

PERMIT

8/23/99 needs house connection
p512627

SEWAGE DISPOSAL SYSTEM

A 49918-R

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

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

04-358856

DATE 7/26/99

DATE SYSTEM APPROVED 9/22/99

INSPECTOR S.P.K.

INDEXED

Fogle's Septic Clean IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 588 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Royal Hollow LOT 11 ROAD 16012 Lady Camarin Court

PROPERTY OWNER _____ C&P Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1500 ²⁰⁰⁰ GALLONS

NUMBER OF BEDROOMS 7 ⁶

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 265 ³¹⁵

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 the distribution box 80 feet from the right (320') lot line at a point on that line measuring 220 feet from the front lot line on Lady Camarin Court. Install trenches on contour in both directions away from the distribution box.

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

PLANS APPROVED BY Ronald J. Pinkley/Amy McMillen DATE 4-19-1999

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

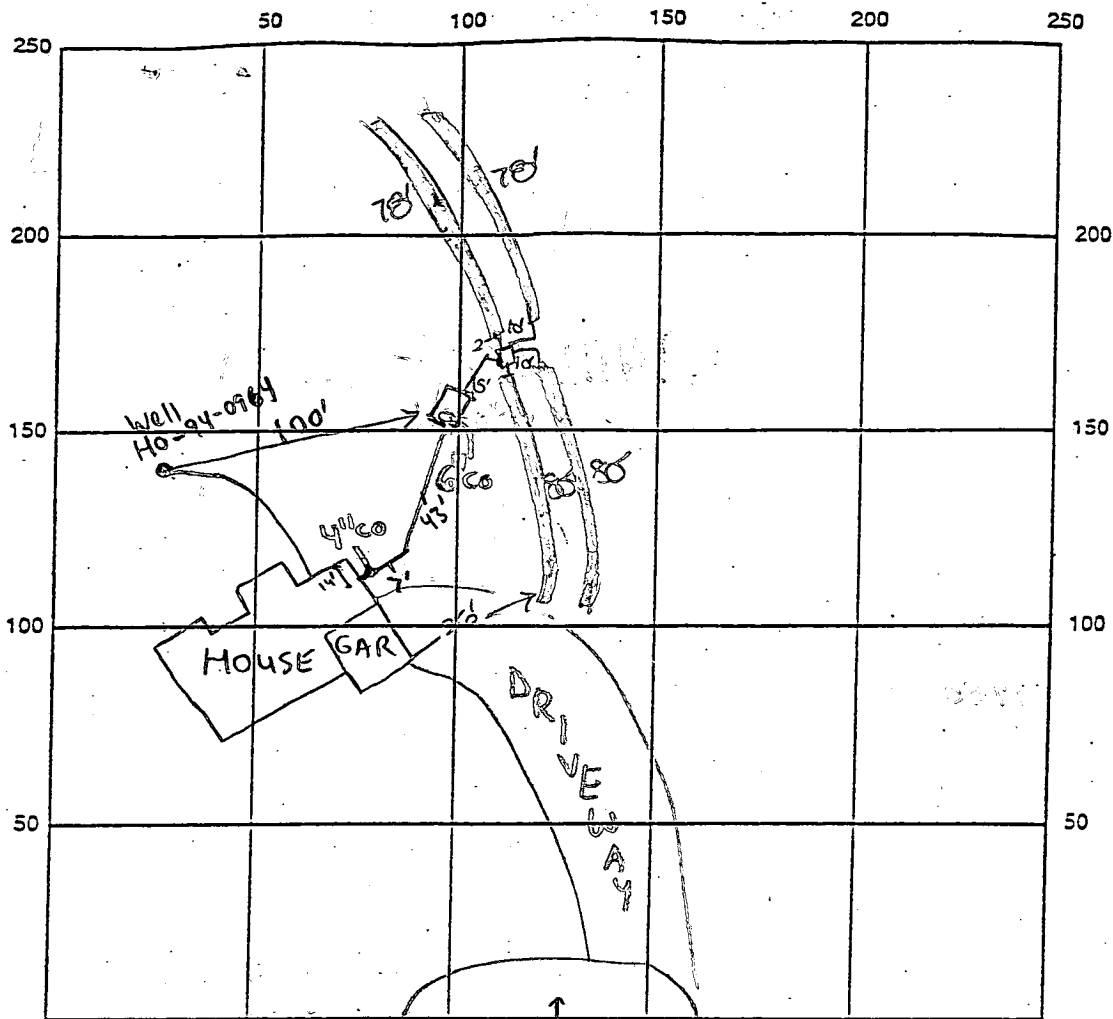
PERMIT VOID AFTER TWO YEARS

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**

8-8-99



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 LADY CAMARIN COURT

HO 94 0964

SEPTIC TANK LEVEL 2000 gallon midseam tank CLEANOUTS 4" c/o @ House, 6" @ Tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. 7 TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. 4 TOTAL LENGTH 3178 FT. 392'

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1288 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 8/20/99 - OK TO CONTINUE ALL WORK (SRK)

8/23/99 needs house connection. OK to cover all septic work. D/S water would off due to plumbing back (over expansion capset). Need to reschedule inspection 9/28/99

9/28/99 - HOUSE CONNECTION COMPLETE AND VERIFIED IN FIELD (SRK)

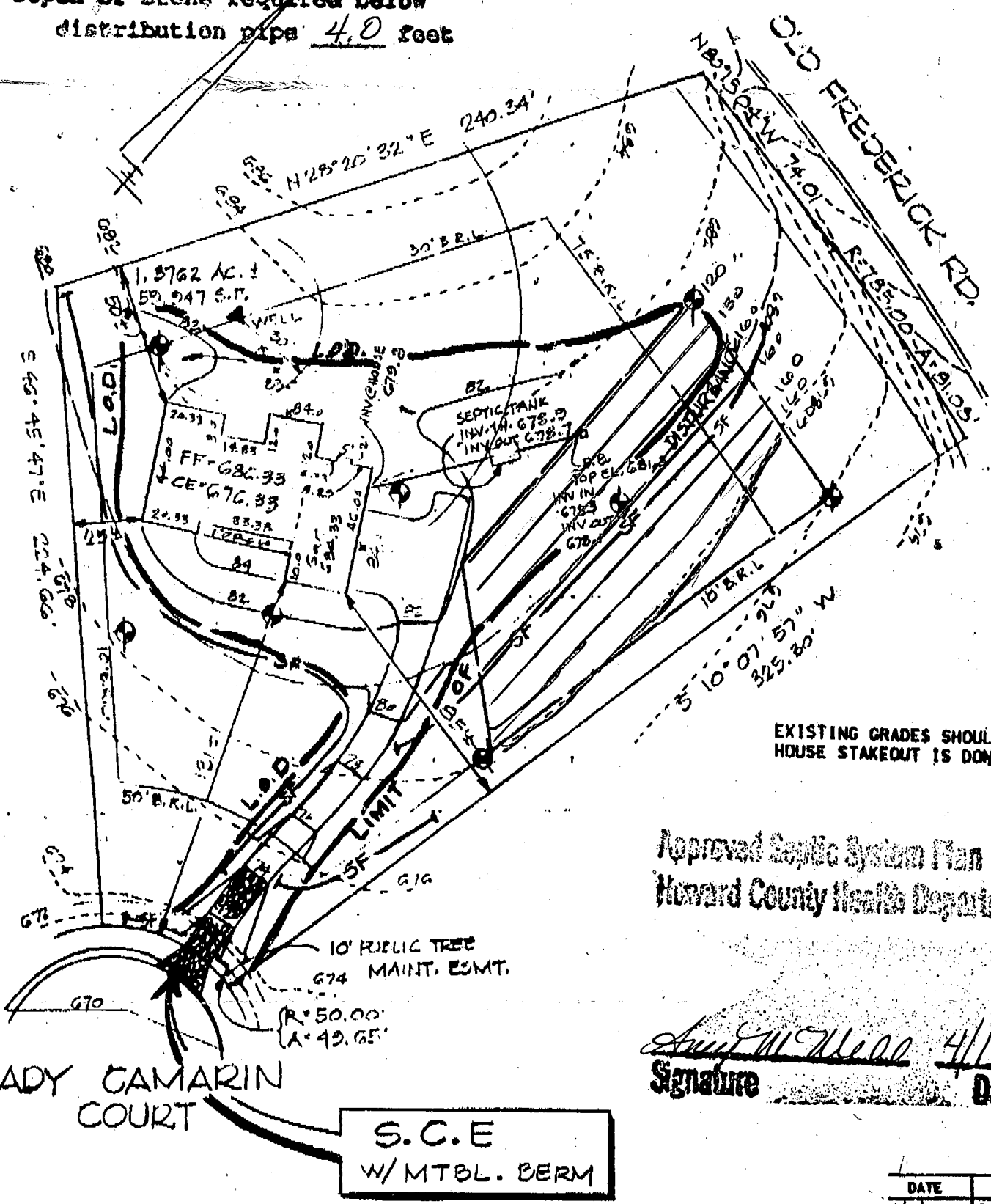
DATE SYSTEM APPROVED 9/28/99

INSPECTOR Steven R. Kueg

Total linear feet of trench 315
 required ~~2100~~ feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 7.0 feet
 Depth of stone required below
 distribution pipe 4.0 feet

6/9/99
 6bdm needs 945
 total linear ft. for
 initial & 2 repairs - septic easement
 will allow 1050 total linear ft
 of trench. Au

VICINITY



DATE	REVISION
4/2/99	Dist. Box Inv. CH40.T.

TO ACCOMPANY APPLICATION
 OR BUILDING PERMIT
 "AL HOLLOW"
 LOT 11
 DISTRICT HOWARD COUNTY MD.

CLSI

Carroll Land Services
 Incorporated
 Engineers * Surveyors * Land Development Consultants
 Landscape Architects * Environmental Specialists

439 East Main Street Westminster, MD 21157-5539
 (410) 878-2017 FAX (410) 878-2000

Building Address 16012 Lady Camaria Ct
Lisbon, MD 21771

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

Census Tract 6040 Subdivision Royal Hollow

Section _____ Area _____ Lot 11

Tax Map 7 Parcel 84 Grid 6

Zoning PC-DEU Map Coordinates 3E8 Lot size _____

Property Owner's Name Bruce & Chris MacDonald

Address 16012 Lady Camaria Ct

City Lisbon State MD Zip Code 21771

Home Phone 410442 7474 Work Phone _____

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

Phone _____ Fax _____

Existing Use HOME ST HOME

Proposed Use DECK for Sun

Estimated Construction Cost \$ 5,000.00

Description of Work 1 level deck at
Grade 60 x 17 irregular

Contractor Company Wiedel Home Inc

Contact Person Paul Wiedel

Address 6338 Rainport Rd

City Columbia State MD Zip Code 21045

License No. 27472

Phone 410 992 0553 Fax _____

Occupant or Tenant _____

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

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse

Depth _____ Width _____

1st floor: 44 100

2nd floor: " "

Basement: " "

Finished Basement Unfinished Basement
 Crawl space Slab on Grade

No. of Bedrooms 6

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

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other.

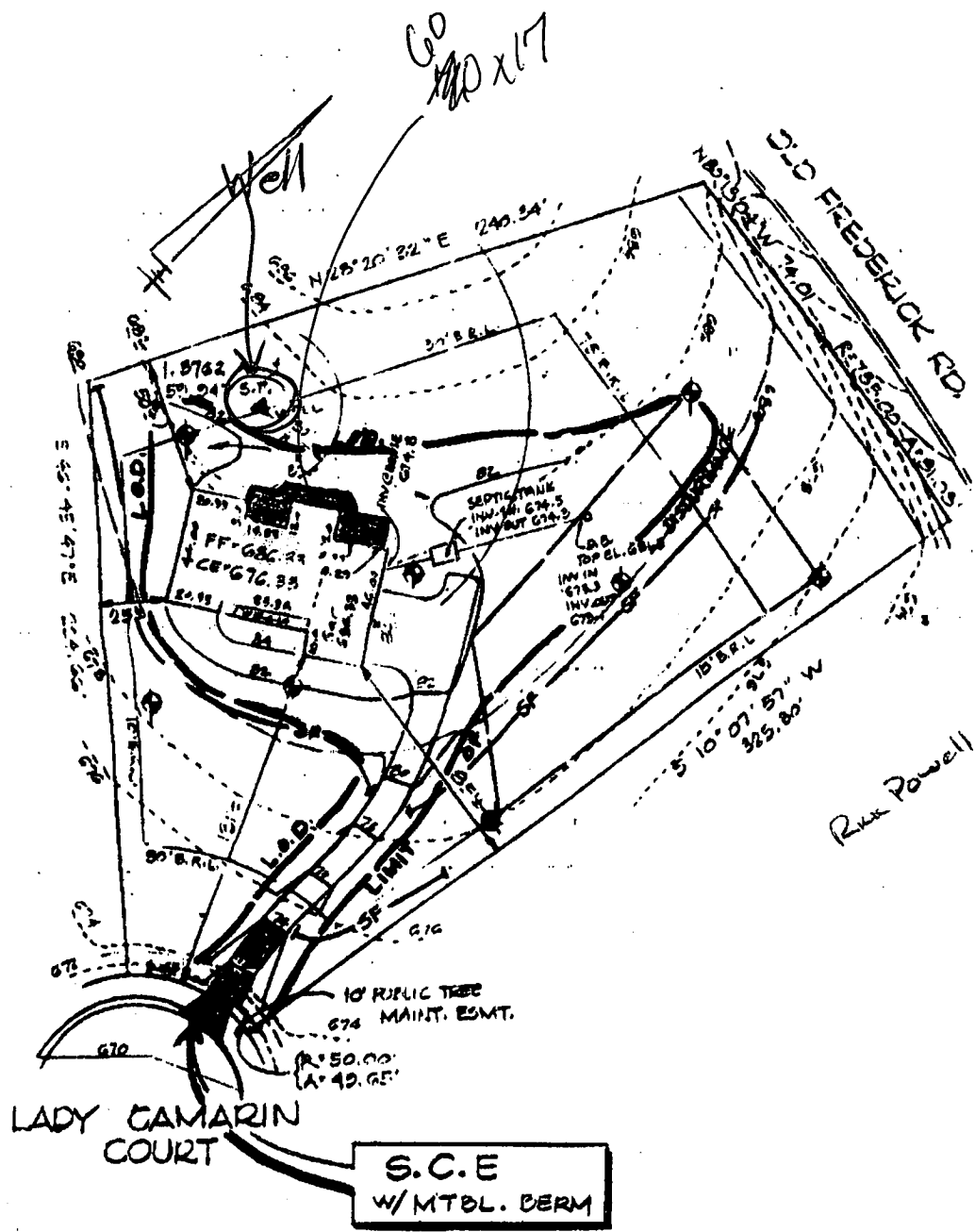
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Paul Wiedel
 Applicant's Signature
WIEDEL HOME INC
 Title/Company

Paul Wiedel
 Print Name
2/2/00
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	4-2276
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health	<u>2/2/00</u>	<u>Bruce Baker</u>	All minimum setbacks met?	Sub-total paid \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>21054</u>
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____



S.C.E
W/MTBL. BERM

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

"ROYAL HOLLOW"

LOT 11

4TH ELECTION DIST.
TAX MAP: 7

HOWARD COUNTY, MD.
PARCEL: 84

CLSI

Carroll Land Services
Incorporated

Engineers • Surveyors • Land Development Consultants
Landscape Architects • Environmental Specialists

439 East Main Street Westminster, MD 21157-5939
(410) 876-2017 FAX (410) 876-0000



Dennis E. Meckley
Property Line Surveyor
Registration No. 10844

Date: 3/26/09

Surveyed By:	Drawn By: D.D.	Drawing No.: 98109
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HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00116961

Building Address 16013 Lady Cameron Ct
MD Hwy 21771 Cammar

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

Census Tract: 6-4-1 Subdivision: Royal Harbour

Section 11/2 Area N/A Lot 11

Tax Map 7 Parcel 84 Grid 6

Zoning RC-DE Map Coordinates 3E8 Lot size 1.37

Existing Use Vacant lot

Proposed Use New Single Family Dw.

Estimated Construction Cost \$ 1750,000

Description of Work New 2-Story Dw. w/
Finished basement, 3 B.R.'s, 3 full baths, 3 half baths,
front porch, 2 fireplaces, 4 1/2 - 1/2 suite

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name C.P. Homes Inc.

Address 16013 Lady Cameron Ct.

City MD. Hwy State MD Zip Code 21771

Home Phone _____ Work Phone 410-775-1800

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

Phone 410-775-1800 Fax _____

Contractor Company C.P. Homes Inc.

Contact Person Pete Ryan

Address 16013 Lady Cameron Ct.

City MD. Hwy State MD Zip Code 21771

License No. _____ Phone 410-775-1800 Fax _____

Engineer or Architect Company Diversified

Contact Person LEN

Address _____

City Westminster State MD Zip Code _____

Phone 410-857-3681 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<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"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
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 [Signature]
 Title/Company President C.P. Homes Inc.

Print Name Pete Ryan
 Date 2/27/99

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	110396
<input checked="" type="checkbox"/> State Highways			Rear: _____	
<input checked="" type="checkbox"/> Building Official			Side: _____	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	
<input checked="" type="checkbox"/> Health	<u>4/19/99</u>	<u>A.M. Medda</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	
			Accepted by _____	

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

APPLICATION

PERCOLATION TESTING

A 49918R
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

page 2

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 NISSLER FARM JOINT VENTURE - GOLFING, C&P Homes

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. 11

ROAD AND DESCRIPTION 16012 Lady CAMMARIN Court OLD FREDERICK RD. & WOODBINE RD.

TAX MAP 7 PARCEL # 84

NO PERMITS SIGNATURE
DATE RETURNED 4-19-99
Levitt # 80116961

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

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. *Thos J. 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

COUNTY #

SOIL PROFILE 60

0' - 1 1/2' - 2' - 4' - 7' - 12'

Yel/Red ch SIL
 Yel-Yel Br sil
 Yel Br sil
 Yel-Red ch SL-L
 Red Sil

62 61

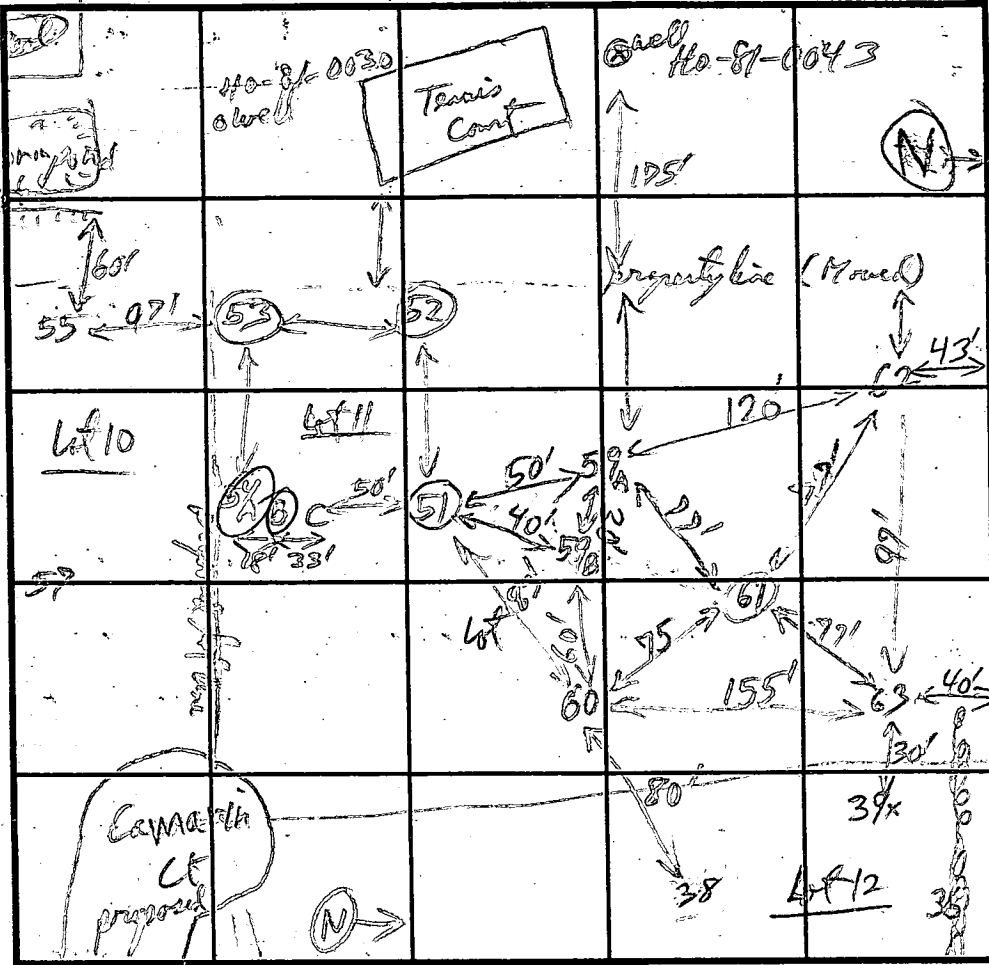
6' - 12'

Red Br SIL
 Red Sil
 Red Sil

59A

2' - 3' - 5' - 6' - 12'

Yel Br SIL
 Red Br - Red Loom
 Red Sil
 Red Sil
 Red Sil



SOIL PROFILE 63

0' - 6' - 2' - 3' - 5' - 12'

Yel/Red ch SIL
 Yel sil
 Mix Yel
 Yel Br sil
 Red Sil
 Red Sil
 Red Sil

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/6/94	63	3'	1:39:50	1:40:00	1:40:00	1:45:20	5 min
		12 1/2' 8 1/2'	1:35:20	1:40:00	1:40:00	1:51:00	11 min
	59B	18'	Visual only same as 59A				OK
	60	3 1/2'	1:56:00	1:05:00	1:05	1:15:00	10 min
		V12 8'	12:55:50		1:09:46		7 min
	61	3 1/2'	1:09:30			1:17:00	4 min
		V12 8'	1:09:20			1:19:30	5 min
	62	3'	1:23:00	1:29:00	1:29	1:45:00	16 min
		V10' 6'	1:23:00	1:25:00	1:25:00	1:29:00	4 min
	59A	V12	Visual only				OK

REMARKS: Reconfigure on Hble 59-63

TYPE OF SOIL: Gravel

TESTED BY: R. [Signature]

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 min TRENCH WIDTH 2

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 49918R

P _____

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

DISTRICT _____

DATE 2/10/94

*Page 1
This section not
used for final
SDA*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER MISSLER FARM JOINT VENTURE c/o LDG INC.

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

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ROYAL HOLLOW LOT NO. 11

ROAD AND DESCRIPTION OLD FREDERICK RD. & WOODBINE RD.

TAX MAP 7 PARCEL # 84

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

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Thos J S 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

Lot 11 (Section Not Used)
49918R

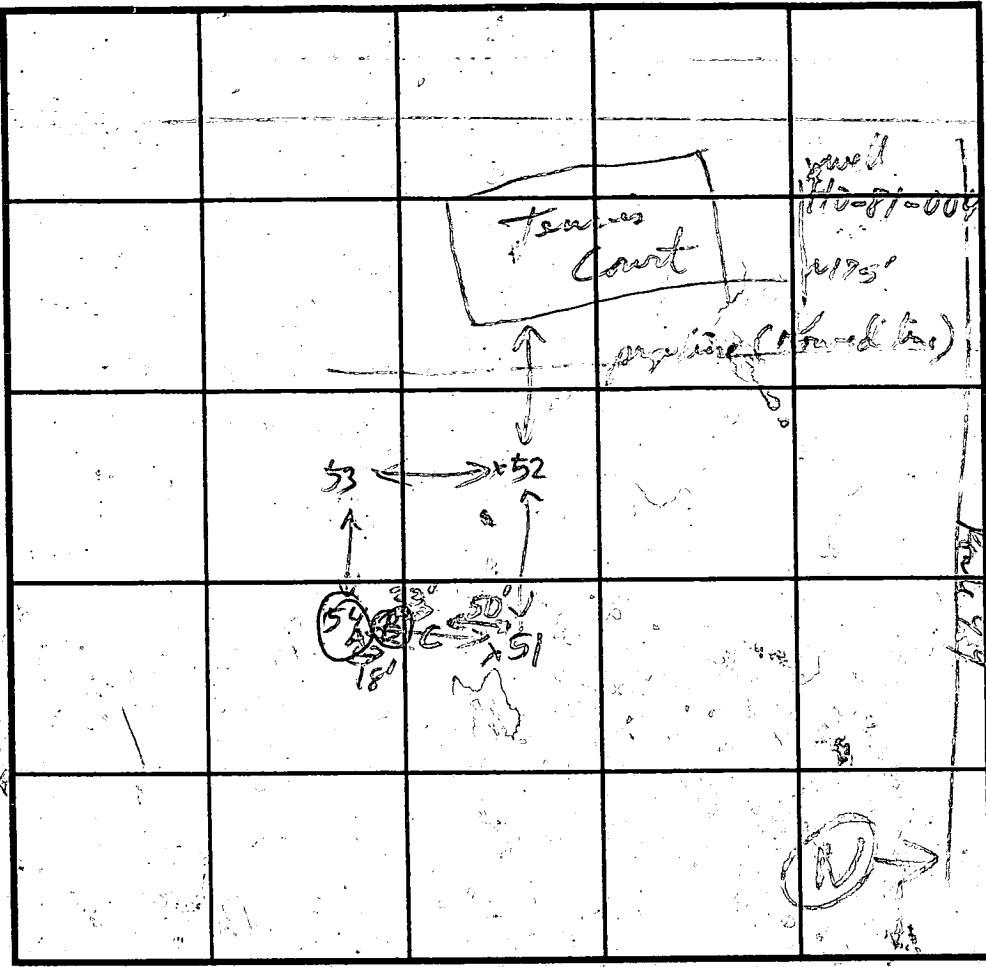
COUNTY #

SOIL PROFILE

0' 53.5251
yel Red
-yel
1' h sil
2-3' var col
reddish yellow
MIS
ch sil-L
8' Red - Red
2.5YR 5/6
ch SL-L
25%
soft m. ex. 50% silt

5 1/2' yel Red (5/6) 2.5YR
ch sil
M. yel
& red
& reddish
brown
ch sil-L 25% ch

9' 11' 12' 13' 14' 15' 16' 17' 18' 19' 20' 21' 22' 23' 24' 25' 26' 27' 28' 29' 30' 31' 32' 33' 34' 35' 36' 37' 38' 39' 40' 41' 42' 43' 44' 45' 46' 47' 48' 49' 50' 51' 52' 53' 54' 55' 56' 57' 58' 59' 60' 61' 62' 63' 64' 65' 66' 67' 68' 69' 70' 71' 72' 73' 74' 75' 76' 77' 78' 79' 80' 81' 82' 83' 84' 85' 86' 87' 88' 89' 90' 91' 92' 93' 94' 95' 96' 97' 98' 99' 100'



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	
4-6-94	51	3 1/2'	10:07:20	10:09:40	10:09:40	10:16:30	7 min
		8'	10:06:50	10:09:20	10:09:20	10:20:00	10 min
		V12					
	52	3 1/2'	10:15:40	10:21:50	10:21:50	10:30:00	8 min
		8'	10:15:20	10:21:50	10:21:50	10:31:00	9 min
		V12					
	53	3 1/2'	10:17:20	10:22:00	10:22:00	10:25:20	3 1/2 min
		8'	10:17:00	10:22:30	10:22:30	10:28:30	4 min
		V12					
	(54)	3 1/2'	10:27:40	10:29:40		10:39:00	12 min
		V12	10:28:20	10:29:00	10:28:10		2 min
			(7. a. Parker, (on First hole 53 ft)				
	(54)	5' 5" net test	10:34:22	10:39:28	10:41:00		7 min
		ex. Fleegly					

REMARKS 54 Maximal Rainy + First Times - Site is unbuild/2 possible well sites - Reservoir
 TYPE OF SOIL Glsch Holes 51-54 B' Not used. (see Holes 59-63)
 TESTED BY R. H. [Signature] ALSO PRESENT
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

7856

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 49918R

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 112098

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0964

OWNER LEE DEVELOPMENT, STREET OR RFD LADY CAMARIN CT, TOWN LISBON, SUBDIVISION Royal Hollow, SECTION, LOT 11

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 (Use additional sheets, if needed), FEET (FROM, TO), check if water bearing. Includes entries like Topsoil, Br. Shale + Clay, Br. Shale, Tan Slate, Br. Slate, Green Slate, Tan Slate, Green Slate, Gray Slate, Br. Slate, Gray Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT), Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.) table with rows 1-3, SLOT SIZE, DIAMETER OF SCREEN.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Abandoned), E (Electric Log), P (Production Well)

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

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 41

DRILLERS SIGNATURE: George F. Easterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 386

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

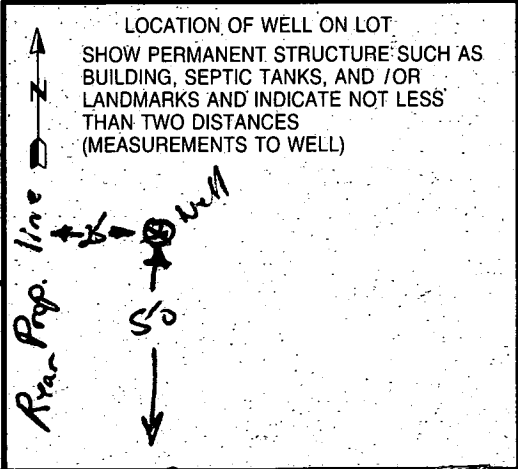
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q (74-76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 8, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) 54 ft. BEFORE PUMPING, WHEN PUMPING 190 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)



B 1	9009	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0964 <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) **7/31/96**

OWNER INFORMATION

15 Last Name **Lee** 34 First Name **Development Group**

36 Street or RFD **8601 Georgia Ave** 55

57 Town **SILVER SPRING MD** 70 State **MD** 72 Zip **20910** 76

LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Royal Hollow** 42

SECTION **44** 46 LOT **11** 48 50

52 NEAREST TOWN **LISBON** 71

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

DRILLER INFORMATION

Driller's Name **George F. Easterday** M **D 40** License No. 81

Firm Name **L. Franklin Easterday, Inc.**

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

Signature **George F. Easterday** Date **7-30-96**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **LADY CAMARIN CT** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

215 37 DISTANCE FROM ROAD ENTER FT OR MI **FT** 38 39

TAX MAP: **9** BLK: **6** PARCEL **87**

WELL INFORMATION

APPROX. PUMPING RATE **5** GAL. PER MIN. 8 12

AVERAGE DAILY QUANTITY NEEDED **500** GAL. PER DAY 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name **Howard** County No. **A-49918 R**

STATE SIGNATURE _____ INSERT **10/24/98**

DATE ISSUED **10/24/98** CO. SIGNATURE **[Signature]** EXP. DATE **10/24/98**

43 MM DD YY 48 NORTH GRID **55** 0 0 0 EAST GRID **077** 0 0 0

APPROXIMATE DEPTH OF WELL **200** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **7789**

N **5501**

000
000

X

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 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

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

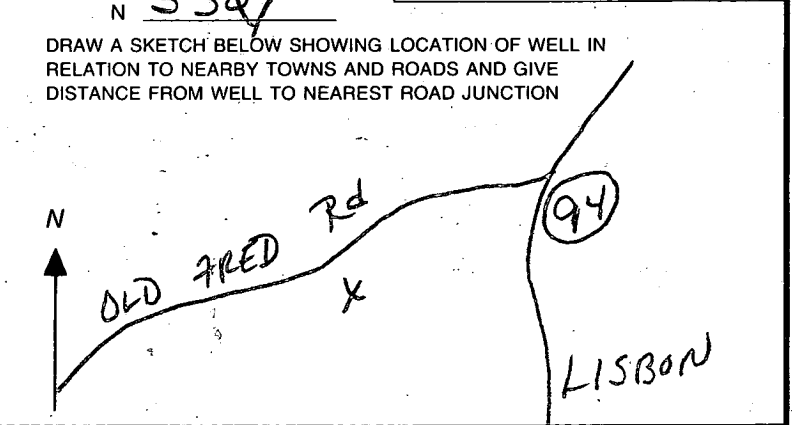
THIS WELL WILL DEEPEMED AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER **HO 94 GAP 016** 54 63

FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HO-94-0964** 70 71 72 73 74 75 76 77 78 79





Carroll Land Services
Incorporated

439 East Main Street
Westminster, Maryland 21157
410-876-2017 or 410-848-1790
410-876-0009 fax
clsi@pobox.com

- Engineers, Surveyors, Landscape Architects,
- Environmental Specialists
- Land Development Consultants
-

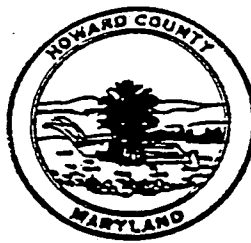
**** FAX Transmission Sheet ****

Date: 4/16/99
 From: Dennis Meckley
 To: Amy
 Company: Howard County H.D.
 Fax No: 410-313-2648
 Subject: Royal Hollow Lot 11
 Job No: 98109
 You should receive 2 page(s), including this cover sheet.

*Resolved
4/19/99
A*

COMMENTS:

Homeowner spoke to you 4/14 (McDonald)
 and said to send you a fax of Lot 11
 for release of bldg permit.
 4/16/99 Elev. into d.b. changed but other elev. have not
 been - they run uphill from ST to DB.
 Left message of MR Meckley ALM



HOWARD COUNTY HEALTH DEPARTMENT

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

4/1/99

TO: CLSI

FROM: Amy McMillen

RE: Royal Hollow - Lot 11 Building Permit Plan

- Please revise the the elevations for the above referenced building permit. The invert into the distribution box should be at elevation 678.3
 - maintain 100' between well & septic tank
- You can FAX this revision to me
@ 410-313-2648

Thank you
Aw

Number of pages (including cover sheet): 1

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

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 9/2/99

Name of Installer ROBERT L. FEEZER CO, INC.

Telephone 410-781-4655

License Number 2122

Certified Well Pump Installer Well Driller _____ Registered Plumber

Name of Property Owner PETE RYAN CIP HOMES

Telephone 410-795-1405

Subdivision ROYAL HOLLOW Lot # 18

Well Tag # HQ-94-0964

Site Address 16012 LADY CAMARON CT.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower 3/4
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make WILVAND
- 2. Model # PT800
- 3. Depth 42"

- 2. Make 120 JACKET
- 3. Model # 6619
- 4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No

6. If Yes, is low pressure cutoff switch installed? Yes _____ No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other NONE

Well-x-760 L

- Tank WX 207
- 1. Capacity 32
 - 2. Pressure relief valve? YES

Piping

- 1. Type 7019
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line 42"

Well data

- 1. Depth 300 ft.
- 2. Yield 4 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? YES

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

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

9/3/99-WPI OK -SRK

Signature of Applicant: [Signature]

Date: 9/2/99

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

Department of Planning and Zoning
Howard County, Maryland
Recommendations/Comments

Date: 4/22/99

Planning Board 6/16/99 Board of Appeals 8/19/99 Zoning Board _____

Petition No. BA 99-27E Map No. 7 Block 6 Parcel 84 Lot 11

Return comments by 5/24/99 to Comprehensive Planning and Zoning Administration.

Location of Property: Terminus of Lady Camarin Court, approx. 400' west of Lady Anne Ct.

Applicant: Bruce MacDonald

Applicant's Address: 10041 Fox Den Rd. Ellicott City, MD

Owner: (if other than applicant) _____

Owner's Address: _____

Petition: Special exception for a two-family dwelling

TO:

- _____ Department of Education
- _____ Bureau of Environmental Health
- _____ Development Engineering Division
- _____ Department of Inspections, Licenses and Permits
- _____ Department of Recreation and Parks
- _____ Department of Fire and Rescue Services
- _____ State Highway Administration
- _____ Sgt. Karen Shinham, Howard Cty. Police Dept.
- _____ James Irvin, Department of Public Works
- _____ MD Dept. of Human Resources, Fran Sterner (child day care)
- _____ Office on Aging, Barbara Harris (Senior Asst. Liv)
- _____ Police Department, Animal Control, Brenda Purvis (kennels)

COMMENTS: 6/9/99 No comment made - septic upgraded to 6 bdr room dwelling - SAA of sufficient size to handle initial system and two repairs.

SPECIAL EXCEPTION PETITION
TO THE HOWARD COUNTY BOARD OF APPEALS

99 APR 13 PM 4:03

For DPZ office use only:
CASE NO. 99-278
DATE FILED 4/13/99
DATE ACCEPTED _____
FOR SCHEDULING _____

1. PETITIONER'S NAME BRUCE MACDONALD
TRADING AS (IF APPLICABLE) _____
ADDRESS 10041 FOX DEN RD. ELLICOTT CITY, MD
PHONE NO. (W) 410-465-1600 (H) 410-465-2121

2. COUNSEL FOR PETITIONER NONE
COUNSEL'S ADDRESS _____
COUNSEL'S PHONE NO. _____

3. PROPERTY IDENTIFICATION:
ADDRESS OF SUBJECT PROPERTY 16012 LADY CAMARIN COURT
LOT 11, ROYAL HOLLOW MT. AIRY, MD 21771
TOTAL ACREAGE OF PROPERTY 1.38 Acres
PROPERTY LOCATION:
ELECTION DISTRICT: 4th ZONING DISTRICT: RC
TAX MAP # 7 BLOCK # 6 PARCEL/LOT # 84/11
SUBDIVISION NAME (if applicable): ROYAL HOLLOW

4. PETITIONER'S INTEREST IN SUBJECT PROPERTY:
 OWNER (including joint ownership) OTHER (describe and give name and address of owner)

If the Petitioner is not the owner of the subject property, documentation from the owner authorizing the petition must accompany this petition.

PLEASE READ CAREFULLY
DATA TO ACCOMPANY PETITION:

5. SPECIAL EXCEPTION PLAN:

If the petition is approved, the special exception plan, subject to modifications and conditions required by the Board of Appeals, will be made a part of the Board's Decision and Order. The special exception plan must be drawn to scale and must include the items listed below:

- (a) Courses and distances of outline boundary lines and the size of the property
- (b) North arrow.
- (c) Zoning of subject property and adjoining property.
- (d) Scale of plan.
- (e) Existing and proposed uses, structures, natural features and landscaping.
- (f) Location and surface material of existing and proposed parking spaces, driveways, and points of access; number of existing and proposed parking spaces.
- (g) Same as (e) and (f) above, of any adjoining property as necessary for proper examination of the petition.
- (h) Location of well and private sewerage easement area, if property is to be served by private water and sewer.
- (i) Election District in which the subject property is located.
- (j) Tax Map and parcel number on which the subject property is located.
- (k) Name of local community in which the subject property is located or name of nearby community.
- (l) Name and mailing address of the petitioner.
- (m) Name and mailing address of attorney, if any.
- (n) Name and mailing address of property owner.
- (o) Floor area and height of structures, setback distances from property lines, and other numerical values necessary for the examination of the petition.
- (p) Location of subject property in relation, by approximate dimension, to the center line of nearest intersection of two public roads.
- (q) Ownership of effected roads.
- (r) A detailed description of all exterior building materials for all proposed structures.
- (s) Any other information as may be necessary for full and proper consideration of the petition.

Go to page 3.

6. SPECIAL EXCEPTION REQUEST.

The undersigned hereby petition the Board of Appeals for approval of a special exception under section(s) ~~131.N.57A~~ 131.N.57A of the Zoning Regulations for the following use: IN-LAW Addition ATTACHED TO MAIN HOUSE TO BE 888 sq ft WITH 800 sq ft the ACCEPTED SIZE BY THE ZONING REGULATIONS - ASKING FOR A SPECIAL EXCEPTION FOR THE ADDITIONAL 88 sq. ft.

7. DESCRIPTION OF PROPOSED USE:

The following items are intended to be answered by summary statements; the answers may be given below or attached to this petition form if additional space is needed:

A) The present use of the subject property: RESIDENTIAL

HOUSE TO BE BUILT

B) The specific proposed use of the subject property: _____

RESIDENTIAL - HOUSE TO BE BUILT

C) A detailed description of the proposed use, including, where applicable: types of activities; hours of operation; number of employees, occupants, and customers; quantity and types of vehicles: The IN-LAW Suite to be used by my FATHER/MOTHER-IN-LAW AS LIVING QUARTERS CONSISTENT WITH NEIGHBORHOOD - NO PARKING PROBLEMS BECAUSE OF LARGE 3 CAR GARAGE AND PARKING PAD.

D) Additional information which will be needed to determine whether the special exception complies with the specific requirements of the applicable subsection within section 131.N. of the Zoning Regulations: ORIGINAL PLANS WERE APPROVED BY THE DEVELOPER, LDG INC, & THE ARCHITECTURAL COMMITTEE. THE SIZE OF THE HOUSE IS CONDUCIVE WITH THE NEIGHBORHOOD

Go to page 4.

COMMUNITY BUT WILL BE PLEASING TO THE EYE. THEREFORE, THIS HOME WILL BE A POSITIVE CONTRIBUTION TO THE AREA.

E) How will the special exception affect the adjacent and vicinal properties? THE SIZE & ACCEPTABLE ELEVATION IS NOT ONLY CONSISTENT WITH THE ROYAL HOLLOW

F) Any other factors which the Petitioner desires the Board to consider: THE ZONING LAWS ALLOWS 800 SQ. FT., THIS REQUEST IS ONLY FOR AN ADDITIONAL 88 SQ. FT.

8. PRIOR PETITIONS:

Has any petition for the same, or substantially the same, special exception as contained herein for the same property as the subject of this petition been disapproved by the Board of Appeals within twenty four (24) months of the date of this petition?

() YES (X) NO If yes, and six (6) months have elapsed since the last hearing, an affidavit setting forth new and different grounds on which re-submittal is based must be attached.

ADDITIONAL MATERIAL, FEES, POSTING AND ADVERTISING.

A) If desired, supplemental pages may be attached to the petition. The following number of petitions, plans and supplemental pages must be submitted:

28 copies if the subject property adjoins a State road.
24 copies if the subject property adjoins a County road.

B) The undersigned agrees to furnish such additional plats, plans, reports, or other materials as may be required by the Department of Planning and Zoning and/or the Board of Appeals in connection with the filing of this petition.

The undersigned agrees to pay all costs in accordance with the current schedule of fees.

Go to page 5.

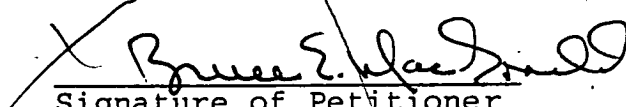
The undersigned also agrees to properly post the property at least thirty (30) days immediately prior to the hearing and to maintain the property posters as required and submit an affidavit of posting at, or before the time of the hearing. The undersigned also agrees to insert legal notices, to be published one (1) time in at least two (2) newspapers of general circulation in Howard County, as prepared and approved by the Department of Planning and Zoning, within at least thirty (30) days prior to the hearing, and to pay for such advertising costs; and further agrees to submit two (2) approved certificates of the text and publication date(s) of the advertisement at or before the time of the hearing.

9. SIGNATURES.

The undersigned hereby affirms that all of the statements and information contained in, or filed with, this petition are true and correct.

The undersigned has read the instructions on this form, filing herewith all of the required accompanying information.

Signature of Attorney



Signature of Petitioner

For DPZ office use only: (Filing fee is \$650.00 plus \$15.00 per poster)

Hearing fee: \$ _____

Poster fee: \$ _____

TOTAL: \$ _____

Receipt No. _____

(Make checks payable to "Director of Finance")

Go to page 6.

10. PETITIONERS MUST INITIAL ONE OF THE FOLLOWING:

X I wish to have a hearing date set by the Board of Appeals as soon as possible. I understand that the scheduled hearing date may be several months from now. I also understand that once a hearing date has been set, I cannot request a postponement or continuance, absent any extraordinary circumstances as determined by the Board.

_____ I wish to have the Board of Appeals wait until after receiving the Planning Board recommendation before scheduling a hearing date for my case. By so doing, I may be allowed a postponement or continuance in order to amend and resubmit my petition if the petition receives an unfavorable recommendation. This resubmission would be made to the Department of Planning and Zoning and to the Planning Board. Postponement or continuance of the Planning Board meeting will allow consideration of an amended petition by the Planning Board and other County agencies.

11. GENERAL STANDARDS:

Petitioner must note that in addition to the specific requirements of the appropriate subsection within section 131.N of the Zoning Regulations, that special exceptions within residential developments in the R-ED, R-SC, R-SA-8, R-A-15, R-MH or R-VH districts are subject to the standards enumerated in section 131.C. All requests for special exceptions must meet the following general standards set forth in section 131.B. of the Zoning Regulations for approval:

1. The location and size of the use, the nature and intensity of the operation involved in (or conducted in connection with) the use, the size of the site in relation to the use, and the location of the site with respect to the streets giving access to the site are such that the use will be in harmony with the land uses and policies indicated in the Howard County General Plan for Howard County for the district in which it is located.

2. The use will not adversely affect vicinal properties.

3. The location, nature and height of structures, walls and fences, and the nature and extent of the landscaping on the site are such that the use will not hinder or discourage the development and use of adjacent land and structures.

4. Parking areas will be of adequate size for the particular use and will be properly located and suitably screened from adjoining residential uses, and the ingress and egress drives will be laid out so as to achieve even maximum safety.

5. If a special exception use is combined with other special exception uses or permitted uses on a site, the overall intensity and scale of uses on the site is appropriate given the adequacy of proposed buffers and setbacks and the land uses indicated in the General Plan for the site and surrounding properties.

ZB or BA CASE # _____

PETITIONER BRUCE MACDONALD

ADDRESS 10041 FOX DEN RD. ELLICOTT CITY, MD
21042

Affidavit made pursuant to the pertinent provisions of Title 22 of the Howard County Code as amended.

THE UNDERSIGNED DOES HEREBY DECLARE THAT NO OFFICER OR EMPLOYEE OF HOWARD COUNTY, WHETHER ELECTED OR APPOINTED, HAS RECEIVED PRIOR HERETO OR WILL RECEIVE SUBSEQUENT HERETO, ANY MONETARY OR MATERIAL CONSIDERATION, ANY SERVICE OR THING OF VALUE, DIRECTLY OR INDIRECTLY, UPON MORE FAVORABLE TERMS THAN THOSE GRANTED TO THE PUBLIC GENERALLY IN CONNECTION WITH THE SUBMISSION, PROCESSING, ISSUANCE, GRANT OR AWARD OF THE WITHIN APPLICATION OR PETITION IN ZB OR BA CASE # _____ FOR A ZONING CHANGE AS REQUESTED.

I, WE, DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE AFOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY, OUR, KNOWLEDGE, INFORMATION AND BELIEF.

[Handwritten Signature]
Witness

[Handwritten Signature] 4/12/99
Signature Date

Witness

Signature Date

Witness

Signature Date

APRIL 12, 1999

TO: HOWARD COUNTY BOARD OF APPEALS
ELLCOTT CITY, MARYLAND 21043

FROM: BRUCE MACDONALD
10041 FOX DEN ROAD
ELLCOTT CITY, MD 21042

REF: SPECIAL EXCEPTION
BUILDING PERMIT #B00116961
LOT 11 ROYAL HOLLOW
16012 LADY CAMARIN COURT
MT. AIRY, MD 21771

DEAR FELLOW HOWARD COUNTIANS:

FIRST, ALLOW ME TO ANSWER THE FOUR GENERAL STANDARDS THAT THIS EXCEPTION CONFORMS TO FOR YOUR APPROVAL

1. THIS IS A REQUEST FOR AN ADDITIONAL 88 SQ. FT. TO THE ALLOWABLE 800 SQ. FT. IN-LAW SUITE. THE HOUSE ITSELF IS IN A RESIDENTIAL AREA WITH EVERYONE HAVING THE SAME USE. THE PLANS HAVE BEEN APPROVED BY THE DEVELOPER, THE ARCHITECTUAL COMMITTEE, AND 100% OF THE EXISTING NEIGHBORS. THERE WOULD NOT BE AN INCREASE OR FOR THAT MATTER DECREASE WITH RESPECT TO THE STREETS OR LOCAL HIGHWAYS.

2. THIS HOME WILL NOT ADVERSELY AFFECT VICINAL PROPERTIES AND FOR THE RECORD A 3800 + HOME WITH A 3 CAR GARAGE WOULD ACTUALLY HELP THE VALUES IN THE AREA.

3. BEING IN THE REAL ESTATE BUSINESS, I PLAN ON BUILDING A VERY BEAUTIFUL HOME THAT I WILL BE PROUD OF. IT WILL A POSITIVE CONTRIBUTION TO THE NIEGHBORHOOD AND HOPEFULLY ENCOURAGE THE NEIGHBORS TO BUILD WITH PRIDE OF OWNERSHIP.

4. THERE WOULD BE NO ADVERSE AFFECT ON PARKING OR INGRESS AND EGRESS TO THIS HOME. IT WILL HAVE A 3 CAR GARAGE AND LARGE PARKING PAD TO ACCOMMODATE THE EXISTING 3 DRIVERS.

I AM BUILDING A HOME TO ACCOMMODATE MY WIFE AND TWO YOUNG SONS AND ALSO MY WIFE'S PARENTS. IN BUILDING THIS HOME I AM TRYING ALSO TO MAKE IT VERY PLEASING TO THE EYE AND VERY FUNCTIONAL TO ALL. I BELIEVE I HAVE ACCOMPLISHED ALL THIS AND SOME BUT THE PLANS CALLED FOR A LITTLE LARGER IN-LAW SUITE. MY IN-LAWS WERE VERY PLEASED ABOUT THEIR NEW QUARTERS AND IF NOT

APPROVED WE WOULD HAVE TO GO BACK TO THE DRAWING BOARD TO REDESIGN THE ENTIRE IN-LAW SUITE. THIS PROCESS WAS ALREADY A LITTLE DIFFICULT AND WITH YOUR APPROVAL, I WILL NOT HAVE TO START OVER AGAIN. THANKING YOU IN ADVANCE FOR YOUR CONSIDERATION IN THIS MATTER.

RESPECTFULLY

A handwritten signature in cursive script, appearing to read "Bruce MacDonald".

BRUCE MACDONALD
OWNER



LDG INC

LEE DEVELOPMENT GROUP

Lee Plaza, 8601 Georgia Avenue, Suite 200, Silver Spring, MD 20910, (301) 585-7000, FAX: (301) 585-4604

March 25, 1999

VIA FACSIMILE: 410-740-1293

Mr. Bruce MacDonald
Remax Advantage Realty
8815 Centre Park Drive, Suite 110
Columbia, MD 21045

RE: Lots Five, Six and Eleven
Building Plans

Dear Bruce:

I enjoyed meeting with you today and cannot thank you enough for your hard work and efforts in helping Lee Development Group sell the remaining lots at our Royal Hollow subdivision. More importantly, this letter is to serve as approval of your three different house plans for Lots Five, Six and Eleven, as submitted to Lee Development Group on today's date. We look forward to seeing the finished products as they will be perfect additions to the Royal Hollow community. If you have any questions as to these matters, please do not hesitate to call

Sincerely,

Bruce H. Lee, RPA, GRI
Vice President

BHL/cmd

Bruce E. MacDonald 08/95
Christine MacDonald
10041 Fox Den Rd
Ellicott City, Md 21042

673

65-105/550

4/12/99 Date

© 1998 LAND MARKS

Day to the Order of DIRECTOR OF FINANCE \$ 665.00
SIX HUNDRED SIXTY FIVE ⁰⁰/₁₀₀ Dollars Security features included. Details on back.

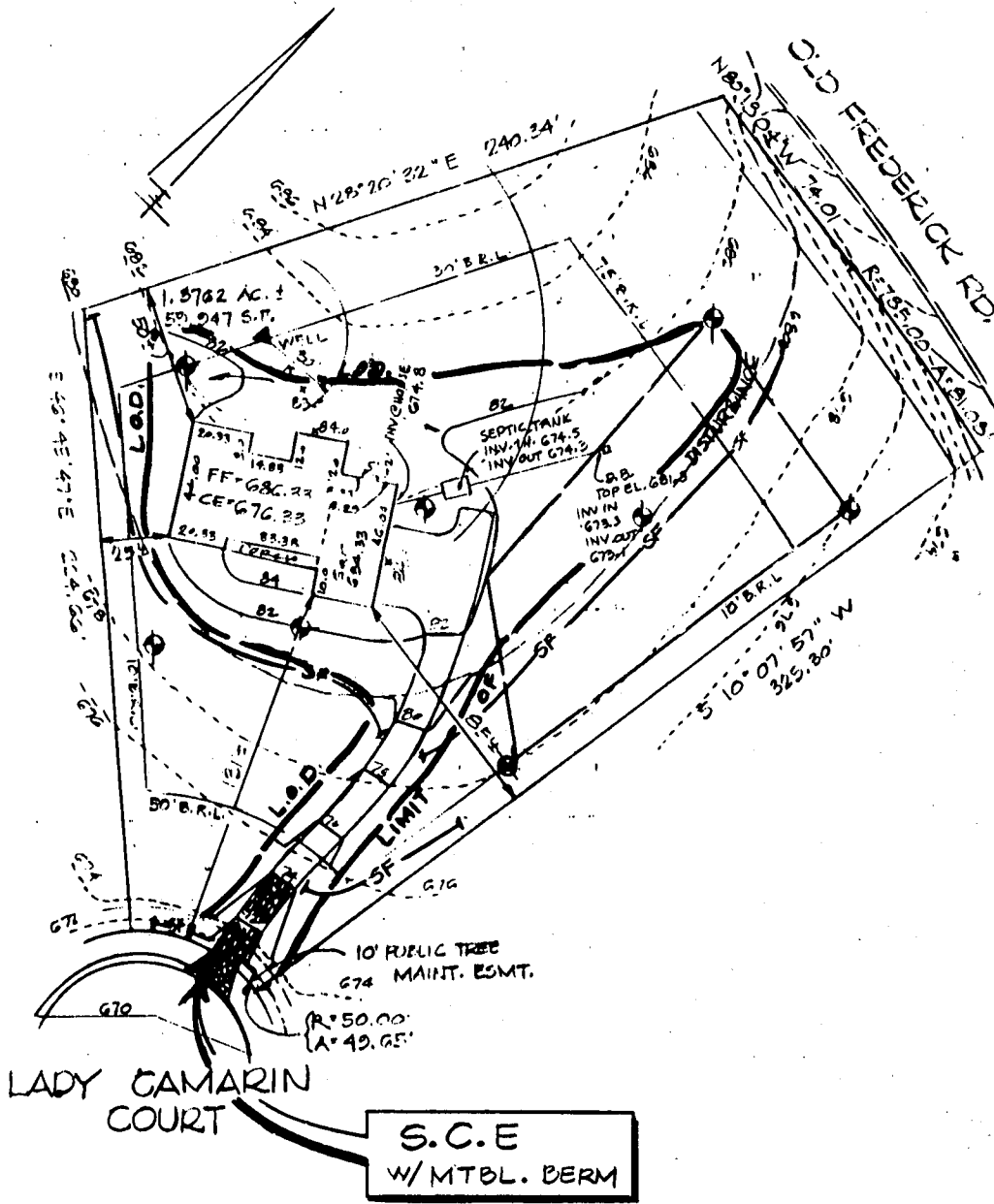
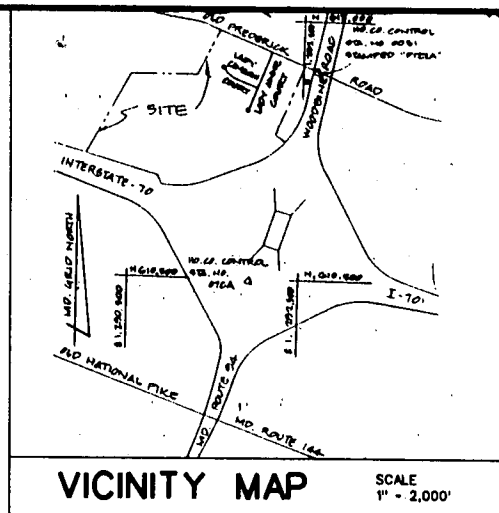
CF Bank
COMMERCIAL & FARMERS
ELLCOTT CITY, MD 21042

For

⑆055001054⑆0673 ⑈10829847⑈06

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 686.33
 B. BASEMENT ELEVATION: 676.33
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 674.8
 D. INVERT AT SEPTIC TANK: 674.5
 E. INVERT OUT AT SEPTIC TANK: 674.3
 F. PROPOSED GRADE OVER SEPTIC TANK: 682.2
 G. INVERT AT DISTRIBUTION BOX: 673.3
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 681.3
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

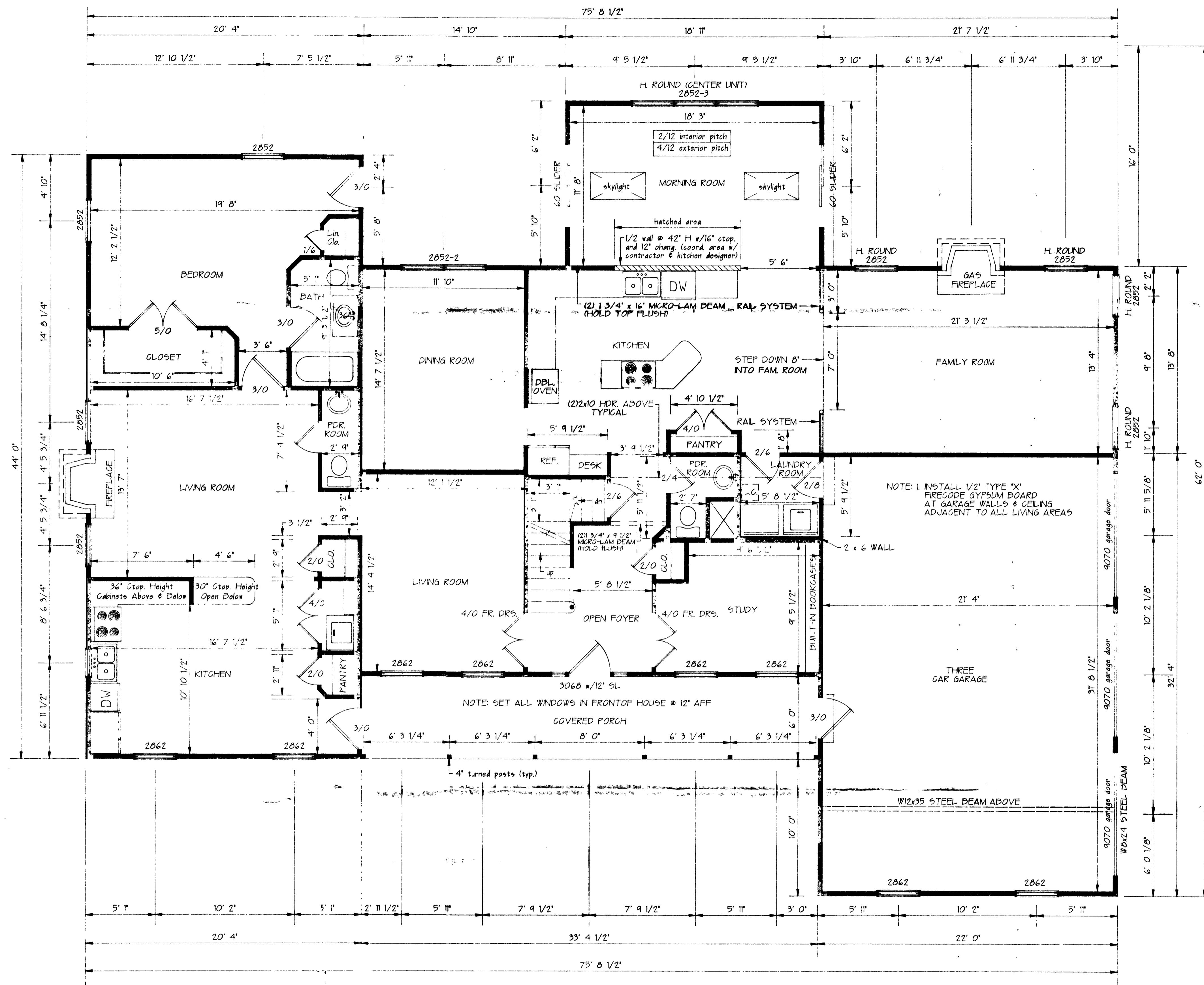


PLAN TO ACCOMPANY APPLICATION
 FOR BUILDING PERMIT
"ROYAL HOLLOW"

LOT 11

4TH ELECTION DIST. HOWARD COUNTY, MD.
 TAX MAP: 7 PARCEL: 84

<h1>CLSI</h1> <p>Carroll Land Services Incorporated</p> <p>Engineers * Surveyors * Land Development Consultants Landscape Architects * Environmental Specialists</p> <p>439 East Main Street Westminster, MD 21157-5539 (410) 876-2017 FAX (410) 876-0009</p>		
Surveyed By: _____ Drawn By: B.D.		
Date: 3/26/09		Drawing No.: 98109



FIRST LEVEL FLOOR PLAN
SCALE: 1/4" = 1' 0"

- GENERAL NOTES**
- ALL EXTERIOR WALLS REPRESENT A 4" WALL THICKNESS. ALL INTERIOR WALLS REPRESENT A 3/2" WALL THICKNESS. ALL DIMENSIONS ARE TO FACE OF STUDS, UNLESS OTHERWISE NOTED.
 - LINER TO BE HW-FR #2 OR BETTER UNLESS OTHERWISE NOTED. WALLS: 2x4 STUDS @ 16" O.C. w/R-13 INSULATION. ATTIC: PRE-ENGINEERED 2x4 TRUSS @ 24" O.C. w/R-30 INSULATION UNLESS OTHERWISE NOTED.
 - ALL WINDOW AND DOOR HEADERS SHALL BE (2) 2x10" 1/2" PLYWOOD BETWEEN ALL GARAGE DOOR HEADERS SHALL BE (2) 2x12" 1/2" PLYWOOD BETWEEN UNLESS OTHERWISE NOTED.
 - PAVE AND WATERPROOF ALL FOUNDATION WALLS PRIOR TO BACKFILLING AND TAMP DISTURBED AREAS AS REQUIRED.
 - PROVIDE ADEQUATE FIRE BLOCKING THROUGHOUT HOUSE AS REQUIRED PER CODE JURISDICTION.
 - ELECTRICAL CONTRACTOR SHALL COMPLY WITH ALL ASSOCIATED NEC. AND COUNTY APPLICABLE CODES.
 - PLUMBING CONTRACTOR SHALL COMPLY WITH ALL ASSOCIATED COUNTY APPLICABLE CODES.
 - CONTRACTOR AND/OR OWNER SHALL ASSUME RESPONSIBILITY FOR ALL ZONING AND HEALTH DEPARTMENT REQUIREMENTS PRIOR TO CONSTRUCTION.
 - ALL METHODS AND MATERIALS OF CONSTRUCTION SHALL MEET OR EXCEED THE REQUIREMENTS OF MINIMUM PROPERTY STANDARDS AND CONFORM TO THE APPLICABLE LAWS, CODES, STANDARD, REGULATIONS, ETC. OF THE STATE OF MARYLAND AND ASSOCIATED COUNTY JURISDICTION. CONTRACTOR IS TO VERIFY ALL DIMENSIONS AND METHODS PRIOR TO CONSTRUCTION.
 - EVERY EFFORT HAS BEEN MADE TO MAKE THIS SET OF COMPUTER DRAWN PLANS MEET ANY APPLICABLE CODES ORDINANCES AND GOVERNMENT CODES; HOWEVER, ANY ERRORS AND OR OMISSIONS SHALL BE THE RESPONSIBILITY OF THE OWNER AND/OR GENERAL CONTRACTOR.
 - COMMENCEMENT OF CONSTRUCTION SIGNIFIES ACCEPTANCE/APPROVAL OF DRAWINGS BY OWNER AND/OR GENERAL CONTRACTOR AS SUBMITTED/DRAWN. ANY ALTERATIONS, REVISIONS, OR MATERIAL SUBSTITUTIONS BY OWNER AND/OR GENERAL CONTRACTOR MUST BE APPROVED IN WRITING BY DIVERSIFIED BLUEPRINT SERVICES, INC. PRIOR TO EXECUTION OF CHANGES. OWNER AND/OR GENERAL CONTRACTOR ASSUMES TOTAL RESPONSIBILITY FOR DESIGN/PROJECT.

NOTE: IT IS HIGHLY RECOMMENDED THAT A PROFESSIONAL ENGINEER REVIEW AND/OR CERTIFY ALL DRAWINGS PRIOR TO SUBMITTING FOR PERMITS AND/OR PRIOR TO CONSTRUCTION.

TELEPHONE
410-957-3641
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DIVERSIFIED DRAFTING & DESIGN
6400 DAMASCUS RD.
LAYTONSVILLE, MD 20882

• COMPUTERIZED DRAFTING • DESIGN
• BLUEPRINTING SERVICES

OWNER/CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL STAMPS, SEALS & PERMITS AS REQUIRED BY GOVERNMENT AGENCIES.

ACCEPTANCE OF FINAL DRAWINGS BY OWNER/CONTRACTOR INDICATES APPROVAL OF DRAWINGS AS SUBMITTED. IT IS SUGGESTED THAT ALL DIMENSIONS, STRENGTHS, MATERIALS & SPECIFICATIONS ARE VERIFIED BY OWNER/CONTRACTOR PRIOR TO CONSTRUCTION OF PROJECT.

FIRST LEVEL FLOOR PLAN			
NEW RESIDENCE FOR: Bruce MacDonald 10041 Fox Den Road Ellicott City, Md 21042 (Lot #16012)			
DATE	3-9-99	DRAWN BY	LJJ
SCALE	AS NOTED	CADD FILE	OPENOFF
		SHEET	3 OF 6