

ISSUE DATE:

3/15/2002

PERMIT

P

516871

APPROVAL DATE:

4/11/02

A

38836

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

Hatfield's Equipment

IS PERMITTED TO

INSTALL



ALTER



ADDRESS: 13785 Burntwoods Road - 21737

PHONE NUMBER: 301-854-6172

SUBDIVISION: Ridgewood

LOT NUMBER: 1

ADDRESS: 3935 Walt Ann Drive

PROPERTY OWNER: Terry & Laura Lee

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 105' off the rear lot line and 140' off the front lot line as seen from Folly Quarter Road. Run (3) trenches on contour toward Walt Ann Drive as shown on plan.
NOTES:	

PLANS APPROVED: MER

8/29/01 OK (BA)

DATE: 8/21/01

NOTE: PERMIT VOID AFTER 2 YEARS

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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

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

BUILDING PERMIT SIGNED 00-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED 4-25-02

B00135639-46 PRO PANE TANK

BUILDING PERMIT SIGNED

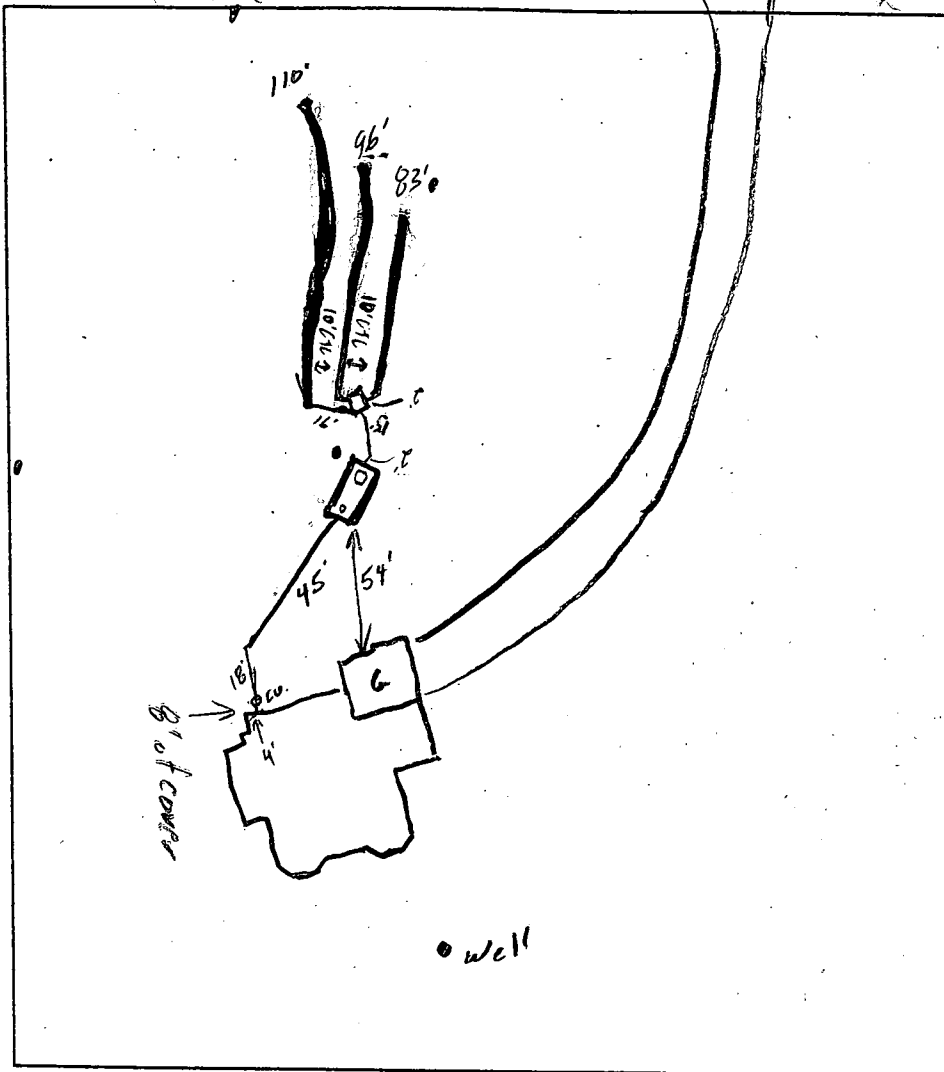
AND RETURNED 6-6-02

B00136700-2 LEVEL DECK

438836

Walt and Drive

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2.5-3'
 TRENCH BOTTOM DEPTH 4.5-5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 289
 ABSORBENT AREA 867 ft^2
 DISTRIBUTION BOX LEVEL 7.85
 BAFFLE IN DISTRIBUTION BOX 7.85

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER Back 30"
 6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER
 GALLONS N/A
 MANHOLE RISER N/A
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 4/10/02 Appears that house conn is lower. Tank moved to lower area. Front will have more than 36". Moved 1st Trench down hill to get 3' invert. Consult w/ Brian B. - make next two trenches 2.5' invert. 1st Trench 80, then (2) 100's 50

INSPECTION COMMENTS: 10' CTC @ 4/11/02

INSPECTOR

[Signature]

DATE SYSTEM APPROVED

4/11/02

BUILDING PERMIT SIGNED

AND RETURNED

BUILDING PERMIT SIGNED

AND RETURNED

83/96/100

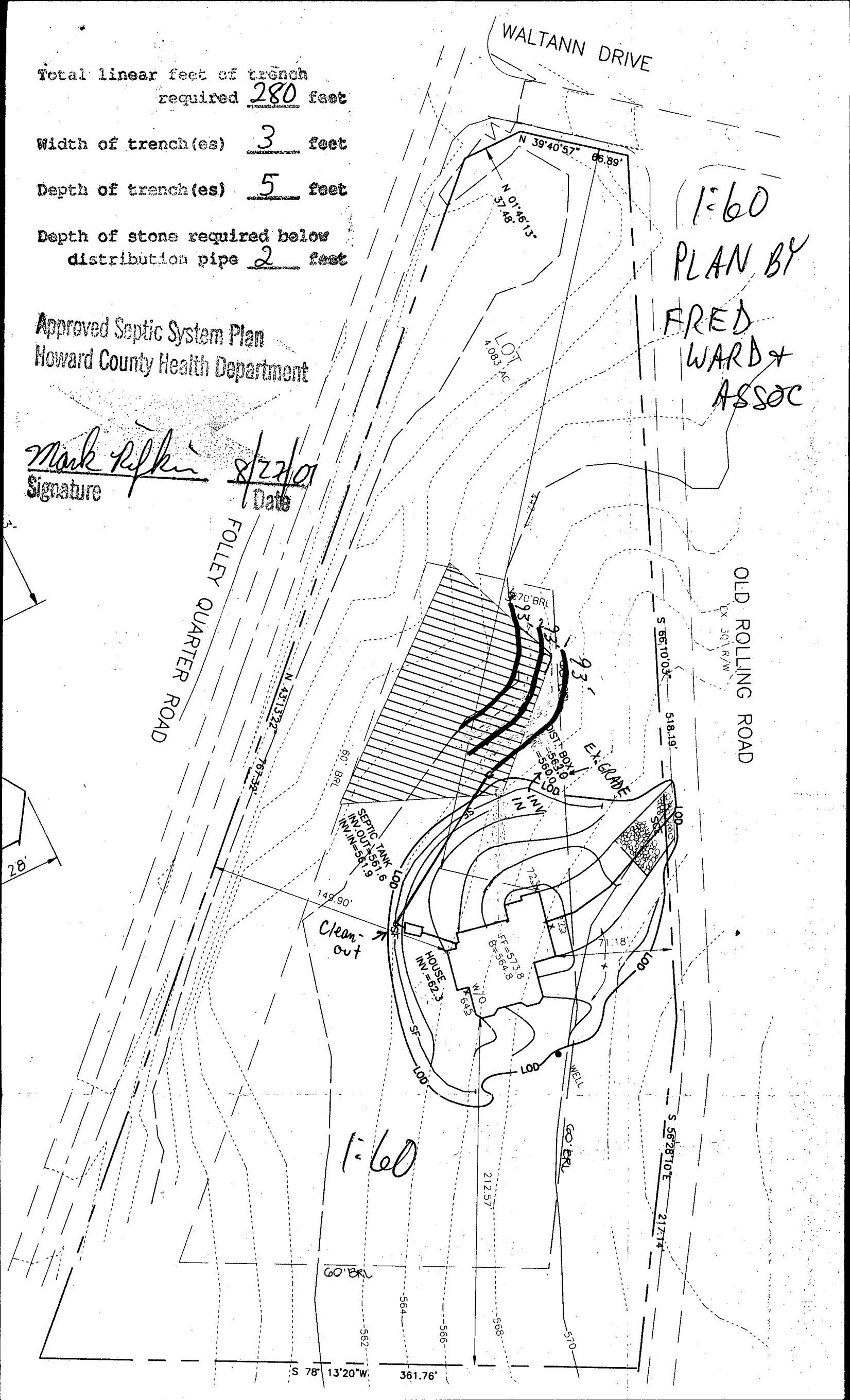
Depth of stone required below
distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Mark Rifkin
Signature

8/27/01
Date

1-60
PLAN BY
FRED
WARD &
ASSOC



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2458 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B000131646
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Building Address <u>3935 WALTANN DR.</u> <u>ELLICOTT CITY 21042</u>	Property Owner's Name <u>LEE, TERRANCE + LAURA</u>
Suite/Apt. #: <u> </u> SDP/WP/Petition #: <u> </u>	Address <u>6603 SHADY GROVE</u>
Census Tract <u>111111</u> Subdivision <u>PROCESSION</u>	City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21044</u>
Section <u> </u> Area <u> </u> Lot <u>1</u>	Home Phone <u>410/884-0101</u> Work Phone <u>(301) 474-5370</u>
Tax Map <u>22</u> Parcel <u>111</u> Grid <u>15</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RE-1</u> Map Coordinates <u>7R10</u> Lot size <u>4+ ACRES</u>	Phone <u> </u> Fax <u> </u>
Existing Use <u>Vacant lot</u>	Contractor Company <u>THE GRIFFIN GROUP LLC</u>
Proposed Use <u>NEW SINGLE FAMILY RESIDE. 660</u>	Contact Person <u>STEVE GRIFFIN</u>
Estimated Construction Cost \$ <u>350,000</u>	Address <u>1231 LINCOLN DR.</u>
Description of Work <u>Custom New Single Family</u>	City <u>DARTON</u> State <u>MD</u> Zip Code <u>21036</u>
<u>4 bed, 4 full, 2 half baths, finished basement</u>	License No. <u>1307</u>
<u>garage</u>	Phone <u>(410) 531-8100</u> Fax <u>(410) 531-8070</u>
Occupant or Tenant <u>SEE PROPERTY OWNER</u>	Engineer or Architect Company <u>FREDERICK WARR + ASSOC.</u>
Contact Name <u> </u>	Contact Person <u>CHRIS GILC</u>
Address <u> </u>	Address <u>7125 RIVERMOUNT DR. Suite C</u>
City <u> </u> State <u> </u> Zip Code <u> </u>	City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21046</u>
Phone <u> </u> Fax <u> </u>	Phone <u>410-720-6900</u> Fax <u>410-720-6226</u>

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u> </u>	Water Supply: <u> </u>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u> </u>
No. of stories: <u>2</u>	<input type="checkbox"/> Public	Depth <u> </u> Width <u> </u>	<input checked="" type="checkbox"/> Public
Gross area, sq. ft. per floor: <u> </u>	<input checked="" type="checkbox"/> Private	1st floor: <u> </u>	<input type="checkbox"/> Private
Use group: <u> </u>	Sewage Disposal: <u> </u>	2nd floor: <u> </u>	Sewage Disposal: <u> </u>
Construction type: <u> </u>	<input type="checkbox"/> Public	Basement: <u> </u>	<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Private	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	<input type="checkbox"/> Private
<input type="checkbox"/> Structural Steel	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No. of Bedrooms <u>4</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Heating System: <u> </u>	Multi-family dwellings:	Heating System: <u> </u>
<input type="checkbox"/> State Certified Modular	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units: <u>N/A</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 1 BR units: <u> </u>	Natural Gas <input type="checkbox"/>
	Propane Gas <input checked="" type="checkbox"/>	No. of 2 BR units: <u> </u>	Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>	No. of 3 BR units: <u> </u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	<input type="checkbox"/> Full	Other Structure: <u> </u>	<input type="checkbox"/> NFPA #13D
	<input type="checkbox"/> Partial	Dimensions: <u> </u>	<input type="checkbox"/> NFPA #13R
	<input type="checkbox"/> Other Suppression	Footings: <u> </u>	<input type="checkbox"/> Other:
	# of Heads <u> </u>	Roof: <u> </u>	
		<input type="checkbox"/> State Certified Modular	
		<input type="checkbox"/> Manufactured Home	

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

<u> </u> Applicant's Signature <u>THE GRIFFIN GROUP LLC</u> Title/Company	<u>STEPHEN P. GRIFFIN</u> Print Name <u>7/24/01</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: <u> </u>	51641
State Highways			Rear: <u> </u>	Filing fee \$ <u>10.00</u>
Building Official			Side: <u> </u>	Permit fee \$ <u> </u>
Dev. Engineering, DPZ			Side St.: <u> </u>	Excise tax \$ <u> </u>
Health	8/27/01	Mark Griffin	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ <u> </u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u> </u>
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u> </u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone <u> </u>	Balance due \$ <u> </u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date <u> </u>	Check # <u>2350</u>
				Validation # <u> </u>
				Accepted by <u> </u>

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

4/11/02 Not Ready (S)

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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: _____ Telephone #: _____
Subdivision: RIDGEWOOD Lot #: 1 Well Tag #: HO - 88-0257
Site Address: 3935 Walt Ann Dr

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____

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 9630		SEQUENCE NO. (DENV USE ONLY)		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.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER A 38836	
DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
[] [] [] [] [] []		[1] [5] [0] [1] [9] [7]		22 [4] [0] [] [] [] [] 26 (TO NEAREST FOOT)		[4] [0] - [8] [8] - [0] [2] [5] [7] 28 29 30 31 32 33 34 35 36 37	
OWNER RIDGEWOOD ASSOC.		last name		first name		TOWN CLEVELAND	
STREET OR RFD		SUBDIVISION RIDGEWOOD		SECTION -		LOT #1	
WELL LOG Not required for driven wells		GROUTING RECORD		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		yes [Y] no [N]		HOURS PUMPED (nearest hour) [3]	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL		CEMENT [CM] BENTONITE CLAY [BC]		PUMPING RATE (gal. per min. to nearest gal.) [5]	
FEET FROM TO		NO. OF BAGS NO. OF POUNDS		GALLONS OF WATER		METHOD USED TO MEASURE PUMPING RATE [PUMP]	
TOP Soil 0 2		GALLONS OF WATER		DEPTH OF GROUT SEAL (to nearest foot)		WATER LEVEL (distance from land surface)	
Clay 2 3		from [] [] [] [] [] [] ft. to [] [] [] [] [] [] ft.		(enter 0 if from surface)		BEFORE PUMPING [4] [] [] [] []	
Shale 3 10		casing types insert appropriate code below		STEEL [ST] CONCRETE [CO]		WHEN PUMPING [] [] [] [] []	
Brown Mica 10 35		PLASTIC [PL] OTHER [OT]		MAIN Casing Nominal diameter Total depth		TYPE OF PUMP USED (for test)	
Gray Mica 35 40 ✓		TYPE (nearest inch) (nearest foot)		[] [] [] [] [] [] [] [] [] []		[A] air [P] piston [T] turbine	
Brown Mica 40 42		OTHER CASING (if used)		diameter depth (feet)		[C] centrifugal [R] rotary [O] other (describe below)	
Gray Mica 42 65 ✓		[] [] [] [] [] [] [] [] [] []		screen type or open hole insert appropriate code below		[J] jet [S] submersible	
Sand Stone 65 70 ✓		STEEL [ST] BRASS [BR] OPEN HOLE [HO]		DEPTH (nearest ft.)		CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
Gray Mica 70 400		PLASTIC [PL] OTHER [OT]		[] [] [] [] [] [] [] [] [] []		PUMP HORSE POWER [] [] [] [] [] []	
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SLOT SIZE 1 2 3		DIAMETER OF SCREEN (NEAREST INCH)		PUMP COLUMN LENGTH (nearest ft.)	
E ELECTRIC LOG OBTAINED		from to		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		CASING HEIGHT (circle appropriate box and enter casing height)	
P TEST WELL CONVERTED TO PRODUCTION WELL		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		T (E.R.O.S.)		LAND SURFACE [2] (nearest foot)	
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.		TELESCOPE CASING		LOG INDICATOR		LOCATION OF WELL ON LOT	
DRILLERS IDENT. NO. 40		OTHER DATA		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		160' well	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		COUNTY		Folly Quarter RD.			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

5-4-89
8:00

Review OK 5/16/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0257

Location of property (road) FOLLY QUARTER ROAD

Subdivision RIDGEWOOD

Lot	Block	Plat	Sec.
-----	-------	------	------

Well Driller G. EASTERDAY

Owner RIDGEWOOD ASSOC

Depth of well 400 ' 26 pm

Distance of measuring point (M.P.) above ground 6 INCHES

Static water level (S.W.L.) below M.P. 40 FEET

Pump is set
at 300 feet

I. High rate pumping -- reservoir drawdown

Time pump started 7:45

Pumping rate 12 G.P.M.

Total time 30 min. to reach pumping water level 82 ft. below M.P.

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

[illegible]

5-489 3 hrs Pump
8:00am #1

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Depth of well 400 ft
Distance of measuring point (M.P.) above ground 1 ft
Static water level (S.W.L.) below M.P. 40 ft

Time pump started 7:45 Pumping rate 12 G.P.M.
Total time 30 min to reach pumping water level 82 ft. below M.P.

[illegible]

B 1 9794 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 80-88-0257 <small>fill in this form completely</small>
Date Received (APA) 03 FEB 88 OWNER INFORMATION 15 Last Name ELDERWOOD 13 Owner ASSOCIATES 34 First Name 36 Street or RFD REDDWOOD ST 55 57 Town BALTIMORE 70 State MD 72 Zip 21202 76		B 3 LOCATION OF WELL R-42833 40.00 10/25/87 8 COUNTY HOWARD 21 23 SUBDIVISION REDDWOOD 42 SECTION 44 46 LOT 48 50 GLENELEG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 0 73 76 77 78	
DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. 77 License No. 80 Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday 10/6/88 Signature Date		B 4 FOLLY QUARTER RD 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 200 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD H# 38836 COUNTY NAME 6 MO. EXTENSION NEW EXPIRATION 11/1/89 STATE SIGNATURE Charles Benjamin 41 DATE ISSUED 5/1/89 NORTH GRID 50 55 EAST GRID 0307 63 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 808 7 N 520 0 000 000	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 30 AIR-ROTARY 37 AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N 32 GLENELEG TRIANGLE OCT 15 10 35 AM '88 FOLLY QTR RD	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 80-88-0257 52 Not to be filled in by driller (DP USE ONLY) APPROP. PERMIT NUMBER 80-88-0257 54 63 FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT NO. 80-88-0257 67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS	

RIDGEWOOD

A 38836

SUBDIVISION:

FOLLY QUANTER RD.

LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

~~Want spec's for 11 bedrooms~~
4 BR 2280

210 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 5 feet below original grade.

Effective area begins at 3 feet below original grade.

2 feet of stone below distribution pipe.

~~541 + 2310 FOR 11 BEDROOMS~~
~~507 + 1470 FOR 1 BEDROOMS~~
~~1720 FT LONG FOR 11 BR.~~
~~490 FT LONG FOR 7 BR.~~

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 145' FROM

FROM THE FRONT LOT LINE AND 355' FROM THE RIGHT LOT LINE

AS SEEN WHEN FACING THE PROPERTY FROM FOLLY QUANTER RD.

RUN TRENCHES ALONG CONTOUR TOWARD LEFT SIDE OF PROPERTY.

~~*** FIRST TRENCH MAXIMUM LENGTH 60' DUE TO SOIL CONDITIONS~~
~~OUTSIDE OF APPROVED SEPTIC RESERVE AREA.~~

4/15/89 CW [signature]

HD-191 REVISED AFTER RETEST TO EXPAND AREA

5/29/91 RH.

APPLICATION

PERCOLATION TESTING

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

A 38836

P _____

DISTRICT _____

DATE 2/26/87

*5/19/87
perc OK'd pending
plat approval*

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 Royden A. Blunt JOANN COPEL
c/o F.A.M. Equities, Inc. 233 E. Redwood Street. 233 E.
Baltimore, MD 21202 PHONE 301-685-8588

PROSPECTIVE BUYER F.A.M. Equities, Inc.
802 Garrett Bldg., 233 E. Redwood Street
Baltimore, MD 21202 PHONE 301-685-8588

PROPERTY LOCATION: Intersection of Rt. 32 and Folly Quarter Road

SUBDIVISION Ridgewood LOT NO. 1

ROAD AND DESCRIPTION Public CT. A

TAX MAP 22 PARCEL # 160

SIZE OF LOT 4.2 AC TYPE BLDG Single Family
(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. Wigand H. Theimer (Agent for F.A.M. Eq.)
(SIGNATURE OF APPLICANT)

APPROVED BY B. Nixon FOR SHALLOW SYSTEM ONLY DATE 10/27/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes & sub-plat

SHALLOW SYSTEM ONLY

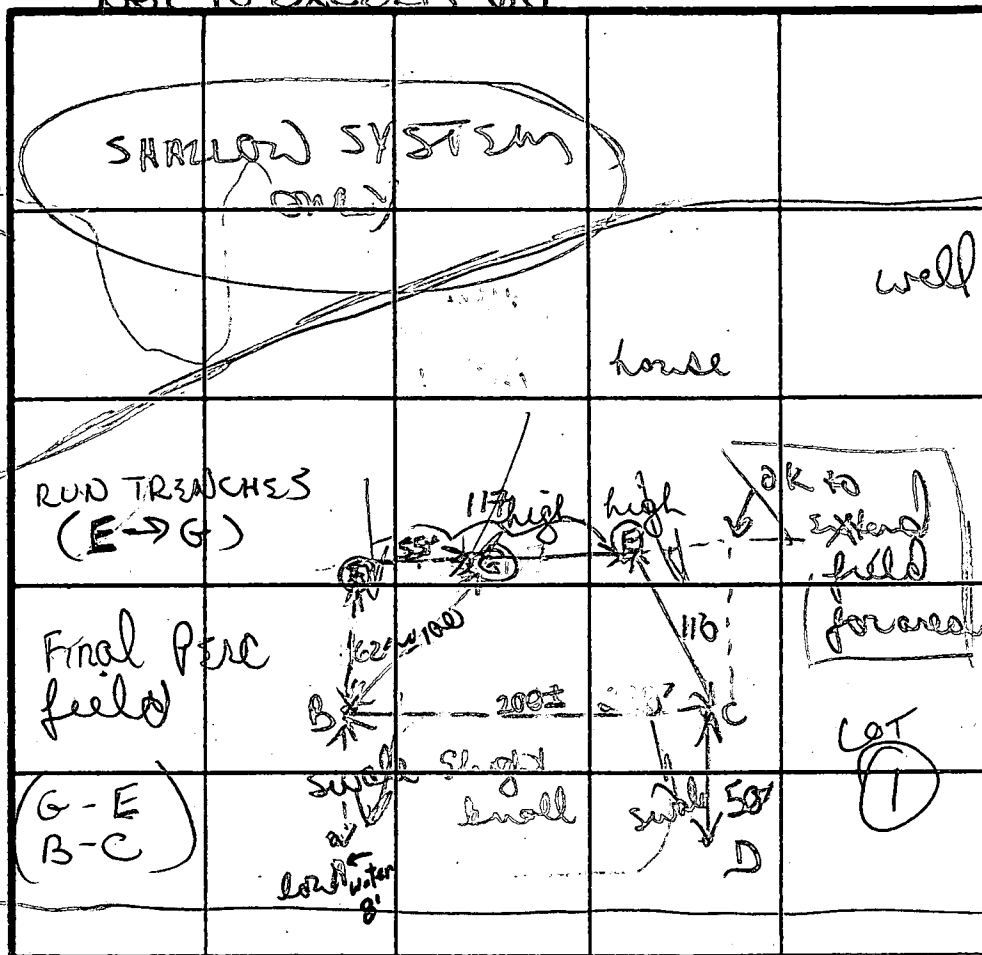
THIS IS NOT A PERMIT

INLET 3'
MAX D 5'
180°/BD
 $X = 5\frac{1}{2}$ MIN

NOTE LENGTH OF 1ST TRENCH
NOT TO EXCEED 60'

SOIL PROFILE

orange/brown
setty loam
4'
patches of
gold sand
with
soils
8'
H2O
↓
3



②
orange clay
to clay loam
4'
No tan orange
setty loam

layers weathered
saprophytic 9 1/2'

30' 11' D
near
hard
F

orange/grey
clay setty
loam w/
small hard
rock 5'

to grey hard
rock
frag
↓
8 1/2' D
hard
G

surface
rock frags
orange
setty loam
3'

to tan
grey
pandey

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FOURTH QUARTER ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/19/87	A	4' S	NOT	TESTED			
		11' D	H2O at 8'				fail
	1A	4 1/2' S	1117	1118	1118	1120	2 MIN
		11' D	bottom	(see profile)			
	C	2 1/2' S	1123	1125	1125	1129	4 MIN
		12' D	bottom	(see profile)			
	D	3' S	1130	1137	1137	1152	15 MIN
		7' M	1130	1133	1133	1138	5 MIN
		12' S	bottom	(see profile)			
		S+H VISUAL ONLY (see profile)					

REMARKS

TYPE OF SOIL

TESTED BY

dug as staked, flipped uphill due to H2O
in low hole

soils good mostly setty loams (clay top 2")

B Nylan

ALSO PRESENT

Neal, Chris, Jeff

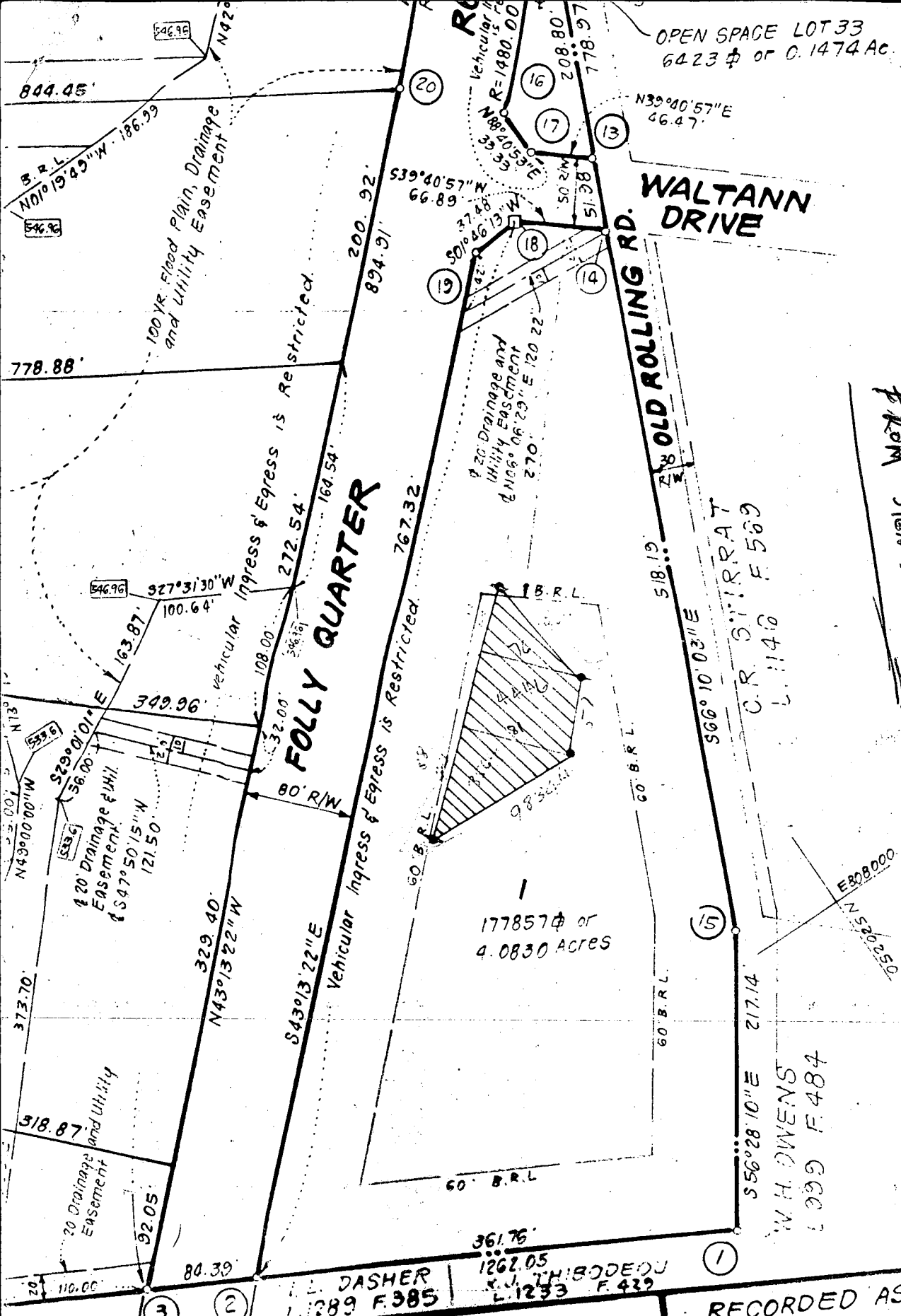
orange/red
cheater
gravelly
max 4'

to orange
grey tan
setty loam
↓

11' D
C + D

orange/yellow
clay 2 1/3'
gitty yellow

brown
setty loam
w/ few
scattered
frags
12' D



FROM SIGNED FINAL

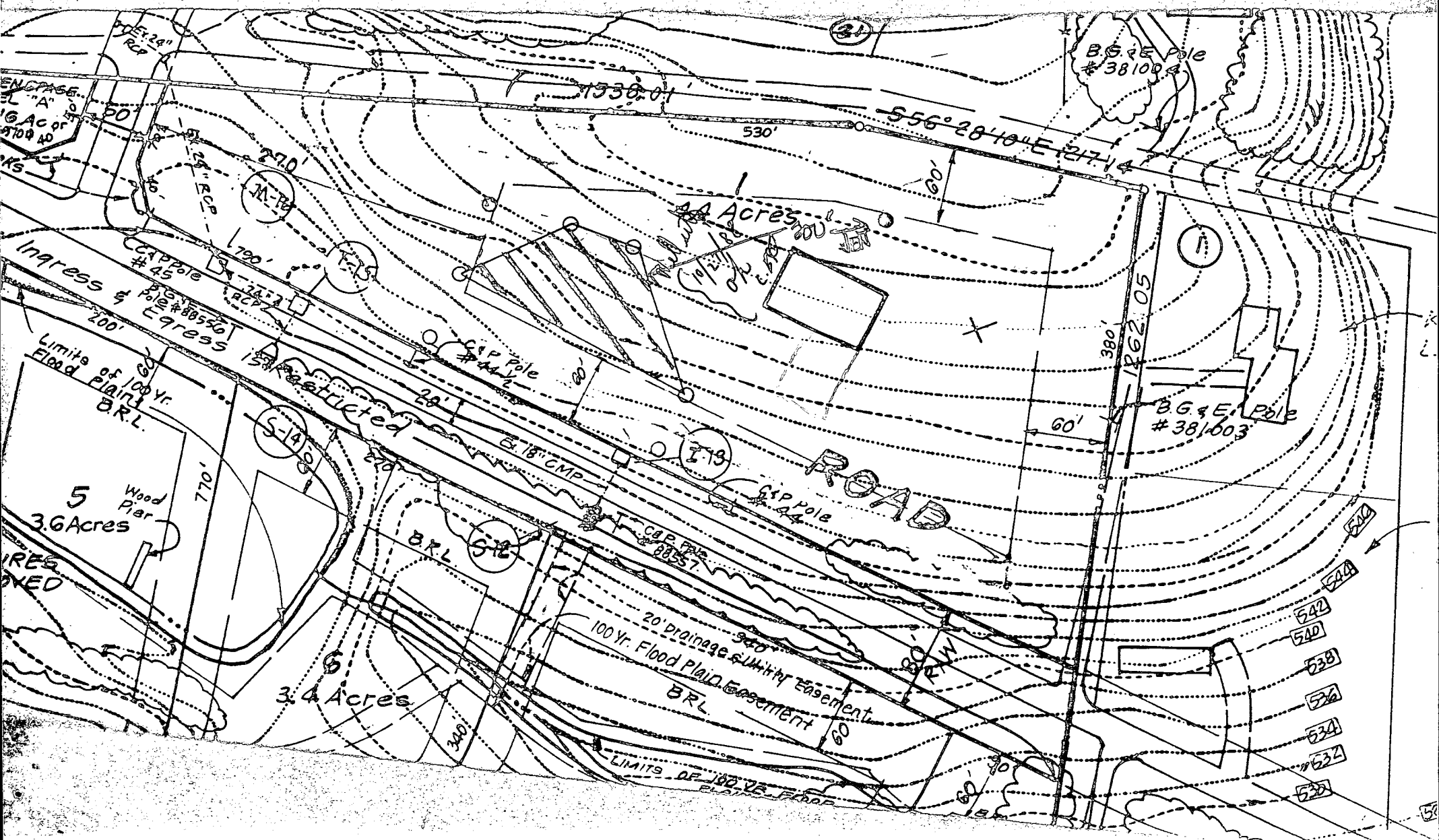
11 bedrooms

SURVEYOR'S CERTIFICATE

I hereby certify that the Final Plat shown hereon is correct; is a subdivision of all of the land conveyed from Mercantile-Deposit and Trust Company, personal representative of the estate of Royden A. Blunt to FAM Equities, Inc. by deed and recorded among the Land Records

RECORDED AS PLAT
ON _____, AMONG THE LAND
RECORDS OF HOWARD COUNTY, MD

RIDGEWOOD
LOTS 1 THRU 33



5/20/91
10/10

APPLICATION

PERCOLATION TESTING

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

A 44077

P _____

PREVIEW OR
DIG 3 HOLES AS
SHOWN AT ENDS OF TRENCHES.
IF UN SUCCESSFUL,
MOVE UPHILL TO ATTEMPT
PUMPED SEWER AREA.

DISTRICT _____

DATE 5/10/91

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.

PROPOSED HOUSE LOCATION
WILL REQUIRE RELOCATION
OF WELL TO GREATER
THAN 30' TO HOUSE.
C. Williams
5/10/91

PROPERTY OWNER

KWANG YEE

ADDRESS

P.O. 10979 GUILFORD RD.

ANNAPOLIS JUNCTION MD. 20701

PHONE

953-0001

BUILDER
PROSPECTIVE BUYER

D. W. TAYLOR

ADDRESS

5024 DONSOY HALL DR E.C.

PHONE

964-1181

PROPERTY LOCATION:

SUBDIVISION

RIDGEWOOD #

LOT NO.

#1

ROAD AND DESCRIPTION

3919 WALTANN DRIVE @ OLD FALLING ROAD

HOWARD CO. MD. 21843

TAX MAP

22

PARCEL #

160

SIZE OF LOT

4.2 ACRES

TYPE BLDG

SINGLE FAMILY.

(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

R. Hodger

FOR

Large Plant Field

DATE

5/20/91

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

OLD PERMIT SIGNATURE
AND RETURNED 5/29/91

36461/S.F. 7 Bedrooms

HD-216

THIS IS NOT A PERMIT

①
SOIL PROFILE

0
CLAY

2
BROWN
SAND
GRITTY
LOAM

7
DULL
BROWN
SAND
LOAM
FEW
ROCKS

12

②

4
CLAY

GRAY
BROWN
SAND
LOAM
FEW
ROCKS

13

③

3
CLAY

BROWN
SAND
LOAM

7
DULL
BROWN
SAND
LOAM

13

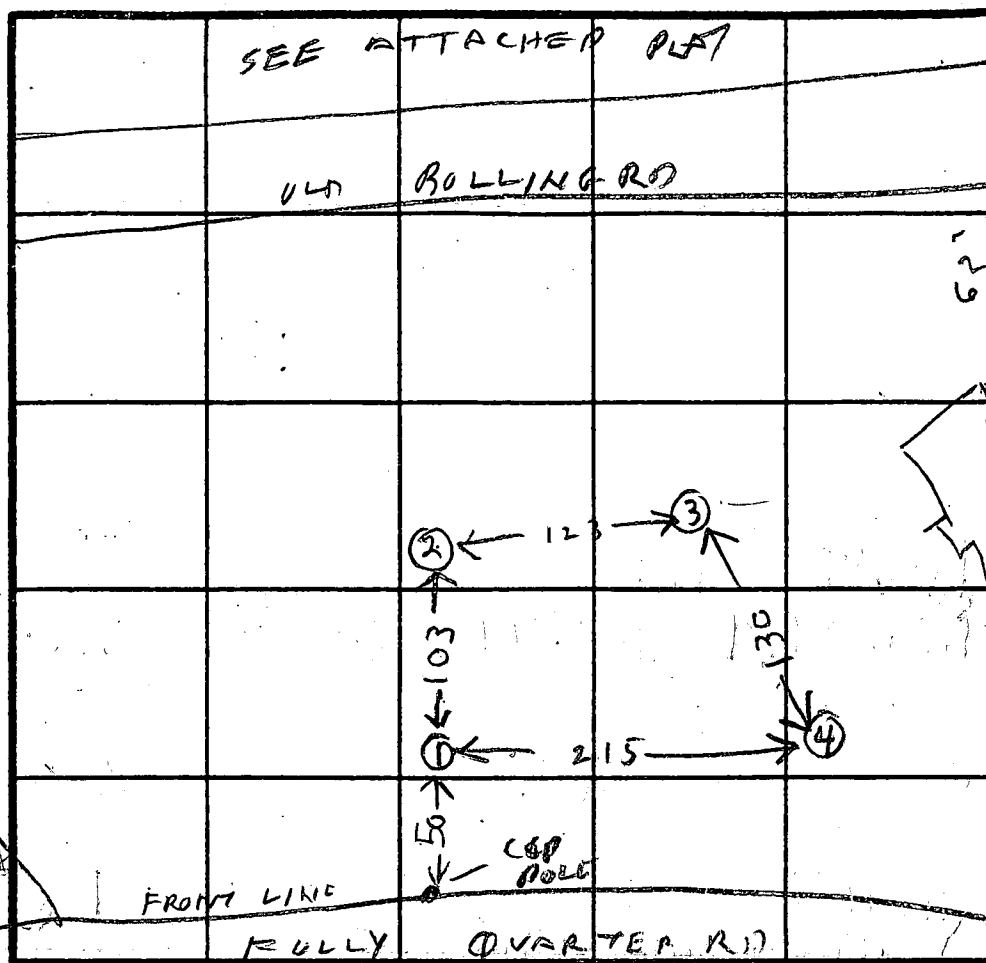
④

3
CLAY

BROWN
SAND
LOAM

8
BROWN
GRAY
SAND
LOAM

13

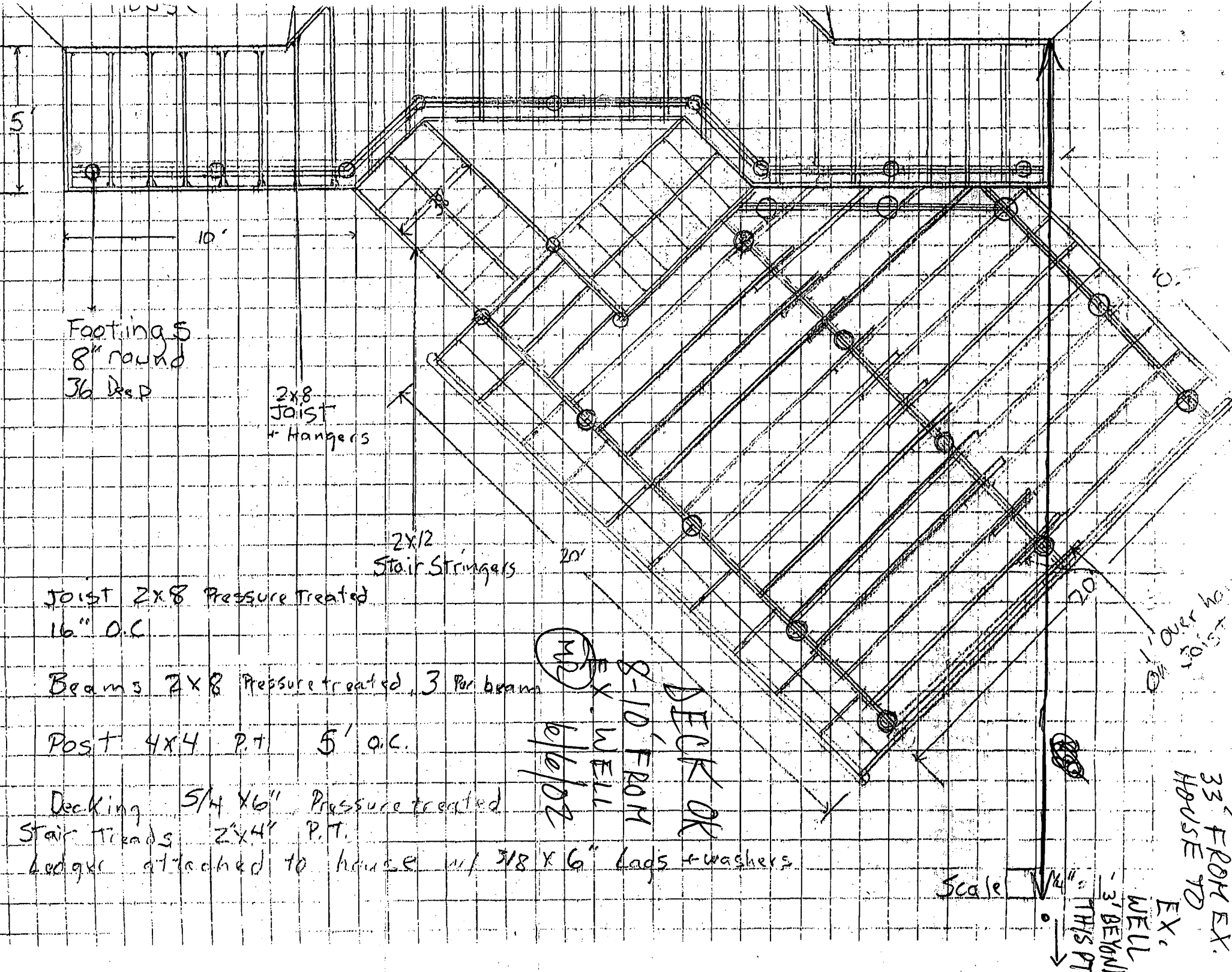


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/20/91	1 S	3.5	1010	1012	1012	1014	2
	1 D	8	1010	1015	1015	1025	10
	1 V	12	OK				
	2 S	3.5	1023	1037	1037	1103	16
	2 D	8	1024	1025	1025	1027	2
	2 V	13	OK				
	3 S	4	1029	1032	1032	1037	5
	3 D	8	1029	1030	1030	1032	2
	3 V	13	OK				
	4 V	13	OK				

REMARKS _____

TYPE OF SOIL _____

TESTED BY RAYMOND HUBER ALSO PRESENT ARNOLD SEPTIE



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <u>B00136700</u>	
Building Address <u>3935 Wall Ann Drive</u> <u>Ellicott City, MD 21042</u>			Property Owner's Name <u>Terence & Laura Lee</u> Address <u>3935 Wall Ann Dr</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605101</u> Subdivision <u>Ellicott</u>			City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>(410) 581-0111</u> Work Phone <u>(410) 581-0111</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Section _____ Area _____ Lot <u>1</u> Tax Map <u>22</u> Parcel <u>160</u> Grid <u>15</u> Zoning <u>RR</u> Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>single family dwelling</u> Proposed Use <u>single family dwelling</u> Estimated Construction Cost \$ <u>10K</u> Description of Work <u>bldg. a 2-level deck</u> <u>Top level = 5' x 33' stepping down</u> <u>to 10' x 20' irregular shaped level</u> <u>steps to grade</u>			Contractor Company <u>same</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Occupant or Tenant <u>(same)</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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

Applicant's Signature Laura F Lee Date _____
 Title/Company _____

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

FOR OFFICE USE ONLY			
AGENCY Land Development DPZ State Highways Building Official <u>6/16/02</u> Dev. Engineering DPZ Health <u>6/6/02</u> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNATURE APPROVAL <u>[Signature]</u> <u>[Signature]</u> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>51641</u> Filing fee \$ _____ Permit fee \$ <u>50</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ <u>50</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3063</u> Validation # <u>51256</u> Accepted by <u>[Signature]</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			

