LAYOUT 3/12/02 11:00 INSP 4 _____

INSP 2 3/14/02 PM INSP 5 _____

INSP 3 3/15/02 AM INSP 6 _____

05-421764

ISSUE DATE: 3/8/2002

APPROVAL DATE: 3/15/02

PERMIT

INDEXED

P 516863

A 49411

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Paternal Gift LOT NUMBER: 10

ADDRESS: 13521 Paternal Gift Drive PROPERTY OWNER: Beth & Sam Lancelotta

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

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	As seen from the road, place the distribution box 150' down the left lot line and 55' off this same lot line. Run trenches on contour as shown on plan (4 to left, 1 to right).
NOTES:	****SECOND SEPTIC TANK TO BE INSTALLED FOR FUTURE PUMPING TO ALLOW ACCESS TO OTHER SIDE OF SEPTIC AREA.****

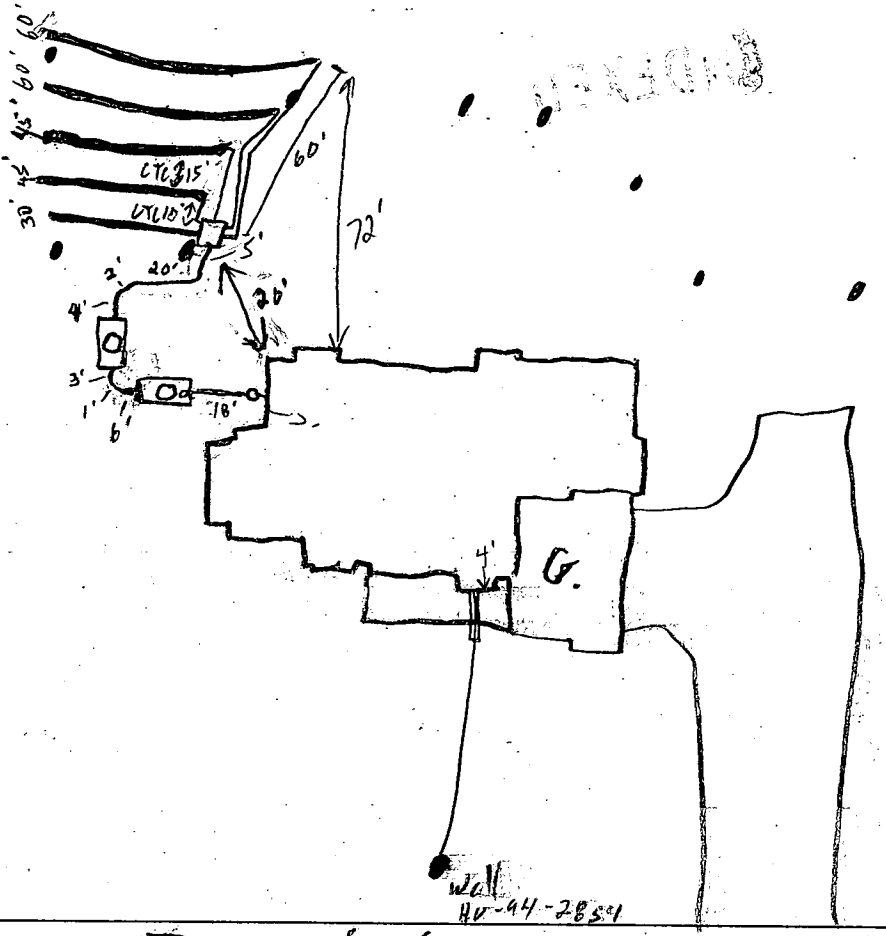
PLANS APPROVED: MER OK SRK 3/8/02 DATE: 2/20/02

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

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

A 49411

NOT TO SCALE



Paternal 6.ff Drive

ROAD

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3	3.5	5.5

NUMBER OF TRENCHES 5

TOTAL LENGTH 240'

ABSORPTION AREA 720 ft

DISTRIBUTION BOX LEVEL yes

DISTRIBUTION BOX BAFFLE —

DISTRIBUTION BOX PORT —

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL yes

CAPACITY 1250 GAL

SEAM LOC Top

TANK LID DEPTH 2'

BAFFLES yes

BAFFLE FILTER —

MANHOLE LOC Center

6" PORT LOC Front

WATERTIGHT TEST

SEPTIC TANK 2 LEVEL yes

CAPACITY 1250 GAL

SEAM LOC Top

TANK LID DEPTH 2'

BAFFLES yes

BAFFLE FILTER —

MANHOLE LOC Center

6" PORT LOC —

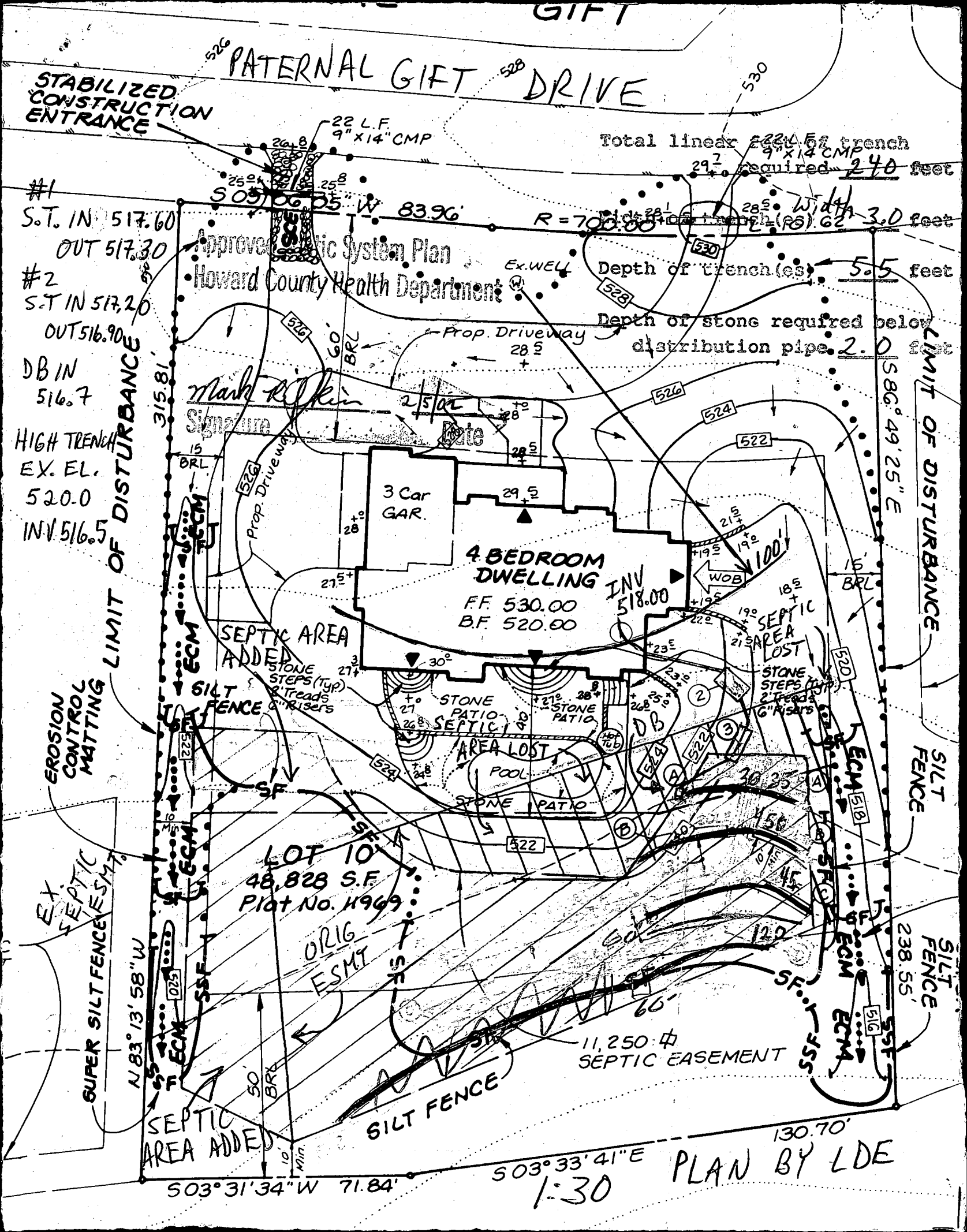
WATERTIGHT TEST —

PRE-CONSTRUCTION 3/12/02 Plcing (2) 60' trenches instead of 120' (SO)

INSTALLATION 3/14/02 - 3 trenches installed (SO) 3/15/02 OK to cover all work (SO)

FINAL INSPECTOR Jerry Otte DATE OF APPROVAL 3/15/02

3/15/02 Well line OK (SO)


GIFT
PATERNAL GIFT DRIVE
STABILIZED CONSTRUCTION ENTRANCE
22 L.F. 9"x14" CMP
9"x14" CMP
Total linear feet of trench required 240 feet
Width of trench 3.0 feet
Depth of trench(es) 5.5 feet
Depth of stone required below distribution pipe 2.0 feet
#1
S.T. IN 517.60
OUT 517.30
#2
S.T IN 517.20
OUT 516.90
DB IN 516.7
HIGH TRENCH EX. EL. 520.0
INV 516.5
S09°06'55"W 83.96'
R = 700.00'
Approved Septic System Plan
Howard County Health Department
Ex.WELL
Prop. Driveway
60' BRL
315.81'
Mark R. Klein
Signature
2/5/02
Date
15' BRL
LIMIT OF DISTURBANCE
3 Car GAR.
4 BEDROOM DWELLING
F.F. 530.00
B.F. 520.00
INV 518.00
WOB
100'
SEPTIC AREA ADDED
STONE STEPS (Typ.) 2' Treads 6" Risers
SILT FENCE
EROSION CONTROL MATTING
STONE PATIO
SEPTIC AREA LOST
POOL
Hot Tub
DB
LOT 10
48,828 S.F.
Plat No. 11969
ORIG ESMT
EX. SEPTIC ESMT.
SUPER SILT FENCE
N83°13'58"W
11,250± SEPTIC EASEMENT
SILT FENCE
SEPTIC AREA ADDED
50' BRL
10' MIN.
S03°31'34"W 71.84'
S03°33'41"E 130.70'
S86°49'25"E 238.55'
PLAN BY LDE
1:30

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 B-00133754

Building Address 13521 Pedernal Gate Dr Highland, Md. 20797

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

Census Tract 6051.01 Subdivision Pedernal Gate Farm

Section - Area - Lot 10

Tax Map 40 Parcel 90 Grid 10

Zoning RR-DEO Map Coordinates 14B13 Lot size 4.6285 ac

Property Owner's Name Beth + Sam Lancellotta

Address 4801 Woodshire Garth

City Ellicott City State Md. Zip Code 21043

Home Phone 4107499993 Work Phone 4109780088

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

Phone Fax

Existing Use Vacant lot

Proposed Use Single Family Dwelling

Estimated Construction Cost $ 300,000

Description of Work 2 Story

Contractor Company Charter Homes

Contact Person Sam Lancellotta

Address Dorsey Hall Drive

City Ellicott City State Md Zip Code 21042

License No. 937

Phone 410-997-8-0088 Fax 410-740-8220

Occupant or Tenant

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company LDE, Inc.

Contact Person

Address

City State Zip Code

Phone 301-596-3424 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
____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☑ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4

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:

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private

Sewage Disposal:
____ Public
✓ Private

Electric Yes ☐ No ☐
Gas Yes ☑ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☑
Propane Gas ☐

Sprinkler system: N/A ☑
____ NFPA #13D
____ 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.

Bill E. Lancellotta
Applicant's Signature

Homeowner / Charter Homes
Title/Company

Beth Lancellotta
Print Name

12-31-01
Date

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	2/5/02	Mark Gilbert
Health		
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#: 53158

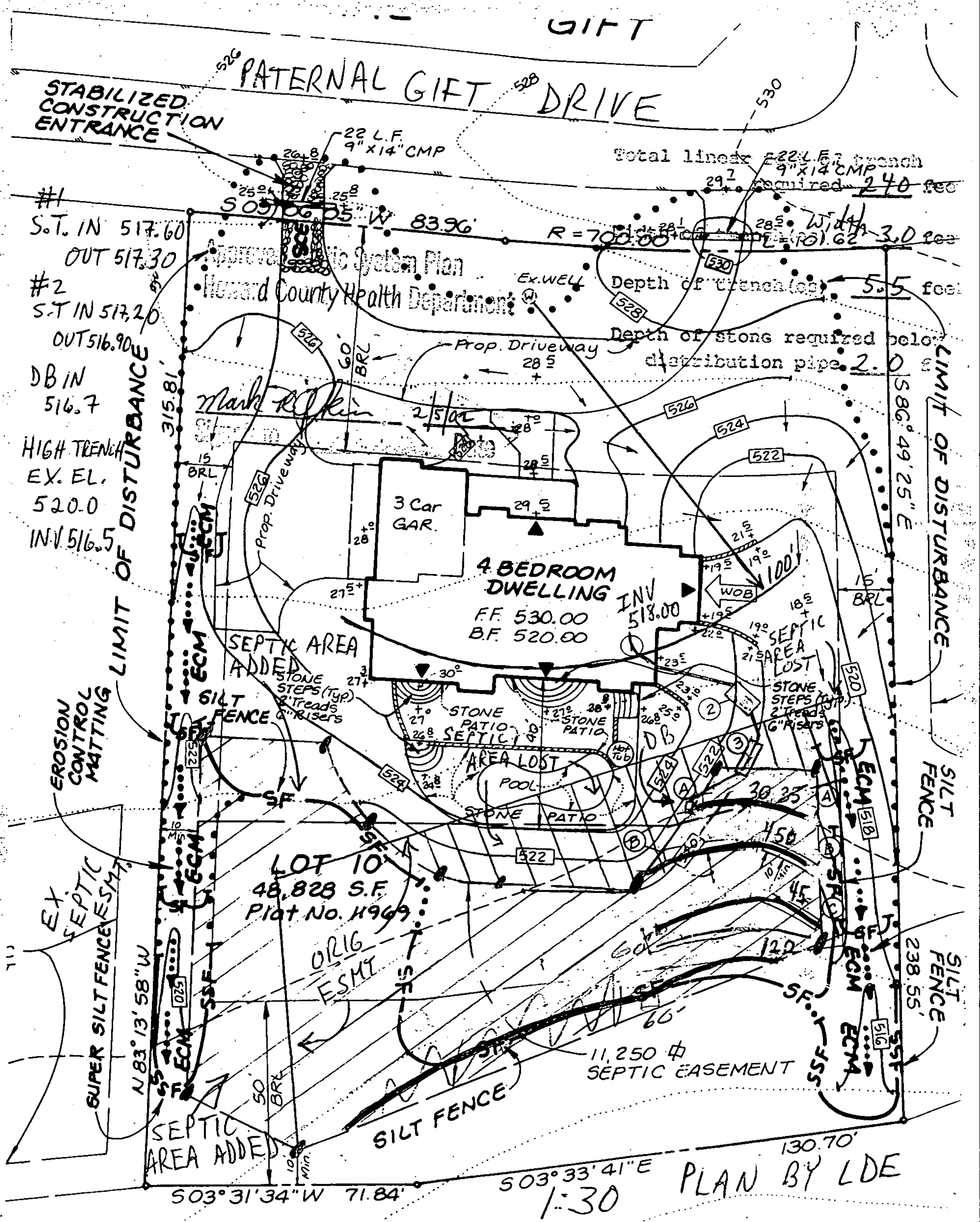
Filing fee	$ 100.00
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 1007
Validation	# 39952

Accepted by

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

s:\permit.frm

Rev. 10/15/98


PATERNAL GIFT DRIVE
STABILIZED CONSTRUCTION ENTRANCE
22 L.F. 9"x14" CMP
Total linear 22 L.F. trench 9"x14" CMP required 240 feet
Width 3.0 feet
Depth of trench(es) 5.5 feet
Depth of stone required below distribution pipe 2.0
S 03°06'05" W 83.96'
R = 700.00
L = 101.62
#1 S.T. IN 517.60 OUT 517.30
#2 S.T IN 517.20 OUT 516.90
DB IN 516.7
HIGH TRENCH EX. EL. 520.0 INV 516.5
Approved Septic System Plan
Howard County Health Department
Ex. WELL
Prop. Driveway
LIMIT OF DISTURBANCE
315.81'
60' BRL
15 BRL
3 Car GAR.
4 BEDROOM DWELLING
F.F. 530.00
B.F. 520.00
INV 518.00
WOB
S 86°49'25" E
SEPTIC AREA ADDED
STONE STEPS (Typ) 2" Treads 6" Risers
STONE PATIO
SEPTIC AREA LOST
POOL
Hot Tub
DB
EROSION CONTROL MATTING
SILT FENCE
ECM
SF
SSF
LOT 10
48,828 S.F.
Plot No. 11969
ORIG ESMT
EX. SEPTIC ESMT.
SUPER SILT FENCE
N 83°13'58" W
11,250 □' SEPTIC EASEMENT
238.55'
50' BRL
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S 03°31'34" W 71.84'
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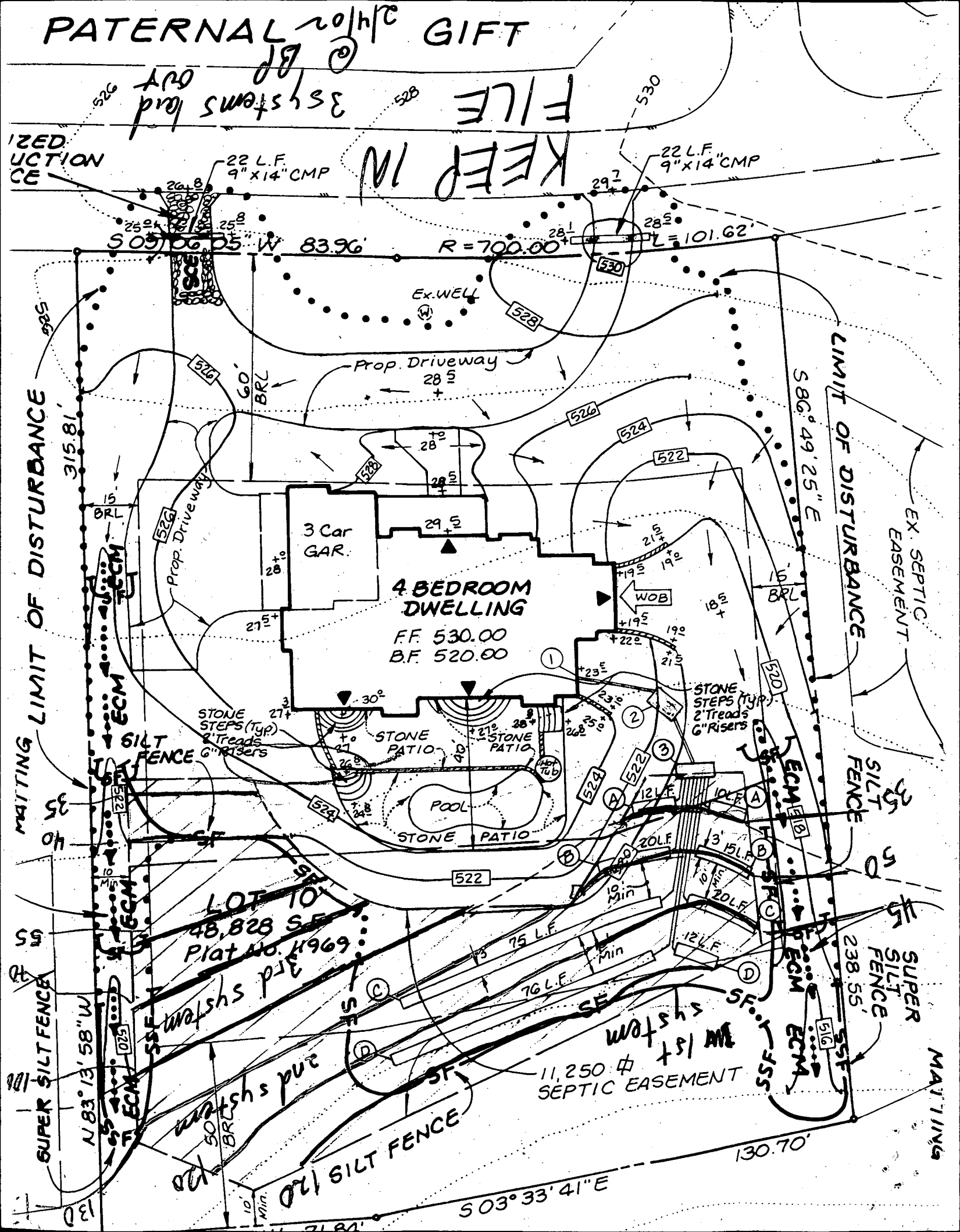
PLAN BY LDE
1:30


PATERNAL GIFT
KEEP IN FILE
22 L.F. 9"x14" CMP
22 L.F. 9"x14" CMP
S 09° 06' 05" W 83.96'
R = 700.00'
L = 101.62'
Ex. WELL
Prop. Driveway
60' BRL
LIMIT OF DISTURBANCE
S 86° 49' 25" E
315.81'
EX. SEPTIC EASEMENT
3 Car GAR.
4 BEDROOM DWELLING
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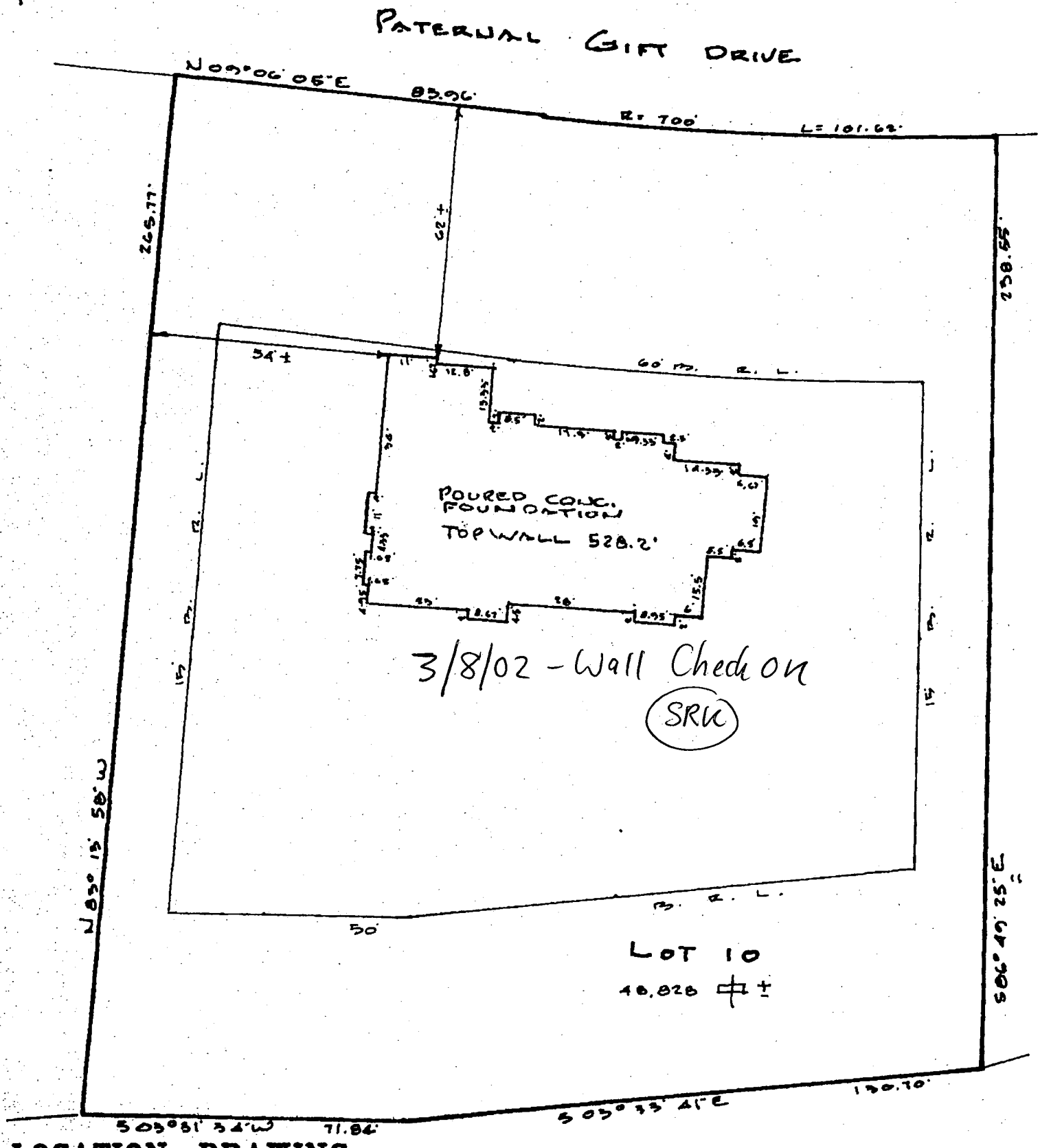
STONE STEPS (Typ.) 2' Treads 6" Risers
STONE PATIO
POOL
Hot Tub
SILT FENCE
SUPER SILT FENCE
MATTING
LOT 10
48,828 S.F.
Plat No. 1969
11,250 ± SEPTIC EASEMENT
238.55'
130.70'
S 03° 33' 41" E
N 83° 13' 58" W
15' BRL
10' Min
75 L.F.
76 L.F.
20 L.F.
12 L.F.
15 L.F.

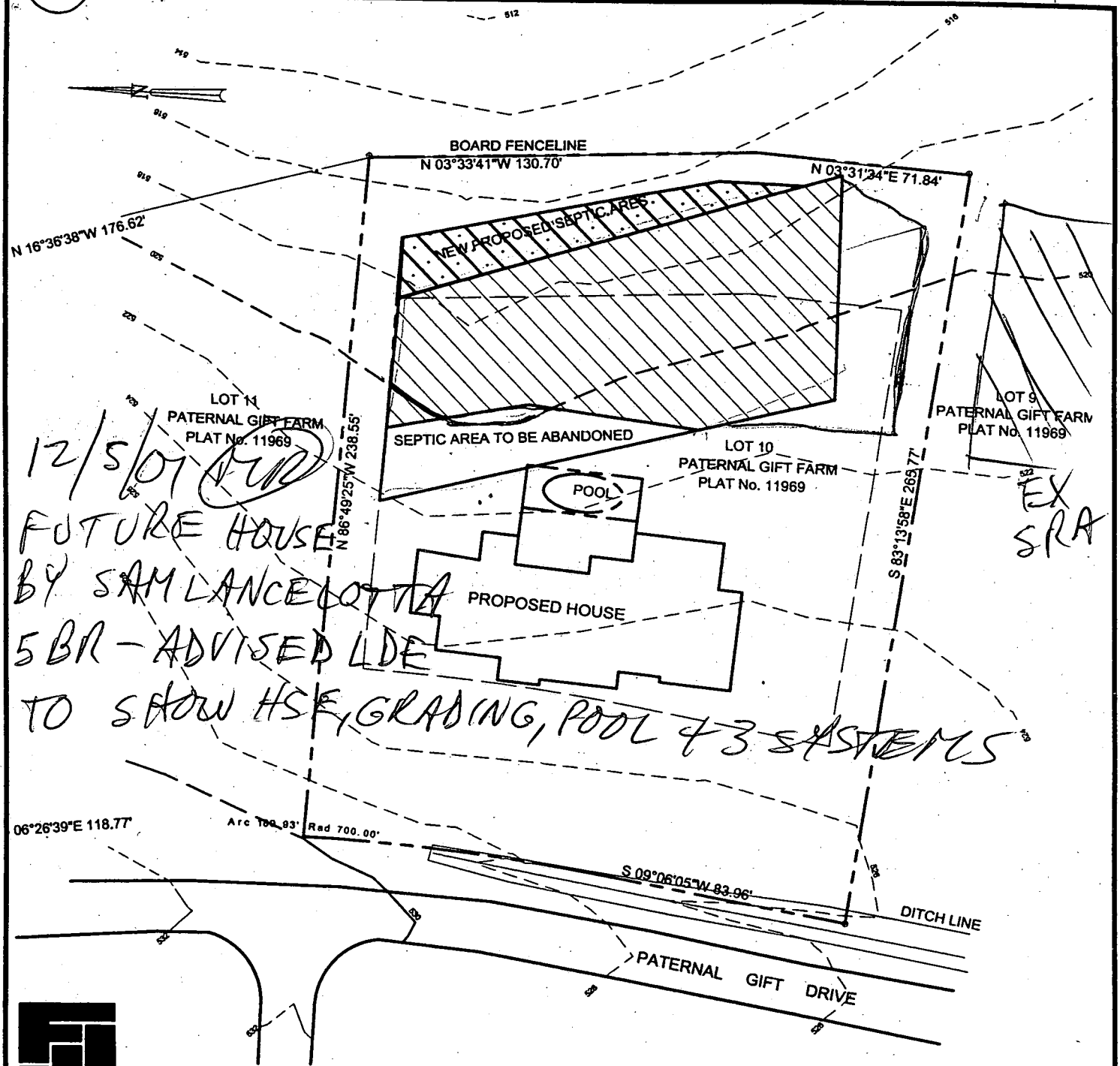
PROPERTY KNOWN AS: LOT 10
"PATERNAL GIFT FARM"
LOTS 1-28 & PRESERVATION PARCEL "A"
5TH ELECTION DISTRICT
HOWARD COUNTY, MD
PLAT 11960

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.



LOCATION DRAWING

5/2/01 SAM LANCELOTTA OF CHARTER HOMES REQUESTED DOWNHILL ADJ. AS SHOWN FOR POOL — DENIED, BUT ADJ. TO RIGHT OK



FREDERICK WARD ASSOCIATES, INC.

ENGINEERS
ARCHITECTS
SURVEYORS

7125 Riverwood Drive Columbia, Maryland 21046-2354
Phone: 410-290-9550 Fax: 410-720-6226
Bel Air, Maryland Columbia, Maryland Warrenton, Virginia

SCALE	1"=50'
DRAWN BY	SCH
CHECKED BY	JCO
DATE	05/01/2001
W. O. #	2017078.00
SHEET#	1 OF 1

PATERNAL GIFT FARM
SEPTIC EXHIBIT
LOT 10

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

M:\PROJECTS\2017078\ENGR\DWG\SEPLAT

Attn: George

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date 6-5-2002

Name of Installer District cleaning Equipment
Telephone 202-432-0243
License Number APL 24866
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Beth/Sam Lancellotta
Subdivision Patuxent Gift Farm Lot # 10
Telephone 410 747-5553
Site Address 13521 Patuxent Gift DR
Highland Md 20777
Well Tag # HO-99-2854

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Saccuzzi
3. Model # 2S4/120-S2
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes ____ No ✓
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ✓
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ✓ Cable guards ✓ Other ____

Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage 230
   a. 110 ____
   b. 220 ____

Pitless Adapter
1. Make Campbell
2. Model # B300X
3. Depth 9 Feet

Tank
1. Capacity 120
2. Pressure relief valve? yes

Piping
1. Type ethylene polyethylene 200 psi
2. Size 1
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 120

Well data
1. Depth 201 ft.
2. Yield 15 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

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: 6-5-2002

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

HD-215

3/15/02 (50) ok.
BB

C 1 08009 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 49911

ST/CO USE ONLY
DATE Received MM 10 DD 31 YY 2000 (8 13)

DATE WELL COMPLETED MM 10 DD 16 YY 00 (15 20)

Depth of Well 22 230 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2854 (28 29 30 31 32 33 34 35 36 37)

OWNER Scheidt (last name) Susan (first name)

STREET OR RFD Paternal Gift Dr TOWN Highland

SUBDIVISION Paternal Gift Farm SECTION 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 FROM	FEET TO	check if water bearing
TOPSoil	0	1	
Sandy Shale	1	90	✓
Clay Sandstone			
Granite	90	158	
Tan Mica	158	163	✓
Granite	163	200	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes (Y) no (N)

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 LIC. NO.: MWD 040
Gearce T. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JWD 328

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) (44) no (N) (44)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) (45 46) BENTONITE CLAY (BC) (45 46)
NO. OF BAGS 34 NO. OF POUNDS 3400
GALLONS OF WATER 204
DEPTH OF GROUT SEAL (to nearest foot) from 0 (48 TOP 52) ft. to 50 (54 BOTTOM 58) 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 (60 61)	6 (63 64)	94 (66 70)

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 — DEPTH (nearest ft.)

EACH SCREEN	1	2
	140 (8 9)	192 (11 15)
	200 (17 21)	
2	(23 24)	(26 30) (32 36)
3	(38 39)	(41 45) (47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

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

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

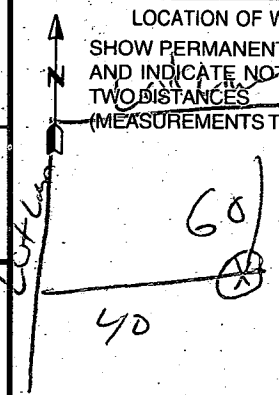
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)
PUMPING RATE (gal. per min.) 15 (11 15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 32 (17 20) ft.
WHEN PUMPING 80 (22 25) ft.

TYPE OF PUMP USED (for test)
A air (27); P piston (27); T turbine (27); C centrifugal (27); R rotary (27); O other (describe below) (27); J jet (27); S submersible (27)

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. (29)
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)
(+) (49) above; (−) (49) below — LAND SURFACE
2 (nearest foot) (50 51)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DENV-CR97 ② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 01462 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

W5 14 218 please print or type

STATE PERMIT NUMBER: Ho -94 -2854

fill in this form completely

Date Received (APA): 8/30/00 (MM DD YY)

8386

OWNER INFORMATION

Scheidt | Susan (Last Name | Owner | First Name)

12730 Hall Shop (Street or RFD)

Highland, Md. 20777 (Town | State | Zip)

DRILLER INFORMATION

George F. Easterday | M | DN | 040 (Driller's Name | License No.)

L. Franklin Easterday, Inc. (Firm Name)

9265 Brown Church Rd., MT. Airy, Md. 21771 (Address)

George F. Easterday | 8/29/2000 (Signature | Date)

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- (I) INDUSTRIAL, COMMERICIAL, DEWATERING
- (P) PUBLIC WATER SUPPLY WELL
- (T) TEST, OBSERVATION, MONITORING
- (G) GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET

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

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER: HO96 GAP 007

PERMIT No. HO - 94 - 2854

LOCATION OF WELL

CO#

Howard (COUNTY)

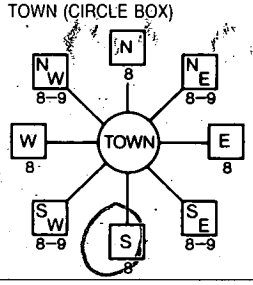
Paternal Gift Farm (SUBDIVISION)

SECTION | LOT: 10

Highland (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 1 M

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Paternal Gift Drive (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

20

DISTANCE FROM ROAD: F (ENTER FT OR MI)

TAX MAP: 40 BLK: 10 PARCEL 90

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) | A 49411 (COUNTY NO.)

STATE SIGNATURE | INSERT S

DATE ISSUED: 9/12/00 | Ronald Whibley (CO SIGNATURE) | EXP. DATE: 9/12/01

NORTH GRID: 488 000 | EAST GRID: 0812 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

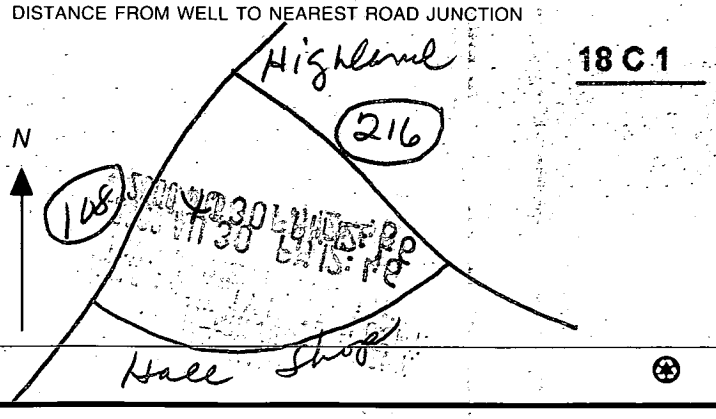
E 8102

N 4808

000
000

10-17-00
+ Grout
10:30
10/17/00
Grout O.K.
(B8)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

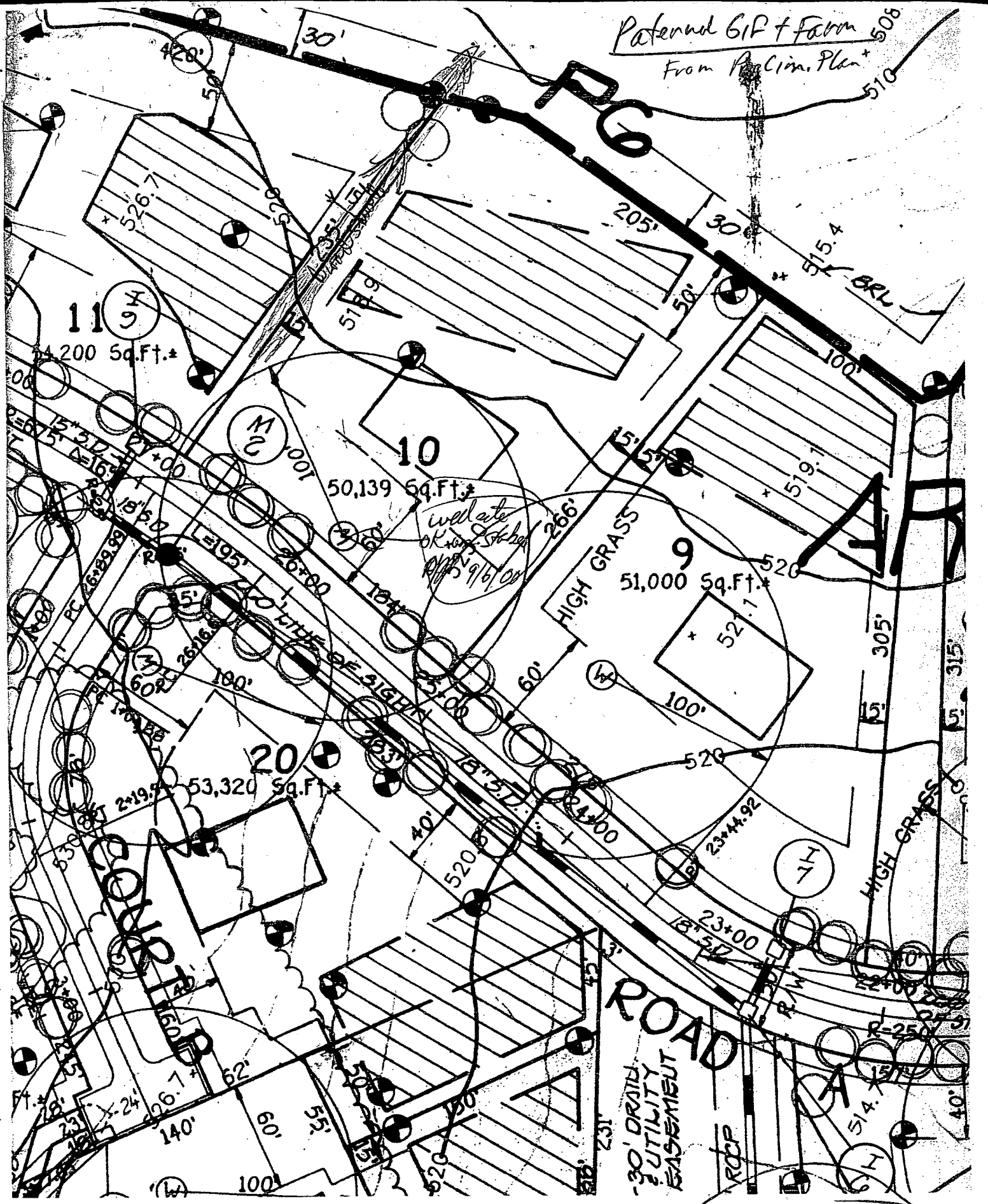


SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

DENV-Permit 97

② COUNTY


Paternal Gift Farm
From Preliminary Plan
PG
AR
ROAD
11
54,200 Sq.Ft.±
10
50,139 Sq.Ft.±
well water
OK
9
51,000 Sq.Ft.±
20
53,320 Sq.Ft.±
HIGH GRASS
30' DRAIN & UTILITY EASEMENT
wrong plan for lot 10
LOT 10

EMERGENCY/TEMP NO. IF ANY

B 1 5611 — SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(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
70 Ho - 98 - 2192 79
fill in this form completely

Date Received (APA)
02-10-98
8 MM DD YY 13

OWNER INFORMATION RN 7386

Scheidt — Susan
15 Last Name — Owner — First Name 34

12730 Hall Shop
36 Street or RFD 55

Highland, Md. 20777
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday — M — WD — 040
Driller's Name 76 License No. 81

E. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday — 3/9/98
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
22 [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER HO-96 GAP 007
54 63

FORCE RP WRITE INITIALS IN BOX — PERMIT No. Ho - 98 - 2192
67 68 70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL

Howard — CC#
8 COUNTY 21

Paternal Gift Farm
23 SUBDIVISION 42

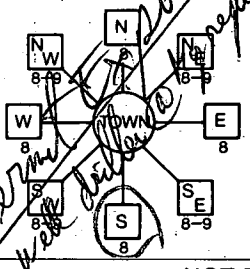
SECTION 44 46 — LOT 10 48 50

Highland
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Paternal Gift Drive
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37 DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39

TAX MAP 40 BLK 10 PARCEL 90

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard — 2 13-A49411
COUNTY NAME — COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 3/13/98 — CO SIGNATURE — EXP. DATE 3/13/00
43 MM DD YY 48

NORTH GRID 489 000
50 55

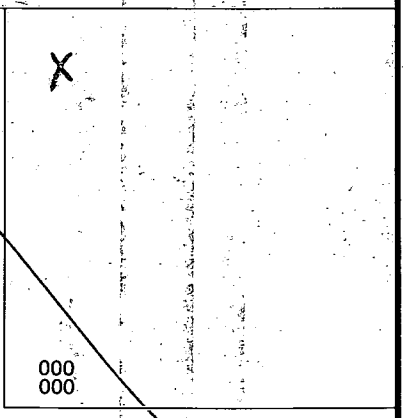
EAST GRID 081 000
57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2. wells
3.

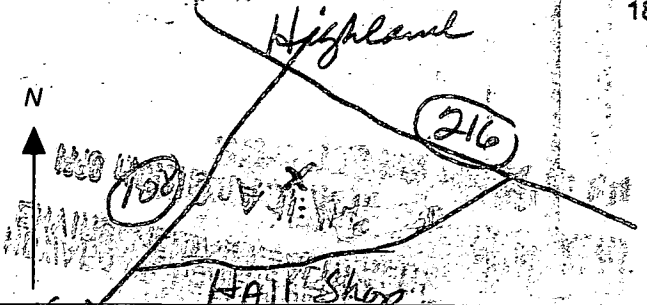
WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 A1
N 489



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

MAP 18 c1



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HO well site inspection of staked well site is required prior to well drilling operations please call Health Dept. to schedule

COUNTY

APPLICATION

PERCOLATION TESTING A 4941 1

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 7/7/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER SUSAN Scheidt

ADDRESS 12730 HALLS SHOP ROAD HIGHLAND MD. 20777 PHONE 531-2326

AGENT OR PROSPECTIVE BUYER FISHER COLLINS AND CARTER INC.

ADDRESS 9171 BALTIMORE NATIONAL PIKE SUITE 100 ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION PATERNAL GIFT LOT NO. N 10

ROAD AND DESCRIPTION HALLS SHOP ROAD / 216 & 108

TAX MAP 40 PARCEL # 396, 179 & 90

SIZE OF LOT 1 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. Zacharia Y. Fisch (Agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

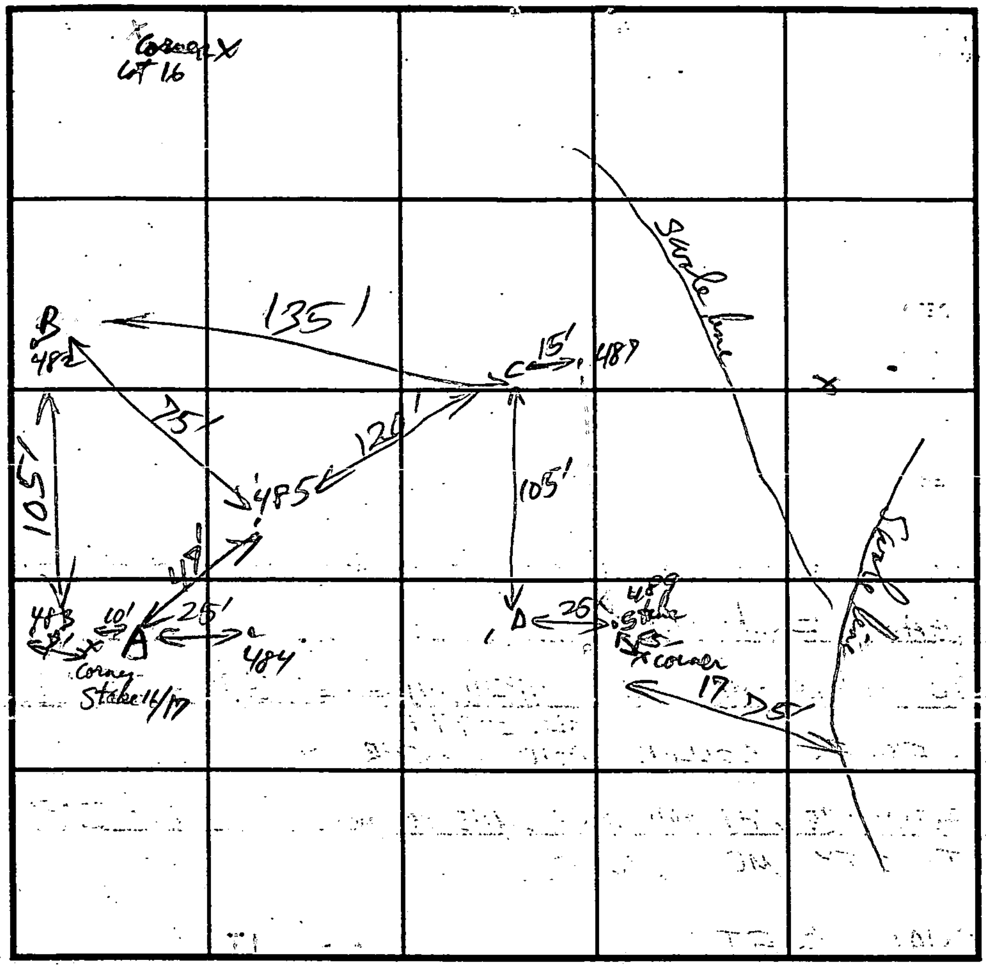
Lot 17
49411
COUNTY #

SOIL PROFILE
484 D

0'
Red Brn
Clay
Loam
4½
Variegated
Mix Tan/orange
white, Rd Brn
variegated 10YR7/2
Gray
9 gray 7.5YR 7/1 – 8/1 8
SL–LS
10
SL
12½

487 C
Red HCL
3'
Brown
Mica
~~Loam~~
(Ex Mica)
Loam
13'

SOIL PROFILE
0'



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
7-7-93	489 D	5	retest 11:25:00 11:01:00	11:29:20 Missed 2+ inch in 13	11:29:20	11:39:00	10 min
		V 12½	V. Moist	(gray SL) @	6½-10' (variable)		
	487 C	4½	retest 11:42:07 11:40:00	11:46:52 11:41:11	11:46:52 11:41:11	11:48:20 11:42:11	1½ min
		V 13'					
	483 A	V 12 @ 6'	Rd h Clay loam to 4½, Loam to 12'				3 min
	482 B	V 13 @ 6'	Red Heavy Clay loam to 4½,	Sandy loam (to 13')			1 m 40 sec

Retest in wet Season or Do Not Use
OK
OK
OK

REMARKS Need to reconfigure lot 17 or wet Season test if used D

TYPE OF SOIL Chester / Border Baile

TESTED BY R Barkley ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 mpi TRENCH WIDTH 3'

INLET DEPTH 3½ MAXIMUM BOTTOM DEPTH 6 SQ. FT/BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 49411

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Schrodt

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Paternal Gift LOT NO. LOT 17

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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 7/20/93 Visual Hole OK but must Consult with RP RH

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

LOT 17 4/9411

COUNTY #

SOIL PROFILE

0'

BROWN CLAY

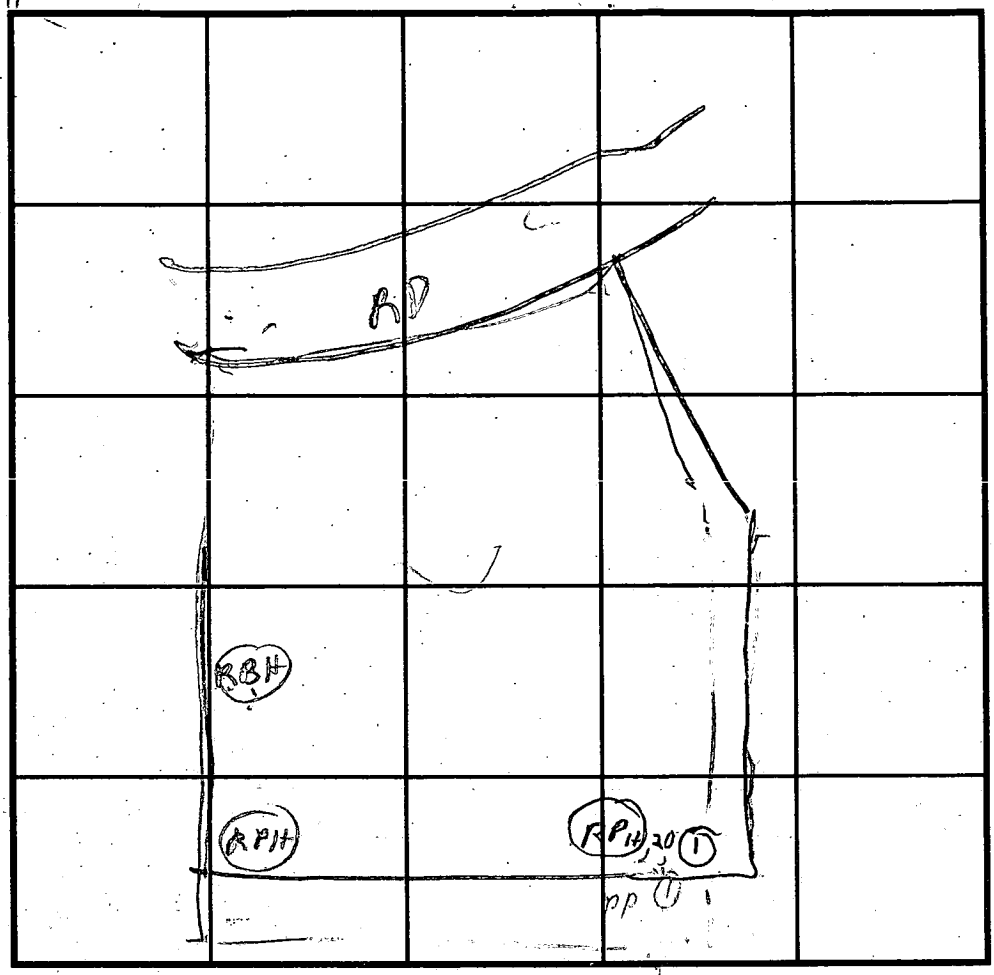
5

WHITE & TAN SAND LOAM

11

SOIL PROFILE

0'



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
7/20/93	IV	11	OK	deep clay			

Hold for well season or DO Not use

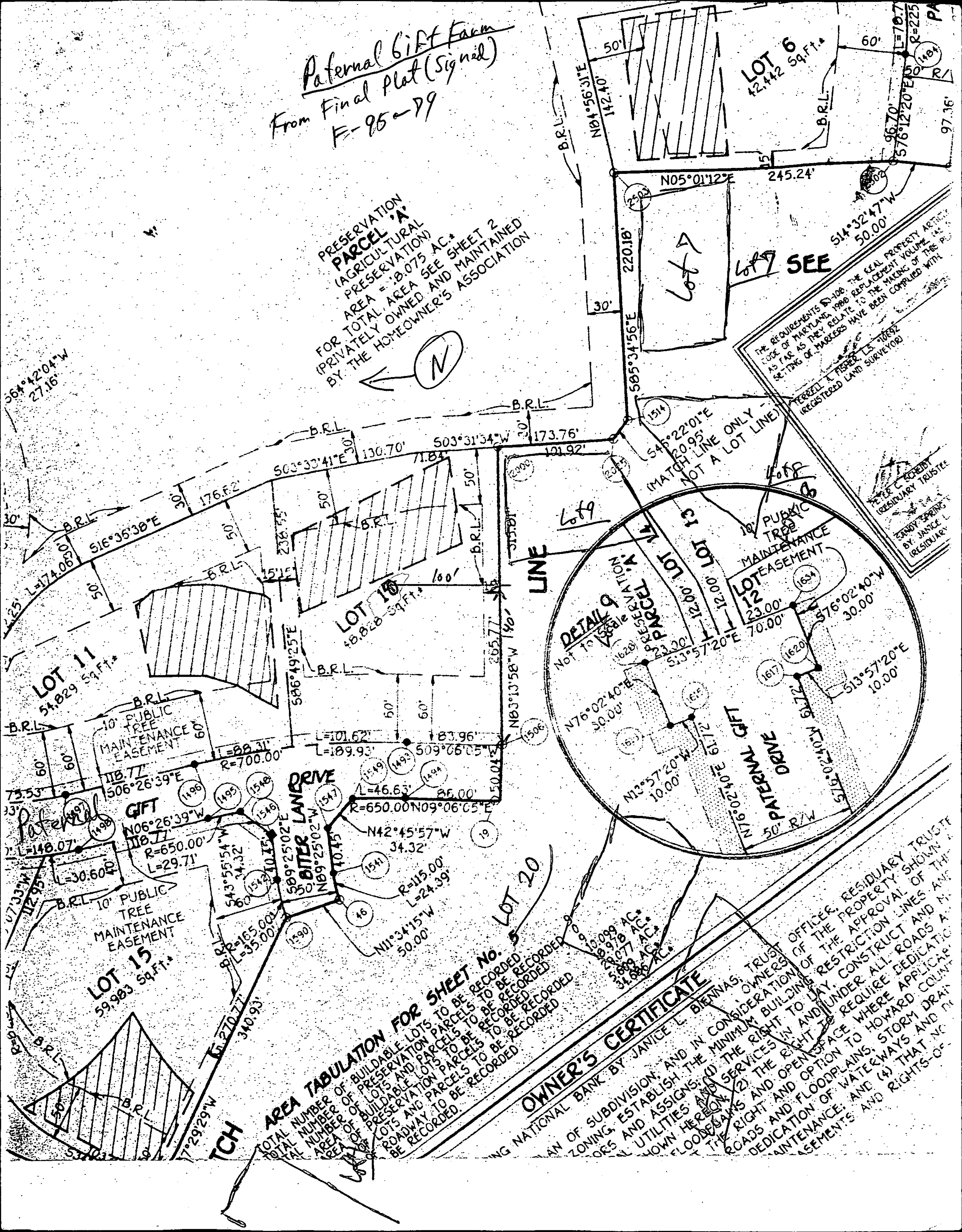
REMARKS 7/20/93 VISUAL HOLE OK

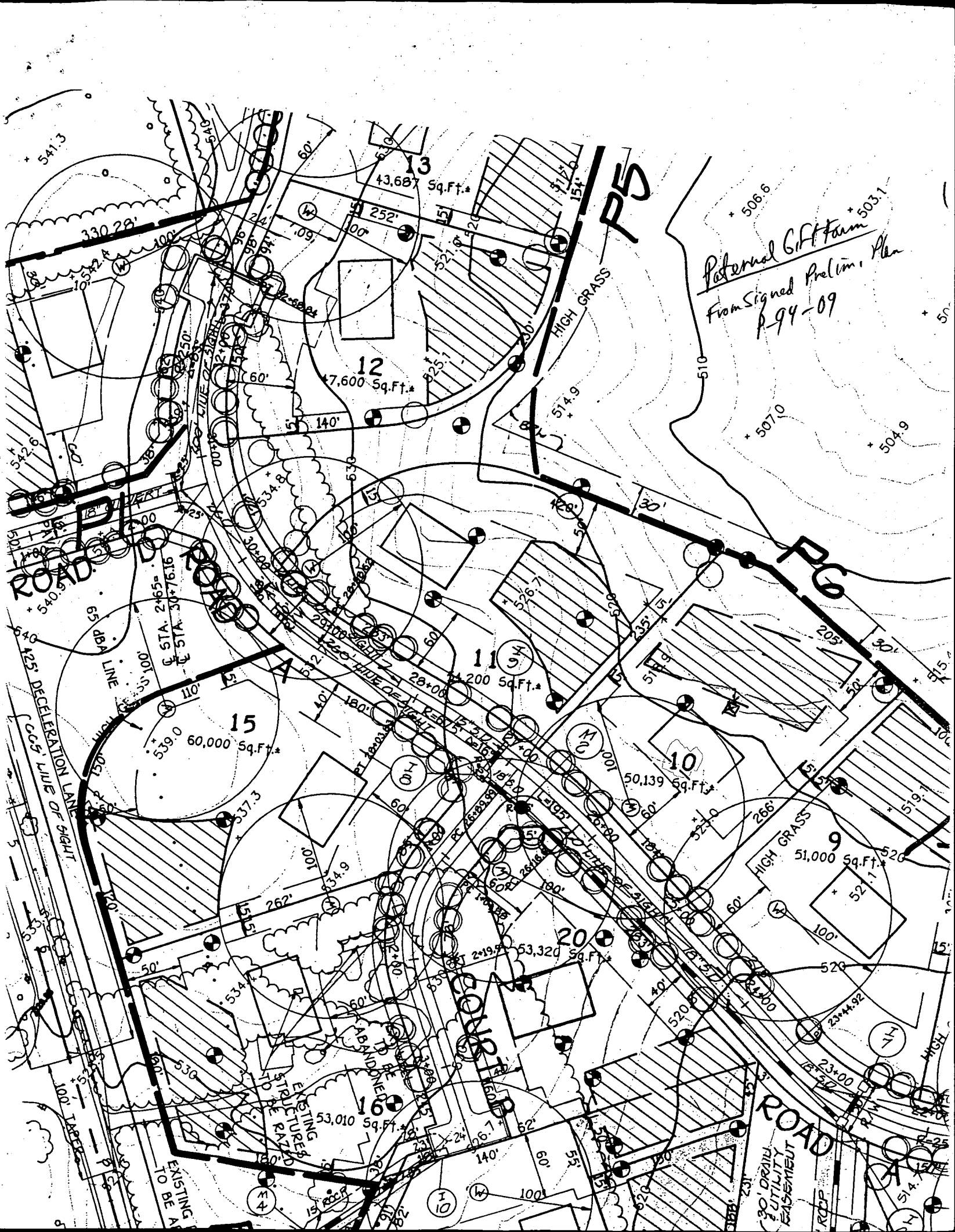
TYPE OF SOIL BPH 2 per Perkley Hole

TESTED BY R Hodges ALSO PRESENT Rick & Don of Tyco Mr & Mrs Schick

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____


Paternal Gift Farm
From Final Plat (Signed)
F-95-79
PRESERVATION PARCEL 'A'
(AGRICULTURAL PRESERVATION)
AREA = 18.075 AC.±
FOR TOTAL AREA SEE SHEET 2
(PRIVATELY OWNED AND MAINTAINED BY THE HOMEOWNER'S ASSOCIATION
N
LOT 6
42,442 Sq.Ft.±
Lot 7
Lot 7 SEE
LOT 10
46,828 Sq.Ft.±
LOT 11
54,829 Sq.Ft.±
LOT 15
59,983 Sq.Ft.±
LOT 20
Lot 9
Lot 8
LINE
(MATCH LINE ONLY - NOT A LOT LINE)
10' PUBLIC TREE MAINTENANCE EASEMENT
B.R.L.
BITER LANE DRIVE
PATERNAL GIFT
PATERNAL GIFT DRIVE
50' R/W
DETAIL 9
Not to Scale
PRESERVATION PARCEL 'A'
LOT 13
LOT 12
THE REQUIREMENTS §3-108, THE REAL PROPERTY ARTICLE, CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, AS FAR AS THEY RELATE TO THE MAKING OF THE PLAT, SETTING OF MARKERS HAVE BEEN COMPLIED WITH.
TERRELL A. FISHER, L.S. 10692
(REGISTERED LAND SURVEYOR)
PETER C. SCHEIDT
(RESIDUARY TRUSTEE)
BY: JANICE L.
AREA TABULATION FOR SHEET No. 5
TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED
TOTAL NUMBER OF PRESERVATION PARCELS TO BE RECORDED
TOTAL NUMBER OF LOTS AND PARCELS TO BE RECORDED
AREA OF BUILDABLE LOTS TO BE RECORDED
AREA OF PRESERVATION PARCELS TO BE RECORDED
AREA OF LOTS AND PARCELS TO BE RECORDED
AREA OF ROADWAY TO BE RECORDED
BE RECORDED
10.099 AC.±
18.970 AC.±
29.077 AC.±
5.609 AC.±
34.686 AC.±
OWNER'S CERTIFICATE
NATIONAL BANK BY JANICE L. BIENNAS, TRUST OFFICER, RESIDUARY TRUSTEE
N05°01'12"E
245.24'
S14°32'47"W
50.00'
S85°34'56"E
220.18'
S03°31'34"W
173.76'
101.92'
130.70'
S03°33'41"E
176.62'
S16°35'38"E
L=174.06'
S64°42'04"W
27.16'
N84°56'31"E
142.40'
S76°12'20"E
96.70'
97.36'
S86°49'25"E
N83°13'58"W
S09°06'05"W
N09°06'05"E
L=101.62'
L=189.93'
83.96'
R=700.00'
L=88.31'
S06°26'39"E
118.77'
N06°26'39"W
R=650.00'
L=29.71'
L=148.07'
L=30.60'
S89°25'02"E
N89°25'02"W
R=650.00'
L=46.63'
86.00'
N42°45'57"W
34.32'
S43°55'54"W
34.32'
R=115.00'
L=24.39'
R=165.00'
L=35.00'
N11°34'15"W
50.00'
340.93'
L=270.77'
S76°02'40"W
30.00'
S13°57'20"E
10.00'
N76°02'40"E
30.00'
N13°57'20"W
10.00'
N76°02'40"E
61.72'
S76°02'40"W
61.72'
23.00'
70.00'
12.00'
S4°22'01"E
20.95'


Paternal Gift Farm
From Signed Prelim. Plan
P-94-09
ROAD A
ROAD B
ROAD C
ROAD D
COURT P
PG
PS
HIGH GRASS
13
43,687 Sq.Ft.±
12
47,600 Sq.Ft.±
11
24,200 Sq.Ft.±
10
50,139 Sq.Ft.±
9
51,000 Sq.Ft.±
15
60,000 Sq.Ft.±
20
53,320 Sq.Ft.±
16
53,010 Sq.Ft.±
425' DECELERATION LANE
65 dBA LINE
EXISTING STRUCTURES TO BE RAZED
EXISTING TO BE ABANDONED
30' DRAIN & UTILITY EASEMENT

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Susan Schedt

ADDRESS 12730 Hall Shop Rd PHONE 531 2326

AGENT OR PROSPECTIVE BUYER Fisher, Collins Carter

ADDRESS 9171 Balt. Nat. Pike Suite 100 PHONE 461 2855

PROPERTY LOCATION:

SUBDIVISION Paternal Gift LOT NO. _____

ROAD AND DESCRIPTION Rt. 108 - 216

TAX MAP 40 PARCEL # 396, 179, 90

SIZE OF LOT 1 ac ± TYPE BLDG. SFD
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

Lot 18, 19, 20 Final Lots 11, 12, [redacted] (and maybe 10)
Rt 216

Do Not Move SDA drainfield without wet season testing!! 9/6/00

COUNTY #

SOIL PROFILE 1334

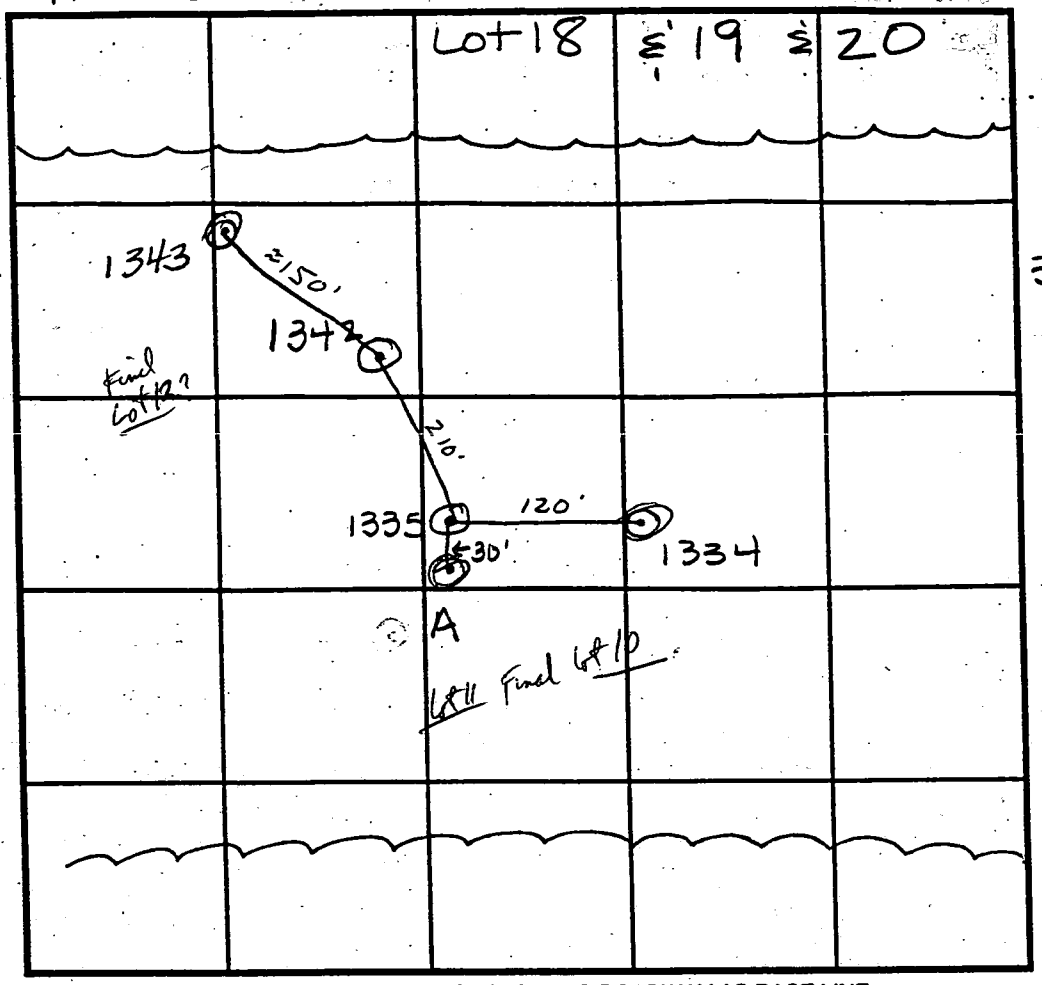
1' 0"
brn w/ tint of orange C
4'
orange SL
8'
mottling possible H_2O table
12'

1335

orange brn C
4'
tan/brn SL
12'

1342

brn w/ tint of orange C
2'
lgt tan S
5% rock frag
13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE A

0"
brn orange C
3'
lgt brn SL
8'
mottles possible H_2O table
12'

1343

brn C
2½'
orange brn SL
5'
tan S
9'
mottles possible H_2O table
12'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/24/93	1334	4' / 12'	12:16 (40)	12:40	>30 min		F
		—	Hold for wet season testing —				
	1335	4' / 12'	12:26	12:35	12:35	12:50 (30)	15½ min
	1342	2' / 13'	12:40 (30)	12:41 (20)	12:41 (20)	12:43	1½ min
		(OK - all Sand underneath)					
	A	2' / 12'	1:00	1:13	>30 min —		F
		— Hold for wet season & deeper shelf test desired —					
	1343	3' / 12'	1:00	1:01	1:01	1:02	1 min
		repour	103 (30)	105 (10)	1:05 (10)	1:07	2 min

Hol bor WE sea if deep test she dec

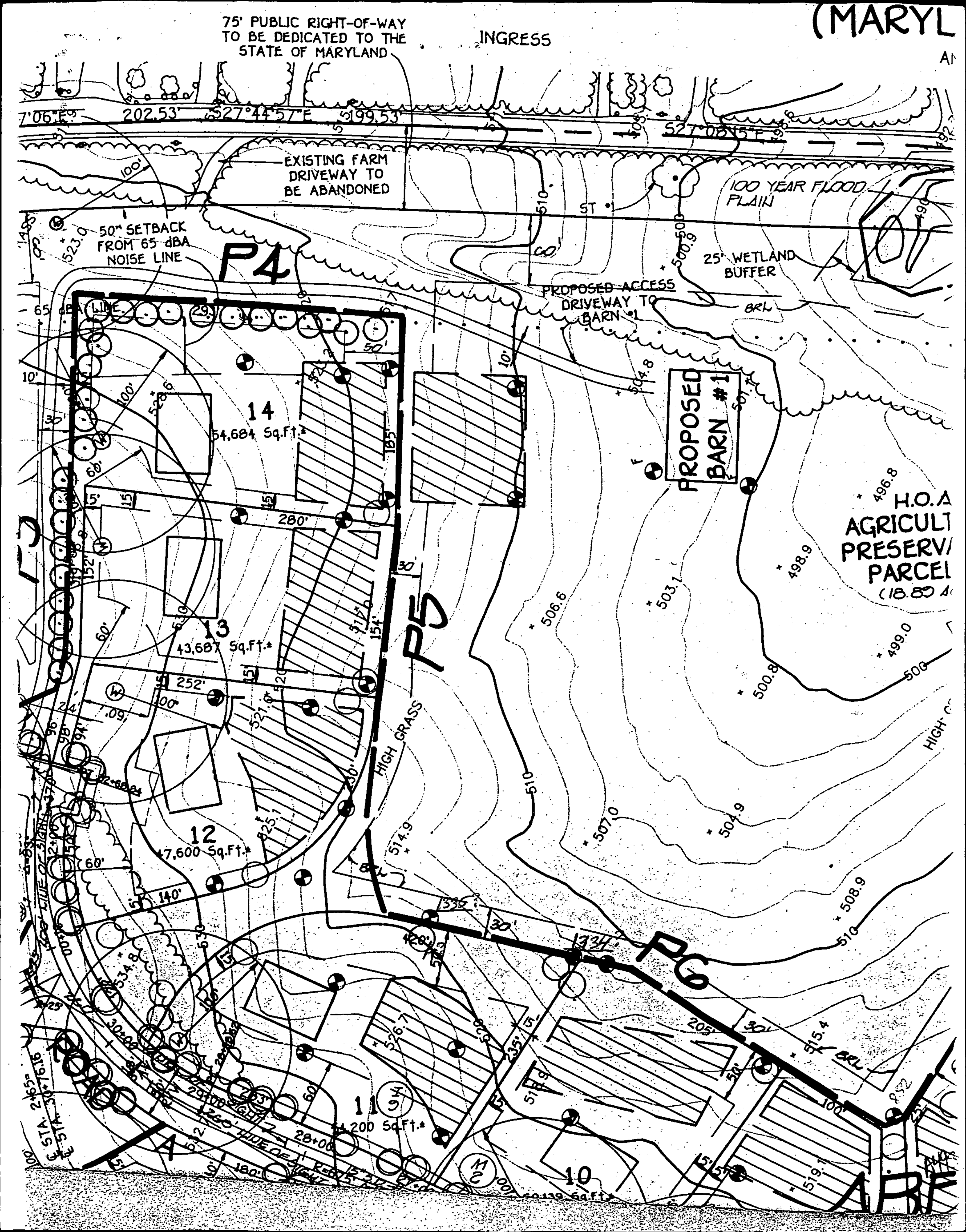
REMARKS This Section Not Used in Final (Area for Final 18)
exact location of this Test Holes remains uncertain 1334 + 1335 are probably on lower property line for Lots 10/11

TYPE OF SOIL

TESTED BY Amy McMilen ALSO PRESENT S. Scheidt

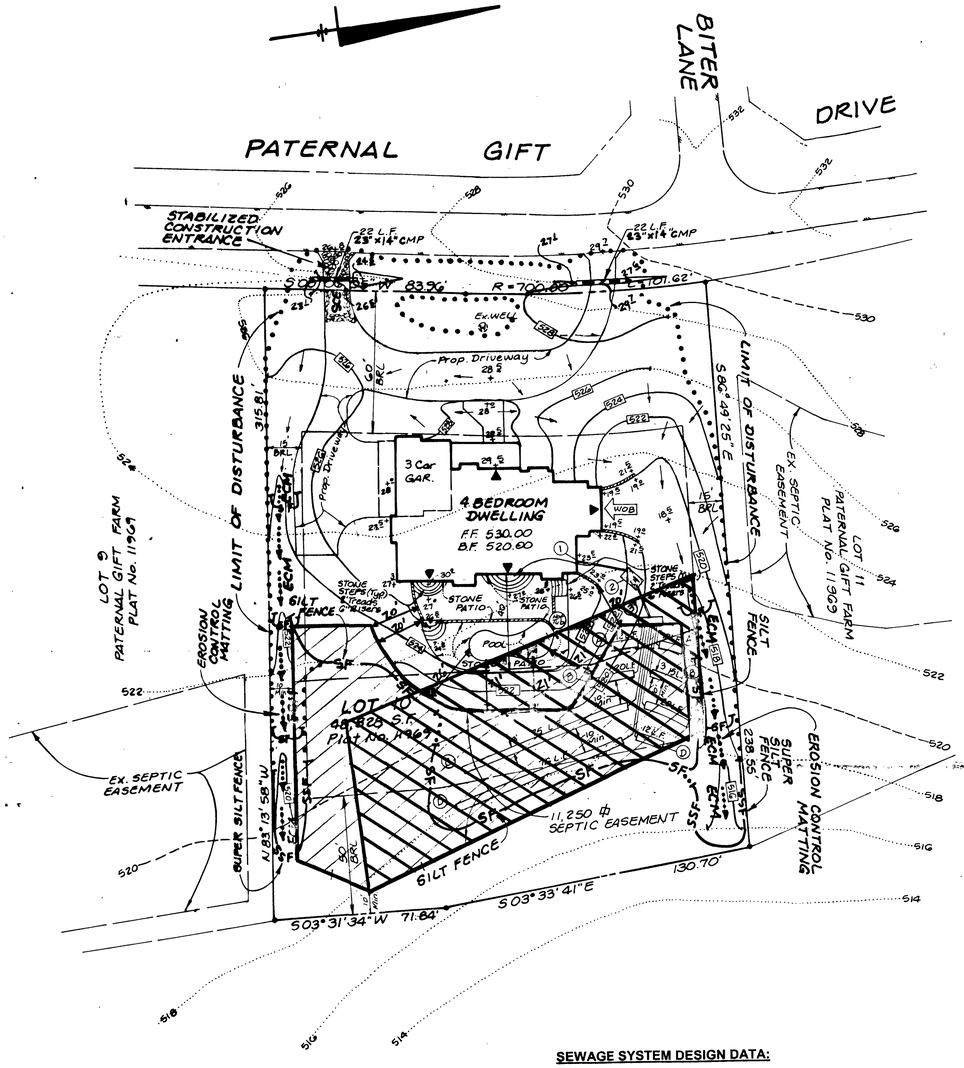
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

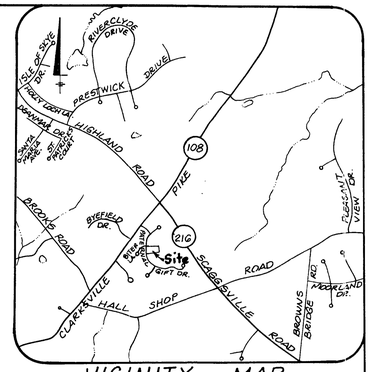
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____


(MARYL
75' PUBLIC RIGHT-OF-WAY TO BE DEDICATED TO THE STATE OF MARYLAND
INGRESS
EXISTING FARM DRIVEWAY TO BE ABANDONED
100 YEAR FLOOD PLAIN
50" SETBACK FROM 65 dBA NOISE LINE
P4
25' WETLAND BUFFER
PROPOSED ACCESS DRIVEWAY TO BARN #1
65 dBA LINE
PROPOSED BARN #1
14
54,684 Sq.Ft.±
13
43,687 Sq.Ft.±
12
47,600 Sq.Ft.±
11
10
P5
P6
HIGH GRASS
H.O.A.
AGRICULT
PRESERV
PARCEL
(18.85 A
202.53'
199.53'
280'
252'
140'
ROAD A
ARF

LEGEND

- ----520---- EXISTING GROUND
- 520 PROPOSED GRADE
- (W) EXISTING WELL
- DRAINAGE FLOW
- LIMIT OF DISTURBANCE (L.O.D.)
- SCE STABILIZED CONSTRUCTION ENTRANCE
- SF SILT FENCE
- SSF SUPER SILT FENCE
- ECM EROSION CONTROL MATTING





VICINITY MAP

Scale: 1"=2000'

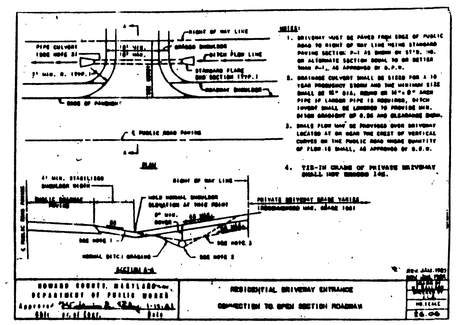
NOTES:

1. EXISTING ZONING: RC (RURAL CONSERVATION)
2. PLAT REFERENCE: No. 11969
3. LIMIT OF DISTURBANCE: 36,590 SF±
4. THE PROPOSED DRIVEWAY FOR THIS LOT SHALL BE A MINIMUM OF 10 FEET WIDE, 6" CRUSHER RUN WITH 2½" MACADAM SURFACE.
5. THE TOPOGRAPHY SHOWN IS TAKEN FROM A PLAN PREPARED BY FREDERICK WARD ASSOCIATES, INC. DATED 5/01/01.
6. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS.

ORIGINALLY APPROVED SEPTIC AREA (2,583 s.f.) TO BE ABANDONED

PROPOSED NEW SEPTIC AREA (3,285 s.f.)

ORIGINALLY APPROVED SEPTIC AREA (AREA OF ORIG. APPROVED SEPTIC EASEMENT TO BE UTILIZED = 7,965 s.f.)



SEWAGE SYSTEM DESIGN DATA:

(1) Invert at foundation wall: 517.00

(2) 1250 Gallon Septic Tank (4 Bedrooms)
Provide Manhole to Finished Grade
- A. Ex. Ground Over Tank: 522.00
- B. Prop. Grade Over Tank: 521.00
- C. Invert In: 516.70
- D. Invert Out: 516.40

(3) Distribution Box: (Provide 8 Outlets Minimum)
- A. Ex. Ground Over Box: 520.70
- B. Prop. Grade Over Box: 519.50
- C. Invert In: 516.20

4. Trench Design: 60 LF/Bedrm. X 4 Bedrm. = 240LF

	A	B	C	D
Ex. Gr. Over Trench:	520.20	519.50	519.00	518.00
Invert Trench:	516.70	516.00	515.50	514.50
Bottom Trench:	514.70	514.00	513.50	512.50
Trench Length:	22 Ft.	35 Ft.	95 Ft.	88 Ft.
Trench Width:	3 Ft.	3 Ft.	3 Ft.	3 Ft.

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

SEQUENCE OF CONSTRUCTION

1. OBTAIN GRADING PERMIT.	1 DAY
2. NOTIFY THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS AT LEAST 24 HOURS PRIOR TO STARTING CONSTRUCTION.	1 DAY
3. CONSTRUCT STABILIZED CONSTRUCTION ENTRANCE AND DRIVEWAY CULVERT WITH CHANNEL STABILIZATION.	1 DAY
4. INSTALL SILT FENCE AT LIMIT OF DISTURBANCE SHOWN HEREON.	3 DAYS
5. CLEAR AND GRUB SITE TO SUBGRADE.	5 DAYS
6. BEGIN EXCAVATION FOR HOUSE FOUNDATIONS AND BEGIN HOUSE CONSTRUCTION. INSTALL SEPTIC SYSTEM.	60 DAYS
7. THE CONTRACTOR SHALL INSPECT AND PROVIDE NECESSARY MAINTENANCE ON THE SEDIMENT AND EROSION CONTROL STRUCTURES SHOWN HEREON AFTER EACH RAINFALL AND ON A DAILY BASIS.	DAILY
8. REMOVE SEDIMENT FROM ROADWAYS AND DRESS STABILIZED CONSTRUCTION ENTRANCES AS REQUIRED.	MAINTENANCE
9. FINE GRADE SITE AND STABILIZE WITH PERMANENT SEEDING MIXTURE AND STRAW MULCH. INSTALL INDIVIDUAL DRIVEWAY AND HOUSE WALK.	5 DAYS
10. WITH PERMISSION FROM THE SEDIMENT CONTROL INSPECTOR REMOVE ALL SEDIMENT AND EROSION CONTROL MEASURES AND STABILIZE ANY REMAINING DISTURBED AREAS WITH PERMANENT SEEDING MIXTURE AND STRAW MULCH.	5 DAYS
TOTAL:	84 DAYS

ENGINEER'S CERTIFICATE

"I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT."

Bruce D. Bynum — 12/11/01
SIGNATURE OF ENGINEER — DATE

DEVELOPER'S CERTIFICATE

"I/WE CERTIFY THAT ALL DEVELOPMENT AND/OR CONSTRUCTION WILL BE DONE ACCORDING TO THESE PLANS AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT OR THEIR AUTHORIZED AGENT AS ARE DEEMED NECESSARY."

12-10-01
DATE

THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS.

Jim Myers — 12/26/01
NATURAL RESOURCE CONSERVATION SERVICE — DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

12/26/01
HOWARD SOIL CONSERVATION DISTRICT — DATE

SEPTIC EXHIBIT

LDE, INC.
9250 Rumsey Road, Suite 106, Columbia, MD. 21045
(410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)

DESIGNED SDH	~~GRADING and SEDIMENT CONTROL PLAN~~	SCALE 1"=30'
DRAWN KBW	PATERNAL GIFT FARM LOT 10	DRAWING 1 OF 2
CHECKED BDB	TAX MAP 40 GRID 11 PARCEL 90 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB NO. 01-072
DATE 12/2001	OWNER/DEVELOPER CHARTER HOMES 5044 Dorsey Hall Drive Ellicott City, MD 21042	FILE NO.

GP02-71

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	55447		Account #:	2443
Reference:	Beth Lancelotta		Company:	CASH ACCOUNT
Location:	13521 Paternal Gift Drive		Requested By:	Beth Lancelotta
	Highland, MD 20777		Source:	Well Water
Date/ Time Collected:	07/06/05	1008	Site:	Kitchen Sink Tap
Date/Time Rec'd:	07/06/05	1305	Treatment:	Softener
Chlorine ppm:	Free: ND	Total: ND	pH:	7.7
Collected By:	J.Yeager	6176JY	Well #:	HO-94-2854

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	<1.0	mg/L	10	601

NOTES:

1 mg/L = milligrams per liter (also, parts per million)
2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
4 ND:None Detected
5 Visual well check: Sealed, vented cap
6 pH tested on-site

Reason for Test : Client's Information

Date Reported: 07/07/05

MD State Certification # 133