

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

P 59913

A 49918-0

DISTRICT 4th

DATE 4-13-98

DATE SYSTEM APPROVED 4-17-98

INSPECTOR KM

04-358813

INDEXED

Joseph Martin IS PERMITTED TO INSTALL ALTER

ADDRESS 123 Streaker Road, Sykesville, Maryland 21784 PHONE 410-795-3238

SUBDIVISION Royal Hollow LOT 8 ROAD 16005 Lady Camarin Court

PROPERTY OWNER Regan J. & Rachel L. Collier

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 65 feet from left (380') lot line and 175 feet from front lot line as viewed from Lady Camarin Court. Install trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK/MR*

PLANS APPROVED BY Ronald J. Pinkley/Donna K. Soe REVISED DATE 04/10/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

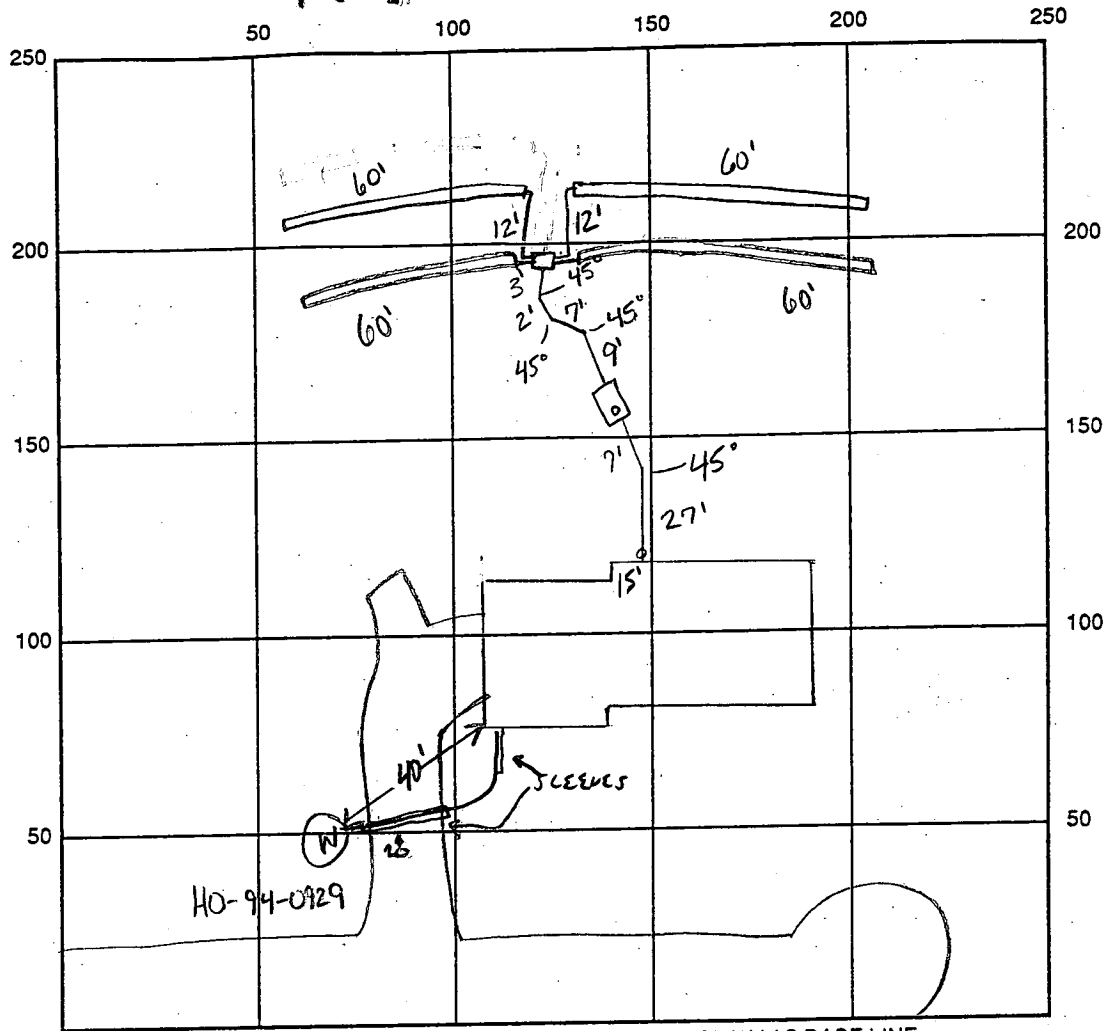
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

A 49918-0

*4/15/98 10:00
4/20/98 WPI am
4/17/98 afternoon
11/2/98 WPI Amy*



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gallon top sealed CLEANOUTS 1 at house, 1 on tank
 DISTRIBUTION BOX LEVEL ok, haffle in
 DRAIN FIELD/TITLE DEPTH 7.0' FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0' FT.
 EFFECTIVE GRAVEL DEPTH 4.0' FT. TOTAL LENGTH 60 x 4 FT. → 240'
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 4/15/98 ok to stone 1st two trenches and leave ends open, ok to cover up to distribution box and continue on last two trenches (KM)
4/17/98 ok to cover all work (KM/DKS)
4-21-98 WPT GROUND TO BE ATTACHED, NEED DATA SHEET, INSTALLER IS DAN - AT UNIVERSAS SYSTEMS PLUMBING. JJ

DATE SYSTEM APPROVED 4.17.98 INSPECTOR Kim Maisto

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer DANIEL T. SALKELD Telephone 410-840-0767

License Number 22033
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner REGAN J. COLLIER Telephone 410 995-0611
Subdivision ROYAL HOLLOW Lot # 8 Well Tag # HO-94-0929
Site Address 16005 LADY CAMARIN CT.
LISBON, MD. 21771

Pump
1. Type
a. Deep well jet N/A
b. Shallow well jet N/A
c. Submersible
2. Make JACUZZI
3. Model # T7S4712B-52
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No N/A
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage 230
a. 110 N/A
b. 220

Pitless Adapter ^{ADAPTER}
1. Make D-PIPE BR PITLESS
2. Model # 8300X 1"
3. Depth 5'

WX
Tank 250
1. Capacity 44 GAL.
2. Pressure relief valve? 75#
Piping
1. Type 160# 1" P-E
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 280'
Well data
1. Depth 300 ft.
2. Yield 8 GPM
3. Static water level 263 ft.
4. Will water supply be disinfected by installer? YES

4/21/98 WPI OK MR per GS
4/2/98 INSP #2 - ADVISED GRADE BE ADJ. @ WELL TO OBTAIN MIN. 8"

ALSO ADVISED ON CL

RECOMMENDATION

ETC (MR)

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Daniel T. Salkeld

Date: NOV. 02, 1998

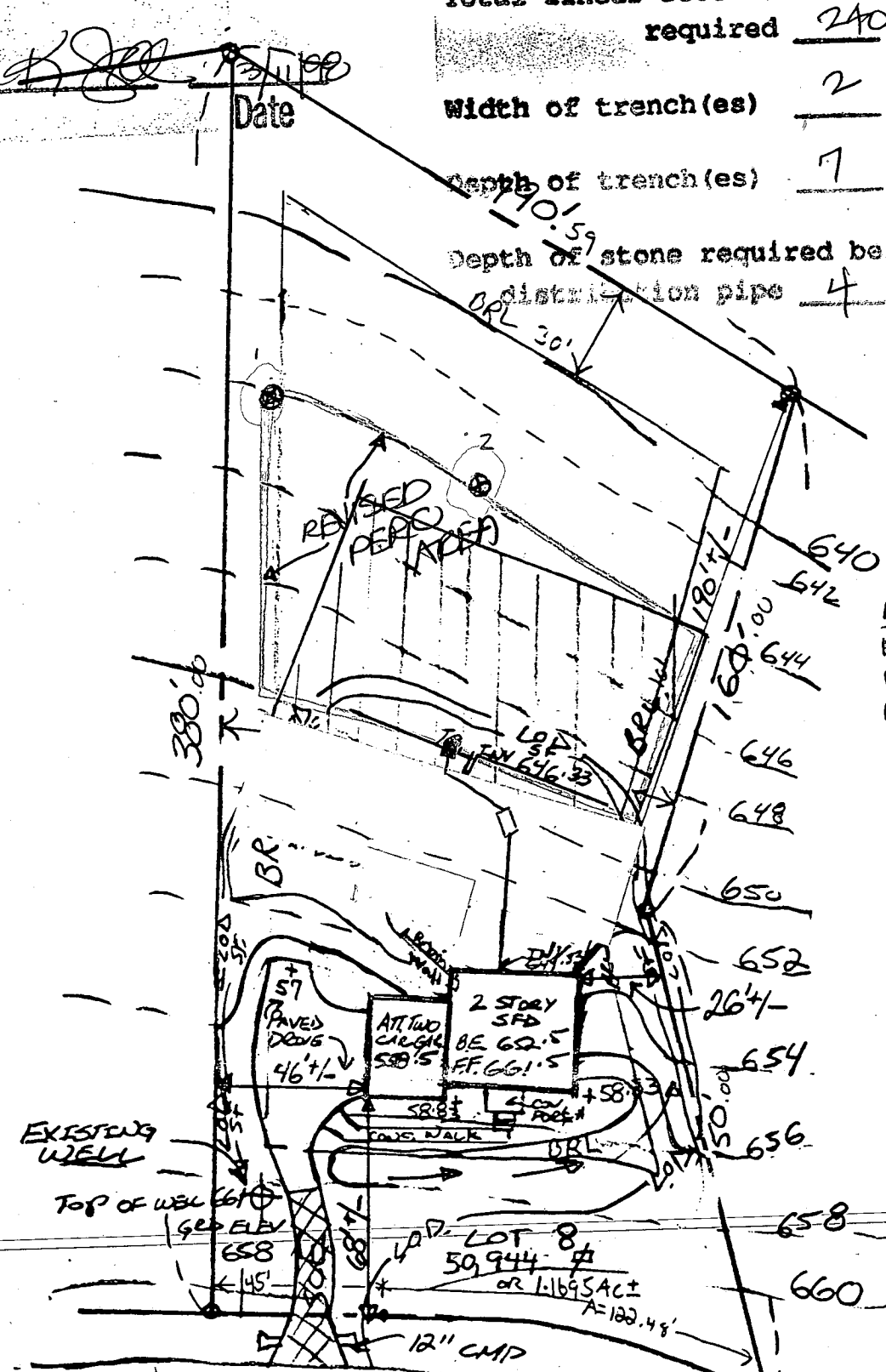
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

* PERC test plan - 2 visual
 PRESERVATION PARCEL test holes

Total linear feet of trench
 required 240 feet
 Width of trench (es) 2 feet
 Depth of trench (es) 7 feet
 Depth of stone required below
 distribution pipe 4 feet

[Signature]
 Date 11/11/08

LOT 17



NEW SPECS!
 EX. ELEV. @ DIST BOX 649.00
 INV. " " " " 646.00
 EX. ELEV. @ SEPTIC TANK 650.00
 INV. INTO SEPTIC TANK 648.53
 INV. OUT OF " " 648.23
 INV. OUT OF HOUSE 649.33

LOT 9

LOT # 8
 59,944 #
 or 1.1695 AC ±
 A=100.49'

LADY CAMARIN COURT

LOT # 8
 16005 LADY CAMARIN COURT
 LISBON MD 21771

I CERTIFY THAT THE ABOVE MEASUREMENTS
 ARE TRUE + CORRECT FOR THIS PROPERTY

3/25/98
1:30

APPLICATION

PERCOLATION TESTING

A 59874

P _____

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

DISTRICT _____

DATE 3/17/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER REGAN & RACHEL COLLIER

ADDRESS 16005 LADY CAMARIN CT. PHONE 410-995-0611

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ROYAL HOLLOW LOT NO. 8

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT 50,994 sq ft 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.

Regan Collier
(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 _____

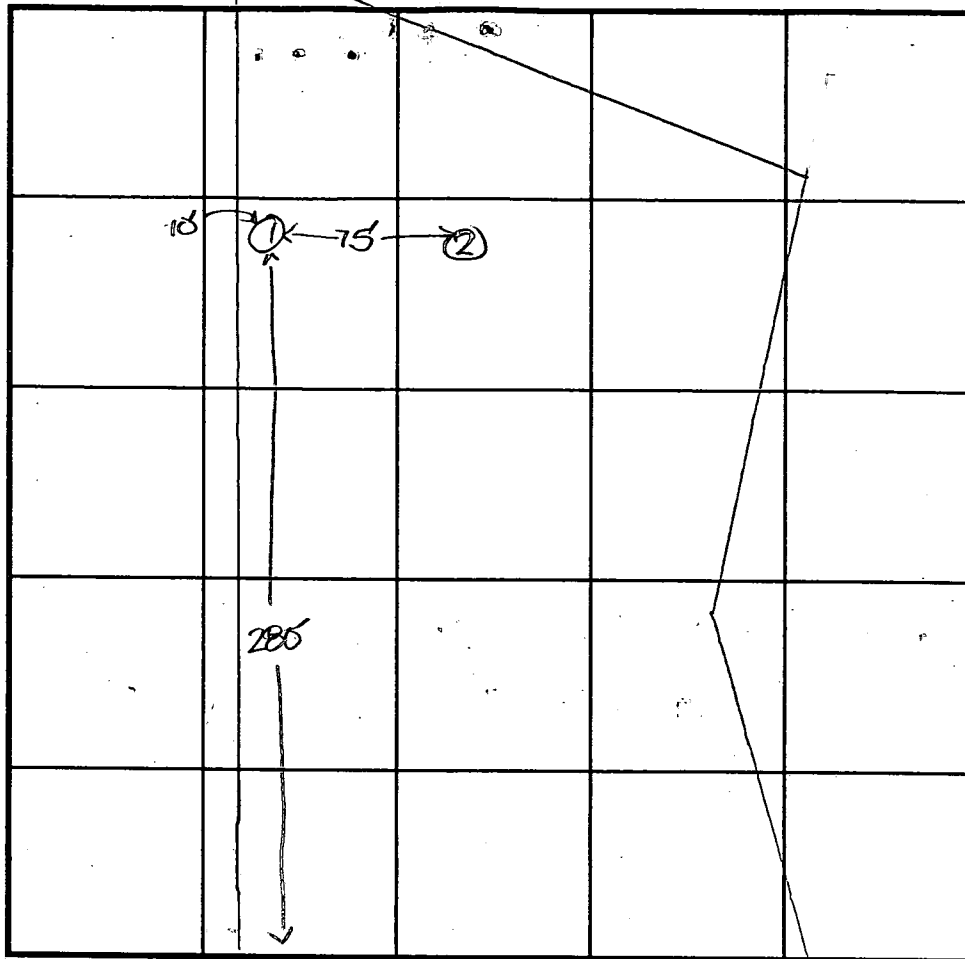
THIS IS NOT A PERMIT

50874
COUNTY #

SOIL PROFILE

0' ①
1' topsoil
org brn cl lm
3' pale org brn sa lm
10.5' 20% saps sh

0' ②
1' topsoil
org brn cl lm
3' lt org brn sa lm
11' 20% saps sh



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Lady Camarin Court

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-25-98	1	10.5'D	visual	————	————	————	OK
	2	11.0'D	visual	————	————	————	OK

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY D. Sae ALSO PRESENT R. Collier
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 2'
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 499180

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 NISSLER FARM JOINT VENTURE c/o LDG INC REGAN & Rachel Collier

ADDRESS LEE PLAZA, SUITE 200 8001 GA. AVE. SILVER SPRING, MD PHONE (301) 585-7000

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ROYAL HOLLOW LOT NO. 8

ROAD AND DESCRIPTION OLD FREDERICK RD. & WOODBINE RD.

(16005 Lady CAMARIN Court)

TAX MAP 7 PARCEL # 84

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

~~BLDG. PERMIT SIGNEL~~
AND RETURNED 3-11-94
Serial # 207110293
SFD - 4.8pm

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. *Thylys FOR VMA*
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

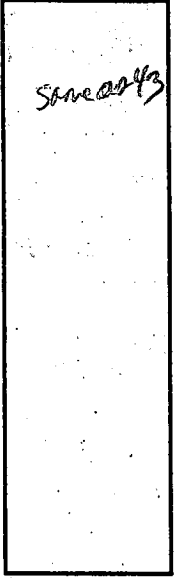
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

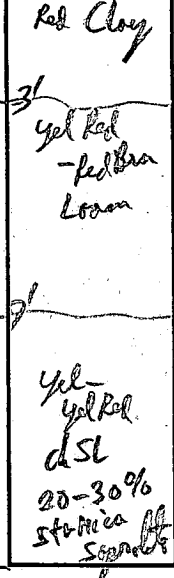
THIS IS NOT A PERMIT

lots 49918 D
COUNTY #

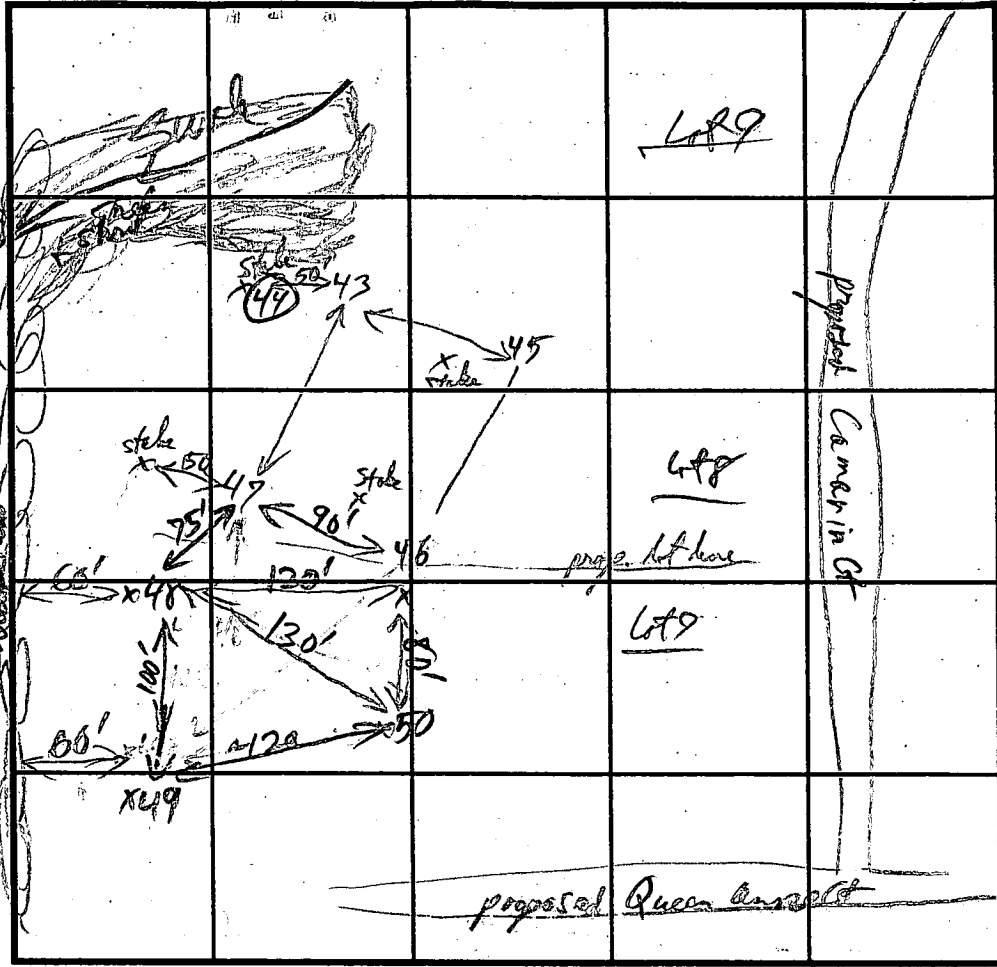
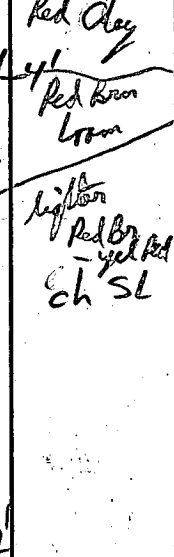
SOIL PROFILE 45



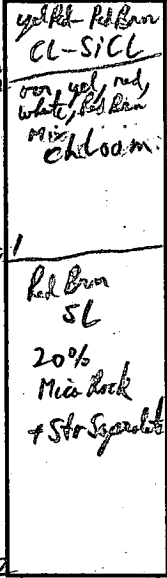
46



47



SOIL PROFILE 43



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-5-94	45	4 1/2	2:53:30	3:05:30	3:05:30	3:34:00	30 min
		7 1/2	2:53:30	2:59:30	2:59:30	3:06:00	6 min
	44	7 1/2	Re-test 7'				Fail
	43	11 1/2					10 min
		7 1/2					10 min
	46	4 1/2	3:07:40	3:48:00	3:48:00	4:06:00	20 min
		8 1/2	3:27:30	3:42:00	3:42:00	4:06:40	20 min
	47	5	3:31:00	3:36:00	3:36:00	3:42:30	6 1/2 min
		8 1/2	3:30	3:34:00	3:34:00	3:40:30	6 1/2 min

REMARKS: Design on lower rates in loam sub - Reconfigure to Exclude Test Hole 44

TYPE OF SOIL: M Glands

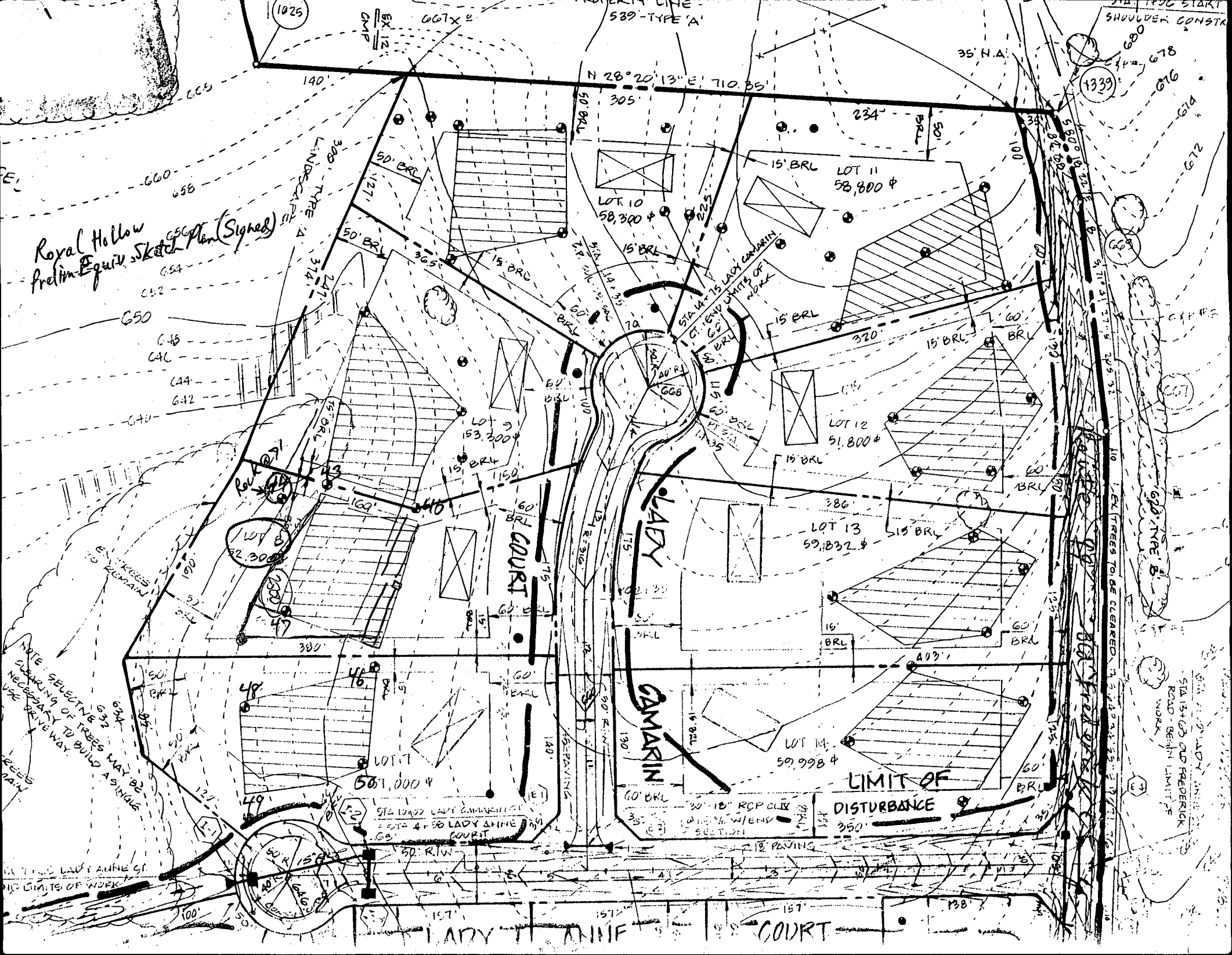
TESTED BY: R. Kelly ALSO PRESENT: Survey of Bull Creek

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 19 min TRENCH WIDTH: 2

INLET DEPTH: 3 MAXIMUM BOTTOM DEPTH: 7 SQ. FT./BEDROOM: 240

14
8/11/09
8/29

Royal Hollow
Prelim Equiv Sketch Plan (Signed)



NOTE: SELECTIVE
CLEARING OF TREES MAY BE
NECESSARY TO BUILD A SINGLE
DRIVE WAY.

AT THIS LADY ANNE ST
LIMITS OF WORK

ST 15' OLD FREDERICK
ROAD - BEHIND LIMITS OF
WORK

LADY ANNE COURT

C1 7833

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: A 49180

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED 1/25/96

100196

300 (TO NEAREST FOOT)

H0-94-0929

OWNER: Lee Dev. Group, Lady Carman Ct, Lisbon, ROYAL HOLLOW SECTION LOT 8

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. Includes entries for Top soil, Shale, Brown slate, Blue slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (20), NO. OF POUNDS (2000), GALLONS OF WATER (100), DEPTH OF GROUT SEAL (0 to 58 ft)

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT), Nominal diameter top (main) casing (6 inch), Total depth of main casing (80 feet)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y (yes), N (no)

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted to production)

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/MD) 40, DRILLERS LIC. NO. 40

DRILLERS SIGNATURE: George F. Eustenberg

LIC. NO. 481

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

DEPTH (nearest ft.) 78, 300

ACCHSREN table with columns for depth intervals and casing height.

SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W:Q (74-75, 76)

C 3

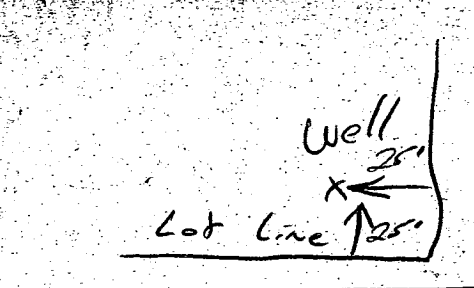
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 8.0, METHOD USED TO MEASURE PUMPING RATE Bucket, BEFORE PUMPING 37 ft, WHEN PUMPING 121 ft, TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), 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.)

CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (nearest foot) 2



B 1	9006	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0929 <small>fill in this form completely</small>
------------	-------------	--------------------------------	---------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

OWNER INFORMATION

Date Received (APA) **07 31 96**

Lee Development Group
Last Name Owner First Name

8601 Georgia Ave
Street or RFD

SILVER SPRING MD 20910
Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

ROYAL HOLLOW SUBDIVISION

SECTION **44** LOT **8**

LISBON NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** M I I
73 76 77 78

DRILLER INFORMATION

George F. Easterday M D 40
Driller's Name License No.

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday 7-30-96
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

LADY CAMARIN CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

25 DISTANCE FROM ROAD FT
ENTER FT OR MI

TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **A 499180** COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **09-20-96** CO SIGNATURE **DJ SUNKS** EXP. DATE **9-19-97**

NORTH GRID **552 000** EAST GRID **779 000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **779**

N **552**

101196
1:30gROUT
NO INSP.

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY

JETTED AIR-PERCussion

Jetted & DRIVEN ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary

DRive-POINT other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

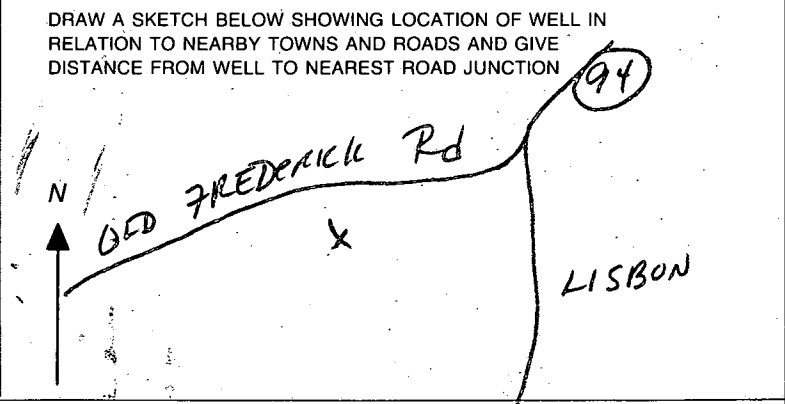
THIS WELL WILL DEEPEMED AN EXISTING WELL

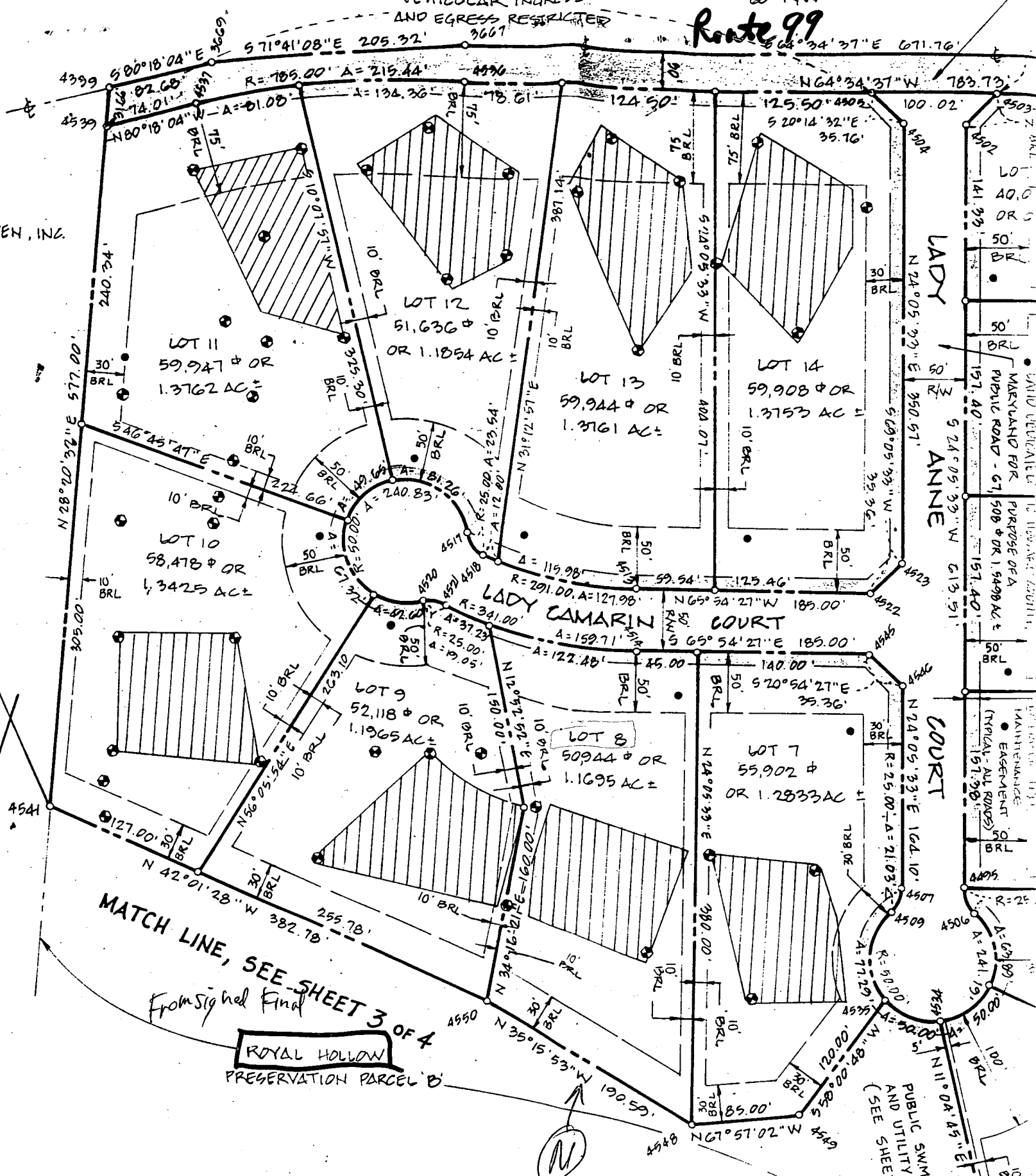
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

APPROX. PERMIT NUMBER _____ G A P _____

FORCE **DS** PERMIT No. **HO-94-0929**





MATCH LINE, SEE SHEET 3 OF 4
From Signed Final
ROYAL HOLLOW
PRESERVATION PARCEL B

PUBLIC SWM, DRAINAGE AND UTILITY EASEMENT (SEE SHEET 3 OF 4)

CURVE DATA

PT. - PT.	RADIUS	ARC	TAN.	DELTA	CHORD	CHORD BEARING
4537 - 4536	785.00'	215.44'	108.40'	15° 43' 27"	214.76'	N 72° 26' 20" W
4513 - 4518	291.00'	127.98'	63.04'	29° 11' 55"	126.95'	S 53° 18' 30" E
4518 - 4517	25.00'	23.54'	12.73'	53° 57' 37"	22.68'	S 13° 43' 44" E
4517 - 4520	50.00'	240.83'	00'	275° 58' 22"	66.93'	N 55° 15' 53" E

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

B00110243

B00110213

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
16005 LADY CAMARIN COURT 351538
LISBON MD 21771

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
Building a new SFD, 2 story w/ basement
Attach 2 1/2 car garage, 4 BRM, 2 1/2 bath
KI in basement, Gas Fire place, Front porch
Retaining wall 20' x 4' x 30' w/ 1' x 1' x 1' concrete

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
8	84	-	-	6	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Royal Hollow		EC-DEO	7	4	6040	

OWNER NAME AND ADDRESS
REGAN J. AND RACHEL L. COLLIER
4657 HALLOWED STREAM
ELLICOTT CITY MD 21042 VM 410-348-0122
PHONE NO. 410-495-0611

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF

OCCUPANT'S NAME AND ADDRESS
SAME
PHONE NO.

B. ROOMS	ROOMS	BATHS	FIREPLACES

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
N/A
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
SAME
PHONE NO.

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				Propane

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE
VACANT LOT
PROPOSED USE
SFD

OWNER
SIGNATURE
TITLE
DATE

EST. CONSTRUCTION COST
\$165,000
LICENSE NUMBER
39209
PERMIT FEE

FOR OFFICE USE ONLY

W/S CODE
DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK (CORNER LOT ONLY)
SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	3/11/98	DOUGLAS SOO
FIRE PROTECTION		
STORM WATER MGMT.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591
2347

APPROVED
DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

* Revised after perc test performed 3/25/98 *

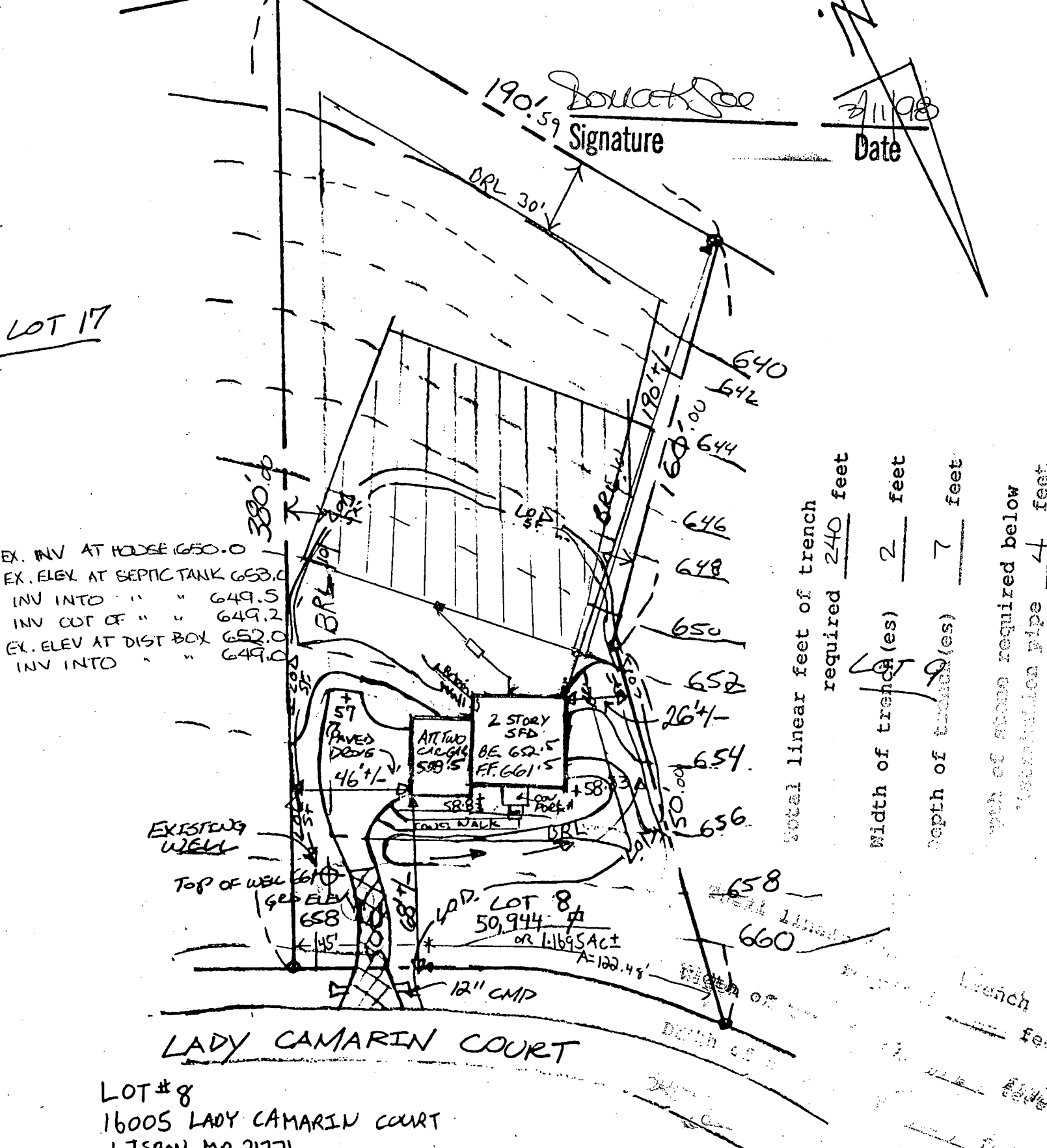
PRESEKVATION PARCEL

Approved Septic System Plan
Howard County Health Department

LOT 17

190' *Donna J. Lee*
Signature
Date 2/11/98

EX. INV AT HOUSE 650.0
EX. ELEV AT SEPTIC TANK 653.0
INV INTO " " 649.5
INV OUT OF " " 649.2
EX. ELEV AT DIST BOX 652.0
INV INTO " " 649.0



Total linear feet of trench required 240 feet
Width of trench(es) 26 feet
Depth of trench(es) 7 feet
Type of stone required below 4 feet
Distribution pipe 4 feet

LADY CAMARIN COURT

LOT #8
16005 LADY CAMARIN COURT
LISBON MD 21771

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE TRUE + CORRECT FOR THIS PROPERTY

Regan J. Collier 2-20-98
Rachel L. Collier 2-20-98

OWNER / BUILDER
REGAN J. COLLIER
RACHEL L. COLLIER
4657 HALLOWED STREAM
ELLICOTT CITY 21042
Phone # 410-995-0611
V. M. # 410-318-0122

LOT - CENTER OF DISTURBANCE
SF - SELF FENCE
SCE - STONE CONSTRUCTION ENTRANCE

BUILDING PERMIT
PLAT

LOT 8 ROYAL HOLLOW
HOWARD COUNTY, MD

SCALE 1" = 50'-0" 2/20/98



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 13, 1998

Mr. Regan J. Collier
16005 Lady Camarin Court
Mt. Airy, Maryland 21771

RE: Royal Hollow - Lot #8
16005 Lady Camarin Court
Well Permit #HO-94-0929

Dear Mr. Collier:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on April 17, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was found to be in compliance with COMAR water quality standards.

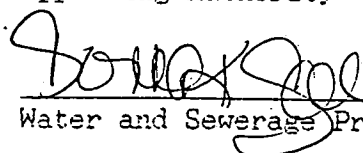
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO- 94-0929. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the Health department within six (6) months of receipt of this letter. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

INTERIM CERTIFICATE OF POTABILITY

Date(s) of water sample(s): November 12, 1998
Date of well completion: October 1, 1996

Approving Authority


Sanitarian
Water and Sewerage Program

cc: Building Inspector's office
file