

LAYOUT 5/10/02 ^{10:30~~4~~} _{later} INSP 4 5/15/02 Anytime
 INSP 2 5/13/02 AM & PM INSP 5 7/5/02 1:00
 INSP 3 5/14/02 3:00 INSP 6 7/8/02 10:30-11

05-379857

ISSUE DATE: 4/25/2002

P 516953

APPROVAL DATE: 7/8/02

A 25174

**PERMIT
INDEXED**

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

South Carroll Backhoe IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Rd, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Allnutt Farms Estates LOT NUMBER: 6

ADDRESS: 13420 Arada Court PROPERTY OWNER: Goodier Builders

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

PUMP CHAMBER CAPACITY (GALLONS): 1250 N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 300

LINEAR FEET OF TRENCH REQUIRED: 400
varies

**BUILDING PERMIT SIGNED
AND RETURNED 7/24/02
B00137699-DECK**

TRENCHES:	<u>varies</u> ← Trench to be 3.0 feet wide. Inlet <u>7.5</u> feet below original grade. Bottom maximum depth <u>3.0</u> feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box 10 feet from the front 236.24' lot line and 95' from the end of Arada Court. Run trenches as shown on plan, unless contour different. The top 40' trench is to have a 7.5' bottom. The second lower set of trenches are to have 7' bottoms. The third lower set of trenches re to have 6.5' bottoms. The lowest set of trenches are to have 6' bottoms. Trench bottom depth or gravel depth may be adjusted slightly to ensure gravity flow to trenches. Trenches to be 10' center to center. Maintain 100' separation from well. Well line must be 10' from septic tank or lines at all times.
NOTES:	

PLANS APPROVED: Brian Baker RB 2-8-02 DATE: 2/06/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

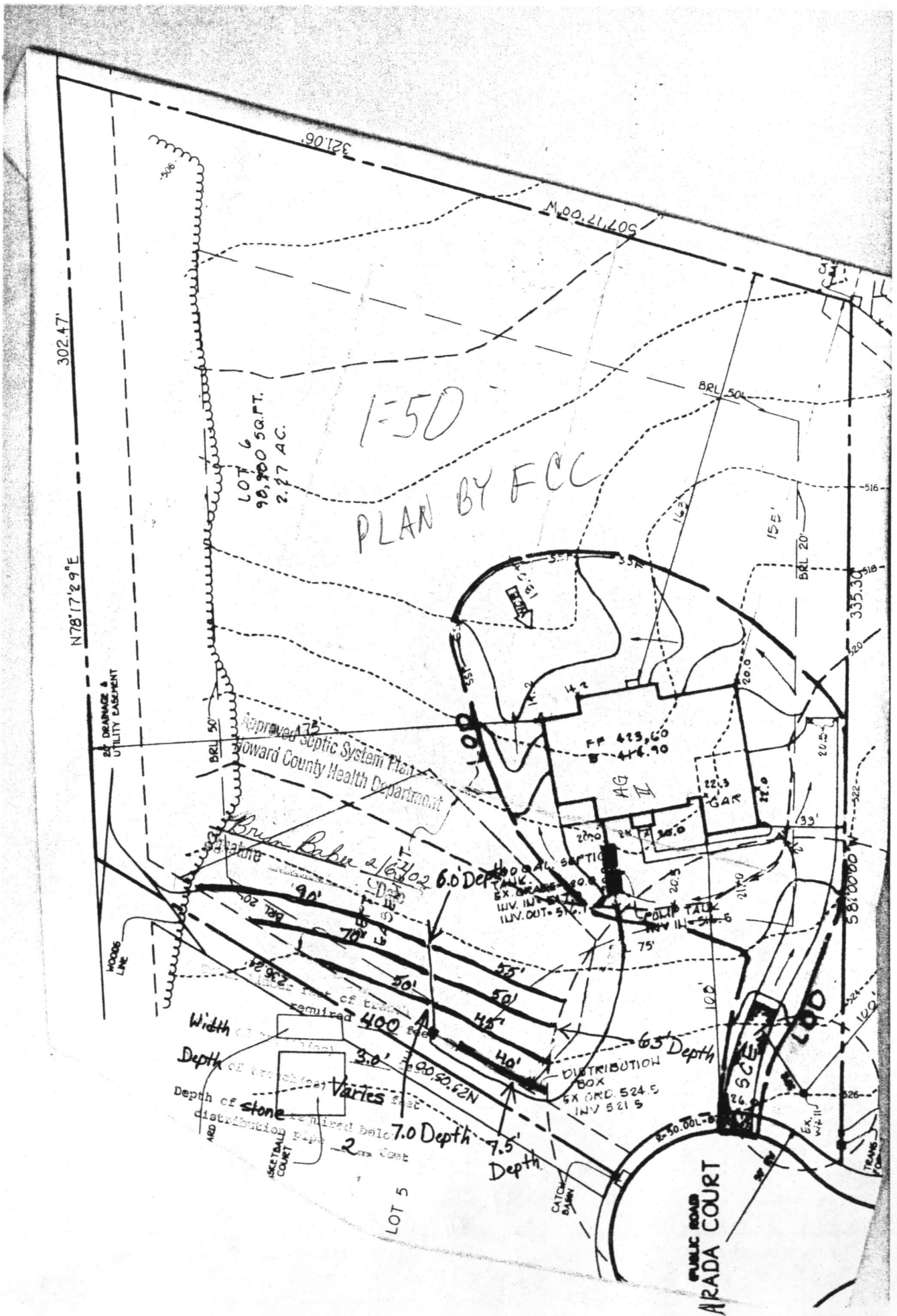
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

**BUILDING PERMIT SIGNED
AND RETURNED 7/17/02**

**BUILDING PERMIT SIGNED
AND RETURNED 5-28-02
PROPANE-TANK B001376269**

B00137528 - DECK
B00144718 - IG POOL

A25174



1=50
 PLAN BY FCC

LOT 6
 90,700 SQ. FT.
 2.17 AC.

Approved Septic System Plan
 Howard County Health Department

Brum Baber & Co
 2/6/02
 6.0' Depth
 EX. DR. 524.5
 INV. 521.5

Width 400
 Depth 6.0
 Depth 6.5
 Depth 7.0
 Depth 7.5
 Varies
 2' Cost

PUBLIC ROAD
 ARADA COURT

N78°17'29"E
 302.47'

24" DRAINAGE & UTILITY EASEMENT

WOODS LINE

M. 00.21.105

321.06'

BRL 50'

155'

BRL 20'

516'

335.30'

520'

581.000'

522'

522'

522'

522'

522'

522'

522'

522'

APPLICATION

A 25174

P _____

SEWAGE DISPOSAL TESTING

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 5th

DATE 9/9/76

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Mr. and Mrs. Smith W. Allnutt

ADDRESS 13288 Highland Road, Highland, Md. 20777 PHONE 988-9303

PROPERTY LOCATION: ALLNUTT
SUBDIVISION Hi-Land Farm Estates LOT NO. 6, sect.

ROAD AND DESCRIPTION Road "A" Arada Court

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedrooms
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 /s/ Margaret G. Allnutt

APPROVED BY Frank Skinner FOR trenches DATE 1/29/85
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS upon DATE 4/20/84

REASONS FOR REJECTION OR HOLDING Water in low hole 5/17/84 Dig More
Water BH

THIS IS NOT A PERMIT

APPLICATION

A 25174

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

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

PROPERTY OWNER Mr. and Mrs. Smith W. Allnutt

ADDRESS 13288 Highland Road, Highland, Md. 20777 PHONE 988-9303

PROPERTY LOCATION: New lot 6
SUBDIVISION Allnutt Farms Sec. 1 LOT NO. ?
Hi Land Farm Estates

ROAD AND DESCRIPTION Road "A" Arada Ct.

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedrooms
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 /s/ Margaret G. Allnutt

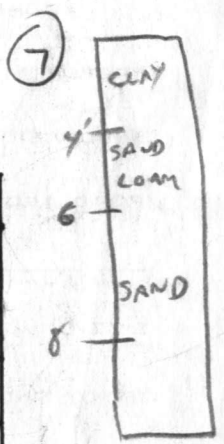
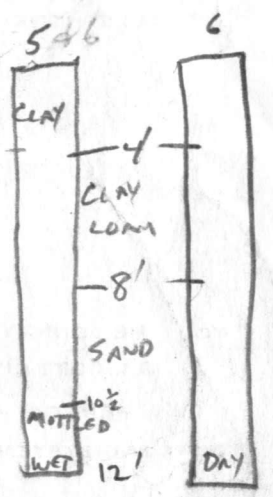
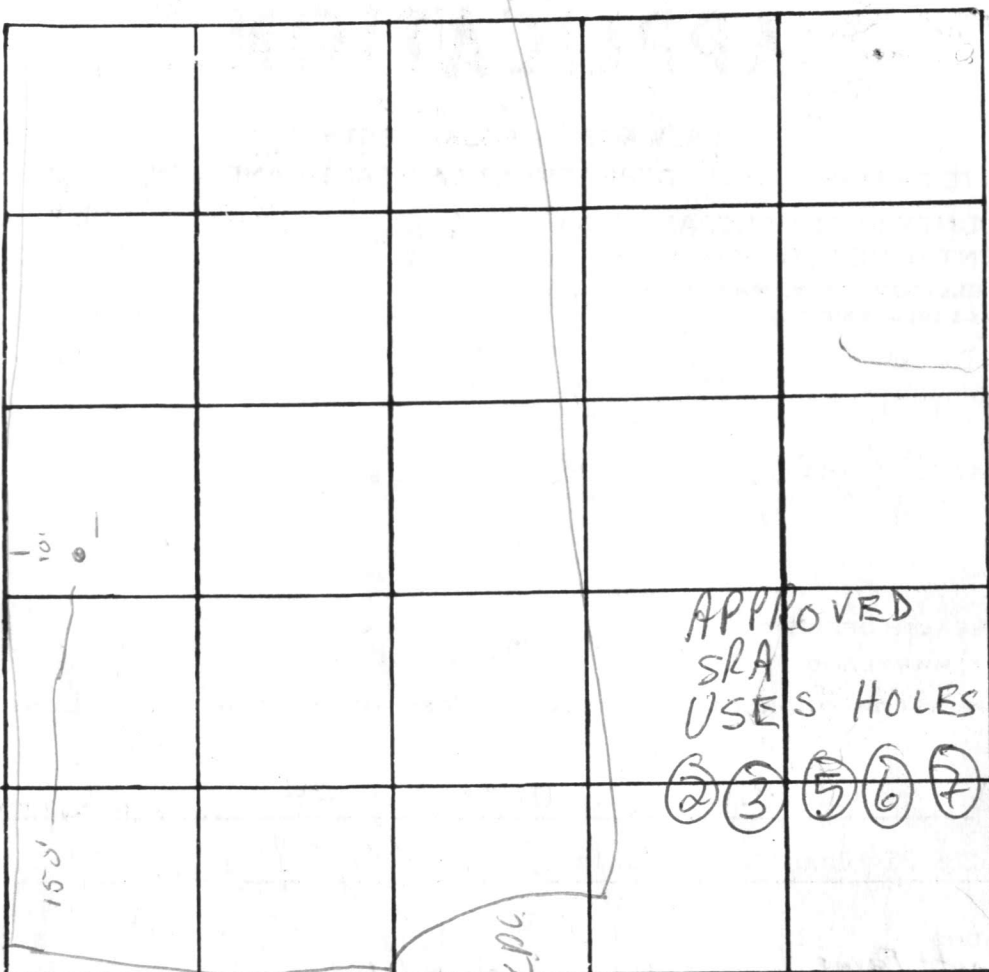
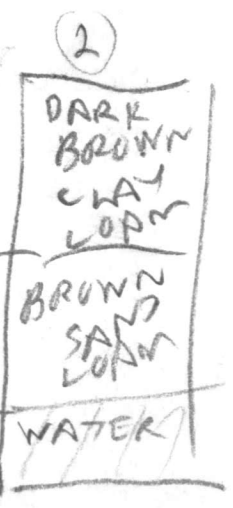
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/84	1	10'	Water	4' shield			
5/17/84	2 S	3'	328	408	1st inch	40 min	slow
	2 N	6'	330	408	1st inch	30 min	S
	2V	12'	WATER		11 FT		
	3 S	4'	332	342	3 1/2"	402	20
	3V	12'	WATER		12		
	4 N	6'	333	336	3 3/4"	343	7
	4 S	3 1/2'	335	408	1st inch	33	
	4V	12'	WATER		11 FT	2"	
5/22/84	5	3 1/2'	10:32	11:25	11:25	100 SLOW	
		7'	10:32	11:02	11:02	CAVE IN - MOVING SLOWLY	APPROX 1 inch / 45 min
		4'	11:17	11:34	11:34	12:05	31 MIN
		12'	SEEPAGE		12; MOTTLES TO 10'		
5/22/84	6	4'	10:38	11:12 (40 min)	11:12	1/2" IN 1/2 HOUR	
		7'	10:38	10:47	10:47	11:00	23 MIN
		12'	DAY				
		5'	11:24	11:28	11:28	11:35	7 MIN

REMARKS: 7 5' 8' VERY SANDY

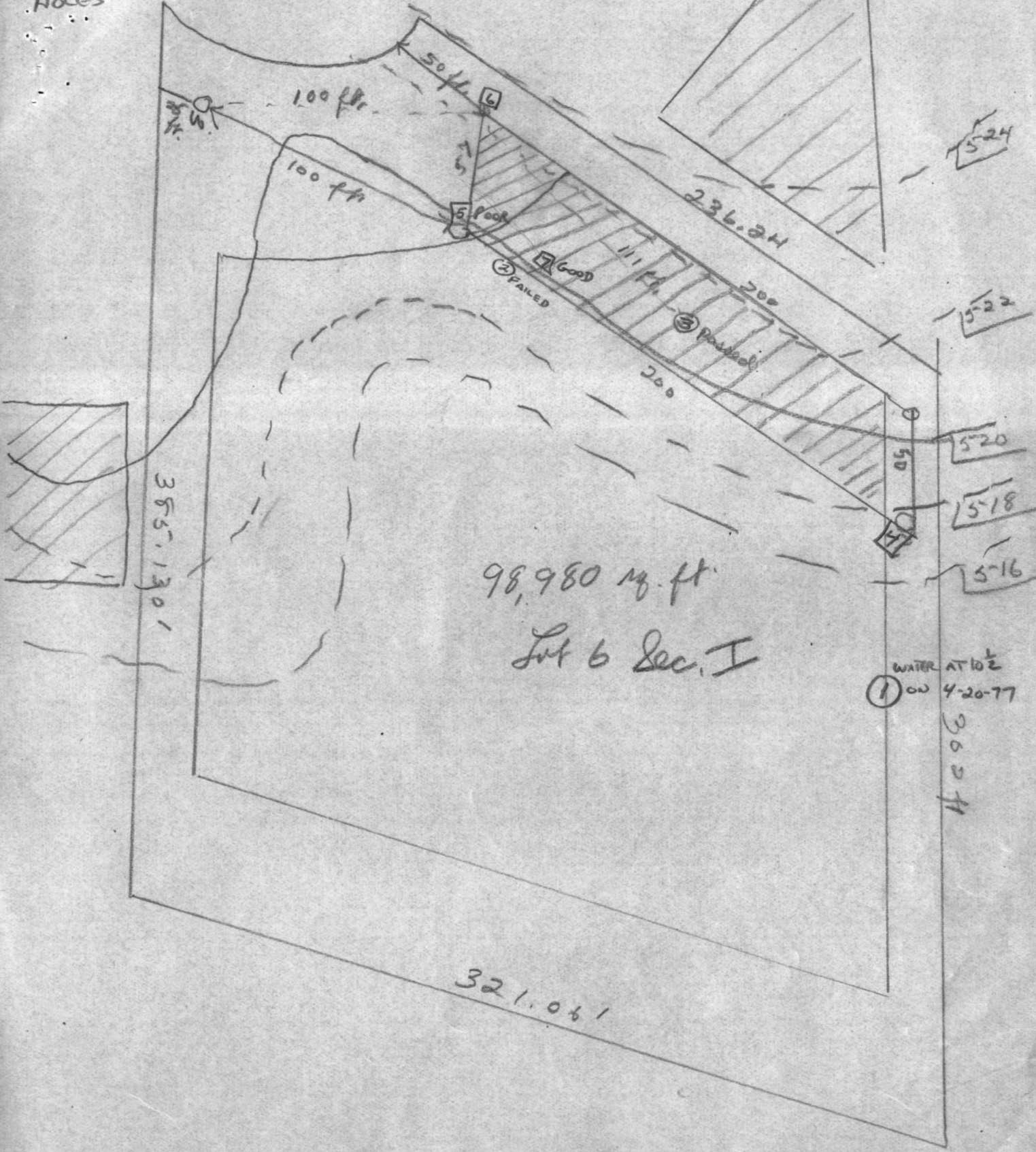
TYPE OF SOIL: SEE LAST PAGE FOR LOCATIONS CW

TESTED BY: [Signature]

ALSO PRESENT: WAINWORTH + MORA MRS ALLNUTI

HOLES 5-6-7 TESTED 5-22-84 Carlton 1" = 50'

HOLES 2-3-4 TESTED 5-14-84 BY R HODGES



98,980 sq. ft.
Lot 6 Sec. I

WATER AT 10 1/2'
① CW 4-20-77
300 ft

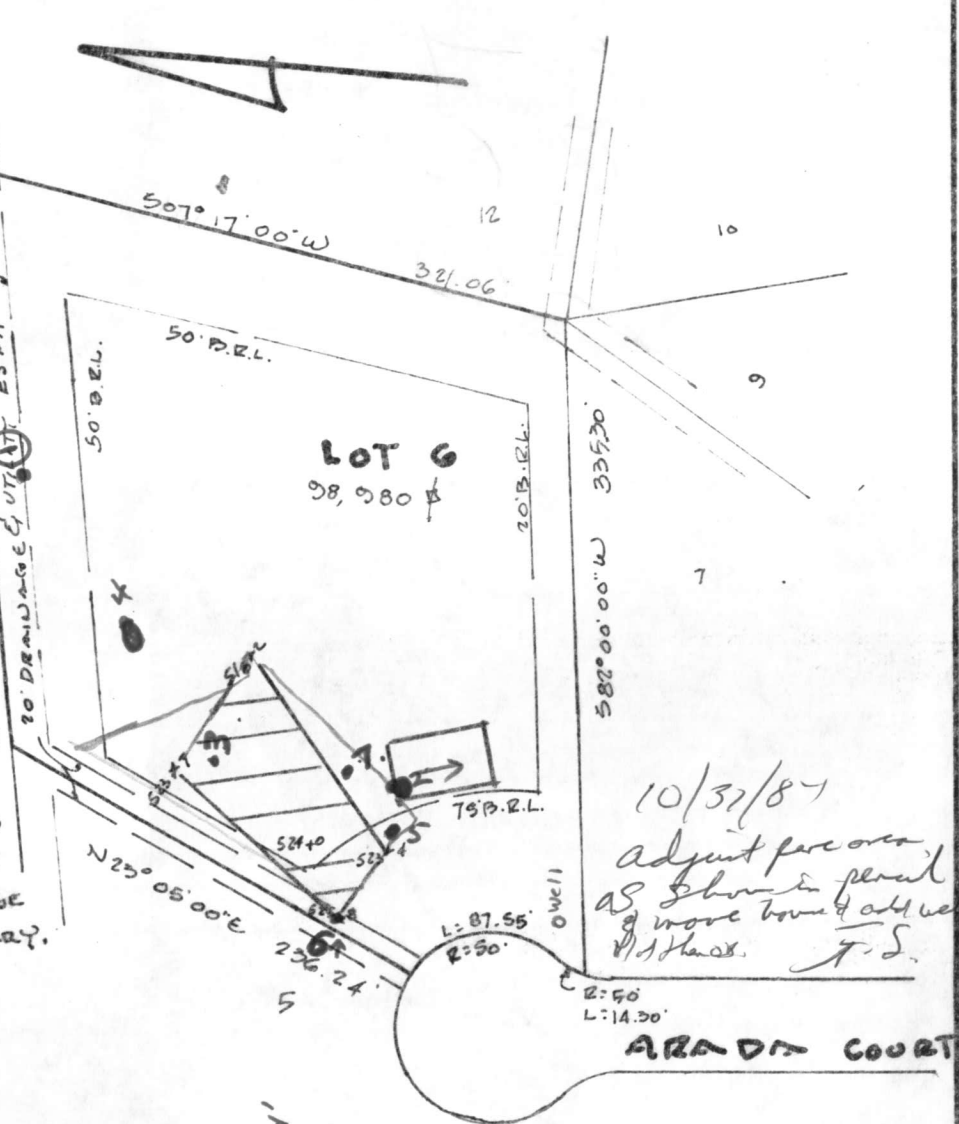
APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____

DATE _____

THIS LOT COMPLIES WITH THE MINIMUM LOT AREA & OWNERSHIP WIDTH AS REQUIRED BY THE MD STATE DEPT. OF HEALTH & MENTAL HYGIENE.

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF APPROX. 10,000^{sq} AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.



10/31/87
 Adjacent parcel as shown in plan & more home & all well
 J.S.



- 6- SLOW AT 12' MARGINAL AT 7' DRY AT 12'
- 2- SLOW AT 3' & 6' WATER AT 11'
- 5- SLOW AT 3 1/2' & 7' WATER AT 12' MOTTLED AT 10'
- 7- OK AT 5' NO INSP. DEEP
- 3- MARGINAL AT 4' WATER AT 12'
- 4- SLOW AT 4' OK AT 6' WATER AT 11'

HUCKINS ASSOCIATES
 ENGINEERS - SURVEYORS
 231 JOSEPH SQUARE
 COLUMBIA, MD 21044

525 X 8 FIELD LOCATED PERC HOLE
 10,000^{sq} SEPTIC EASEMENT
 PROPOSED DWELLING

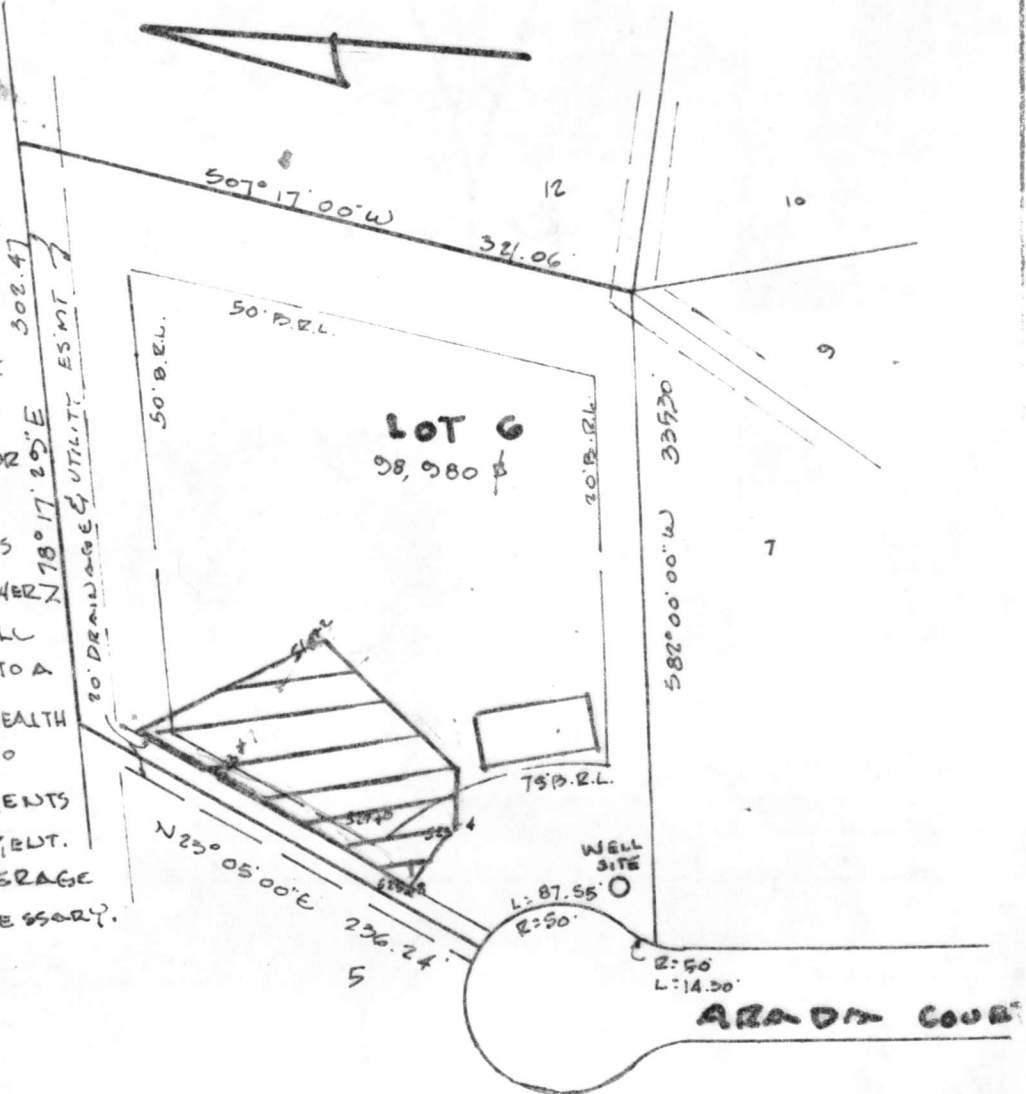
FIELD LOCATED PERC HOLES & ELEVATIONS
LOT 6 ALLNOTT FARMS ESTATES
SECTION ONE PLAT 3125
 5th ELECTION DIST. HOWARD CO. MD
 SCALE 1"=100' July 7, 1984

APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT

Jaym Boyd 1-29-85
 COUNTY HEALTH OFFICER J.S. DATE

THIS LOT COMPLIES WITH THE MINIMUM LOT AREA & OWNERSHIP WIDTH AS REQUIRED BY THE MD STATE DEPT. OF HEALTH & MENTAL HYGIENE.

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HUDKINS ASSOCIATES
 ENGINEERS - SURVEYORS
 231 JOSEPH SQUARE
 COLUMBIA, MD 21044

52948 FIELD LOCATED PERC HOLE
 10,000 SF SEPTIC EASEMENT
 PROPOSED DWELLING

FIELD LOCATED PERC HOLES & ELEVATION
 LOT 6 ALLNOTT FARMS ESTATE
 SECTION ONE PLAT 3725
 5th ELECTION DIST. HOWARD CO. MD
 SCALE 1"=100' JAN. 14, 1995

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

April 1, 1985

Mr. Charles R. Baker, Supervisor
Howard County Office State Department of
Assessments and Taxation
3451 Court House Drive
Ellicott City, Maryland 21043

RE: Allnutt Farm Estates percolation
testing

Dear Mr. Baker:

In an effort to keep your office abreast of changes in status of recorded lots,
I submit the following.

Several lots in Allnutt Farm Estates were recorded in 1977 as non-buildable
until approved by the Howard County Health Officer.

Recent percolation testing has been done at these locations and their current
status is as follows:

Lot 6, Section 1	approved January 29, 1985
Lot 6, Section 3	" " " "
Lot 29, Section 4	" " " "
Lot 22, Section 4	" " " "
Lot 21, Section 4	is still non-buildable
Lot 7, Section 3	" " " "

If lots 19 and 20, Section 4, are combined there would be one
approved building site.

I have enclosed copies of plats that show these changes.

If you have any questions please call me at 461-9933.

Very truly yours,

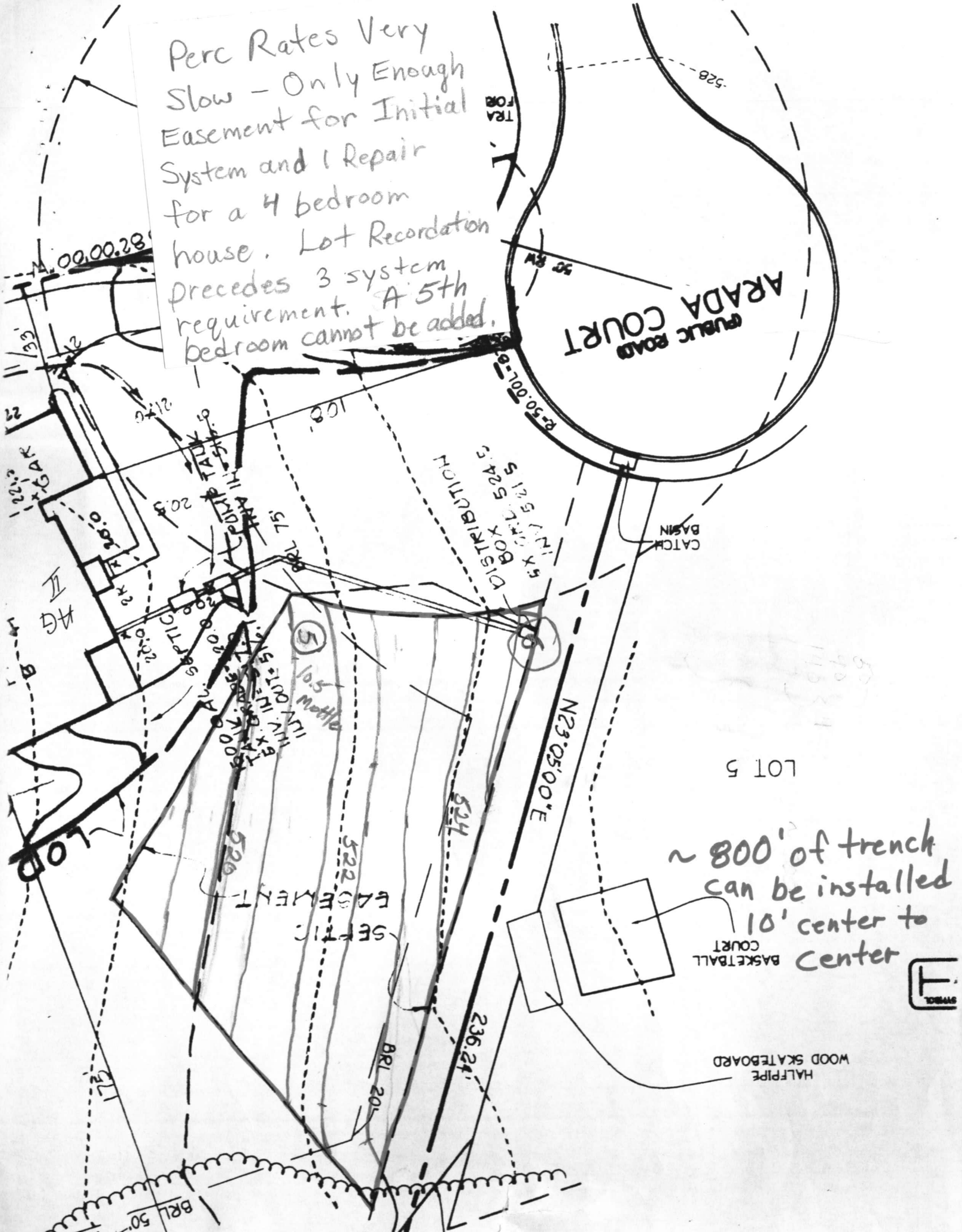
Frank A. Skinner

Frank A. Skinner
Assistant Director

FAS:hs

cc: Margaret Allnutt

Perc Rates Very Slow - Only Enough Easement for Initial System and 1 Repair for a 4 bedroom house. Lot Recordation precedes 3 system requirement. A 5th bedroom cannot be added.



ARADA COURT
PUBLIC ROAD

LOT 5

~ 800' of trench can be installed 10' center to center

HALFPIPE
WOOD SKATEBOARD



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: Willoughby, Plumb Telephone #: 410-781-7051
Address: 6203 Spatrick Dr, Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: #6992

Name (Print): Chris Willoughby License #
*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: Goodier, Builder Telephone #: 410-997-7140
Subdivision: ALNUT J. GARDEL DR Lot #: 6 Well Tag #: HO 94-3089
Site Address: 10420 ARADA CT, COLUMBIA, MD 21045

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JHC 0221 Make: HARVARD Two piece watertight cap: [checked]
Model #: Depth: 18" (36" min) Screened, vented well cap: [checked]
Pump Capacity: 4 GPM NSF approved: Cap secured to casing: [checked]
Well Yield: 0 GPM Conduit min 1 1/2" B.G.: [checked]
Depth of well encased at time of pump installation: 340 (feet) Conduit secured to well cap: [checked]
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt [checked]

Piping to house Home Connection
Type: CRESTLINE PVC sleeved to undisturbed soil at wall penetration: [checked]
PSI: 1" (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 36" min Sleeve caulked and sealed properly: [checked]

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: Chris Willoughby date: 4-18-02

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

Date Insp. Requested: Date Insp. Approved: 5/13/02 7/9/02
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 2" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate gress observed below pitless adapter [checked]

Handwritten notes: Well Cap, Bolts Reported Loose By, Cassell - Called Builder Told Him to Tighten

SECTION OF HEALTH DEPARTMENT (to be filled in by the health department)

FIG. NO. 1

DATE OF COMPLETION 11/10/58

DRIGTERS NO. 11111

SYSTEM LEFT SIDE

INDUSTRY FOR

OTHER DUTY

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2001 DE 10 PM 12:23



KNOWLEDGE

THESE MEASUREMENTS TO BE MADE IN ACCORDANCE WITH THE CODES OF THE DISTRICT OF COLUMBIA AND THE DISTRICT OF COLUMBIA HEALTH DEPARTMENT. THE MEASUREMENTS SHALL BE MADE BY A REGISTERED MEASURER OR BY A MEASURER WHO HAS BEEN TRAINED BY A REGISTERED MEASURER.

MEET

LEFT MEET COMPLETED TO SPECIFICATIONS

RIGHT MEET COMPLETED TO SPECIFICATIONS

WHEN THIS MEET HAS BEEN COMPLETED THE MEET SHALL BE ABANDONED AND SEaled

CHECK THESE SPECIFICATIONS

MEET HAS BEEN ABANDONED

NUMBER OF DISCHARGES PER MEET

DEPTH (vertical ft)

DEPTH (horizontal ft)

DEPTH (total ft)

DEPTH (vertical ft)

DEPTH (horizontal ft)

DEPTH (total ft)

DEPTH (vertical ft)

DEPTH (horizontal ft)

DEPTH (total ft)

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LOCATION OF WELL ON LOT

MEASUREMENTS TO BE MADE IN ACCORDANCE WITH THE CODES OF THE DISTRICT OF COLUMBIA AND THE DISTRICT OF COLUMBIA HEALTH DEPARTMENT. THE MEASUREMENTS SHALL BE MADE BY A REGISTERED MEASURER OR BY A MEASURER WHO HAS BEEN TRAINED BY A REGISTERED MEASURER.

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FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3289
 Location of property (road) Arada Ct.
 Subdivision Allnut Farms Lot 6 Block Plat Sec.
 Well Driller Joseph Maple Owner Goodier Builders
 Depth of well 340'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
 Total time 30 min to reach pumping water level 224 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	128'	3 sec		20 gpm
7:30	224	4		15
7:45	224	15		4
8:00	224	15		4
8:15	223	15		4
8:30	223	15		4
8:45	223	15		4
9:00	223	15		4
9:15	222	15		4
9:30	222	15		4
9:45	222	15		4
10:00	222	15		4
10:15	222	15		4
10:30	222	15		4

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2001 DE 10 PM 12: 23

B 1 7260

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3289 fill in this form completely

W516409 please print or type

Date Received (APA) 11/07/2001

OWNER INFORMATION

Goodier Builders 10705 Charter Dr. Suite 320 Columbia Md 21044

LOCATION OF WELL

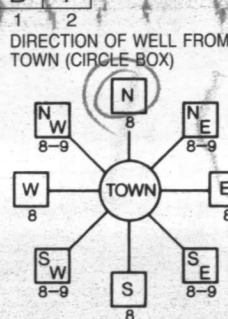
Howard Allnut Farms Highland

MILES FROM TOWN (enter 0 if in town) 13/10 M I

DRILLER INFORMATION

Joseph L. Mayne M S D 24 5512 Ridge Rd. Mt. Airy Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Arada Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 50 FT

TAX MAP: 34 BLK: 15 PARCEL 366

WELL INFORMATION

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

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 13 A25174 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 11/30/2001 Brian Baker 11/30/2002

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER GAP

PERMIT No. HO-94-3289

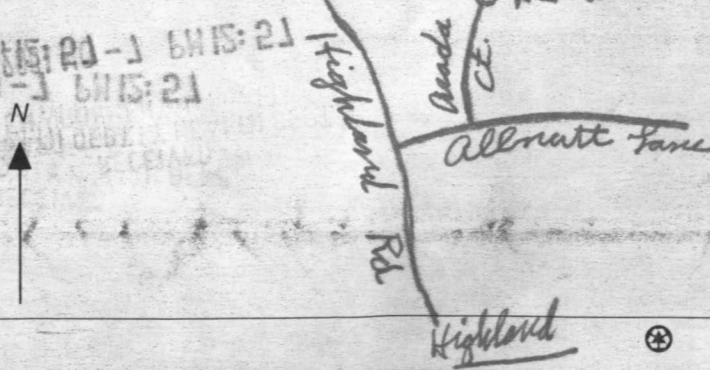
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

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

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8007 N 4907

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



11/30/01
 Well Site Staked By
 Surveyor. No Ideal Well
 Site To Drill Where
 Previously Approved (BB)

FP 423,60
 B 414.90

LOT 7

LOT 7

TRANSFORMER

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

800137639

Building Address 13420 Arada Ct
Highland MD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 005101 Subdivision Allnut
 Section _____ Area _____ Lot 60
 Tax Map 341 Parcel 3660 Grid 15
 Zoning RR-DE Map Coordinates 13K9 Lot size _____

Property Owner's Name STAN + NANCY BRADSHAW
 Address 13420 ARADA CT
 City HIGHLAND State MD Zip Code 20777
 Home Phone 301 443 4064 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
5000 Beech
8770 Teresa Lane
Laurel MD 20723
 Phone _____ Fax _____

Existing Use Single family Dwelling
 Proposed Use Remodel
 Estimated Construction Cost \$1000
 Description of Work Remodel of floor 14'x12'
No Steps

Contractor Company Rx Decks
 Contact Person Scott Beattie
 Address 8770 TERESA LANE
 City Laurel State MD Zip Code 20723
 License No. 37708
 Phone 301 443 6210 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: <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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: N/A <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 checked="" type="checkbox"/> Public <input 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>Deck</u> Dimensions: <u>14' x 12'</u> Footings: <u>4</u> Roof: <u>N/A</u>	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Scott Beattie
 Title/Company Rx Decks

Print Name SCOTT M. BEATTIE
 Date July 24, 2002

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

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00937522

Building Address 13420 Arada Ct
Highland Md
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 62501 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 34 Parcel 3116 Grid 15
Zoning RR-DEU Map Coordinates 13K9 Lot size _____

Property Owner's Name STAN + JANEY BRADSHAW
BRADSHAW
Address 13420 Arada Ct
City Highland State MD Zip Code 20777
Home Phone 301 854 7064 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
Proposed Use GAME W/DECK
Estimated Construction Cost \$ 3500
Description of Work 12' X 30' DECK W/
RAMP W/STEPS TO GRADE

Contractor Company RX DECKS
Contact Person SCOTT BEATTIE
Address 8776 TERESA LANE
City LAUREL State MD Zip Code 20723
License No. 37723
Phone 301 415 6210 Fax _____

Occupant or Tenant OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: N/A <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: _____	
Other Structure: <u>DECK</u> Dimensions: <u>12 X 30</u> Footings: <u>4</u> Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

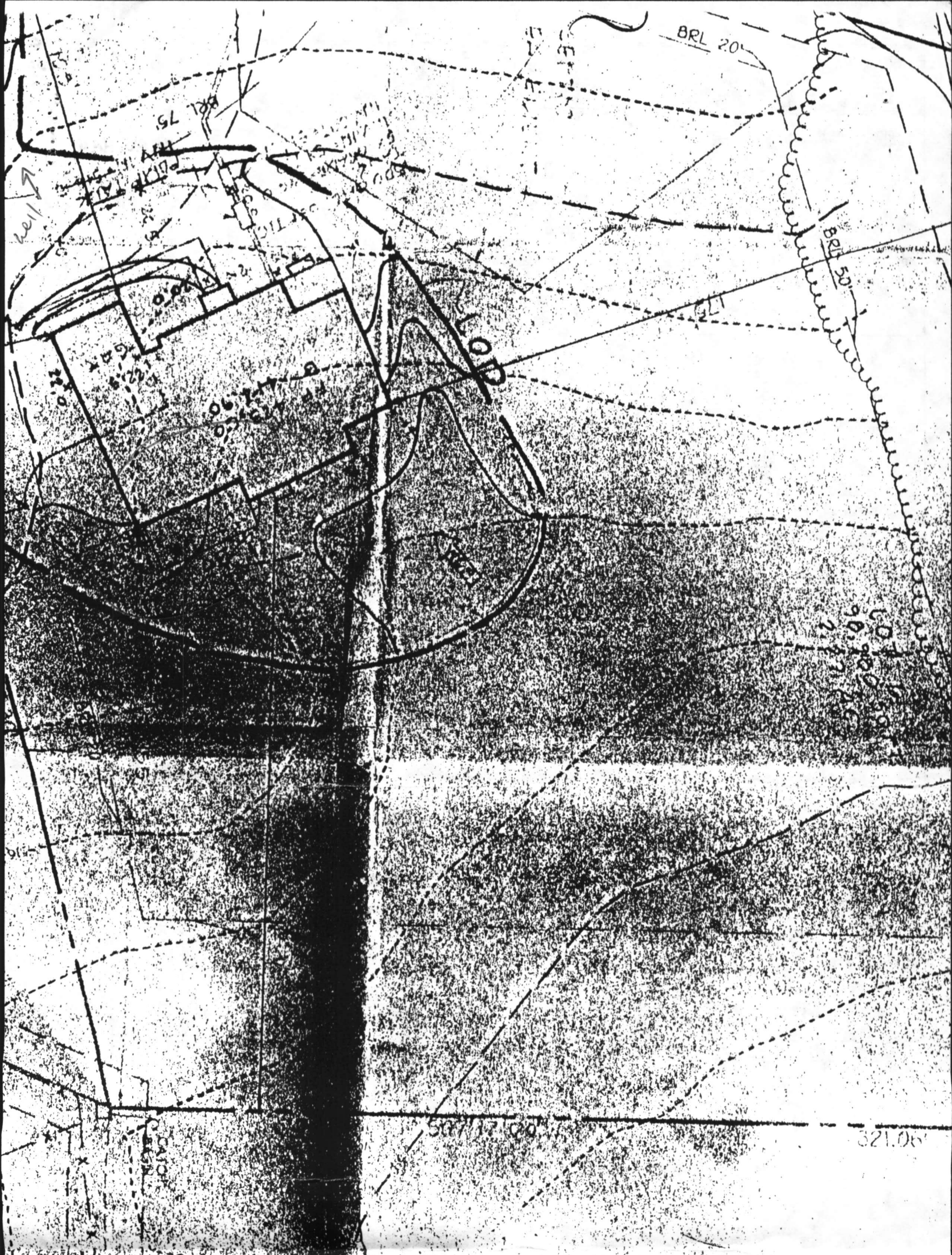
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Scott Beattie
Applicant's Signature
Contractor
Title/Company

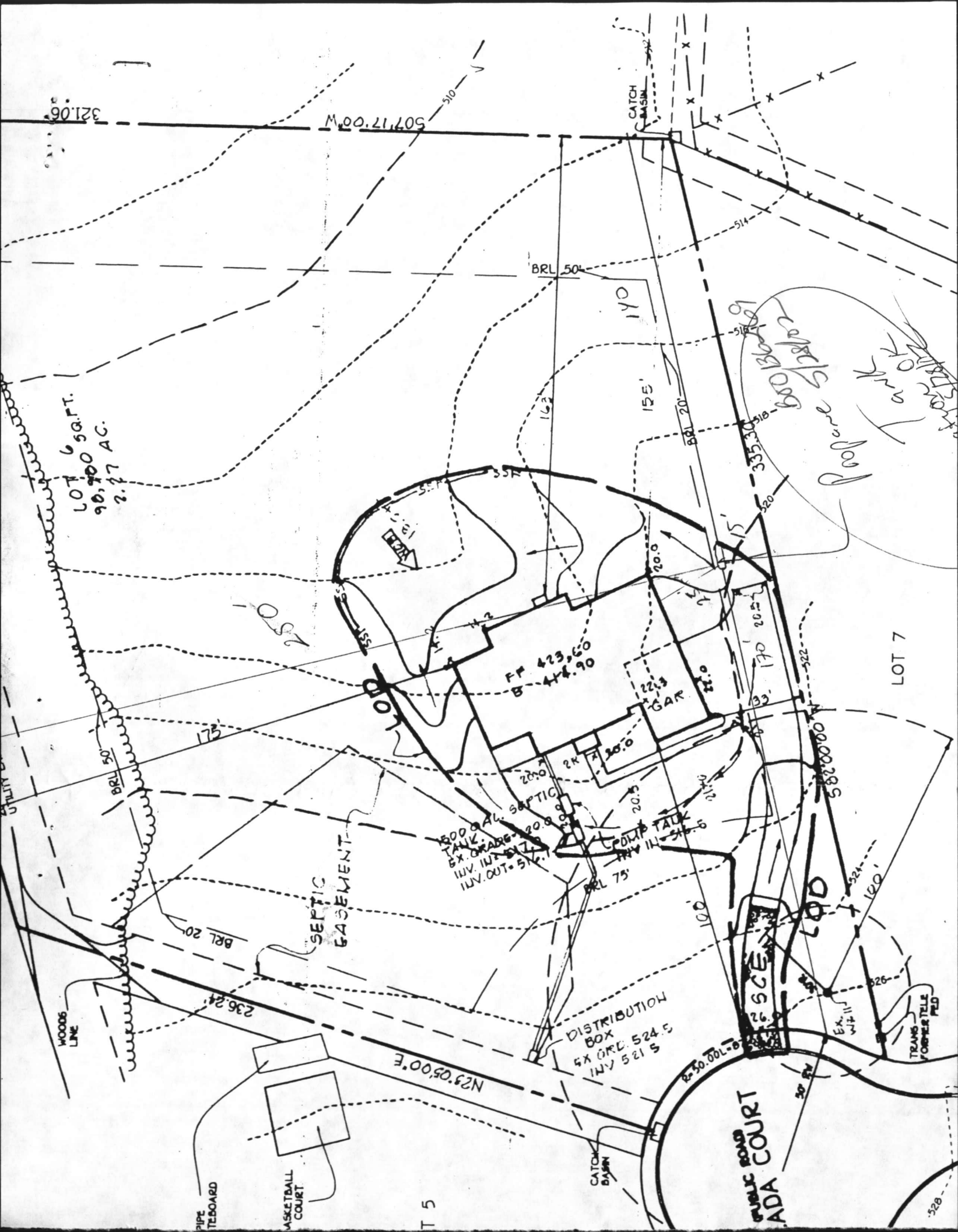
SCOTT BEATTIE
Print Name
7-17-02
Date

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#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>50</u>
Building Official	<u>7/17/02</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/17/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>50</u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>510</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>50228</u>



7/17/02 JB
OK for Deck



321.06

507'17.00'W

LOT 6 90,700 SQ. FT.
2.27 AC.

FP 423.60
B 444.90

500 GAL. SEPTIC
TANK
EX. ORD. 517.0
INV. INT. 517.0
INV. OUT. 517.0

DISTRIBUTION
BOX
EX ORD 524.5
5125'4" INV

ADA COURT

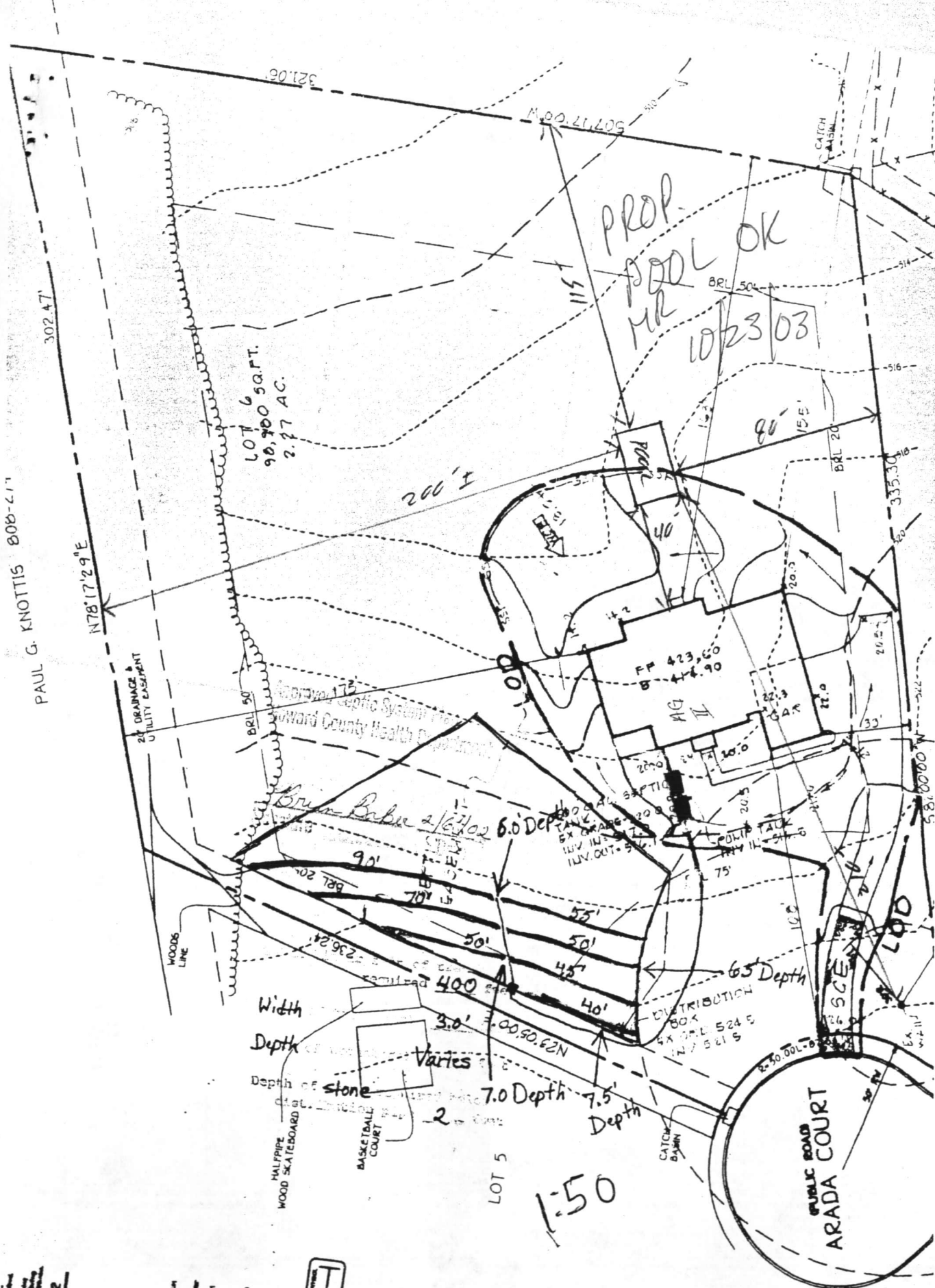
LOT 7

Proposed 5/20/20
600'300'09

TRANS FORMER PFD

T 5

328



PAUL G. KNOTTIS 808-471-30247

LOT 6 SAFT.
98,700 SAFT.
2.27 AC.

PROP. POOL OK
MR
10/23/03

Septic System
Howard County Health Department

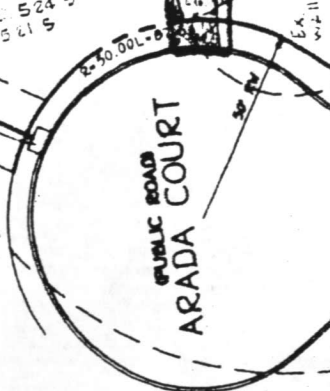
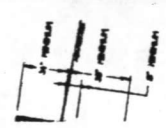
Brin Babu 2/6/02

Width
Depth
Depth of stone
3.0'
Varies
7.0 Depth
7.5 Depth

LOT 5

1:50

ANCE - 2



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1900144718

Building Address 13420 ARADA CT.
HIGHLAND, MD

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

Census Tract 605101 Subdivision ACACOTT FARMS EST.

Section ONE Area _____ Lot 6

Tax Map 74 Parcel 366 Grid _____

Zoning RRDEO Map Coordinates 13129 Lot size 98,966 SQ. FT.

Property Owner's Name STANLEY NANCY LEE BRADSHAW

Address 13420 ARADA CT.

City HIGHLAND State MD Zip Code 20777

Home Phone (301) 654-9064 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
BRIAN FISCHER
625 BALTIMORE BLVD.
WESTMINSTER, MD 21157

Phone (410) 846-8800 Fax (410) 846-8415

Existing Use SINGLE FAMILY HOUSE

Proposed Use INGROUND SWIMMING POOL

Estimated Construction Cost \$ 26,800

Description of Work INSTALL A 17x29 FREEFORM
INGROUND VINYL LINER, STEEL WALL POOL
OF 351 SQ. FT., TO BE TRICK FILLED, W/ SAND FILTER TO CODE

Contractor Company CARROLL COUNTY
SWIMMING POOLS, INC.

Contact Person BRIAN FISCHER

Address 625 BALTIMORE BLVD.

City WESTMINSTER State MD Zip Code 21157

License No. 22803

Phone (410) 846-8800 Fax (410) 846-8415

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING 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 _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	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"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" 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 type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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: <u>POOL</u>	
Dimensions: <u>17x29</u>	
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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature
CHARROLL COUNTY SWIMMING POOLS, INC.
 Title/Company

BRIAN FISCHER
 Print Name
10/23/03
 Date

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