

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-358929

P 510638

A 50514-B

DISTRICT 4th

DATE 8/21/98

DATE SYSTEM APPROVED 9-2-98

INSPECTOR AL

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~410-313-2640~~ 410-313-2640

INDEXED

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784

PHONE 410-795-5674

SUBDIVISION Paragon Property LOT 2 ROAD 18560 Windsor Forest Road

PROPERTY OWNER David & Jacqueline Buxton

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - As seen when facing the lot from Long Corner Road: begin trenches 145 feet up the right (367.09') lot line and 70 feet off that same lot line. Run trenches on contour toward the right (367.09') lot line.

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

ok AL 6/16/98

PLANS APPROVED BY Amy McMillen/Glen Savage

REVISED _____ DATE 6/15/98

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

ADG. PERMIT SIGNED
AND RETURNED 5-7-99
Serial # BR 117759

dick

A 50514 B

5051413

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00117759

Building Address 18560 WINDSOR FOREST RD
MT AIRY MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: PARAGON RD
Census Tract 6044 Subdivision LONG CENTER
Section _____ Area _____ Lot 2
Tax Map 6 Parcel 82 Grid 14
Zoning RC-DE Map Coordinates 2C11 Lot size _____

Property Owner's Name DAVID BUXTON
Address 18560 WINDSOR FOREST RD
City MT AIRY State MD Zip Code 21771
Home Phone (410) 549-7989 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
STEVE BOWERS
7 HAYMARKET CRT
BALTIMORE MD 21236
Phone (410) 529-6138 Fax _____

Existing Use SFD
Proposed Use SFD W/DECK
Estimated Construction Cost \$ 5000.00
Description of Work 16' x 12' OPEN WOOD
DECK W/ STEPS TO GRADE
AND AN OPEN A FRAME ROOF

Contractor Company LONG FENCE CO
Contact Person STEVE BOWERS
Address 114 RT 3 NORTH
City CROFTON State MD Zip Code 21114
License No. 9615101
Phone (410) 793-0600 Fax _____

Occupant or Tenant OWN
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	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 THERE TO; (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 R. Steven Bowers
Title/Company _____

Print Name R. STEVEN BOWERS
Date 5/5/99

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

AGENCY	DATE	SIGNATURE	APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ	<u>5/6/99</u>	<u>[Signature]</u>	<u>[Signature]</u>
<input type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official	<u>5/6/99</u>	<u>[Signature]</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ			
<input type="checkbox"/> Health			
<input type="checkbox"/> Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>50' Min</u>	<u>36253</u>
Rear: <u>50' Min (DECK ONLY)</u>	Filing fee \$ _____
Side: <u>15' Min</u>	Permit fee \$ <u>20</u>
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>20</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>6926</u>
	Validation # <u>21561</u>
	Accepted by <u>[Signature]</u>

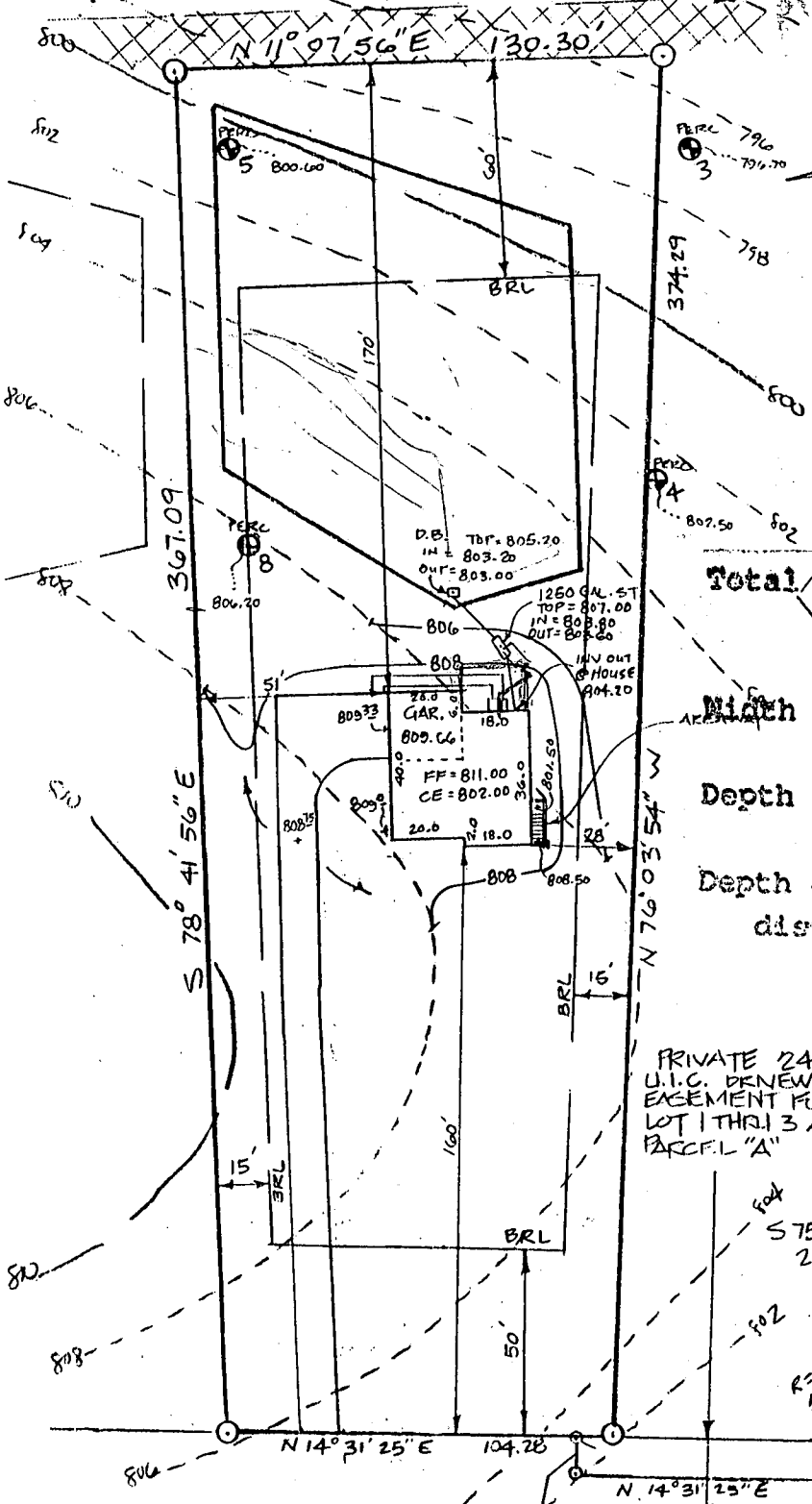
LONG CORNER ROAD

Approved Septic System Plan
Howard County Health Department

B00112368

[Signature]
Signature

6-15-98
Date



Total linear feet of trench required **240** feet
 Width of trench (es) **3** feet
 Depth of trench (es) **4** feet
 Depth of stone required below distribution pipe **2** feet

PRIVATE 24' U.I.C. DENEWAY EASEMENT FOR LOT 1 THRU 3 AND PARCEL "A"

WINDSOR FOREST ROAD

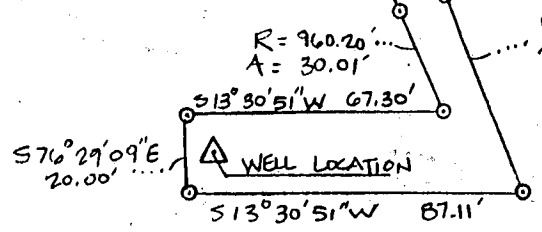
R = 366.33
A = 40.47
R = 376.33
A = 34.02

S 82° 09' 54" W 189.82

PLOT PLAN
FOR
LOT NO. 2

PARAGON PROPERTY

SITUATED OFF LONGCORNER ROAD AND WINDSOR FOREST RD.
ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND.



R = 950.20'
A = 55.88

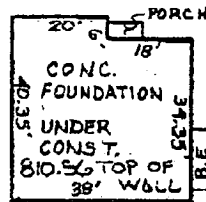
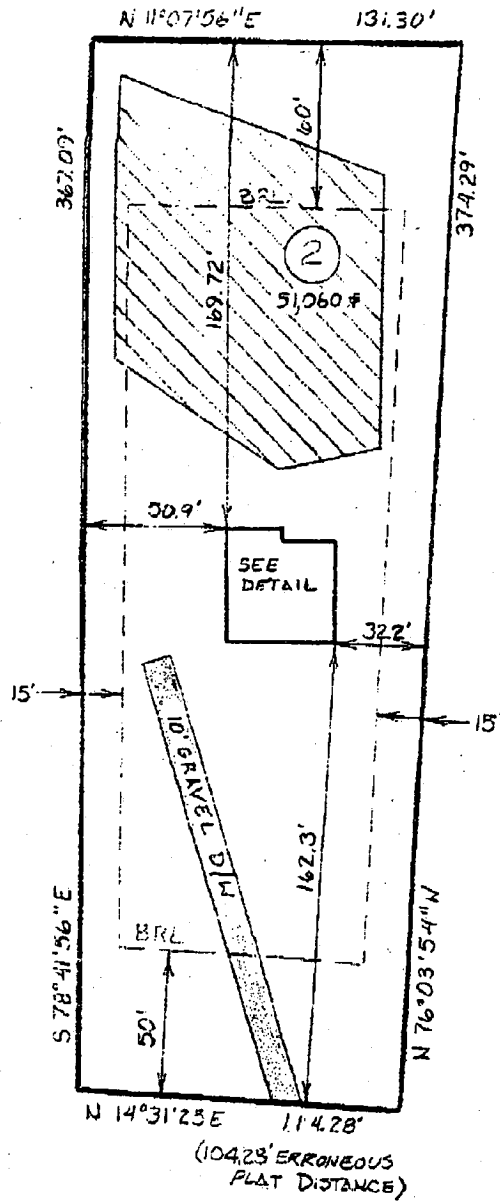
CLSI

Carroll Land Services, Incorporated
Engineers • Surveyors • Land Development Consultants
Landscape Architects • Environmental Specialists
439 East Main Street Westminster, MD 21157-5539
(410) 876-2017 FAX (410) 876-0009

DRAWN BY:	JA
DESIGN BY:	
REVIEW BY:	
DATE:	5/18/98
SCALE:	1" = 50'
JOB NO:	98088
SHEET:	1 OF 1

RESITE: 5/20/98 FLIF HOUSE & REGRADE.

LONG CORNER ROAD



DETAIL SCALE
1" = 30'

I hereby certify that I have surveyed the property shown herein for the sole purpose of locating the improvements. This plan is a benefit to the consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of boundary, easement or right-of-way lines for any reason, such as the location of fences, garages, buildings, or other existing or future improvements.

By Dennis E. Mookley Property Line Date _____
Surveyor No. 10844

The improvements shown herein lie within Flood Hazard Zone "C" (area of minimal flooding), as designated on National Flood Insurance Program Flood Insurance Rate Map, Panel 6 of 5 Community Panel Number 20047/0006, prepared by the Federal Emergency Management Agency.

LOT NO. 2
PARAGON PROPERTY
SITUATED OFF LONG CORNER ROAD AND WINDSOR FOREST RD.
ELECTION DISTRICT NO 4
HOWARD COUNTY, MARYLAND.
PLAT # 12310

<h1>CLSI</h1> <p>Carroll Land Services Incorporated Engineers • Surveyors • Land Development Consultants Landscape Architects • Environmental Specialists 439 East Main Street, Westminster, MD 21157-3339 (410) 878-2017 FAX (410) 878-2008</p>	DESIGN BY: JR
	DRAWN BY:
	REVIEW BY:
	DATE: 7-12-98
	SCALE: 1" = 50'
	JOB NO: 98088
SHEET:	

087745

APPLICATION

PERCOLATION TESTING

A 505146

P _____

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

DISTRICT _____

DATE 2-10-95

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 Taneytown Bank David Burton

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Design + Development / Mark Reich

ADDRESS 10805 Hickory Ridge Rd PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Paragon Property LOT NO. 15²

ROAD AND DESCRIPTION North West Corner of Windsor Forest + Long
Corner Rd (18500 Windsor Forest Road)

TAX MAP 6 PARCEL # 82

BLDG. PERMIT

AND RETURNED

Serial # 20712368

SIZE OF LOT 1 acre ± TYPE BLDG. SFD - 4 Bmn
(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.

Mark 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

51051B

COUNTY #

LOT 15

SOIL PROFILE

5

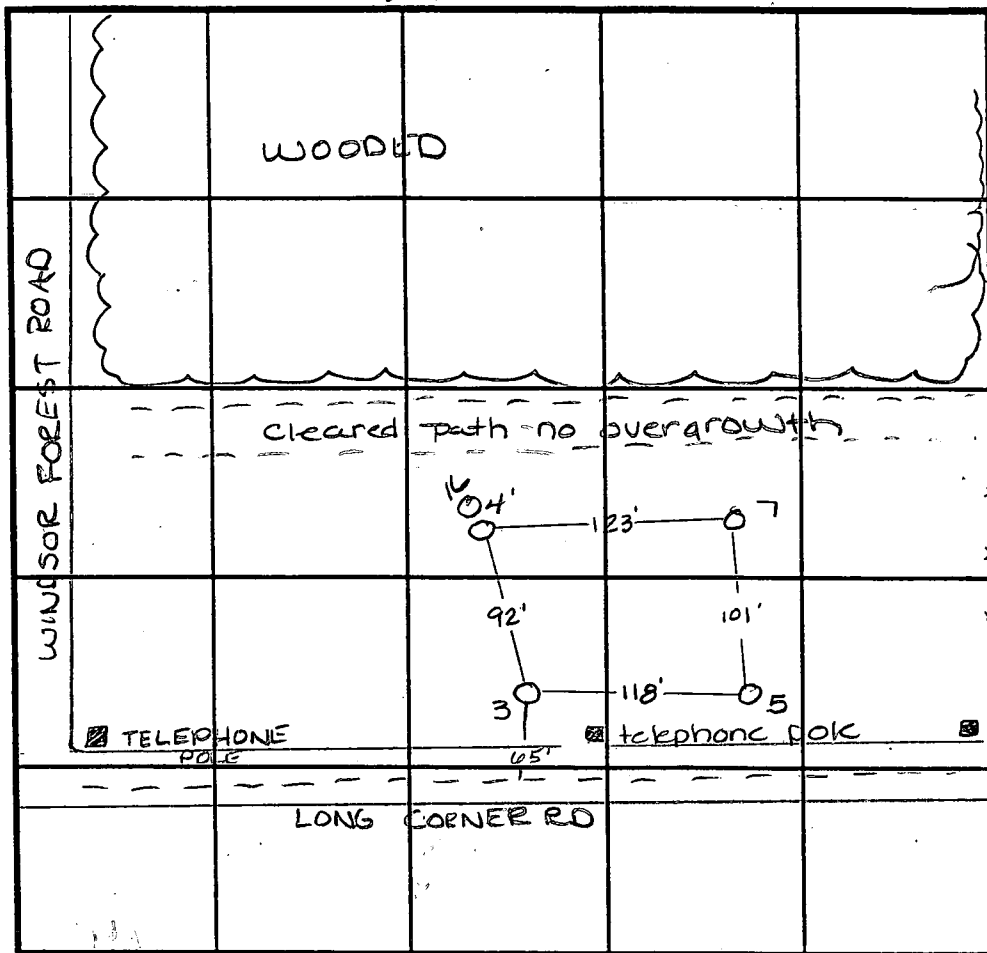
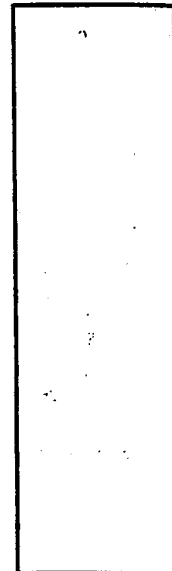
- 0' topsoil
- 1' reddish orange brown CSL
- 3' orange w yellow SIL
- 5% shale
- 6' lgt. orange SL 20-30% small grey shale frags
- 10'

8

- reddish CL gravelly
- 2.5' whitish w yellow and red SIL spots
- 5.5' lgt yellow almost white SIL 30% shale
- 10' hard

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-22-95	5	4' VIO'	7:35	7:40 ¹⁵	7:40 ¹⁵	7:46	5 ³ / ₄ min
	8	Visual to 10'					marginal
3-8-95	5	7' VIO'	10:40 ³⁰	10:41	10:41	10:42	1 min
	5	repour	10:43	10:44 ¹⁵	10:44 ¹⁵	10:47	2 ³ / ₄ min
	5	repour	10:48	10:50 ¹⁵	10:50 ¹⁵	10:55 ³⁰	5 ¹ / ₄ min
	8	3' VIO'	11:26	11:36	11:36	11:58	22 min
	8	7' VIO'	11:26 ⁴⁵	11:27 ³⁰	11:27 ³⁰	11:28 ³⁰	1 min
	8	repour	11:30 ¹⁵	11:34 ¹⁵	11:34 ¹⁵	11:39	5 min

REMARKS ALL HOLES MUST HAVE >5 min perc on shallow & deep shelves to pass

TYPE OF SOIL _____

TESTED BY Amy McMillen / Craig Williams ALSO PRESENT Olan Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 50514B

P _____

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

DISTRICT _____

DATE 1/21/92

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 Taneytown Bank

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Design + Development / Mark Reich

ADDRESS 10805 Hickory Ridge Rd PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Paragon Property LOT NO. _____

ROAD AND DESCRIPTION North West Corner of Windsor Forest + Long
Corner Rd.

TAX MAP 6 PARCEL # 82

SIZE OF LOT 1 acre ± 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.

Mark 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

50514-B

LOT 15

COUNTY #

SOIL PROFILE

15

red
CSIL

2.5

1gt
tan
SIL
50%
decayed
shale

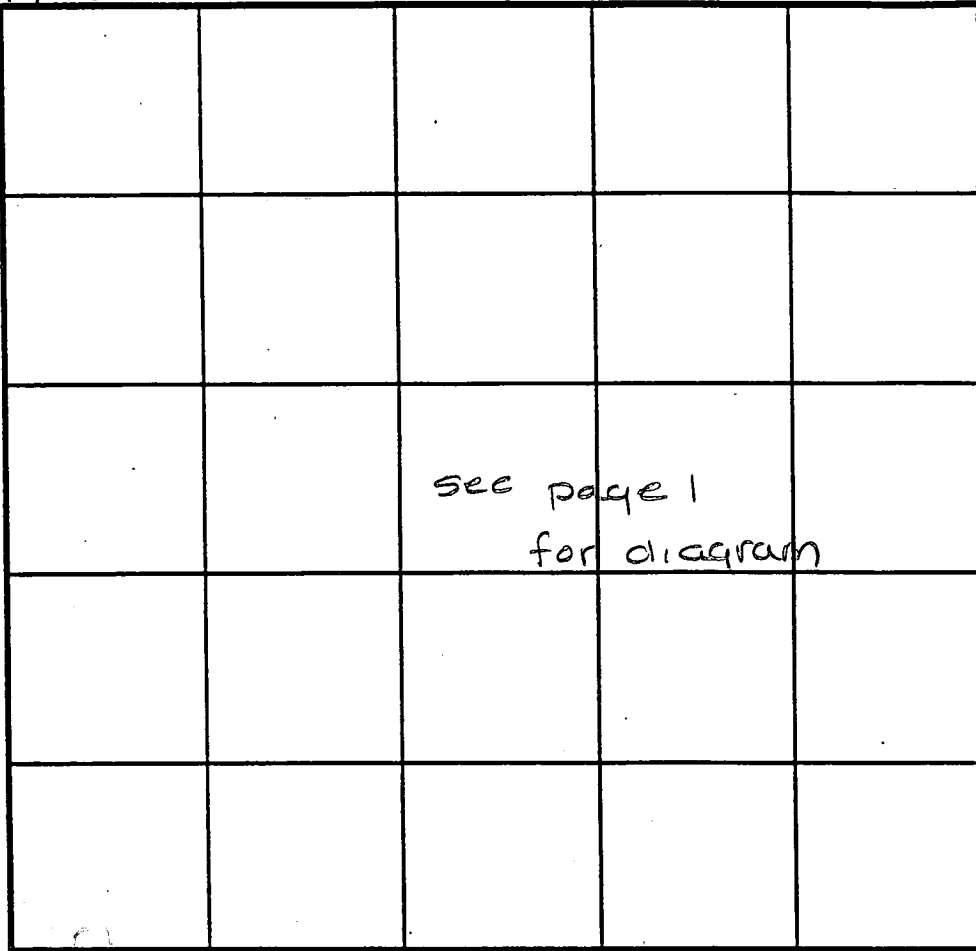
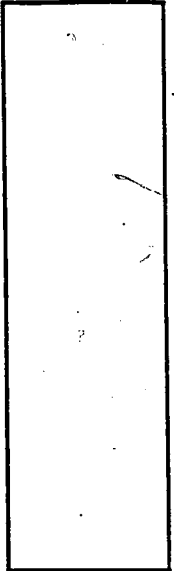
5'

yellow
tan
SL
5-10%
decayed
shale

10.5

SOIL PROFILE

0'



see page 1
for diagram

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-22-95	3	3 V9.5'	6:55	7:09	7:09	7:33	24min
	4	7 V8'	7:19	7:22 ³⁰	7:22 ³⁰	7:28	5 1/2 min
	4	7 V8'	7:18 ¹⁰	7:20	7:20	7:22	2min
3-8-95	3	7' V9.5'	10:30 ¹⁵	10:33 ³⁰	10:33 ³⁰	10:38 ⁴⁵	5 1/4 min
3-9-95	14	3.5' V10.5'	2:41 ³⁰	2:55	2:55	3:20	25min
	16	7.5 V10.5'	2:36	2:37 ³⁰	2:37 ³⁰	2:39	1 1/2 min
	16	repour	2:40	2:43	2:43	2:46 ³⁰	3 1/2 min
	16	repour	1:48	1:52	1:52	1:56 ⁴⁵	4 3/4 min

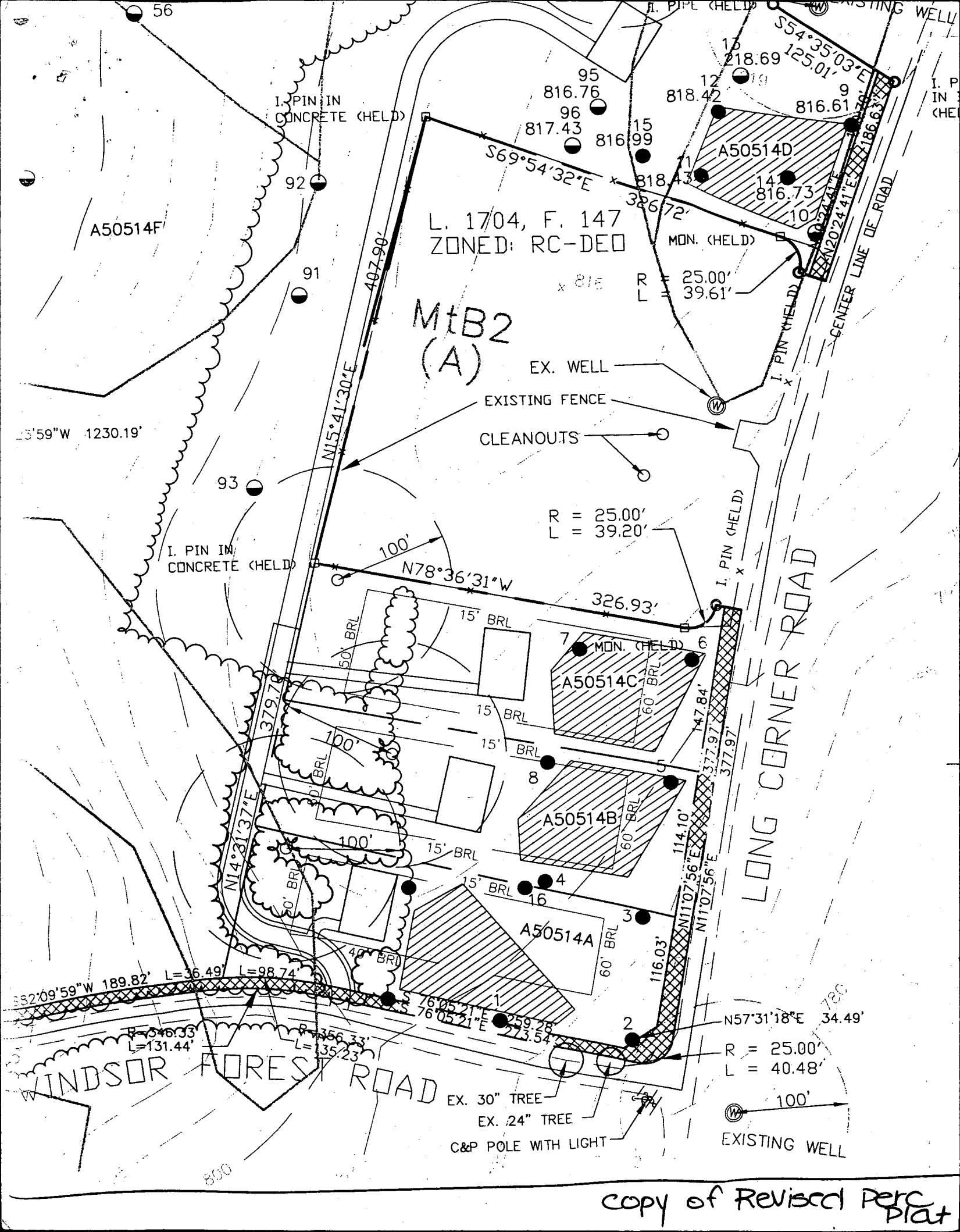
REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen / Craig Williams ALSO PRESENT Olan Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



A50514F

L. 1704, F. 147
ZONED: RC-DEO

M+B2
(A)

A50514D

R = 25.00'
L = 39.61'

EX. WELL

EXISTING FENCE

CLEANOUTS

R = 25.00'
L = 39.20'

I. PIN (HELD)

LONG CORNER ROAD

S3°59'W 1230.19'

I. PIN IN CONCRETE (HELD)

N78°36'31"W

MON. (HELD)

A50514C

A50514B

A50514A

S52°09'59"W 189.82' L=36.49' L=98.74'

R=346.33' L=131.44'

R=366.33' L=135.23'

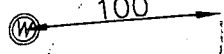
N57°31'18"E 34.49'

R = 25.00'
L = 40.48'

WINDSOR FOREST ROAD

EX. 30" TREE
EX. 24" TREE
C&P POLE WITH LIGHT

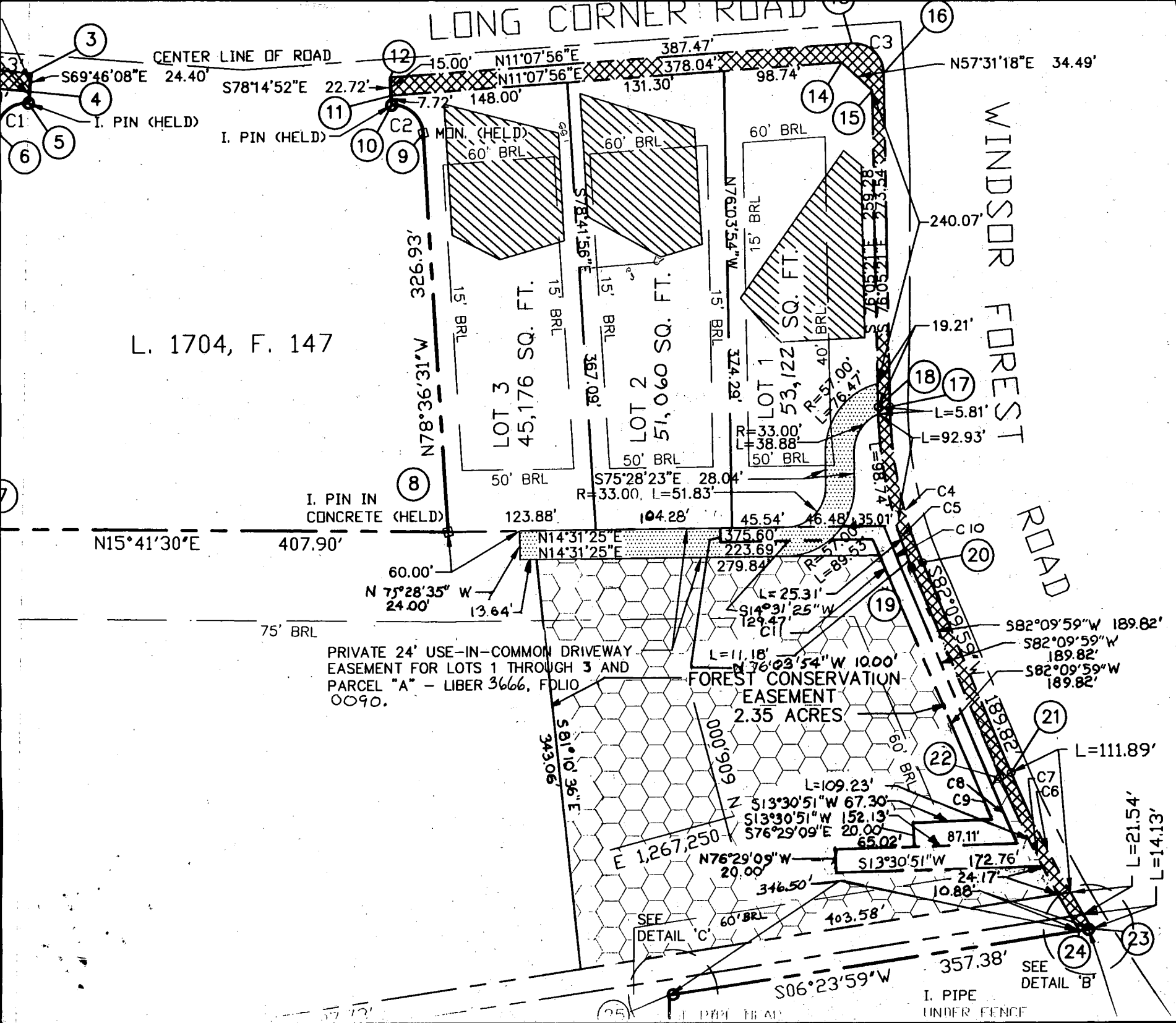
EXISTING WELL



copy of Revised Perc Plat

LONG CORNER ROAD

WINDSOR FOREST ROAD



CENTER LINE OF ROAD
 S69°46'08"E 24.40'
 S78°14'52"E 22.72'

L. 1704, F. 147

PRIVATE 24' USE-IN-COMMON DRIVEWAY
 EASEMENT FOR LOTS 1 THROUGH 3 AND
 PARCEL "A" - LIBER 3666, FOLIO
 0090.

FOREST CONSERVATION
 EASEMENT
 2.35 ACRES

Approved
 F-96-73

SEE
 DETAIL 'B'

I. PIPE
 UNDER FENCE

SEE
 DETAIL 'C'

C1 4571

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER: A 50514 B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED: 06279A

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO.: HO-93-0245

OWNER: REUWER, DON; STREET OR RFD: WINDSOR FOREST; TOWN: LONG CORNER; SUBDIVISION: PARADON PROPERTY; SECTION: ; LOT: 2

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for TOP SOIL, Brown shale, SAND stone, Blue slate, and GOT water.

GROUTING RECORD

WELL HAS BEEN GROUTED: (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS: 8 NO. OF POUNDS: 752

GALLONS OF WATER: 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

Casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING TYPE: PL; Nominal diameter top (main) casing: 6 3/4; Total depth of main casing: 42

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below: ST (STEEL), BR (BRASS BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER)

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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...

TYPE: MWD/MSD/MGD; DRILLERS LIC. NO.: 410

DRILLERS SIGNATURE: [Signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.:

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

DEPTH (nearest ft.): HO 41 300

Table for depth measurements with columns for depth in feet.

SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN: (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 4

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING: 18 ft.

WHEN PUMPING: 200 ft.

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

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (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

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)

Handwritten notes: 1 Dry Hole 700 FT, 2 Dry Hole 300 FT, Well Axis, 400 FT, SROJK ALIB

WINDSOR FOREST Lot # 2

B 1 **1755** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-93-0265**
70 fill in this form completely 78

OWNER INFORMATION
 Date Received (APA) **04/29/96**
Reuwer DDW
 15 Last Name 34 Owner First Name
10805 AVE KORY R109e
 36 Street or RFD 55
COLUMBIA MD 21044
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD **MWD**
 Driller's Name **GARY W SHAFF** 77 License No. 80 **410**
 Firm Name **HARLEY DRILLING & PUMP SYSTEMS**
 Address **P.O. Box 160 Walkersville, MD 21793**
 Signature *Gary W Shaff* Date **4-10-96**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **3**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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

APPROXIMATE DEPTH OF WELL **200** 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 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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER **G A P**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-93-0265**

SPECIAL CONDITIONS

LOCATION OF WELL
HOWARD COUNTY
PARAGON SUBDIVISION
 SECTION **4** LOT **3**
MAIRY NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **7** MI

WINDSON FOREST RD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **E**
 DISTANCE FROM ROAD **125**
 ENTER FT OR MI
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD CO. COUNTY NAME **A 50514-B** COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
04/25/96 DATE ISSUED **A. M. Miller** CO SIGNATURE **4-25-97** EXP. DATE
 NORTH GRID **544000** EAST GRID **0756000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **6/27/96 NOON**
 SOURCES OF DRILLING WATER
 1. **well**
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **756**
 N **544**
 000
 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 125 FT well head
 WINDSON FOREST RD
 LONG CONREN RD

EMERGENCY/TEMP NO. IF ANY

B 1 **0694** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-93-0265
 70 fill in this form completely 79

Date Received (APA) **012995** OWNER INFORMATION
REUMER DOW
 15 Last Name Owner First Name 34
JOSEPH AICKON R. DODD
 36 Street or RFD 55
COLUMBIA **MD21049**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
PARAGON PROPERTY SUBDIVISION
 SECTION **11** LOT **2**
LOWE CORNER NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Ralph MAYNE CIRCLE: MSD/MGD/MWD
 Driller's Name **116** License No. 80
Ralph MAYNE well Drilling Firm Name
5120 Brown Church Rd Mt. Airy Address
Ralph Mayne 1/20/96 Signature Date

B 4 **WINDSOR forest** NEAR WHAT ROAD
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **300** ENTER FT OR MI **ft**
 TAX MAP: **10** BLK: **82** PARCEL

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

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

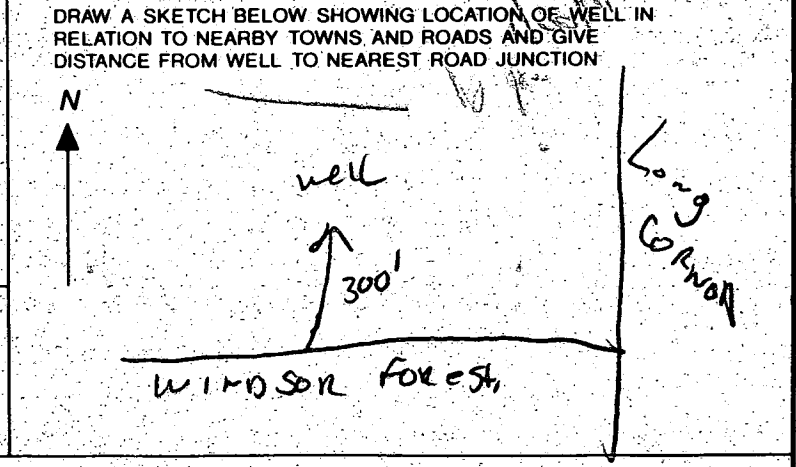
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard County COUNTY NAME COUNTY NO. **A50514-B**
 STATE SIGNATURE DATE ISSUED **020896** INSERT **5**
 NORTH GRID **544000** EAST GRID **9156000**
 CO SIGNATURE **A. M. Middle** EXP DATE **9/2/8/97**

APPROXIMATE DEPTH OF WELL **159** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

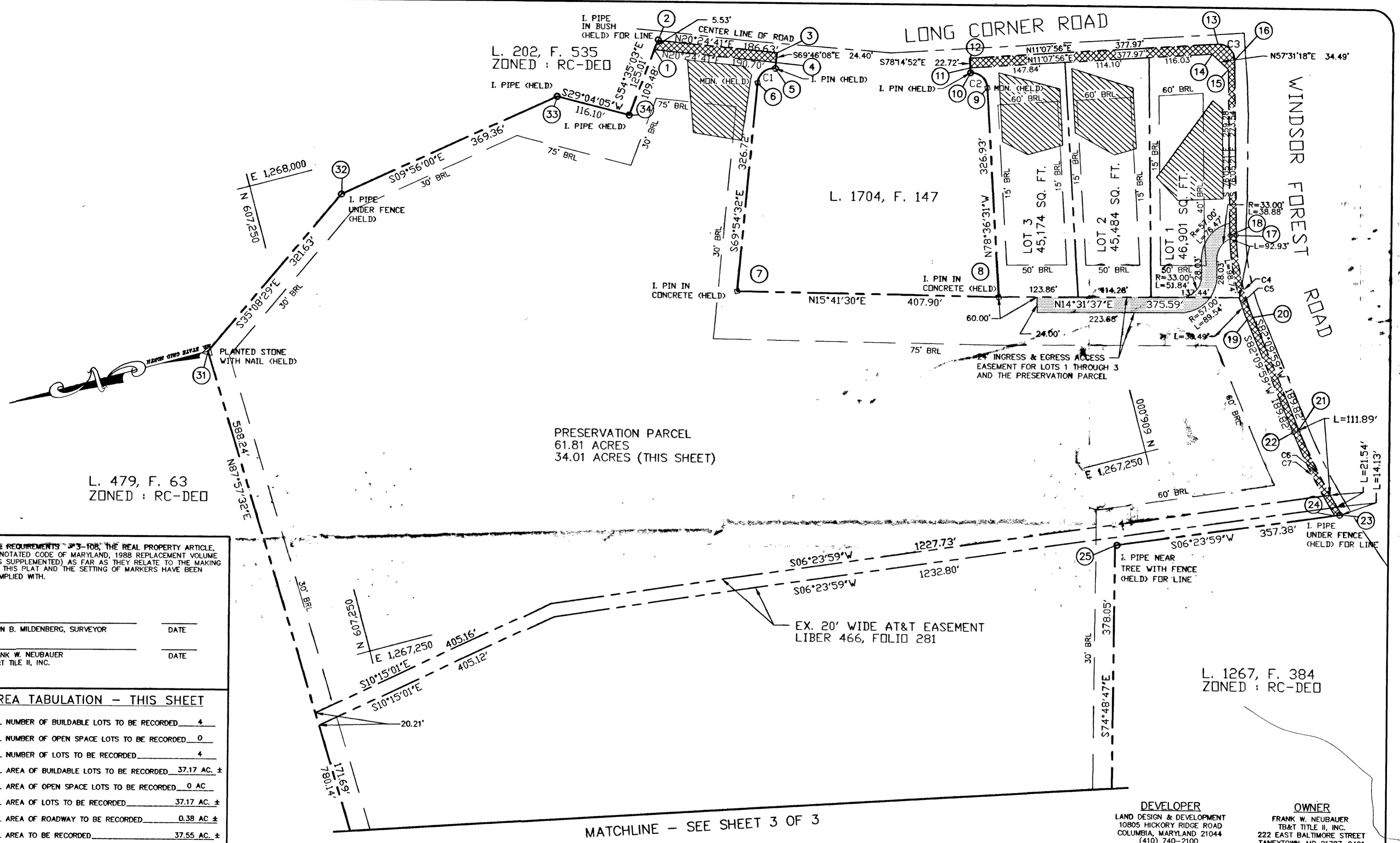
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 WRITE THE BOX NUMBER FROM THE MAP HERE
750
5404

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 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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **G A P**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-93-0265**



THE REQUIREMENTS OF § 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

JOHN B. MILDENBERG, SURVEYOR DATE
 FRANK W. NEUBAUER TB&T TITLE II, INC. DATE

AREA TABULATION - THIS SHEET

TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED	4
TOTAL NUMBER OF OPEN SPACE LOTS TO BE RECORDED	0
TOTAL NUMBER OF LOTS TO BE RECORDED	4
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED	37.17 AC. ±
TOTAL AREA OF OPEN SPACE LOTS TO BE RECORDED	0 AC.
TOTAL AREA OF LOTS TO BE RECORDED	37.17 AC. ±
TOTAL AREA OF ROADWAY TO BE RECORDED	0.38 AC. ±
TOTAL AREA TO BE RECORDED	37.55 AC. ±

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION DATE

DIRECTOR DATE

OWNER'S STATEMENT

WE, TB&T TITLE II, INC., 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 DEPARTMENT 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 EASEMENTS SHOWN HEREON, 2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE, THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE 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, STORM DRAINAGE FACILITIES AND OPEN SPACE, WHERE APPLICABLE, 3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAY AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE, AND 4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENT AND RIGHTS-OF-WAY.

WITNESS OUR HANDS THIS DAY OF

FRANK W. NEUBAUER
 TB&T TITLE II, INC.

WITNESS

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF THE LAND CONVEYED BY PARAGON ASSOCIATES, INC. TO TB&T TITLE II, INC. BY DEED DATED SEPTEMBER 15, 1995 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER No. 3569 AT FOLIO 0284, AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED, AND THE BOUNDARY SURVEY IS IN ACCORDANCE WITH THE HOWARD COUNTY SUBDIVISION REGULATIONS.

JOHN B. MILDENBERG, L.S. NO. 10718 DATE

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

PARAGON PROPERTY

SHEET 2 OF 3

TAX MAP 6 ELECTION DISTRICT 4 SCALE: 1" = 100'
 PARCEL NO. 82 HOWARD COUNTY, MARYLAND DATE: NOV 1995
 BLOCK 9 EX. ZONING RC-DEO DPZ FILE NOS.

MILDENBERG, BOENDER & ASSOC., INC.
 Engineers Planners Surveyors

5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
 (410) 997-0296 Ball. (301) 621-5521 Wash. (410) 997-0298 Fax.

07-RP-2.DWG



Land Design & Development, INC

10805 Hickory Ridge Road
Suite 215
Columbia, MD 21044
(410) 740-2100

FAX TRANSMISSION SHEET

TO: Craig Williams

FROM: Don Reuver

DATE: 6/5/96 11:55

SUBJECT: Well Locations

* * * * *

Please call when you receive.



3 dry holes have casing removed and are not properly abandoned - they are open holes - possible health; safety hazard.

TOTAL NUMBER OF PAGES: 2

PLEASE CALL SENDER AT (410) 740-2100 IF ALL THE PAGES ARE NOT RECEIVED.

WINDSOR ROAD

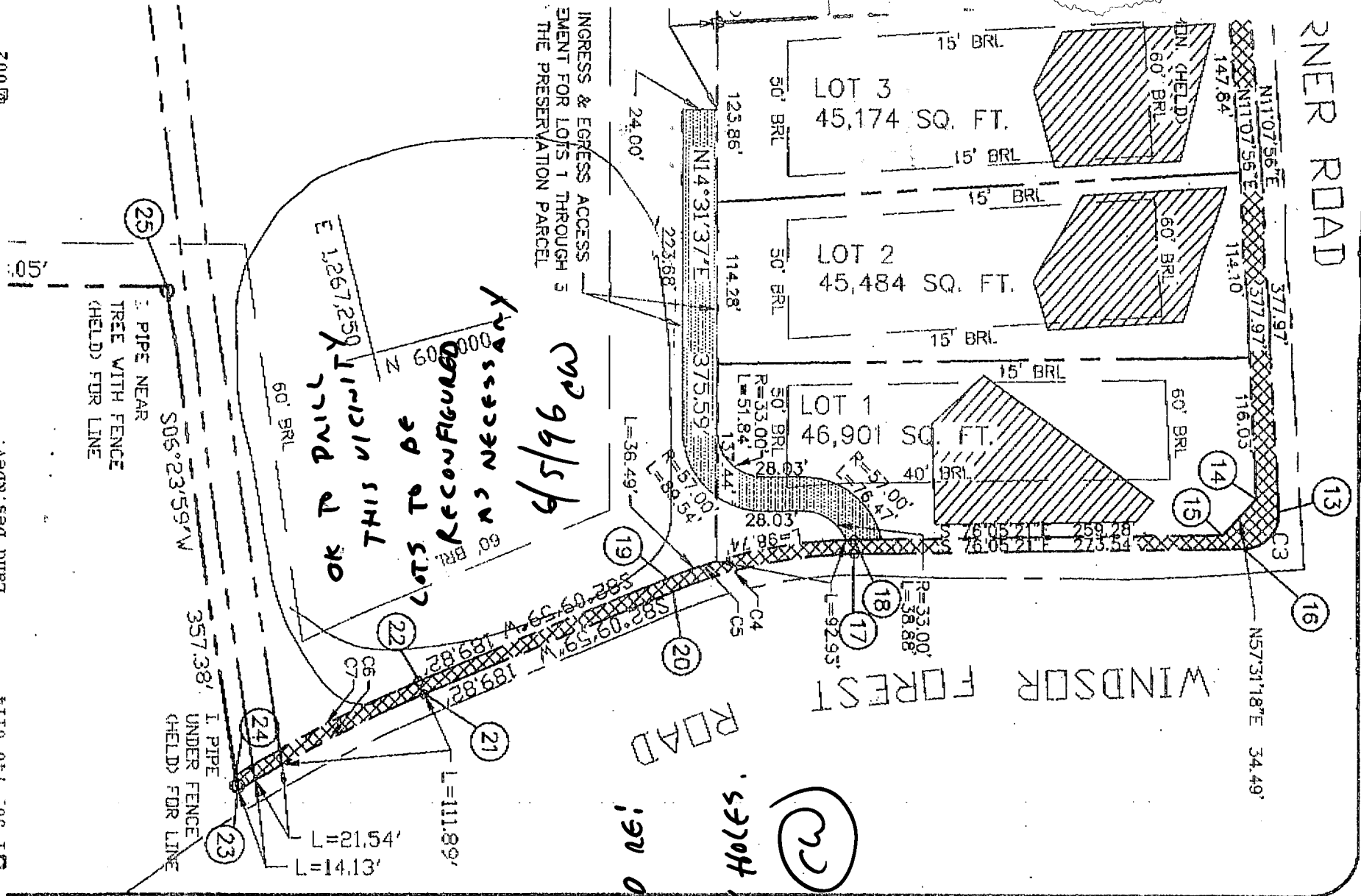
WINDSOR FOREST ROAD

OWNERS WILL BE RESPONSIBLE FOR SEALING OFF ANY HOLES IN DRIVE

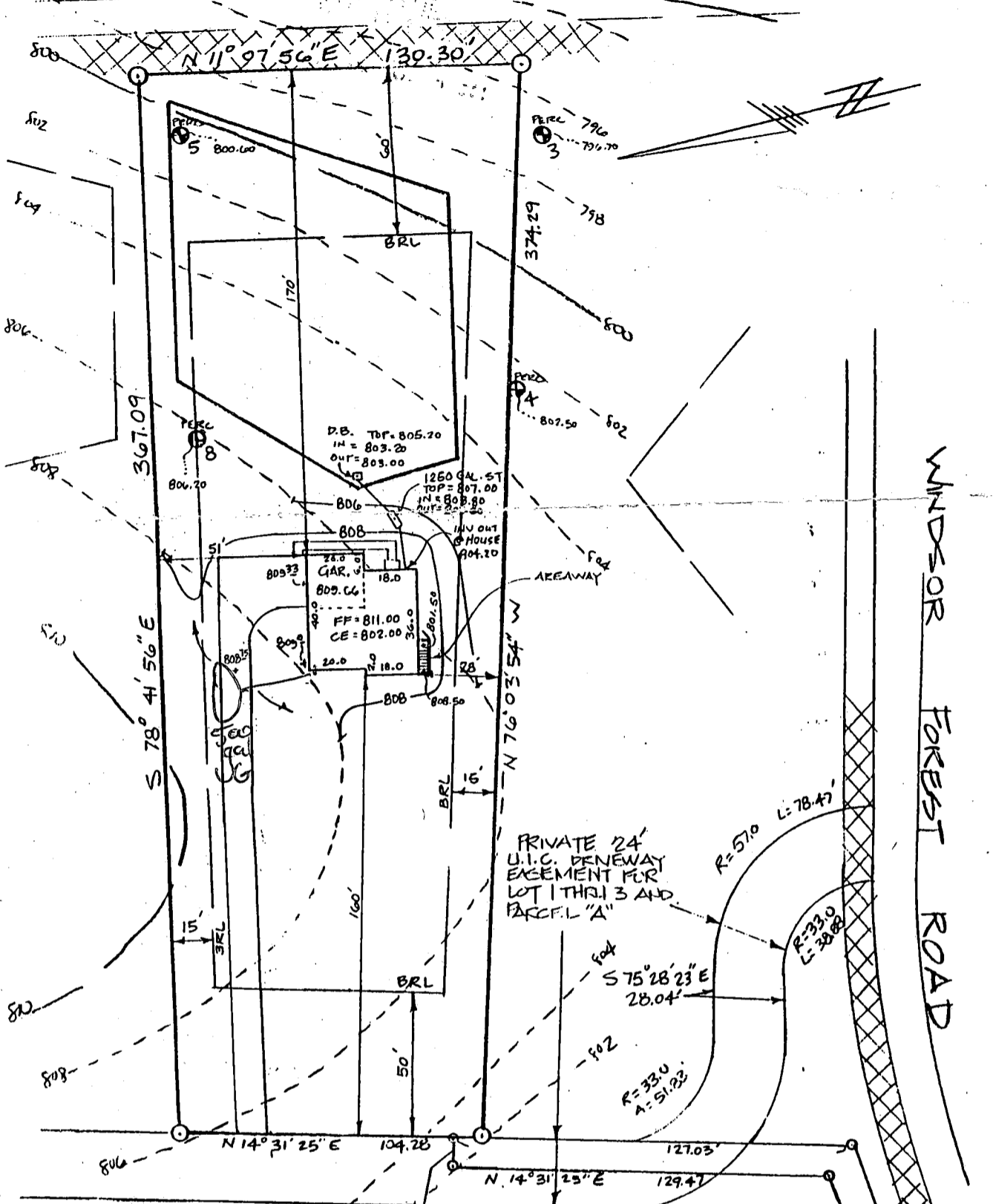
(22)

INGRESS & EGRESS ACCESS
ELEMENT FOR LOTS 1 THROUGH 3
THE PRESERVATION PARCEL

Handwritten notes:
OK TO PLACE WINDSOR
ROAD AT ST. 1
KYLESSON CV
60' BRL
N 60° 00' 00" E
1267.259
711.111
711.111
375.59'



LONG CORNER ROAD



PRIVATE 24' U.I.C. DRIVEWAY EASEMENT FOR LOT 1 THRU 3 AND PARCEL "A"

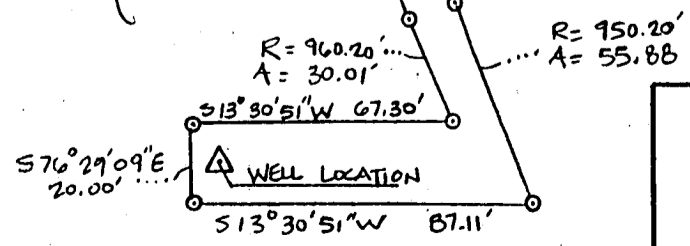
R = 366.33
A = 43.47
R = 376.33
A = 34.02

PLOT PLAN FOR LOT NO. 2

PARAGON PROPERTY

SITUATED OFF LONGCORNER ROAD AND WINDSOR FOREST RD.
ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND.

Handwritten notes:
Booll 1/4 258
Program Impact
to well on
to 56011
OK to proceed
9/28/98
with 1500 P186567



CLSI

Carroll Land Services
Incorporated
Engineers * Surveyors * Land Development Consultants
Landscape Architects * Environmental Specialists
439 East Main Street Westminster, MD 21157-5539
(410) 876-2017 FAX (410) 876-0009

DRAWN BY:	JA
DESIGN BY:	
REVIEW BY:	
DATE:	5/18/98
SCALE:	1" = 50'
JOB NO.:	98008
SHEET:	1 OF 1

RESITE: 5/20/98 FLIP HOUSE & REGRADE.

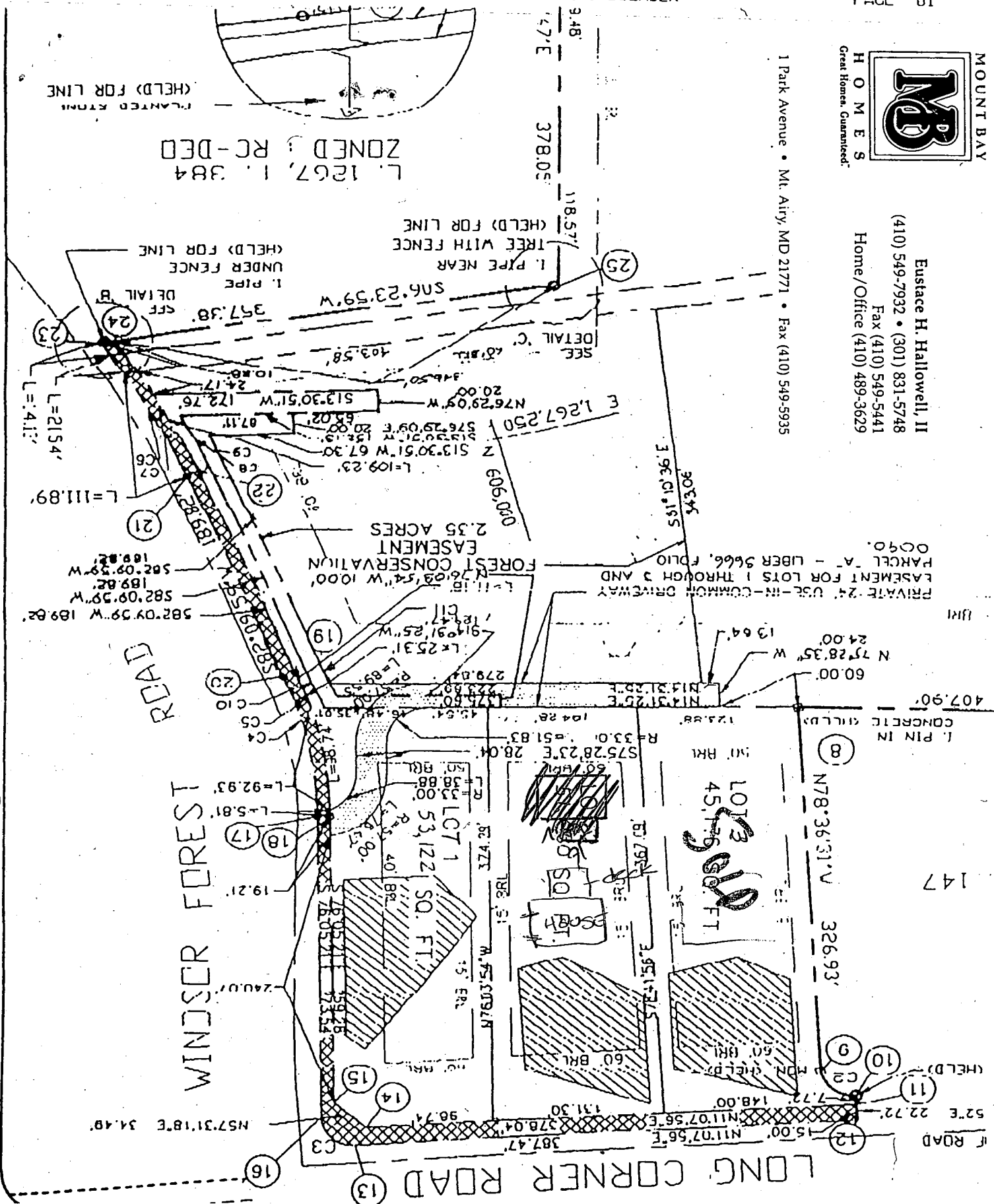
RYLEA

087745



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*Septic Tank
 will have
 no impact on
 the new buyers
 as long as
 the well is
 protected*