

4/12/00
11:00
CANNOT CHECK

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513381

A 50225-C

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~

410-313-2640

INDEXED

04-359887

DATE 4/10/2000

DATE SYSTEM APPROVED 4/13/00

INSPECTOR BB

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, MD 21784

PHONE 410-795-5670

SUBDIVISION Vinyards at Cattail Creek LOT 2610 ROAD 3601 Willow Birch Drive

PROPERTY OWNER Charles & Marcie Tuegel

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe. 140'±

LOCATION - Place the distribution box at the highest corner of the septic reserve area: 50 feet off the 181.56' lot line and 130 feet off the rear (125.79') lot line, as seen when facing the property from Willow Birch Drive. Run trenches along contour towards the 251.75' lot line. OK

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

- Trenches will be 70'± initially and may be longer thereafter. Maintain 100 Ft minimum separation distance from well. Neighbor's lot. R/P 4/12/00

PLANS APPROVED BY Kim Maiste/C.Williams/Donna K. Soe

REVISED DATE 1-22-1997

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. 90° ELBOWS NOT ACCEPTABLE.

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

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BLDG. PERMIT SIGNED
AND RETURNED 5/5/00

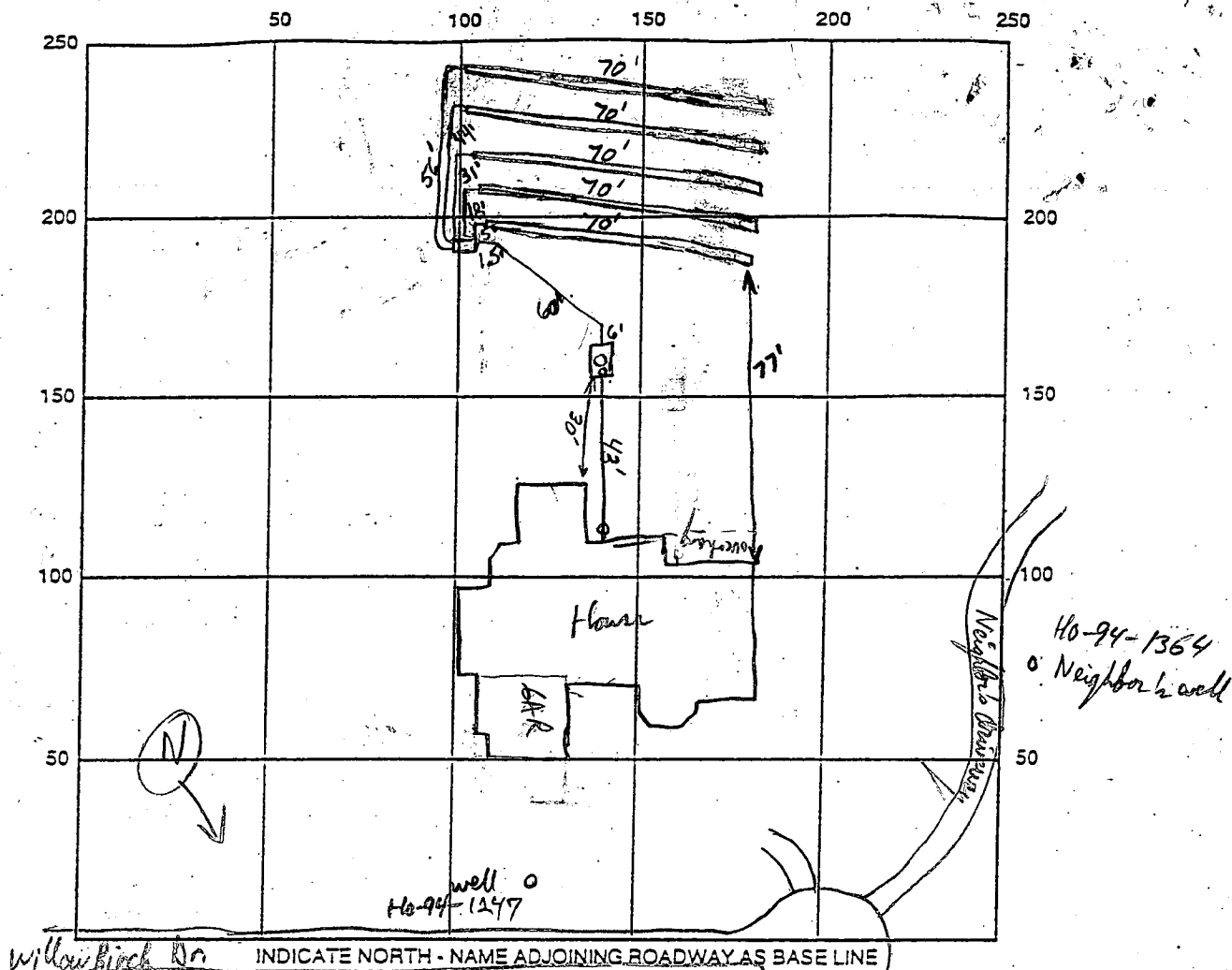
BLDG. PERMIT SIGNED

AND RETURNED 9/20/2000

B00126554 DECK/WITH STEPS

B0023039 RP tank

50225C



SEPTIC TANK LEVEL 1500 gal mid tunnel

CLEANOUTS Hse + S.T. + 18" Manhole main

DISTRIBUTION BOX LEVEL O.K.

DRAIN FIELD/TITLE DEPTH 6.5 FT.

TRENCH WIDTH 3.0 FT.

INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT.

TOTAL LENGTH 5 x 70 FT. (350 Total)

NUMBER OF TRENCHES 5

ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: House Connection + S.T. OK to cover. layout inspection OK on site. P/P 4/12/00 4/13/00

System looks O.K. O.K. to cover everything (BB)

W/P OK to cover all parts OK P/P 4/24/00

DATE SYSTEM APPROVED 4/13/00

INSPECTOR

Brian Baker

APPLICATION

PERCOLATION TESTING

A 50225C

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

~~David Mannarett~~ CHARLES + MARCIE TUEGEL

ADDRESS

C/O Land Design + Development
12805 Hichory Ridge Rd

PHONE

740-2100

AGENT OR PROSPECTIVE BUYER

Mark Reich

ADDRESS _____

PHONE _____

PROPERTY LOCATION:

SUBDIVISION

Vineyards at Cattail Creek

LOT NO.

B26 9/10

ROAD AND DESCRIPTION

Route 97 (3601 Willow Birch Drive)

TAX MAP

21

PARCEL #

2,132,220 + 211

SIZE OF LOT

1 + acres

TYPE BLDG.

EXCEL PERMIT SIGNED

AND RETURNED 2-6-99

Serial # 800118945

SFD - 5 BRM

(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.

Myal Reich

(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. #

Vineyards at CC

SP-910-11

DATE

2/28/96

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

Vineyards at CC

DATE

1/21/97

THIS IS NOT A PERMIT

No. 11#
A50225C

part of new #3

COUNTY #
LOT #3
SOIL PROFILE
HOLE ①

0' - 1'

1' to

HOLE ②

0' - 1'

1' to

HOLE ③

0' - 1'

1' to

See LOT #4

25' LOT 3 4289			4286 LOT 4 LOT 3

SOIL PROFILE
HOLE ④

See LOT #4

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/2/94	①						
Wed	①						
	①						
	③	5'-10"	10:20	10:22	10:22	10:25	3
	4289 4298	12'		LOA M			
	④	5'-3"	10:28	10:30	10:30	10:35	5
	4286	10'-10"		LOA M			

REMARKS 9/2/94 See LOT #4 Test in open

TYPE OF SOIL LOAM = below clay

TESTED BY C. Red ALSO PRESENT Mark Reuch + 3 assess

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH 6 1/2 SQ. FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 Mario Mannarelli

ADDRESS 13205 Hickory Ridge Rd PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Maria Reich

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Vineyards at Cattan Creek LOT NO. 4 *Test notes also relate to Lot 10*

ROAD AND DESCRIPTION Route 97

TAX MAP 21 PARCEL # 2,132,220 & 211

SIZE OF LOT 1 + acres 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.

Maria Reich
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

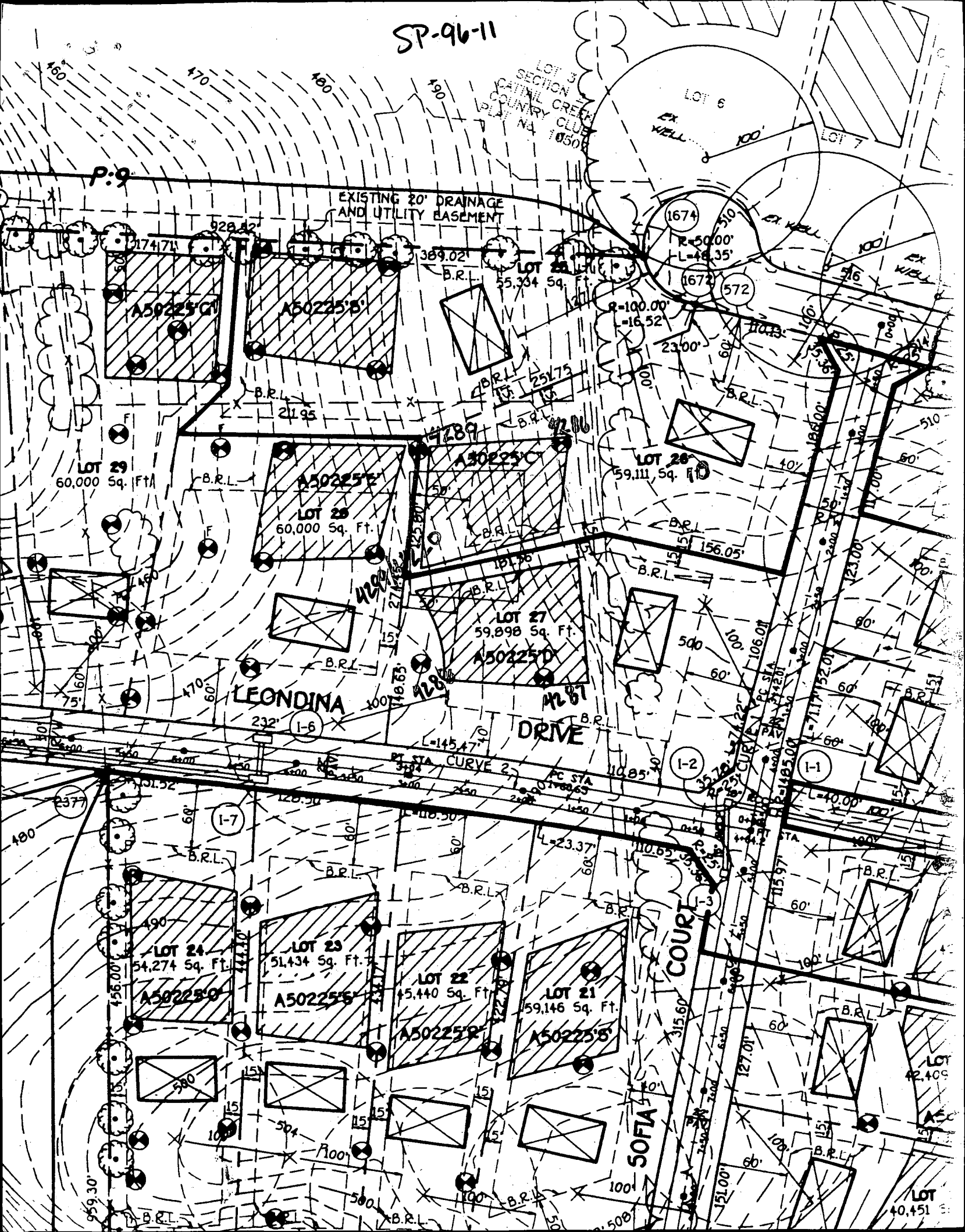
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

REMARKS 11/7/94 (LOT 4 tests run open at lat @ 10:00)
 TYPE OF SOIL loam below clay (Mark Result)
 TESTED BY CBS ALSO PRESENT { + (3) includes
design
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

SP-96-11



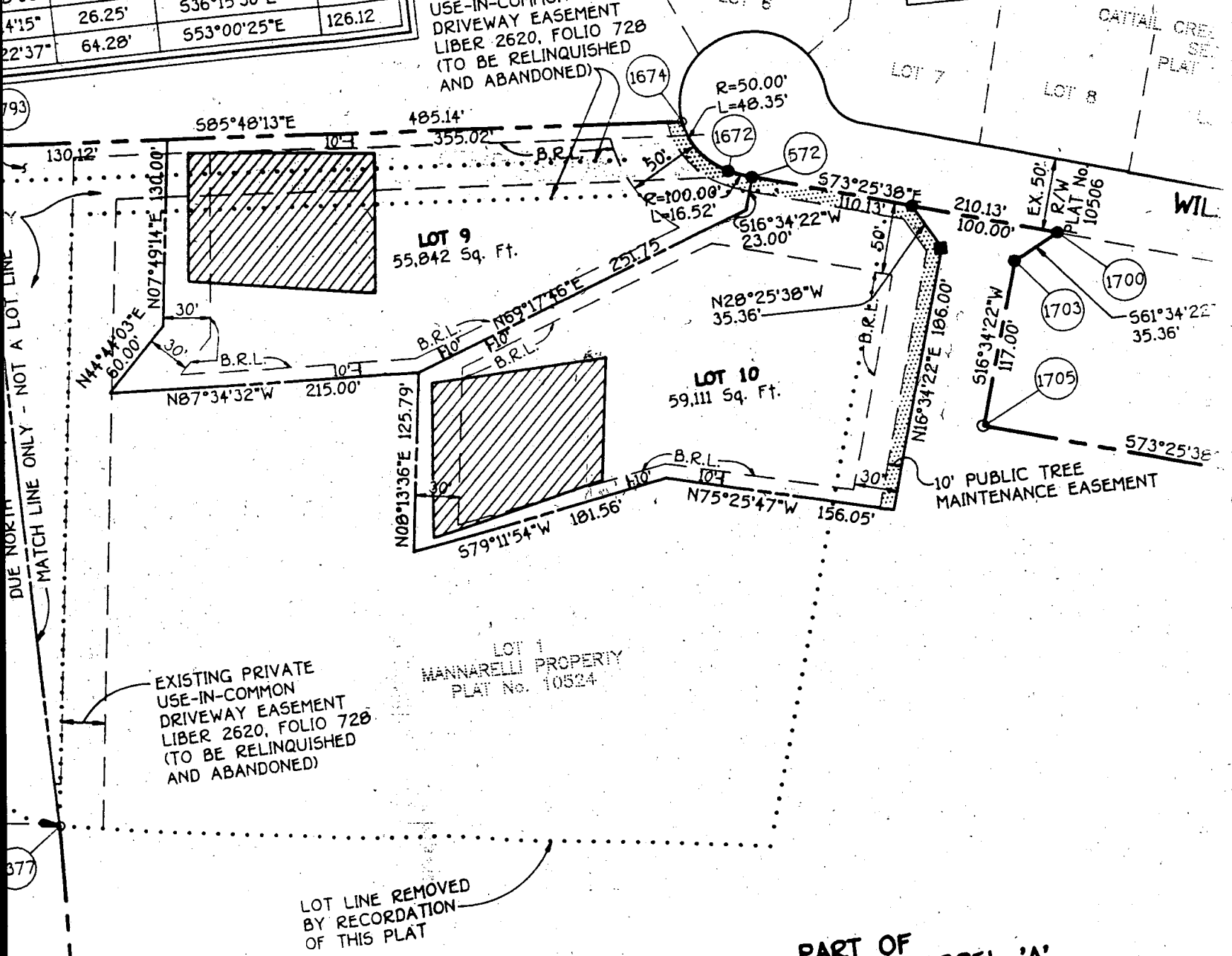
Signed final

TA	TANGENT	CHORD BEARING	CHORD
7°09'	86.24'	N76°23'34"E	162.70'
8°03'	8.28'	S68°41'38"E	16.51'
4°15'	26.25'	S36°15'30"E	46.49'
22°37'	64.28'	S53°00'25"E	126.12'

LOT 3
SECTION 2
CATTAIL CREEK
COUNTRY CLUB
PLAT No. 10507

EXISTING PRIVATE
USE-IN-COMMON
DRIVEWAY EASEMENT
LIBER 2620, FOLIO 72B
(TO BE RELINQUISHED
AND ABANDONED)

MINIMUM		
LOT No.	GROSS AREA	PIPESTEN AREA
5	46,815 Sq.Ft.*	794 Sq.Ft.
6	53,112 Sq.Ft.*	1,634 Sq.Ft.
7	51,748 Sq.Ft.*	2,070 Sq.Ft.
8	50,781 Sq.Ft.*	2,932 Sq.Ft.



**PART OF
BUILDABLE BULK PARCEL 'A'**
AREA THIS SHEET = 18.927 AC.*
SEE SHEET 4

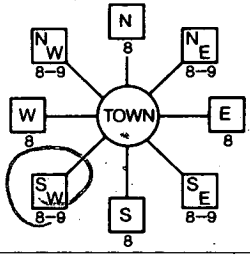
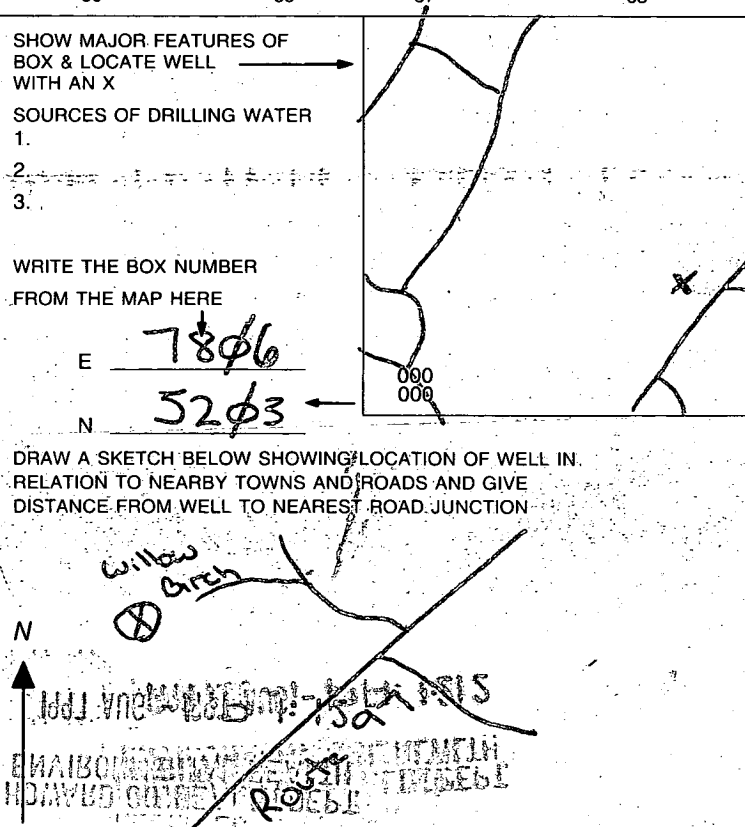
C 1 9534		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER A-50225C	
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8 13		15 20		22 26		28 29 30 31 32 33 34 35 36 37	
OWNER <u>Mannarelli, Mario</u>							
STREET OR RFD <u>Willow Birch Drive</u>				TOWN <u>Glenwood</u>			
SUBDIVISION <u>Vinyards at Cabin Creek</u>		SECTION		LOT <u>10</u>			
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)		TYPE OF GROUTING MATERIAL (Circle one)		HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)		CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u>		NO. OF BAGS <u>9</u> NO. OF ROUNDS <u>900</u>		PUMPING RATE (gal. per min.) <u>110.3</u>	
FEET FROM TO		GALLONS OF WATER		DEPTH OF GROUT SEAL (to nearest foot)		METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u>	
Overburden 0 36		34		from 0 ft. to 36 ft.		WATER LEVEL (distance from land surface)	
Granite 36 300		x		TOP BOTTOM		BEFORE PUMPING <u>44</u> ft.	
water was encountered at 70 & 290'				CASING RECORD		WHEN PUMPING <u>208</u> ft.	
				casing types insert appropriate code below		TYPE OF PUMP USED (for test)	
				STEEL CONCRETE		A air P piston T turbine	
				PLASTIC OTHER		C centrifugal R rotary O other (describe below)	
				MAIN CASING TYPE		J jet S submersible	
				Nominal diameter top (main) casing (nearest inch)			
				Total depth of main casing (nearest foot)			
				P L 6 41			
				OTHER CASING (if used)			
				diameter inch depth (feet)			
				SCREEN RECORD		PUMP INSTALLED	
				screen type or open hole insert appropriate code below		DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO)	
				STEEL BRASS BRONZE OPEN HOLE		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
				PLASTIC OTHER		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
						CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
						PUMP HORSE POWER	
						PUMP COLUMN LENGTH (nearest ft.)	
						CASING HEIGHT (circle appropriate box and enter casing height)	
						LAND SURFACE (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)	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED <u>Y</u> <u>N</u>		C 2		Property	
CIRCLE APPROPRIATE LETTER		DEPTH (nearest ft.)		SLOT SIZE 1 2 3		37'	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		A 1 41 300		DIAMETER OF SCREEN (NEAREST INCH)		37'	
E ELECTRIC LOG OBTAINED		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100				15'	
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							
TYPE: MWD/MSD/MGD							
DRILLERS LIC. NO. <u>399</u>							
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)							
LIC. NO. <u>JSD048</u>							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

Well Permit No. HO - 94-1247
Location of property (road) Willow Birch Drive
Subdivision Vineyards at Cattail Creek Lot 10 Block Mat Sec. 5
Well Driller G. Edgar Hair & Sons Owner Mario Mannarelli

I. High rate pumping -- reservoir drawdown

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

HD-224

B 1 3549	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1247
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) Date Received (APA) 8-1-97		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Vineyards at CATTAIL Creek 42 SECTION 44 46 LOT 10 50 Glenwood 52 NEAREST TOWN Glenwood 71 MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78	
OWNER INFORMATION 8 MM DD YY 13 15 Last Name Owner First Name 34 Mario Mangarelli Inc 2929 Summit Circle 36 Street or RFD 55 Ellicott City MD 21043 57 Town 70 State 72 Zip 76		DRILLER INFORMATION Driller's Name Paul M Fabiszak MWD 399 76 License No. 81 Firm Name G. Edgar Harr Sons Corp Address 12047 Falls Rd Cockeysville 21030 Signature [Signature] Date 7-30-97	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A50225C COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 8/5/97 Kimberly M. [Signature] 8/5/98 43 MM DD YY 48 CO-SIGNATURE NORTH GRID 523 50 55 EAST GRID 786 57 63	
APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 786 N 523	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY 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 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER KM 54 G A P 63 FORCE HO-94-1247 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

[illegible]

8/5/97
Well site
OK as staked.
(km)

1ENT
10 728
ISHED
4 THU

LOT 1
MANNARELLI PROPERTY
PLAT No. 10524

4/24/00 ANYTIME

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

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt \$

Date

4/24/00

Name of Installer

Robert L. Feezer Co., Inc.

Telephone

410-781-4655

License Number

2122

Certified Well Pump Installer ☒Well Driller ☐Registered Plumber ☒

Name of Property Owner

Mario Mammarella & Sons, Inc.

Telephone

410-461-2278

Subdivision

CATTAL CREEK

Lot #

10

Well Tag #

MD-94-1247

Site Address

3601 WILLOW BIRCH DR Glenwood

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ☒

2. Make

SFA-RITE

3. Model

7PHCO2NL04

4. Capacity

7

GPM

5. Pump exceeds well capacity

Yes

No ☒

6. Is there a low pressure cutoff switch installed?

Yes

No

7. Are there devices used to protect the pump and electrical wiring from vibrations?

Torque arrestors

Cable guards ☒

Other

Motor

1. Horsepower

1/2

2. RPM

3450

3. Voltage

a. 110

b. 220 ☒

Pitless Adapter

1. Make

MAMMARELLA

2. Model

P800

3. Depth

42"

Tank

1. Capacity

62

2. Pressure relief

valve? ☒

Piping

1. Type

Flex

2. Size

1"

3. NSF and/or BOCA

Code approved ☒

4. Depth of supply

line 42"

Well data

1. Depth

150 ft.

2. Yield

GPM

3. Static water

level ft.

4. Will water supply

be disinfected by

installer? ☒

API - pitless adapter OK 3 1/2 ft
PVC 2 piece cap & PVC Carbit cap OK
OK to over RPP 4/24/00 - proper ratings

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

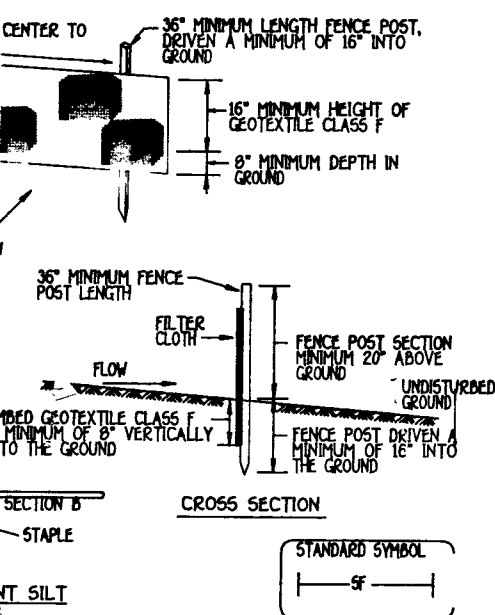
Signature of Applicant:

Robert L. Feezer

Date:

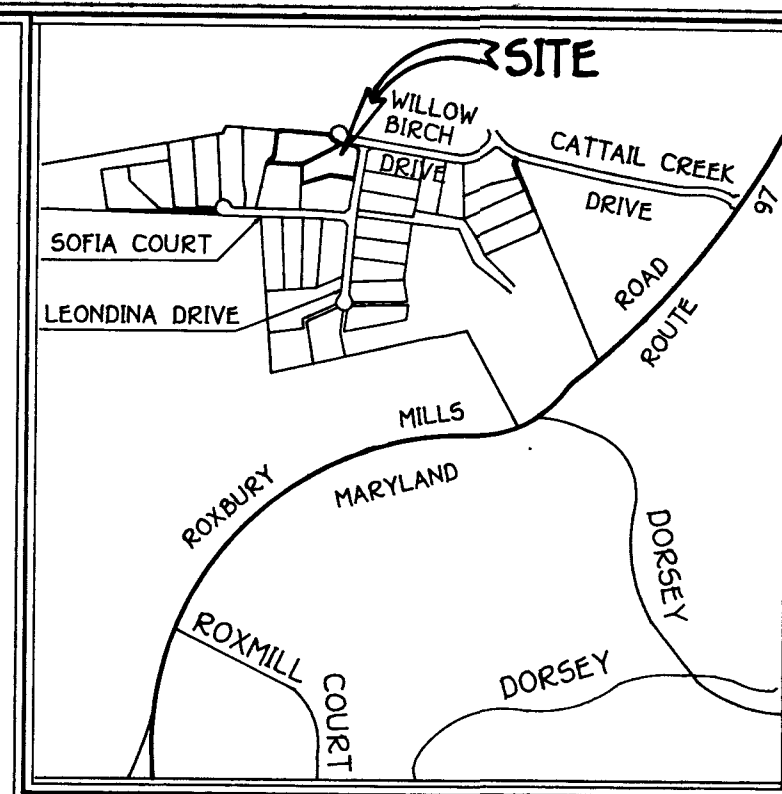
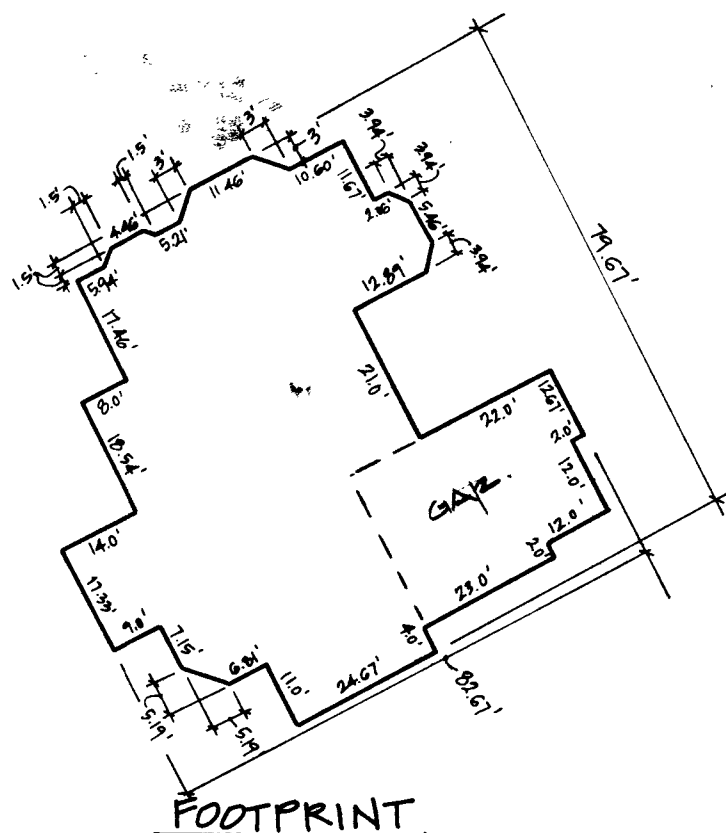
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

shall contain at least 1 percent Nitrogen, 1.5 percent Phosphorus, and 0.2 percent Potassium. If the compost does not meet these requirements, the compost must be added to meet the requirements prior to use. The compost shall be applied at a rate of 1 ton/1,000 Sq. Ft. : amended with a Potassium Fertilizer applied at the rate of 4 lb./1,000 sq. ft. lime application rate.



50 lbs/in (min.)	Test: MSMT 509
20 lbs/in (min.)	Test: MSMT 509
0.3 gal ft ³ / minute (max.)	Test: MSMT 322
75% (min.)	Test: MSMT 322

LT FENCE
TO SCALE



VICINITY MAP
SCALE: 1"=2000'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 515.50
B. BASEMENT ELEVATION: 506.50
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 502.50
D. INVERT IN AT SEPTIC TANK: 501.80
E. INVERT OUT AT SEPTIC TANK: 501.50
F. PROPOSED GRADE OVER SEPTIC TANK: 504.50
G. INVERT AT DISTRIBUTION BOX: 504.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 499.5
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. ~~THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.~~

Approved Septic System Plan Howard County Health Department

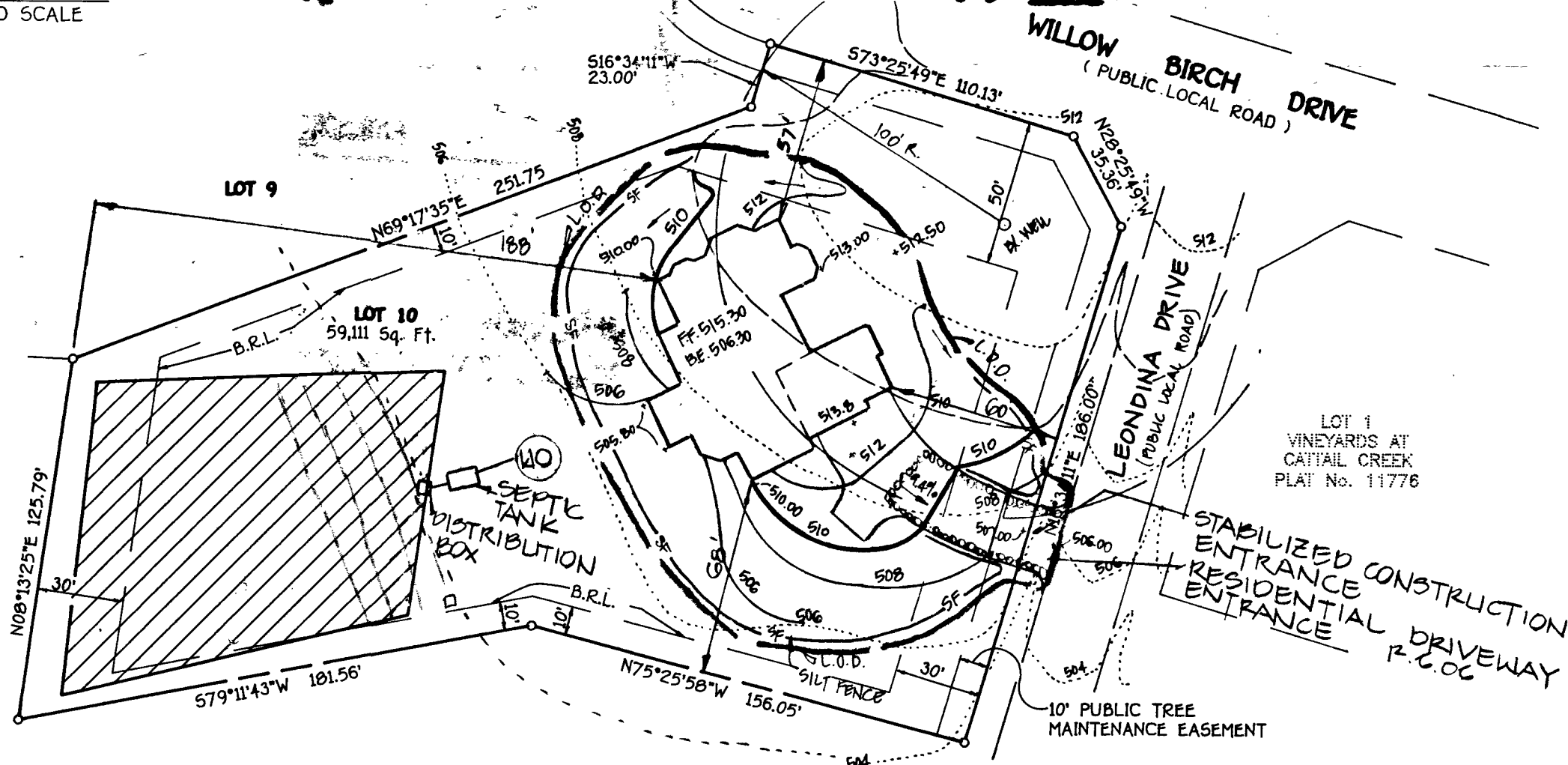
Total linear feet of trench required 350 feet

Width of trenches: 3 feet

Depth of trench (ea) 6.5 feet

Depth of stone required below
distribution pipe 2 feet

Signature



LOT 1
MANNARELLI PROPERTY
PLAT No. 10524

GP-99-192

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

LOT 10
VINEYARDS AT CATTAIL CREEK
LOTS 4 thru 10, NON-BUILDABLE BULK PARCEL 'A'
AND BUILDABLE PRESERVATION PARCEL 'B'

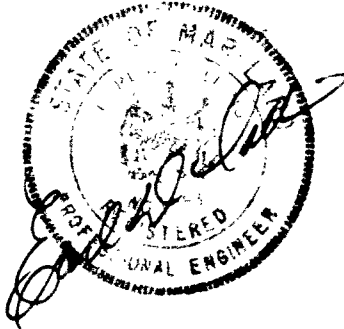
RESUBDIVISION OF LOTS 1, 2 AND 3, "MANNARELLI PROPERTY"
PLAT No. 10524 AND PART OF LIBER 2020 AT FOLIO 224,
LIBER 2456 AT FOLIO 336, AND LIBER 2622 AT FOLIO 518

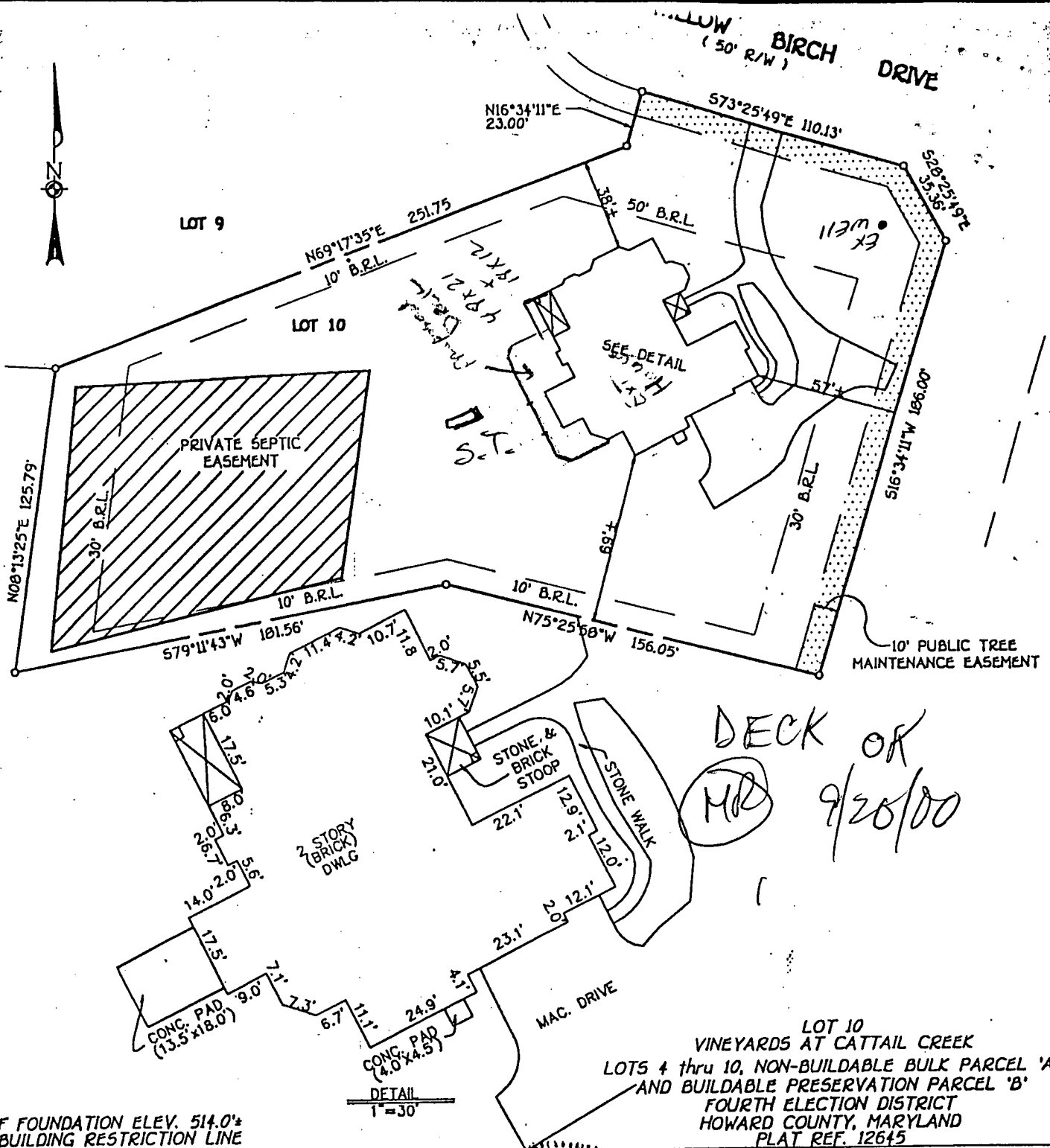
ZONED: RC-DEO

TAX MAP No. 21 PART OF PARCEL 2 ALL OF PARCEL 220 GRID: 8
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Scale: 1" = 50'

DATE: MAY. 1999





TOP OF FOUNDATION ELEV. 514.0'
B.R.L.=BUILDING RESTRICTION LINE

DETAIL
1"=30'

LOT 10
VINEYARDS AT CATTAIL CREEK
LOTS 4 thru 10, NON-BUILDABLE BULK PARCEL 'A'
AND BUILDABLE PRESERVATION PARCEL 'B'
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 12645

DECK OF
MD 9/20/00

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855



Charles J. Crovo
PROFESSIONAL LAND SURVEYOR
REG. 10763
DATE 6/19/00

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 8/27/99
FINAL LOCATION: 6/15/00
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 6/19/00
DRAWN BY: T.P.F.
CHECKED BY: C.C.
PROJECT No.: 60988

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>B00026554</u>
---	---	--

Building Address: <u>3601 Willow Birch DR</u> <u>Glenwood, MD 21738</u> Suite/Apt. #: _____ SDP/NP/Petition #: _____ Census Tract: <u>6040</u> Subdivision: _____ Section: _____ Area: _____ Lot: <u>10</u> Tax Map: <u>21</u> Parcel: <u>825</u> Grid: <u>8</u> Zoning: <u>RCEP</u> Map Coordinates: <u>8K9</u> Lot size: _____	Property Owner's Name: <u>SAME AS</u> Address: <u>OCCUPANT</u> City: _____ State: _____ Zip Code: _____ Home Phone: _____ Work Phone: _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone: _____ Fax: _____
Existing Use: <u>SFD</u> Proposed Use: <u>ADD SFD w/ Deck</u> Estimated Construction Cost: \$ <u>20000</u> Description of Work: <u>TO BUILD DECK</u> <u>ON TERRACE area same 4x821</u> <u>w/ steps to grade</u>	Contractor Company: <u>M. MANNARELLI + SONS</u> Contact Person: <u>MARIO MANNARELLI</u> Address: <u>2929 Summit Circle</u> City: <u>ELLICOTT CITY</u> State: <u>MD</u> Zip Code: <u>21043</u> License No.: <u>8046</u> Phone: <u>410-461-2270</u> Fax: <u>SAME</u>
Occupant or Tenant: <u>CHARLES TUGAL</u> Contact Name: <u>SAME</u> Address: <u>3601 Willow Birch DR.</u> City: <u>Glenwood</u> State: <u>MD</u> Zip Code: <u>21738</u> Phone: <u>410-465-3453</u> Fax: _____	Engineer or Architect Company: _____ 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: ☐ 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 Characteristics SF Dwelling ☐ SF Townhouse ☐ Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ ☐ 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 THEREON; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>[Signature]</u> Applicant's Signature: _____ <u>Pres.</u> Title/Company: _____	<u>MARIO MANNARELLI</u> Print Name: _____ <u>9/20/00</u> Date: _____
--	---

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

- FOR OFFICE USE ONLY -

AGENCY Land Development DPZ <u>9/20/00</u> State Highways _____ Building Official <u>9/20/00</u> Dev. Engineering DPZ _____ Health <u>9/20/00</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES ☐ NO ☐	DPZ SETBACK INFORMATION Front: <u>50 FT</u> Rear: <u>30 FT</u> Side: <u>10 FT</u> Side St.: <u>30 FT</u> All minimum setbacks met? YES ☒ NO ☐ Is Entrance Permit required? YES ☐ NO ☒ Historic District? YES ☐ NO ☒ Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>41864</u> Filing fee \$ _____ Permit fee \$ <u>20</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>20</u> Balance due \$ _____ Check # <u>7415</u> Validation # <u>34772</u> Accepted by: <u>[Signature]</u>
--	--	--

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

800123639

Building Address 3601 WILLOW BIRCH DR
GLENWOOD, MD 21738

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 66110 Subdivision VIA HILL

Section NA Area NA Lot 1C

Tax Map 21 Parcel 225 Grid S

Zoning RC-DFO Map Coordinates _____ Lot size _____

Existing Use _____

Proposed Use Self-Storage Tank

Estimated Construction Cost \$ 200.00

Description of Work Install 1-1000 GALLON

UNDERGROUND PROpane tank

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name MARIA REELT + Son Corp.

Address 2929 STRONG FELLOW CT

City ELICOTT CITY State MD Zip Code 21043

Home Phone 410-634-2223 Work Phone 410-2025

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

Phone _____ Fax _____

Contractor Company MAISON MECHANICAL INC

Contact Person CHRIS KOLB

Address 12301 OLD COLUMBIA PIKE

City SILVER SPRING State MD Zip Code 20904

License No. 15627

Phone 301-634-4200 Fax 301-634-4224

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

☐ 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 _____

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 THEREIN; (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 Chris Kolb
Title/Company MAISON MECHANICAL INC

Print Name CHRIS KOLB
Date 4-17-00

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

AGENCY Land Development DPZ DATE 5/5/00 SIGNATURE APPROVAL Mark E. Kasper
State Highways _____
Building Official _____
City Engineering DPZ _____
Health _____
Fire Protection _____
Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

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 New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 11569

Filing fee \$ 1.00

Permit fee \$ _____

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ _____

Balance due \$ _____

Check # 6161

Validation # _____

CONTINGENCY CONSTRUCTION START: 12:30 PM 6/1/00

ONE STOP SHOP: ☐

Distribution of Copies

White: Building Official

Green: LDD, DPZ

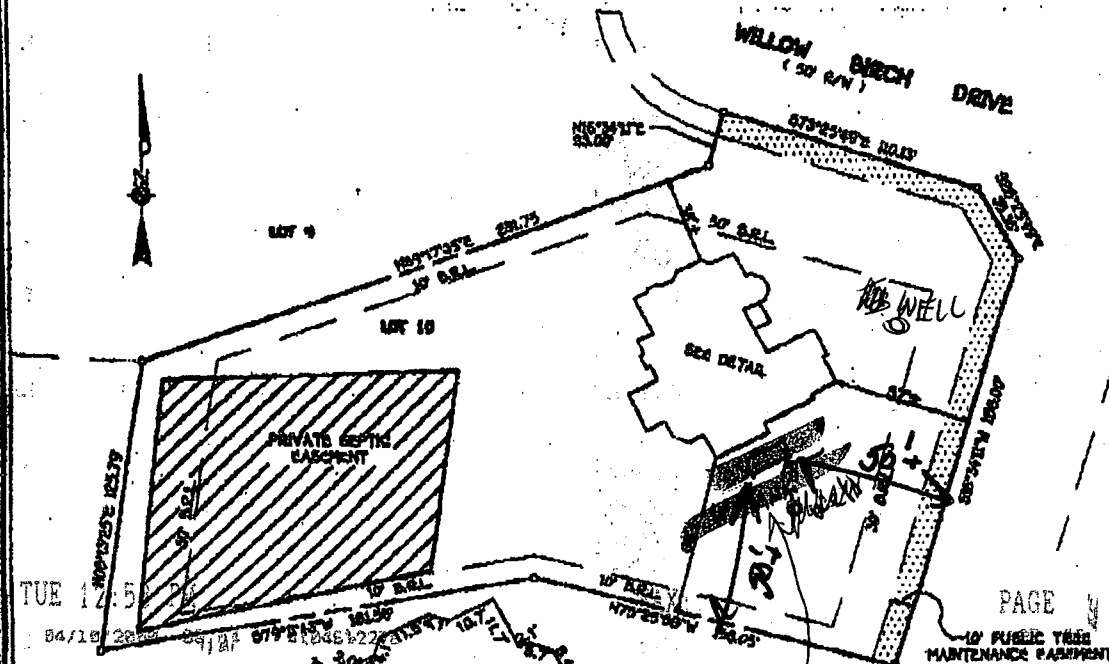
Yellow: DED, DPZ

Pink: Health

Gold: SHA

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar as it is required by a LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GABAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 01001 0002 D EFFECTIVE DATE: DEC. 4, 1999
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1" PLUS OR MINUS (1/2).



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TOP OF FOUNDATION ELEV. 81.04
B.L. BUILDING RESTRICTION LINE

LOT 10
VINEYARDS AT CATTAL CREEK
LOTS 4 AND 10, NON-BUILDABLE BULK PARCEL 'A'
AND BUILDABLE PRESERVATION PARCEL 'B'
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT DEC. 1999

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTRAL SQUARE OFFICE PARK - 10075 BELMONT NATIONAL PIKE
BETHESDA, MD 20814
TEL: (301) 440-1111 FAX: (301) 440-1112
WWW.FCC-INC.COM

IDENTIFICATION
DATE: 04/10/2000
BY: [Signature]
CHECKED BY: [Signature]
PROJECT NO. 30220

**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION: 02/22/2000
FINAL LOCATION
BOUNDARY SURVEY

SCALE: 1/8" = 1'-0"
DATE: 04/10/2000
DRAWN BY: [Signature]
CHECKED BY: [Signature]
PROJECT NO. 30220

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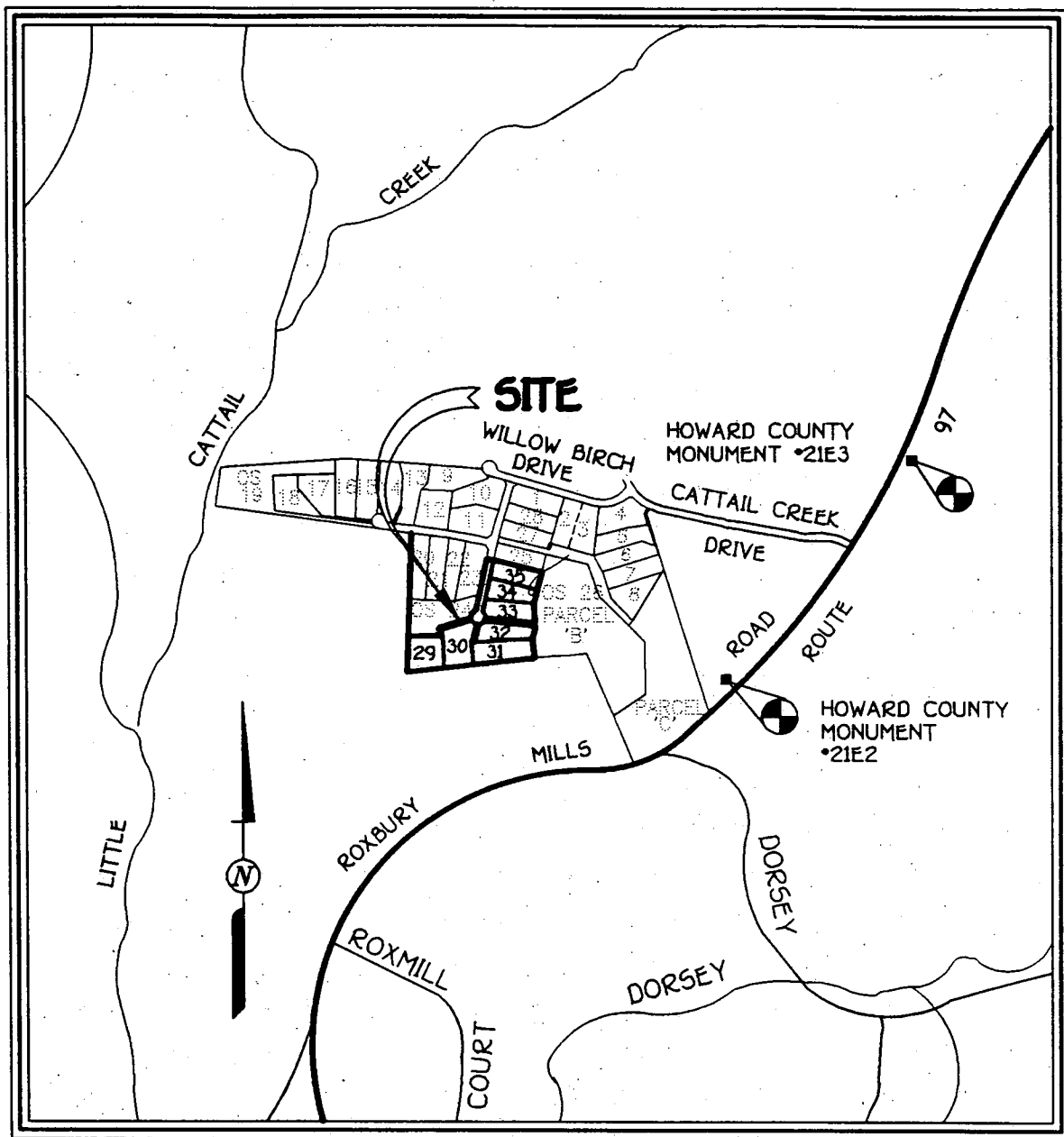
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