

System Final

11/8/79 File-off  
C.B.S.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-338502

ELLICOTT CITY

DISTRICT 4th.

DATE 9/4/79

INDEXED

Carroll County Plumbing

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 6240 Sykesville Road

PHONE 795-4455

SUBDIVISION Ritz Estates

Beetz Road

LOT 6, Block B

PROPERTY OWNER

Richard C. Fryogle

16997

Moss Meadow Way

ADDRESS 320 Kingston Circle, Sykesville, Maryland 21784

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

INLET PIPE FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN FACING LOT FROM

Trenches to be 3 feet wide, Inlet 3 maximum below original grade - maximum total depth 6½ feet below original grade. Effective depth 5 feet - 6½ feet. Start trench 100 feet from front and 10 feet from left side line and run toward right to a point approximately 80 - 85 feet from front (follow a constant elevation) trenches should be 10 feet apart. Absorbent area 145 sq. ft. per bedroom. 10/4/79 A.M. ok to count bottom area. 148'± of trench per D.W.M. D.W.M. office

PLANS APPROVED BY Fred Frommelt

DATE 8/31/79

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

B.P. Appl. # 4/2/7

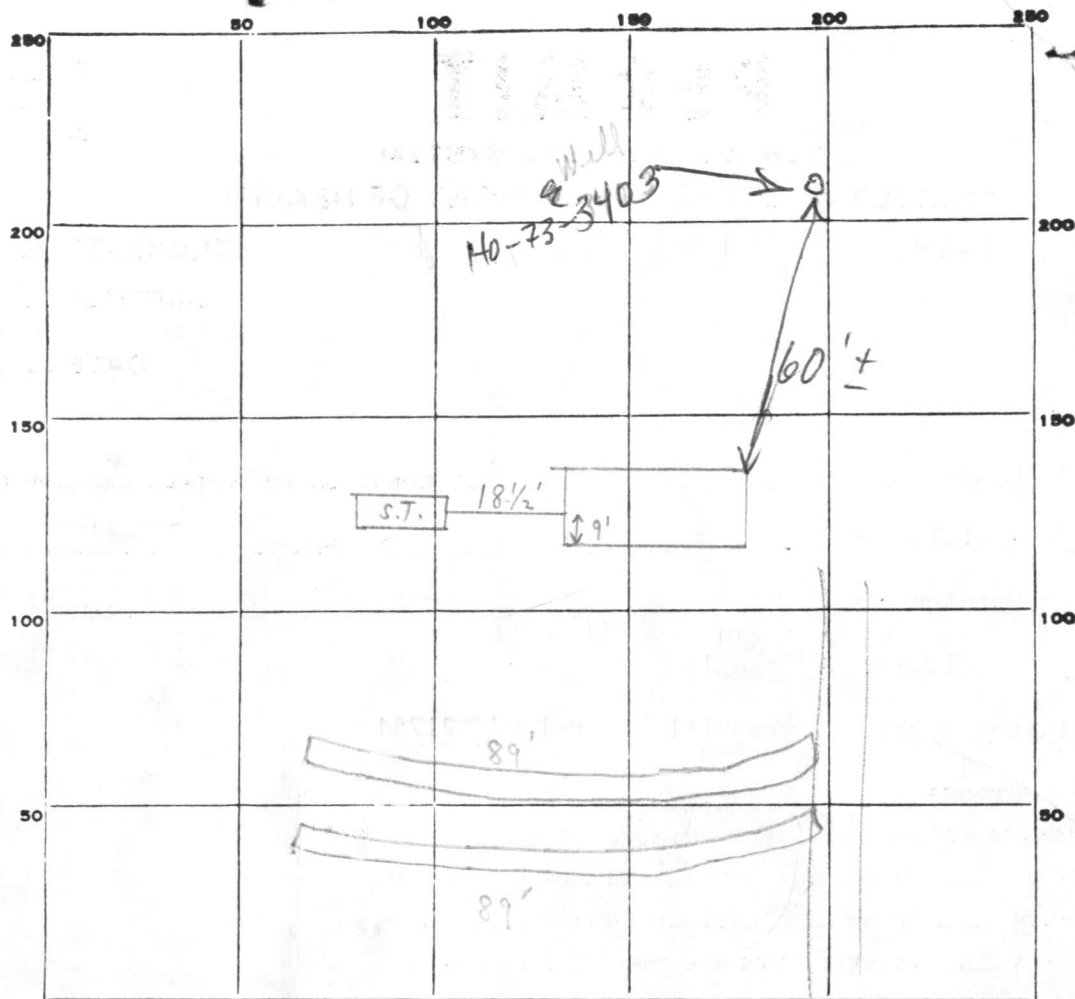
BLDG. PERMIT SIGNED  
AND RETURNED 10/15/79

BLDG. PERMIT SIGNED

AND RETURNED 3/14/01

detached 30 x 36 1 story  
3 Car garage  
B00128703

A 25006



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS ☒

DISTRIBUTION BOX, LEVEL ☐

TILE FIELD, DEPTH 6 FT. TRENCH WIDTH 2 1/2'-3' FT.

GRAVEL DEPTH 3 1/2'-4' IN. TOTAL LENGTH 178 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 445

SEEPAGE PITS, INSIDE DIAMETER                      FT. DEPTH BELOW INLET                      FT.

ABSORBENT AREA 445<sup>+</sup> SQ. FT.

REMARKS

10/4/79 Trenches only ok for stone.  
 10/8/79 Stop work until approved house plans submitted to  
 office. FF+; OK TO COVER TRENCHES WHERE STONE IS ONLY.  
 Installed per attached plan L. hold for final house connection.  
 11/8/79 Checked-house connection - see above - approved by  
 above comments of Mr. Frommelt + house connection inspection  
 DATE SYSTEM APPROVED 11/8/79 as per above INSPECTOR C. B. Straker

# APPLICATION

A 25006

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 1-3 Bedrooms 1000 gallons  
4th 1250 gallons

DATE 11-24-76

*Septic Tank*

*Trenches to be 3' wide. inlet 3' max below orig. grade*

*max. depth 6 1/2 ft. below orig. grade*

*effective 5-6 1/2'*

*Start trench 100' from front and 10 ft. from left side line and run toward right to a point approx. 80 ft. from front & 60 ft. from right (follow a constant elevation) trenches should be 10 ft. apart*

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

*absorbent area 145 sq. ft. per bed room*

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WWGL ASSOCIATES

ADDRESS 4300 GELSTON DR. BALTIMORE, MD. 21229 PHONE 945-4200

PROPERTY LOCATION:

SUBDIVISION RITZ ESTATES LOT NO. 6 Block B

ROAD AND DESCRIPTION Southeast Side Moss Meadow Way 929' East of Beetz Rd.

SIZE OF LOT 40,050 Sq. Ft. TYPE BLDG. (3) or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT \_\_\_\_\_

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

*Non-buildable per plat of 10/18/77 and signed by Dr. Joyce Boyd C.B.S.*

# THIS IS NOT A PERMIT

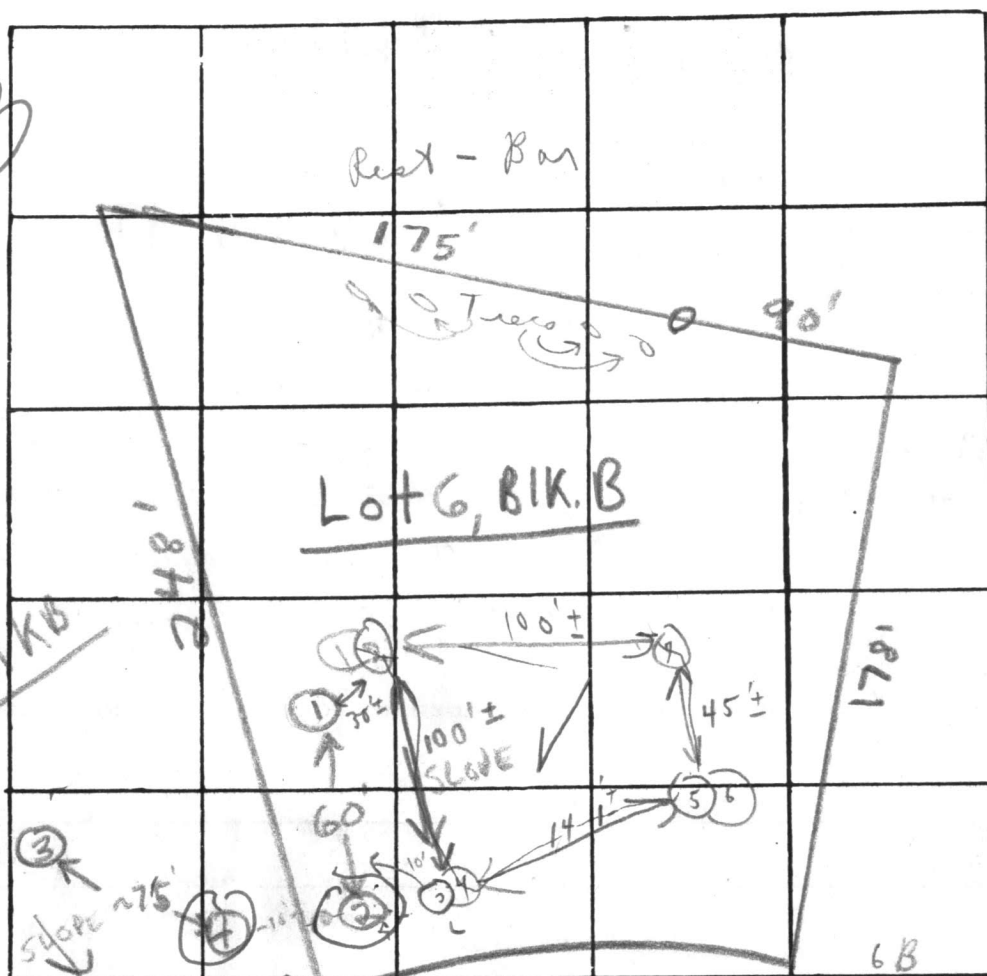


#6B

Rest - Bar

Lot 6, BIK. B

Lot 7, BIK. B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Moss Meadow Way

012.

DATE	TEST NO.	DEPTH	PRE-WET START	STOP	TEST - 1" DROP START	STOP	TIME
1/13/77	①	4'	10:43	NO MOVEMENT	pulled peg		11:05
	1A	12 1/2'	10:43	10:47	10:47	10:59	1 min
	③	3'	10:46	Pulled peg	11:05	11:05	TOO SLOW
	②A	12 1/2'	10:48	10:48	10:48	10:49	1 min TOO FAST
	②A	12 1/2'	10:50	11:05	5 gal. water	little movement	Rocky
	2	3 1/2'	10:46	10:58	10:58	11:17	19 min
	④	12'	10:55	10:55	10:55	10:56	1 min FAIL too fast
3/11/77	①	5 1/2'	1:24	1:25	1:25	1:28	3 min
	2	13 1/2'	1:25	1:27	1:27	1:41	14 min
	3	5 1/2' P	12:47	12:51	12:51	1:00	9 min
	④	12'	12:47	12:47	12:47	12:54	5 min
	5	5'	1:05	1:08	1:08	1:30	22 min
	⑥	12'	1:05	1:06	1:06	1:08	2 min

(?) Not below clay?

TOO SLOW

TOO FAST

Rocky

FAIL too fast

132 dry

gradually  
Holding at 12/18

REMARKS

③+④ are on lot 7, B.

TYPE OF SOIL

clayey 0-5'; mixed 5-8'; harder siltstone below

TESTED BY

F.S.

ALSO PRESENT:

Costello &amp; Co., D. Aosh

5/24 Cobalt  
+ crew of Edwards



B 1	5725	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>		WRA PERMIT NUMBER <b>40-73-3403</b> FILL IN THIS FORM COMPLETELY
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)					

DATE RECEIVED (WRA USE ONLY)	OWNER <u>DELLXMARXDELVEOPMOWRXXXH FRYFOGLE</u> <u>Richard C.</u> COL 15 LAST NAME FIRST NAME COL. 34				
	STREET OR RFD <u>6335XSYKESVILLE ROAD</u> <u>320 Kingston Circle</u> COL 36 COL. 55				
	POST OFFICE <u>Sykesville, Maryland 21784</u> COL 57 COL. 76				

B 1	CONTINUED					DRILLER INFORMATION				
1 2 3 (SEQ. NO.) 6										
DATE <u>6/14/79</u>			LICENSE NUMBER <u>209</u>			77 80				
<u>HOWARD</u>			<u>DILLON</u>							
FIRST NAME			DRILLER			LAST NAME				
SIGNATURE <u>Howard Dillon</u>										

B 2	WELL INFORMATION							
1 2 3 (SEQ. NO.) 6								
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)			<u>5</u>			8 12		
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)			<u>300</u>			14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)								
<input type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)								
<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION								
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.								
<input type="checkbox"/> M MUNICIPAL WATER SUPPLY								
<input type="checkbox"/> P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL								
<input type="checkbox"/> T TEST								

APPROXIMATE DEPTH OF WELL <u>200</u> FEET		
APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)		
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN		
30-37 <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)		
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT		
OTHER (DESCRIBE) _____		

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		
<input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL		
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY		
<input type="checkbox"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)		
41 52		

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)		
APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u>		
FORCE <u>67</u> WRITE INITIALS IN BOX CONDITIONS <u>70 71 72 73 74 75 76 77 78 79</u>		

B 4	CONTINUED					HEALTH DEPARTMENT APPROVAL				
1 2 3 (SEQ. NO.) 6										
41 <input type="checkbox"/> S STATE HEALTH (CIRCLE BOX)			COUNTY NAME <u>Howard</u>			COUNTY NO. <u>W25006</u>				
MO. DAY YR. <u>06 18 79</u>			APPROVED BY <u>D. Monaghan</u>			DATE <u>06 18 79</u>				
43 48			Donald W. Monaghan, Sanitarian							

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)									
1 2 3 (SEQ. NO.) 6										

B 3	LOCATION OF WELL				
1 2 3 (SEQ. NO.) 6					
COUNTY <u>HOWARD</u>			8 (DO NOT ABBREVIATE COUNTY NAME) 21		
SUBDIVISION <u>Ritz Estates</u>			23 42		
SECTION <u>44</u>			LOT <u>6B</u> 48 50		
NEAREST TOWN <u>Poplar Springs</u>			52 71		
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u>			73 76 77 78		

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)				
1 2 3 (SEQ. NO.) 6					
<input checked="" type="checkbox"/> N NORTH			<input type="checkbox"/> E EAST		
<input type="checkbox"/> S SOUTH			<input type="checkbox"/> W WEST		
<input type="checkbox"/> NE NORTHEAST			<input type="checkbox"/> SE SOUTHEAST		
<input type="checkbox"/> NW NORTHWEST			<input type="checkbox"/> SW SOUTHWEST		
NEAR WHAT ROAD <u>Betz Road</u>			11 NORTH SOUTH EAST WEST 30		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W		
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)			<u>100</u> 34 37 38 39		

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N	
OLD FREDERICK RD	
U.S. RT # 40	
MD. RT # 144	
35'- CASING	
3'- ABOVE GR	
31'- OPEN	
9 - BAGS CEMENT	
88 8/15/79	
BOX NUMBER	E 770 N 550
NORTH COORDINATE	50 51 52 53 54 55
EAST COORDINATE	57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET)	65 66 67 68
0/5	5/5
0/0	5/0

A 25006

HEALTH

8 GPM

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT  
ELLCOTT CITY

AUG 13 8 21 AM '70

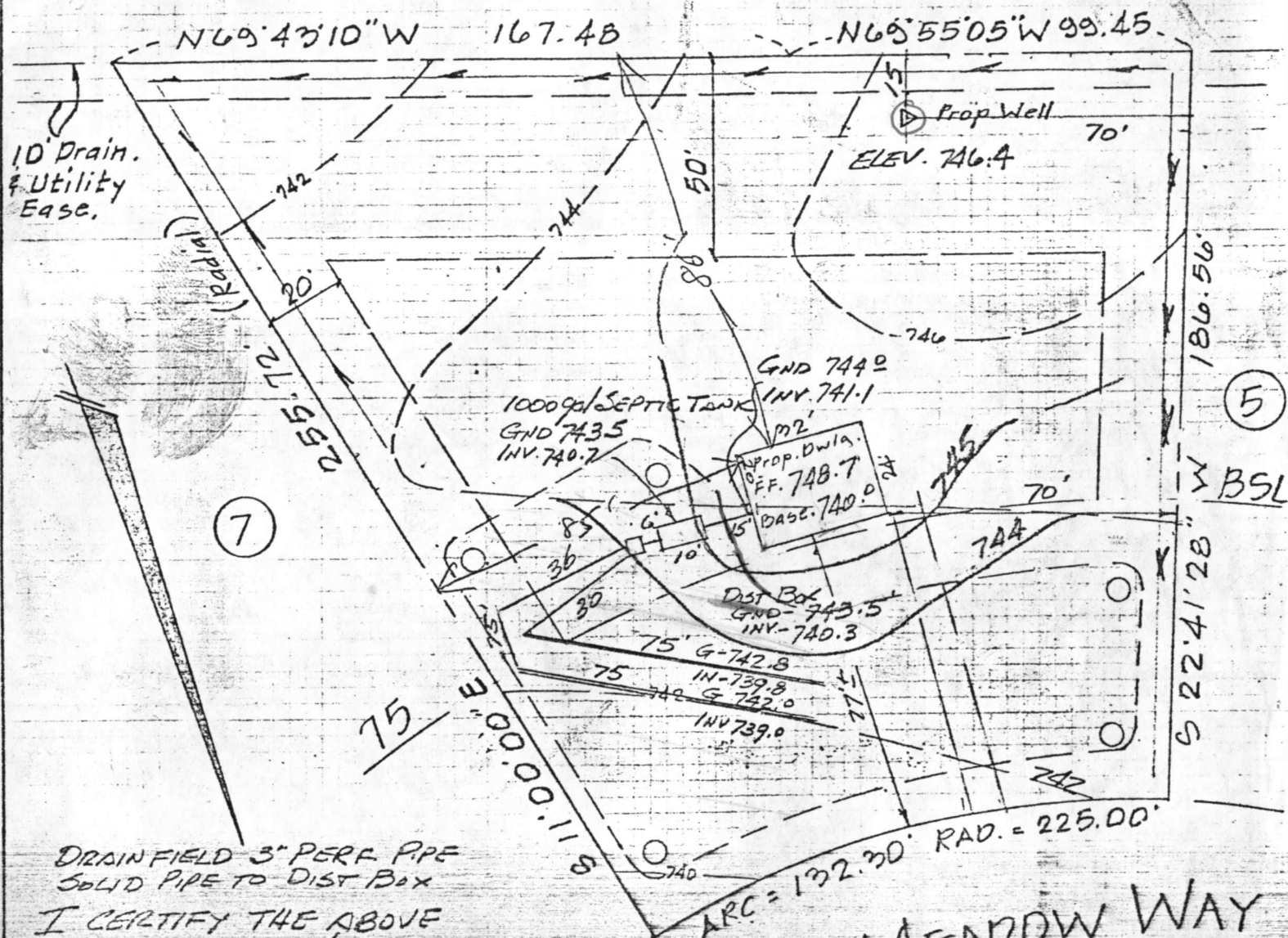
**EDWIN J. KIRBY AND ASSOCIATES**  
PROFESSIONAL LAND SURVEYORS

22 NORTH COURT STREET  
WESTMINSTER, MARYLAND 21157  
(301) 848-2821



P.O. BOX 278  
MILLERSVILLE, MARYLAND 21108  
(301) 987-1100

NOTE: THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES.



DRAINFIELD 3" PERF PIPE  
SOLID PIPE TO DIST BOX

I CERTIFY THE ABOVE  
MEASUREMENTS & ELEVATIONS ARE  
ACTUAL & CORRECT FOR THIS  
PROPERTY

SIGNED

*[Signature]*

MOSS MEADOW WAY  
(50)  
To Beech Road

"THIS PLAT SHOWS THAT; (1) THE IMPROVEMENTS ARE LOCATED AS INDICATED WITHIN OR ON THE PERIMETER OF THE PROPERTY, (2) THERE ARE NO ENCROACHMENTS OF EXISTING IMPROVEMENTS LOCATED ON SAID LAND ONTO ANY EASEMENT THEREON NOR ONTO ANY ADJOINING LAND AND (3) THERE ARE NO ENCROACHMENTS ONTO SAID LAND OF EXISTING IMPROVEMENTS LOCATED ON ADJOINING LAND.

SITE PLAN  
LOT 6, BLOCK B  
"RITZ ESTATES"  
DISTRICT 4  
HOWARD COUNTY, MD.  
SCALE: 1" = 40'  
DATE: 4-4-79



C 1	0047	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401</b> <b>WELL COMPLETION REPORT</b>	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION
1 2 3 4 (SEQ. NO.) 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
DATE RECEIVED (WRA USE ONLY)		DEPTH OF WELL 22 (TO NEAREST FOOT) 26		PERMIT NO. FROM "PERMIT TO DRILL WELL"
DATE WELL COMPLETED 8/16/79		205		H0-73-3403 28 29 30 31 32 33 34 35 36 37
8-13		15 20		DRILLERS IDENTIFICATION NO. 209

OWNER FRYFOGLE LAST NAME Richard C. FIRST NAME  
 STREET OR RFD 320 Kingston Circle POST OFFICE Sykesville, Md. 21784

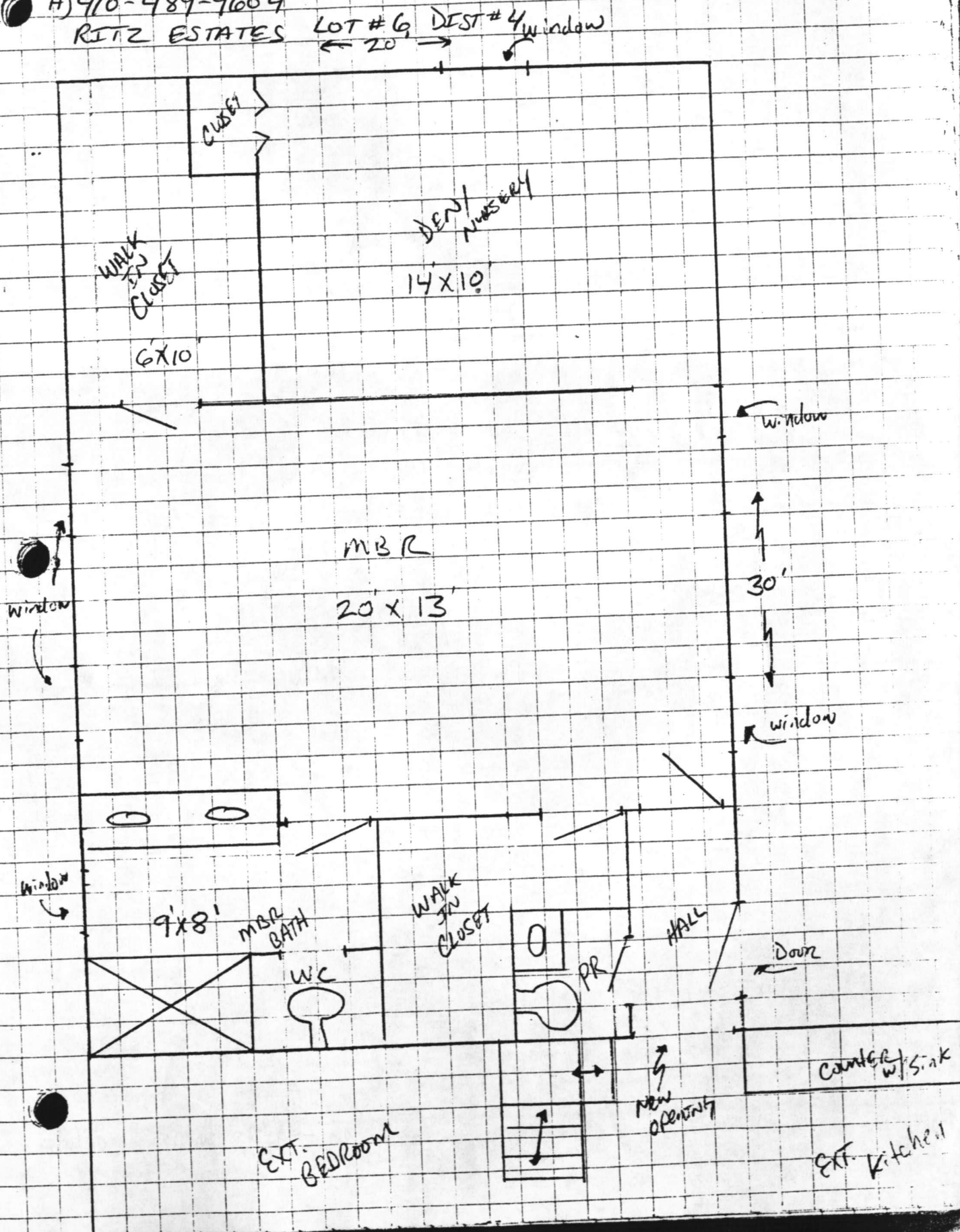
WELL LOG			WELL DESCRIPTION																								
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			<b>GROUTING RECORD</b>																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>Mica Sand</td> <td>0</td> <td>34</td> <td></td> </tr> <tr> <td>Mica Rock</td> <td>34</td> <td>205</td> <td>X</td> </tr> </table>			DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	Mica Sand	0	34		Mica Rock	34	205	X	WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>9</u> NO. OF POUNDS <u>855</u> GALLONS OF WATER <u>81</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>32</u> FT. (ENTER 0 IF FROM SURFACE)										
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET			CHECK IF WATER BEARING																							
	FROM	TO																									
Mica Sand	0	34																									
Mica Rock	34	205	X																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">CIRCUIT C A S I N G</th> <th colspan="2">CIRCUIT TYPES</th> <th rowspan="2">CIRCUIT CODE BELOW</th> </tr> <tr> <th>INSERT</th> <th>APPROPRIATE</th> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> S</td> <td><input type="checkbox"/> T</td> <td><input type="checkbox"/> C</td> </tr> <tr> <td></td> <td><input type="checkbox"/> P</td> <td><input type="checkbox"/> L</td> <td><input type="checkbox"/> O</td> </tr> <tr> <td></td> <td colspan="2">STEEL</td> <td>CONCRETE</td> </tr> <tr> <td></td> <td colspan="2">PLASTIC</td> <td>OTHER</td> </tr> </table>			CIRCUIT C A S I N G	CIRCUIT TYPES		CIRCUIT CODE BELOW	INSERT	APPROPRIATE		<input checked="" type="checkbox"/> S	<input type="checkbox"/> T	<input type="checkbox"/> C		<input type="checkbox"/> P	<input type="checkbox"/> L	<input type="checkbox"/> O		STEEL		CONCRETE		PLASTIC		OTHER	<b>CASING RECORD</b> MAIN CASING TYPE <input checked="" type="checkbox"/> S <input type="checkbox"/> T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>35</u>		
CIRCUIT C A S I N G	CIRCUIT TYPES			CIRCUIT CODE BELOW																							
	INSERT	APPROPRIATE																									
	<input checked="" type="checkbox"/> S	<input type="checkbox"/> T	<input type="checkbox"/> C																								
	<input type="checkbox"/> P	<input type="checkbox"/> L	<input type="checkbox"/> O																								
	STEEL		CONCRETE																								
	PLASTIC		OTHER																								
<b>OTHER CASING (IF USED)</b> DIAMETER (INCH) FROM TO DEPTH (FEET) FROM TO			<b>SCREEN RECORD</b> INSERT APPROPRIATE CODE BELOW STEEL <input type="checkbox"/> S <input type="checkbox"/> T BRASS OPEN HOLE <input type="checkbox"/> BR <input type="checkbox"/> HO PLASTIC <input type="checkbox"/> PL <input type="checkbox"/> OT OTHER																								
<b>CIRCLE APPROPRIATE BOXES</b> <input type="checkbox"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="checkbox"/> E ELECTRIC LOG OBTAINED <input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL			<b>SCREEN</b> 1 2 3 (SEQ. NO.) 4 DEPTH (NEAREST WHOLE FOOT) FROM TO 1 <u>H</u> <u>O</u> <u>35</u> <u>205</u> 2 <u>23</u> <u>24</u> <u>26</u> <u>30</u> <u>32</u> <u>36</u> 3 <u>38</u> <u>39</u> <u>41</u> <u>45</u> <u>47</u> <u>51</u> SLOT SIZE 1, 2, 3,																								
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.			<b>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).																								
DRILLERS NAME (PLEASE PRINT) <u>Howard Dillon</u> SIGNATURE <u>Howard Dillon</u>			DRILLERS NAME (PLEASE PRINT) <u>Howard Dillon</u> SIGNATURE <u>Howard Dillon</u>																								
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T <input type="checkbox"/> (E.R.O.S.) W <input type="checkbox"/> Q 70 <input type="checkbox"/> 72 <input type="checkbox"/> 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR AVAILABLE			<b>PUMPING TEST</b> 1 2 3 (SEQ. NO.) 4 HOURS PUMPED (TO NEAREST HOUR) <u>6</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>8</u> METHOD USED TO MEASURE PUMPING RATE <u>TIME</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>40</u> (NEAREST FOOT) WHEN PUMPING <u>115</u> (NEAREST FOOT) TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) <input type="checkbox"/> A AIR <input type="checkbox"/> P PISTON <input type="checkbox"/> T TURBINE <input type="checkbox"/> C CENTRIFUGAL <input type="checkbox"/> R ROTARY <input type="checkbox"/> O OTHER (DESCRIBE BELOW) <input type="checkbox"/> J JET <input type="checkbox"/> S SUBMERSIBLE																								
PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <u>29</u> DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input type="checkbox"/> Y NO <input type="checkbox"/> N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>			<b>CASING HEIGHT</b> (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) <input type="checkbox"/> + ABOVE } LAND SURFACE (NEAREST FOOT) <input type="checkbox"/> - BELOW } <u>2</u> 49 50 51																								

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELLICOTT CITY, MD.  
Aug 20 10 41 AM '79



BROOK + KAREN DONOVAN  
16997 MOSS MEADOW WY  
MT AIRY, MD 21771-3502  
H) 410-489-9604  
RITZ ESTATES LOT # 6 DIST # 4

FLOOR PLAN  
SCALE: 1 BLOCK = 1'  
CALL OUTSIDE MEASUREMENTS





EX-114 THE BELOW LIST  
IS CORRECT & THE BEST  
OF MY KNOWLEDGE  
Richard C. Fugate  
P.O. BOX 278  
MILLERSVILLE, MARYLAND 21108  
(301) 987-1100

Hand-drawn site plan for a property on Moss Meadow Way. The plan shows a proposed addition, a drain field, a concrete septic tank, and a proposed well. It includes various measurements, elevations, and a certification statement.

**Proposed Addition:** A rectangular structure with a base elevation of 740.0 and an offset of 748.7. It is located near a concrete septic tank.

**Concrete Septic Tank:** Labeled "CONCRETE 1000 PL. PERF. TANK". It has a ground elevation of 743.5 and an invert elevation of 740.7. A concrete pipe (3" PERF. PIPE) leads from it to a distribution box.

**Distribution Box:** Labeled "CONCRETE DIST. BOX". It has a ground elevation of 743.5 and an invert elevation of 740.3.

**Proposed Well:** Located in the upper right corner, with a ground elevation of 746.4 and a depth of 44' ±.

**Drain Field:** Labeled "DRAIN FIELDS". It is located near the septic tank and distribution box. The plan includes a note: "DRAIN FIELD 3\" PERF. PIPE SOLID PIPE TO DIST. BOX".

**Measurements and Elevations:**

- Property boundaries: N 69° 43' 10" W 167.48', N 65° 55' 05" W 99.45', S 22° 41' 28" W 160.56', S 22° 41' 28" W 160.56'.
- Distances: 742, 744, 746, 748, 750, 752, 754, 756, 758, 760, 762, 764, 766, 768, 770, 772, 774, 776, 778, 780, 782, 784, 786, 788, 790, 792, 794, 796, 798, 800.
- Elevations: 742.8, 742.9, 743.0, 743.5, 744.0, 744.1, 744.2, 744.3, 744.4, 744.5, 744.6, 744.7, 744.8, 744.9, 745.0, 745.1, 745.2, 745.3, 745.4, 745.5, 745.6, 745.7, 745.8, 745.9, 746.0, 746.1, 746.2, 746.3, 746.4, 746.5, 746.6, 746.7, 746.8, 746.9, 747.0, 747.1, 747.2, 747.3, 747.4, 747.5, 747.6, 747.7, 747.8, 747.9, 748.0, 748.1, 748.2, 748.3, 748.4, 748.5, 748.6, 748.7, 748.8, 748.9, 749.0, 749.1, 749.2, 749.3, 749.4, 749.5, 749.6, 749.7, 749.8, 749.9, 750.0.

**Other Notes:**

- "10' Drain. & Utility Easement."
- "7/28/00"
- "8/2/00"
- "S.T. & M.P."
- "OK - OK TO SIGN BP"
- "EX. HOUSE"
- "2 BR"
- "SRW"
- "I CERTIFY THE ABOVE MEASUREMENTS & ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY"
- "MOSS MEADOW WAY (50)"
- "To Beebe Road"

"THIS PLAT SHOWS THAT; (1) THE IMPROVEMENTS ARE LOCATED AS INDICATED WITHIN OR ON THE PERIMETER OF THE PROPERTY, (2) THERE ARE NO ENCROACHMENTS OF EXISTING IMPROVEMENTS LOCATED ON SAID LAND ONTO ANY EASEMENT THEREON NOR ONTO ANY ADJOINING LAND AND (3) THERE ARE NO ENCROACHMENTS ONTO SAID LAND OF EXISTING IMPROVEMENTS LOCATED ON ADJOINING LAND.

SITE PLAN  
LOT 6, BLOCK B  
"RITZ ESTATES"  
DISTRICT 4  
HOWARD COUNTY, MD  
SCALE: 1" = 40'  
DATE: 4-4-79

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

B00125809

Building Address 16997 MOSS MEADOW WY  
MOUNT AIRY MD 21771-3502

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6040 Subdivision Ritz Estates

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6

Tax Map 7 Parcel 169 Grid 3

Zoning RC Map Coordinates 3A8 Lot size \_\_\_\_\_

Existing Use Residential SFD

Proposed Use Residential same with

Estimated Construction Cost \$ 25,000

Description of Work ADD ROOM, BATH +

CLOSETS 1 STORY ADDITION w/

CRAWL SPACE

Occupant or Tenant SAME

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

Address \_\_\_\_\_

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

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

Property Owner's Name BROOK E. DONNAN

Address 16997 MOSS MEADOW WY

City MOUNT AIRY State MD Zip Code 21771

Home Phone 410-489-4604 Work Phone 410-313-3344

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

\_\_\_\_\_

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## BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

## BUILDING DESCRIPTION - RESIDENTIAL

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

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 HERETO; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

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

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

Print Name Brook F. DONNAN

Date 8/13/00

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 8/13/00 Joe

State Highways \_\_\_\_\_

Building Official 8/13/00 SP

Dev. Engineering DPZ \_\_\_\_\_

Health 8/14/00 Mash

Fire Protection \_\_\_\_\_

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DEPT. SETBACK INFORMATION

Front: 76 FT

Rear: 50 FT

Side: 20 FT

Side St.: NA

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# 47441

Filing fee \$ 25

Permit fee \$ 20

Excise tax \$ 464

Sub-total paid \$ \_\_\_\_\_

Add'l permit fee \$ \_\_\_\_\_

TOTAL FEES \$ 559

Balance due \$ \_\_\_\_\_

Check # 161

Validation # 33689

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

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

s:\permit.fm

Rev. 10/15/98



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		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> <b>00068703</b>	
Building Address <u>16977 MOSS MEADOW WAY</u> <u>MOUNT AIRY, MD 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>RITZ ESTATES</u> Section _____ Area _____ Lot <u>6</u> Tax Map <u>7</u> Parcel <u>169</u> Grid <u>3</u> Zoning <u>RC</u> Map Coordinates <u>7A8</u> Lot size _____			Property Owner's Name <u>JEFFREY M. PATTERSON</u> Address <u>16977 MOSS MEADOW WAY</u> <u>MT. AIRY, MD 21771</u> City <u>MT. AIRY</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>410 489-5935</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____		
Existing Use <u>SINGLE FAMILY HOME</u> Proposed Use <u>SAME W/ GARAGE</u> Estimated Construction Cost <u>\$510,000</u> Description of Work <u>DETACHED 30 X 36 1 STORY</u> <u>3 CAR GARAGE</u>			Contractor Company <u>OWNER</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
<b>BUILDING DESCRIPTION - COMMERCIAL</b>			<b>BUILDING DESCRIPTION - RESIDENTIAL</b>		
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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			<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads		
<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home			<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

JEFFREY M. PATTERSON  
 Applicant's Signature  
OWNER  
 Title/Company

JEFFREY M. PATTERSON  
 Print Name  
3-101  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**FOR OFFICE USE ONLY.**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection	<u>3/19/01</u>	<u>mark riffin</u>	Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	<u>47441</u> Filing fee \$ <u>25</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>239</u> Validation # _____

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

CONTINGENCY CONSTRUCTION START: ☐  
 ONE STOP SHOP: ☐

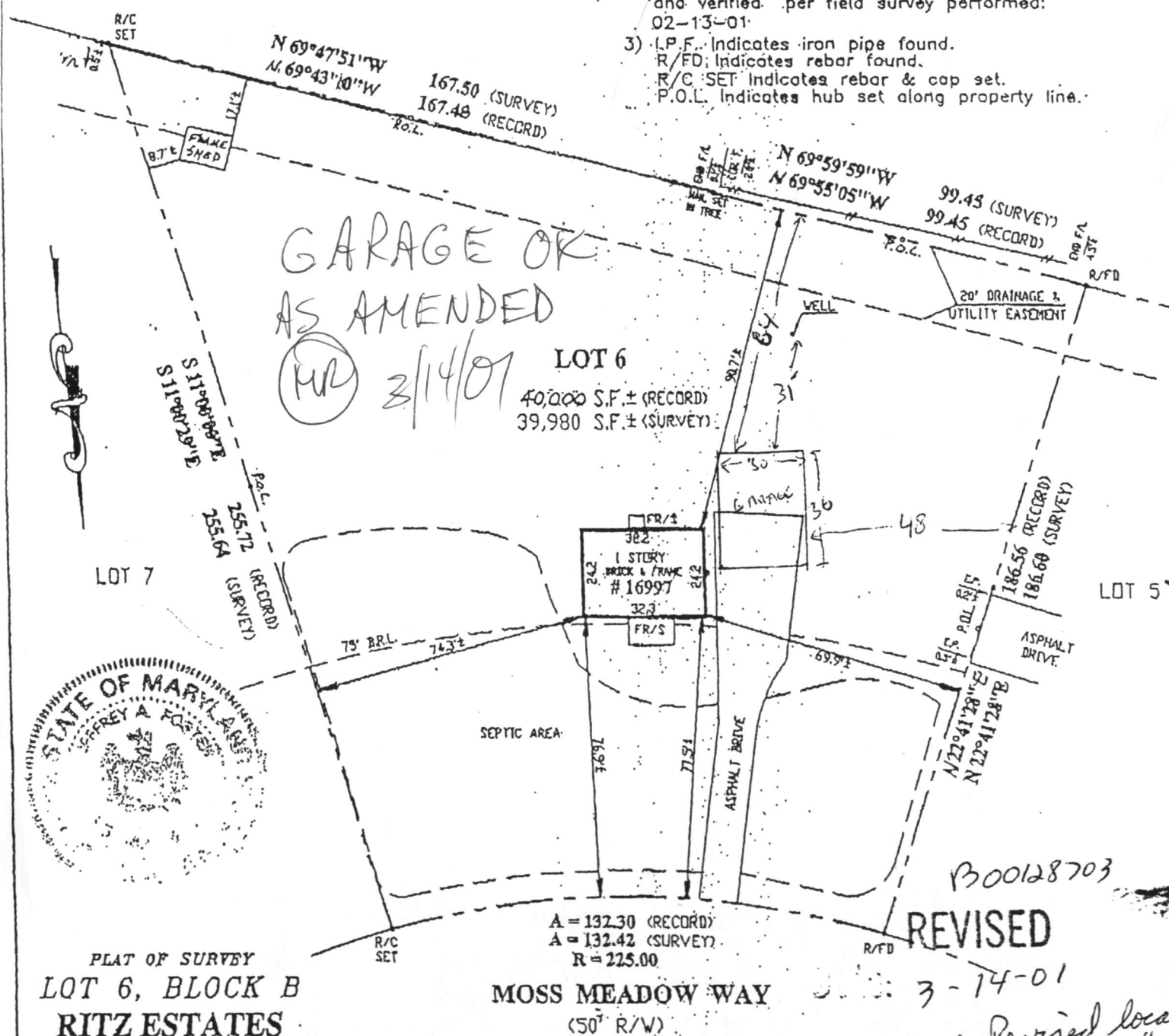
Accepted by [Signature]



The information shown hereon has been prepared without benefit of a Title Report, therefore, may not reflect all easements or encumbrances which may affect subject property.

## Notes:

- 1) Flood zone "C" per H.U.D. panel No. 240044-00078.
- 2) All property corners have been recovered or set and verified per field survey performed: 02-13-01.
- 3) L.P.F. Indicates iron pipe found.  
R/FD: Indicates rebar found.  
R/C SET Indicates rebar & cap set.  
P.O.L. Indicates hub set along property line.



PLAT OF SURVEY  
LOT 6, BLOCK B  
RITZ ESTATES

HOWARD COUNTY, MARYLAND

Building Line and/or Flood Zone Information is taken from Available Sources and is Subject to Interpretation of Originator.

## SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD SURVEY PURSUANT TO THE DEED OR PLAT OF RECORD. PROPERTY MARKERS HAVE BEEN RECOVERED OR PLACED IN ACCORDANCE WITH THE INFORMATION SHOWN.

Jeffrey A. Foster 587

## REFERENCES

PLAT BK.  
PLAT NO. 3870  
  
LIBER 3026  
FOLIO 680



SNIDER & ASSOCIATES  
SURVEYORS - ENGINEERS  
LAND PLANNING CONSULTANTS  
2 Professional Drive, Suite 810  
Gaithersburg, Maryland 20879  
301/948-5100, Fax 301/948-1200

DATE OF LOCATIONS

SCALE: 1" = 40'

WALL CHECK:

DRAWN BY: E.M.G.

RSE. LOC. 02-13-2001

JOB NO. 300128703

Comments: Revised location per Health