

3/24/99
Final 2:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-361067

P 511455A

A 57671

DISTRICT _____

DATE 3/9/99

DATE SYSTEM APPROVED 3/25/99

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

INDEXED

SK. Backhoe + Septic 301-898-0955

Hal Marker (see) IS PERMITTED TO INSTALL ALTER _____

ADDRESS 10524 Hunters Way, Laurel, Maryland 21227 PHONE 410-644-5603

SUBDIVISION The Woods at Country Spring LOT 2 ROAD 15034 Kennel Court

PROPERTY OWNER Steve and Maureen Ewards

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280



TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - From the intersection of the 222.00' and 185.00' lot lines, place the distribution box 15 feet down the 222.00' lot line and 20 feet off that same lot line. Run trenches on contour towards the 383.00' 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 KM 10-1-98

PLANS APPROVED BY Kimberly Maiste/Mark Rifkin REVISED DATE 9/25/98

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 25/40 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.

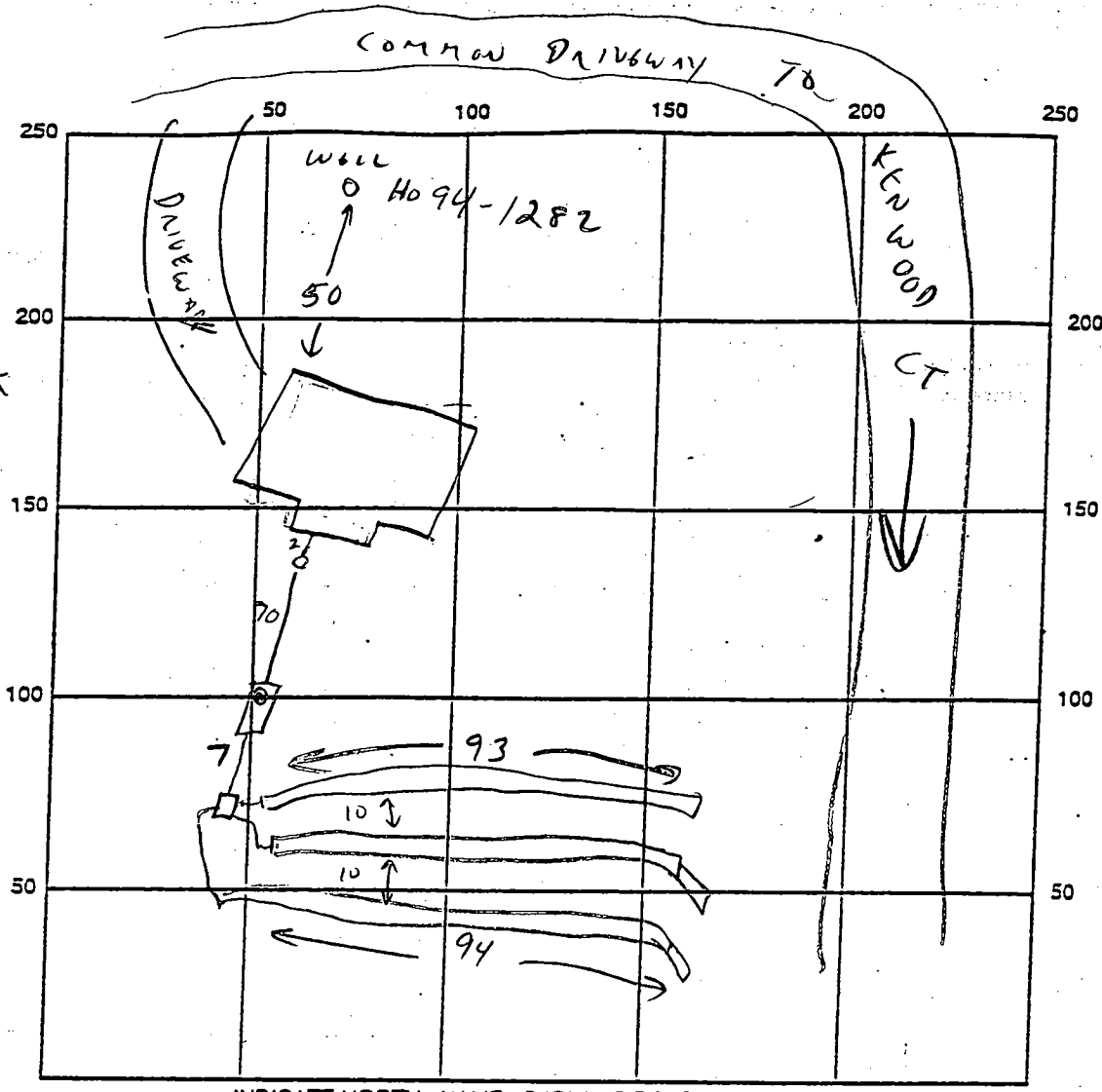
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMITS STORED AND RETURNED 9/21/2000
B00126579
DECK + GAZEBO

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

57671

WPI OK
 PIRBSS
 4" B.I.G.
 3/26/99
 CW
 NO INFO SHEET



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 ✓ CLEANOUTS ST ✓ 46076 INUGAT ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: SYSTEM COMPLETE, TRENCH FOR HOUSE SEWER LINE HAS UNEVEN BOTTOM,
CONTRACTOR ADDING GRAVEL FOR STABILIZATION, OK TO COVER ALL
WHEN COMPLETED. 3/26/99 CW

DATE SYSTEM APPROVED 3/25/99 INSPECTOR Aswell

12/24/97
10:00 a.m.

APPLICATION

PERCOLATION TESTING

A 57671

P _____

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

DISTRICT FOURTH

DATE FEBRUARY 5, 1997

2-6-97
Adjust SDA of
Lot 46 so that
flow is not directly
towards proposed
well sites.
AJM

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 Steve / MAUREEN EDWARDS.

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER JAMES H. SELFRIEGE BUILDERS INC

ADDRESS 14045 GAREO DRIVE GLENWOOD MARYLAND 21738 PHONE 992-8282

PROPERTY LOCATION:

SUBDIVISION COUNTRY SPRINGS LOT NO. 47

ROAD AND DESCRIPTION SOUTH SIDE OF KENWOOD COURT ADJACENT TO THE CULDESAC.
(15034 Kennard Court)

TAX MAP 14 PARCEL # 12

SIZE OF LOT 60,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DWELLING - 4 BR
(SINGLE FAMILY DWELLING OR COMMERCIAL)

ENCL. PERMIT SIGNED
AND RETURNED 9-25-98
Serial # 310114069

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

A57671

COUNTY #

SOIL PROFILE

1905 1904

red brown SiCLM

4.0

dark red SiLM 5% decayed rock frags

11.0

lgt tan SiLM 10% decayed shale

12.0

1906

red brown SiCLM

4.5

lgt tan red SiLM 25% rock frags

7.0

lgt tan gray SiLM 40% rock frags hard

11.0

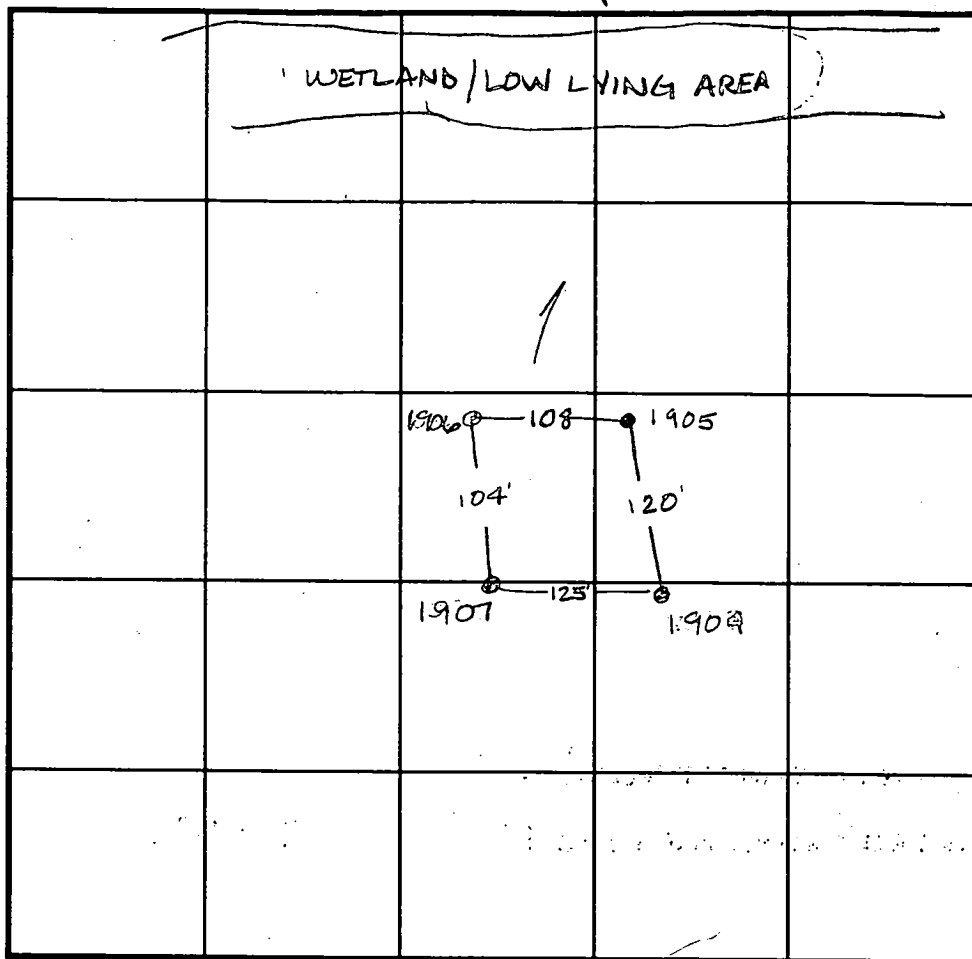
1907

orange tan SiCLM

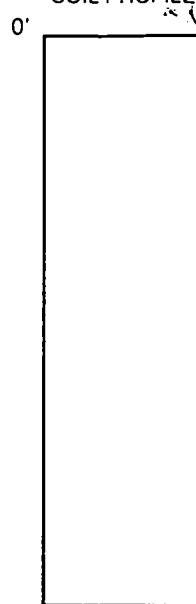
3.5

lgt orange red SiSCL pockets of 15% rock through-out

12.0



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-24-97	1905	5.5 / V12.0	1:23	1:31	1:30	1:53	23min
	1906	5.0 / V11.0	1:26	1:36	1:36	2:01	25min
			1:50				
	1907	Visual	to 12.0 - see profile -				OK
	1904	4.0 / V13.0	1:50	1:54	1:54	2:05	11min
	1904	8.0 / V13.0	2:07 ³⁰	2:09	2:09	2:11	2min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Crovo

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Approved
F-97-19

GENERAL NOTES: (CONTINUED)

- 25. ARTICLES OF INCORPORATION OF THE WOODS AT COUNTRY SPRINGS HOMEOWNER'S ASSOCIATION, INC. FILED WITH MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION ON SEPTEMBER 30, 1997 (FILE# D-569756A)
- 26. FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL, AND ROAD MAINTENANCE TO BE PROVIDED AT THE JUNCTION OF FLAG OR PIPE STEM AND THE ROAD R/W AND NOT ONTO THE FLAG OR PIPE STEM DRIVEWAY.
- 27. PLAT SUBJECT TO PRIOR DPZ FILE NUMBERS F90-55 AND F92-99.

PROPERTY OF
CHARLES S. DORSEY
LIBER No. 1710, FOLIO 433

LOT 32

COUNTRY SPRINGS
PLAT No. 9652

LOT 45
COUNTRY SPRINGS
PLAT No. 10554

EXISTING
PRIVATE USE-IN-COMMON
ACCESS EASEMENT ACROSS
LOTS 43,44 AND 45 FOR THE
BENEFIT OF LOTS 43, 44 AND 45
MAINTENANCE AGREEMENT
RECORDED IN LIBER 2635 AT
FOLIO 473.

EXISTING
PUBLIC 20'
DRAINAGE
AND UTILITY
EASEMENT
PLAT NO. 9652

COUNTRY SPRINGS
PLAT No. 9652

EXISTING
PRIVATE USE-IN-COMMON
ACCESS EASEMENT ACROSS
LOTS 43,44 AND 45 FOR THE
BENEFIT OF LOTS 43, 44 AND 45
MAINTENANCE AGREEMENT
RECORDED IN LIBER 2635 AT
FOLIO 473.

PUBLIC FOREST
CONSERVATION EASEMENT
(PART TWO)
AREA= 1.028 Ac.±

CONCRETE
MONUMENT
FOUND

EXISTING PUBLIC 100 YEAR
FLOOD PLAIN, DRAINAGE AND
UTILITY EASEMENT
(TOTAL AREA = 2.864 AC.±)
PLAT NO. 9652

EXISTING
WETLAND AREA
PLAT No. 9652

EXISTING
PRIVATE USE-IN-COMMON
ACCESS EASEMENT ACROSS
LOTS 43,44 AND 45 FOR THE
BENEFIT OF LOTS 43, 44 AND 45
MAINTENANCE AGREEMENT
RECORDED IN LIBER 2635 AT
FOLIO 473.

EXISTING
STREAM

(Wetland)
345.85'

25' WETLAND
BUFFER

**BUILDABLE
PRESERVATION PARCEL
'A'**

5.503 AC.±

PUBLIC FOREST
CONSERVATION EASEMENT
(PART ONE)
AREA= 2.177 Ac.±

LOT 44
COUNTRY SPRINGS
PLAT No. 10554

LOT 4
73,673 Sq.Ft.±

COMMON LOT LINE
BETWEEN LOTS 43 AND 44 TO
BE REMOVED BY RECORDATION
OF THIS PLAT

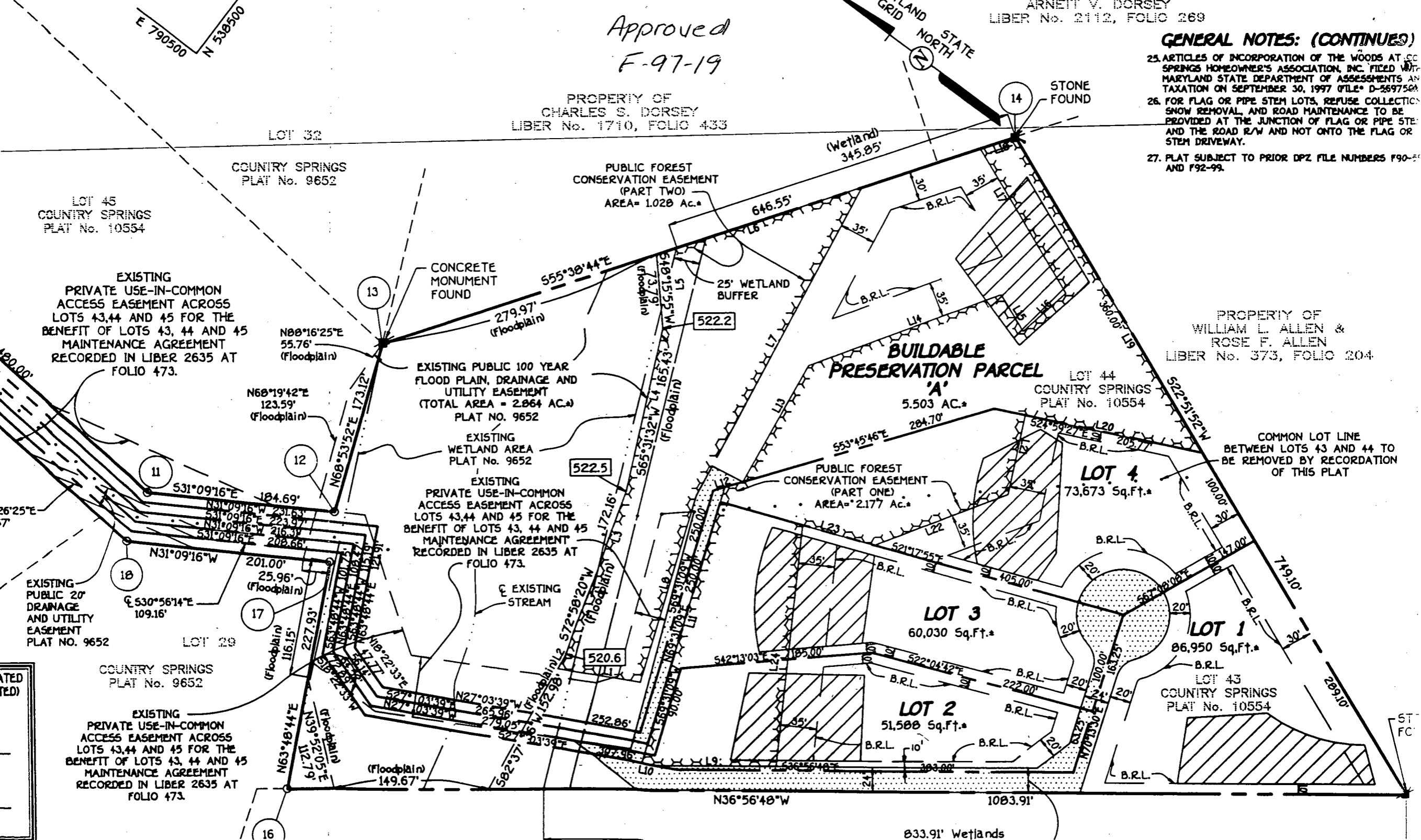
LOT 3
60,030 Sq.Ft.±

LOT 2
51,500 Sq.Ft.±

LOT 1
86,950 Sq.Ft.±

LOT 43
COUNTRY SPRINGS
PLAT No. 10554

833.91' Wetlands



WILLIAM L. ALLEN &
ROSE F. ALLEN
LIBER No. 373, FOLIO 204

ChBZ

G1DZ

G1C2

100 YEAR FLOOD PLAN
DRAINAGE & UTILITY
EASEMENT

520.6
TWIN C&G
CONVERTS
53 L.P.

BUILDABLE
PRESERVATION
PARCEL 'A'

WETLAND AREA

Hd

WETLAND
BUFFER

LOT 46
50,000 sq ft

LOT 49
60,000 sq ft
PRESERVE 19,500 sq ft
TOTAL AREA 125,000 sq ft

LOT 48
47,000 sq ft
PRESERVE 12,000 sq ft
TOTAL AREA 119,000 sq ft

LOT 50

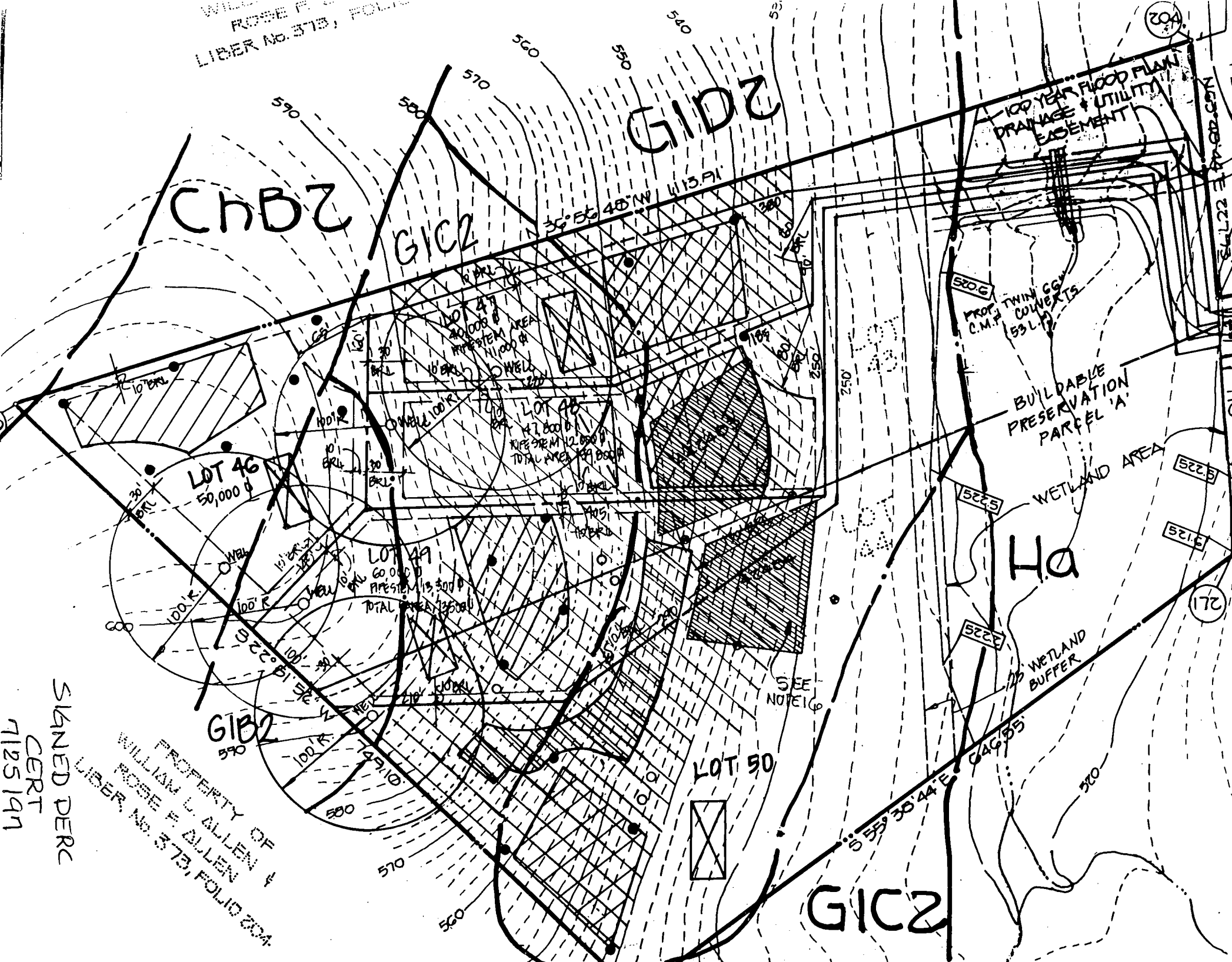
G1C2

SKANED PERC

CERT

7/25/97

PROPERTY OF
WILLIAM L. ALLEN &
ROSE F. ALLEN
LIBER. No. 373, FOLIO 204



FAX # 410 313 2648

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 3/25/99
Name of Installer Cavanaugh Plumbing Inc Telephone 301-725-1715
Licence Number MD 23765
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Mrs. & Mrs. Edwards Telephone 410 972 3524
Subdivision Cavetry Farms Lot # 2 Well Tag # HO-94-1282
Site Address 15034 Kenwood Ct.

Pump
1. Type _____
a. _____ jet _____
b. _____ jet _____
c. _____
2. Make _____
3. Model # _____
4. Capacity 5 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 _____
3. Voltage _____
a. 110 _____
b. 220
Pitless Adapter
1. Make Harvard
2. Model # PT 800
3. Depth 4 ft.

Tank
1. Capacity 20
2. Pressure relief valve? yes
Piping
1. Type _____
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 4 ft.
Well data
1. Depth 300 ft.
2. Yield 6 GPM
3. Static water level 80 ft.
4. Will water supply be disinfected by installer? yes

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: Kenneth Cavanaugh
Date: 3/24/99

Note: A sticker indicating _____ of the installation will be placed on the well casing at the _____.

C1 9590

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 57671

ST/CO USE ONLY DATE-Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE-Received

100997

300 (TO NEAREST FOOT)

40-94-1282

OWNER SELFIDGE BUILDERS last name first name STREET OR RFD KENWOOD CT TOWN COOKSVILLE SUBDIVISION COUNTRY SPRINGS SECTION LOT 47

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD YES NO WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 7 NO. OF POUNDS 300

CASING RECORD casing types insert appropriate code below (S) (C) (P) (O) (PL) (OT)

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) (P) (L) (5) (22)

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below (S) (B) (H) (P) (O) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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...

TYPE: MWD(MSD/MGD) DRILLERS LIC. NO. 116 MR Nathl Maynes

DRILLERS SIGNATURE: LIC. NO. 117 MSD Nathl E. Maynes

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

DEPTH (nearest ft.) (H) (0) (20) (300)

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

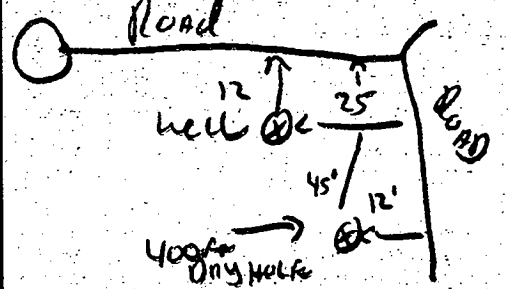
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 60 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 145 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,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) (+) above () below LAND SURFACE (nearest foot) 94

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)



10-58949 6/29/97

B 1 **8779** SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 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
40-94-1282
 70 fill in this form completely 79

Date Received (APA) **082997**

OWNER INFORMATION

SELFRIDGE BUILDERS
 15 Last Name 34 Owner First Name

14045 GAREY DR
 36 Street or RFD 55

GLEWOOD MD 21738
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD
 8 COUNTY 21

COUNTRY SPRING
 23 SUBDIVISION 42

SECTION **44** 46 LOT **47** 50

COOKSVILLE
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** 73 MI 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

RALPH MAYNE **176**
 77 License No. 80

Driller's Name **Ralph Mayne (well drilling)**

Firm Name **9120 Brown Church Rd Mt Airy**

Address **Ralph Mayne** **8/29/97**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Kennod Ct.** 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST
 NORTH SOUTH

DISTANCE FROM ROAD **700** 34 37
 ENTER FT OR MI **FT** 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

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)

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 **A57671**
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED **091797** **Crawford** **091698**
 43 48 CO SIGNATURE EXP. DATE 41

NORTH GRID **790000** EAST GRID **0790000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **1150** 24 28 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 52007790
N 7000537 000 000

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 DEEPEM AN EXISTING WELL

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

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

Grout 10/9/97
9:30
missed inop
100'
Private Dr.

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

APPROP. PERMIT NUMBER _____ **GAP** _____ 54 63

FORCE **CW** WRITE INITIALS IN BOX 67 68 PERMIT No. **40-94-1282** 70 71 72 73 74 75 76 77 78 79

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

LOCATION ADJUSTED FROM ORIGINAL SUBMISSION - SEE ATTACHED PLAN.

COUNTY _____

WELL SITE OK - (CW)
PEN 9/16/97
CONVERSATION
WITH JIM SELF RIDGE,

PROPERTY OF
FOR LOT 49 - LOCATION
ADJUSTED TO 50' FROM
UPPER 50% OF MIDWAY BETWEEN
SIDE₅₀ LOT BOUNDARY
HE WILL SEE TO FIELD ADJUSTMENT
OF WELL STAKE.
GIDZ

PROPOSED
16' USE-IN-COMM
DRIVEWAY

9/26/97
DRY HOLE
OK TO DRILL
ANYWHERE IN
PURPLE SHADING
AREA

(180)

ChB

GIC2

GIDZ

LIMITS OF
DISTURBANCE

LOT 46
50,000
L.O.D.

LOT 49
50,000
PRESERVE 500 FT

SEE
NOTE 10

BUILDABLE
PRESERVATION
PARCEL 'A'

PROPERTY OF
WILLIAM L. ALLEN
ROSE F. ALLEN
LIBER. NO. 273, P. 10-204

570
FOREST
CONSERVATION
AREA

G

(186)

Approved Septic System Plan
Howard County Health Department

600114069

Mark E. Elkin 9/25/98
Signature Date

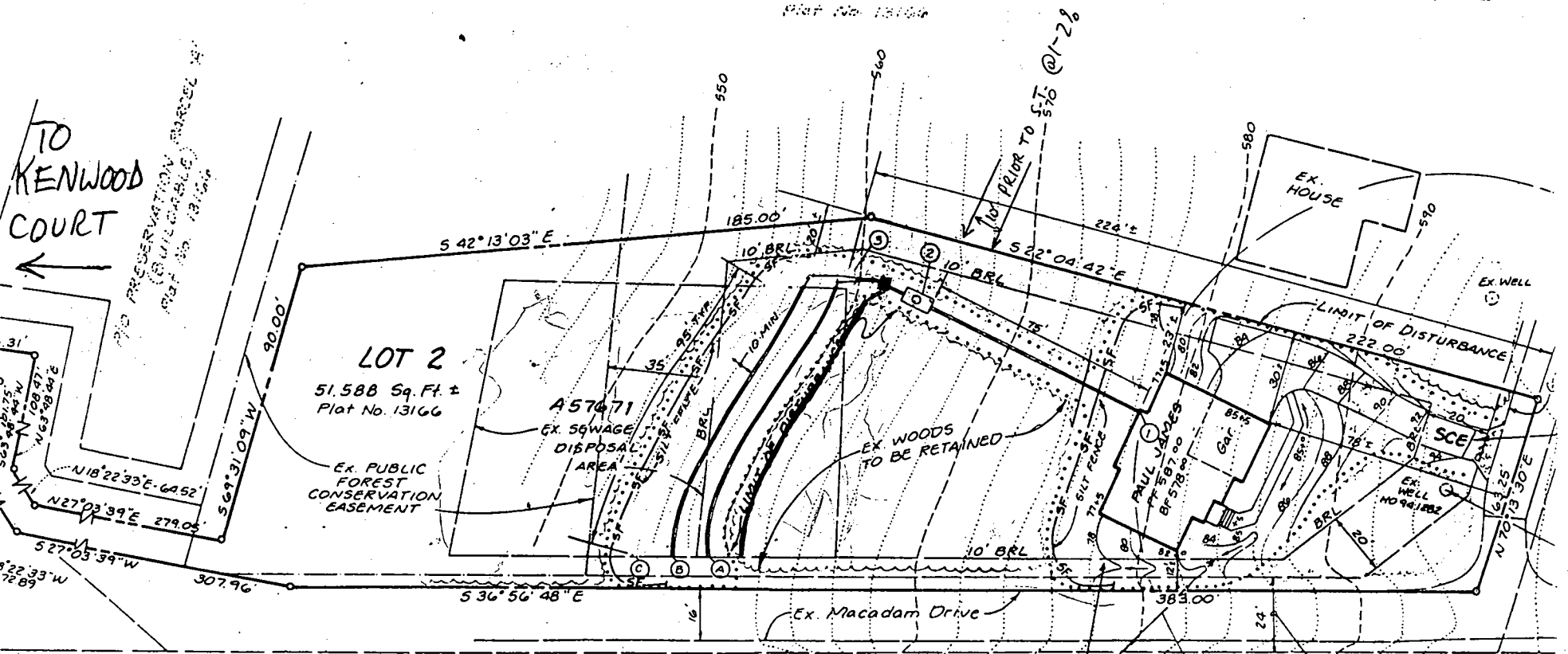
Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet

LOT 3
"THE WOODS AT COUNTRY SPRINGS"
Plat No. 13166



INV @ WALL 575.50

1250 GAL S.T.

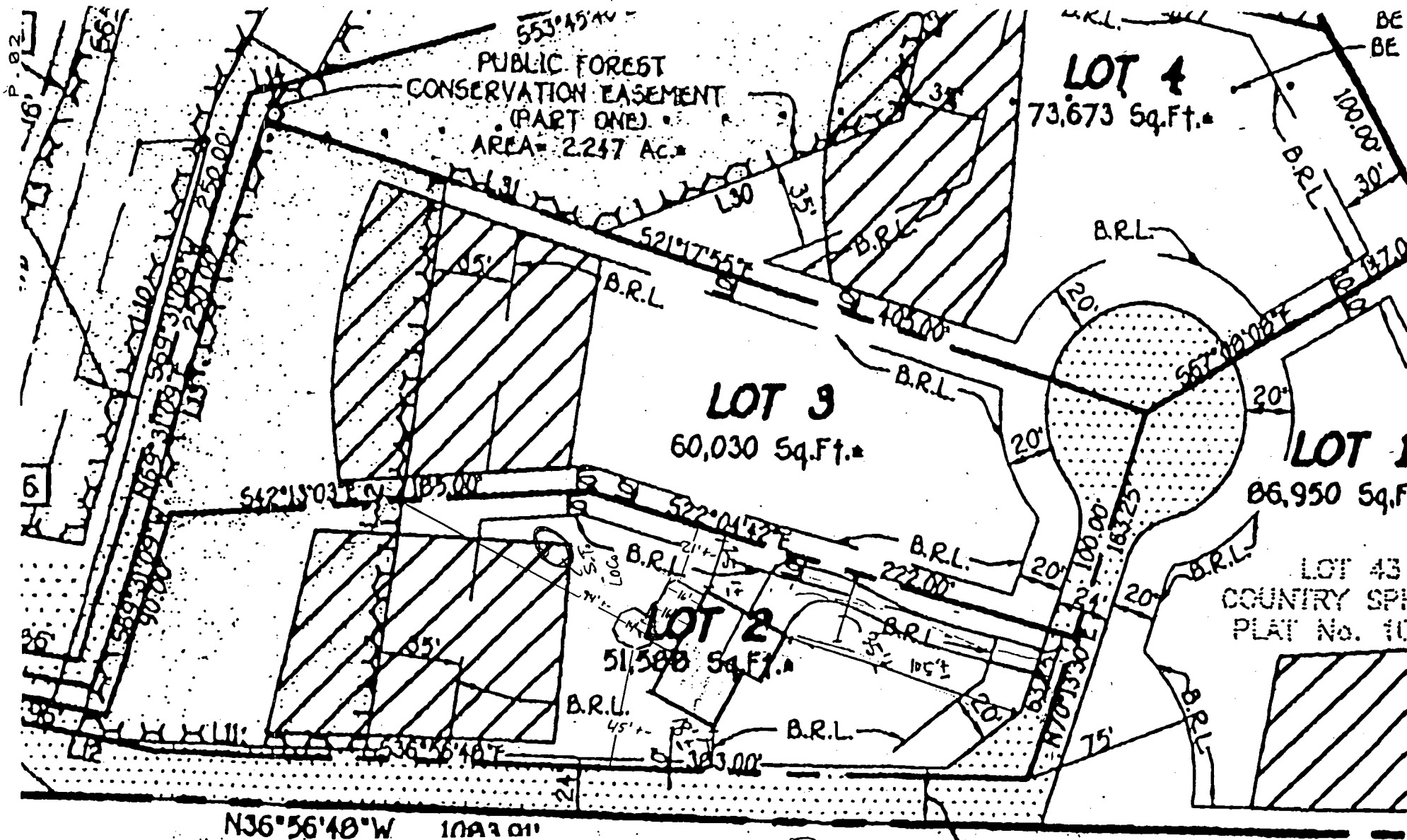
EX. & FIN. GRADE @ 565.00

INV. IN 562.00

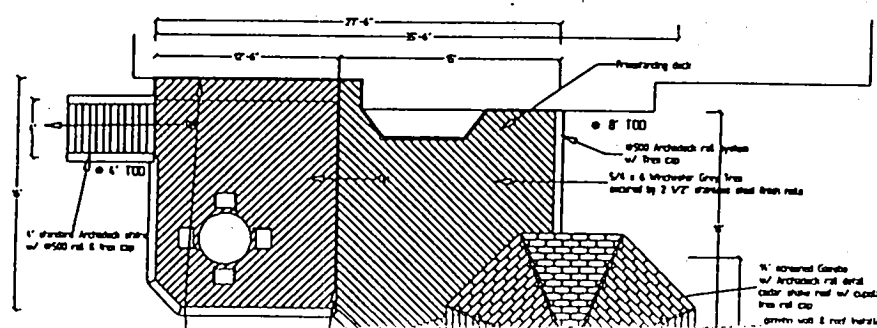
INV. OUT 561.70

PROPERTY OF
DIST. BOX EX. + FIN. GRADE 562.00
INV. IN 558.40
TRENCH DESIGN 280 LF REQ'D 1-50

EX. PRIVATE USE - IN-ACCESS EASEMENT 1 THRU 4 AND PRESE. PARCELS 1, 2, 3, 4



-98 TUE 03:31



9/21/00
 DECK & GAZEBO
 OK
 30' ± SW
 TO S.T.
 MR
 1-60

Building Address 15034 Kenwood Ct
Woodbine, MD, 21797

Property Owner's Name Stephen Edwards
 Address 15034 Kenwood Ct
 City Woodbine State MD Zip Code 21797

Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6040 Subdivision COUNTRY SPRING
 Section: N/A Area N/A Lot 2
 Tax Map 14 Parcel 240 Grid 3

Home Phone 410-429-2745 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Zoning RC-100 Map Coordinates _____ Lot size _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD w/ deck & Gazebo
 Estimated Construction Cost \$ 10295

Description of Work 176" x 16 Irregular shaped multi board deck, 14' Gazebo, and stairs to ground

Contractor Company Amppolis Projects Inc dba Archdeck
 Contact Person Tom Cummins
 Address 304 Severn Road
 City Annapolis State MD Zip Code 21401
 License No. 49477
 Phone 301-482-1743 Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ 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	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <u>Public</u>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <u>Public</u>
No. of stories: _____	Public <u>Private</u>	1st floor: _____	Private <u>Public</u>
Gross area, sq. ft. per floor: _____	Sewage Disposal: <u>Public</u>	2nd floor: _____	Public <u>Private</u>
Use group: _____	Public <u>Private</u>	Basement: _____	Private <u>Public</u>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
____ Reinforced Concrete	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
____ Structural Steel	Heating System: _____	No. of Bedrooms _____	Heating System: _____
____ Masonry	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
____ Wood Frame	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
____ State Certified Modular	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	____ Full	Other Structure: _____	Dimensions: _____
	____ Partial	Dimensions: _____	Footings: _____
	Other Suppression _____	Roof: _____	____ State Certified Modular
	____ # of Heads _____	____ State Certified Modular	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 HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company _____
 Date 9/21/00

Thomas J Cummins
 Print Name
 Date 9/21/00

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

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ	<u>9/21/00</u>	<u>[Signature]</u>	<u>[Signature]</u>	Front: <u>20</u>	Filing fee \$ _____
State Highways				Rear: <u>35</u>	Permit fee \$ _____
Building Official				Side: <u>10</u>	Excise tax \$ _____
Dev. Engineering, DPZ	<u>9/21/00</u>	<u>[Signature]</u>	<u>[Signature]</u>	Side St: <u>N/A</u>	Sub-total paid \$ _____
Health				All minimum setbacks met?	Add'l permit fee \$ _____
Fire Protection				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?				Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				Lot Coverage for NewTown Zone <u>No</u>	
				SDP/Red-line approval date <u>No</u>	Accepted by _____