

|                                                                                                                                                              |                                                                                                                                     |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| DEPARTMENT OF INSPECTIONS,<br>LICENSES & PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLCOTT CITY, MD 21043<br>PERMITS (410) 313-2455<br>INSPECTIONS (410) 313-1850 | <b>HOWARD COUNTY<br/> RESIDENTIAL<br/> HEATING-VENTILATION-AIR<br/> CONDITIONING AND<br/> REFRIGERATION PERMIT<br/> APPLICATION</b> | HVACR PERMIT # <u>M1700020</u><br>BUILDING PERMIT # |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BUILDING ADDRESS: <u>12191 Willowind Court</u><br>SUBDIVISION: <u>Ellicott City, MD 21042</u><br>CENSUS TRACT: <u>0000</u> SECTION: AREA:<br>LOT: <u>1</u> TAX MAP: <u>0022</u> PARCEL: <u>0336</u><br>BLOCK: ZONE:<br>PROPERTY ID: MAP COORDINATES:<br>TYPE OF IMPROVEMENTS: USE: | OWNERS NAME: <u>Lucinda Weigle</u><br>ADDRESS: <u>12191 Willowind Court</u><br>CITY: <u>Ellicott City</u><br>STATE: <u>MD</u> ZIP CODE: <u>21042</u><br>HOME PHONE: <u>410-292-7550</u> WORK PHONE: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| <table border="0"> <tr> <th><u>CHECK ONE</u></th> <th><u>HOW MANY</u></th> </tr> <tr> <td>SINGLE FAMILY DWELLING <input checked="" type="checkbox"/></td> <td><u>2</u> ZONES</td> </tr> <tr> <td>SINGLE FAMILY TOWNHOUSE <input type="checkbox"/></td> <td>___ ZONES</td> </tr> <tr> <td>MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/></td> <td>___ ROOMS</td> </tr> <tr> <td>ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/></td> <td>___ ROOMS</td> </tr> </table> | <u>CHECK ONE</u> | <u>HOW MANY</u> | SINGLE FAMILY DWELLING <input checked="" type="checkbox"/> | <u>2</u> ZONES | SINGLE FAMILY TOWNHOUSE <input type="checkbox"/> | ___ ZONES | MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/> | ___ ROOMS | ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/> | ___ ROOMS | COMPANY NAME: <u>Ground Loop Heating &amp; Air Cond., Inc.</u><br>LICENSEE NAME: <u>Michael E. Cullum</u><br>ADDRESS: <u>1701 Whiteford Road</u><br>CITY: <u>Darlington</u><br>STATE: <u>MD</u> ZIP CODE: <u>21034</u><br>PHONE: <u>410-836-1706</u> HVACR LICENSE NO: <u>6539</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|------------------------------------------------------------|----------------|--------------------------------------------------|-----------|-----------------------------------------------------|-----------|------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>CHECK ONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>HOW MANY</u>  |                 |                                                            |                |                                                  |           |                                                     |           |                                                                        |           |                                                                                                                                                                                                                                                                                    |
| SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>2</u> ZONES   |                 |                                                            |                |                                                  |           |                                                     |           |                                                                        |           |                                                                                                                                                                                                                                                                                    |
| SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___ ZONES        |                 |                                                            |                |                                                  |           |                                                     |           |                                                                        |           |                                                                                                                                                                                                                                                                                    |
| MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                               | ___ ROOMS        |                 |                                                            |                |                                                  |           |                                                     |           |                                                                        |           |                                                                                                                                                                                                                                                                                    |
| ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                            | ___ ROOMS        |                 |                                                            |                |                                                  |           |                                                     |           |                                                                        |           |                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New<br><input type="checkbox"/> Heating and Air Conditioning<br><input checked="" type="checkbox"/> Geo Thermal System<br><br>Replacement<br><input type="checkbox"/> Heating<br><input type="checkbox"/> Air Conditioning<br><input checked="" type="checkbox"/> Heating and Air Conditioning | <input type="checkbox"/> Heating System Only<br><input type="checkbox"/> Ductless Mini Splits<br><br><u>water Furnace</u><br><u>4 ton</u> <u>4 ton</u><br><u>NVW048</u> <u>NDZ049</u> | <input type="checkbox"/> Other Work (Describe):<br><input type="checkbox"/> Thru The Wall Systems<br><br>Additions and Alterations<br><input type="checkbox"/> Heating<br><input type="checkbox"/> Air Conditioning<br><input type="checkbox"/> Heating and Air Conditioning |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

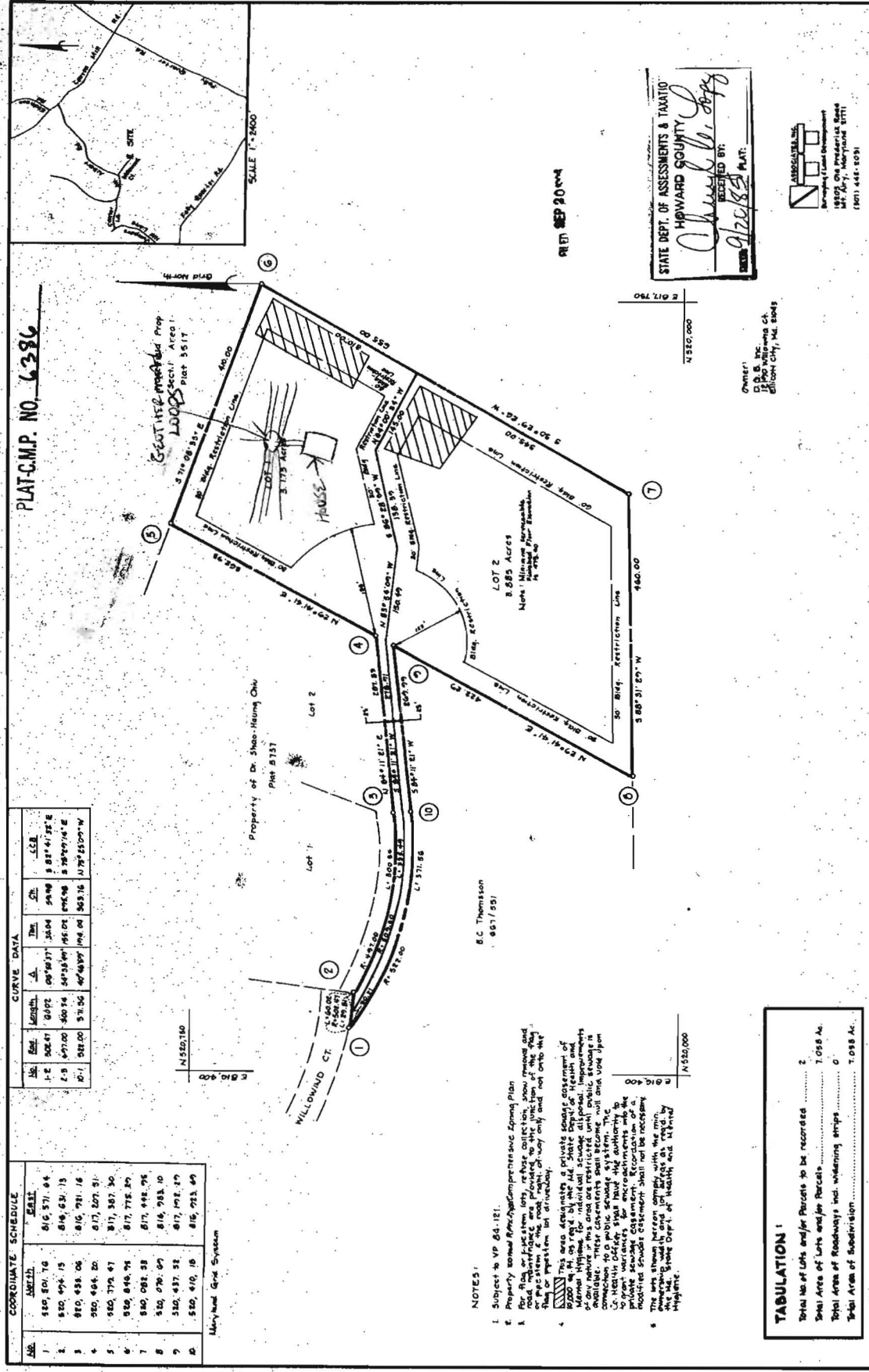
\*\*\*\*Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required\*\*\*\*

|                                                                                                                                                                                            |                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Zones</b><br>Permit Fee = # of Zones x \$40 = <u>80.00</u><br>Technology Fee (10% of Permit Fee) = <u>8.00</u><br>Plus Application Fee <u>\$50.00</u><br>Total Fees Due = <u>138.00</u> | <b>Rooms</b><br>Permit Fee = # of Rooms x \$80 = _____<br>Technology Fee (10% of Permit Fee) = _____<br>Plus Application Fee \$50 <u>\$50.00</u><br>Total Fees Due = _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.<br><br><u>Michael C</u> <u>12/29/16</u><br>SIGNATURE OF LICENSEE DATE<br><u>Michael Cullum</u><br>PRINT NAME OF LICENSEE<br><u>linda @ ground loop . com</u><br>Email Address | <b>Validation</b><br>Check Number: _____<br>Cash: _____<br>Receipt Number: _____ |
| <b>RECEIVED</b><br>Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY <u>JAN 10 2017</u><br>Word doc: T:\Updated Forms\hvac application<br>Rev:10.2009<br>LICENSES & PERMITS DIVISION<br><u>HD Signature</u>                                                                                                                                                                                                                                                        | <u>well + septic</u><br><u>Horizontal Loops</u>                                  |

M17000020

WEIGLE



CURVE DATA

| Sta | Length | Δ      | Δ/2    | Ch     | CE     |
|-----|--------|--------|--------|--------|--------|
| 1-2 | 502.47 | 80°02' | 40°01' | 325.04 | 549.98 |
| 2-3 | 547.00 | 50°14' | 25°07' | 276.08 | 549.98 |
| 3-4 | 582.00 | 37°56' | 18°58' | 363.00 | 549.98 |

COORDINATE SCHEDULE

| Sta | North      | East       |
|-----|------------|------------|
| 1   | 550,571.10 | 816,571.04 |
| 2   | 550,494.15 | 816,631.15 |
| 3   | 550,438.08 | 816,791.16 |
| 4   | 550,484.20 | 817,207.31 |
| 5   | 550,779.47 | 817,367.30 |
| 6   | 550,846.94 | 817,778.30 |
| 7   | 550,081.38 | 817,448.78 |
| 8   | 550,079.69 | 816,983.10 |
| 9   | 550,437.52 | 817,192.47 |
| 10  | 550,410.18 | 816,783.69 |

Maryland Grid System

NOTES:  
1. Subject to VP 84-121.  
2. Property owned by the Maryland State Department of Health and Hygiene.  
3. For flag or pole station, reduce collection, snow removal and other maintenance costs to the minimum.  
4. This area designates a private sewage disposal system of 1000 sq. ft. as required by the Maryland State Department of Health and Hygiene. The area is to be used for the disposal of sewage and is not to be used for any other purpose.  
5. Health department has taken the authority to grant variances for encroachments into the right-of-way for the purpose of installing a private sewage disposal system.  
6. The lots shown herein comply with the requirements of the Maryland State Department of Health and Hygiene.

TABULATION

|                                                 |           |
|-------------------------------------------------|-----------|
| Total No. of Lots and/or Parcels to be recorded | 2         |
| Total Area of Lots and/or Parcels               | 1.058 Ac. |
| Total Area of Roadways incl. widening strips    | 0         |
| Total Area of Subdivision                       | 1.058 Ac. |

APPROVED: For Public Works & Streets - Sewerage Systems, in conformance with the Master Plan of the City of Baltimore, Maryland, by the Board of Public Works, Howard County, Maryland.  
*John F. Nunn*  
County Health Officer  
Date: 8-21-85

APPROVED: Howard County Office of Planning and Zoning  
*Annell Fordell*  
Date: 8-21-85

APPROVED: For all other Public Works, including the City of Baltimore, Maryland, by the Board of Public Works, Howard County, Maryland.  
*John F. Nunn*  
County Health Officer  
Date: 8-21-85

OWNER'S DEDICATION

I, the undersigned, do hereby dedicate to the public use the lands and interests therein shown on the attached plat, to be used for the purpose of a private sewage disposal system, as shown on the attached plat. I, the undersigned, do hereby dedicate to the public use the lands and interests therein shown on the attached plat, to be used for the purpose of a private sewage disposal system, as shown on the attached plat.

SURVEYOR'S CERTIFICATE

I, the undersigned, do hereby certify that the above plat shows the true and correct location of the lands and interests therein shown on the attached plat, and that the same are correctly shown on the attached plat. I, the undersigned, do hereby certify that the above plat shows the true and correct location of the lands and interests therein shown on the attached plat, and that the same are correctly shown on the attached plat.



DANIEL G. BLAKE PROPERTY

Lot 1 and 2  
P 316  
Tax Map 12  
Zoned R

STATE DEPT. OF ASSESSMENTS & TAXATION  
HOWARD COUNTY  
RECORDED BY:  
*Charles W. Joffe*  
9/26/85

ASSOCIATES INC.  
Surveying & Land Development  
1800 Old Frederick Road  
Mt. Airy, Maryland 21111  
(301) 441-6093

M17000020

| WaterFurnace Energy Analysis                 |                                        |                   |                   |  |
|----------------------------------------------|----------------------------------------|-------------------|-------------------|--|
| ASHRAE Single Zone Load Calculation Ver. 8.3 |                                        |                   |                   |  |
| Dealer-                                      | Ground Loop Heating & Air Cond Client- |                   | Weigle <i>1st</i> |  |
|                                              | 1701 Whiteford Rd                      |                   |                   |  |
|                                              | Darlington Md 21034                    |                   |                   |  |
| Design Conditions-                           |                                        |                   |                   |  |
|                                              | Winter                                 | Summer            | Daily             |  |
| Outside Temp:                                | 12 ° F                                 | 92 ° F            | Range:            |  |
| Inside Temp:                                 | 70 ° F                                 | 72 ° F            | 23                |  |
| Difference:                                  | 58 ° F                                 | 20 ° F            | ° F               |  |
| General Information-                         |                                        |                   |                   |  |
| Glass Type:                                  | 0 Clear                                | Exposed Ducts:    | 15%               |  |
| Roof Color:                                  | 0 Dark                                 | Duct Loss Factor: | 0.15              |  |
| Occupancy:                                   | 4 People                               | Duct Gain Factor: | 0.15              |  |
| Light/Appliance:                             | 2000 btuh                              |                   |                   |  |
| Infiltration Evaluation:                     | Qty                                    | Code              |                   |  |
| Fireplace:                                   | 1                                      | 1                 | Std-Damper        |  |
| Fans/Vents:                                  | 2                                      | 1                 | W/ Damper         |  |
| Attic Access:                                | 0                                      | 1                 |                   |  |
| Window AC:                                   | 0                                      | 0                 |                   |  |
| Fossil Furnace:                              | 0                                      | 0                 |                   |  |
| Fossil DHW Heater:                           | 0                                      | 0                 |                   |  |
| Exposed Duct System:                         |                                        | 0                 | Poorly Sealed     |  |
| Building # Stories:                          |                                        | 1                 |                   |  |
| Wind Shielding:                              |                                        | 2                 | Moderate          |  |
| BUILDING LOAD SUMMARY - WHOLE HOUSE          |                                        |                   |                   |  |
|                                              | AREA                                   | LOSS              | GAIN              |  |
| WALLS/PARTITIONS-                            |                                        |                   |                   |  |
| EXT. WALL- R13                               | 1336                                   | 9280              | 3039              |  |
| CONCR-4' BEL GRD-R11                         | 1536                                   | 5345              |                   |  |
|                                              |                                        |                   |                   |  |
| WINDOWS/DOORS-                               |                                        |                   |                   |  |
| D.H./SLDG-WOOD-DOUBLE                        | 148                                    | 7666              | 4110              |  |
| D.H./SLDG-WOOD-DOUBLE                        |                                        |                   |                   |  |
| DOOR-WOOD-STRM                               | 21                                     | 677               | 207               |  |
| SLDG DR-WOOD-DOUBLE                          | 32                                     | 1953              | 929               |  |
|                                              |                                        |                   |                   |  |
| CEILINGS/FLOORS-                             |                                        |                   |                   |  |
| FRAME CEILING-R30                            |                                        |                   |                   |  |
| FRAME FLOOR-R11                              | 1980                                   | 10592             | 2754              |  |
|                                              |                                        |                   |                   |  |
| PEOPLE                                       |                                        |                   | 1200              |  |
| LIGHT/APPLIANCE                              |                                        |                   | 2000              |  |
| EXPOSED DUCT SYSTEM                          | 15%                                    | 799               | 320               |  |
| MOISTURE REMOVAL                             |                                        |                   | 4368              |  |
| OTHER LOSS/GAIN-                             |                                        | 0                 | 0                 |  |
| TOTAL LOAD (BTU/HR)                          |                                        | 36312             | 18927             |  |

## SURFACES

NORTH

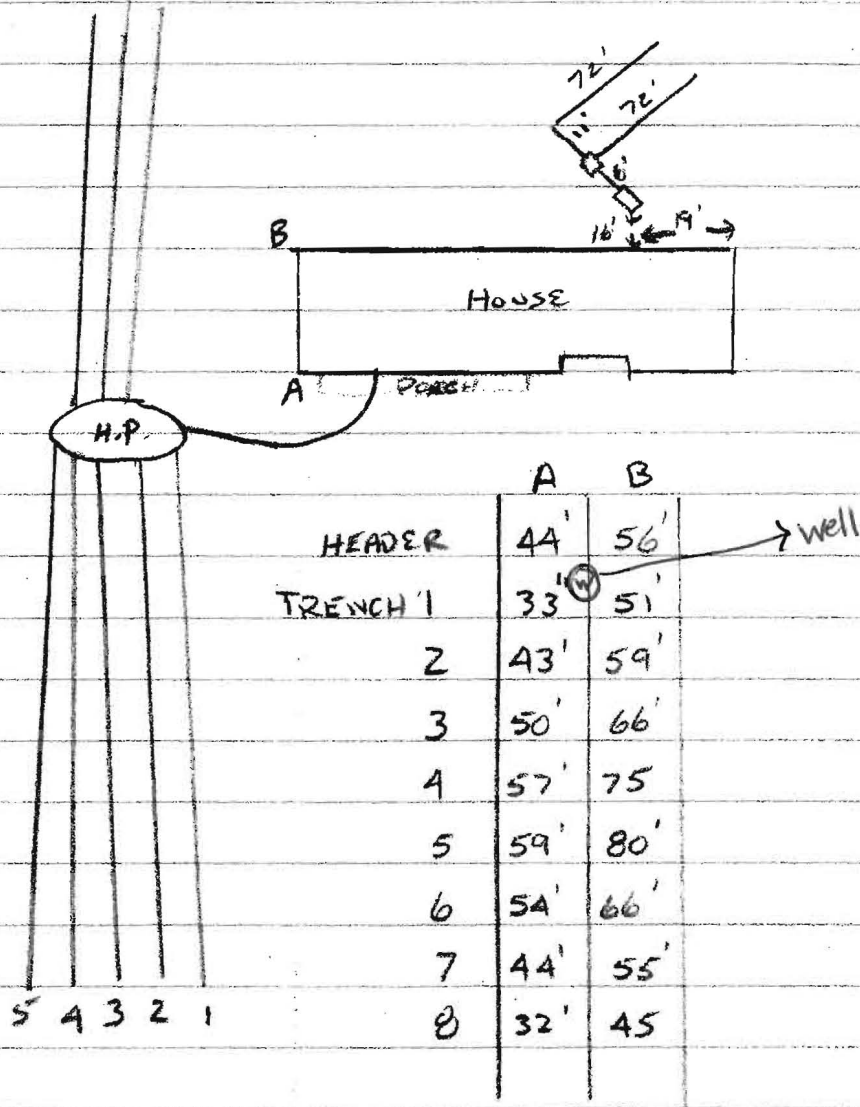
| ----- WALLS/PARTITIONS ----- | TYPE | CNSTR | INFILT | HEIGHT | LENGTH | EXPOSE |       |      |  |
|------------------------------|------|-------|--------|--------|--------|--------|-------|------|--|
| 1 EXT. WALL- R13             | 1    | 3     | 2      | 8      | 66     | 0      |       |      |  |
| 2 CONCR-4' BEL GRD-R11       | 3    | 4     | 2      | 8      | 66     | 0      |       |      |  |
| 3                            |      |       |        |        |        |        |       |      |  |
| 4                            |      |       |        |        |        |        |       |      |  |
| 5                            |      |       |        |        |        |        |       |      |  |
| ----- WINDOWS/DOORS -----    | TYPE | CNSTR | INFILT | HEIGHT | WIDTH  | DIRECT | SHADE | WALL |  |
| 6 D.H./SLDG-WOOD-DOUBLE      | 6    | 3     | 2      | 3      | 25     | 1      | 1     | 1    |  |
| 7 D.H./SLDG-WOOD-DOUBLE      | 6    | 3     | 2      |        |        |        |       |      |  |
| 8 DOOR-WOOD-STRM             | 10   | 2     | 2      | 3      | 6.9    | 1      | 1     | 1    |  |
| 9 SLDG DR-WOOD-DOUBLE        | 9    | 3     | 2      |        |        |        |       |      |  |
| 10                           |      |       |        |        |        |        |       |      |  |
| 11                           |      |       |        |        |        |        |       |      |  |
| ----- CEILINGS/FLOORS -----  | TYPE | CNSTR | INFILT | LENGTH | WIDTH  | EXPOSE |       |      |  |
| 12 FRAME CEILING-R30         | 11   | 7     | 2      |        |        |        |       |      |  |
| 13                           |      |       |        |        |        |        |       |      |  |
| 14 FRAME FLOOR-R11           | 14   | 2     | 2      | 66     | 30     | 0      |       |      |  |
| 15                           |      |       |        |        |        |        |       |      |  |
| 16                           |      |       |        |        |        |        |       |      |  |

| EAST   |        |        |       |      | SOUTH  |        |        |       |      | WEST   |        |        |       |      |
|--------|--------|--------|-------|------|--------|--------|--------|-------|------|--------|--------|--------|-------|------|
| HEIGHT | LENGTH | EXPOSE |       |      | HEIGHT | LENGTH | EXPOSE |       |      | HEIGHT | LENGTH | EXPOSE |       |      |
| 8      | 30     | 0      |       |      | 8      | 66     | 0      |       |      | 8      | 30     | 0      |       |      |
| 8      | 30     | 0      |       |      | 8      | 66     | 0      |       |      | 8      | 30     | 0      |       |      |
|        |        |        |       |      |        |        |        |       |      |        |        |        |       |      |
| HEIGHT | WIDTH  | DIRECT | SHADE | WALL | HEIGHT | WIDTH  | DIRECT | SHADE | WALL | HEIGHT | WIDTH  | DIRECT | SHADE | WALL |
| 2      | 5      | 3      | 1     | 1    | 1.8    | 26     | 5      | 1     | 1    | 2      | 8      | 3      | 1     | 1    |
|        |        |        |       |      | 4      | 8      | 5      | 1     | 1    |        |        |        |       |      |
|        |        |        |       |      |        |        |        |       |      |        |        |        |       |      |
| LENGTH | WIDTH  | EXPOSE |       |      | LENGTH | WIDTH  | EXPOSE |       |      | LENGTH | WIDTH  | EXPOSE |       |      |
|        |        |        |       |      |        |        |        |       |      |        |        |        |       |      |

RECEIVED  
 JAN 12 2017  
 HEALTH DEPT.  
 DEPT. OF ENVIRONMENTAL HEALTH

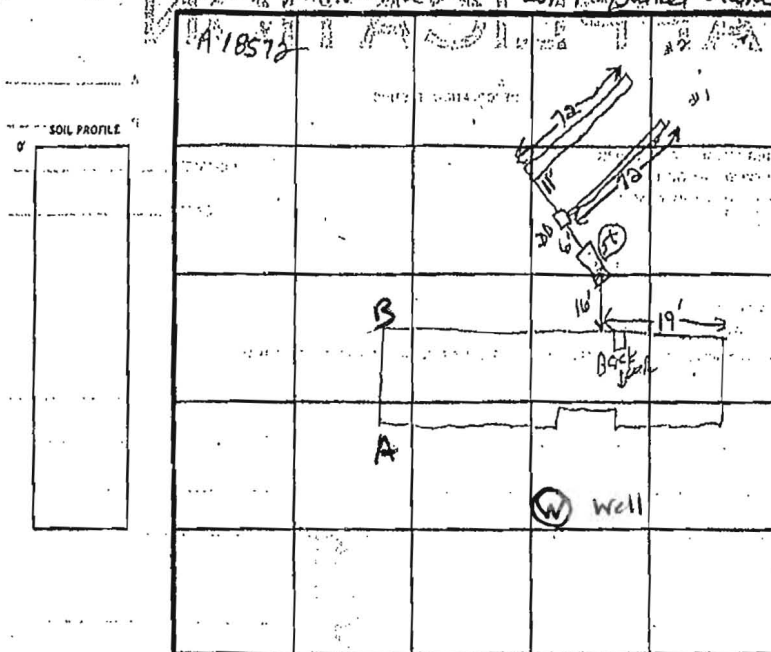
WEIGLE  
12191 WILLOWIND CT.  
ELLICOTT CITY, MD 21042

6 7 8



RECEIVED  
FEB 06 2017  
HOWARD COUNTY HEALTH DEPT.  
COMMUNITY HYGIENE PROGRAM

A 18572



• INDICATE NORTH • NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

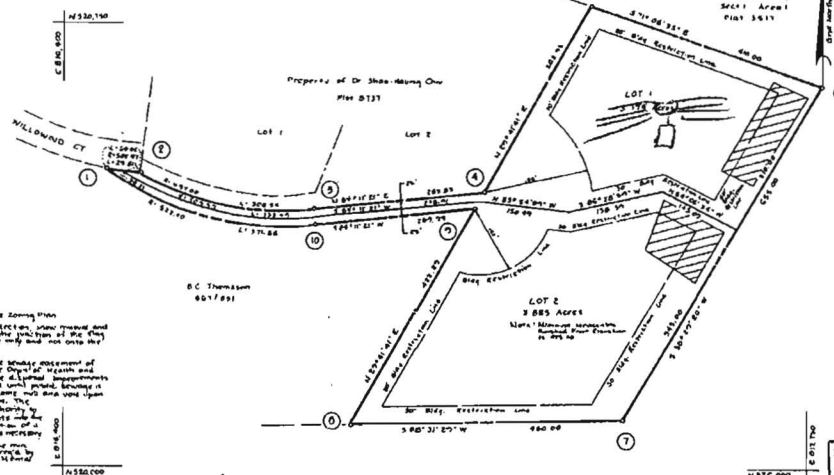
TYPE OF SOIL was installed 5-9-90 JEN

TESTED BY

ALSO PRESENT

HOWARD COUNTY HEALTH DEPT.  
COMMUNITY HYGIENE PROGRAM

| CURVE DATA |        |        |             |        |        |                 |
|------------|--------|--------|-------------|--------|--------|-----------------|
| Sta        | Elev   | Length | $\Delta$    | Pts    | CP     | SSB             |
| 1+2        | 906.41 | 60.02  | 96° 51' 37" | 34.84  | 39.98  | 5 81° 40' 32"E  |
| 2+3        | 897.80 | 308.76 | 34° 38' 00" | 155.07 | 245.98 | 8 70° 29' 36"E  |
| 3+1        | 923.00 | 374.50 | 46° 46' 39" | 174.00 | 349.76 | 11 75° 13' 07"E |



- [illegible]

**TABULATION:**

|                                                 |        |
|-------------------------------------------------|--------|
| Total No. of Lots and/or Parcels to be recorded | 8      |
| Total Area of Lots and/or Parcels               | 1058 A |
| Total Area of Roadways incl. widening strips    | 0      |
| Total Area of Subdivision                       | 1058   |

APPROVED: For Private Water & Private Sewerage  
Systems, in conformance with the Master Plan of  
Water and Sewerage for Howard Co. Howard Co.  
Dept. of Health and Mental Hygiene.

James B. Boyd, M.P.H. in F.D. 8-16-85  
County Health Officer Date.

APPROVED: Howard County Office of Planning  
and Zoning.  
*Acting* *Snail Bunde* 8-21-85  
Director Date

**APPROVED:** For Storm Drainage Systems, Suburbs  
Water Supply, Sewerage and Public Roads, Howard  
Co. Dept of Public Works

J. F. NEMMEL R-11-11  
President Date

[illegible]

**SURVEYOR'S CERTIFICATE:**  
I hereby certify that the subdivision shown hereon is correct, that it is a subdivision of the lands conveyed by MICHAEL RITCHIE & SONS to JOE R. RYAN and recorded in the Land Records of Howard County in Liber 1132 of 1932 and that the streets shown are in place or will be in place prior to the acceptance of the streets in the subdivision by Howard County as shown in accordance with the Annotated Code of Maryland, as amended.

Signature J. C. Higgins  
Date 7-18-89

STATE DEPT. OF ASSESSMENTS & TAXATION  
HOWARD COUNTY  
*Cheryl L. Lopez*  
RECEIVED BY:  
DATE: *9/20/85* PLAT:



**ASSOCIATES INC.**  
Surveying & Land Development  
16305 One Frederick Road  
Mt Airy, Maryland 21771  
(301) 442-2001

DANIEL G. BLAKE PROPERTY

Lot 1 and 2  
 P 330  
 Tax Map 22  
 Zone 2

1st Election District, Howard County, Md  
Scale: 1" = 400' Date: 7-10-84

MSA 55u 1242-3761 F-80-29

RECEIVED  
FEB 06 2017  
HOWARD COUNTY HEALTH DEPT.  
COMMUNITY HYGIENE PROGRAM

3/20/90 1 stop  
all covered.  
A.M. - R.A.P.  
400 FOR DRAWING  
P. 26/16 1/4.

# PERMIT

## SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH • DISTRICT 3rd

**HOWARD COUNTY**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
**461-9933**

A 18572  
DISTRICT 3rd  
DATE 7/6/90  
PROVED 5-9-90  
PECTOR JEN

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 908-9270

SUBMISSION Daniel Blake Property ROAD 12191 Willowind Court LOT 1

PROPERTY OWNER Daniel Blake

ADDRESS \_\_\_\_\_

IF DRAINAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER- ~~YES~~ NO

SEPTIC TANK CAPACITY 1250 GALLONS      NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 105 feet from the back-right (145') lot line and 75 feet from the rear (310') lot line. Run trenches along contour toward rear lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 8-27-90 JCN

PLANS APPROVED BY C. Williams 4/ DATE 3/13/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE. CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

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

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES!

NOTE: NO DRY WELL SHALL EXCEED 15 FEET IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

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

PERMIT VOID AFTER TWO YEARS

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

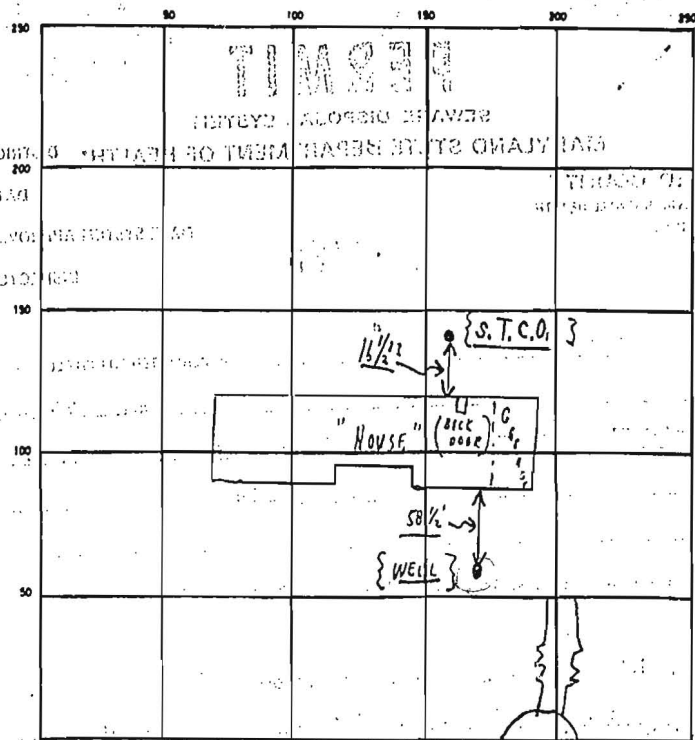
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**"INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 481-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260

...CINCPACFLT 010702Z DTAG



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

WILLOW HEND COURT S.T.

144  
5 1720  
72  
23

SEPTIC TANK LEVEL (?) CLEANOUTS (?)  
 DISTRIBUTION BOX LEVEL (?)  
 DRAIN FIELD/TILE FIELD DEPTH (?) 8 FT TRENCH WIDTH (?) 2 FT INLET DEPTH (?) 3 FT  
 EFFECTIVE GRAVEL DEPTH (?) 5 FT TOTAL LENGTH (?) 72 FT { Need 144 }  
 NUMBER OF TRENCHES (?) 2 ONE SIDEWALL BOTTOM AREA (?) 360 360 SQ FT  
 DRYWELL INSIDE DIAMETER        FT EFFECTIVE DEPTH BELOW INLET        FT  
 ABSORBENT AREA 720 SQ. FT.

REMARKS A.M. 3/20/90 Partial all covered at time of visit - 2 of  
Mr. Fuchs run on site; drain - 7 ft in diameter  
as per Mr C Williams direction - "MUD + SNOW"  
Hold for complete drawing per C.W./C.B.  
5-9-90 Drawing of septic system installation submitted by contractor.  
JEN

DATE SYSTEM APPROVED 5-9-90 INSPECTOR Jane E. Nadeau

# APPLICATION

## PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 451-9933

DISTRICT

DATE

A \_\_\_\_\_

P \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

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)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT) \_\_\_\_\_

APPROVED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

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

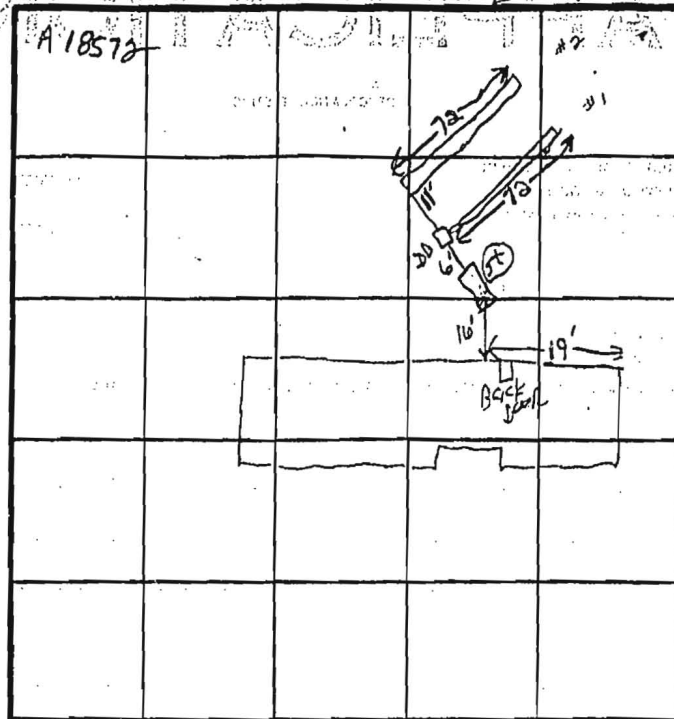
DATE \_\_\_\_\_

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

HD-216

## THIS IS NOT A PERMIT

A 18572



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS

REMARKS ✓ Fyock submitted drawing showing how septic

TYPE OF SOIL

was installed. 5-9-90 JEN

TESTED BY

### ALSO PRESENT

PRELIMINARY

## APPLICATION

18572

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 468-3000, EXT. 336

DISTRICT 3rd

DATE 6/11/73

10000 gal tank 1200 gal tank  
Dry Well 360 sq. ft. internal Dry Well 480 sq. ft. internal  
below inlet area below inlet  
Dry Well inlet to be no deeper than 3 Ft and  
Dry Well bottom to be no deeper than 10 Ft  
Place the dry Well 178 Ft from the lot line which  
is 410 Ft long and 563 x 24.55 ft wide and  
75 Ft from the lot line which  
is 655 Ft long and 531-5072

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

PROPERTY OWNER

12150 Mt. Albert Road, Ellicott City, Md.

PHONE 531-5072

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. DOW BLAKE PROPERTY

LOT NO. 1

ROAD AND DESCRIPTION

SIZE OF LOT 7.705 acres 7.058

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/ Mark A. Wakefield, Jr.

APPROVED BY

FOR

(KIND OF SYSTEM)

DATE

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

BLOG. PERMIT SIGNED

AND RETURNED

Serial # 25072 - Kader

for 24 months

BLOG. PERMIT SIGNED

AND RETURNED

6-24-87

BP 25991

THIS IS NOT A PERMIT

# APPLICATION

1936

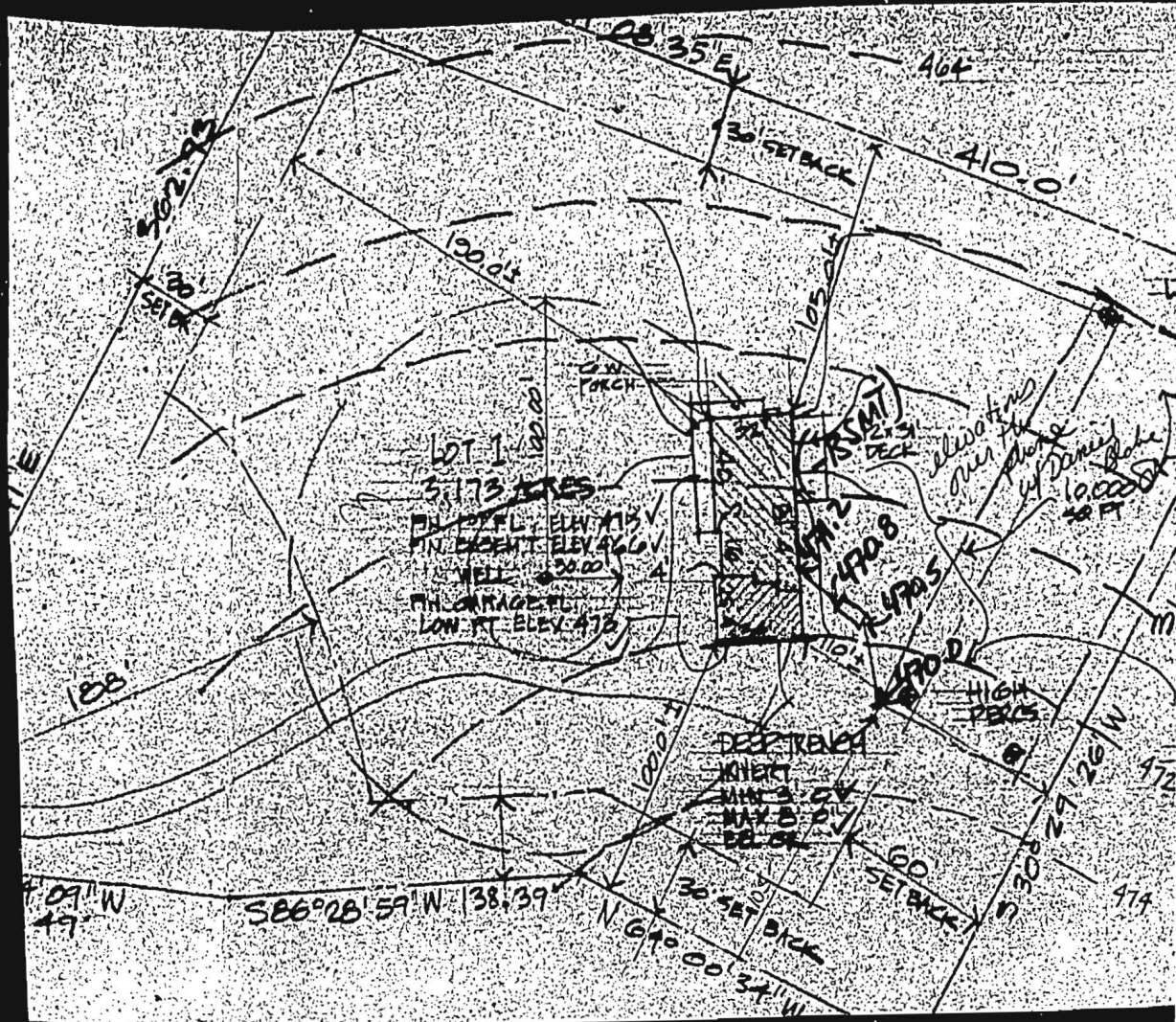
|                                                                                                                                                                                                                                                                                                                                   |                                              |                               |              |                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|--------------|----------------|-----------------|
| DISTRICT<br>DIVISION                                                                                                                                                                                                                                                                                                              | NAME OF ROAD<br>AND - DEPARTMENT OF HIGHWAYS | LOCATION OF ROAD<br>(MILEAGE) | DATE OF TEST | NAME OF TESTER | NAME OF WITNESS |
| <div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black;"></div> <div style="position: absolute; top: 20%; left: 20%; font-size: 2em; transform: rotate(-45deg);">             see attached list           </div> </div> |                                              |                               |              |                |                 |

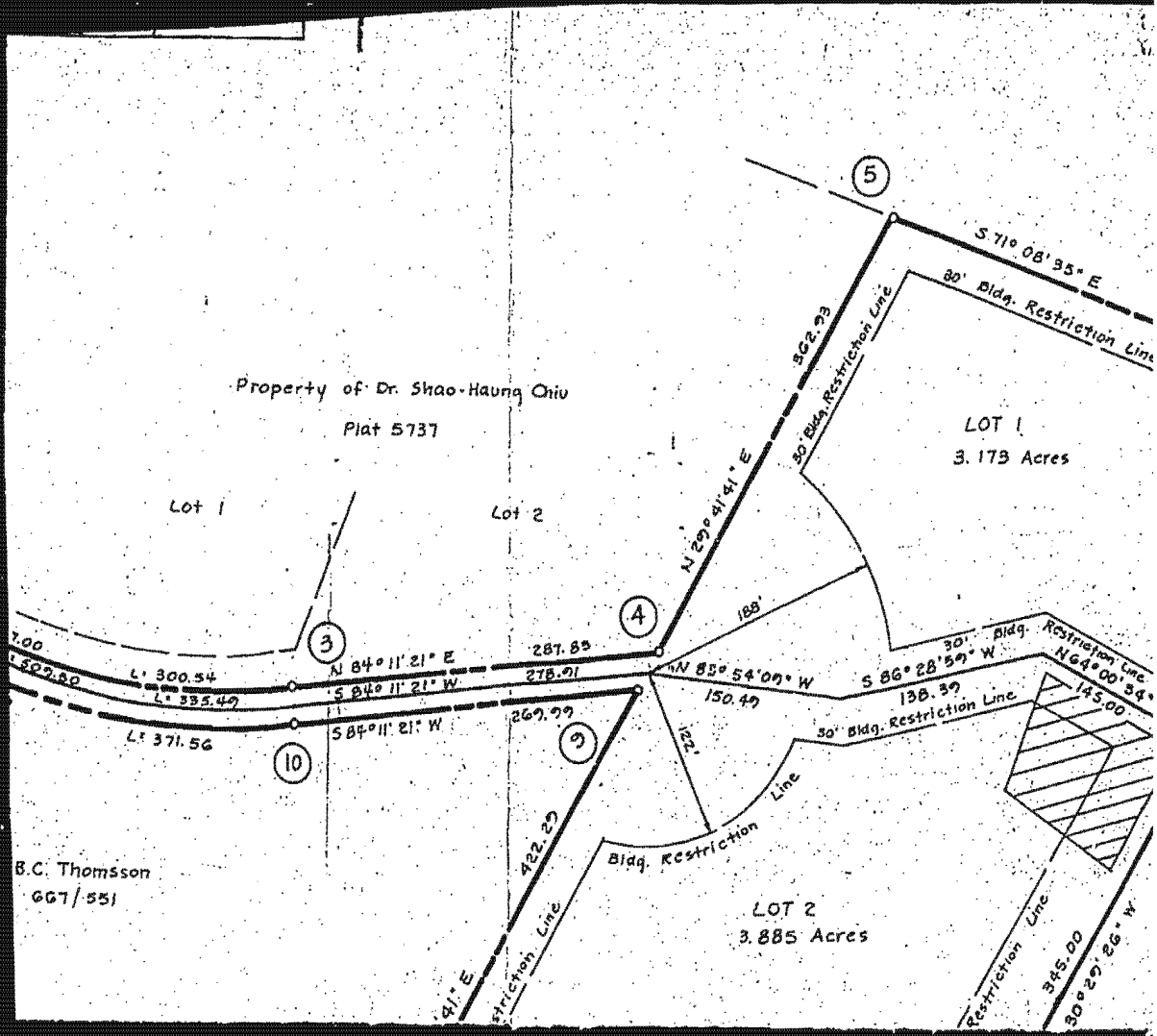
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

| DATE   | TEST NO. | DEPTH | PRE-WET                    |      | TEST - 1" DROP |      | TIME |
|--------|----------|-------|----------------------------|------|----------------|------|------|
|        |          |       | START                      | STOP | START          | STOP |      |
| 6/7/33 | 1        | 14    | 1130                       | 1135 | 1135           | 1142 | 7    |
|        | 2        | 3     | 1032                       | 1134 | 1134           | 1137 | 3    |
|        | 3        | 4     | 1138                       | 1139 | 1139           | 1140 | 1    |
|        | 4        | 104   | 1140                       | 1143 | 1143           | 1146 | 3    |
|        | 5        | 4 1/2 | TOP 5 FT clay - sand / Dry |      |                |      |      |
| 6/7/33 | 6        | 10    | TOP 5 FT clay - sand / Dry |      |                |      |      |
|        |          |       |                            |      |                |      |      |
|        |          |       |                            |      |                |      |      |
|        |          |       |                            |      |                |      |      |
|        |          |       |                            |      |                |      |      |
|        |          |       |                            |      |                |      |      |
|        |          |       |                            |      |                |      |      |

REMARKS

TYPE OF SOIL



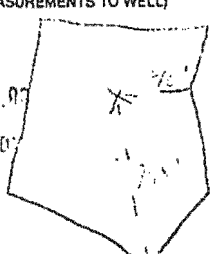


|                                                                                                          |  |                                                                                                                                            |  |                                                                                                                                                   |  |                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>2300</b><br><small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>                   |  | <small>SEQUENCE NO. (DENY USE ONLY)</small>                                                                                                |  | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br><small>FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE</small>                     |  | <small>THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.</small>                                                                            |  |
| <small>DATE RECEIVED</small><br><div style="border: 1px solid black; width: 100px; height: 20px;"></div> |  | <small>DATE WELL COMPLETED</small><br><div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">04/29/94</div> |  | <small>Depth of Well (TO NEAREST FOOT)</small><br><div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">100</div> |  | <small>PERMIT NO. FROM "PERMIT TO DRILL WELL"</small><br><div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">H0-88-0475</div> |  |
| <small>OWNER</small><br>B. J. SEY                                                                        |  | <small>STREET OR RFD</small><br>11111 11th St                                                                                              |  | <small>TOWN</small><br>GAITHERSBURG                                                                                                               |  | <small>COUNTY NUMBER</small><br>A18572                                                                                                                          |  |
| <small>SUBDIVISION</small><br>BLAKE PARKWAY                                                              |  | <small>SECTION</small><br>1                                                                                                                |  | <small>LOT</small><br>1                                                                                                                           |  |                                                                                                                                                                 |  |

|                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>WELL LOG</b><br><small>Not required for driven wells</small><br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING |  | <b>GROUTING RECORD</b><br><small>(Circle Appropriate Box)</small><br>TYPE OF GROUTING MATERIAL<br>CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/><br>NO. OF BAGS <u>12</u> NO. OF POUNDS <u>12</u><br>GALLONS OF WATER <u>60</u><br>DEPTH OF GROUT SEAL (to nearest foot)<br>from <u>1</u> to <u>1</u> ft. (enter 0 if from surface) |  | <b>PUMPING TEST</b><br>HOURS PUMPED (nearest hour) <u>5</u><br>PUMPING RATE (gal. per min. to nearest gal.) <u>15</u><br>METHOD USED TO MEASURE PUMPING RATE <u>1</u><br>WATER LEVEL (distance from land surface)<br>BEFORE PUMPING <u>1</u><br>WHEN PUMPING <u>2</u><br>TYPE OF PUMP USED (for test)<br><input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine<br><input type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below)<br><input type="checkbox"/> jet <input checked="" type="checkbox"/> submersible |  |
| DESCRIPTION (Use additional sheets if needed)                                                                                                                  |  | FEET<br>FROM TO                                                                                                                                                                                                                                                                                                                                                         |  | Check if water bearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Top Soil                                                                                                                                                       |  | 0                                                                                                                                                                                                                                                                                                                                                                       |  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Bn Shale                                                                                                                                                       |  | 2                                                                                                                                                                                                                                                                                                                                                                       |  | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Bn Mica                                                                                                                                                        |  | 30                                                                                                                                                                                                                                                                                                                                                                      |  | 60 ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Gray Mica                                                                                                                                                      |  | 60                                                                                                                                                                                                                                                                                                                                                                      |  | 69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Bn Mica                                                                                                                                                        |  | 69                                                                                                                                                                                                                                                                                                                                                                      |  | 71 ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Gray Mica                                                                                                                                                      |  | 71                                                                                                                                                                                                                                                                                                                                                                      |  | 74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

|                                                                                                                                                                      |  |                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>CASING RECORD</b><br>MAIN CASING TYPE <u>ST</u><br>Nominal diameter of main casing (nearest inch) <u>4</u><br>Total depth of main casing (nearest foot) <u>72</u> |  | <b>OTHER CASING (if used)</b><br>diameter inch <u>  </u> depth (feet) from <u>  </u> to <u>  </u> |  | <b>PUMP INSTALLED</b><br>DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) <u>NO</u><br>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE<br>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: <u>  </u><br>CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>  </u><br>PUMP HORSE POWER <u>  </u><br>PUMP COLUMN LENGTH (nearest ft.) <u>  </u><br>CASING HEIGHT (circle appropriate box and enter casing height)<br><input checked="" type="checkbox"/> above <input type="checkbox"/> below LAND SURFACE <u>2</u> (nearest foot) |  |
| <b>SCREEN RECORD</b><br>screen type or open hole <u>ST</u><br>insert appropriate code below <u>  </u>                                                                |  | slot size <u>2</u><br>DIAMETER OF SCREEN <u>  </u> (NEAREST INCH)<br>from <u>  </u> to <u>  </u>  |  | LOCATION OF WELL ON LOT<br>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)<br>                                                                                                                                                                                                                                                                                                                          |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CIRCLE APPROPRIATE LETTER<br>A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br>E ELECTRIC LOG OBTAINED<br>P TEST WELL CONVERTED TO PRODUCTION WELL<br>I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.<br>DRILLERS IDENT. NO. <u>112</u><br>DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)<br><u>Bruce Thompson</u><br>SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) |  | GRAVEL PACK <u>  </u><br>IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68<br>OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>T (E.R.O.S.) <u>  </u><br>TELESCOPE CASING <u>  </u> LOG INDICATOR <u>  </u> OTHER DATA <u>  </u> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

COUNTY



**HOWARD COUNTY HEALTH DEPARTMENT**

*Joyce M. Boyd, M.D., County Health Officer*

April 17, 1991 *Reply to:*

Charles Streaker, Sanitarian  
461-9933 or 461-9934

Remesch Residence  
12191 Willowind Court  
Ellicott City, Maryland 21043

Re: Woodmark  
12191 Willowind Court  
Well Permit No. Unknown

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on Unknown.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

**FINAL CERTIFICATION OF POTABILITY**

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) Unknown.

Unknown  
Date of Final Sampling

April 17, 1991  
Date of Acceptance

*Charles Streaker*  
Charles Streaker, Sanitarian  
Water and Sewerage Program

Water Sample Dates:  
February 13, 1991  
April 9, 1991

X  
CS:cm

Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944  
Technical Services 461-9955 Director 461-9956 TDD 313-2323