

6/16/99
12:48pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511928

A 510235

DISTRICT _____

DATE 6/13/99

DATE SYSTEM APPROVED 6/25/99

INSPECTOR S.R.H.

03-315533

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

INDEXED

Covey Construction IS PERMITTED TO INSTALL ALTER _____

ADDRESS P.O. Box 254, Woodstock, MD 21163 PHONE 410-750-0398

SUBDIVISION Second Discovery LOT 2022 ROAD 12748 Maryvale Court

PROPERTY OWNER Knudsen Custom Homes, Inc. Thomas & Dixie Wilson

ADDRESS _____

TOP SEAMED SEPTIC TANK

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

~~INSTALL: 1-1500 GALLON TOP SEAMED PUMP CHAMBER~~

Gravity service achievable SRW/CW 6/15/99
~~MANHOLE CLEANOUTS REQUIRED ON TANKS~~

SEPTIC EASEMENT TO BE STAKED PRIOR TO EXCAVATION!

TRENCH LAYOUT INSPECTION REQUESTED PRIOR TO INSTALLATION

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet from the rear (204.30') lot line and 10 feet off the right (553.04') lot line. Run trenches on contour towards the rear 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/MR

*Agreed to 3 (100') trenches starting 30' from staked pool edge, but not as far back as the modified sewage easement. Trenches to run toward rear of lot,

PLANS APPROVED BY Glen Savage "Off contour by no more than 1 foot" CW/SRW 6/15/99 DATE 11-05-98

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. Inground PIR

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

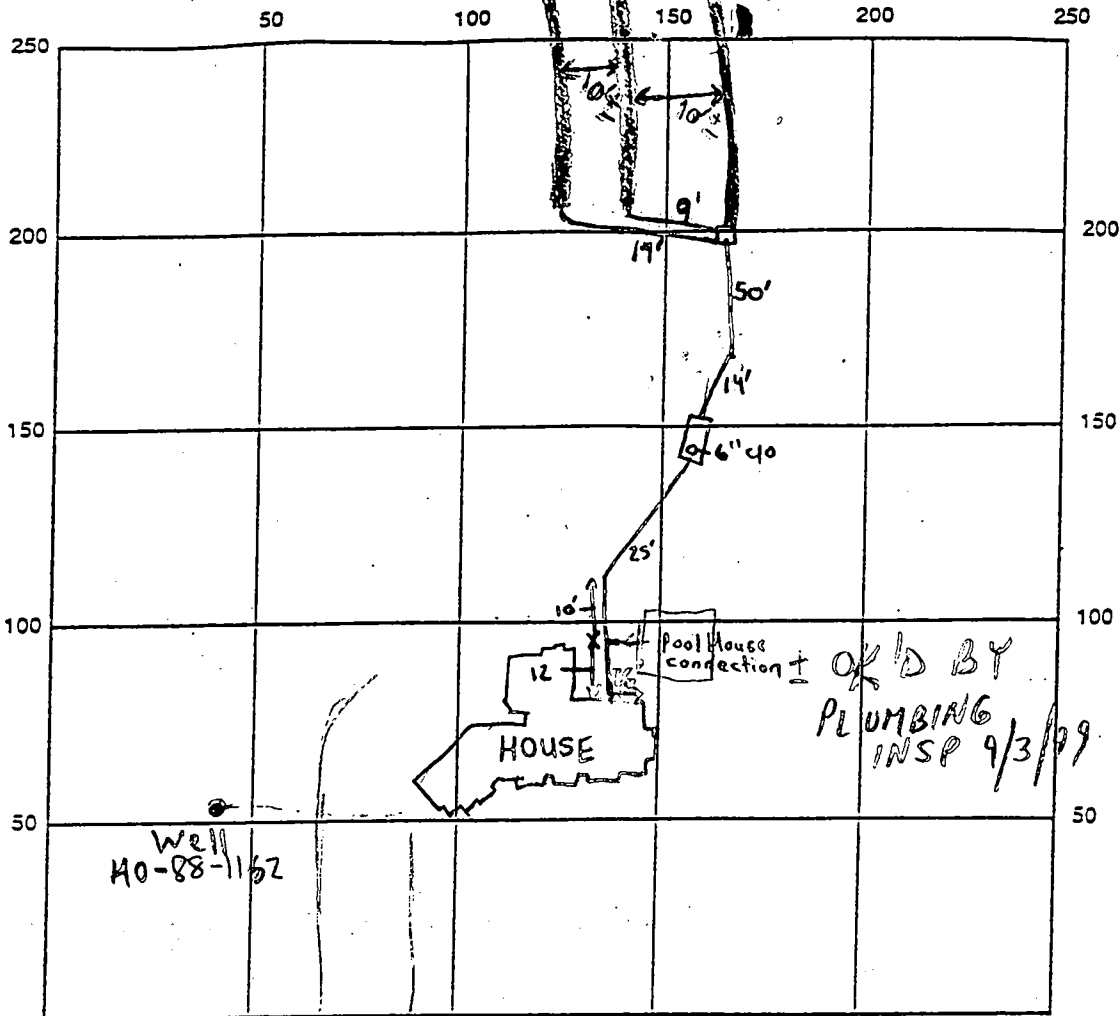
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

OG. PERMIT SIGNATURE AND RETURNED 7-29-99
Serial # B70119610

A 510235

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

MARYVALE COURT

SEPTIC TANK LEVEL 1500 gallon top seam CLEANOUTS 6'@tank

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 300 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/16/99 - OK TO COVER FROM HOUSE TO BOX AND CONTINUE WORK - (SRK)

6/16/99 - OK TO COVER - HOUSE CONNECTION NEEDED (SRK)

6/25/99 - HOUSE CONNECTION MADE (SRK)

DATE SYSTEM APPROVED 6/25/99 INSPECTOR Steven R. Krieg

APPLICATION

PERCOLATION TESTING

A 510235

*ADJUSTMENT TO
RECORDED SOA*

P _____

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

DISTRICT _____

DATE 6-30-98

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 TOM WILSON / DIXIE WILSON CHRISTIAN S. Knudsen, Sr.

ADDRESS 16709 Goldburrow Ln. 20707 PHONE 301-490-6330

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Second Discovery LOT NO. 60

ROAD AND DESCRIPTION 12748 MARYVALE Ct. ~~2107~~

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3 AC. TYPE BLDG. ST 1D-5Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMIT SIGNED
AND RETURNED 11-5-98**
Serial # 21114001

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. Scott Meyer
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR SEO DATE 8/14/98

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

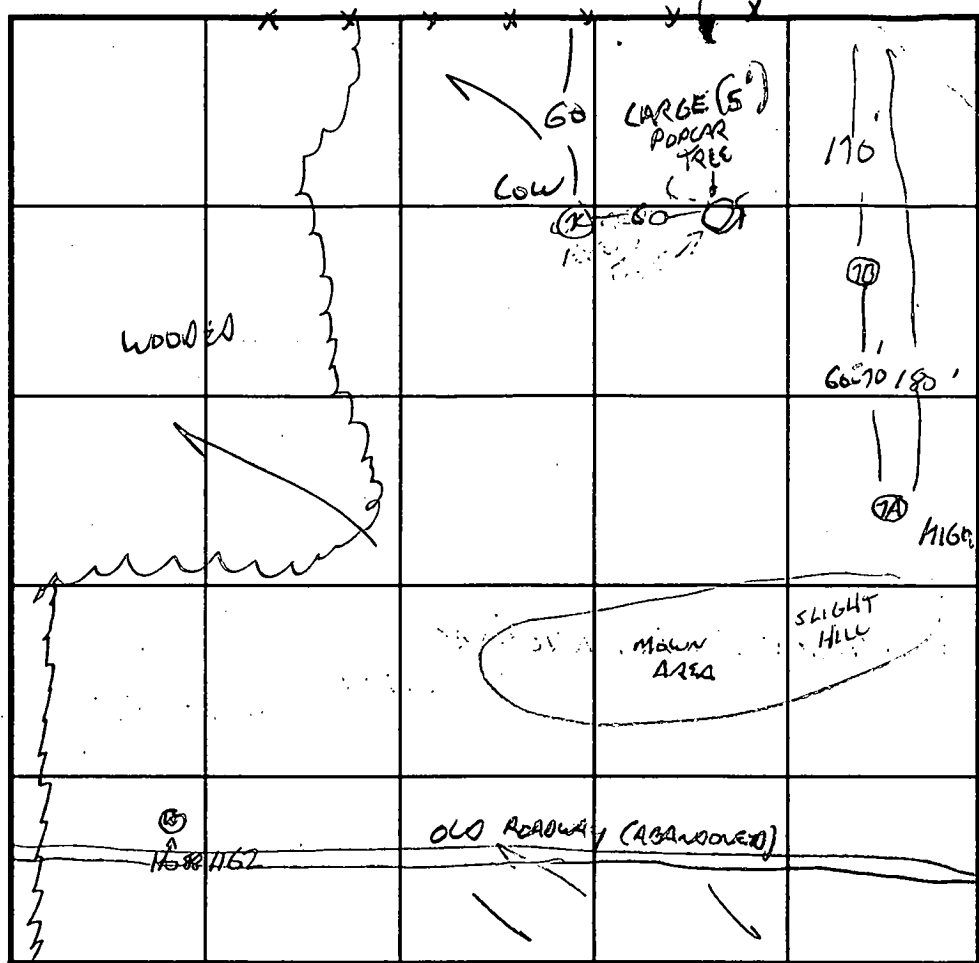
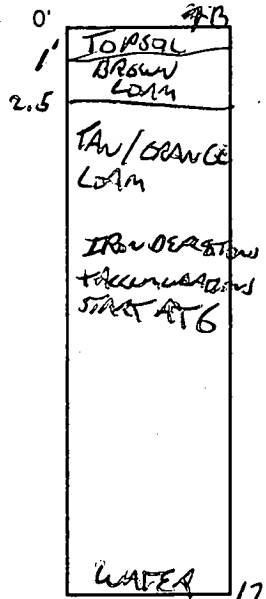
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

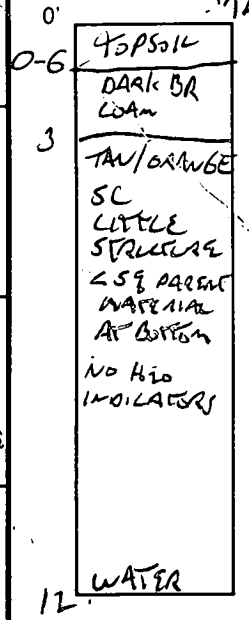
THIS IS NOT A PERMIT

A 510235
COUNTY #

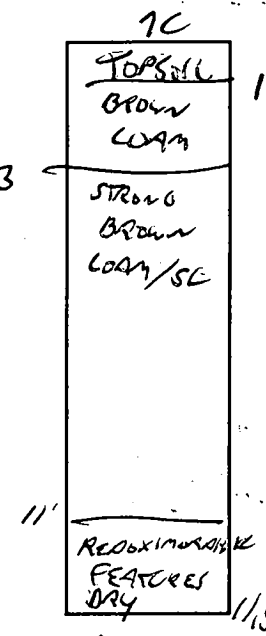
SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MARYVALE CT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/20/98	7A	12V					
	7B	12V					
	7C	11.5V					

REMARKS: BUILDER 'CHRIS' WILL FORWARD SITE PLAN FOR SOA ADJUSTMENT PREVIEW - POOL
 TYPE OF SOIL: SITE CRITICAL, POPLAR TREE STAYS
 TESTED BY: G. SAUSAGE ALSO PRESENT Jack Spock
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME < 9 min TRENCH WIDTH 3
 INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 9.5 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 42196
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461 9933

DISTRICT Third

DATE Feb. 26, 1988

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER William W. Aitcheson

ADDRESS 12706 Folly Quarter Rd Clarksville, Md. 21029 PHONE 301 596 9208

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Aitcheson Property "Second Discovery" LOT NO 6 ~~6~~ SEE NEXT PAGE

ROAD AND DESCRIPTION Court "A" (Off Folly Quarter Rd.) MARYUNGE CT

TAX MAP 22 Blk 23 PARCEL # 44

SIZE OF LOT 3.07 acres TYPE BLDG Single Family Dwg
(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.

William W. Aitcheson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS - CW DATE 8/2/88

REASONS FOR REJECTION OR HOLDING AREA NOT VISITED SEE REDESIGN & RETEST OF 3/22/89

HD-216

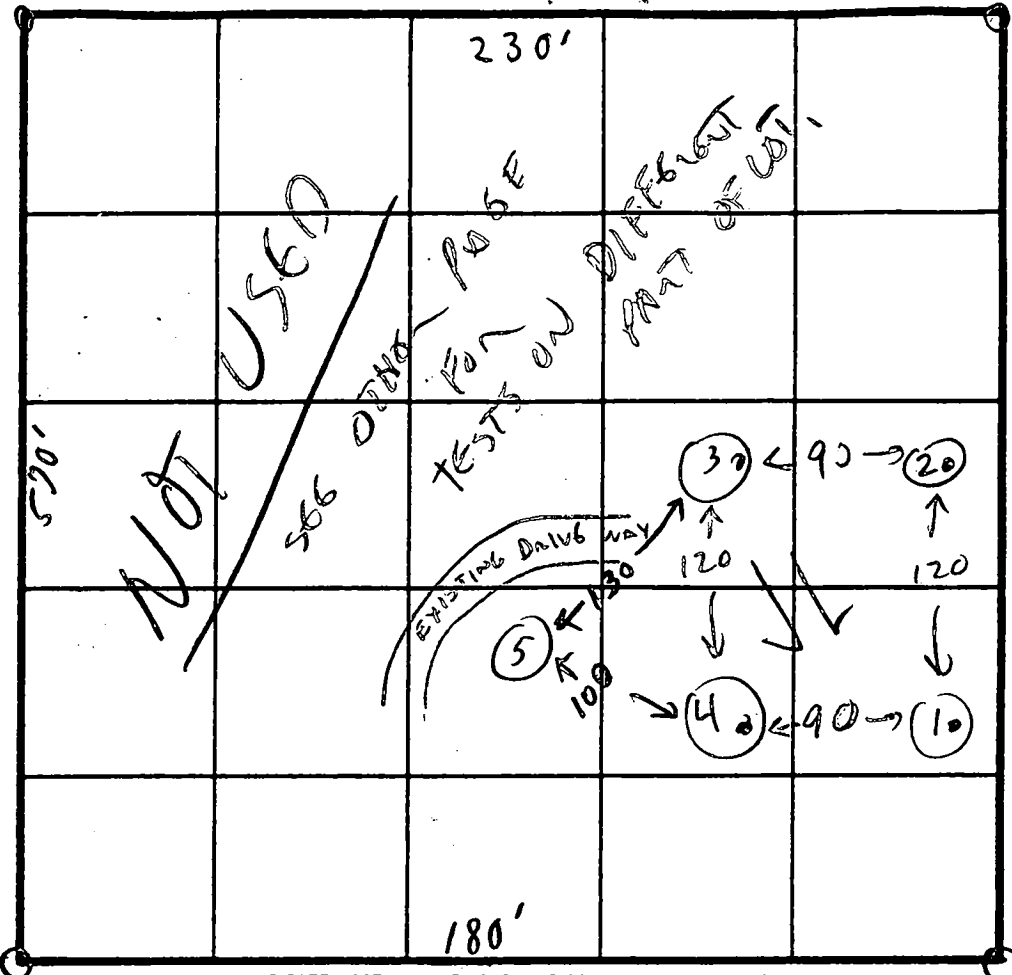
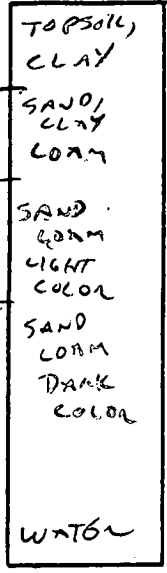
THIS IS NOT A PERMIT

A42196

#6

#4

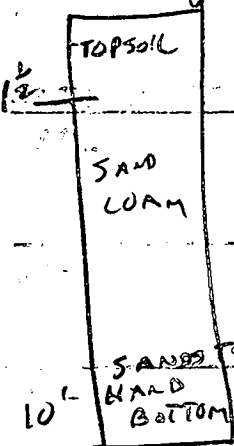
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

COURT 'A'

#3 #5



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/2/88	1	NOT DUG					
	2	3'	11:57	12:00	12:00	12:05	5 MIN
		10'	WATER	DARK LOAM TO 6'	HOLD TO	WET SEASON	
	3	2'	12:07	12:08	12:08	12:10	2 MIN
	4		SANDSTONE	AT 10'	LOAM	ABOUT	
			NOT EXAMINED	HOLD TO	WET SEASON		
	5	2'	12:15	12:16	12:16	12:18	2 MIN
		6'	12:10	12:11	12:11	12:11 1/2	OK
		10'	SANDSTONE	BOTTOM	LOAM	ABOUT	

REMARKS HOLD FOR WET SEASON TO MAXIMIZE LOT DESIGN

TYPE OF SOIL _____

TESTED BY CW... ALSO PRESENT AITCHESON, SKIP

APPLICATION

PERCOLATION TESTING

A 42196

P _____

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

DISTRICT THIRD

DATE FEB 26, 1988

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER WM MITCHESON

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION MITCHESON PROPERTY ("SECOND DISCOUNT") LOT NO. 6 NEW LOT 6

ROAD AND DESCRIPTION OFF FOLLY QUINN RD MARYVALE CT

TAX MAP 22 Bk 23 PARCEL # 44

SIZE OF LOT _____ 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.

(SIGNATURE OF APPLICANT)

APPROVED BY C. Wilson FOR SHALLOW TRENCHES DATE 3/22/89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

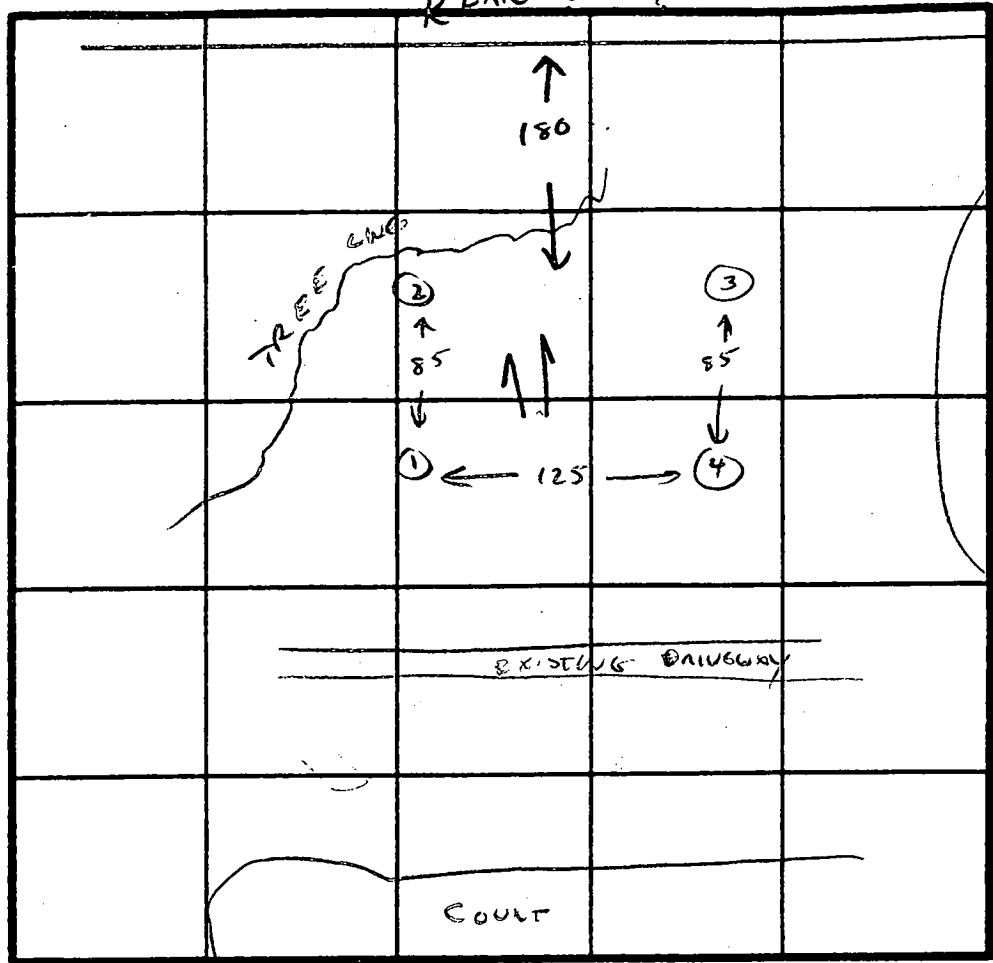
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

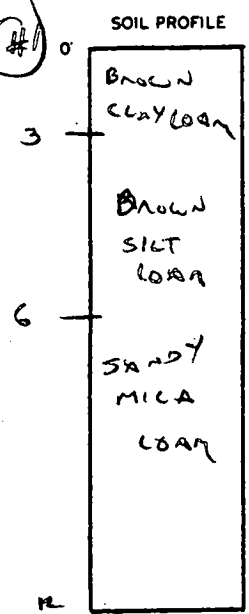
LOT #16

REAR LOT LINE

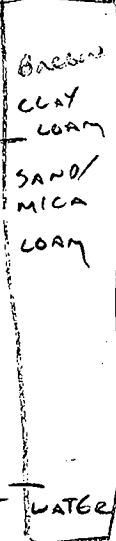


5 MIN
180' B.R.
MAX INLET 2'
MAX DEPTH 4'

#3 + #4



#2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/22/89	1	2	12:35	12:50	12:50	slow	2 MIN
		4	12:35	12:37	12:37	12:39	
		12	vis	OK TO 11			
	2	3	vis	OK		EST 25 MIN PER	
		12	vis	OK TO 11			
	3	3	12:42	12:44	12:44	12:49	5 MIN
		12	vis OK TO 11				
	4	3	vis	OK		EST 25 MIN PER	
		12	vis OK 3-11'				

REMARKS 14' HIGH HOLES 2-LOW HOLES SHALLOW SYSTEM ONLY

TYPE OF SOIL MICA SILT LOAM - POTENTIAL MAX WATER TABLE APPROX 11'

TESTED BY C. Williams ALSO PRESENT F. YOCK, RITCHESON

PART
FOR NEW
BLOCK
PLATBOOK #10
LOT 6

SEE SHEET
N520.000
4 OF 4

SEE SHEET

LINE ~

N28°41'38"E
50.00'

R=1458.00'
L=129.44'

556°13'40" (R)
50.00'

000'00"E (NR) 420.00'

694

315

348

641

645

75'

75'

313

311

10.00'

50.00'

535.00'

535.00'

575°48'03"E

LOT 6
3.000 AC±

142126

204.30'

521°33'33"E

207' ±

75'

69.62'

4 = 219.69'

4 = 538.20' ±

4 = 212.14'

35.83'

10.00'

75'

75'

580°49'30"E

LOT 5
3.240 AC±

142195

375.00'

100'

105'

105'

275'

6.35.00'

220'

554°18'42"E

643.00'

669.53'

142202

75'

75'

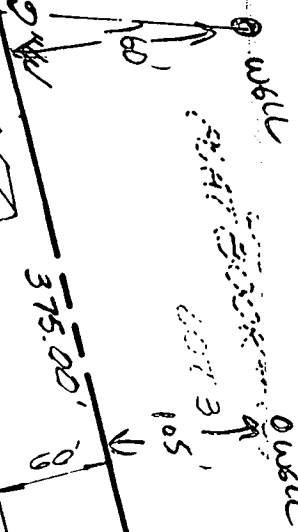
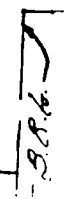
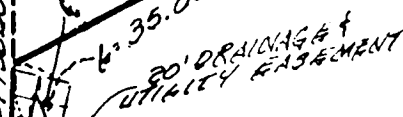
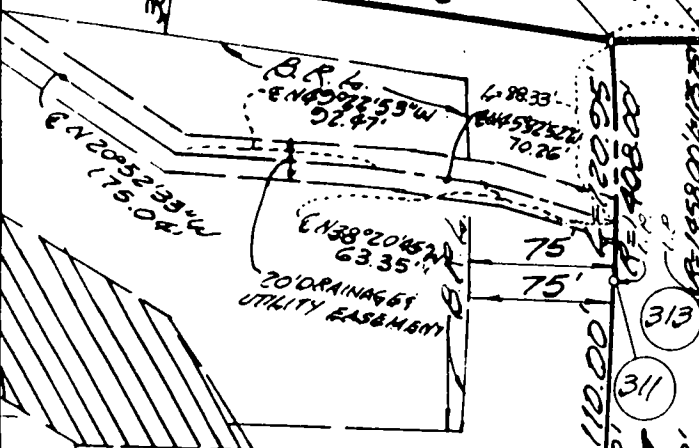
LOT 4
3.637 AC±

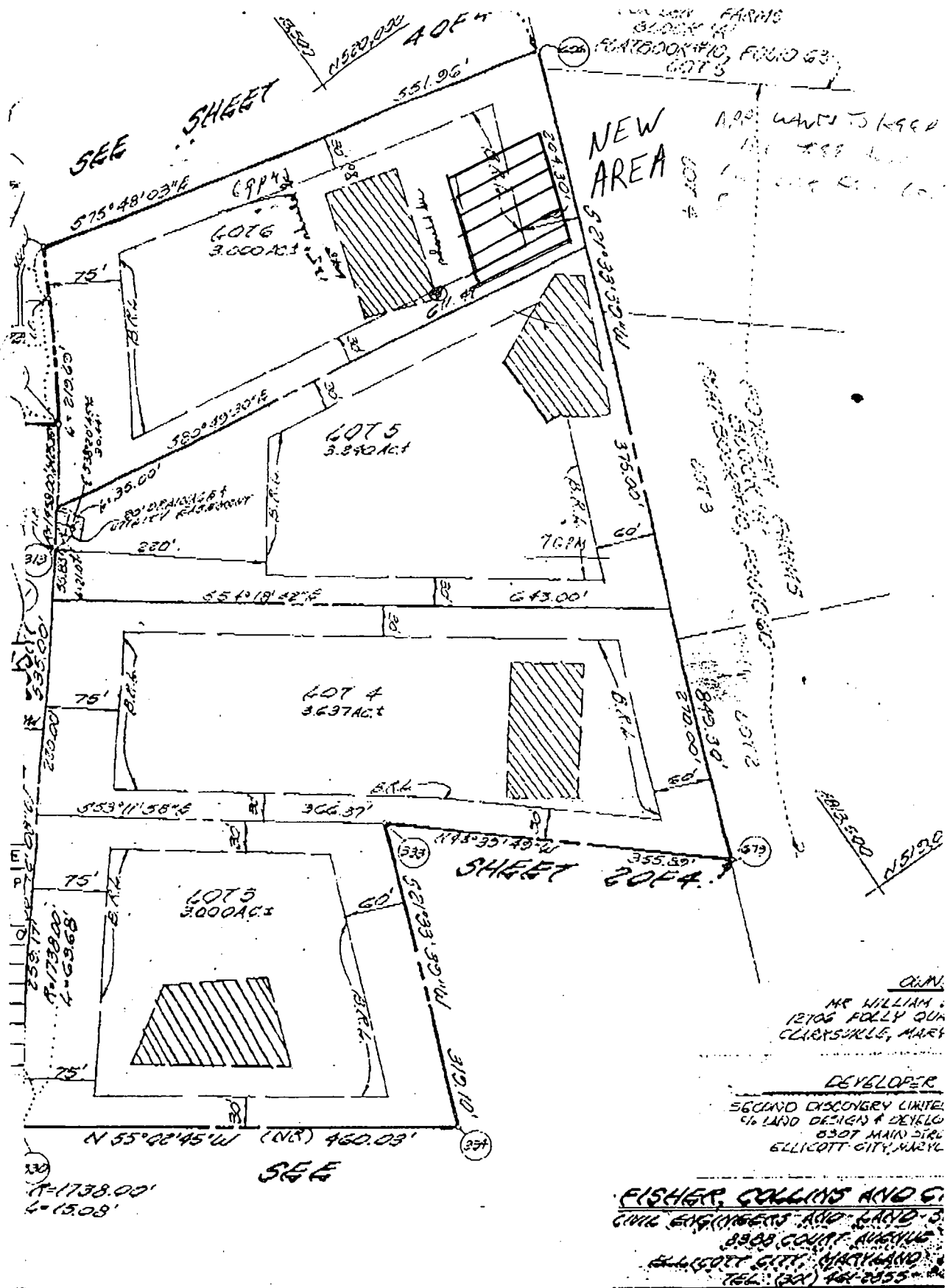
142194

60'

105'

275'





OWNER
 MR WILLIAM J.
 12706 FOLLY QUIN
 CLARYSVILLE, MARYL

DEVELOPER
 SECOND DISCOVERY LIMITED
 1/2 LARD DESIGN & DEVELOP
 8307 MAIN STREET
 ELLICOTT CITY, MARYL

FISHER, COLLINS AND G.
 CIVIL ENGINEERS AND SURVEYORS
 8908 COURT AVENUE
 ELLICOTT CITY, MARYLAND
 TEL: (301) 461-2955

SURVEYOR'S CERTIFICATE

HEREON, HEREBY
 FINAL PLAT BY
 OWN LINES AND
 RIGHT TO LAY
 UTILITIES AND
 EASEMENTS AREAS
 THE STREETS

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION COMPRISED OF (1) PART OF THE LANDS CONVEYED BY WILLIAM W. AITCHESON TO WILLIAM W. AITCHESON BY DEED DATED JUNE 22, 1983 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY IN LIBER NO. 1169 AT FOLIO 182, AND (2) PART OF THE LANDS CONVEYED BY DIETSCH ASSOCIATES, INC. TO WILLIAM W.

RECORDED AS PLAT NO.
 BY 3017253985 IN THE
 RECORDS OF HOWARD COUNTY

1562T - NOT LOGGED (C)

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2466 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00114601

Building Address 12748 Mary Vale Court
Ellicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision Second Discovery
Section _____ Area _____ Lot 6
Tax Map 22 Parcel 45 Grid 17
Zoning R-10 Map Coordinates _____ Lot size _____

Owner's Name Knudsen Custom Homes, Inc.
Address Ellicott City, MD 21043
8455 Baltimore National Pike
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone 410-465-2222
Applicant's Name & Mailing Address, (if other than stated hereon):
Christian S. Knudsen, Jr.
8455 Baltimore National Pike, Suite F
Ellicott City, MD 21043
Phone 410-465-2222 Fax 410-465-2231

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 200,000.00
Description of Work New Single Family Home
unfinished basement w/RT kitchen
2 car garage

Contractor Company Same as above
Contact Person Christian S. Knudsen, Jr.
Address Same as above
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____
No. of stories: _____	Sewage Disposal: Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13 _____ Full _____ Partial _____ Other Suppression _____

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>83'-1/2"</u> ^{Depth} <u>124'-53/4"</u> ^{Width}	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>40'-8"</u> <u>56'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>83'-1/2"</u> <u>124'-53/4"</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms: <u>3</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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 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

Christian S. Knudsen, Jr.
Applicant's Signature _____ Print Name _____

President Knudsen Custom Homes, Inc. 10/7/98
Title/Company _____ Date _____

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

VALIDATION	
PROPERTY ID#:	<u>3735</u>
Filing Fee \$	<u>25</u>
Permit Fee \$	_____
(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/>	
Excise Tax \$	_____
(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/>	
TOTAL FEES	<u>25</u>
Check #	<u>70115</u>
Validation #	<u>10724</u>
Accepted by:	<u>[Signature]</u>

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input type="checkbox"/> Health	<u>11/5/98</u>	<u>[Signature]</u>
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

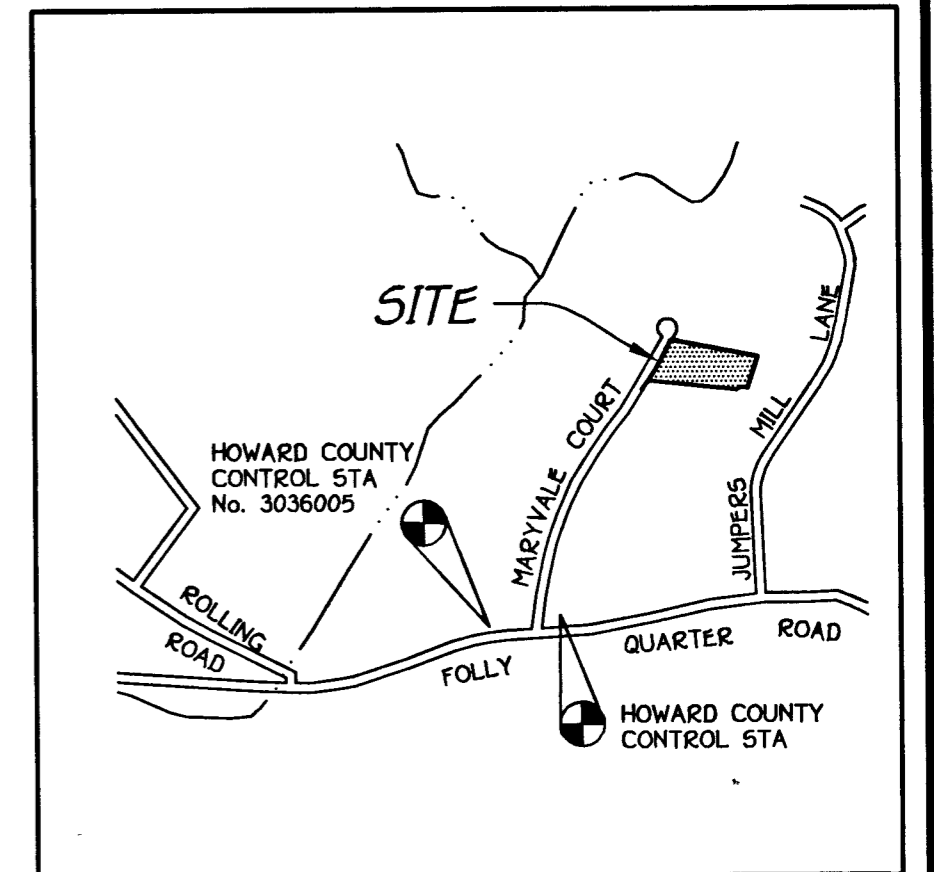
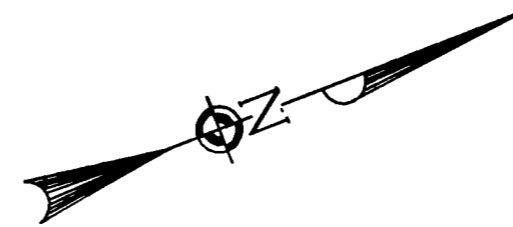
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

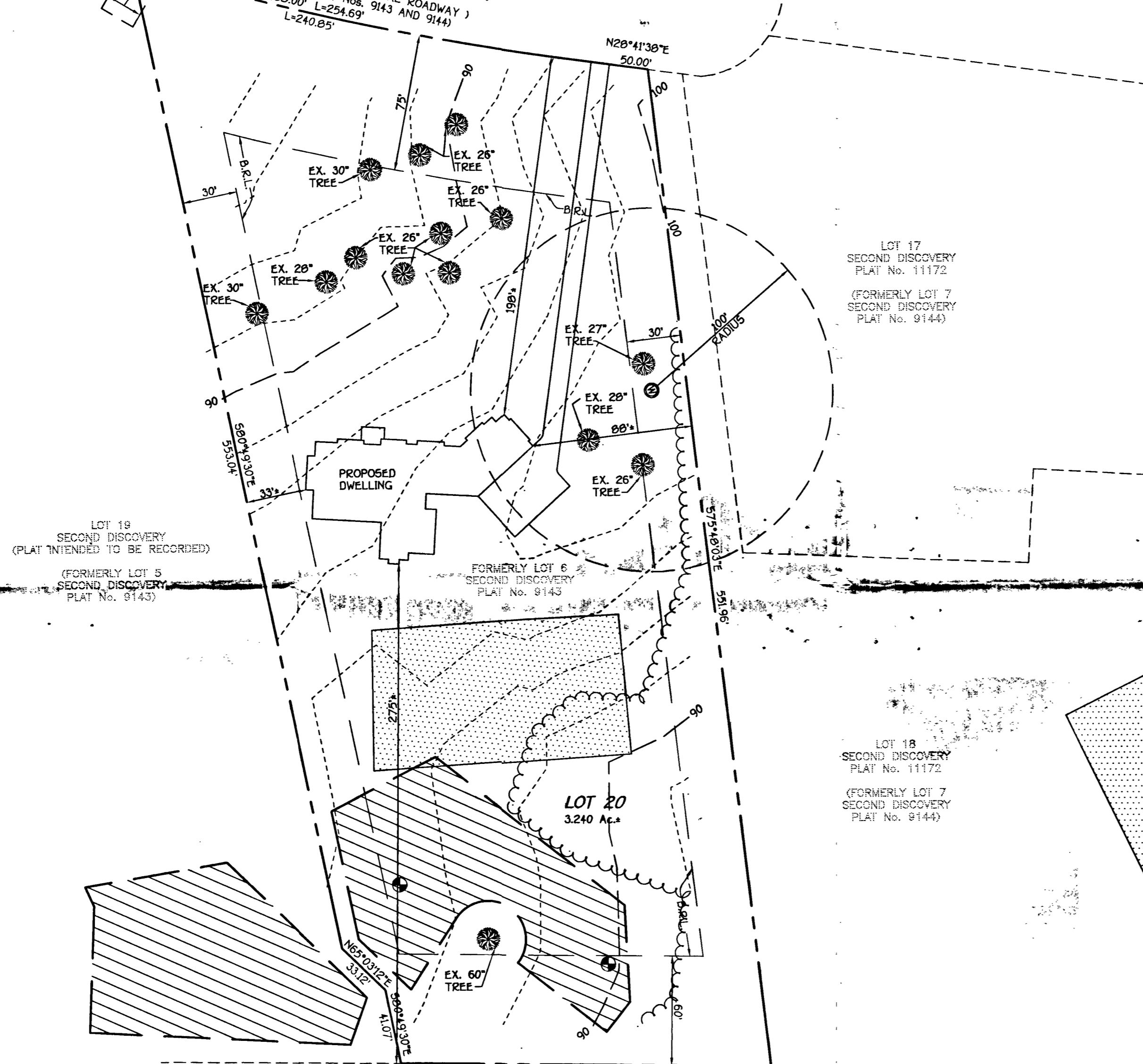
DPZ SETBACK INFORMATION	
Front: _____	
Rear: _____	
Side: _____	
Side St.: _____	
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Historic District? <u>NO</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	

EXISTING 20' PUBLIC DRAINAGE AND UTILITY EASEMENT PLAT No. 9143

MARYVALE COURT
(EXISTING LOCAL ROADWAY)
(PLAT Nos. 9143 AND 9144)
R=1458.00' L=254.69'
L=240.85'



VICINITY MAP
SCALE : 1" = 1200'



GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THIS AREA DESIGNATES AN EXISTING PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS PER RECORD PLAT No. 9143. THIS EASEMENT IS TO BE ABANDONED.
3. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
4. THE PURPOSE OF THIS PLAT IS TO REVISE THE EXISTING PRIVATE SEWERAGE EASEMENT RECORDED IN PLAT No. TO THE LOCATION SHOWN HEREON.
5. ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
6. DENOTES WELL LOCATION.
7. DENOTES PERC HOLE LOCATION.
8. OWNER & DEVELOPER:

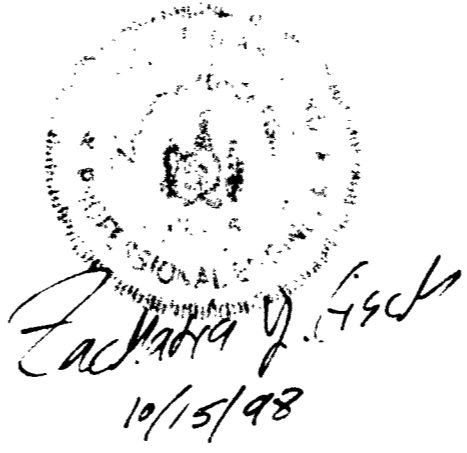
WILLIAM W. AITCHESON
301 COVE CREEK ROAD
STEVENSVILLE, MARYLAND 21666

SIGNED
FILE
COPY

PERC RECERTIFICATION PLAT
SECOND DISCOVERY

LOT 20

A RESUBDIVISION OF LOT 6 - SECOND DISCOVERY - PLAT No. 9143
TAX MAP 22 ZONED: RR-DEO PARCEL(S): 45
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: SEPTEMBER 3, 1998



APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
Joyce M. Boyd M.D. Sr.
COUNTY HEALTH OFFICER
10-16-98
DATE

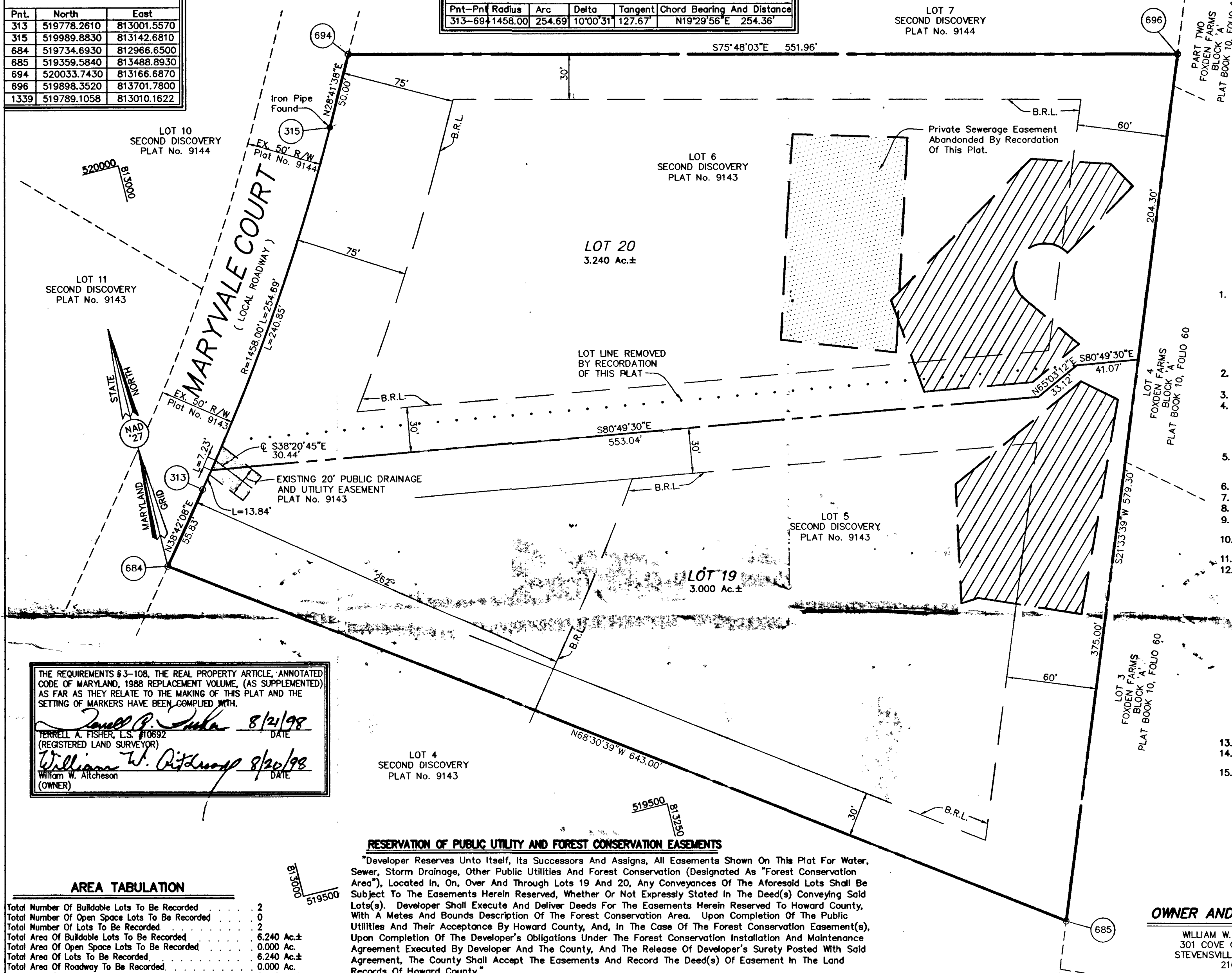
FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 481 - 2955

COORDINATE TABULATION

Pnt.	North	East
313	519778.2610	813001.5570
315	519989.8830	813142.6810
684	519734.6930	812966.6500
685	519359.5840	813488.8930
694	520033.7430	813166.6870
696	519898.3520	813701.7800
1339	519789.1058	813010.1622

CURVE DATA TABULATION

Pnt.-Pnt	Radius	Arc	Delta	Tangent	Chord	Bearing	And Distance
313-694	1458.00	254.69	10°00'31"	127.67	N19°29'56" E	254.36'	



General Notes:

- This Area Designates A Private Sewerage Easement Of 10,000 Square Feet As Required By The Maryland State Department Of The Environment For Individual Sewage Disposal. Improvements Of Any Nature In This Area Are Restricted Until Public Sewerage Is Available. These Easements Shall Become Null And Void Upon Connection To A Public Sewerage System. The County Health Officer Shall Have The Authority To Grant Variances For Encroachments Into The Private Sewerage Easement. Recordation Of A Modified Easement Shall Not Be Necessary.
- The Lots Shown Hereon Comply With The Minimum Ownership Width And Lot Area As Required By The Maryland State Department Of The Environment.
- Subject Property Zoned RR-DEO Per 10/18/93 Comprehensive Zoning Plan.
- Coordinates Based On Nad '27, (Plat Meridian), Maryland Coordinate System As Projected By Howard County Geodetic Control Stations No. 3036005 And No. 3036006.
Sta. 3036005 N 518387.760 E 812432.613
Sta. 3036006 N 518439.620 E 811872.473
- This Plat Is Based On Field Run Monumented Boundary Survey Performed On Or About August 13, 1998, By Fisher, Collins And Carter, Inc.
- B.R.L. Denotes Building Restriction Line.
- Denotes Iron Pin Set Capped "F.C.C. 106".
- Denotes Iron Pipe Or Iron Bar Found.
- Denotes Angular Change In Bearing Of Boundary Or Rights-Of-Way.
- Denotes Concrete Monument Set With Aluminum Plate "F.C.C. 106".
- Denotes Concrete Monument Or Stone Found.
- Driveway(s) Shall Be Provided Prior To Residential Occupancy To Insure Safe Access For Fire And Emergency Vehicles Per The Following (Minimum) Requirements:
 - Width - 12 Feet (14 Feet Serving More Than One Residence);
 - Surface - Six (6") Inches Of Compacted Crusher Run Base With Tar And Chip Coating. (1 - 1/2" Minimum);
 - Geometry - Maximum 15% Grade, Maximum 10% Grade Change And 45-Foot Turning Radius;
 - Structures (Culverts/Bridges) - Capable Of Supporting 25 Gross Tons (H25-Loading);
 - Drainage Elements - Capable Of Safely Passing 100 Year Flood With No More Than 1 Foot Depth Over Surface;
 - Structure Clearances - Minimum 12 Feet;
 - Maintenance - Sufficient To Insure All Weather Use.
- All Lot Areas Are More Or Less (±).
- Previous Department Of Planning And Zoning File Nos. S88-8B, P89-26, F89-243.
- Denotes Private Sewerage Easement Abandoned By Recordation Of This Plat.

NOTE: THE PURPOSE OF THIS PLAT IS TO RELOCATE THE COMMON LOT LINE BETWEEN LOTS 5 AND 6 TO CREATE LOTS 19 AND 20. ALSO TO RELOCATE THE PRIVATE SEWERAGE EASEMENT ON LOT 20.

THE REQUIREMENTS §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.

Terrill A. Fisher 8/21/98
TERRILL A. FISHER, L.S. #10692
(REGISTERED LAND SURVEYOR)

William W. Aitchison 8/20/98
William W. Aitchison
(OWNER)

RESERVATION OF PUBLIC UTILITY AND FOREST CONSERVATION EASEMENTS

"Developer Reserves unto itself, its successors and assigns, all easements shown on this plat for water, sewer, storm drainage, other public utilities and forest conservation (designated as "Forest Conservation Area"), located in, on, over and through lots 19 and 20, any conveyances of the aforesaid lots shall be subject to the easements herein reserved, whether or not expressly stated in the deed(s) conveying said lots(s). Developer shall execute and deliver deeds for the easements herein reserved to Howard County, with a metes and bounds description of the forest conservation area. Upon completion of the public utilities and their acceptance by Howard County, and, in the case of the forest conservation easement(s), upon completion of the developer's obligations under the forest conservation installation and maintenance agreement executed by developer and the county, and the release of developer's surety posted with said agreement, the county shall accept the easements and record the deed(s) of easement in the land records of Howard County."

AREA TABULATION

Total Number Of Buildable Lots To Be Recorded	2
Total Number Of Open Space Lots To Be Recorded	0
Total Number Of Lots To Be Recorded	2
Total Area Of Buildable Lots To Be Recorded	6.240 Ac.±
Total Area Of Open Space Lots To Be Recorded	0.000 Ac.
Total Area Of Lots To Be Recorded	6.240 Ac.±
Total Area Of Roadway To Be Recorded	0.000 Ac.
Total Area To Be Recorded	6.240 Ac.±

OWNER AND DEVELOPER

WILLIAM W. AITCHISON
301 COVE CREEK ROAD
STEVENSVILLE, MARYLAND
21666

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

Approved: For Private Water And Private Sewerage Systems, Howard County Health Department.

James M. Boyd 10-16-98
Howard County Health Officer Date

Approved: Howard County Department Of Planning And Zoning.

Chief, Development Engineering Division Date
Director Date

OWNER'S CERTIFICATE

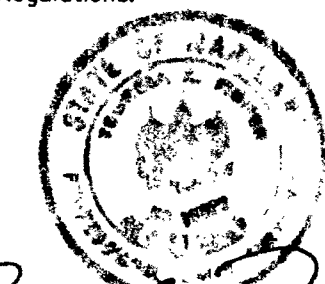
William W. Aitchison, Owner Of The Property Shown And Described Hereon, hereby adopt this plan of subdivision, and in consideration of the approval of this final plat by the Department Of Planning And Zoning, establish the minimum building restriction lines and grant unto Howard County, Maryland, its 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 Rights-Of-Way And The Specific Easement Areas 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 Waterways 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 Easements And Rights-Of-Way. Witness My Hand This 20th Day Of August, 1998.

William W. Aitchison
William W. Aitchison

Mark Z. Robb
Witness

SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct; that it is a subdivision of part of the lands conveyed by Kathleen A. Koubek to William W. Aitchison by deed dated November 9, 1989 and recorded in the Land Records of Howard County, Maryland in Liber No. 2084 at folio 216, and that all monuments are in place or will be in place prior to acceptance of the streets in the subdivision by Howard County, Maryland as shown, in accordance with the Annotated Code of Maryland, as amended, and monumentation is in accordance with the Howard County subdivision regulations.

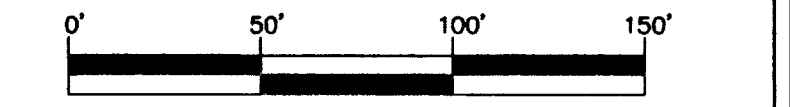


Terrill A. Fisher 8/21/98
Terrill A. Fisher, Professional Land Surveyor No. 10692 Date

Recorded As Plat No. _____ On _____
Among The Land Records Of Howard County, Maryland.

SECOND DISCOVERY
Lots 19 And 20

(A Resubdivision Of Lots 5 And 6, Second Discovery, Plat No. 9143)
Zoning: RR-DEO
Tax Map: 22 Part Of Parcel: 45 Grid: 17
Third Election District
Howard County, Maryland



Scale: 1" = 50'
Date: September 2, 1998
Sheet 1 Of 1

Health
original only F-99.47

RODRAINAGE
UTILITY EA

20' DRAINAGE &
UTILITY EASEMENT

ADMISSION

EX WELLS

EX DWELLING
TO REMAIN

EX STRUCTURE
TO REMAIN
(SHED)

14
AC ±
EX DRIVE TO BE
ABANDONED

LOT 15
3.25 AC ±

LOT 16
3.00 AC ±

WET SEASON

PER H.C. HEALTH DEPARTMENT
09-E-76/77 RECORDS

FOR DEN FARM BLOCK A
P.B. 10 P. 60 EX WELLS

490

E 815' 0"

500

510

520

724.22

1501

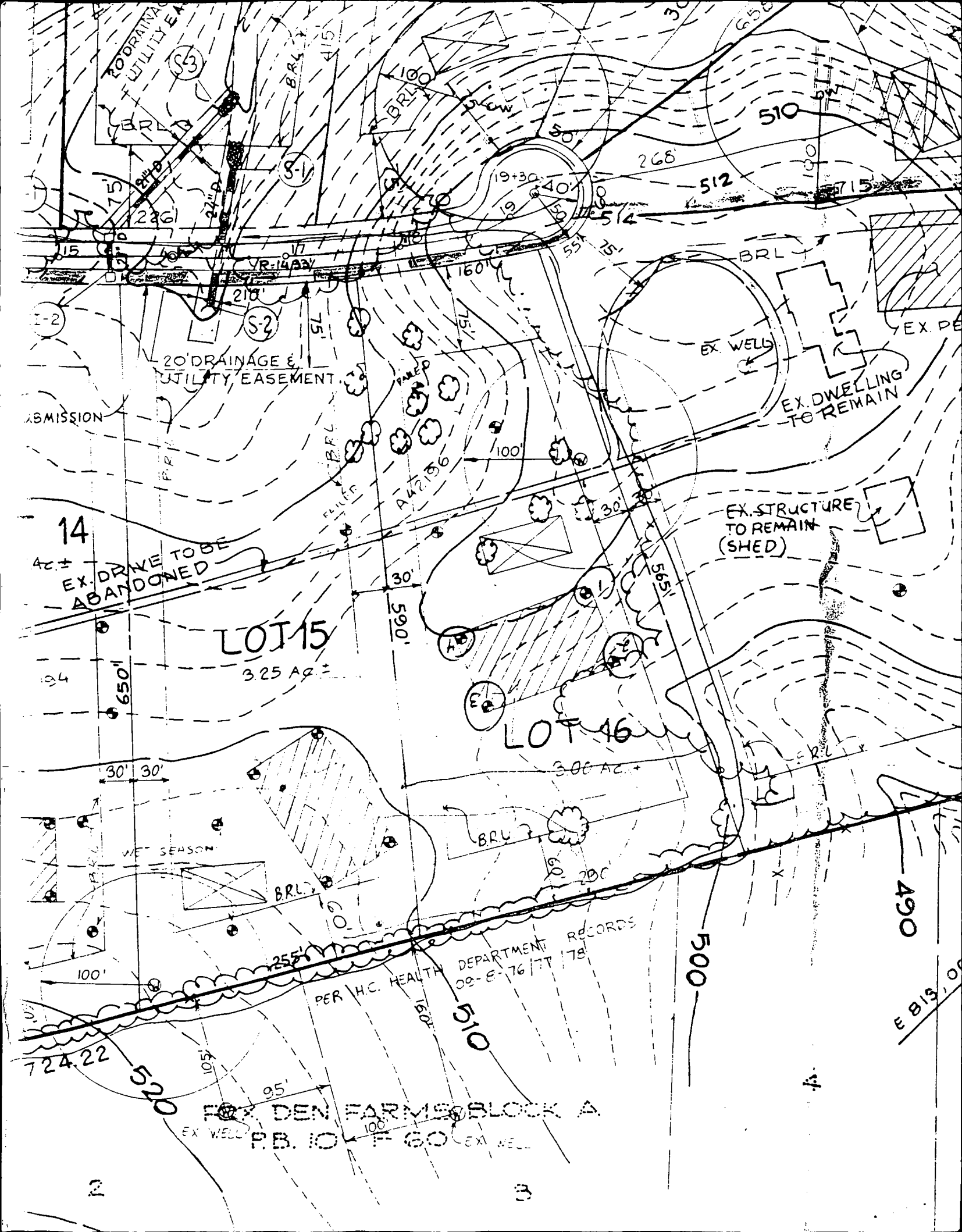
95'

100'

EX WELLS

2

3



C1 1305 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A42196

ST/CO USE ONLY DATE RECEIVED
 DATE WELL COMPLETED
 011990

Depth of Well
 22 265 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 HO-88-1162

OWNER Second Discovery Ltd Partnership
 STREET OR RFD last name Maryvale first name TOWN Gleneta
 SUBDIVISION SECOND DISCOVERY SECTION 2 LOT 6

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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
SHALE	2	20	
Mika	20	30	
Sandstone	30	35	✓
Mika	35	140	
Sandstone	140	145	✓
Mika	145	215	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 9 NO. OF POUNDS 900
 GALLONS OF WATER 54
 DEPTH OF GROUT SEAL (to nearest foot)
 from 1 ft. to 4 ft.

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch)
 Total depth of main casing (nearest foot)
 PL 1 27 70

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

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

C2
 DEPTH (nearest ft.)
 1 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
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

OEP 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

C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 75
 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 EXCEPT HOME USE
 TYPE OF PUMP INSTALLED
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSEPOWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below }

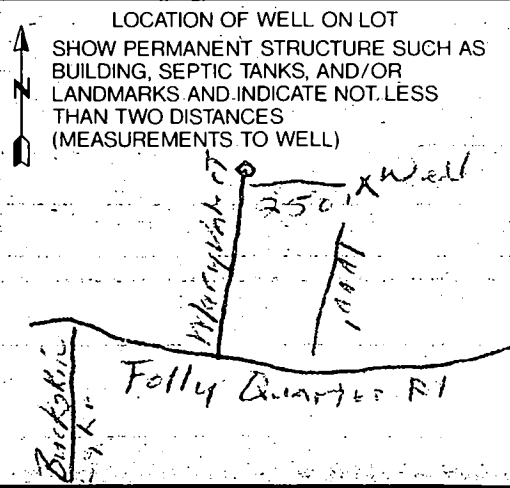
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 453

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1162
 Location of property (road) Maryvale Ct
 Subdivision Second Discovery Lot 6 Block Plat Sec. 2
 Well Driller FRANK Delp Owner 2nd Disc LTD Part

Depth of well 265
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 100 GPM
 Total time 30 min to reach pumping water level 75' ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	75'	10 sec	N/A	6 GPM
9:15	75'	10 sec		6 GPM
9:30	75'	10 sec		6 GPM
9:45	75'	10 sec		6 GPM
10:00	75'	10 sec		6 GPM
10:15	75'	10 sec		6 GPM
10:30	75'	10 sec		6 GPM
10:45	75'	10 sec		6 GPM
11:00	75'	10 sec		6 GPM
11:15	75'	10 sec		6 GPM
11:30	75'	10 sec		6 GPM
11:45	75'	10 sec		6 GPM
12:00	75'	10 sec		6 GPM

B 1 6368

SEQUENCE NO. (DP. USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-1162

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received (APA)

122889

OWNER INFORMATION

8 Sep Dis 14th Garner

15 Last Name Owner First Name 34

36 8307 Main Street 55

57 ELLICOTT City Md 21043 76

DRILLER INFORMATION

Driller's Name Frank Deft 77 License No. 80 452

Firm Name Frank Deft Well Drillers Inc

Address 15234 Dinn Shop Rd Mt Airy Md

Signature Frank Deft Date 12/19/89

B 3

LOCATION OF WELL

Howard 8 COUNTY 21

Second Discovery 23 SUBDIVISION 42

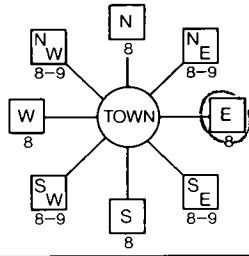
SECTION 1 LOT 6

52 NEAREST TOWN 71

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

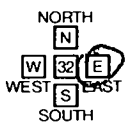
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Maryvale Court 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 250 37 DISTANCE FROM ROAD

ENTER FT OR MI FT 38 39

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A 42196 COUNTY NO.

STATE SIGNATURE DATE ISSUED 011990 Mark P. Reffkin 7/19/90 CO SIGNATURE EXP DATE NORTH GRID 520000 EAST GRID 0813000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8183
N 52820

27' CASING
24' OPEN 1/19/90 MR
9 BAGS
1' CASING A.G.
GROUT NOT OBS'D well TAG OR

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)

- [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
[D] THIS WELL WILL DEEPEM AN EXISTING WELL

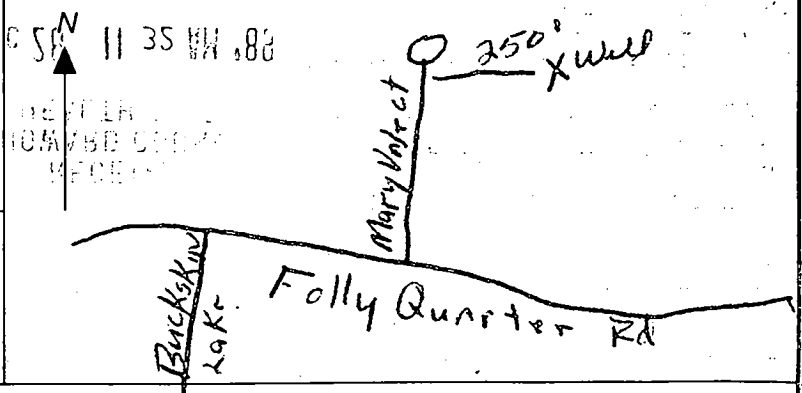
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63

FORCE MD PERMIT No. 40-88-1162

SPECIAL CONDITIONS



6/25/99
A.M.

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 6/24/99

Name of Installer T.M. Bernard Plumber & Htg.

Telephone 410-461-6599

License Number #7248
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner C. Knudsen, Son Telephone 410-465-2222
Subdivision Second Discovery Lot # 6 Well Tag # HO-88-1162
Site Address 12748 Manlyvale Ct.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Grundfos
- Model # _____
- Capacity 10 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth 4 1/2"

Tank

- Capacity 40 gal.
- Pressure relief valve? yes

Piping

- Type Polyethylene
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 42"

Well data

- Depth 265 ft.
- Yield 15 GPM
- Static water level 25 ft.
- 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.

9/14/99
2-PC
CAP OK
VIA T/C

6/25/99 Needs Zpiere cap
Plumber 0806 Signature of Applicant: Timothy M. Bernard
Contacted - SRK Date: 6/24/99
will call for reinspection - SRK

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

HD-215
w/PLUMBER (KRO)

Building Address 12748 MARYVALE COURT
ELLICOTT CITY, MARYLAND 21042

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

Census Tract --- Subdivision SECOND DISCOVERY

Section --- Area --- Lot 20

Tax Map 22 Parcel --- Grid ---

Zoning RR-DEB Map Coordinates --- Lot size 3.240 AC.

Property Owner's Name THOMAS E DIXIE WILSON

Address 16709 GOLDSBOROUGH AVENUE

City LAUREL State MD Zip Code 20707-2779

Home Phone (301) 490-6330 Work Phone ---

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

Phone --- Fax ---

Existing Use SINGLE FAMILY DWELLING

Proposed Use SAME, WITH POOL

Estimated Construction Cost \$ 28,000.00

Description of Work CONCRETE INGROUND POOL, WITH D.E. FILTER
POOL TO BE FILLED BY TRUCK.
24' WIDE BY 45' LONG, 3' TO 9' DEEP, E BOARD.
TOTAL S.F. 875. 300 LINEAR FEET OF
4" HIGH WOOD PICKETT FENCE, PER CODE.

Contractor Company ANTHONY & SYLVAN POOLS, INC.
AGENT FOR

Contact Person GEORGE A. SCHWEICH - CONTRACTOR

Address 10840 GUILFORD ROAD, SUITE 407

City ANNAPOLIS State MD Zip Code 20701

License No. 19347

Phone (301) 490-1930 Fax (410) 792-2818

Occupant or Tenant SAME AS OWNER

Contact Name ---

Address ---

City --- State --- Zip Code ---

Phone --- Fax ---

Engineer or Architect Company N/A

Contact Person A

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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" 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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: <u>INGROUND POOL</u> Dimensions: <u>24' WIDE X 45' LONG</u> Footings: _____ Roof: _____	_____ 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 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.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
JULY 29, 1999
 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		
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 New Town Zone _____
 SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#:

Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
TOTAL FEES \$ 125.00
 Balance due \$ _____
 Check # _____
 Validation # _____

Call cont

Building Address 12748 Maryvale Court, Ellicott City, MD

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

Census Tract _____ Subdivision Second Discovery

Section _____ Area _____ Lot 6

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tom and Dixie Wilson

Address 16709 Goldsborough Ave.

City Laurel State MD Zip Code 20707

Home Phone 301 490 6330 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use Pool House

Estimated Construction Cost \$ 4000.00

Description of Work Pool House 14' x 10'
POWDR RM. + EQUIPMENT
ROOM

Contractor Company Knudsen Custom Homes

Contact Person Chris Knudsen

Address 8455 Baltimore National Pike

City Ellicott City State MO Zip Code 21043

License No. _____

Phone 410 465 2222 Fax 410 465 2231

Occupant or Tenant STAFF AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

<u>Building Characteristics</u>	<u>Utilities</u>
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: NONE
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of Bedrooms: _____	Natural Gas <input type="checkbox"/>
Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
No. of efficiency units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of 1 BR units: _____	_____ NFPA #13D
No. of 2 BR units: _____	_____ NFPA #13R
No. of 3 BR units: _____	_____ Other: _____
Other Structure: <u>Pool House</u>	
Dimensions: <u>10 x 14 x 8</u>	
Footings: <u>CONCRETE</u>	
Roof: <u>ASPHALT</u>	
_____ 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 THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature
President, Knudsen Custom Homes
 Title/Company

Christian S. Knudsen, Jr.
 Print Name
8-9-99
 Date

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

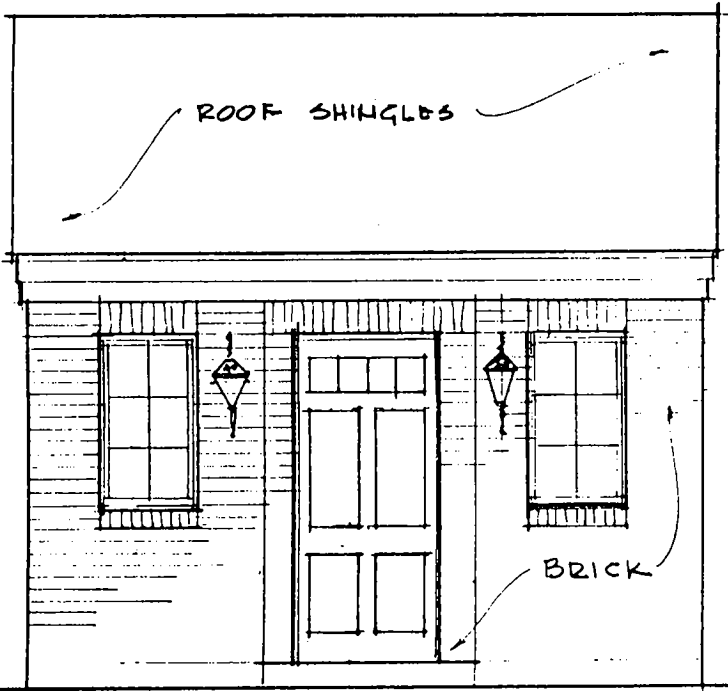
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____
<input type="checkbox"/> State Highways			Rear: _____
<input checked="" type="checkbox"/> Building Official			Side: _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____
<input checked="" type="checkbox"/> Health	<u>8/10/99</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____

PROPERTY ID#: _____

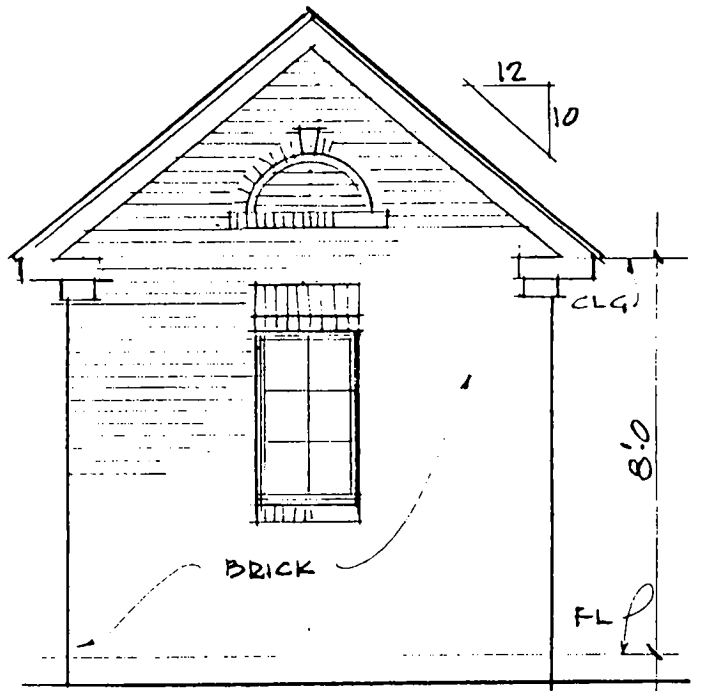
Filing fee	\$ <u>75.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# _____
Validation	# _____

Accepted by [Signature]

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



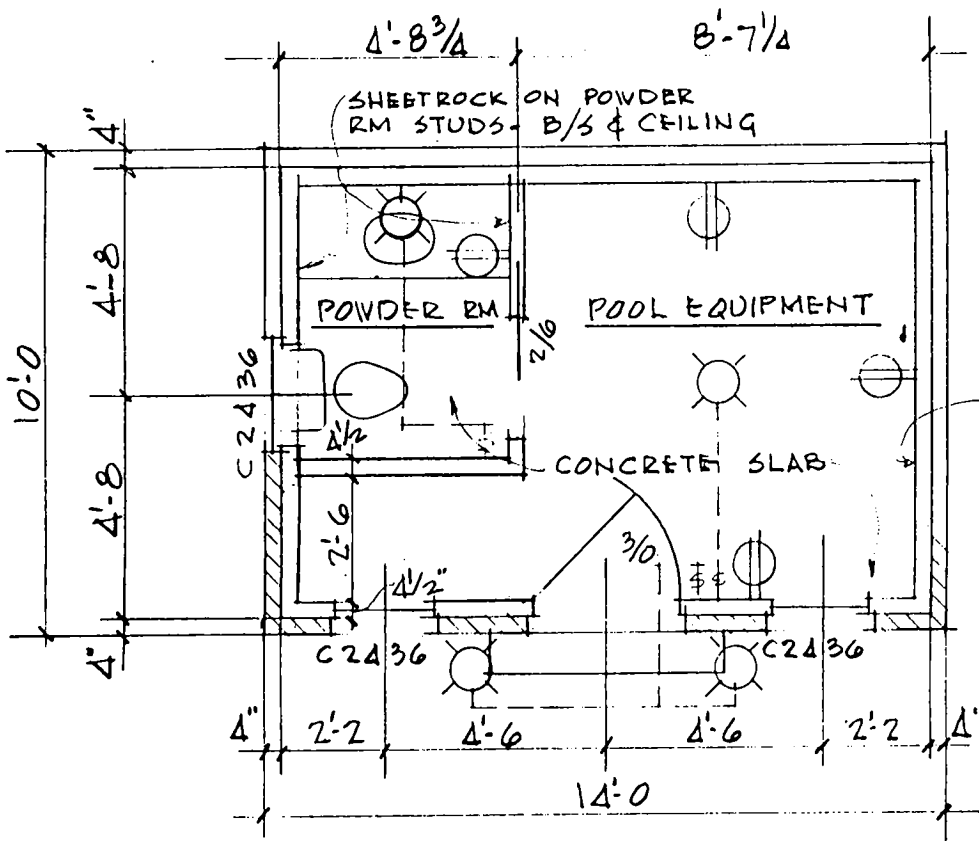
FRONT



SIDE

NOTE:

OWNER SHALL VERIFY WITH POOL CONTRACTOR THAT EQUIPMENT SPACE IS ADEQUATE.



EXPOSED STUDS IN EQUIPMENT SPACE. NO SHEETROCK ON WALLS OR CEILING.

FLOOR PLAN - POOL HOUSE

1/4" = 1'-0"

CHANGE ORDER NO 17 - LOT NO 6

SECOND DISCOVERY KNUDSEN CUSTOM HOMES, INC.

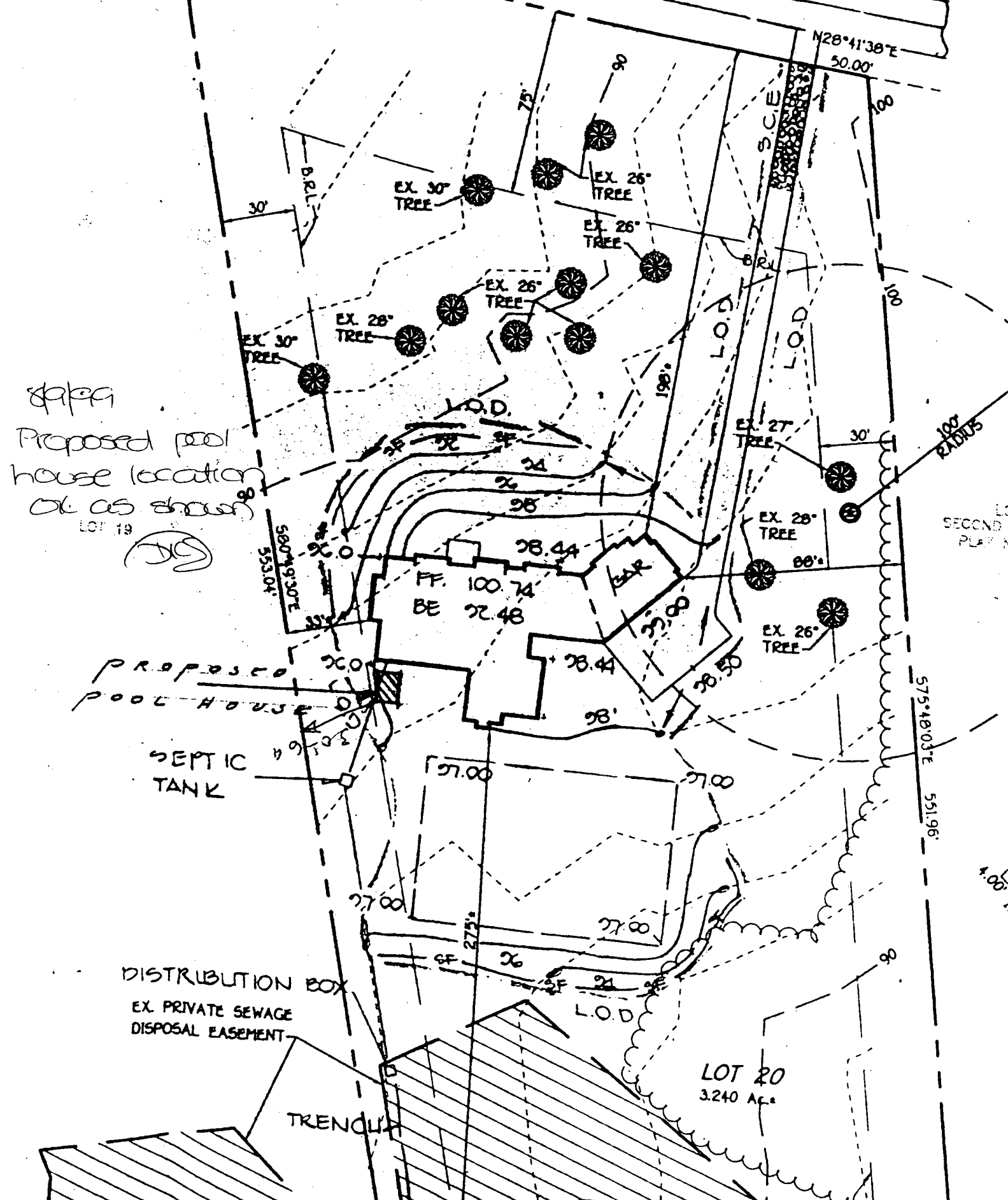
APPROVED _____ DATE _____
TOM WILSON

APPROVED _____ DATE _____
DIXIE WILSON

DRAWING NO
POOL HOUSE NO 1

MARYVALE COURT

(LOCAL ROADWAY)
R=1458.00° L=254.69°
L=240.85°



Proposed pool house location OK as shown
LOT 19

JCS

PROPOSED POOL HOUSE

SEPTIC TANK

DISTRIBUTION BOX
EX. PRIVATE SEWAGE DISPOSAL EASEMENT

TRENCH

LOT 20
3.240 AC.

SECOND PLAY

100 RADIUS