

3/1/01  
Anytime

RPS# 342694

INDEXED

# PERMIT

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

P 514721

A REPAIR

ISSUE DATE 12/26/2000

APPROVAL DATE 3/1/01

Celeste L. Homan IS PERMITTED TO INSTALL  ALTER

ADDRESS 12185 Lime Kiln Road, Fulton, MD 20759 PHONE 301-725-5123

SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ ADDRESS 12185 Lime Kiln Road

PROPERTY OWNER Homan & Magnani PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

REPAIR - PURPOSE - To evaluate soils in support of building permit #B00127606  
Call for inspection when ground is opened so sanitarian can recommend repair. 12/26/00

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

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

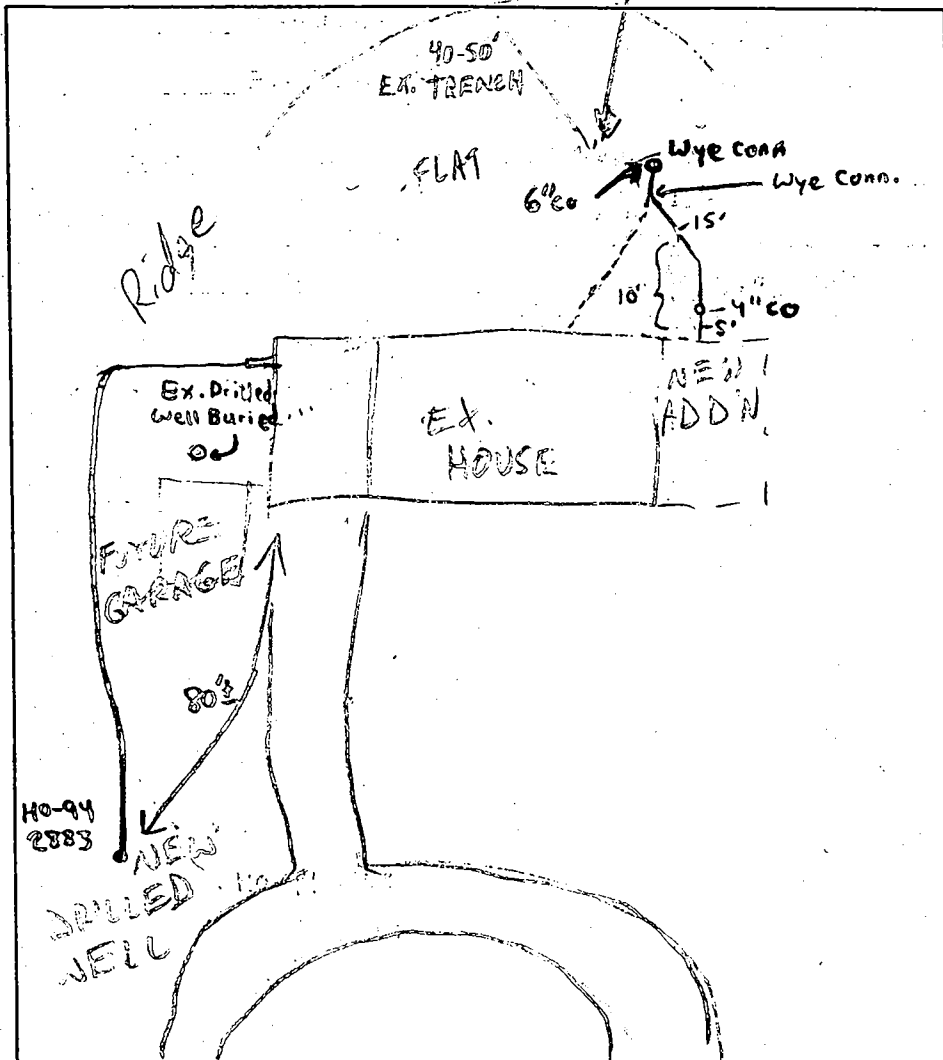
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AS14721

FLAT

150'

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_  
 TRENCH INLET DEPTH \_\_\_\_\_  
 TRENCH BOTTOM DEPTH \_\_\_\_\_  
 DEPTH OF STONE \_\_\_\_\_  
 NUMBER OF TRENCHES \_\_\_\_\_  
 TOTAL TRENCH LENGTH \_\_\_\_\_  
 ABSORBENT AREA \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL \_\_\_\_\_  
 BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS  
 MANHOLE RISER \_\_\_\_\_  
 6 INCH INSPECTION PORT ex on  
TANK

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS \_\_\_\_\_  
 MANHOLE RISER \_\_\_\_\_  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

LIME KILN RD

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 2/7/01 EX. D/W & TRENCH LOCATED; TRENCH REPORTEDLY  
INSTALLED W/O PERMIT BY PREV OWNER; EX. SYS. OK, NO NEED TO  
REPAIR DRAINFIELD AT THIS TIME; HOLD FOR INSP OF CONN TO  
NEW ADD'N (MR) 3/1/01 - CONNECTION FROM NEW ADDITION TO EX. SEPTIC  
SYSTEM OK - (SR)

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 3/1/01

CONNECTION

C 1 08067 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 11/18/01

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2883

OWNER Homan Celeste STREET OR RFD 12185 Lime Kiln Road TOWN Fulton SUBDIVISION SECTION LOT

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 FROM TO check if water bearing. TOP SOIL 0 2, Clay 2 6, Mica 6 55, Sand Stone 56 57, Mica 57 400.

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

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

SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO PL OT

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 400 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

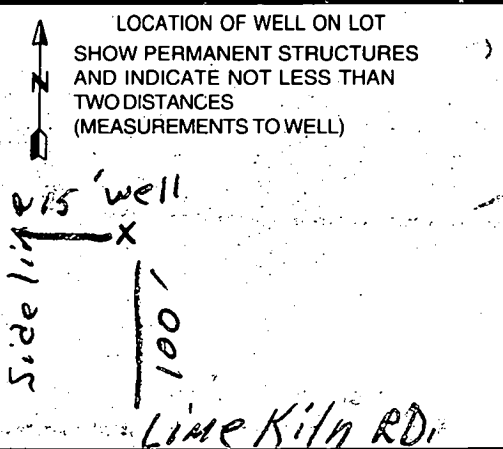
NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.) HO 38 400 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE F 5 - below 2 (nearest foot)

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 LIC. NO. MW D 040 DRILLERS SIGNATURE Charles F. Easterday LIC. NO. MW D 501 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework-if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER ✓

B00127976

Building Address 12185 Limekiln TRAIL  
Fulton MD 20751  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6091.02 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area District 5 Lot 18  
Tax Map 45 Parcel 22 Grid 17  
Zoning R2 Map Coordinates 18 F 5 Lot size \_\_\_\_\_

Property Owner's Name Homan, Celeste  
Address \_\_\_\_\_ Tim Magnani  
City \_\_\_\_\_ State MD Zip Code 20751  
Home Phone 301-755-5103 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home  
Proposed Use Single Family Home w/ addition  
Estimated Construction Cost \$ 75,000  
Description of Work Replace carpet with 15x19'  
Kitchen addition, 2 car detached garage

Contractor Company Proctor Remodeling  
Contact Person Tom Proctor  
Address 207 \_\_\_\_\_  
City \_\_\_\_\_ State MD Zip Code 21038  
License No. \_\_\_\_\_ 410-155-2730  
Phone 410-155-2730 Fax \_\_\_\_\_

Occupant or Tenant 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**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>18'</u> Width <u>14'</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>  Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____  Other Structure: <u>garage - 22x26'</u> Dimensions: _____ Footings: _____ Roof: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private  Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>  Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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.

\_\_\_\_\_  
Applicant's Signature  
Title/Company \_\_\_\_\_

Celeste Homan  
Print Name  
12/28/01  
Date

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

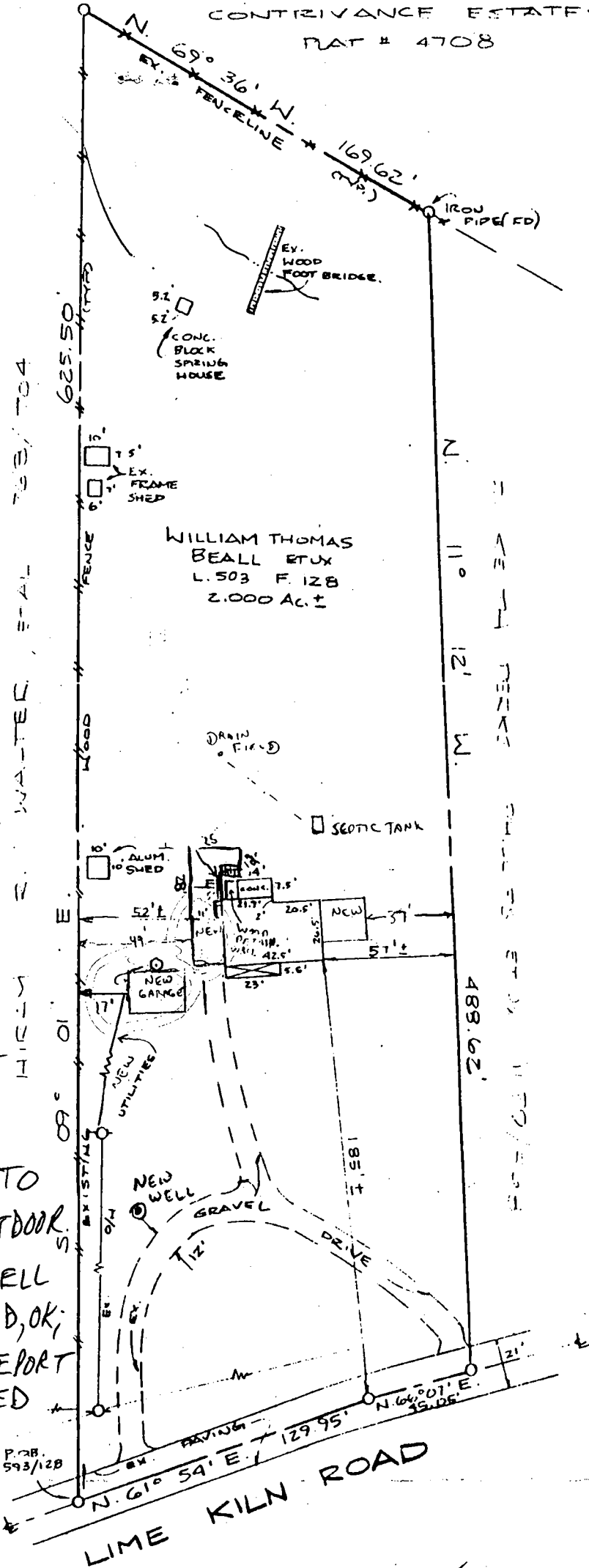
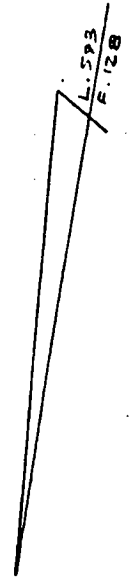
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>1/18/01</u>	<u>M. Riffkin</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>147902</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check <u>_____</u> # _____
Accepted by <u>12</u>	Validation # <u>31227</u>

CONTRIVANCE ESTATES  
 PAT # 4708



HOUSE LOCATION SURVEY  
 LANDS CONVEYED TO  
**WILLIAM THOMAS BEALL AND  
 MELVINA BEALL**  
 PER 503 FOLIO 128  
 185 LIME KILN ROAD  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

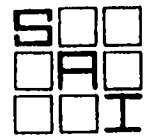
SCALE: 1" = 60'  
 MARCH 1986

1/17/01  
 T/C w/ OWNER  
 GARAGE OK -  
 MAINTAIN 10'  
 TO EX. WELL TO  
 BE USED AS OUTDOOR  
 SUPPLY. REPL. WELL  
 DRILLED, OK;  
 COMP. REPORT  
 EXPECTED  
 SOON



2/7/01  
 OWNER REQUESTED APPROVAL OF 3' SEPARATION  
 BETWEEN GARAGE + DRILLED BURIED WELL, OR, CONTINGENT  
 UPON NO TREATMENT OF GARAGE SLAB FOUNDATION (MR)

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT  
 OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG  
 THE LAND RECORDS OF HOWARD COUNTY,  
 MARYLAND, AS REFERENCED HEREON.



**SHELADIA Associates, Inc.**  
 CONSULTING ENGINEERS  
 310 A South Main Street, Mt. Airy MD. 21771  
 (301) 829-2800

REFERENCE	JOB NO.
503 FOLIO 128	86 - 841

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0012 7/26/00

Building Address 12185 Fenwick Rd  
Fulton MD 20751

Suite/Apt. # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_

Census Tract 6051.02 Subdivision Continental Estates

Section --- Area --- Lot 18

Tax Map L16 Parcel 2239 Grid 1

Zoning RR Map Coordinates 18F5 Lot size 2 acres

Property Owner's Name Celeste Hanna Trushkevich

Address 12185 Fenwick Rd

City Fulton State MD Zip Code 20751

Home Phone 301-725-5123 Work Phone 240-223-4201

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

Existing Use residential SFD

Proposed Use 2 bedroom 1 1/2 bath

Estimated Construction Cost \$ 100,000 \$39,000

Description of Work see above

2 bedrooms, 1 1/2 bath, unfinished basement

Occupant or Tenant Celeste Hanna & Tim Higgins

Contact Name (same)

Address 12185 Fenwick Rd

City Fulton State MD Zip Code 20751

Phone 301-725-5123 Fax \_\_\_\_\_

Contractor Company Bruce Remick

Contact Person Tony Richards

Address 207 Strickland Rd

City Crownsville State MD Zip Code 21228

License No. 41612

Phone 410-455-0430 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>25</u> <u>64</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

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.

Applicant's Signature Celeste Hanna

Print Name Celeste Hanna

Title/Company \_\_\_\_\_

Date 7/26/00

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	<u>12/26/00</u>	<u>Mark Ruffin</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

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? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>322</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START   
ONE STOP SHOP:

Accepted by \_\_\_\_\_

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

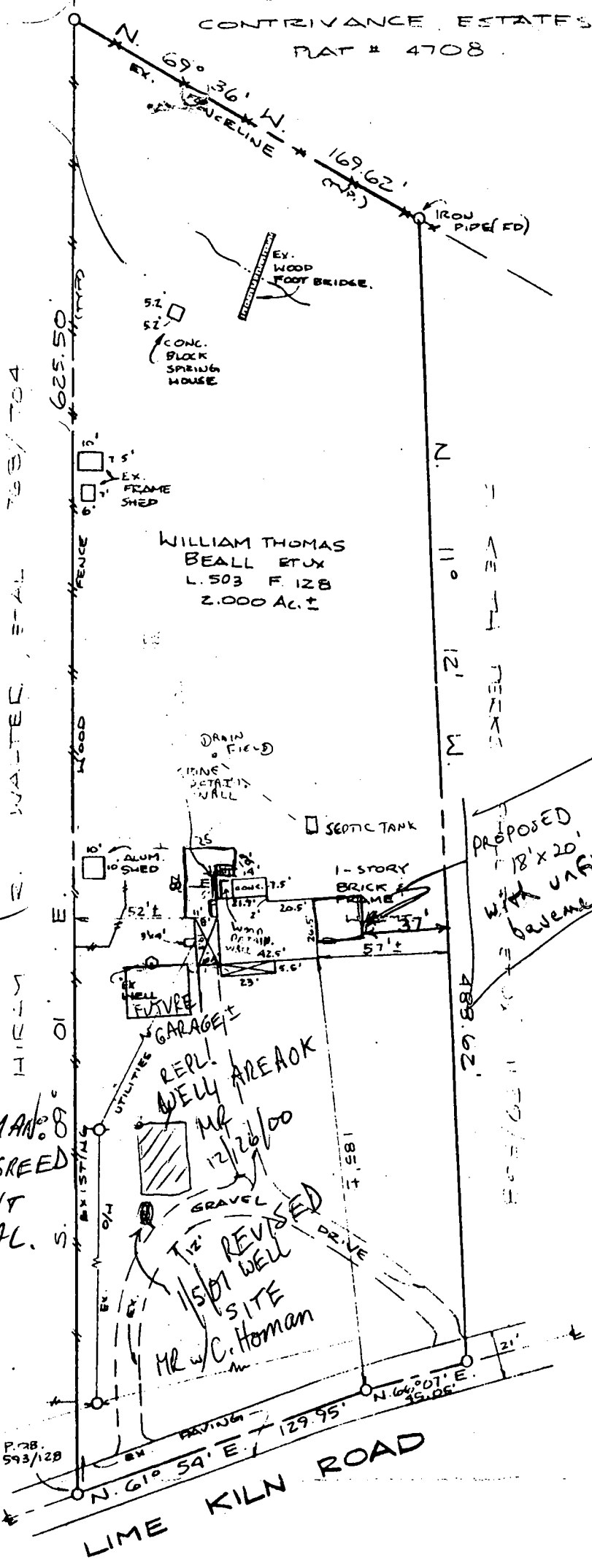
CONTRIVANCE ESTATES  
 PAT # 4708

HOUSE LOCATION SURVEY  
 OF LANDS CONVEYED TO  
**WILLIAM THOMAS BEALL AND  
 HILDA MELVINA BEALL**  
 LIBER 503 FOLIO 128  
 12185 LIME KILN ROAD  
 FIFTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 60'  
 MARCH 1986

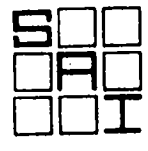
owner ship history  
 Beall → ~~Howe~~ current  
 Howe & Beall  
 Walters → Howe

12/26/00 w/ OWNER Homan  
 NO RECORDS FOUND; SAN AGREED  
 TO RELEASE BP CONTINGENT  
 UPON SEPTIC REPAIR EVAL.  
 (TEST HOLE) MR



3/31/86

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



**SHELADIA Associates, Inc.**  
 CONSULTING ENGINEERS  
 310 A South Main Street, Mt. Airy MD. 21771  
 (301) 940-2890

REFERENCE	JOB NO.
LIBER 503 FOLIO 128	86 - 841

B 1	6493	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W 51465</i> please print or type	STATE PERMIT NUMBER <b>HO-94-2883</b> <small>fill in this form completely</small>
Date Received (APA) 8 <u>11/16/2000</u> 13 <small>MM DD YY</small>		OWNER INFORMATION		
15 <u>Homan</u> Last Name		20 <u>Celeste</u> Owner First Name		21 <u>Howard</u> LOCATION OF WELL COUNTY
36 <u>12185 Lime Kiln Rd</u> Street or RFD		55 <u>Fulton MD 20759</u> State Zip		23 <u>Fulton</u> SUBDIVISION
57 <u>Fulton</u> Town		70 <u>MD</u> State		52 <u>Fulton</u> NEAREST TOWN
72 <u>20759</u> Zip		MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78		
DRILLER INFORMATION		B 3		
76 <u>Paul M. Faliszak</u> Driller's Name		76 <u>M D 3 9 9</u> License No.		
81 <u>G. Edgar Harr Sons' Corp</u> Firm Name		11 <u>12185 Lime Kiln Rd</u> NEAR WHAT ROAD		
Address <u>12047 Falls Rd, cockeysville 21030</u>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
Signature <u>Paul M Faliszak</u> Date <u>11/13/00</u>		34 <u>100</u> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39		
B 2 WELL INFORMATION		TAX MAP: <u>46</u> BLK: <u>1</u> PARCEL <u>39</u>		
1 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
8 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u>		TOWN		
14 USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
22 <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		<u>Howard</u> COUNTY NAME		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		STATE SIGNATURE _____ INSERT S _____		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DATE ISSUED <u>11/29/2000</u> <u>Bruin Baber</u> <u>11/29/2001</u>		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		43 <u>50</u> 48 NORTH GRID <u>479</u> 000 55		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		EAST GRID <u>818</u> 000 63		
<input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DEPTH OF WELL <u>250</u> FEET		SOURCES OF DRILLING WATER		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		1. <u>well</u>		
METHOD OF DRILLING (circle one)		2. _____		
BORED (or Augered) JETTED Jetted & DRIVEN		WRITE THE BOX NUMBER FROM THE MAP HERE		
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		E <u>8108</u>		
37 CABLE REVERSE-ROTARY DRIVE-POINT		N <u>4709</u>		
other, _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		6/11/01 on SRU Fee Received		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		N		
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		Lime Kiln Rd Rt 216		
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		⊗		
<input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL		LOC 9-GROUT OK NOT OBS'D TAG ON SITE (MR)		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		⊗		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		APPROX. PERMIT NUMBER _____		
APPROX. PERMIT NUMBER _____		PERMIT No <u>HO-94-2883</u>		
SPECIAL CONDITIONS		NOTE: APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED		



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

December 26, 2000

Celeste Homan and Tim Magnani  
12185 Lime Kiln Road  
Fulton, MD 20759

RE: Building Permit Application B00127606  
12185 Lime Kiln Road  
Tax Map 46, Parcel 39  
Proposed Addition

Dear Mrs. Homan and Mr. Magnani:

This office has recommended approval of the referenced building permit application subject to the following condition:

That a septic system repair permit will be issued (\$25 fee) and an observation test hole will be excavated during the initial phase of addition construction to allow for Health Department inspection. The purpose of this inspection is to evaluate the soils in the vicinity of the existing drainfield for compliance with building permit review standards and, if necessary, to recommend the location and design of any necessary septic system repair.

The Health Department's recommendation for approval is based on your acceptance of this condition.

If you have any questions, please call this office at (410)313-2640.

Very truly yours,

Mark E. Rifkin, R.S.  
Water and Sewerage Program

MR

cc: File



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

December 19, 2000

Celeste Homan and Tim Magnani  
12185 Lime Kiln Road  
Fulton, MD 20759

RE: Building Permit Application B00127606  
12185 Lime Kiln Road  
Proposed Addition w/Bedroom

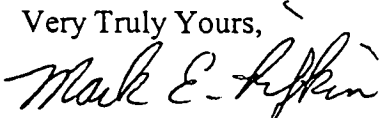
Dear Ms. Homan & Mr. Magnani:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of concerns about the capacity of the existing septic system to handle the potential increase in flow associated with this proposal.

Without a complete ownership history, septic system records could not be located for your property. However, tax records suggest that the septic system was installed in 1962, at the time of house construction. Since the anticipated life expectancy of a septic system is approximately twenty years, the system on your property would be expected to be at or near the end of its useful life. Therefore, the septic system may not be expected to accommodate the potential increase in sewage flow from the increase in house capacity (represented by the proposed construction of an additional bedroom).

A Health Department recommendation for approval is contingent upon issuance of a septic system repair permit (\$25 fee), evaluation of your septic system, and installation of additional septic tank and/or drainfield capacity. The process is best completed through a professional septic contractor prior to building permit issuance.

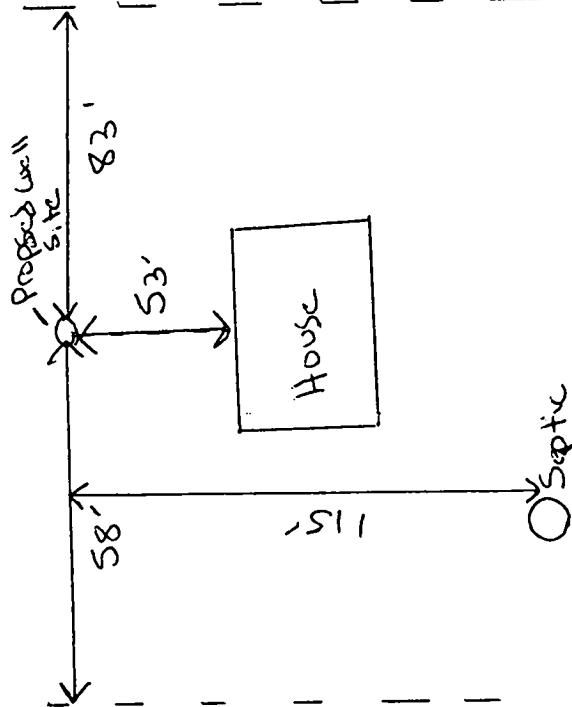
Please contact this office at (410) 313-2640 if you have any questions or to arrange permit issuance.

Very Truly Yours,  
  
Mark E. Rifkin, R.S.  
Water & Sewerage Program

MR

cc: Department of Inspections, Licenses & Permits  
File

12185 Lime Kiln Road



11/28/00  
Well site O.K. as stated.

12/26/00

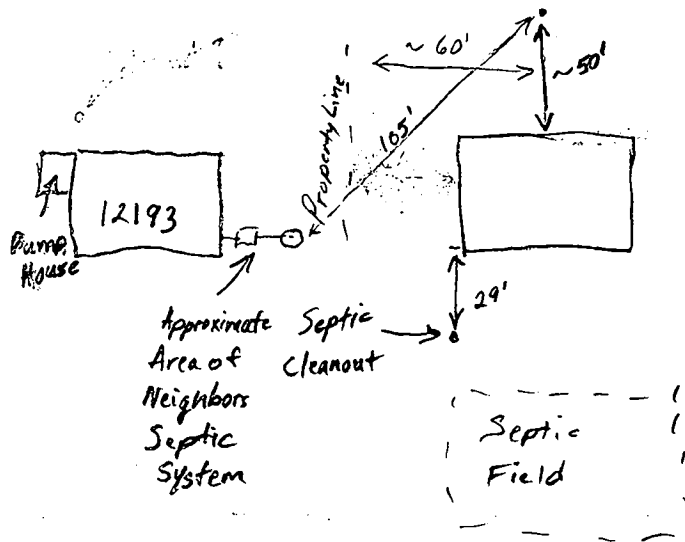
MB

1ST SITE NOT ATTEMPTED;  
2ND SITE DESIRED BY OWNER, OK;

BB

SEE LARGE SITE PLAN

Lime Kiln



Vacant Lot

2000 NO 16 PM 3:16

STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO  
DEPARTMENT OF PUBLIC WORKS  
DIVISION OF PLANNING AND COMMUNITY DEVELOPMENT

SITE INSPECTION SHEET

OWNER: Celeste Homan

DATE REQUESTED: \_\_\_\_\_

ADDRESS: 4185 Lime Kiln Rd.

DRILLER/CONTRACTOR: Harr

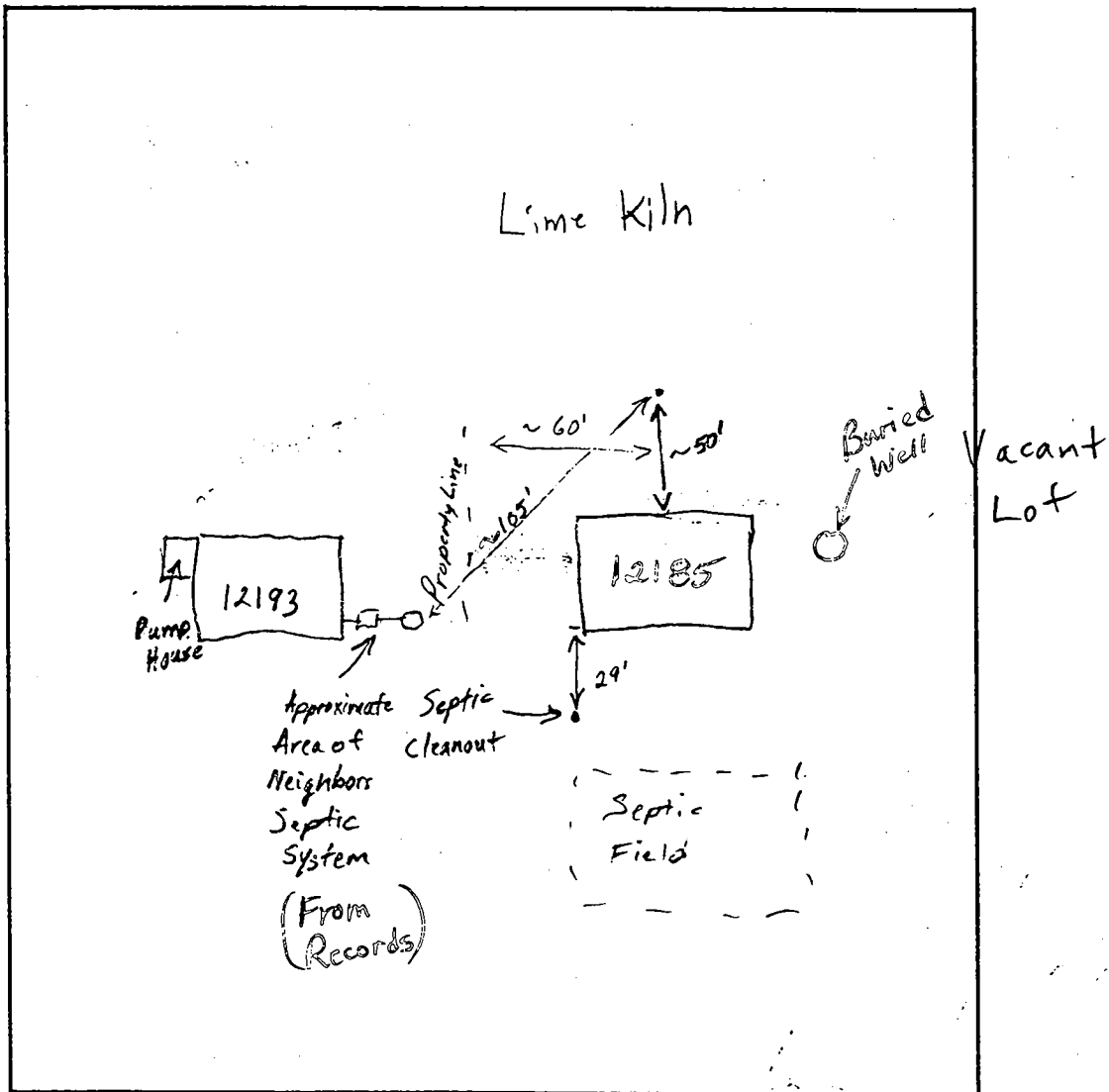
WELL TAG NUMBER: \_\_\_\_\_

TAX & PARCEL: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PROPOSAL: Replacement well - original to remain as standby

LOCATION DIAGRAM



COMMENTS: 11/28/00 Location OK. (BA)

91-3-111 91-3-111-0007

DATE: 11/28/00

INSPECTOR: B. Baker



TO: Steve  
6/14/01 410-313-2648

**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: Easterday Well & Pump Inc Telephone #: 301-831-7057  
Address: 2265 Broken Church Rd  
mt. Airy Md 21771

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Lesley C. Simmons Jr. License# AWD011  
\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.  
Name of Property Owner: Timothy Magrini Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-91-2883  
Site Address: 12165 Lime Kiln Rd

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: Goulds      Make: Mohrman      Two piece watertight cap:   
Model #: 56307422      Model#: R-10      Screened, vented well cap:   
Pump Capacity 3 GPM      Depth: 32 (36" min)      Cap secured to casing:   
Well Yield: 3 GPM      NSF/WSC approved:       Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: \_\_\_\_\_ (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, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing **Attached to RR**

**Piping to house**      **House Connection**  
Type: PE      PVC sleeve to undisturbed soil at wall penetration: yes  
PSI: 200 (160 psi min)      Approximate length of sleeve: 5ft  
Depth of supply line: 1/2 (36" min)      Sleeve caulked and sealed properly:

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 of company representative responsible for installation: [Signature]      date: 6-11-01

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

Date Insp. Requested: 6/11/01      Date Insp. Approved: 6/11/01      Inspector: SRK  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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