2/20/90 12:00
2/21/90 (?)
3/16/90 P.M.

File N

PERMIT

P 45618

A 45464

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 4th

DATE 2/28/90

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 3/16/90 (House Connection)

INSPECTOR C.B.

04-337840

Fogle's Septic Service, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Rover Mill Estates ROAD 14009 Tall Ships Dr. LOT 5

PROPERTY OWNER Ronald J. & Carole B. Eber

ADDRESS

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 20%~~

~~GARBAGE GRINDER? YES NO~~

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

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 = Place the distribution box 110 feet from the well approximately 160 feet from the rear lot line and 230 feet from the right lot line as seen when facing the property from Tall Ships Drive. Run trenches along contour toward right side of lot.

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

PLANS APPROVED BY C. Williams DATE 2/16/90

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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

BLDG. PERMIT SIGNED AND RETURNED 10-22-98
Serial # BR0114673
[illegible]

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

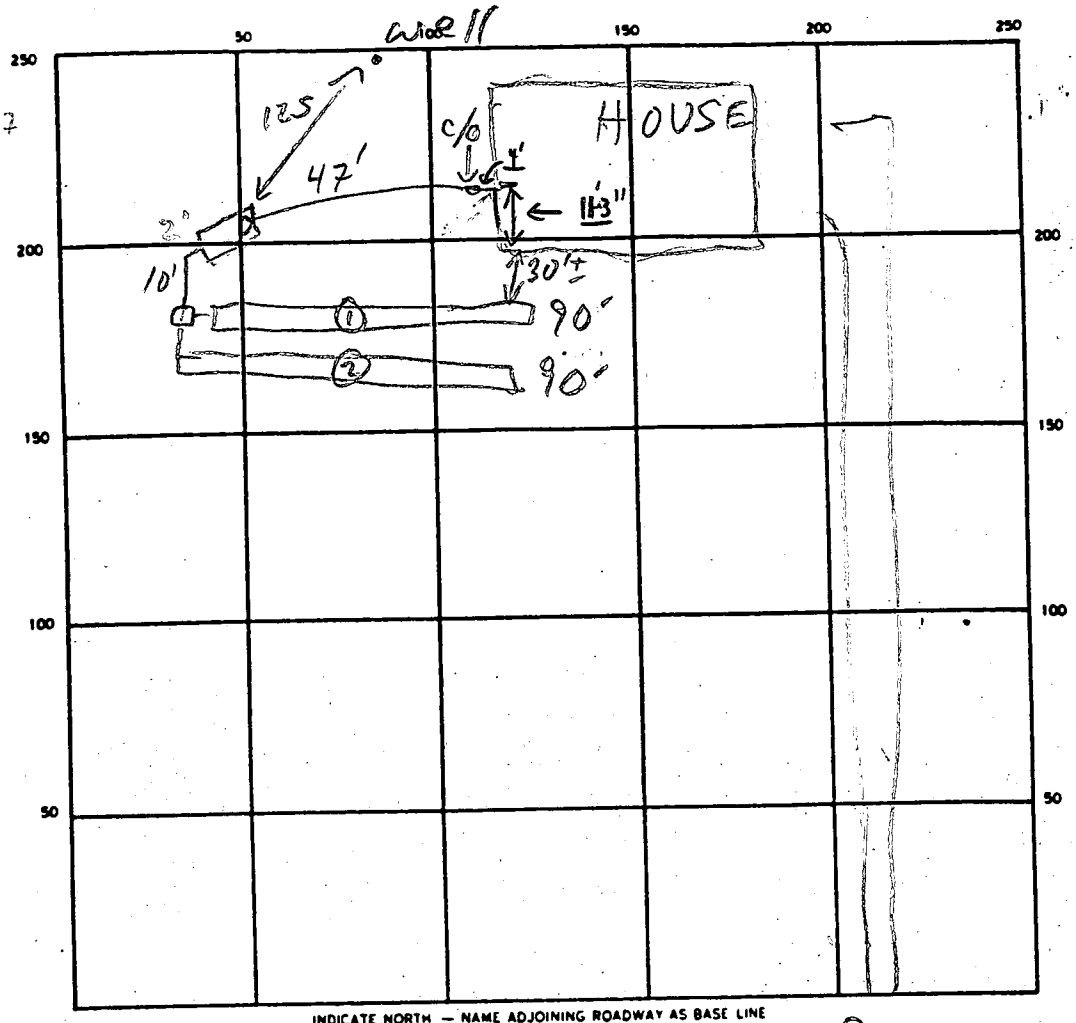
NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

A 45464

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

TALL SHIPS DR

SEPTIC TANK. LEVEL 1500 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH ①90 ②90 FT

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA ①458 ②450 SQ FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 900± SQ. FT.

REMARKS 2/22/90 OK TO CONTINUE; NO HOUSE CONN YR
3/16/90 OK TO COVER - FINAL ; C.B.O

DATE SYSTEM APPROVED 3/15/90 INSPECTOR Charles Bryan

10:00 am
2-8-90
ReTest

APPLICATION

A 45464

PERCOLATION TESTING

P _____

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

DISTRICT _____

DATE 1/25/90

Preview incomplete. Need more info from owner as to perc locations for retest. 1-26-90 JEN

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 Ronald J. Eber

ADDRESS 517 Washington Rd., Westminster, MD. 21157 PHONE 848-7904

PROSPECTIVE BUYER None

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Rover Mill Estates LOT NO. 5

ROAD AND DESCRIPTION 14009 Tall Ships Drive

Building Permit No. 30707

TAX MAP _____ PARCEL # _____

SIZE OF LOT 2.954 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. Ronald J. Eber
(SIGNATURE OF APPLICANT)

APPROVED BY C Weber FOR TRUCHES DATE 2/14/90

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING BUILDER TO SUBMIT BP REVISION

BLDG. PERMIT SIGNED AND RETURNED 2/14/90

Serial 431707-SFD-
5 Bedrooms

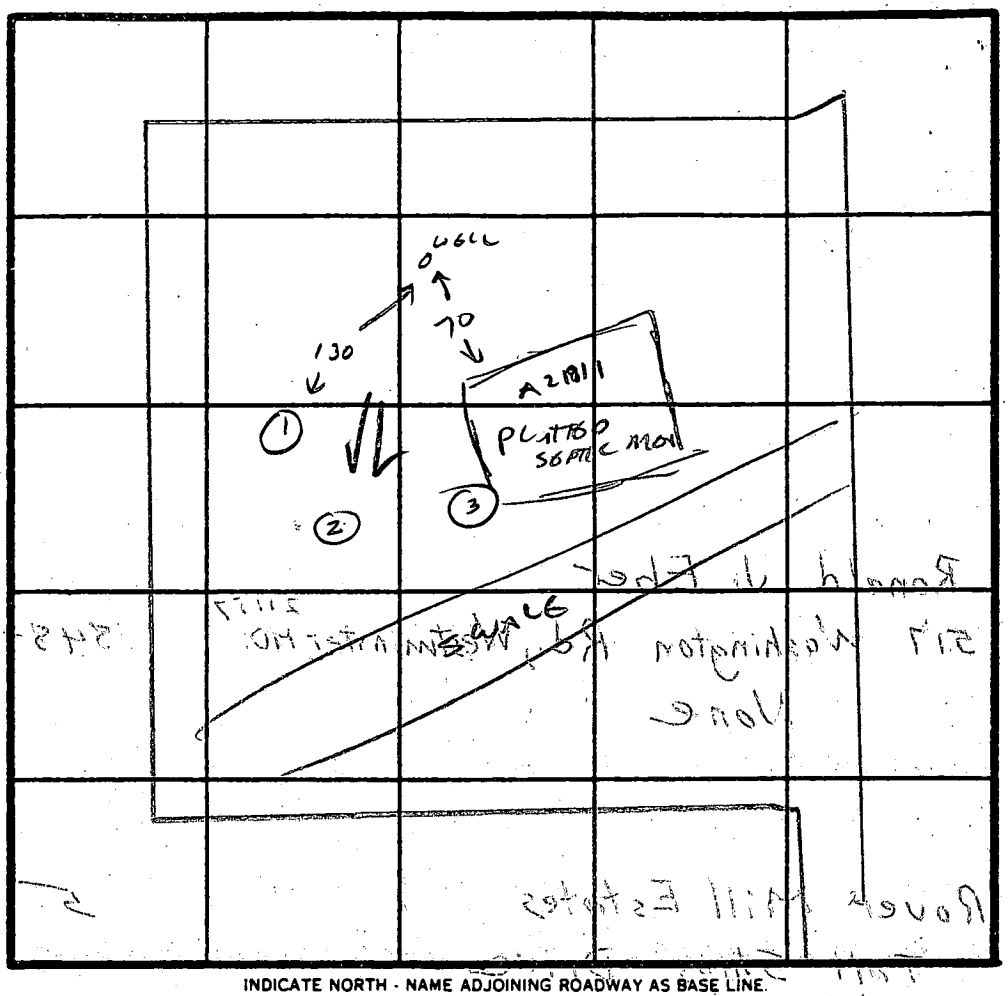
HD-216

THIS IS NOT A PERMIT

#1 & 2

SOIL PROFILE

0"
CLAY LOAM
3½"
SILT LOAM
TO 10% ROCK FRAGMENTS
12"



INCOT 3½"
180

#3

CLAY LOAM
4"
TO 10% ROCK FRAGMENTS
12"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/8/98	1	4	10:07	10:09	10:09	10:11	2 MIN
		8					
		12					
	2	4	10:09	10:11	10:11	10:14	3 MIN
		8					
		12					
	3	12" VIS OK - AT EDGE OF			MAJOR SWALE		
		KEEP SEPTIC AREA TO			HIGH SIDE OF	THIS HOLE.	

REMARKS WELL TOO CLOSE TO PLATTED SEPTIC AREA, NEED TO ADJUST AREA TO ACCOMMODATE HOUSE & WELL SITE.

TYPE OF SOIL SWALES AND COMPLEX TOPOGRAPHY DICTATE START SYSTEM AT HIGH SIDE OF HOLE 1 - OTHERWISE OK

TESTED BY C. Wilson / G. Mellon

~~ALSO PRESENT~~ BP REVISION TO BE SUBMITTED

↓

DAVE FOGEL, DUNLOP

APPLICATION

A 21811

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4

DATE 9/14/75

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 John J. and Evelyn Keenan

ADDRESS C/O Chas. H. Steffey, Inc.
9338 Baltimore Nat'l Pike
Ellicott City, Md. PHONE 465-8500

PROPERTY LOCATION:

SUBDIVISION Rover Mill Rd. - Addition Estates - Addition LOT NO. 5

ROAD AND DESCRIPTION Road 'A'

Rover Mill Rd. to Road & 'A'

SIZE OF LOT 3.0Ac. TYPE BLDG. 4 Bedroom
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 John J Keenan by NWS

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

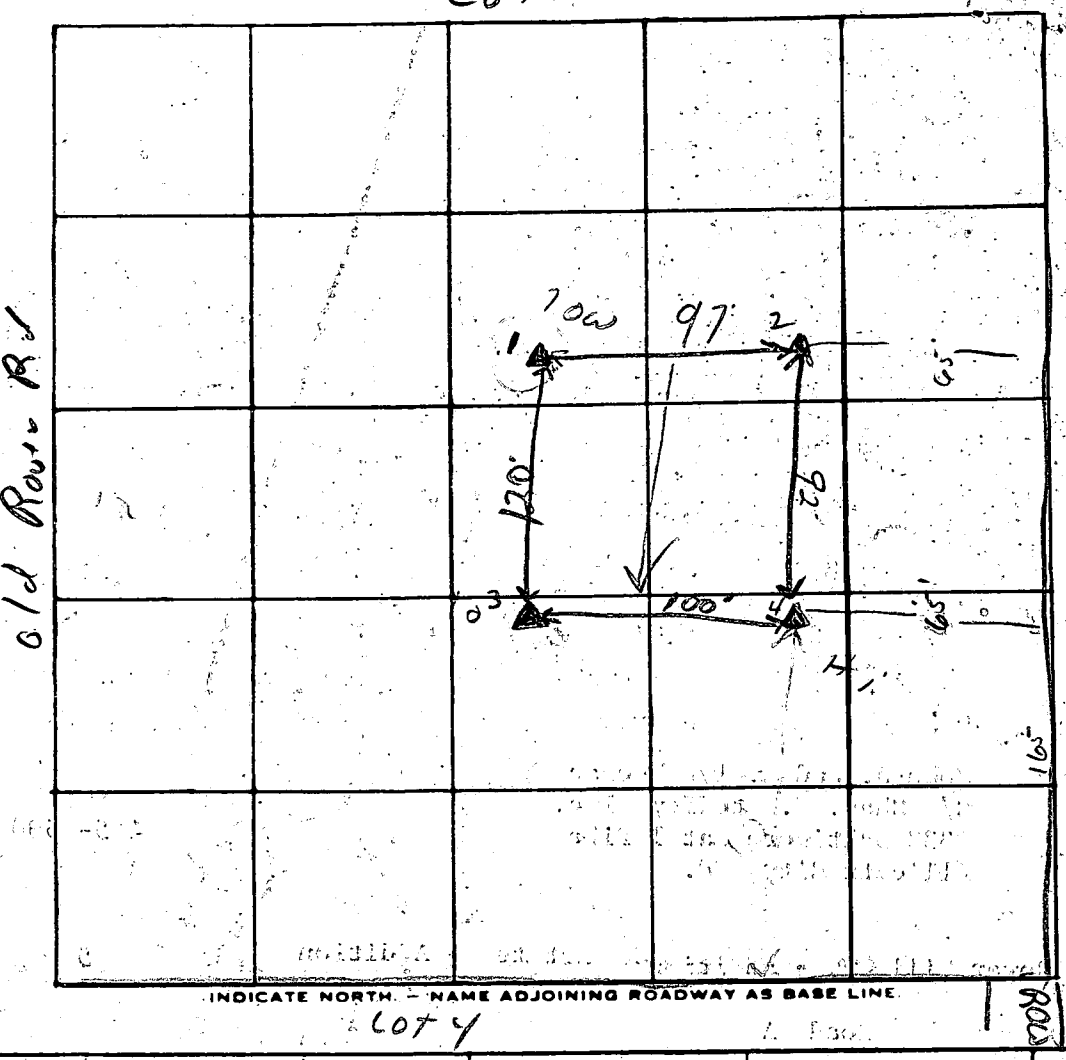
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 5



DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8-7-75	1S	4½'	1150	1156	1156	1200	4
	1D	11½'	1150	1155	1155	1201	6
	2	11½' VISUAL	SILT-LOAM SAME AS ALL OTHERS				
			4-11½'				
	3S	4'	1155	1200	1200	1212	12
	3D	11'	1155	1159	1159	1200	3
	4S	3'	1220	1235	1235	1245	10
8-7-75	4D	13'	1220	1230	1230	1235	5

ABSORBANT AT 2½'

REMARKS _____

TYPE OF SOIL Silt-Loam

TESTED BY H.E. DION ALSO PRESENT: FYOCK + ASSOC.

HOWARD COUNTY HEALTH DEPARTMENT

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

February 21, 1990

Reply to:
Craig Williams, Director
461-9933 or 461-9934

Mr. Nick Musgrove
"A" Frame Unlimited
1608 Pin Knob Road
Sykesville, Maryland 21784

Re: Building Permit No. 30707
Rover Mill Estates - Lot 5
14009 Tallships Drive

Dear Mr. Musgrove:

You will recall that relative to the above referenced property, the submitted building permit application revealed that the well had been drilled at a location that conflicted with the platted sewage reserve area and the house was proposed for a location that also conflicted with the platted sewage reserve area.

To remedy these problems a percolation re-test was conducted February 8, 1990, which allowed modification of the sewage reserve area. A very informal plat was accepted, sufficient to allow issuance of the building permit and septic system permit. The house and septic system are currently under construction.

As discussed with you in the field on February 20, the adjusted house and septic location are acceptable to this office. However, if additions or other structures are proposed, problems may arise because the location of the adjusted septic reserve area is so sketchy.

To protect against a problem developing, an "as-built" percolation certification plat by a registered engineer must be submitted through this office for Health Officer's signature prior to occupancy approval. This plat should provide scaled, accurate location of the well, house, installed septic system, and adjusted septic reserve area, as well as the drainage easement. I would suggest that this document could most conveniently be generated when the routine "wall check" plat is developed.

Also, please be certain to request inspection by this office when the septic system is connected to the house. In many cases, when the septic system is installed before the house plumbing is complete, the builder incorrectly assumes that the final plumbing inspection provides approval of connection to the septic system. Failure to have the house connection inspected by the Health Department can delay final occupancy approval.

Yours truly

Craig Williams

Craig Williams, Director
Water and Sewerage Program

CW:cm

A-FRAMES UNLIMITED INC.

GENERAL CONTRACTOR

NICKLAS E. MUSGRAVE
President

1680 Pine Knob Road
Sykesville, Md. 21784

Bus. (301) 795-7670
Res. (301) 781-7284

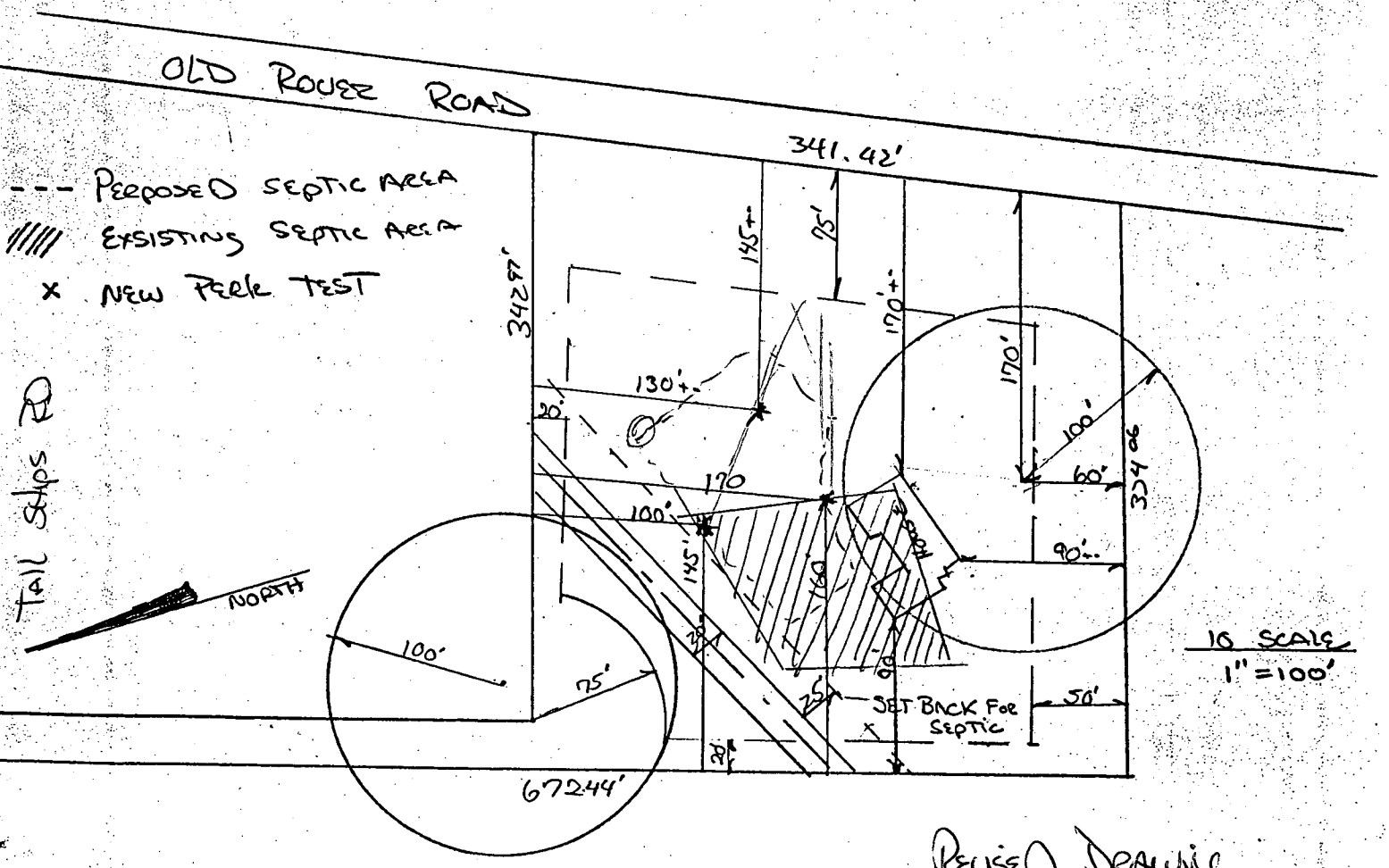
LOT 5
ROUSE MILL ESTATES
14009 TAILSHOPS 20
WEST FRIENDSHIP MD

CASE 9789270

A# 45464

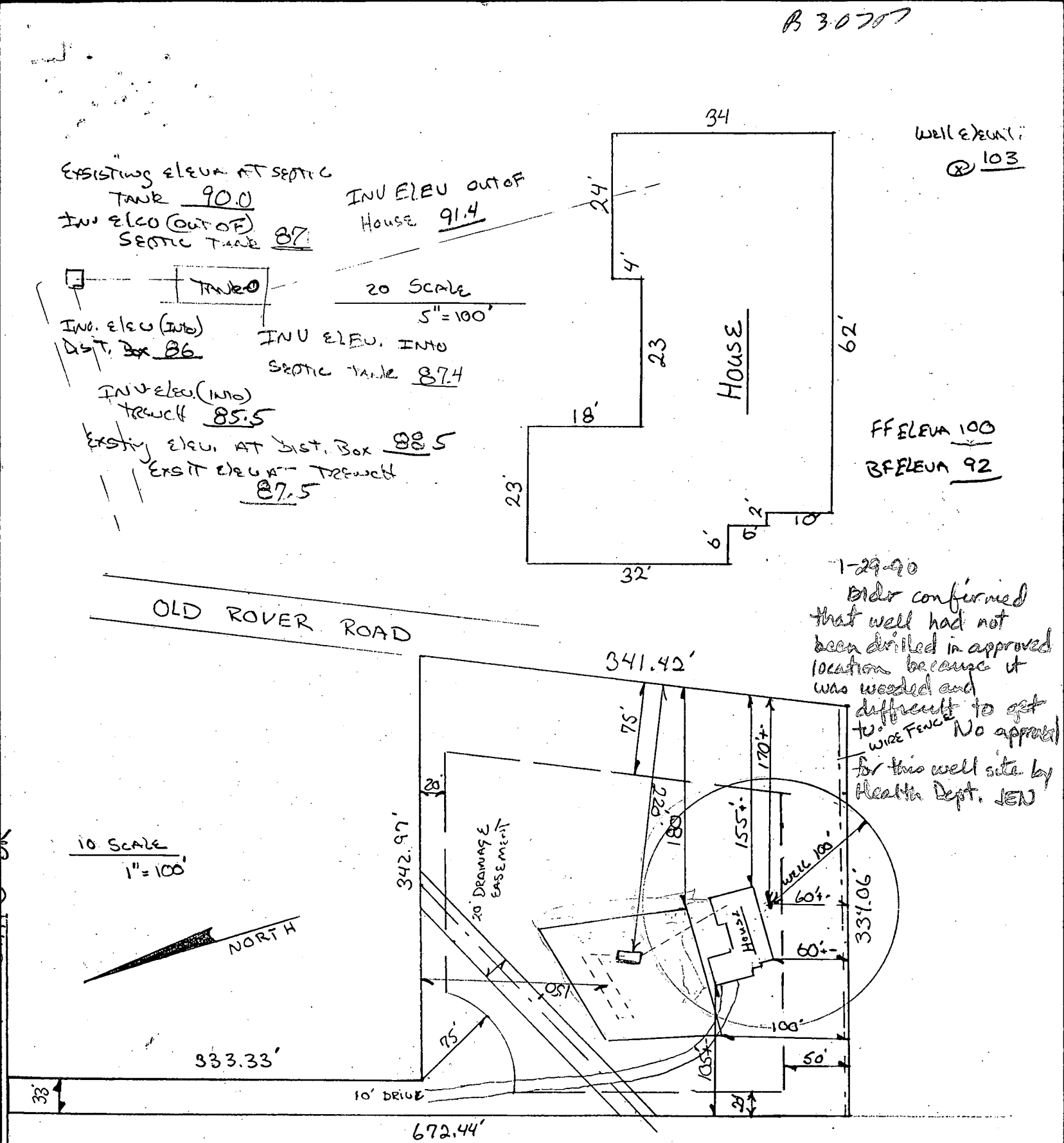
Approved for Private Water and Sewer
Howard County Health Department.

Howard Country Health Officer _____ Date _____



REVISED DRAWING
2-8-90
NEM.

B 30707



LOT 5
ROVER MILL ESTATES
14009 TALL SHIPS DRIVE
WEST FRIENDSHIP, MD

RONALD J. AND CAROLE EBE
517 WASHINGTON RD
WESTMINSTER MD 21157
848-7904

LOT 5
ROUER MILL ESTATES
14009 TAIL SHIPS DR
WEST FRIENDSHIP MD

Approved for Private Water and Sewer
Howard County Health Department.

Howard Country Health Officer _____ Date _____

Peecolation
CERTIFICATION
PLAT

PERMIT # 30707

THIS INFORMATION IS
BASED UPON FIELD
MEASUREMENTS AND IS
CORRECT TO THE BEST OF
MY ABILITY

Mark E. Morgan PE
2-14-90

REVISED SEPTIC AREA
ACCEPTED.
BP 30707 SIGNED
2/14/90

PLAT NOT SENT
FOR HEALTH OFFICERS
SIGNATURE.
TOO INFORMAL TO
BE ACCEPTED.

NOTE:

1. THIS AREA IS DESIGNATED AS A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY

OLD ROUER ROAD

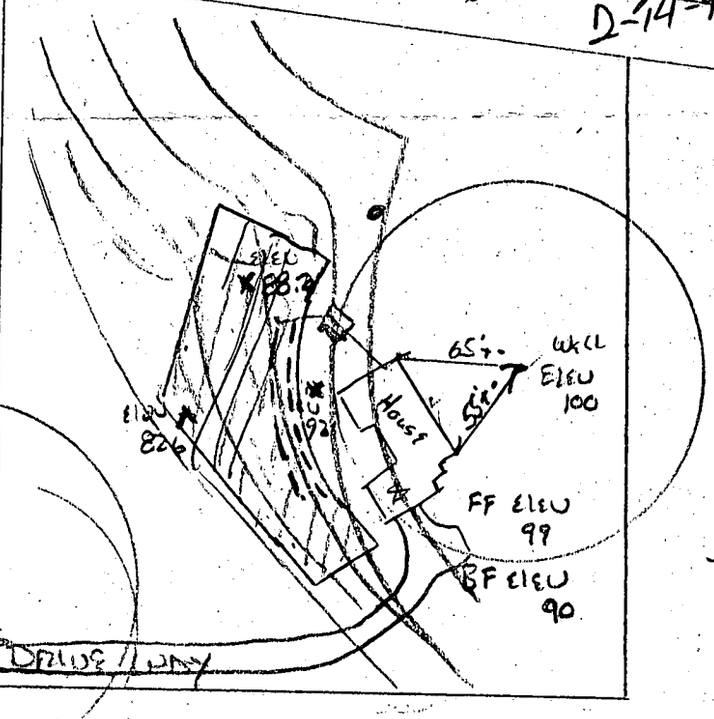
Mark E. Morgan
2-14-90

Peepose D Septic

* NEW PERK TEST

— TOPOG

TAIL SHIPS RD



10 SCALE
1" = 100'

DRIVE WAY

ELEVATIONS OK
2/14/90
C. Willan

DIST ELEV AT DIST BOX 91

INV ELEV INTO DIST BOX 88

INV ELEV INTO TRENCH 88

EXISTING ELEV AT TRENCH 91

LEACH FIELDS

EXISTING ELEVATION AT SEPTIC 93

INV ELEV OUT OF SEPTIC 88.3

INV ELEV INTO SEPTIC 88.6

INV ELEV OUT OF HOUSE 89

34'

20 SCALE HOUSE

FF ELEV 99
BF ELEV 90

18'

10'

6'

32'

NOTE:

1. THIS AREA IS DESIGNATED AS A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY

OLD ROUTE ROAD

Mark E. Meyer
2-14-90

Perpose D Septic

* NEW PERK TEST

— To Fog

TAIL SHOPS RD

ELEV 88.3

65'±

WKL ELEV 100

HOUSE

55'

ELEV 88.6

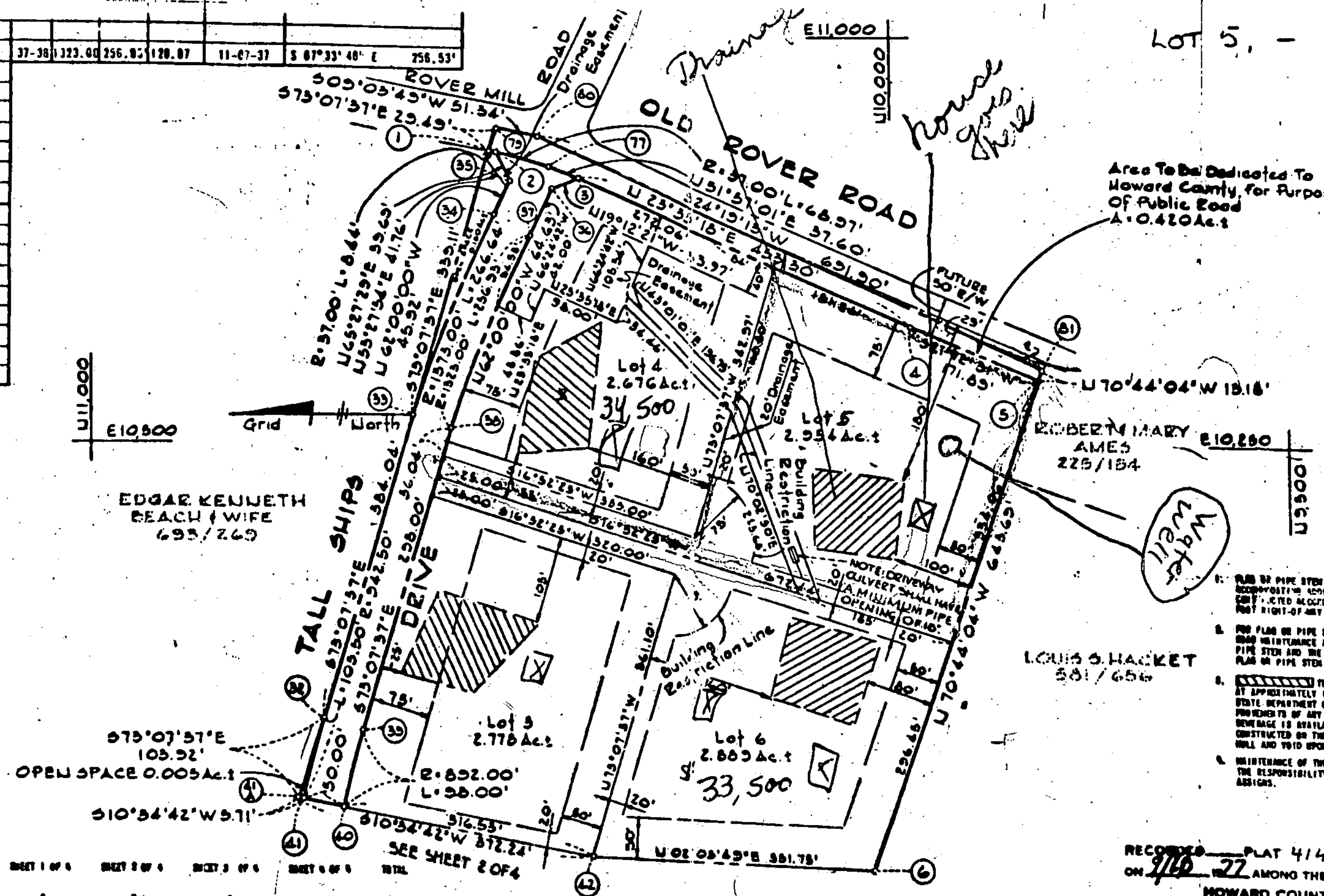
FF ELEV 99

BF ELEV 90

10 SCALE
1" = 100'

5	9816.56	10581.62						
6	10024.80	9986.42	37-38	1323.00	256.83	128.87	11-07-37	S 87°33' 40" E 256.53'
32	10711.88	10168.86						
33	10600.41	10534.37						
34	10498.61	10780.44						
35	10477.25	10820.98						
36	10424.31	10814.02						
37	10454.65	10758.06						
38	10552.58	10519.85						
39	10644.03	10152.34						
40	10687.27	10057.18						
41	10736.42	10066.37						
42	10376.12	9939.08						
77	10428.38	10835.53						
79	10493.42	10887.18						
80	10422.72	10879.82						
81	8012.22	10594.86						
41A	10742.84	10067.42						

The Origin Of The Coordinates Shown Hereon Is Assumed.



GENERAL NOTES

1. FLAG OR PIPE STEM LOTS SHALL NOT BE FURTHER SUBDIVIDED INTO LOTS ACCOMMODATING ADDITIONAL RESIDENCES UNLESS A PUBLIC ROAD CAN BE CONSTRUCTED ACCORDING TO COUNTY STANDARDS ON A MINIMUM FIFTY (50) FOOT RIGHT-OF-WAY TO BE DEEDED TO THE COUNTY.
2. FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTIONS OF THE FLAG OR PIPE STEM AND THE ROAD RIGHT-OF-WAY LINE ONLY AND NOT ONTO THE FLAG OR PIPE STEM LOT DRIVEWAY.
3. [hatched symbol] THIS AREA DESIGNATED A PRIVATE SEWAGE EASEMENT AT APPROXIMATELY 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURE CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.
4. MAINTENANCE OF THE STORM WATER MANAGEMENT FACILITIES SHALL BE THE RESPONSIBILITY OF THE PROPERTY OWNER, ITS SUCCESSORS AND ASSIGNS.

RECORDED ___ PLAT 4141
ON 9/10 1977 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD.

INDEX	SHEET 1 OF 4	SHEET 2 OF 4	SHEET 3 OF 4	SHEET 4 OF 4	TOTAL
TOTAL NUMBER OF LOTS TO BE RECORDED.	6	6	9	11	[illegible]
TOTAL AREA OF LOTS	11.280 Ac.±	10.630 Ac.±	[illegible] Ac.±	[illegible] Ac.±	[illegible] Ac.±
TOTAL AREA TO BE DEDICATED TO HOWARD COUNTY FOR PURPOSE OF PUBLIC ROAD	0.420 Ac.±	0.00	0.00	0.00	0.420 Ac.±
TOTAL AREA OF ROAD	0.967 Ac.±	1.303 Ac.±	1.174 Ac.±	1.032 Ac.±	[illegible] Ac.±
TOTAL AREA OF OPEN SPACE	0.[illegible] Ac.±	0.050	0.00	0.00	0.161 Ac.±
TOTAL AREA OF SUBDIVISION	12.777 Ac.±	10.[illegible] Ac.±	[illegible] Ac.±	[illegible] Ac.±	[illegible].921 Ac.±

OWNER & DEVELOPER
JOHN J. KEENAN & WIFE
Wes. Friendship, Maryland 21794

PURDUM & JESCHKE
Consulting Engineers
Land Surveyors
1023 N. Calvert Street
Baltimore, Maryland 21202

SHEET 1 OF 4

APPROVED: For private water and private sewerage systems, Howard County Health Department.

[signature] 9-15-77
County Health Officer — Date

APPROVED: Howard County Office of Planning and Zoning

Thomas G. Harris 9-19-77
Director — Date

APPROVED: For storm drainage systems, public road Howard County [illegible]

OWNER'S CERTIFICATE

WE, JOHN J. KEENAN AND EVELYN J. KEENAN, HIS WIFE, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT OF WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) DEDICATE TO PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE AND FOR ONE DOLLAR ($1.00) CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE; (3) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS-OF-WAY; AND (4) IT IS FURTHER AGREED THAT MAINTENANCE OF ALL WATERWAYS, DRAINAGE EASEMENTS AND/OR FLOODPLAINS SHOWN HEREON ARE THE RESPONSIBILITY OF THE PROPERTY OWNER, ITS SUCCESSORS AND ASSIGNS.

WITNESS MY/OUR HANDS THIS 29th DAY OF March 1977

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF ALL OF THE LANDS CONVEYED BY MORRIS L. STIER AND ETHEL B. STIER, HIS WIFE, BY DEED DATED JANUARY 8, 19[illegible], AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY IN LIBER C.M.P. 180 AT FOLIO 153 AND ALL OF THE LANDS CONVEYED BY ETHEL HINE BY DEED DATED SEPTEMBER 11, 1953 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY IN LIBER C.M.P. 240 AT FOLIO 303 AND THAT ALL MONUMENTS ARE IN PLACE AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED.

ROVER MILL ESTATES

More Detailed Plans Needed

3/16/90

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

3/16/90 ok
Final
C.B.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

LINE

New Installation X
Replacement ____

Receipt # 45671
Date March 8 1990

Name of Installer Gartland Plumbing Telephone 829-9238

License Number 6352
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner RONALD EDER Telephone ____
Subdivision ROVER MILL ESTATES Lot # 5 Well Tag # HO-88-1039
Site Address 14009 TALL SHIPS DR

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Goulds
3. Model # 7E6F
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes ____ No X
6. If Yes, is low pressure cutoff switch installed? Yes ____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ____ Other X

Motor
1. Horsepower 1/2
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make Haward
2. Model # ____
3. Depth 42"

Tank
1. Capacity 42
2. Pressure relief valve? Yes

Piping
1. Type 160 lb
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data
1. Depth 200 ft.
2. Yield 12 GPM
3. Static water level 37 ft.
4. Will water supply be disinfected by installer? Builder

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [signature]

Date: 3-8-90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

C 1 1148 — 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 2181K

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED 11 02 89

Depth of Well 216 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-1039

OWNER FEEK RONALD (last name / first name)
STREET OR RFD 013 ROVER RD TOWN GLENWOOD
SUBDIVISION ROVER MILL EST SECTION — LOT 5

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 FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Sandy Clay	2	25	
Sandy Mica	25	60	
Gray Mica	60	70	
Sandy Mica	70	72	
Gray Mica	72	200	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 16 NO. OF POUNDS 1600
GALLONS OF WATER 80
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 39 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL; CO CONCRETE; PL PLASTIC; OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	32	201
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 37
WHEN PUMPING 42

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 (CIRCLE) (YES or NO) 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
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) + above / − below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

N

See plat

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.

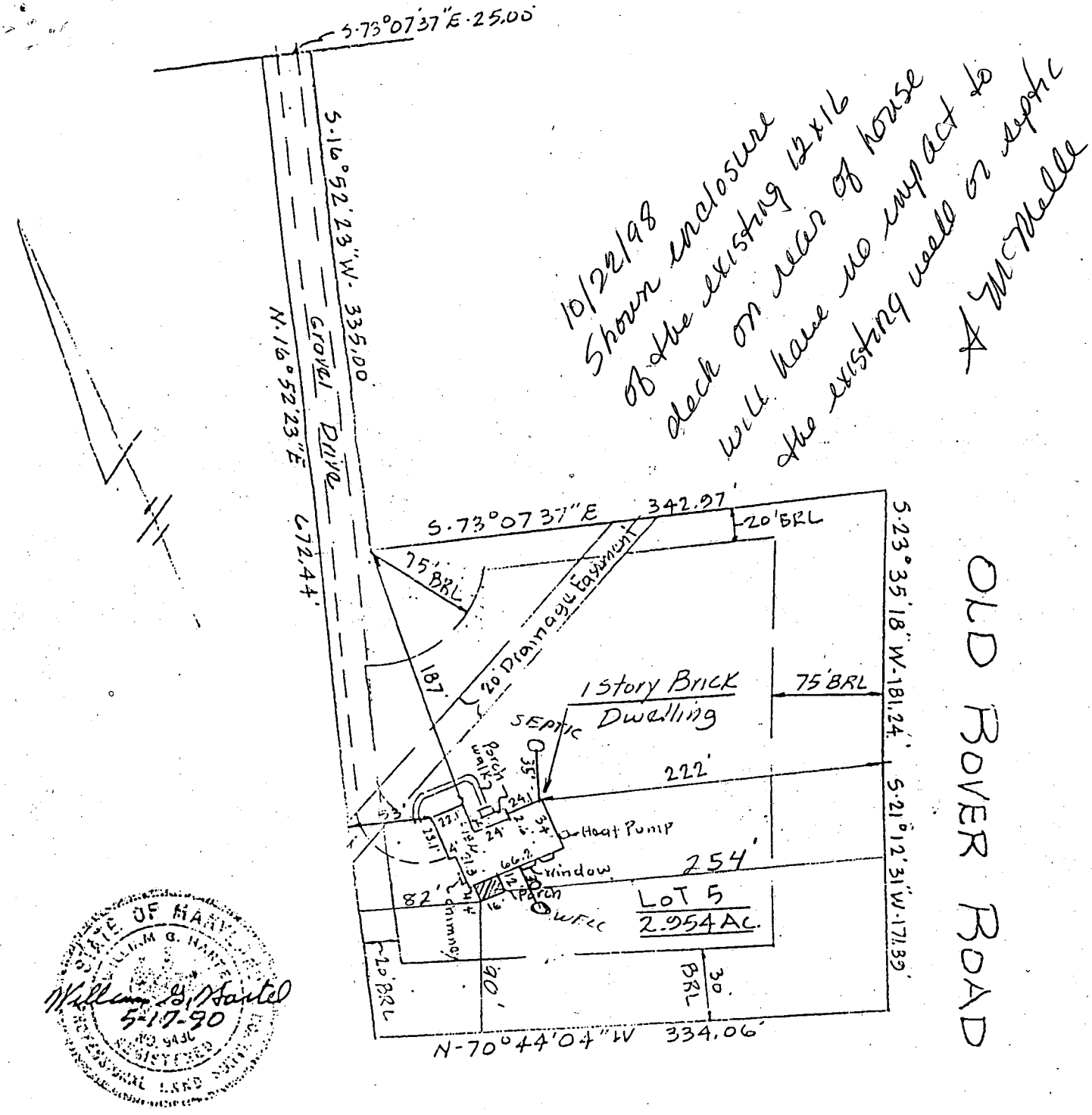
DRILLERS IDENT. NO. 40
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Richard A. Shelton
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING; LOG INDICATOR; OTHER DATA

COUNTY

TALL SHIPS

Eber



STATE OF MAINE
WILLIAM G. MAINE
REGISTERED
PROFESSIONAL LAND SURVEYOR
William G. Maine
5-17-90
NO. 9436

The Lot shown hereon does not lie within the limits of a recorded Floodplain Easement

Plat Reference: Revised Plat of Lot 5, 1 through 6, 27 and 28, Rover Mill Estates, recorded in Platbook 4141.

LE

LOCATION SURVEY

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE

45464

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 B00114673

Building Address 14009 Tall Ships Dr. West Friendship MD 21794
Suite/Apt. #: SDP/WP/Petition #:
Census Tract Subdivision
Section N/A Area N/A Lot 5
Tax Map 15 Parcel 233 Grid 13
Zoning RR-DEO Map Coordinates Lot size

Owner's Name Eber, Ronald & Carol
Address 14009 Tall Ships Dr.
City West Friendship State MD Zip Code 21794
Home Phone 442-2924 Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use SFD
Proposed Use Same with addition
Estimated Construction Cost $ 9,357.00
Description of Work Enclose Existing rear porch 16x12

Contractor Company Patio Enclosures Inc.
Contact Person Ritter, A.
Address 224 8th Ave N.E.
City Glen Burnie State MD Zip Code 21061
License No. 12791
Phone 760-1818 Fax 760-1808

Occupant or Tenant Same as owner
Contact Name
Address
City State Zip Code
Phone Fax

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

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
___ Reinforced Concrete
___ Structural Steel
___ Masonry
___ Wood Frame
Aluminum
___ State Certified Modular

Utilities

Water Supply:
___ Public
X Private
Sewage Disposal:
___ Public
X Private
Electric Yes ☐ No ☑
Gas Yes ☐ No ☑
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐ N/A
Propane Gas ☐
Sprinkler system: N/A ☐
___ NFPA #13
___ Full
___ Partial
___ Other Suppression

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:	16	12
2nd floor:		
Basement:	N/A	

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 0

Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:

Other:
Dimensions:
Footings:
Roof:
___ State Certified Modular
X Manufactured Home

Utilities

Water Supply:
___ Public
X Private
Sewage Disposal:
Public
X Private
Electric Yes ☐ No ☑
Gas Yes ☐ No ☑
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐ N/A
Propane Gas ☐
Sprinkler system: N/A ☐
___ NFPA #13D
___ NFPA #13R N/A
___ 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.

[signature] Art Ritter

Applicant's Signature *Print Name*

Title/Company *Date* 7-23-98

VALIDATION

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		
Building Official		
Dev. Engineering, DPZ		
Health	10/22/98	A. McMillan
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: 238202
Filing Fee $
Permit Fee $ 25
(.10 sq. ft. ☐) (.15 sq. ft. ☐)
Excise Tax $
(.40 sq. ft. ☐) (.80 sq. ft. ☐)
TOTAL FEES
Check # 1416
Validation #
Accepted by:

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

s:\permit.fm Rev. 8/25/98