

03 313 395

LAYOUT 4/29/04-12 INSP 4 _____
INSP 2 4/29/04-11.6 INSP 5 _____
INSP 3 4/30/04 INSP 6 _____

ISSUE DATE: 4/22/2004

P 520317

APPROVAL DATE: 4/30/04

A 38639

PERMIT INDEXED

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

Cell 443-807-0639

Sample Excavating Co, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 223, Glen Arm, MD 21057 PHONE NUMBER: 410-592-5581
FAX 410-592-5581

SUBDIVISION: Willow Highlands LOT NUMBER: 16

ADDRESS: 1716 Willow Springs Drive PROPERTY OWNER: Richland Builders, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 200 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run 2-100' trenches on contour.
NOTES:	Basement service by gravity is proposed.

PLANS APPROVED: Steven R. Krieg Reviewed by: FR 4/24/04 DATE: 10/17/03

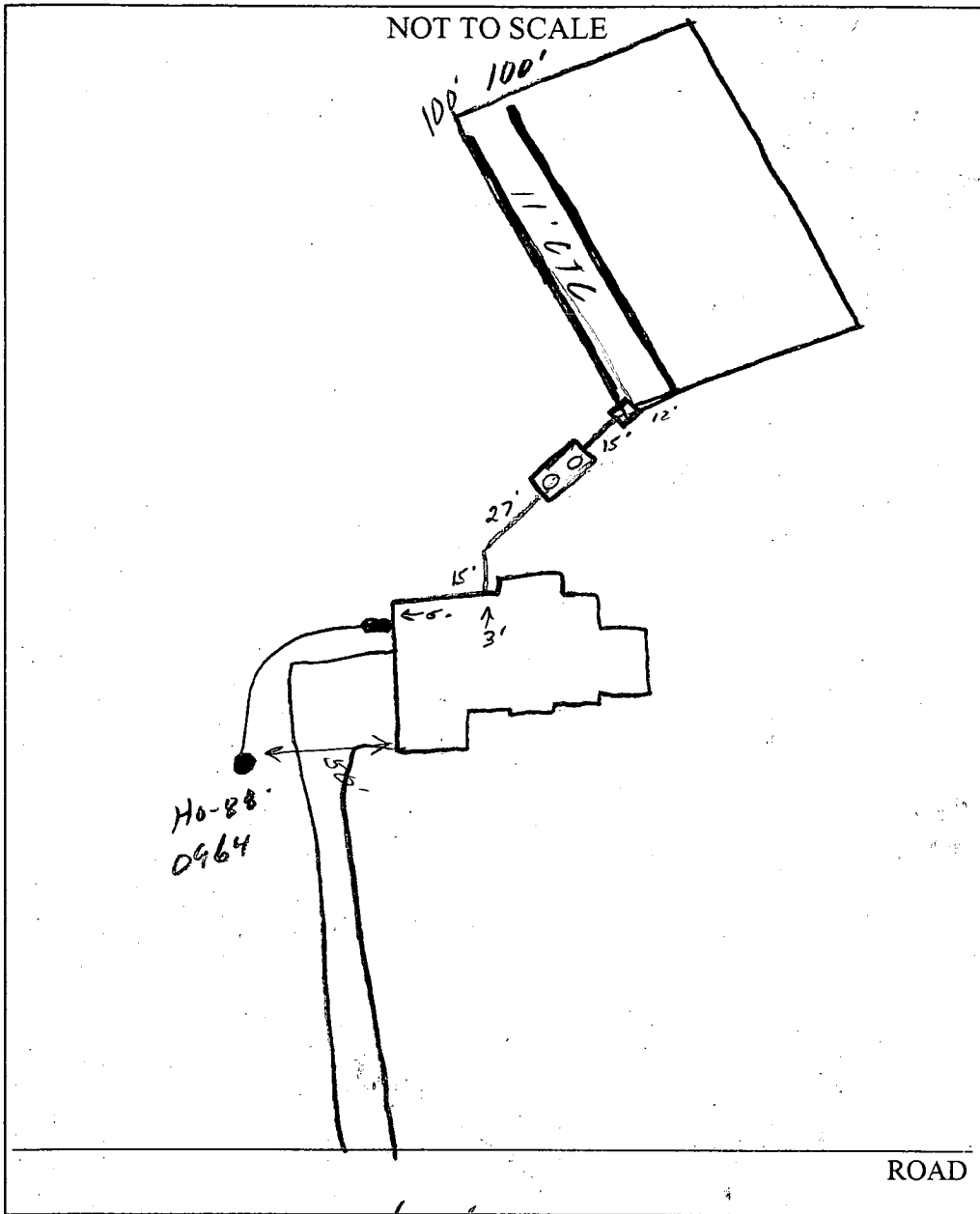
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
AND RETURNED**

5/27/2004 300148245 500 GAL LG PROPANE TANK
4/21/05 300153291-DELR

A 38639



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		200'
ABSORPTION AREA		800 ϕ
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-1.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	—
MANHOLE LOC	F & B
6" PORT LOC	—
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 4/26/04^{PM} - SRA staked, contours accurate. Install

system per B.P. (SO)

INSTALLATION 4/28/04^{PM} - Tank & D.B set OK to cover (SO)

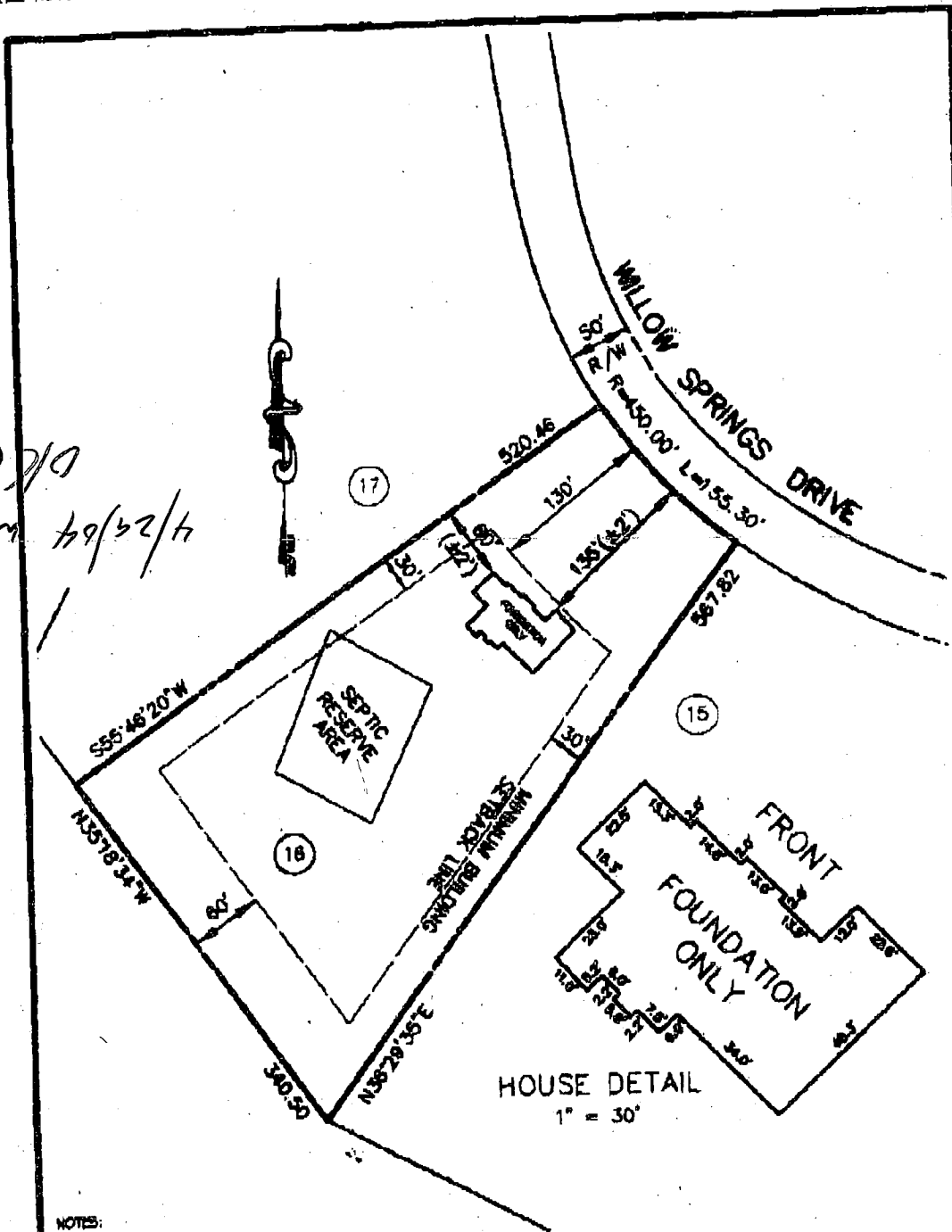
4/29/04 - 1st trench installed OK to cover (SO)

4/30/04 - 2nd trench installed. OK to cover all work (SO)

FINAL INSPECTOR [Signature]

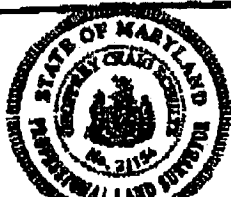
BUILDING PERMIT SIGNED
DATE OF APPROVAL 4/30/04

50
4/23/04 will check



NOTES:

1. CONCRETE FOOTINGS ARE IN AND COMPLETE.
2. CONCRETE OR CONCRETE BLOCK WALLS ARE IN AND COMPLETE.
3. THIS SURVEY HAS BEEN PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.
4. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.



GC 5/20/03
 GEDFREY C. SCHULTZ DATE
 MARYLAND REG. No. 21154

DRAWN BY: JME

CHECKED BY:

**FOUNDATION AS-BUILT
 WILLOW SPRINGS DRIVE**

LOT 16, WILLOW HIGHLANDS AT WILLOW SPRINGS GOLF COURSE,
 LOTS 1 THRU 28, PLAT 7918
 DEED REFERENCE: 7011671
 3rd ELECTION DISTRICT HOWARD COUNTY, MD

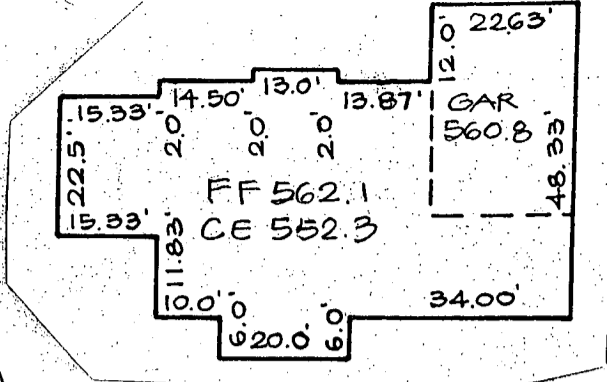
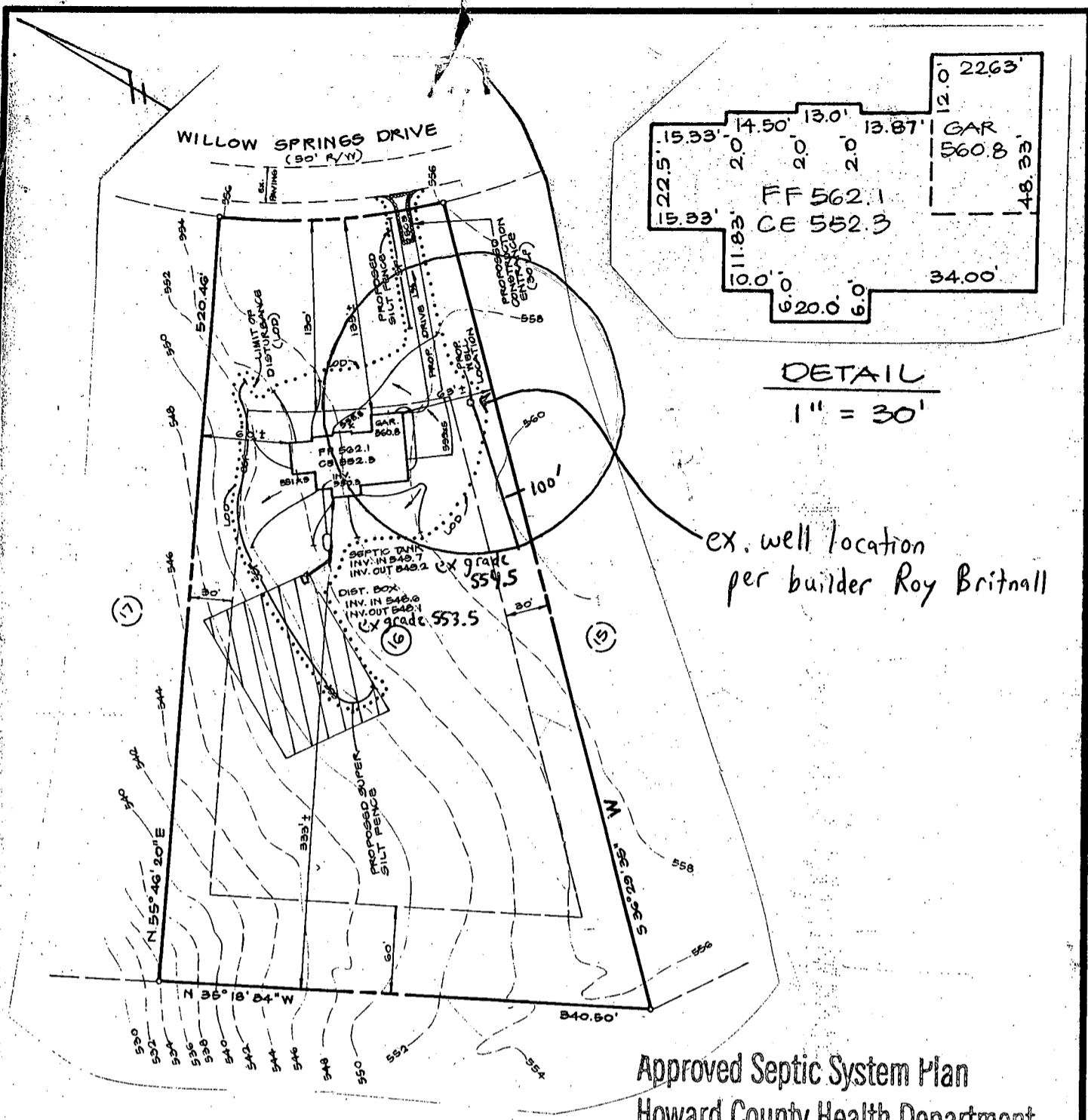
MCKEE & ASSOCIATES INC.
 Engineering - Surveying - Natural Resources Planning
 Natural Resources Planning - Real Estate Development
 10000 WILLOW SPRINGS DRIVE
 WILLOW SPRINGS, MD 21154
 TELEPHONE (410) 527-1563

SCALE: 1" = 100'

DATE: 10-29-2003

REVISION:

JOB No.: RL2-05



DETAIL
1" = 30'

ex. well location
per builder Roy Britnall

Approved Septic System Plan
Howard County Health Department

DISTURBED AREA : 28,450 SF ±

Steven R. Krieg 10/17/03
Signature Date

- NOTES:
1. TOPOGRAPHY SHOWN IS TAKEN FROM THE PRELIMINARY PLAN, WILLOW HIGHLANDS.
 2. OWNER & BUILDER : RICHLAND BUILDERS, INC.
3029 LEIB ROAD
PARKTON, MD 21120



MARYLAND REG. No. _____ DATE 5/23/03
DRAWN BY: WDG CHECKED BY: JKA

SITE GRADING PLAN
WILLOW SPRINGS DRIVE
LOT 16, WILLOW HIGHLANDS AT WILLOW SPRINGS
GOLF COURSE LOTS 1 THRU 28, PLATS 7918
DEED REF. : 6217/679
3RD ELECT. DIST. HARFORD CO. MD

SCALE:
1" = 100'
DATE:
5.22.03
REVISION:

McKEE & ASSOCIATES, INC.
Engineering - Surveying - Natural Resources Planning
Natural Resource Planning - Real Estate Development
SHAWAN PLACE, 8 SHAWAN ROAD COCKEYSVILLE, MARYLAND 21030
TELEPHONE: (410) 827-1888 FACSIMILE: (410) 827-1883

JOB No.:
RLB-003

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: Robert L. Feezer Co Telephone #: (410) 995-1405
Address: 6321 Barnett Ave
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: License# 2122
Name (Print): Rick Cross
*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: Richland Builders Telephone #: (410) 916-6262
Subdivision: Willow Springs Lot #: 16 Well Tag #: HO-88-0964
Site Address: 1716 Willow Springs Drive
West Friendship MD 21794

Submersible Pump Data
Make: Starite
Model #: 7PUD0241-04
Pump Capacity 7 GPM
Well Yield: 10 GPM

Pitless Adapter
Make: Campbell
Model #: PT 800
Depth: 42" (36" min)
NSF approved:

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 300 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt:

Piping to house
Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 6 FT
Sleeve caulked and sealed properly:

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

Rick Cross
Signature of company representative responsible for installation

5/5/04
date

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

Date Insp. Requested: _____

Date Insp. Approved: 4/29/04 EB

Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 **1100** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 38639**

ST/CO USE ONLY
 DATE Received **01/04/89**
 DATE WELL COMPLETED **10/1/89**

Depth of Well **185**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
WO-88-0964

OWNER **William Springs Limited**
 STREET OR RFD **last name William Springs Dr** first name **first name** TOWN **West Friendship Md**
 SUBDIVISION **William Springs** SECTION **10** LOT **10**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	40	✓
Sand Stone	40	45	
MCKA	45	70	
Sand Stone	70	75	✓
MCKA	75	185	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **45** NO. OF POUNDS **800**
 GALLONS OF WATER **45**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **2** ft. to **45** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **PI** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **50**
60 **61** **63** **64** **66** **70**

OTHER CASING (if used)
 diameter inch **4** depth (feet) from **0** to **0**

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN **HO** **49** **185**
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) **4**
 from **0** to **0**

GRAVEL PACK **0**
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) **70** **72** **74** **75** **76**
 TELESCOPE CASING LOG INDICATOR OTHER DATA

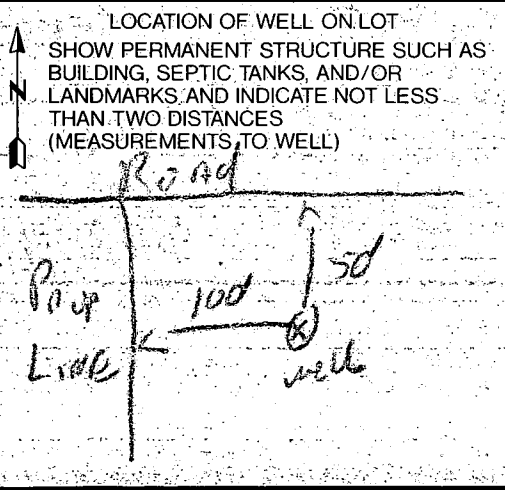
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Picket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **27**
 WHEN PUMPING **62**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **0**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE-POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
(+) above } LAND SURFACE (nearest foot) **1**
(-) below }

CIRCLE APPROPRIATE LETTER:
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **223**
Ruth Mayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 **7966** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HC-88-0964 ✓
 fill in this form completely

Date Received (APA) **062989**
 OWNER INFORMATION
WILLOW SPRINGS Limit
 15 Last Name Owner First Name 34
16801 **WESTLEY** **CH** **RD**
 36 Street or RFD 55
MONKTON **MD** **21111**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 **HOWARD** 21
 8 COUNTY
WILLOW HIGHLANDS 42
 23 SUBDIVISION
 SECTION **16** LOT **16**
 44 46 48 50
WEST FRIENDSHIP 71
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** **M** **1**
 73 76 77 78

DRILLER INFORMATION
Ralph Mayne 273
 Driller's Name 77 License No. 80
Ralph Mayne Well Drilling
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne Date

B 4
 1 **WILLOW SP DR.** 30
 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **50** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **F+**
 38 39

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 8 12 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **A 38039**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **080489** **Sid Abel Sr** **2/4/90**
 43 48 CO SIGNATURE EXPIR DATE
 NORTH GRID **541000** EAST GRID **0808000**
 50 55 57 63

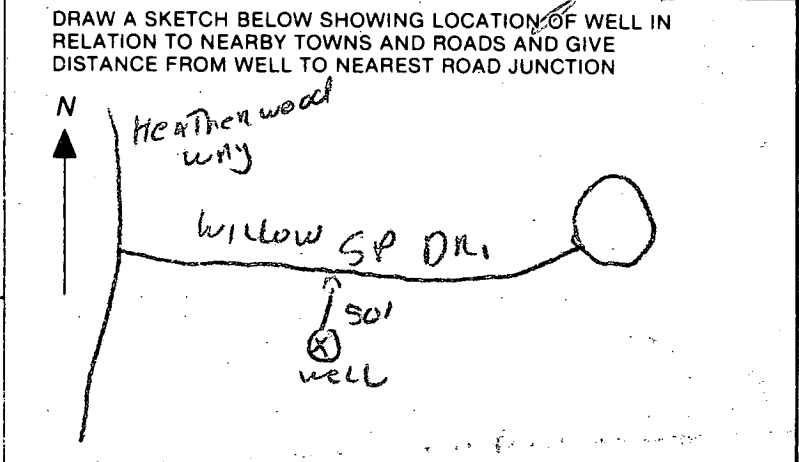
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST 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 _____

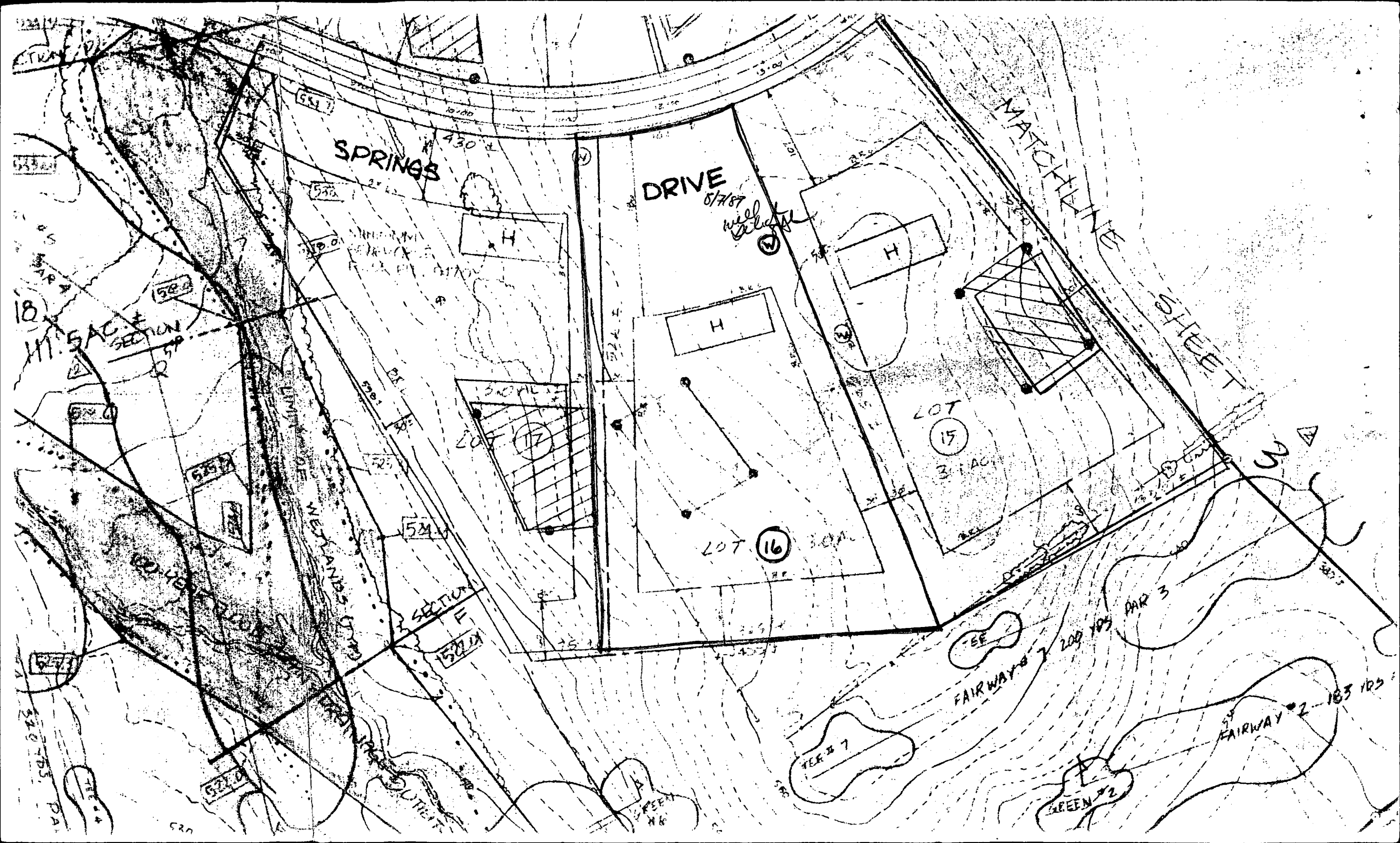
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N **8008**
 E **5401**
 000 000
 10/11/89 Well drilled & already grouted # 8 Bags of cement 50' casing 45' Grout open 1' casing above ground. C.B.D. Tap on well

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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT NO. **HC-88-0964**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



APPLICATION

PERCOLATION TESTING

A 38639

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3

DATE 12-16-1986

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 WILLOW SPRINGS LIMITED PARTNERSHIP

ADDRESS 16801 WESLEY CHAPEL ROAD
MONKTON, MARYLAND 21111 PHONE 347-8700

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Highlands

SUBDIVISION WILLOW SPRINGS GOLF COURSE LOT NO. 16

ROAD AND DESCRIPTION N/S U.S. RTE 70N AT LIVE STOCK ROAD

TAX MAP 3 & 15 PARCEL # 151 & 11

SIZE OF LOT 3.0 Ac. ± TYPE BLDG. S.F.D.
(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.

WILLOW SPRINGS INC Gen Partner
By Thomas R. Bell
(SIGNATURE OF APPLICANT) Bes

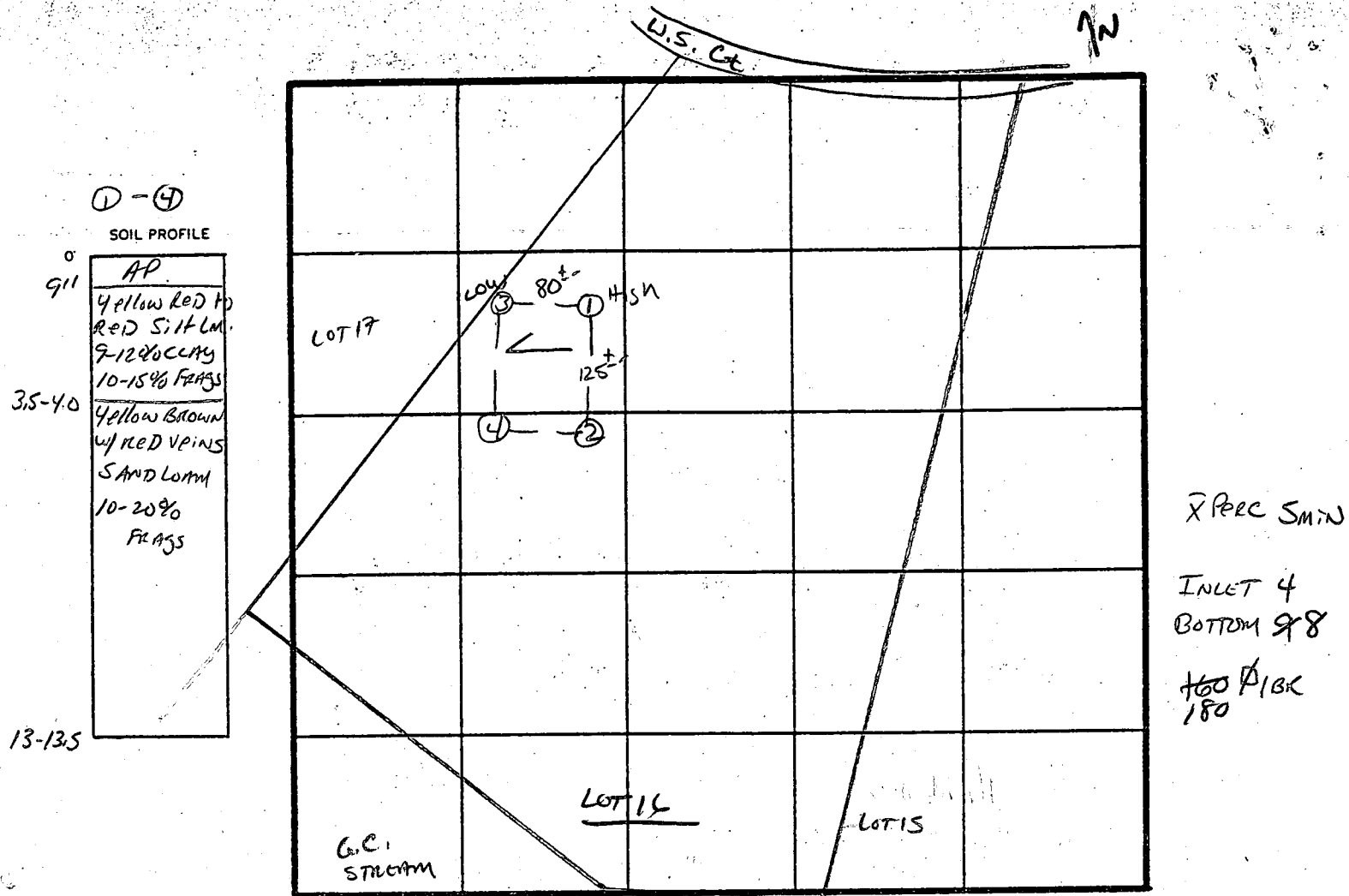
APPROVED BY Sidney Abel FOR Deep trenches DATE 8-7-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-13-87 Perc. satisfactory; hold for subdivision plat. SAbel

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ REF 70

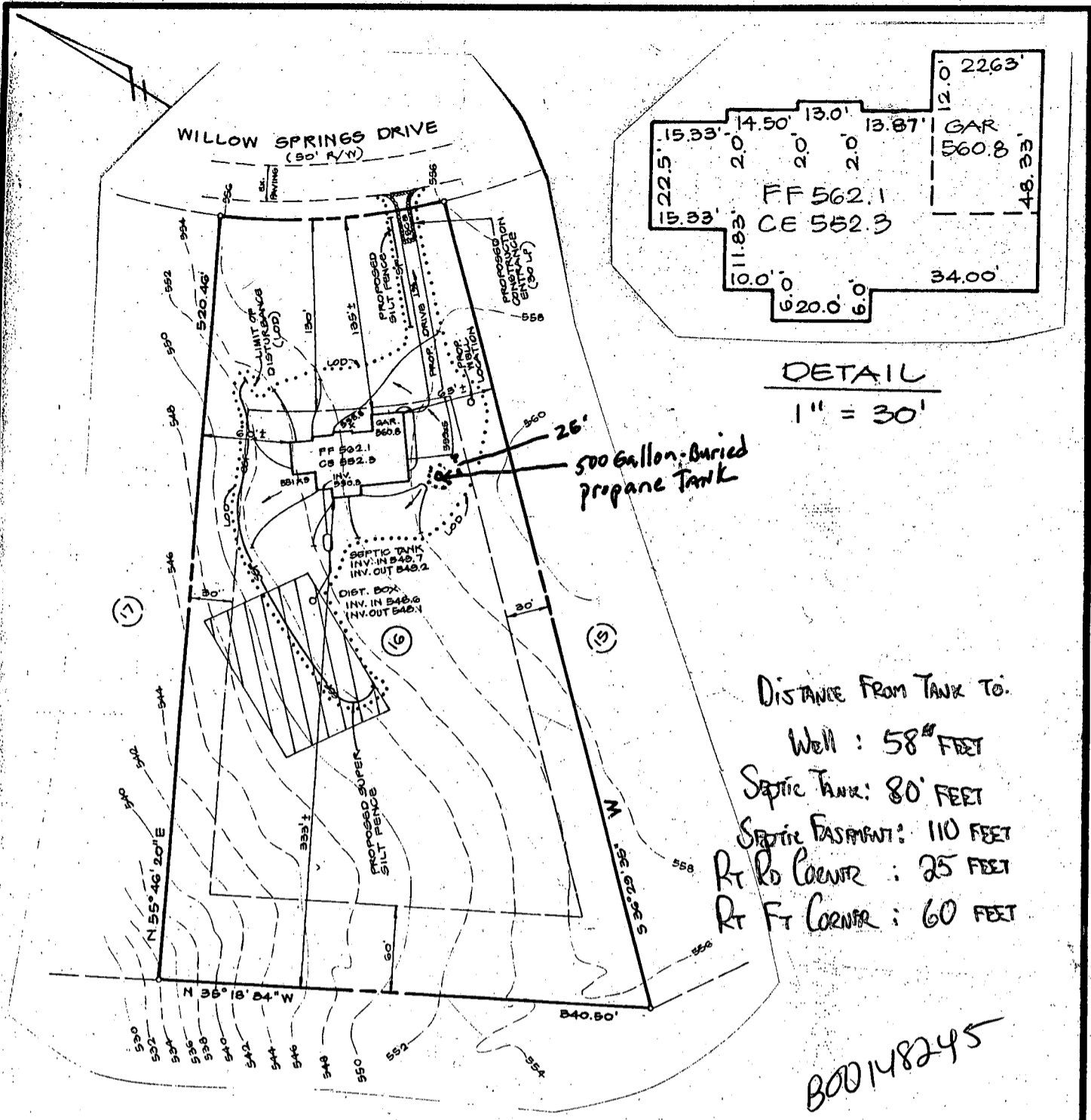
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/13/87	S	3.5	10:48	10:49	10:49	10:51	2 min
	M	8"	10:47	10:49	10:49	10:52	3 min
	1V	13.5"	UNIFORM soil below		3.5"		
	2V	13"	UNIFORM soil below		3.5"		
	3S	4"	10:53	10:54	10:54	10:56	2 min
	3V	13"	UNIFORM soil below		3.5"		
	4S	5.5"	10:57	11:02	11:02	11:12	10 min
	4V	13"	UNIFORM soil below		4.0"		

REMARKS PERCED AS STAKED

TYPE OF SOIL Chester Lm.

TESTED BY S. Abel ALSO PRESENT D. KETTELMAN

EH-12-1079



DETAIL
1" = 30'

DISTANCE FROM TANK TO:
Well : 58' FEET
Septic Tank: 80' FEET
Septic Basement: 110 FEET
Rt Rd Center : 25 FEET
Rt Ft Corner : 60 FEET

B00148245

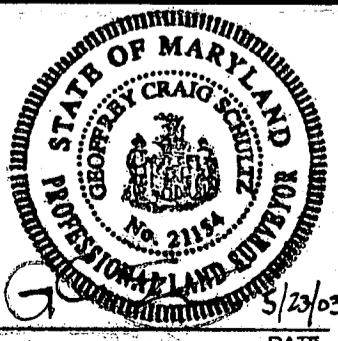
5/27/04

L.P. tank loc. O.K.
[Signature]

DISTURBED AREA : 28,450 SF ±

NOTES:

1. TOPOGRAPHY SHOWN IS TAKEN FROM THE PRELIMINARY PLAN, WILLOW HIGHLANDS.
2. OWNER & BUILDER : RICHLAND BUILDERS, INC.
3029 LEIB ROAD
PARKTON, MD 21120



MARYLAND REG. No. _____ DATE 5/23/03
DRAWN BY: WDG CHECKED BY: *[Signature]*

SITE GRADING PLAN

WILLOW SPRINGS DRIVE
LOT 16, WILLOW HIGHLANDS AT WILLOW SPRINGS
GOLF COURSE LOTS 1 THRU 28, PLAT 7918
DEED REF. : G217/679
3RD ELECT. DIST. HARFORD CO., MD

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Natural Resource Planning - Real Estate Development
SHAWAN PLACE, 8 SHAWAN ROAD COCKEYSVILLE, MARYLAND 21030
TELEPHONE: (410) 827-1535 FACSIMILE: (410) 827-1533

SCALE: 1" = 100'
DATE: 5.22.03
REVISION:
JOB No.: RLB-003

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00143110 *JK*

Building Address: ~~7116~~ *7116 Willow Springs Dr.*
West Friendship Md 21794

Property Owner's Name: **Richland Builders, Inc.**
Address: **22 West Padonia Rd.**

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

City: **Timonium** State: **MD** Zip Code: **21093**

Census Tract: **6030** Subdivision: **Willow Heights**

Home Phone: **410-677-2330** Work Phone: **410-561-1465**

Section: _____ Area: _____ Lot: **16**

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

Tax Map: ~~XXXX~~ Parcel: **145** Grid: **21**

Zoning: **RC OED** Map Coordinates: **9A13** Lot size: **3.0 acres**

Phone: **Brintnell Hx**

Existing Use: **Vacant**

Contractor Company: **Richland Builders, Inc.**

Proposed Use: **Single Family Home**

Contact Person: **Roy Brintnell**

Estimated Construction Cost: **\$ 300,000**

Address: **22 West Padonia Rd - Suite 925**

Description of Work: **NEW 2 story HOME**

City: **Timonium** State: **MD** Zip Code: **21093**

4,000 sq. unfinished basement

License No.: **2911** State: **MD** Zip Code: **21030**

w/ Ditch In Basement & 400-310

Phone: **410-561-1465** Fax: **410-561-1466**

Occupant or Tenant: **owner**

Engineer or Architect Company: **McKee & Associates**

Contact Name: _____

Contact Person: **Jim Grammer**

Address: _____

Address: **5 Shawan Rd.**

City: _____ State: _____ Zip Code: _____

City: **Cockeysville** State: **MD** Zip Code: **21030**

Phone: _____ Fax: _____

Phone: **410-527-1555** Fax: **410-527-1563**

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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" 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 checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" 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: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
N/A State Certified Modular	
N/A 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 THEREOF; (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: *[Signature]*
Title/Company: _____

Print Name: **Richard Leeland**
Date: **7/21/03**

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Dev. Engineering DPZ		
Health	10/17/03	<i>[Signature]</i>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
CONTINGENCY CONSTRUCTION STATUS		
ONE STOP SHOP		

DPZ SETBACK INFORMATION

Front: **130'**

Rear: **150'**

Side: **150'**

Side St.: **N/A**

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# **58939**

Filing fee \$ **100**

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

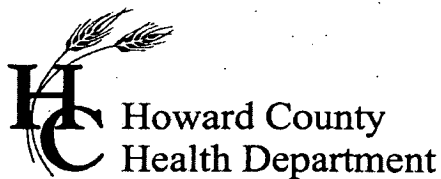
Balance due \$ **1513**

Check # **88925**

Validation _____

Accepted by: *[Signature]*

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SEA



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

May 27, 2004

Richland Builders, Inc.
22 West Padonia Road
Timonium, MD 21093

SENT VIA FACSIMILE 410-561-1466

RE: 1716 Willow Springs Drive
Willow Highlands, Lot 16
BP # B00143110
Well Permit # HO-88-0964

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/30/2004. Final approval of the well line connection to the dwelling was approved on 04/29/2004.**

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

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-88-0964. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

Date of Water Sample: 05/24/2004
Date of Well Completion: 10/11/1989

Respectfully,

John A. Boris, R. S.
Well and Septic Program

JAB/mlb

cc: Building Inspector's Office
Community Services Program
File

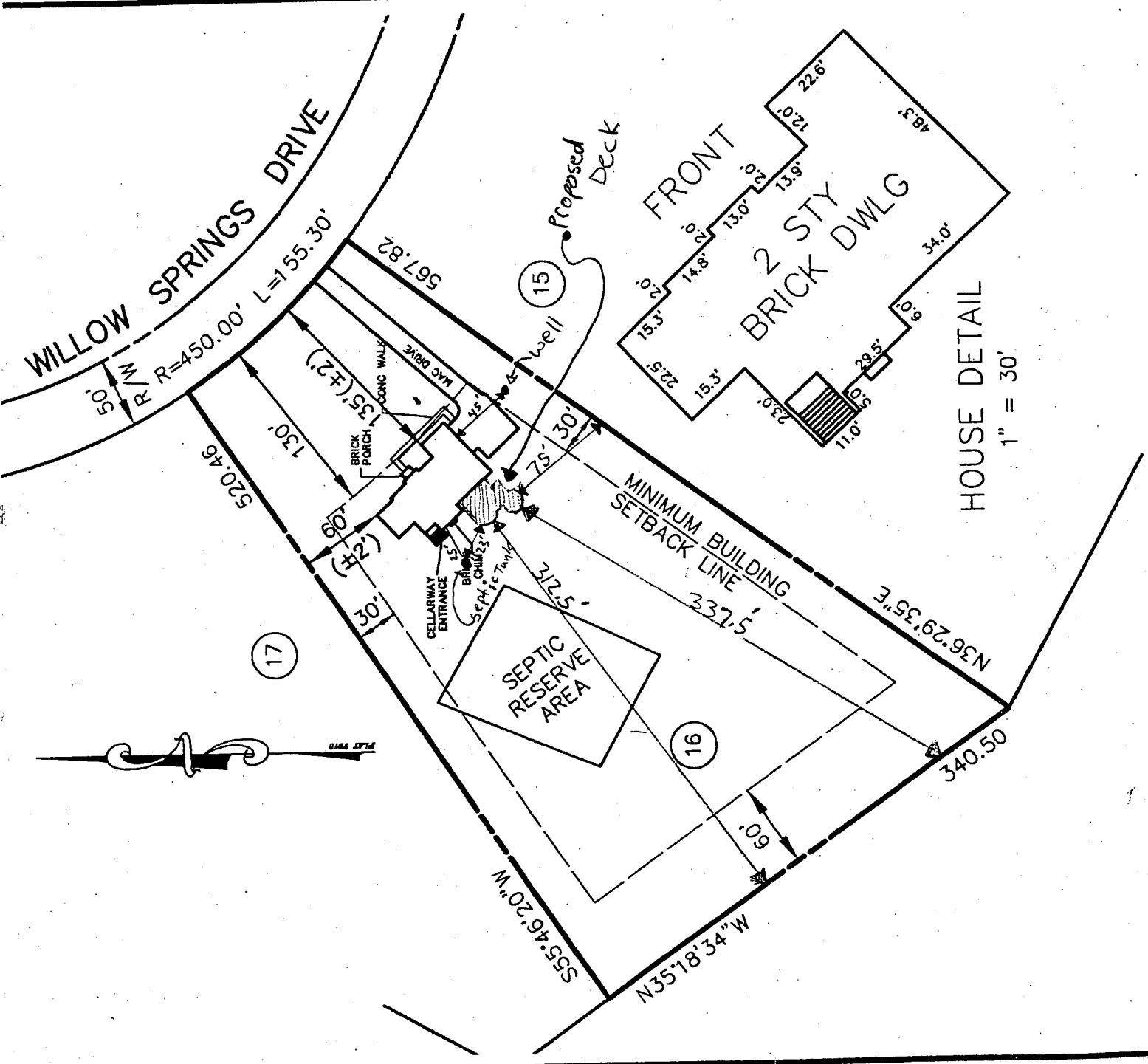
APPROVED

WALK-THRU BUILDING PERMIT

BP# B00153291 A# 38639

APP. SAN PAY DATE: 4/21/05

DESC. OF WORK: 24x34 Deck



NOTES: