

11/28/00 10AM layout
12/5/00 PM
3/8/01 Septic Pump 10:00

PERMIT

P 514676

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

A 49918-E

ISSUE DATE 11/29/2000

APPROVAL DATE 3/8/01

3/7/01 - 10 AM
Pump Insp

RPS# 358775

INDEXED

Whitworth Excavating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029

PHONE 410-531-5033

SUBDIVISION Royal Hollow

LOT NUMBER 4

ADDRESS 913 Lady Anne Court

PROPERTY OWNER Catocin Homes, Inc.

PROPERTY OWNER'S ADDRESS P.O. Box 512

Ellicott City, MD 21041

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box 60 feet from right (380') lot line and 220 feet from front lot line as viewed from Lady Anne Court. Install trenches on contour toward right lot line.

8/10/00 O.K. (BB)

PLANS APPROVED Mark Rifkin

DATE 7/26/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

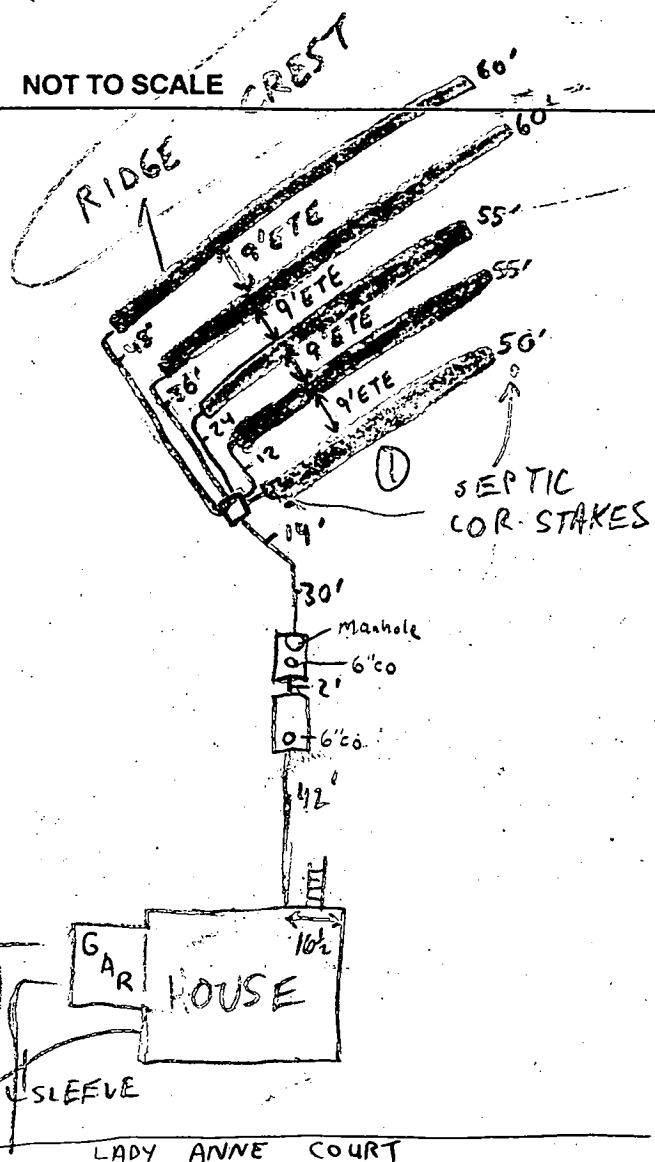
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

514676

NOT TO SCALE

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yel brn
sic 1/2"
the yel
brief
Sa
15% frags
SEMI-HARD
10'4"



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 5
 TOTAL TRENCH LENGTH 280'
 ABSORBENT AREA 840 FT²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER NA
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 TS
 MANHOLE RISER on rear
 ALARM OPERATIONAL
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 11/28/00 LAYOUT CONFIRMED, TOPO/PLUMBING

ALLOW NO ROOM FOR ERROR. 1/2" GRACE GRANTED (MR)

INSPECTION COMMENTS: 12/1/00 D.B. LOC OFF BY 60', FF ELEV. DROPPED BY 1',

TOPO NOT PER PLAN => PUMP REQ'D (MR) 12/5/00 - OK TO COVER TRENCHES

AND CONTINUE WORK - (SRK) 12/5/00 - OK TO COVER ALL WORK, SYSTEM COMPLETE

PENDING PUMP & ALARM TEST (SRK)

3/7/01 Alarm working - pump tank has no water to test pump. (BB)

3/8/01 - PUMP AND ALARM OPERATIONAL, DBOX OPENED UP AND EFFLUENT DISTRIBUTES

EQUALLY - (SRK)

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 3/8/01

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Gartland Plumbing Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
Sylkesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): J. Joseph Gartland License #: 6352

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Catactin Homes Inc Telephone #: 410-772-5804
Subdivision: Royal Hollow Lot #: 4 Well Tag #: HO-99-0945
Site Address: 913 Lady Anne
Mt. Airy MD 21771

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: BT Two piece watertight cap:
Model #: 26302 Model #: P100LT Screened, vented well cap:
Pump Capacity: 2 GPM Depth: 46 (36" min) Cap secured to casing:
Well Yield: 2 GPM NSF approved: Yes Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 20 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors on Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house
Type: Poly
PSI: Yes (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 8 ft
Sleeve caulked and sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] Signature of company representative responsible for installation
12-28-00 date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 12/1/00 Date Insp. Approved: 12/1/00 MR SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

3/7/01
Well 7' from driveway BB
because house was moved.

B00125498

Building Address 913 LADY ANNE COURT
117 AIRY RD 21771

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

Census Tract 6040 Subdivision POWELL HOLLOW

Section N/A Area N/A Lot 4

Tax Map 7 Parcel 84 Grid CO

Zoning RC-15B Map Coordinates 3F8 Lot size

Property Owner's Name CATCTIN HOMES, Inc

Address P.O. Box 512

City ELLICOTT CITY State MD Zip Code 21041

Home Phone _____ Work Phone 410 772 5804

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use SINGLE FAMILY HOME DETACHED

Estimated Construction Cost \$ 90,000

Description of Work (MONTGOMERY) 4 BR
FULL BASEMENT W/ 2 CAR GARAGE
2 1/2 BATHS

Contractor Company _____

Contact Person SAME

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company REIMER MUEBGE

Contact Person CHRIS REID

Address 8818 Centre Park Dr.

City COLUMBIA State MD Zip Code 21045

Phone 410 997 8900 Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>	1st floor: 38' 38' 2nd floor: 38' 38' Basement: 38' 38'	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" 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"/>	No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: <u>ASP SHINGLES</u>	State Certified Modular _____ Manufactured Home _____

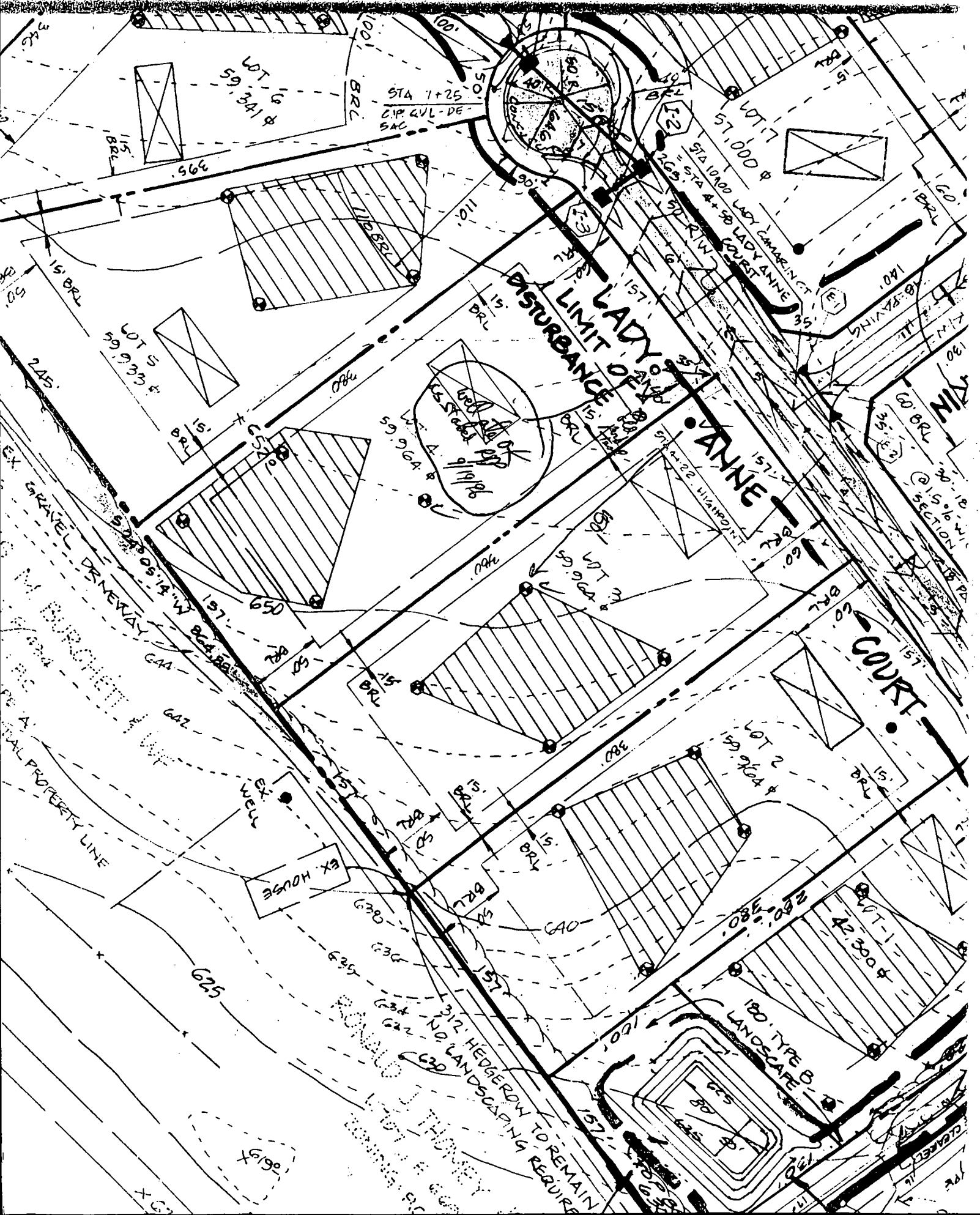
THE UNDERSIGNED HEREBY CERTIFY AND AGREE AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name PHILLIP G. PARADIS

Title/Company VICE PRESIDENT, CATCTIN HOMES, INC. Date 7/18/00

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

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID: <u>4711</u>
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____ TOTAL FEE \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____ Check # <u>1123113</u>
Dev. Engineering DPZ	<u>7/26/00</u>	<u>Mark Ripley</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation _____
Health			Lot Coverage for New/Town Zone _____	Accepted by _____
Fire Protection			SDP/R-4 line approval date _____	
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				
Distribution of Copies: White: Building Official Green: LDD/DPZ Yellow: DED/DPZ Pink: Health Gold: SHA				



LADY VANNE COURT

DISTURBANCE LIMIT OF...

EX. HOUSE

WELL

LANDSCAPING REQUIRE

LOT 6
59,341 ±

LOT 7
57,100 ±

LOT 5
59,933 ±

LOT 2
59,964 ±

LOT 1
42,300 ±

STA 7+25
CIP CUL-DE-SAC

STA 10+00
STA 4+50
LADY VANNE COURT

EX. GARAGE DRIVEWAY
EX. PROPERTY LINE

SECTION

625

630

630

1312' HEDGEROW TO REMAIN
NO LANDSCAPING REQUIRE

690

625

625

326

566

15' BR

245

15' BR

157

650

157

157

157

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115' BR

15' BR

15' BR

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C1-7828

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)

COUNTY NUMBER A49918E

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED: 032398

Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-0945

OWNER: Leo Development Group, STREET OR RD: Lady Anne Ct, TOWN: Lisbon, SUBDIVISION: Royal Hollow, SECTION: , LOT: 4

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. Rows include Top Soil, Shaly clay, brown shale, gray slate, brown slate, gray slate, brown slate, gray slate, brown slate, gray slate, brown slate, gray slate, brown slate, gray slate, brown slate, gray slate.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2500

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 90

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

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

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y) (N)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD 040 DRILLERS LIC. NO. George F. Easterday DRILLERS SIGNATURE LIC. NO. 501 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

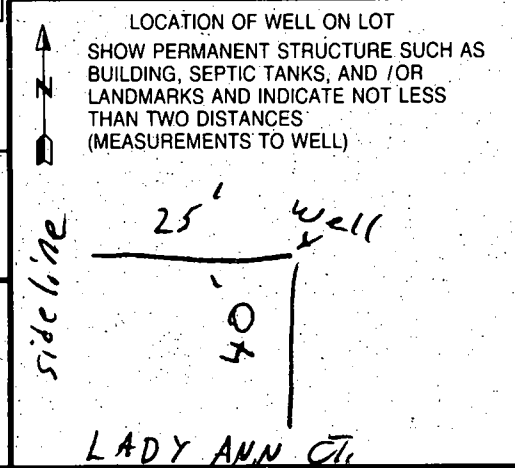
DEPTH (nearest ft.) HO 88 300 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE (nearest foot) 2

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 87 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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.)



B 1 **3397** 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
HO-99-0945
 70 fill in this form completely 79

Date Received (APA) **07/31/96**
 OWNER INFORMATION
LEE DEVELOPMENT GRP
 15 Last Name 16 Owner 17 First Name 34
8601 GEORGIA AVE
 36 Street or RFD 55
SILVER SPRING MD 20910
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 George F. Easterday 40
 Driver's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
 9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
 Signature *George F. Easterday* 7-30-96 Date

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 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
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 30 32 NEAREST TOWN

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **HO99GAP016**
 FORCE **RT** WRITE INITIALS IN BOX PERMIT No. **HO-99-0945**
 67 68 70 71 72 73 74 75 76 77 78 79

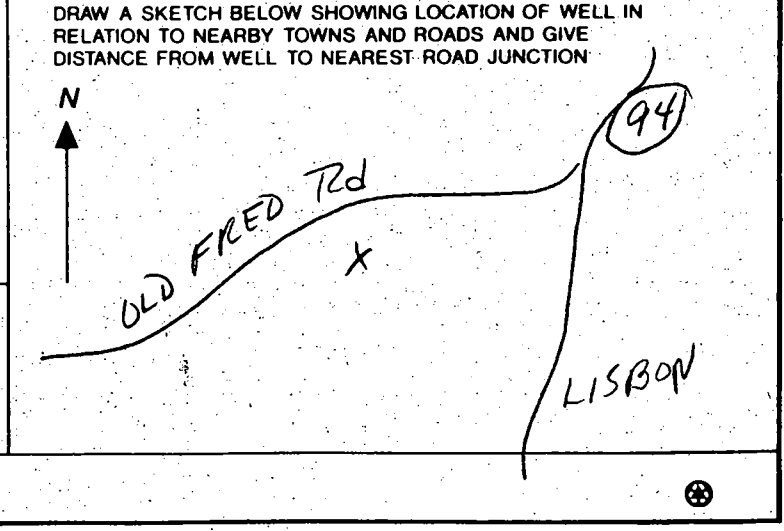
SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL
HOWARD COUNTY
ROYAL HOLLOW SUBDIVISION
 SECTION LOT **4**
LISBON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **40** FT
 ENTER FT OR MI **FT**
 TAX MAP: **7** BLK: **6** PARCEL **84**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard COUNTY NAME A49918E COUNTY NO.
 STATE SIGNATURE DATE ISSUED **100996** INSERT **9/19/96**
 NORTH GRID **551000** EAST GRID **0879000**
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7709**
 N **5501**



APPLICATION

PERCOLATION TESTING

A 49918E

P _____

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

DISTRICT _____

DATE 3/10/94

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 MISSLER FARM JOINT VENTURE c/o LDG INC.

ADDRESS LEE PLAZA, SUITE 200 8601 GA. AVE. PHONE (301) 585-7000
SILVER SPRING, MD

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ROYAL HOLLOW LOT NO. 4

ROAD AND DESCRIPTION OLD FREDERICK RD. & WOODBINE RD.

TAX MAP 7 PARCEL # 84

SIZE OF LOT 1 AC. ± TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. [Signature] FOR VMA
(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 _____

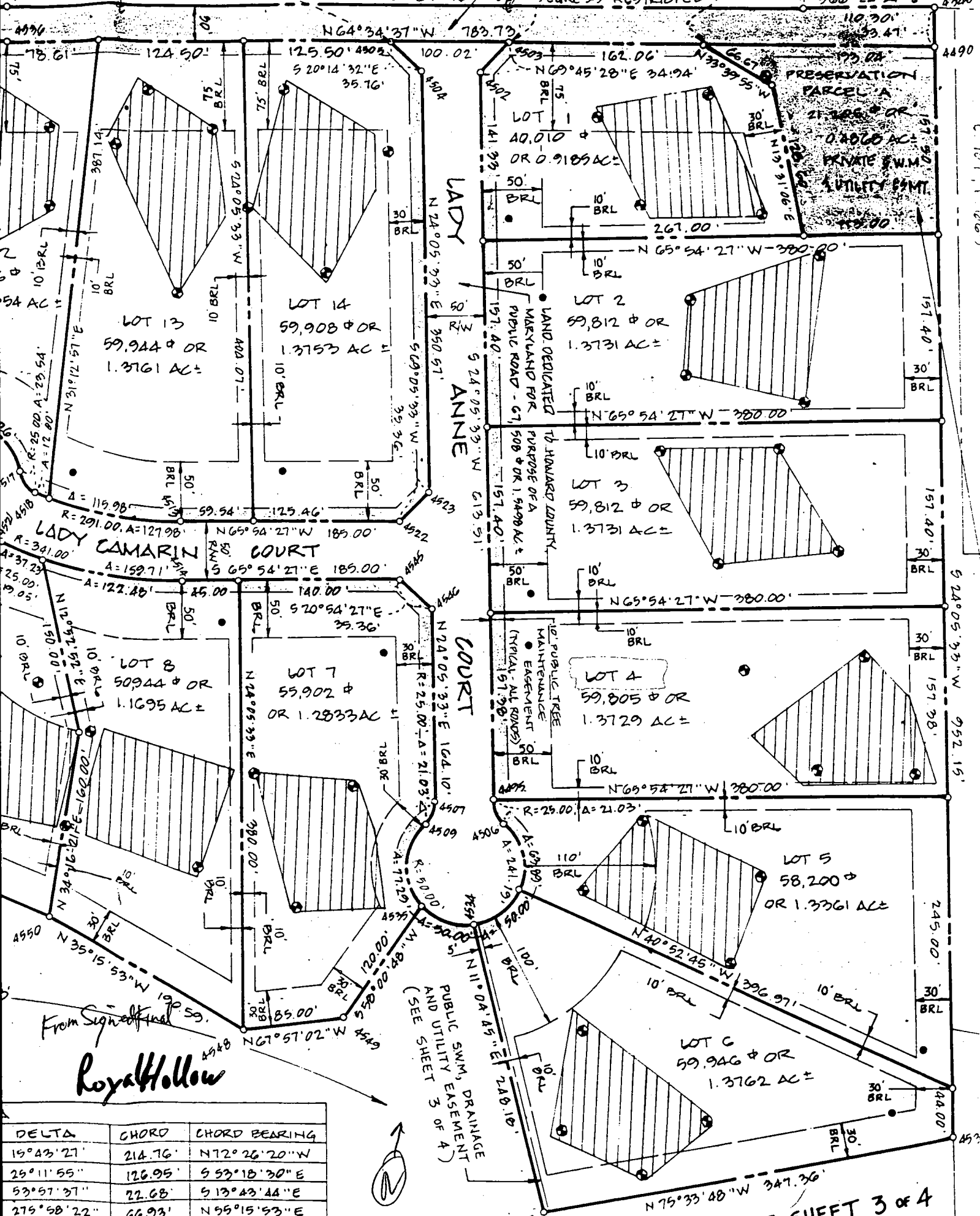
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

VEHICULAR INGRESS
EGRESS RESTRICTED
3667

MARYLAND FOR PURPOSE OF A PUBLIC
ROAD - 31.4872 ± OR 0.1227 AC ±
VEHICULAR INGRESS AND
EGRESS RESTRICTED

Route 99



LADY CAMARIN COURT

LADY ANNE COURT

COURT

Royal Hollow

DELTA	CHORD	CHORD BEARING
19°43'27"	214.76'	N72°26'20"W
29°11'55"	126.95'	S53°18'30"E
53°57'37"	22.68'	S13°43'44"E
279°58'22"	66.93'	N59°15'53"E
43°38'54"	18.59'	N60°53'51"W



SEE SHEET 3 OF 4

