

05436710

LAYOUT 9/1/04 INSP 4 _____
INSP 2 9/2/04 INSP 5 _____
INSP 3 9/3/04 INSP 6 _____

ISSUE DATE: 8/10/2004

P 520817

APPROVAL DATE: 9/3/04

A 49118

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS: 3 N. Main Street, Mt. Airy PHONE NUMBER: 1-800-682-6726

SUBDIVISION: Koandah Gardens LOT NUMBER: 19

ADDRESS: 6813 Koandah Gardens Court PROPERTY OWNER: M.I. Homes of DC

SEPTIC TANK CAPACITY (GALLONS):	<u>1250</u>	OUTLET BAFFLE FILTER REQUIRED <input type="checkbox"/>
PUMP CHAMBER CAPACITY (GALLONS):	<u>N/A</u>	COMPARTMENTED TANK REQUIRED <input checked="" type="checkbox"/>
NUMBER OF BEDROOMS:	<u>4</u>	
SQUARE FEET PER BEDROOM:	<u>180</u>	
LINEAR FEET OF TRENCH REQUIRED:	<u>200</u>	HOUSE SERVED BY PUBLIC WATER <input type="checkbox"/>

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the center of the high edge of the staked SDA. Run (2) 50' trenches on contour in both directions (total 4 trenches).
NOTES:	

PLANS APPROVED: MER / KN DATE: 5/5/04

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

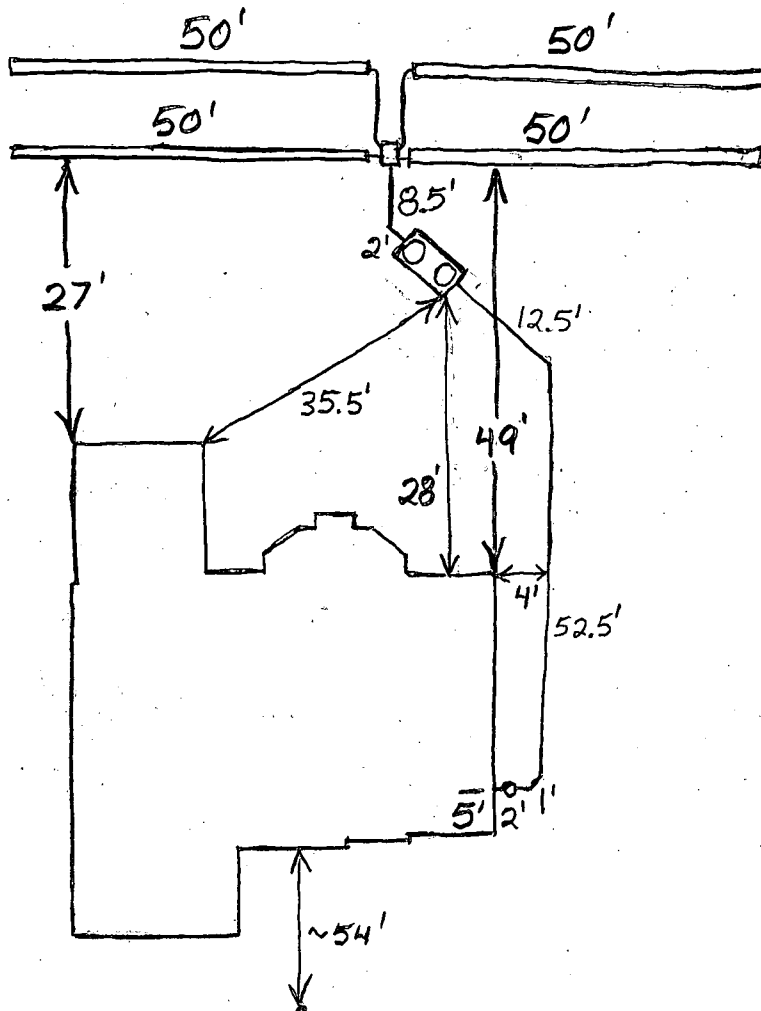
**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

**BUILDING PERMIT SIGNED
AND RETURNED**

11/10/04 B06150415 1000 gal ug propene tank

449118

NOT TO SCALE



Koandah Court HO-94-3702

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'-4'	5'-5.5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		200'
ABSORPTION AREA		600 sq. ft.
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2 1/2'-3'
BAFFLES	Need Rear
BAFFLE FILTER	No
MANHOLE LOC	Front + Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 9/1/04 To install system as per B.P. plan. (BB)

INSTALLATION 9/2/04 Cannot install system at 3' without a pump. A perc. test hole was dug to check amount of buffer if system installed deeper. It appeared that system should be put in deeper anyway. There was clay down to about 5.5'. The lower trenches were installed around 5' deep and only a limited amount of the trench bottoms were through the clay. Water table levels are still rather high even though it is September, so there should be 4+ of buffer (BB)

FINAL INSPECTOR B. Baber DATE OF APPROVAL 9/3/04

9/3/04 System finished. O.K. to cover. (BB)

LOT 19
1.00 AC.

EX. GRADE DB 509.2
DB INV 506.2
S.T. OUT 506.3
S.T. IN 506.6
HOUSE OUT 507.2

506

LOT 20
1.00 AC.

510

20' SEPTIC BRL

Approved Septic System Plan
Howard County Health Department

WILLIAMSBURG II
ELEV. 3
REV. 3

FF = 520.47
B = 510.46

Mark Allen
Signature

12.69"

5/5/04
Date

FIELD LOCATED
94-3702
WELL
GROUND: 513.82

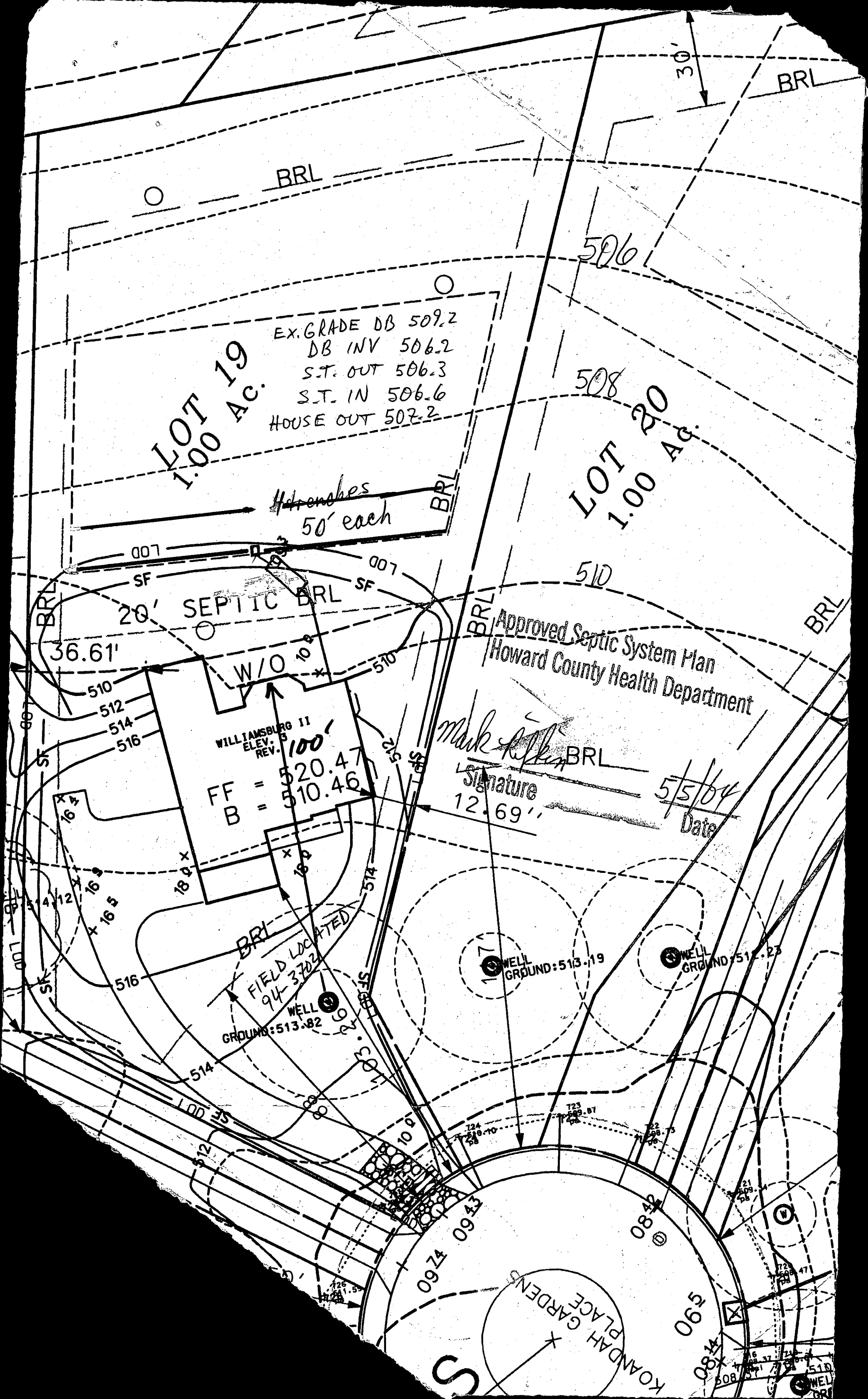
WELL
GROUND: 513.19

WELL
GROUND: 511.23

KONDAH GARDENS
PLACE

590

S



MER

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-00147081

Building Address 6913 Kowalski Lane Ct
Highland Md 20777

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

Census Tract 605101 Subdivision Kowalski Estates

Section _____ Area _____ Lot 19

Tax Map 10 Parcel 7B Grid 4

Zoning RQ2C Map Coordinates _____ Lot size 1 ac

Property Owner's Name M/T Homes of D.C. LLC

Address 5101 Mountville Rd

City Farmersville State MD Zip Code 21102

Home Phone _____ Work Phone 301-874-0012

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use Single Family Home

Estimated Construction Cost \$ 300,000

Description of Work construct and finish
single family home

Contractor Company M/T Homes of D.C. LLC

Contact Person John Berger

Address 5101 Mountville Rd

City Farmersville State MD Zip Code 21102

License No. _____

Phone 301-874-0012 Fax 301-874-0015

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Pinnacle Design

Contact Person _____

Address 4601 Chain Bridge Rd Suite 200

City Farmersville State VA Zip Code 22030

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	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>49'</u> Width <u>58'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>46'</u> <u>58'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>49'</u> <u>50'</u>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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 _____
V. F. M/T Homes of D.C. LLC

Title/Company _____

Print Name John Berger

Date 2/24/04

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>5/5/04</u>	<u>Mark Ripkin</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 NewTown Zone _____

SDP/Red-line approval date: _____

PROPERTY ID# 601153

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check _____

Valid _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Blue: DED, DPZ

T:\forms\PERMIT.FRM

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: Van Sant ABC t/l/l/g Telephone #: 301.829.0444
Address: 20 Main St
Mt. Airy, MD 20771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Larry A. VanSant License# 16936
*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: MI Homes Telephone #: _____
Subdivision: Woodch Garden Lot #: 19 Well Tag #: HO 44-3702
Site Address: 10813 Woodch Garden
Highland, MD 20777

Submersible Pump Data
Make: Gould
Model #: 7G507422
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter
Make: Campbell
Model #: 1510X
Depth: 48 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 380 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house
Type: Polyethylene
PSI: 50 (160 psi min)
Depth of supply line: 12 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: 15
Approximate length of sleeve: 15
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 of company representative responsible for installation _____ date 11/10/04

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

Date Insp. Requested: _____ Date Insp. Approved: 11/10/04 BB
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

10/26/04
Casing only
5" above
grade.
BB

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3908	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER A49118
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 6 11 03	Depth of Well 22 400 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3702 28 29 30 31 32 33 34 35 36 37

OWNER SAN BORN JAMES
 STREET OR RFD 72813 KOUNDAH GARDENS CT TOWN HIGHLAND
 SUBDIVISION KOUNDAH GARDENS ESTATE SECTION _____ LOT 19

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	
Sand	0	42	
Gray Mica Rock	42	400	✓

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 15 NO. OF POUNDS 1410
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 42 ft.
 (enter 0 if from surface)

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) 46
 60 61 63 64 66 70

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

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10
			<u>44</u>						
A	8	9	11	15	17	21			
C	23	24	26	30	32	36			
S	38	39	41	45	47	51			
R									
E									
N									

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from to

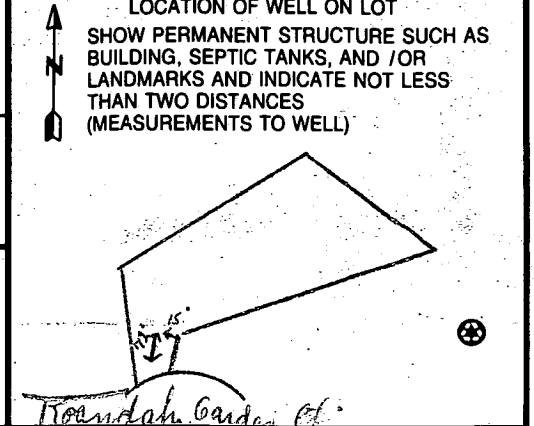
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) W Q _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 4
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 24 ft.
 17 20
 WHEN PUMPING 253 ft.
 22 25
 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 INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 _____ 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
 - below } 2 (nearest foot)
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO

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 LIC. NO. M SD 024
 DRILLERS SIGNATURE Joseph L. Mayne
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

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

B 1 **5123**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
518588 please type

STATE PERMIT NUMBER

HO-94 3702
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Sandborn James
15 Last Name Owner First Name 34
4967 Len Oaks Rd
36 Street or RFD 55
Dayton md 21036
57 Town 70 State 72 Zip 76

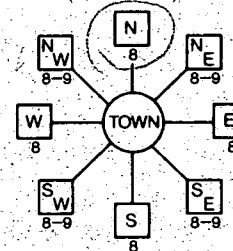
B 3 LOCATION OF WELL

8 COUNTY Howard 21
Koondah Garden Est.
23 SUBDIVISION 42
SECTION 19
44 46 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 0 M. 11
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne M S D 024
Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd Mt. Airy 21771
Address
Joseph L. Mayne 3-21-03
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Koondah Garden Ct.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
34 100 37
DISTANCE FROM ROAD FT
ENTER FT OR MI FT
TAX MAP: 34 BLK: 22 PARCEL 78

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A49118
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED 05-29-03 Steven R. Kiehl 5/29/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 492 000 EAST GRID 812 000
50 55 57 63

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - INDUSTRIAL, COMMERCIAL, DEWATERING
 - PUBLIC WATER SUPPLY WELL
 - TEST, OBSERVATION, MONITORING
 - GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 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) 41 _____ 52

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

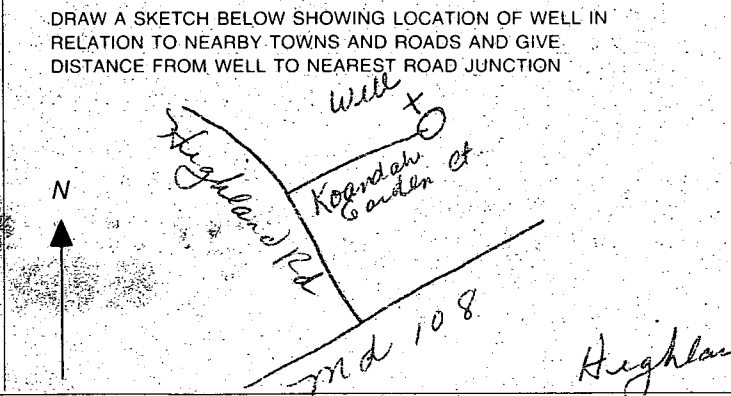
APPROX. PERMIT NUMBER _____ G _____
PERMIT No. HO-94 3702
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
6-11 3hr pump & grout

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

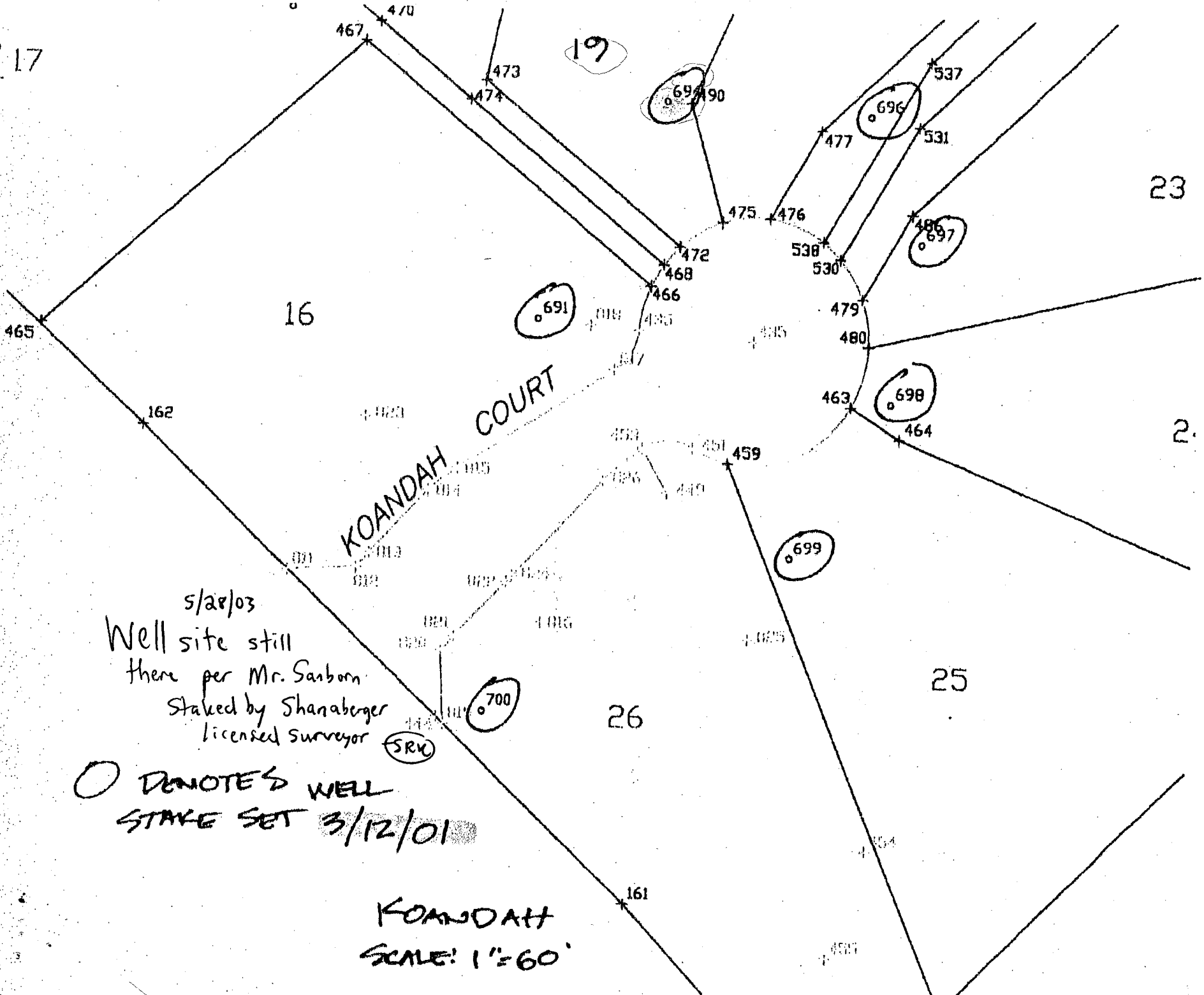
E 812
N 492
000
000



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

P. 17

Gregory S. Shanaberger 4104619693



5/28/03
 Well site still
 there per Mr. Sanborn
 Staked by Shanaberger
 licensed surveyor

(SRV)

○ DENOTES WELL
 STAKE SET 3/12/01

KOANDAH
 SCALE: 1"=60'

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Koandah Garden Est.

A 49118

STREET NAME: Koandah Ct

LOT NUMBER: 19

AVERAGE PERCOLATION RATE: 6

SQUARE FEET PER BEDROOM:

180 x .71

NUMBER OF BEDROOMS: _____

LINEAR FEET OF TRENCH PER BEDROOM: _____

TOTAL LINEAR FEET OF TRENCH: 170

SEPTIC TANK CAPACITY: _____

1500

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade.

Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe. **SHALLOW SYSTEM ONLY**

===== PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

===== LOCATION: _____

ADDITIONAL NOTES: NO DOWNHILL ADJ. TO APPROVED SDA without testing in wet season.

Reviewer: SRK/PA

Date: 2/24/03

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Koandah Garden Est LOT NO. 19

ROAD AND DESCRIPTION 6813 Koandah Gardens Court

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____ 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

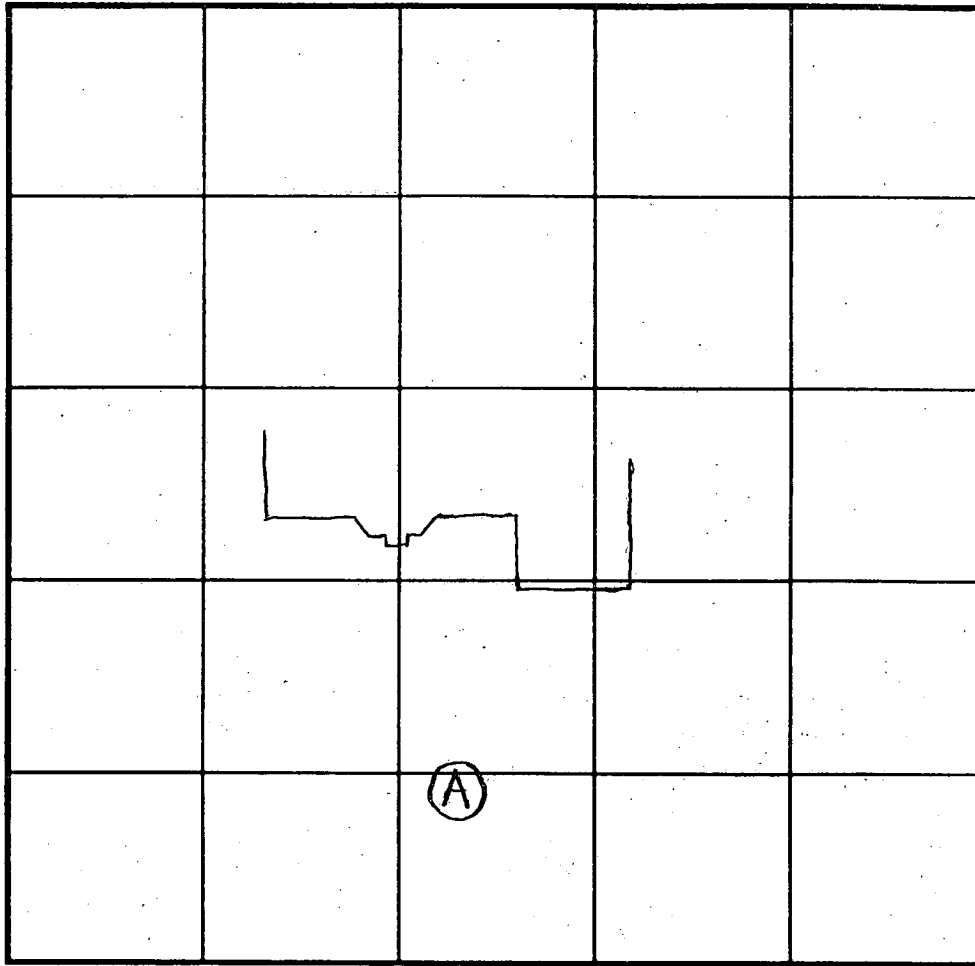
COUNTY #

SOIL PROFILE

0' **(A)**
 Red Br
 SiCl Loam
 ~10% Rock
 4'-5.5'
 Med Br
 Sa Loam
 Trace
 Rock
 ~20%
 Saprolite
 14'-14.5'
 15'
 Wet

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/2/04	A	15'	Visual Only				

REMARKS Hole Dug About 30' Downhill From Top of
 TYPE OF SOIL Easement and in Middle of Easement
 TESTED BY B. Baker ALSO PRESENT Van Sant
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

WT highest in Jan 97, March drops in Mar + April 97, but still relatively high (0.3' drops from 3/17/97 to 4/1/97)

get final prop concrete for 8/24 (Tues) @ Durree consolidated for Kowalok Gardens + Comm. for Cat Tail Villa's

Year	on	Test date	Test #	Rate - depth	Visual Rate	P/F	WT if any	Remarks
1997	Jan 97	3/11/97	311A	8 @ 3 1/2	11 1/2	P	slightly	(25) + water @ 10 1/2' in Jan 97 Nearest old 197 @ clay to water Brun CL to 3, 5' OK @ 8 1/2' (Water Table lower in March than Jan 97) None of these test is in a proposed SDA for 8/99
			311B	7 @ 3 1/2	10 1/2	P		
			311C	7 @ 3 1/2	11'	P		
			311D	22 @ 3 1/2	10'	P		

20	SDA	1/2/97	180	4 @ 3 1/2	11	P		OK @ 8' CL to 3', barbed steel on CL
			191	4 @ 2'	9 1/2'	F	Water @ 1'	
			192	2 @ 6'	11'	F	? WT @ 8 1/2'	
			198	2 @ 3 1/2'	11'	P	dry	
		1/2/97	181	7 @ 4'	17	P	dry	OK @ 3 1/2' + 7' Typical 180 same Brun CL to 3', barbed w/ on 5 1/2'
		4/28/93	6	3 @ 3 1/2'	13'	P	water @ 12 1/2'	

19	18	1/2/97	182	7 @ 4'	12'	P	dry	No soil profile as same similar to 180's
			183	2 @ 8'	12'	P	dry	
		4/29/93	7	6 @ 7'	14 1/2	P	water @ 14'	Red SCL to 4', Brun clay to 2 1/2', orange SC to 5' Tan SL to 12' Brun CL to 6 1/2' dark grey lim. mic. lam 6 1/2' - 10 1/2'
		4/29/93	8	10 @ 4'	13 1/2	P		
		1/2/97	184	3 @ 7'	12'	P		
		4/28/93	2	OK to 6 1/2'	10 1/2	F		water @ 10 1/2'
		4/28/93	13	4 @ 4 1/2'	11 1/2	P	dry	

18	17	1/2/97	178		8.5		water @ 8 1/2'	same profile perc 16% @ 5 1/2', too slow higher SCL to 3', tan grey FSL 6% prop carry @ 7 1/2' - 8' Brun orange SCL to 3' Brun orange white PSL 3' - 13' CL to 4', Brun SCL / orange white lining to 10 1/2' ft
		4/28/93	17	Test slow @ 3 1/2'	13'		water @ 11'	
			18	4 @ 5', 16 @ 5 1/2'	11 1/2'		water @ 9'	
			19	9 @ 3 1/2'	10 1/2'	F	water @ 9'	
		4/28/93	15	No Test				
			16	9 @ 4'	13'	P		

sector SDA Community	179	4/28/93	179	use 2 holes	10 1/2'		water @ 10 1/2'	(100' from #3) (280' from pond near bridge) Brun SCL to 2', tan SCL (tan) @ 2 - 13 1/2'
	2		2	4 @ 3 1/2'	11 1/2'	P	water @ 10 1/2'	
	3		3	17 @ 5 1/2'	10'	F	water @ 9'	
	4		4	3 @ 29"	8 1/2'	F	water @ 5'	
	5		5	3 @ 2 @ 3'	13 1/2'	P	water @ 12'	
	5	4/28/93	5	5 @ 3 1/2'	12 1/2'	P?	water @ 11'	

COUNTY#

SOIL PROFILE

0' ^{(6) (7)}
 yel brn
 sa cl
 1/2' lm
 brn beige
 tan
 sand
 +
 sa lm
 10% frags

13' ⁽⁸⁾
 dk. red
 sa cl lm
 4' brn.
 tan mica
 sa lm
 10% frags

13 1/2' ^{(9) (10)}
 dk brn
 red
 sa cl lm
 tan beige
 sa lm
 10% frags

SEE ATTACHED

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/28/93	6 S	3 1/2	11:25	11:28	11:28	11:31	3
	6 V	13	H ₂ O @	12 1/2			
	7 S	4	11:46	11:50	11:50	12:00	10
	7 H	7	11:47	11:49	11:49	11:52	3
	7 V	14 1/2	H ₂ O @	14'			
	8 S	4 1/2	11:56	11:59	11:59	12:05	6
	8 V	13 1/2					
	9 S	4 1/2	12:04	12:05	12:05	12:13	8
	9 V	13 1/2					
	10 S	4	12:07	12:11	12:11	12:16	5
	10 V	14					

n=6

REMARKS _____ TOT 35

TYPE OF SOIL _____

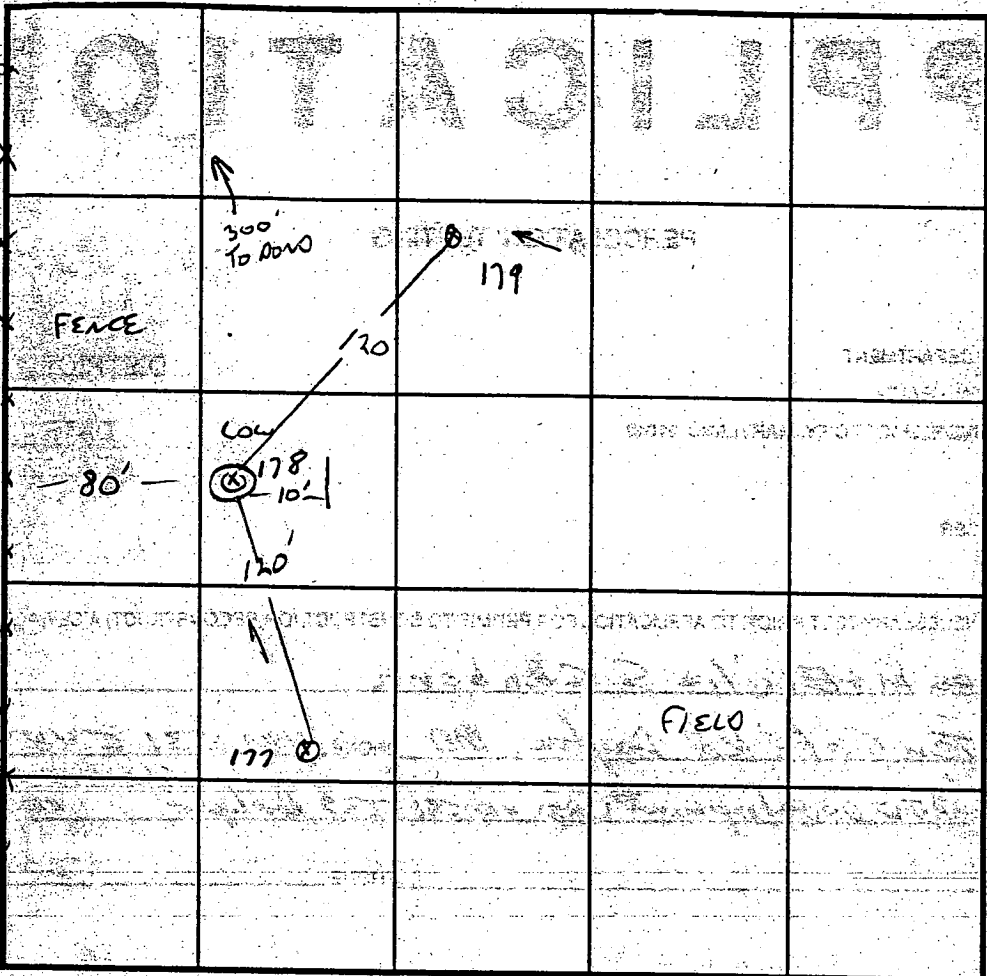
TESTED BY _____ ALSO PRESENT L. Sarber, R. Demmit, Hoeman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

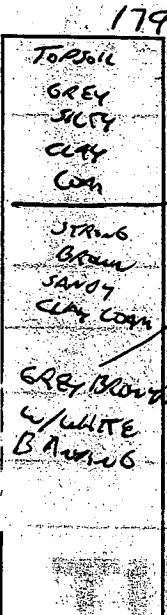
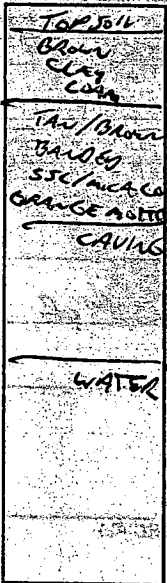
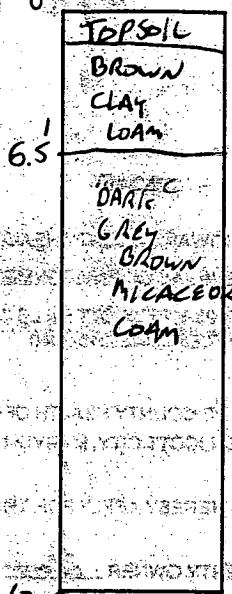
ASS 1612
COUNTY #

SOIL PROFILE



SOIL PROFILE

177



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
↓ HIGHWAY ROAD ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/2/97	177	10.5 V					
	178	8.5 V	WATER				
	179	10.5 V					

REMARKS SHARED AREA

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT R. DEMAY, OWNER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

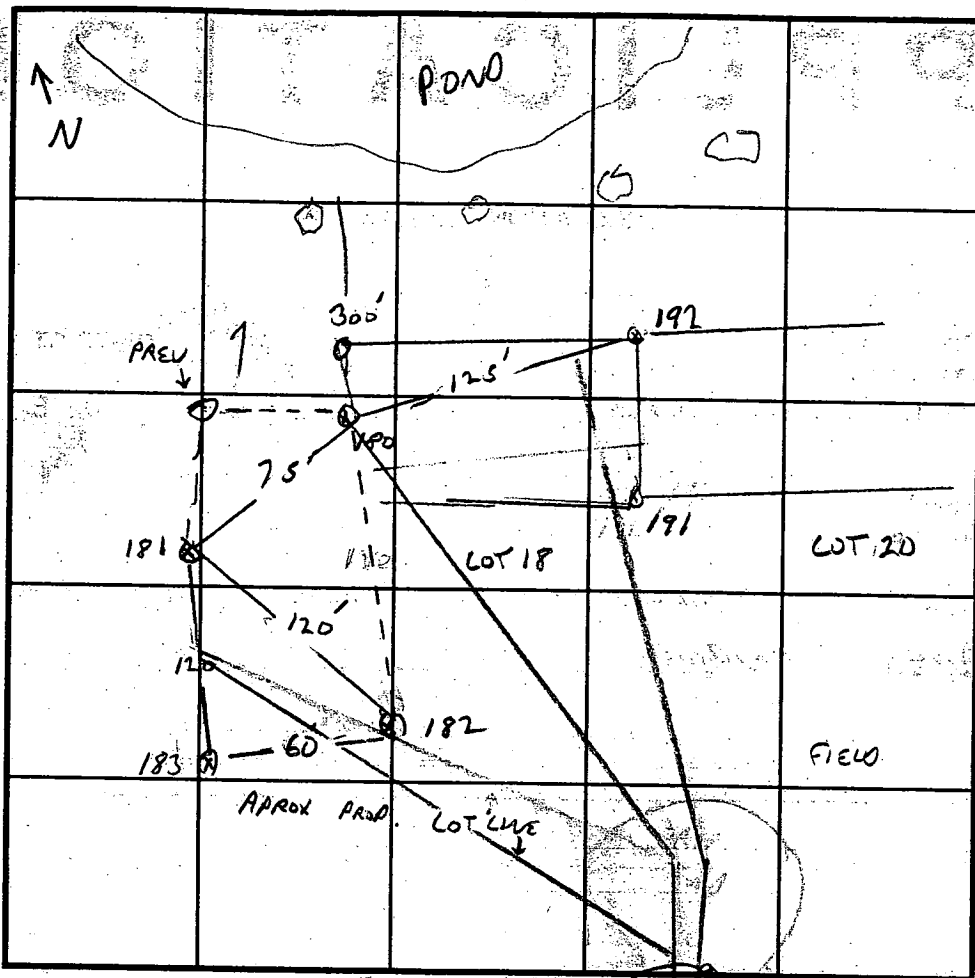
A 57612⁴

COUNTY #

SOIL PROFILE

0'

TOE



SOIL PROFILE

0'

TOPSOIL
 BROWN CLAY LOAM
 3'
 DARK BROWN MICACEOUS LOAM
 BANDS OF YELLOW/WHITE SANDY LOAM + ORANGE CLAY LOAM

180
 181
 TYPICAL

TO HIGHLAND ROAD ↓

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/2/97	180	3.5 / 11	2:08	2:10	2:10	2:14	4 MW
		g v ok					
	181	4 to 11	ok	3.5 and 7			
	182	4 / 12U	2:16	2:18	2:19	2:26	7 MW
		8	2:20	2:22	2:22	2:24	2 MW
	183	12U	ok				

REMARKS LOT 18

TYPE OF SOIL _____

TESTED BY G. SAVAGE

ALSO PRESENT A. DENT, OWNER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

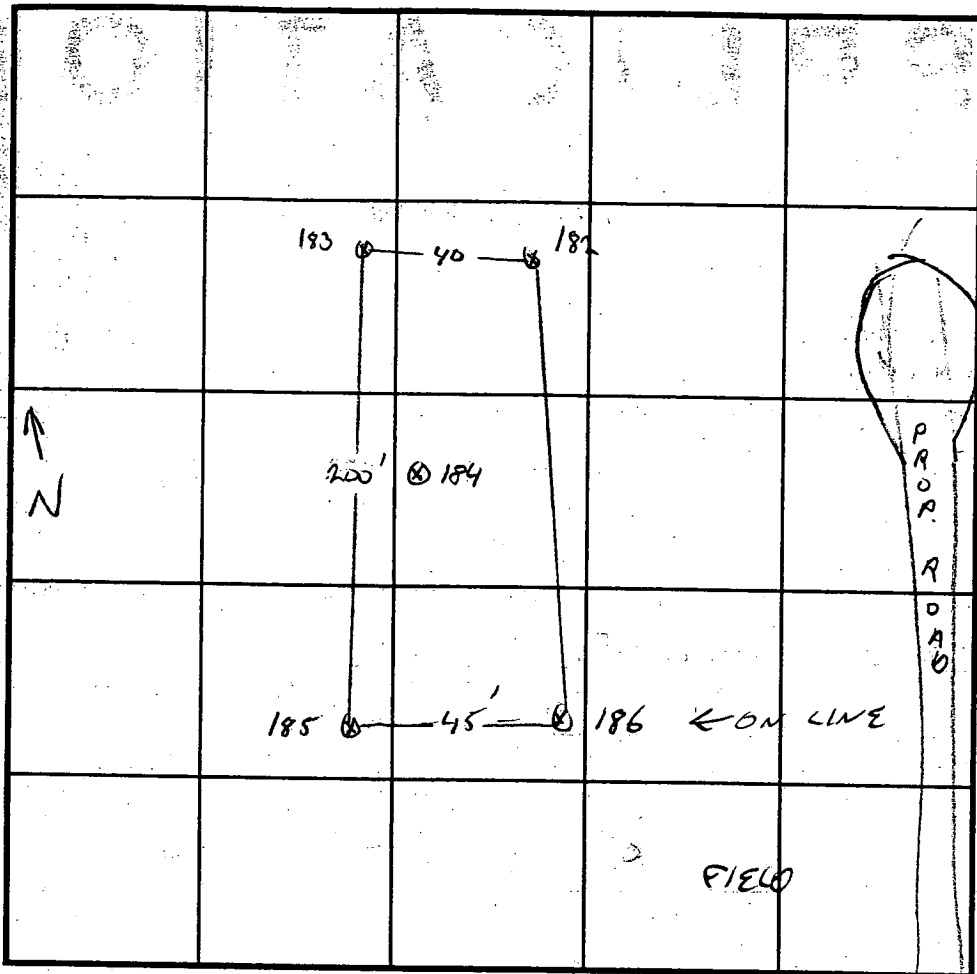
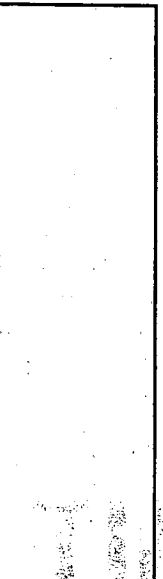
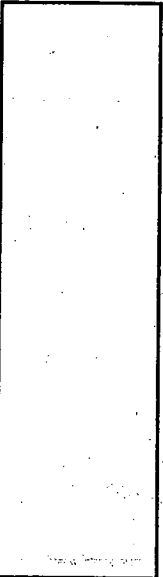
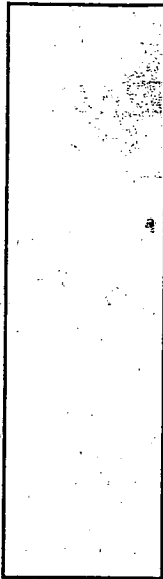
SQ. FT./BEDROOM _____

A 57612

COUNTY #

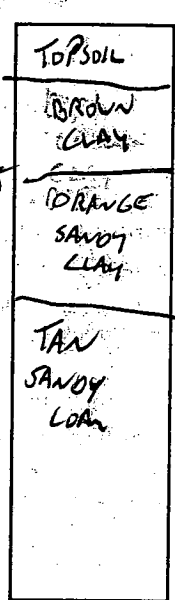
SOIL PROFILE

0'



SOIL PROFILE

0'



184
186
185

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

↓ TO ALABAMA ROAD ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/2/97	184	V ok	to 12				
	186	4.5/12	2:56	3:01	3:01	3:11	10 MIN
		8	2:33	2:34	2:36	2:38	2 MIN
	182	4	SEE LOT 18		PROFILE		7 MIN
		8	"	"	"	"	2 MIN

REMARKS LOT 17

TYPE OF SOIL _____

TESTED BY G. SAVAGE

ALSO PRESENT R. DEWITT, OWNER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

KOANDOAH GARDENS
Phase I
Septic Disposal Areas (SDA)

SDA 1 (11,700 sf)

Test	Yr.	Depth	Minutes
11	4/93	36"	12
12	4/93	48"	11
13	4/93	54"	4
14	4/93	42"	22

Lot 17

SDA 6 (10,230 sf) *Needs W.S. eval*

Test	Yr.	Depth	Minutes
22D	7/99	42"	28 ✓
22B	7/99	39"	7 ✓
22C	7/99	38"	7 ✓
22A	7/99	40"	2.5 ✓

water @ 10' in July of drought year - very dark soil @ 6"

SDA 7 (10,440 sf) *Needs W.S. eval*

RATG: 20 mpi *area @ head of swale*

Test	Yr.	Depth	Minutes
23A	7/99	38"	5.5 min fail
23B	7/99	39"	(4.5) Fail regular perc test
23C	7/99	40"	11 ✓
195	1/97	48"	3

23A water table @ 8 1/2 ft on 7/9/99 (drought year same as) Fail @ 3 ft (37 mpi) + 4 ft (55 mpi)

SDA 8 (10,080 sf) *Needs W.S. eval*

area @ head of swale

Test	Yr.	Depth	Minutes
24A	7/99	41"	14 ✓
24B	7/99	47"	2 ✓
196	1/97	24"	2
175	1/97	42"	18
176	1/97	43"	12

see 23A - water table @ 8 1/2 ft in July

SDA 9 (10,010 sf)

Test	Yr.	Depth	Minutes
170	1/97	42"	5
171	1/97	48"	9
172	1/97	42"	7
173	1/97	36"	18
174	1/97	48"	11

SDA 10 (10,080 sf)

Test	Yr.	Depth	Minutes
168	1/97	48"	7
169	1/97	36"	5
169A	1/97	36"	4

SDA 2 (11,875 sf)

Test	Yr.	Depth	Minutes
2	4/93	42"	4
17	4/93	62"	16
18	4/93	42"	9
178	1/97	8'6"	no test - water

SDA 3 (11,300 sf)

Test	Yr.	Depth	Minutes
8	4/93	54"	6
7	4/93	48"	10
183	1/97	12'	no test - water
182	1/97	48"	7 (adj. area)

Lot 19

SDA 4 (10,000 sf)

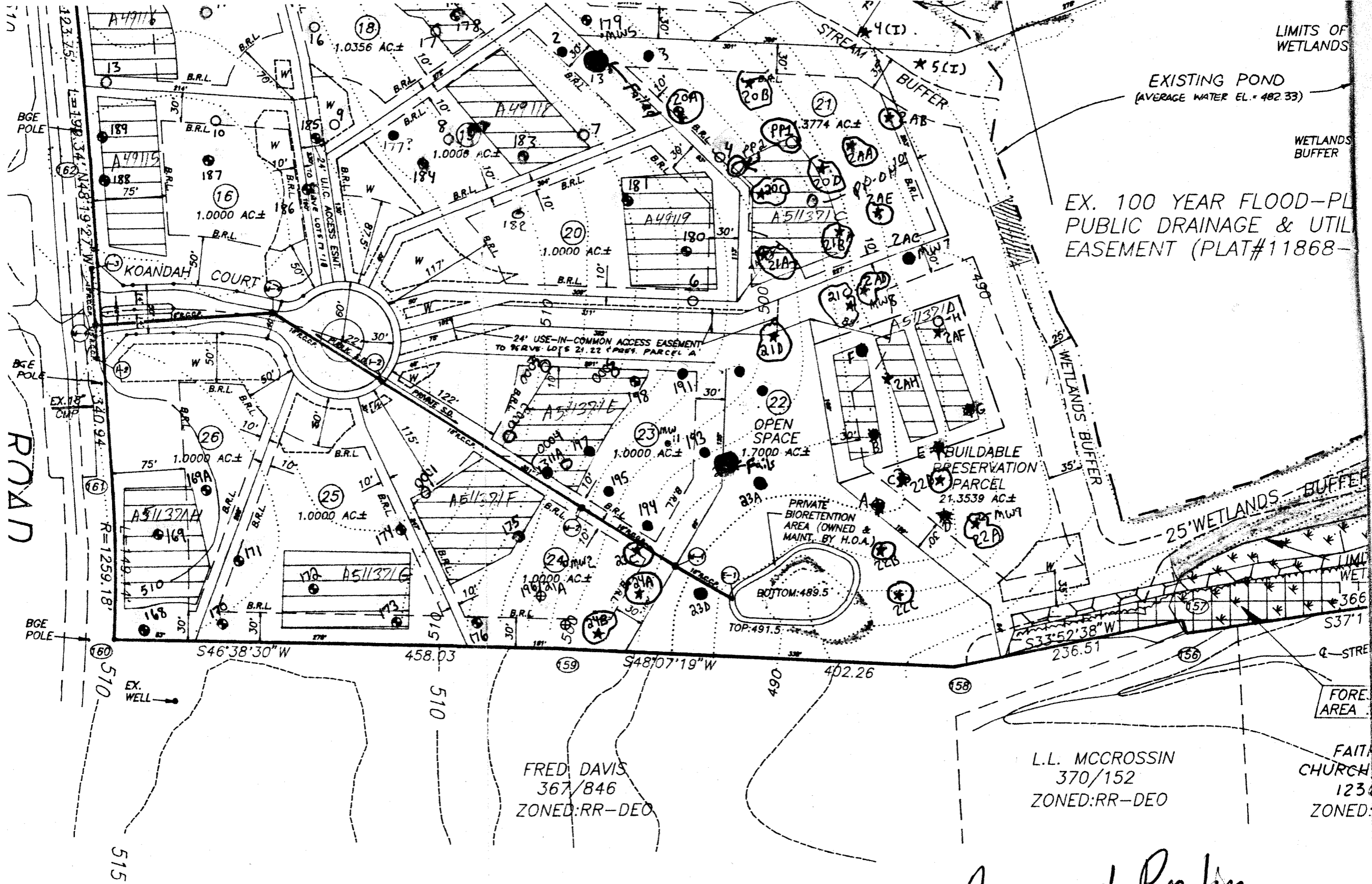
Test	Yr.	Depth	Minutes
181	1/97	11'	no test
180	1/97	42"	4
6	4/93	42"	3

SDA 5 (10,000 sf)

Needs W.S. eval.

Test	Yr.	Depth	Minutes
21A	7/99	42"	5 ✓
21B	7/99	40"	2.9 ✓ (No Clock time recorded)
A2D	7/99	33"	10
21C	7/99	38"	15.5 ✓
21D	7/99	39"	10 ✓
A2C	<i>water level @ 8 ft on 7/9/99 (Summary Drought year)</i>		
A2E	42"		15 mpi

Lot 24



EX. 100 YEAR FLOOD-PUBLIC DRAINAGE & UTIL EASEMENT (PLAT#11868-

FRED DAVIS
367/846
ZONED:RR-DEO

L.L. MCCROSSIN
370/152
ZONED:RR-DEO

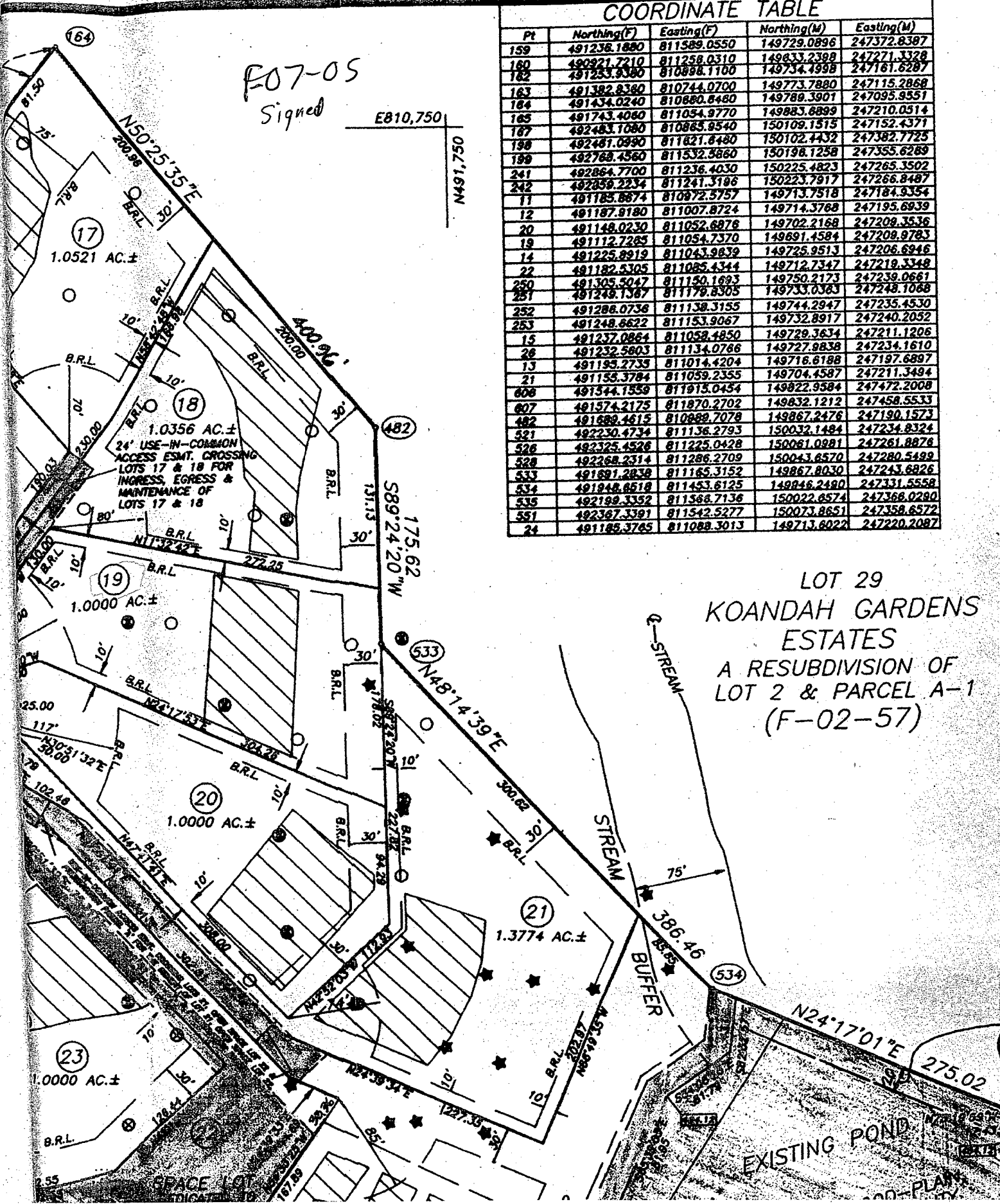
FAITH CHURCH
123
ZONED:

Approved Prelim

Approved by DPZ 3/14/01

APPROVED FOR PRIVATE WATER & PRIVATE SEWER SYSTEMS
HOWARD COUNTY HEALTH DEPT.
Dorinda Heston 2/28/01
COUNTY HEALTH OFFICER DATE

All perc test holes
excavated not shown



F-07-05
Signed

COORDINATE TABLE

Pt	Northing(F)	Easting(F)	Northing(M)	Easting(M)
159	491238.1880	811589.0550	149729.0896	247372.8397
160	490921.7210	811258.0310	149633.2388	247271.3328
162	491253.9380	810898.1100	149734.4998	247181.6287
163	491382.8380	810744.0700	149773.7880	247115.2868
164	491434.0240	810880.8480	149789.3901	247095.9551
165	491743.4080	811054.9770	149883.8889	247210.0514
167	492483.1080	810885.9540	150109.1515	247152.4371
199	492481.0990	811821.8480	150102.4432	247382.7725
199	492768.4560	811532.8860	150198.1258	247355.6289
241	492864.7700	811236.4030	150225.4823	247285.3502
242	492859.2234	811241.3186	150223.7917	247266.8487
11	491185.8874	810872.5757	149713.7518	247184.9354
12	491187.9180	811007.8724	149714.3768	247195.6939
20	491148.0230	811052.6976	149702.2168	247208.3536
19	491112.7285	811054.7370	149691.4584	247208.9783
14	491225.8919	811043.9839	149725.9513	247208.6946
22	491182.5305	811085.4344	149712.7347	247219.3348
250	491305.5047	811150.1693	149750.2173	247239.0661
251	491249.1387	811179.8305	149733.0383	247248.1088
252	491288.0738	811138.3155	149744.2947	247235.4530
253	491248.6622	811153.9067	149732.8917	247240.2052
15	491237.0864	811058.4850	149729.3634	247211.1206
28	491232.5803	811134.0786	149727.9838	247234.1610
13	491195.2735	811014.4204	149716.8188	247197.6897
21	491155.3784	811059.2355	149704.4587	247211.3494
808	491544.1559	811915.0454	149822.9584	247472.2008
807	491574.2175	811970.2702	149832.1212	247458.5533
482	491689.4619	810889.7078	149867.2476	247190.1573
521	492230.4734	811136.2793	150032.1484	247234.8324
526	492325.4526	811225.0428	150061.0991	247261.8876
528	492268.2314	811286.2709	150043.6570	247280.5499
533	491891.2838	811165.3152	149867.8030	247243.6826
534	491948.8518	811453.6125	149848.2480	247331.5558
535	492198.3352	811588.7136	150022.6574	247368.0280
551	492387.3391	811542.5277	150073.8651	247358.6572
24	491183.3765	811088.3013	149713.6022	247220.2087

LOT 29
KOANDAH GARDENS
ESTATES
A RESUBDIVISION OF
LOT 2 & PARCEL A-1
(F-02-57)

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00150415N

Building Address 6813 Koondan Gardens
Highland, MD 20777
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision Koondan Gardens
TAX ID # 05-436710
Section _____ Area _____ Lot 19
Tax Map 40 Parcel 78 Grid 4
Zoning RR-DED Map Coordinates 14B12 Lot size _____

Property Owner's Name MI Homes
Address 5101 Manville Rd
City Frederick State MD Zip Code 21703
Home Phone 301 874 6013 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Single Family Dwelling
Proposed Use underground propane tank
Estimated Construction Cost \$ 3000.00
Description of Work Install @ SFU 1-1000
gallon underground propane
tank in accordance with NFPA 58

Contractor Company Suburban Propane
Contact Person Lisa Shifflett
Address 31 Derwood Circle
City Rockville State MD Zip Code 20850
License No. _____
Phone 301-251-0606 Fax 301-251-0608

Occupant or Tenant Same 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

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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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

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

Lisa Shifflett
Applicant's Signature
Accum Rep.
Title/Company

Lisa Shifflett
Print Name
9-20-04
Date

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

FOR OFFICE USE ONLY

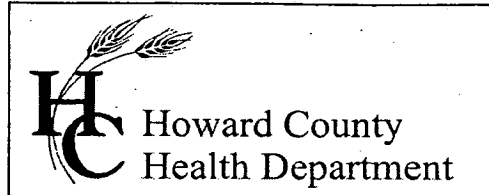
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>11/10/04</u>	<u>Brian Baker</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 61453
Filing fee \$ _____
Permit fee \$ 110
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 6259234
Validation # 77401

Accepted by [Signature]

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



7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 10, 2004

M. I. Homes of DC, LLC
5101 Mountville Road, Suite B
Frederick, MD 21703

SENT BY FACSIMILE 301-874-0015

RE: Koandah Gardens, Lot 19
6813 Koandah Gardens Court
Highland, MD 20777
BP # B00147081
Well Permit # HO-94-3702

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/03/2004. Final approval of the well line connection to the dwelling was approved on 11/10/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3702. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 10/21/2004
Date of Well Completion: 06/11/2003

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File