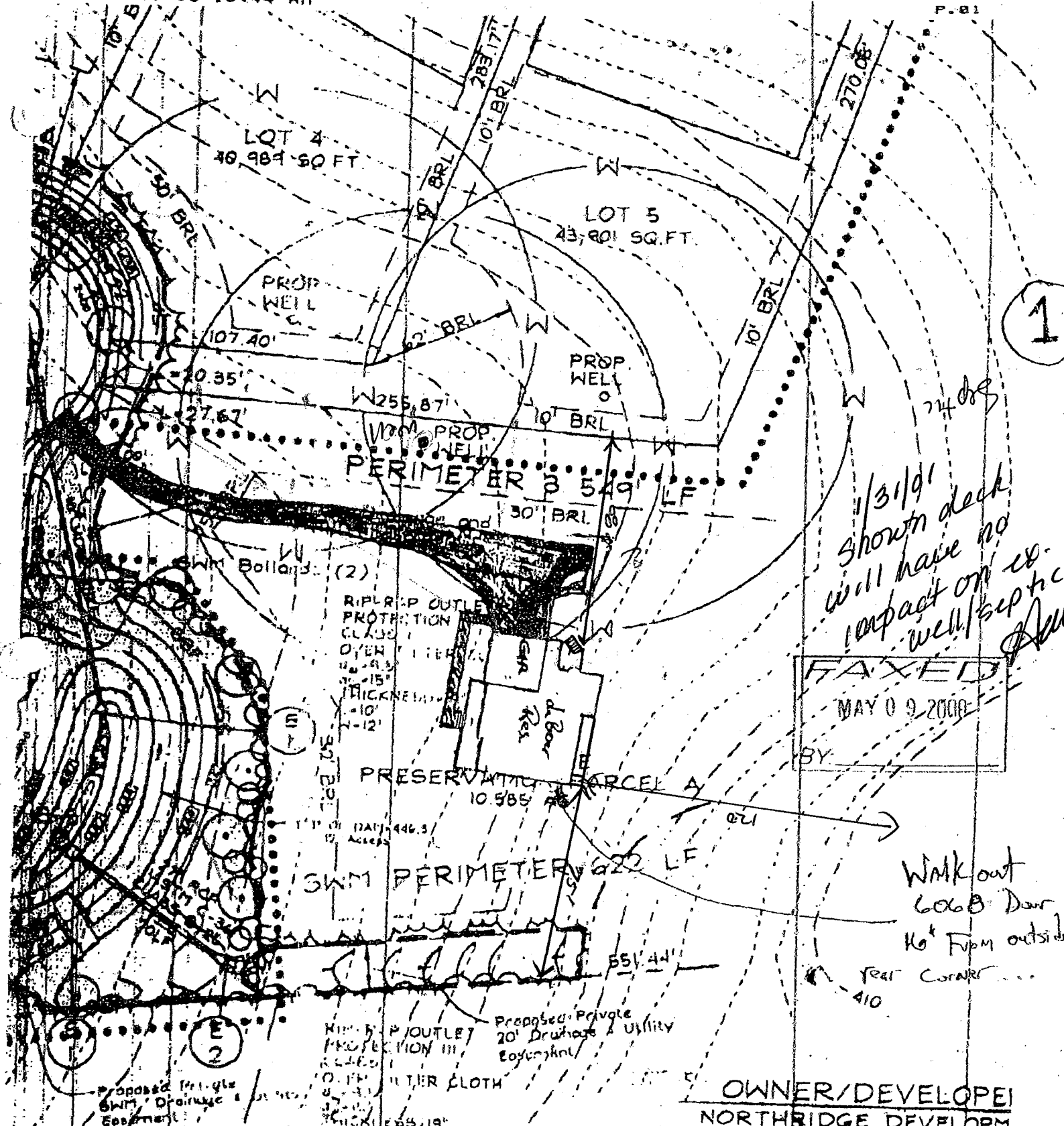
Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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.

*[Signature]*  
 Applicant's Signature  
Richard A. Budding Branch  
 Title/Company

Richard A. Boswell, Inc  
 Print Name  
1-31-01  
 Date



1

11/31/01  
 shown deck  
 will have no  
 impact on ex.  
 well/septic  
 All

MAILED  
 MAY 09 2008  
 BY

Walk out  
 606 B Door  
 10' From outside  
 rear corner  
 410

OWNER/DEVELOPER  
 NORTHBRIDGE DEVELOPM  
 14045 GARED DRIVE  
 GLENWOOD, MARYLAND 21731

de Boer Residence  
 Eagles Ridge  
 Dedicated Driveway

de Boer 4/22/00

TO: Ron Johnston  
 From: TIM RABEN

ET  
 P. NO. 1  
 40 SF  
 400 CF

4/19/00