

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58999B

A 49989-J

DISTRICT 5th

DATE 9/30/97

DATE SYSTEM APPROVED 2/1/98

INSPECTOR [Signature]

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

05-425980
INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Hyde Property LOT 11 ROAD 12320 Hydeaway Court

PROPERTY OWNER Cornerstone Homes, Inc. / Richard A. Chvala

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280 210

PUMPED SYSTEM ONLY

Install: 1-1000 Gal. Pump Chambers with dual or single effluent pumps, controls and alarms.

Contractor to supply pump detail prior to issuance of septic permit.

TRENCHES - Trench to be ² feet wide. Inlet ⁴ feet below original grade. Bottom maximum depth ² feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 15 feet off the 230.00' lot line and 80 feet off the 155.00' lot line. Run trenches on contour towards the 155.00' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/5/97 DKS

PLANS APPROVED BY Donna K. Soe DATE 09/03/97

2000 PERMITS SIGNED
AND RETURNED 7/12/00
1300125384 Pool

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

2000 PERMITS SIGNED
AND RETURNED 4-22-98
Serial # BT 11231-dcd

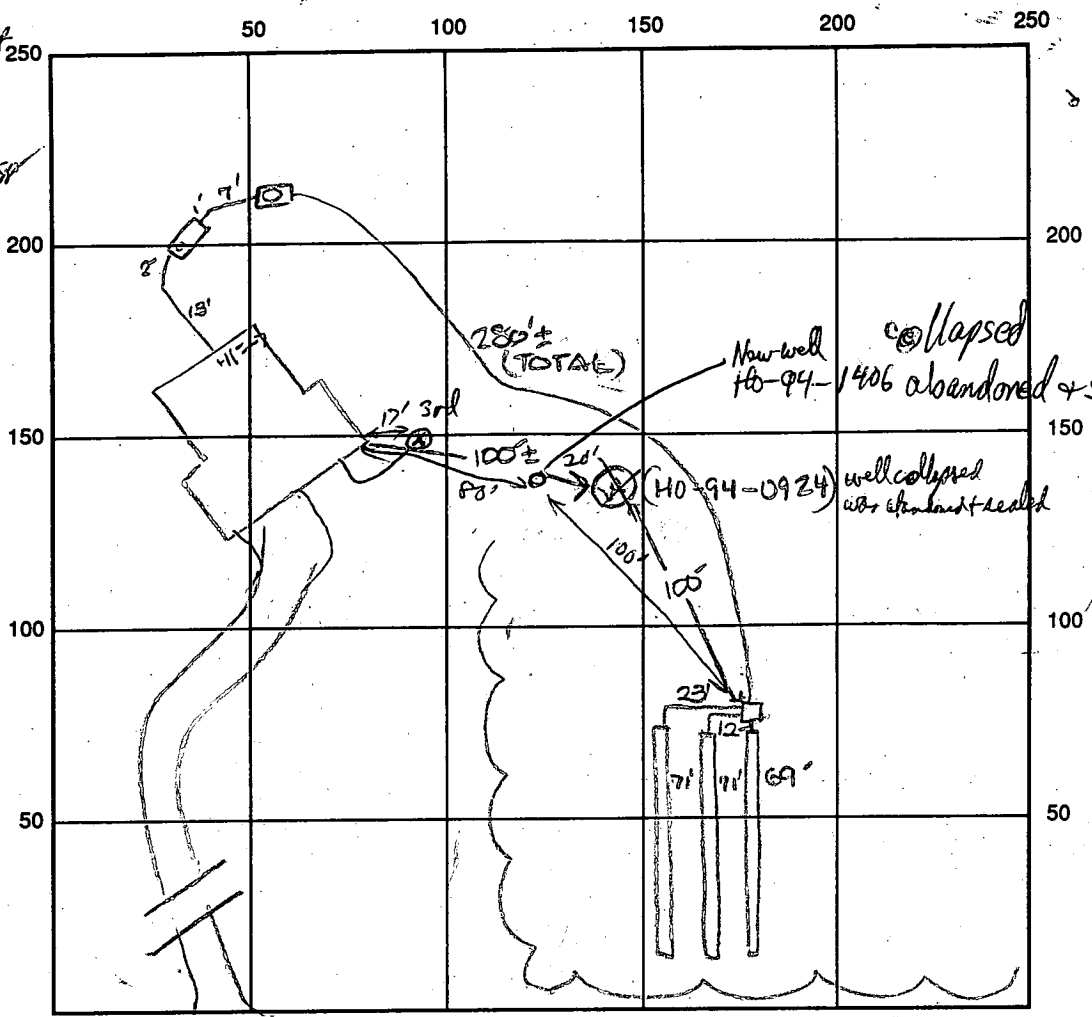
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 49989-J

3/12/98
 3rd well site is
 acceptable 15-20 ft
 From there is
 repair to clean
 site. P/B 3/12/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Top Seams well pump pits
 SEPTIC TANK LEVEL OK - 1250 gal st. Hydeaway Court
 DISTRIBUTION BOX LEVEL OK 1000 gal pump pit
 CLEANOUTS one on s.t., manhole on pump pit

DRAIN FIELD/TITLE DEPTH 80 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2x21 FT. → 211'
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 844 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 10/7/97 OK to cover from house to pump pit. DKS
10/8/97 A.M. OK to store trenches and continue. DKS
10/8/97 P.M. OK to cover all septic work. Needs
pump/ alarm check for final. DKS
Alarm OK - No Control Box, only circuit breaker, pump float, alarm, on/off - work OK - OK to cover
Note - leaf drains toward septic tank - potential infiltration if ~~landscaping~~ seal is loose. P/B 2/10/98

DATE SYSTEM APPROVED 2/11/98 INSPECTOR P/B
 3rd well WPT 3/12/98 - fillers depth OK from LPI AP 3/12/98

APPLICATION

PERCOLATION TESTING

A 49989J

P _____

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

DISTRICT _____

DATE 4/26/94

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 H&A CONSTRUCTION INC to AL PROCOPIO
CORNERSTONE HOMES, INC

ADDRESS 1046 Annapolis Rd. Gambrills Md PHONE (301) 621-7888

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER INC.
21054

ADDRESS 9171 Balto. Natl. pike ellcott city PHONE 461-2855
MD. 21042

PROPERTY LOCATION: HYDE PROP.

SUBDIVISION MD. RT 216 & PETRILLO DRIVE LOT NO. 10 Prelim Plat # 11 (F-96-145)

ROAD AND DESCRIPTION (12320 Hydeway Court)

TAX MAP 40 PARCEL # 133

**OLD PERMIT SIGNED
AND RETURNED 9-3-92
Serial # BM107449
S.F.D. - YBW**
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 1 AC. TYPE BLDG. _____

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. Zacharia Y. Fisch
(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

A4988 J
COUNTY #

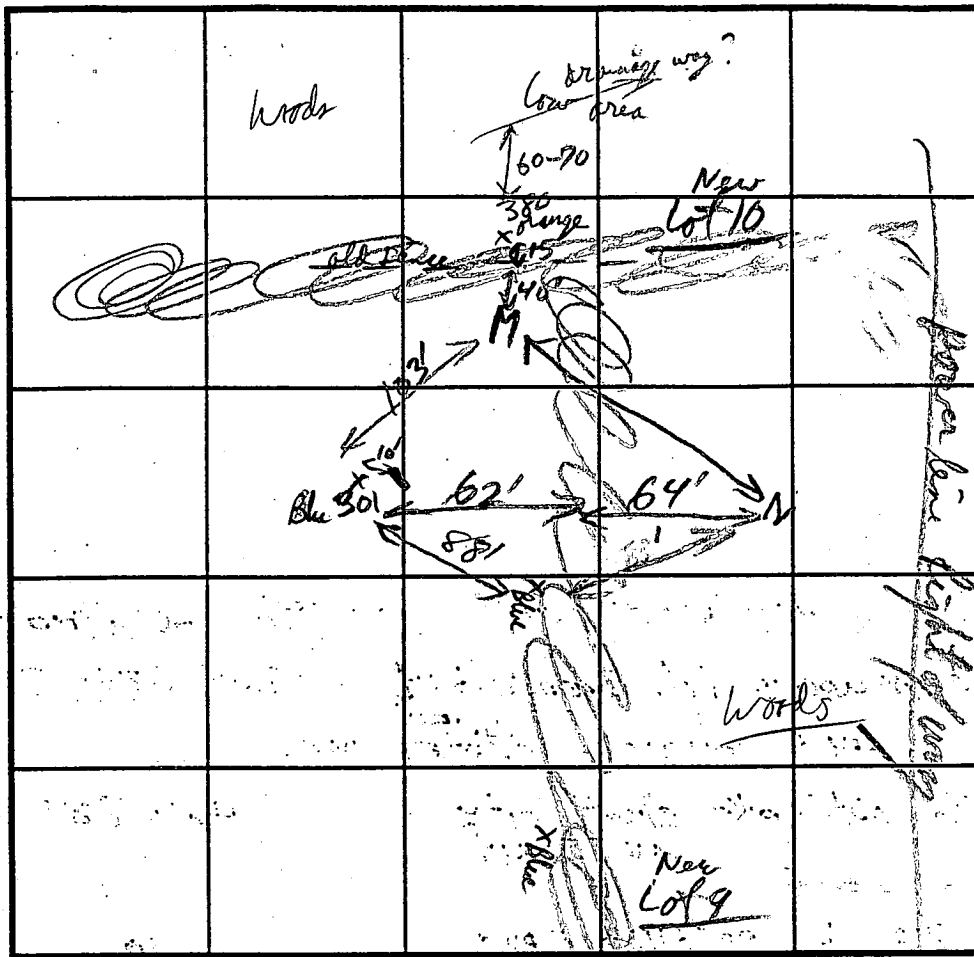
SOIL PROFILE

0' M

0'	Yel Brn SiCL
2'	grey SiCL
	Yel Brn E Red grey Mica
4'	SiCL-HL Red-Red Brn Mica L
8 1/2'	Mix grey and Neutral to Red Brn Mica brown
12'	dark Brn Mica L-SL Mica E Yel-Green LS

N

3'	Yel Brn limonaceous Mica L-SL
1 1/2'	dark Brn Mica L-SL
6'	pale Yel Brn Mica SL
7 1/2'	Red Brn Mica L-SL
12'	pale Yel Red SL str. Saprolite



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

0'	
----	--

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-5-99	M	3 1/2'	2:18:00	2:22:00	pulled by art			
		beside man VD	2:27:12	2:29:(2')	OK below 5'		8 min	
		repair	2:29:53	2:32:30	2:40:00		2 min	
	N	4'	2:07:50	2:08:10	2:11:30			
		4'	Mixed	2:05:40	2:02:10			
		1/2	OK any depth					

REMARKS _____

TYPE OF SOIL _____

TESTED BY *[Signature]* ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

(Cont)
A 47693 lot 7
P _____

WARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 4/14/92

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Hyde Property LOT NO. 6-47

ROAD AND DESCRIPTION _____

TAX MAP 40 PARCEL # 129

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

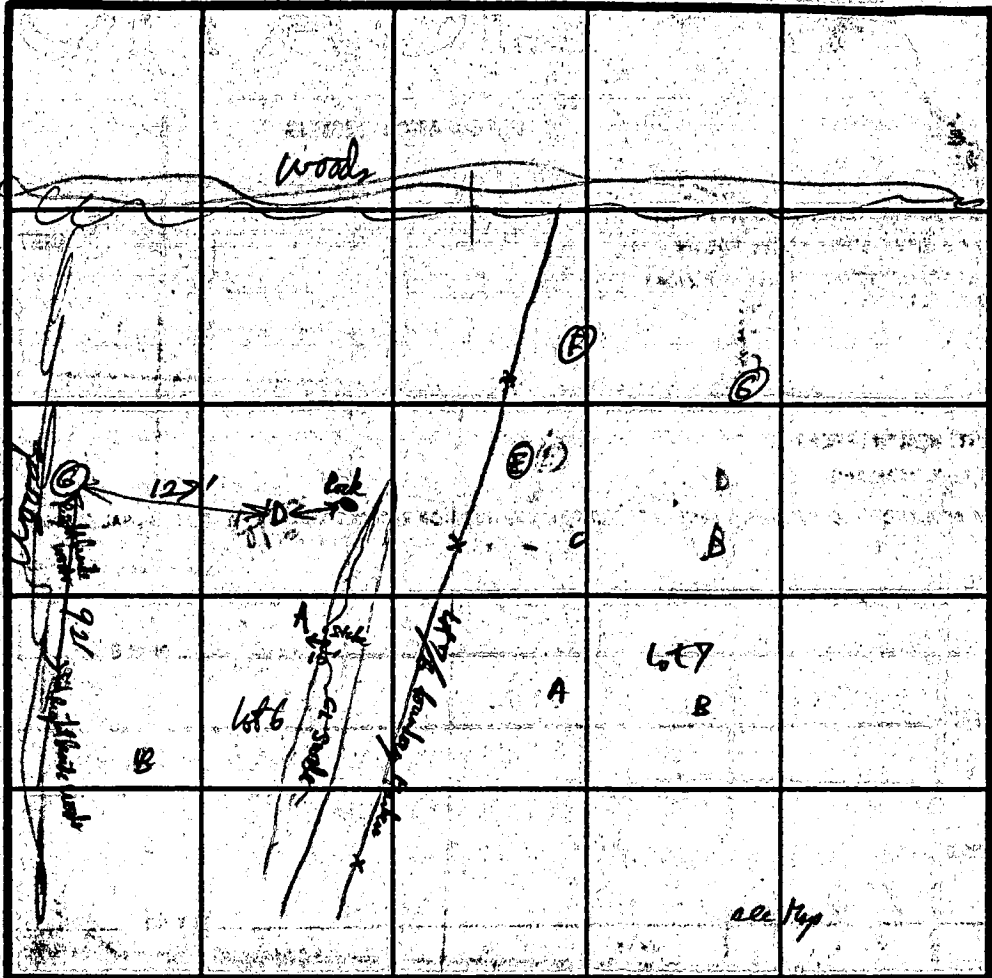
*lots Not Developed
Holes for lot 6 are
on Final lot 10
Holes for lot 7 are in
Common Area used for
SWM Pond in
Final Plat F-96-415*

HD-216

THIS IS NOT A PERMIT

487
Hole 67
 SOIL PROFILE

0	Red Br SCL
2 1/2'	Red Br SCL - ASL
6'	Orange clay + subgrade separate
13 1/2'	



Lot 6
Hole 6
 Walkway - Str Br
 15' SCL
 Red Cl - C

6'	Orange clay + subgrade separate (Close and Brn to orange clay underlay)
13'	

Hole E7

1 1/2'	Medium ASL
2 1/2'	
5'	Orange SCL
10'	10' subgrade
12'	Orange clay + subgrade separate

Hole E7

12'	Strong buff brown 2' orange orange SCL
-----	---

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/14/92	lot 7 G	4'	10:18:00	10:20:42	10:20:52	10:21:00	3min
		7 1/2'	10:16:30	10:20:42	10:20:42	10:21:00	3min
		13 1/2'					
	E	4 1/2'	10:26:00	10:32:00	10:32	10:49:00	17min
		7 1/2'	10:27:00	10:29:00	10:29:00	10:32:00	3min
		12 1/2'					
	F	5'	10:57:00	11:00:00	11:03:00	11:34:00	34min
		7 1/2'	10:40:00	10:46:00	10:46:00	10:57:00	13min
		12'					
	lot 6 G	@ 4'	11:05:00	11:06:00	11:06:00	11:07:00	3min
		@ 7 1/2'	11:05:00	11:06:00	11:06:00	11:07:00	3min
		12'					

REMARKS: 487 Patch asphalt on contours

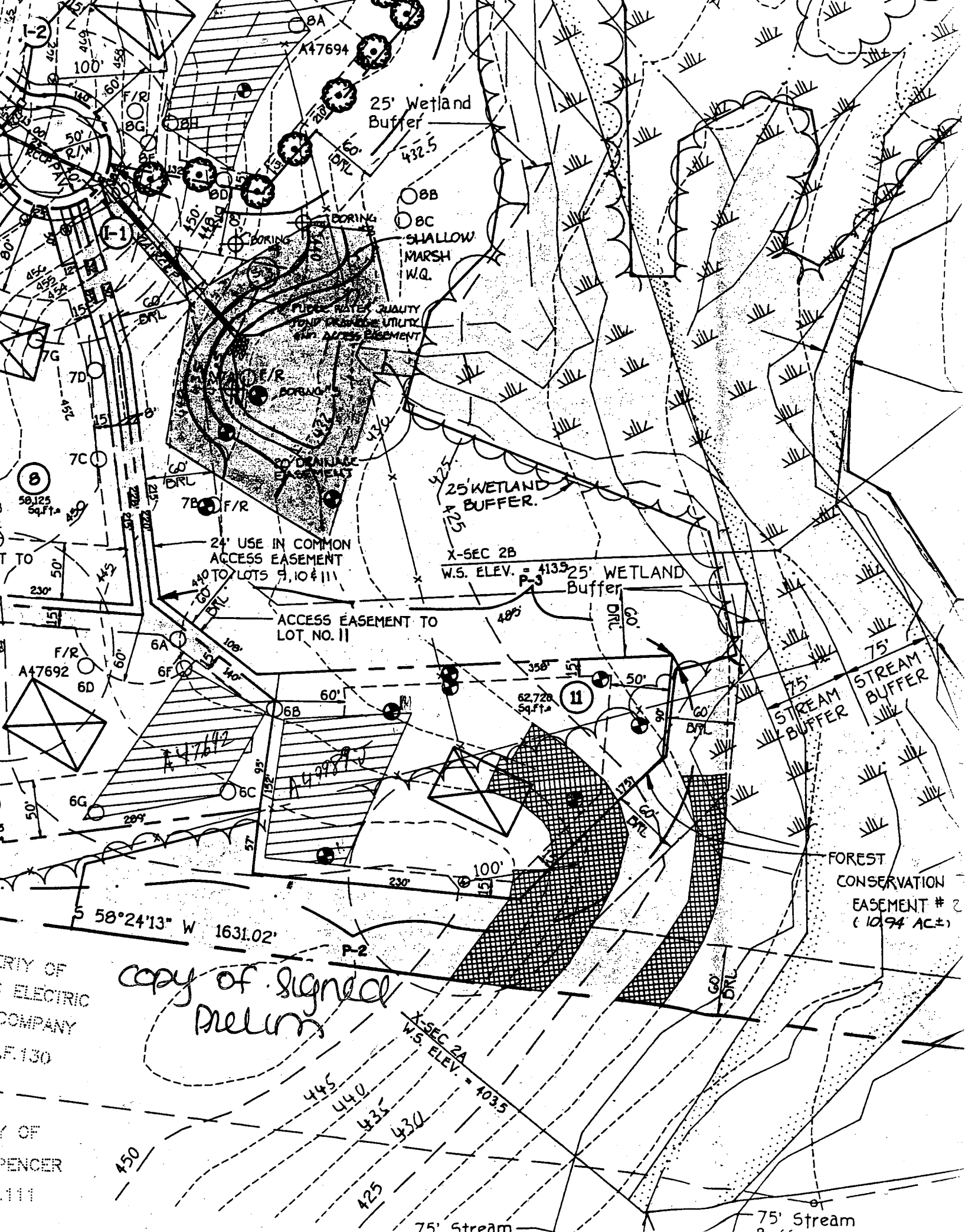
TYPE OF SOIL: Center Manor

TESTED BY: R.P. Miller

ALSO PRESENT: R.P. Miller

OK labor 5'

OK labor 6'



25' Wetland Buffer

BB
BC
SHALLOW MARSH W.Q.

25' WETLAND BUFFER.

X-SEC 2B
W.S. ELEV. = 413.5
25' WETLAND Buffer

ACCESS EASEMENT TO LOT NO. 11

24' USE IN COMMON ACCESS EASEMENT TO LOTS 9, 10 & 11

75' STREAM BUFFER
75' STREAM BUFFER

FOREST CONSERVATION EASEMENT # 2 (10.94 AC±)

copy of signed Prelim

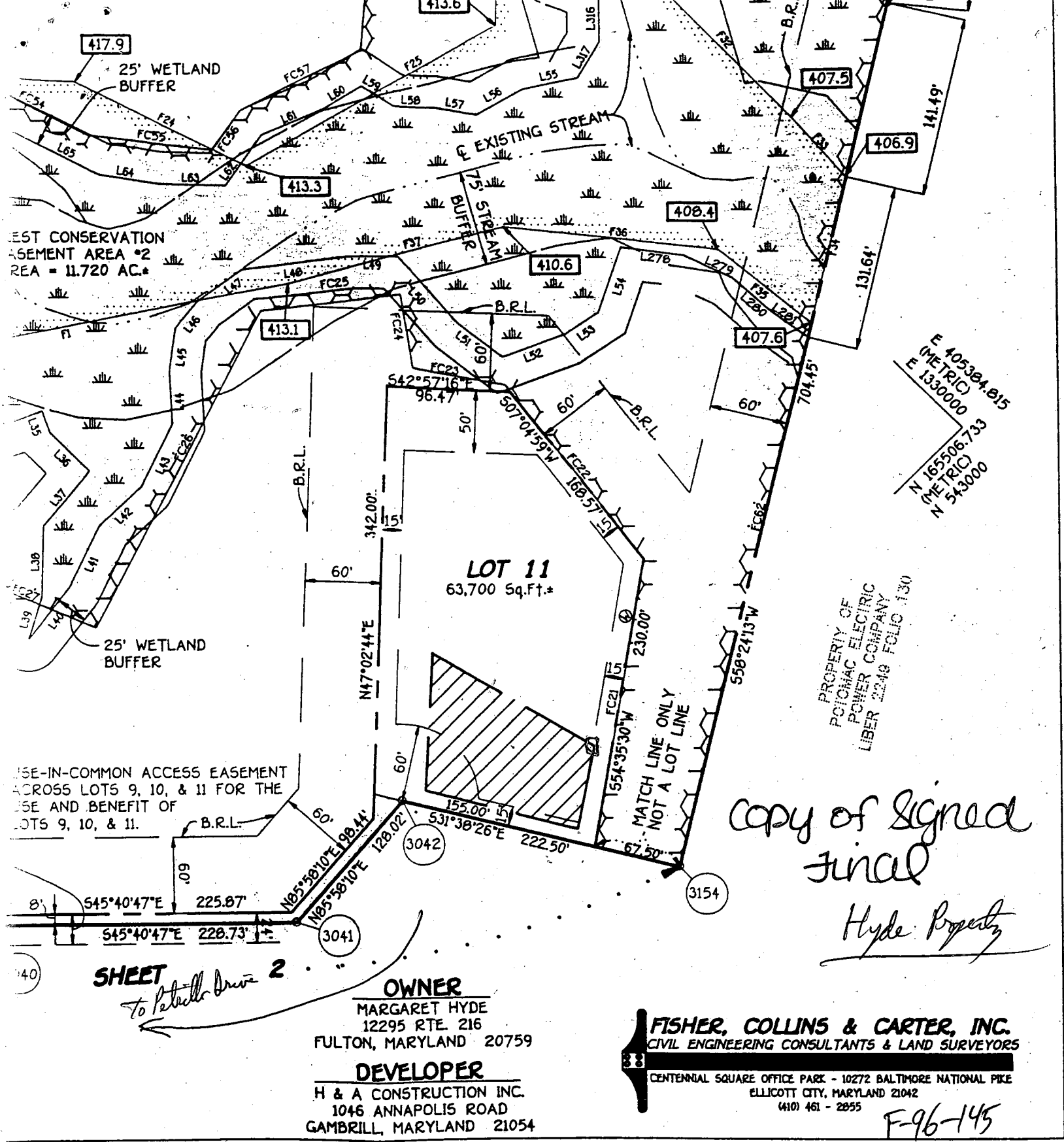
X-SEC 2A
W.S. ELEV. = 103.5

75' Stream

75' Stream

PROPERTY OF
ELECTRIC
COMPANY
F.130

PROPERTY OF
PENCER
1111



E 405384.815
(METRIC)
E 1330000
N 165586.733
(METRIC)
N 543000

PROPERTY OF
POTOMAC ELECTRIC
POWER COMPANY
LIBER 2248 FOLIO 130

*copy of signed
final*

Hyde Property

SHEET
to Petrella Drive 2

OWNER
MARGARET HYDE
12295 RTE. 216
FULTON, MARYLAND 20759

DEVELOPER
H & A CONSTRUCTION INC.
1046 ANNAPOLIS ROAD
GAMBRILL, MARYLAND 21054

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

F-96-145

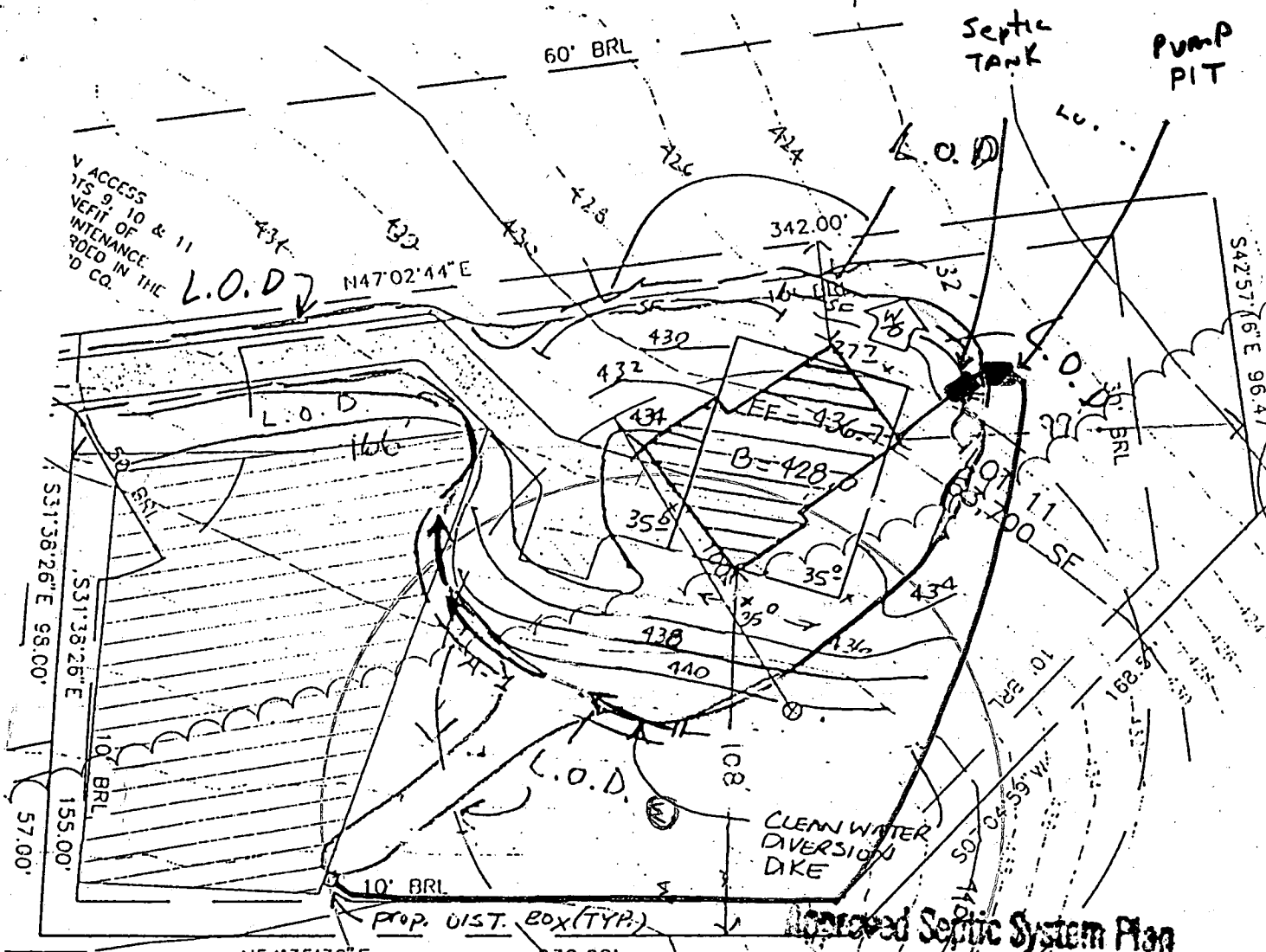
SURVEYOR'S CERTIFICATE

THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS
RISED OF (1) PART OF THE LANDS CONVEYED BY PERRY C.
BARA L. WESTLAND, TO JOHN P. HYDE AND MARGARET A. HYDE
17, 1957 AND RECORDED AMONG THE LAND RECORDS OF
MARYLAND IN LIBER 299 AT FOLIO 120 AND (2) ALL OF THE
BY JOHN BURDOFT AND JUANITA M. BURDOFT TO JOHN P.
ET A. HYDE BY DEED DATED NOVEMBER 8, 1954 AND
THE AFORESAID LAND RECORDS IN LIBER 262 AT FOLIO 259
UMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO
E SUBDIVISION BY HOWARD COUNTY, AS SHOWN IN

RECORDED AS PLAT No. _____ ON _____
AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

HYDE PROPERTY
LOTS 1-15
AND PRESERVATION PARCEL "A"

REVISED 9/2/97
 Permit # B00107449



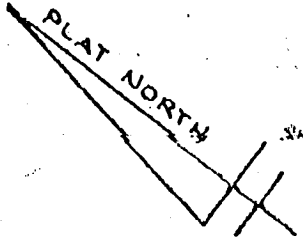
INV AT HOUSE	426.5
INV IN TANK	426.0
INV OUT TANK	425.7
* INV IN PRESSURE TANK	425.4
* INV OUT PRESSURE TANK	425.0
INV IN DIST. BOX	444.0
EX GRADE DIST. BOX	449.0

Approved Septic System Plan
 Howard County Health Department

Donna K See 9/3/97
 Signature Date

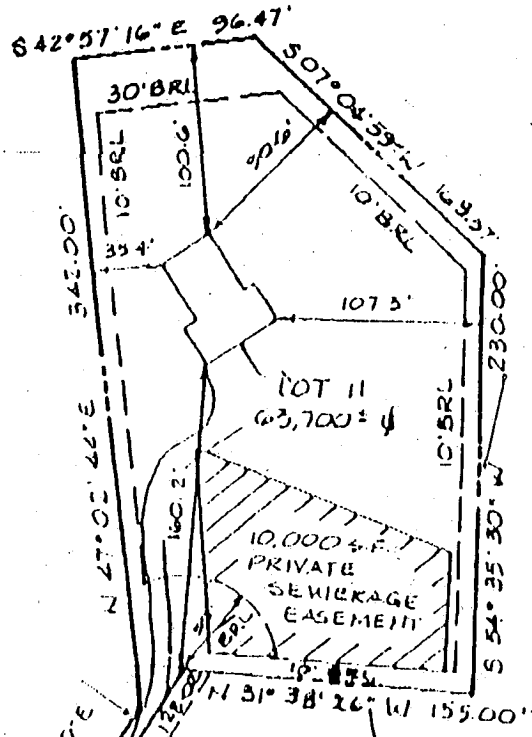
BUILDER: CORNERSTONE HOMES, INC. 7405 BUCKS HAVEN LANE HIGHLAND, MD. 20777 (410) 988-9146 2/2/98	PROJECT: HYDE PROPERTY LOT 11
	LOCATION: TAX MAP 40 - PARCEL 133 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND
	TITLE: PLOT PLAN
DATE:	MAY, 1997
	DRAWING 1 OF 3

GP 97-176



PRE-SERVATION
PARCEL 'A'

24' USE-IN-CONJUNCTION
ACCESS EASEMENT II
ACROSS LOTS 9, 10 & 11
FOR THE USE AND
BENEFIT OF
LOT II

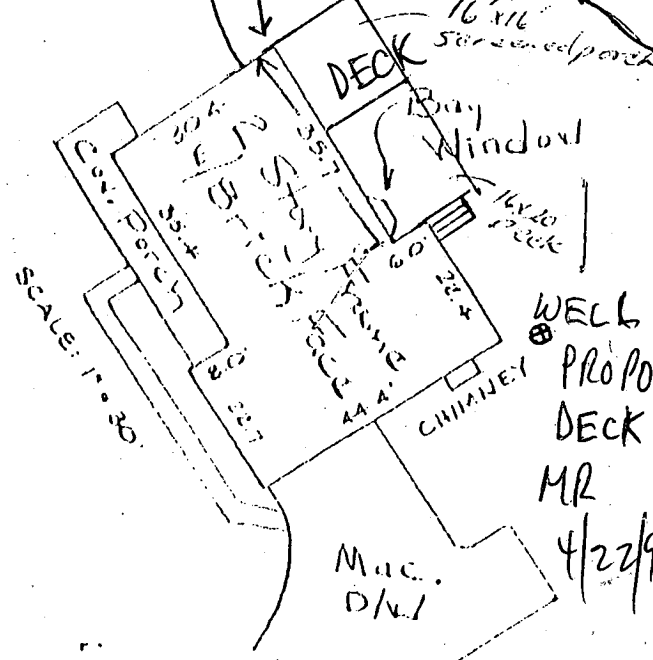


HYDEAWAY
COURT



TOP OF FOUNDATION
WALL ELEV. = 436.7'

Macadam D/W
(width varies)
Meanders within Easement



WELL
PROPOSED
DECK OK
MR
4/22/98

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FIRM F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare 2-9-98
PETER J. DARE
MD. PROPERTY LINE SURVEYOR #224

LOCATION DRAWING
HYDE PROPERTY

RECORD PLAT No. 1246B
FEMA FIRM No. 240044 0057 B
DATED DECEMBER 4, 1986

LOT II
12320 HYDEAWAY CT.

C1 4116

SEQUENCE NO. (MDE USE ONLY) 128-52

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER HOA 49989-1

ST/CO USE ONLY DATE RECEIVED 4-2-98

DATE WELL COMPLETED 03-16-98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1468

OWNER CORNERSTONE HOMES last name first name STREET OR RFD 12320 HIDEWAY CT TOWN SUBDIVISION HYDE PROPERTY SECTION LOT 11

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top soil, Sand Silty Clay, Sand Silt clay mica Mixed, brown mica, Sand Silt clay, brown mica, Sand Stone, gray mica, brown mica, gray mica, Sand Stone, Gray mica, Sand Stone, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 46 NO. OF POUNDS 7600 GALLONS OF WATER 230 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 85 ft.

CASING RECORD

STAINLESS STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT) MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 236

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

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 2. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 400 ft. TYPE OF PUMP USED (for test) Air (A) piston (P) turbine (T) centrifugal (C) rotary (R) other (describe below) (O) jet (J) submersible (S)

PUMP INSTALLED

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

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y) (N)

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

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. MW040 BEAR F. GINTERBERG DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW501 CHARLES F. COLLINS

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

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 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

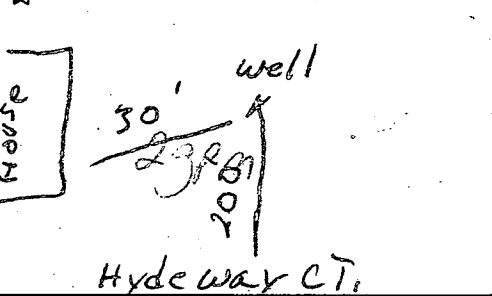
DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 **5413** SEQUENCE NO. (MDE USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1468
70 fill in this form completely 79

Date Received (APA) **03/10/98**
8 MM DD YY 13
OWNER INFORMATION - RN **7361**
15 **Cornerstone Homes** Last Name Owner First Name 34
36 **9691 Norfolk Ave** Street or RFD 55
57 **Laurel, Md. 20723** Town / 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 **Howard** COUNTY 21
23 **Hydeway Manor (Hyde Property)** SUBDIVISION 42
SECTION 44 46 LOT **11** 48 50
52 **Fulton** NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **1** M I
73 76 77 78

DRILLER INFORMATION
Driller's Name **George F. Easterday** M **WD 040** License No. 81
Firm Name **Franklin Easterday, Inc.**
Address **9265 Brown Church Rd., MT. Airy, Md. 21771**
Signature **George F. Easterday** Date **1/29/98**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 **Hydeway Ct** NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **50** 37 DISTANCE FROM ROAD Ft. 38 39
ENTER FT OR MI
TAX MAP: **40** BLK: **18** PARCEL **133**

B 2 WELL INFORMATION
1 2 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)
22 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. **A49989-J**
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED **03-11-98** CO SIGNATURE **[Signature]** EXP. DATE **3/11/99**
43 MM DD YY 48
NORTH GRID **482000** EAST GRID **0815000**
50 55 57 63

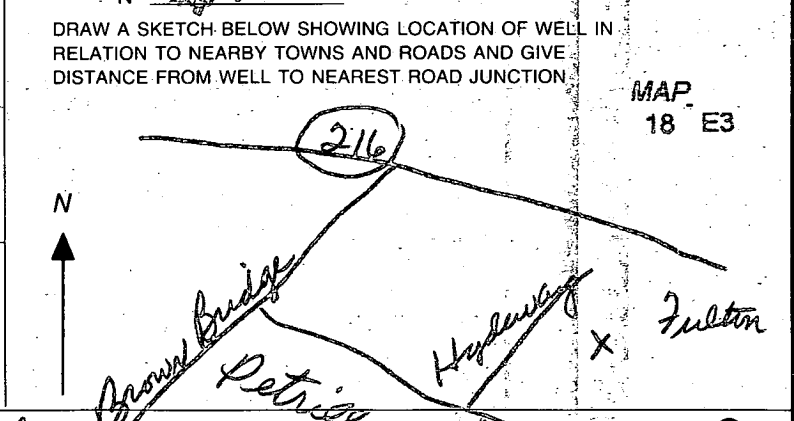
APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 **AIR-ROTary** AIR-PERCussion ROTARY (Hydraulic Rotary)
32 **CABLE** REVerse-ROTary Drive-POINT
other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **wells**
2. _____
3. _____
WRITE THE BOX NUMBER FROM THE MAP HERE
E **8165** 000 000
N **482**

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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 **HO-94-1406** 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER **HO 96** G.A.P. **013** 63
FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HO-94-1468** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **Try to keep well 20ft from house**
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: March 16 1998 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HD - 98 - 1406

* PERMIT NUMBER OF REPLACEMENT WELL HD - 98 - 1468

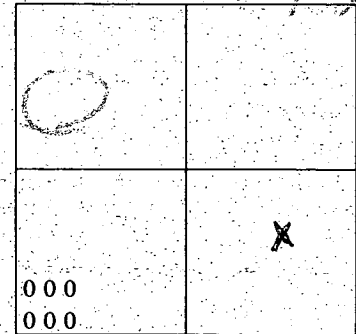
* PERSON ABANDONING WELL: Albert Easterday

WELL DRILLERS LICENSE NUMBER: JWD 328

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: CORNERSTONE HOMES

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: FULTON
 TAX MAP 40 BLOCK 18 PARCEL 133
 SUBDIVISION: HYDE PROPERTY
 SECTION: _____ LOT: 11
 NEAREST ROAD: Hydeaway Ct



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 815
 N 482

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 190 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 3

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite/cement	90	2
TOPSOIL	2	0

SIGNATURE George L. Easterday
 MASTER WELL DRILLER OR SUPERVISING SANITARIAN

040
 LICENSE #

(MWD) MSD/MGD
 CIRCLE ONE

3/16/98
 DATE

C 1 6553

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A49989J

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED 2/11/98

DATE WELL COMPLETED 2 2 98

Depth of Well 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1406

OWNER Cornerstone Homes first name last name STREET OR RFD Hydeaway Court TOWN Fulton SUBDIVISION Hyde Property 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, FEET FROM, FEET TO, check if water bearing. Includes entries for Top Soil, Brown Shell, MILA, and Sandstone.

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

casings types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used)

diameter inch, depth (feet) from to

SCREEN RECORD

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

DEPTH (nearest ft.)

Table with columns 1-6 for depth measurements. Includes handwritten values 40, 59, 100.

DIAMETER OF SCREEN (NEAREST INCH) from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

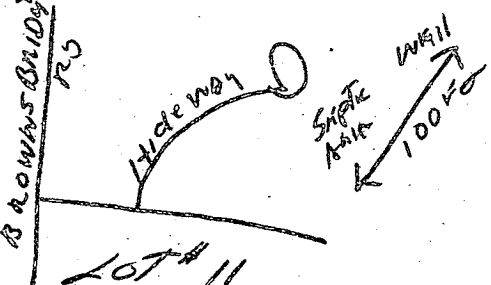
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 14.2 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 50 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 10 PUMP HORSE POWER 1/2 HP PUMP COLUMN LENGTH (nearest ft.) 3 FO CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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

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

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. MSD143 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M D

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

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: FEB-6-98 (month/day/year)

(Tag destroyed)

H	0	9	4	0	9	2	4
---	---	---	---	---	---	---	---

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

H	0	9	4	1	4	0	6
---	---	---	---	---	---	---	---

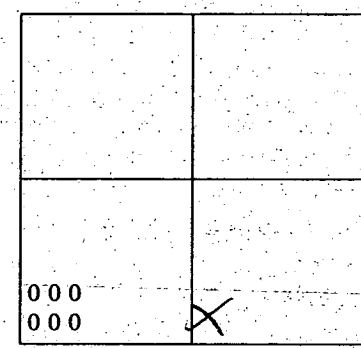
* PERSON ABANDONING WELL: PERRY HAZLEY

WELL DRILLERS LICENSE NUMBER: 143
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: CORNERSTONE

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: FULTON
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Hyde Snodgrass
 SECTION: _____ LOT: 11



SHOW WELL LOCATION BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Stone Type F Cement 103095	200 105	30 541-264

MARYLAND GRID COORDINATES

BOX NUMBER E 815
 N 482 ←

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 1/4" INCHES IN DIAMETER

* DEPTH OF WELL: 200 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 3 Ft

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Perry Hazley MWD/MSD/MGD: 2-6-98
 LICENSE #143 CIRCLE ONE DATE

C1 7826

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 4989J

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 110596

Depth of Well 200

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-0924

OWNER H+A Construction last name Petrillo Dr first name TOWN Fulton SUBDIVISION Hyde Property 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 handwritten entries: TOP SOIL 0-5, BROWN SHIL 6-60, MILB SAND 61-200, SAND SAND 61-200, GOT WATER 90-110.

GROUTING RECORD yes no WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

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

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

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

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

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

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

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

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 045 DRILLERS SIGNATURE (Must match signature on application) LIC. NO.

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

DEPTH (nearest ft.) table with columns 1-21 and rows E, H, S, C, R, E, S, N. Includes handwritten entries: 10, 11, 200.

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

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

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

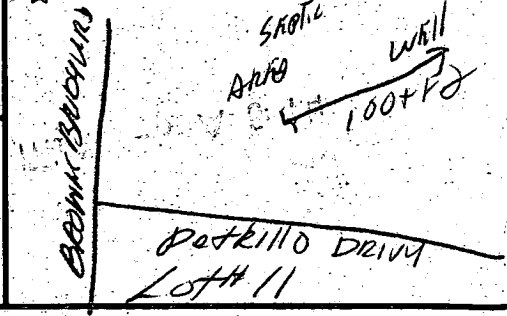
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 197 ft. WHEN PUMPING 123 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 **3017** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **H0-94-0929**

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please print or type *fill in this form completely*

2 Date Received (APA) **070296** OWNER INFORMATION

8 **448** **CONSTRUCTION INC** **13**

15 Last Name **Owner** First Name **34**

36 **1046** **AMARPO115** **RD** **55**

57 **GAMBRILL** **MD21054** **76**

Town State Zip

B 3 LOCATION OF WELL

1 **2** **HOWARD** **21**

8 COUNTY **21**

23 SUBDIVISION **42**

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

52 NEAREST TOWN **71**

73 **2** **MI** **78**

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION HARLEY **MSP/IMGD** **249** **040**

WAY **DRILLER'S NAME** **77** License No. **80**

HARLEY Drilling & Pump Systems **40**

Box 160 W. Reesville, MD 21793 **40**

Signature **Date**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30**

NEAR WHAT ROAD **30**

Hydeaway **Petrillo Dr**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **200** **37**

DISTANCE FROM ROAD

ENTER OR MI **FO** **38** **39**

TAX MAP: **40** BLK: **18** PARCEL **133**

B 2 WELL INFORMATION

1 **2** APPROX. PUMPING RATE (GAL. PER MIN.) **3** **4** **5** **6** **7** **8** **9** **10** **11** **12**

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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

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

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **A 49989 J.**

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED **091796** **9/17/97** INSERT S **41**

CO SIGNATURE **EXP. DATE**

NORTH GRID **482000** EAST GRID **0816000**

50 **55** **57** **63**

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

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **well**

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8105

N 4802

000 **000**

No Asp 6' root 11/2/96

Browns Br. Rd **216 Scaggsville Rd**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

D THIS WELL WILL DEEPEN AN EXISTING WELL

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N **RT# 216 SCAGGSVILLE RD**

Browns Br. Rd **Hydeaway Court** **Petrillo Dr**

LOT # 11

Not to be filled in by driller (OEP USE ONLY)

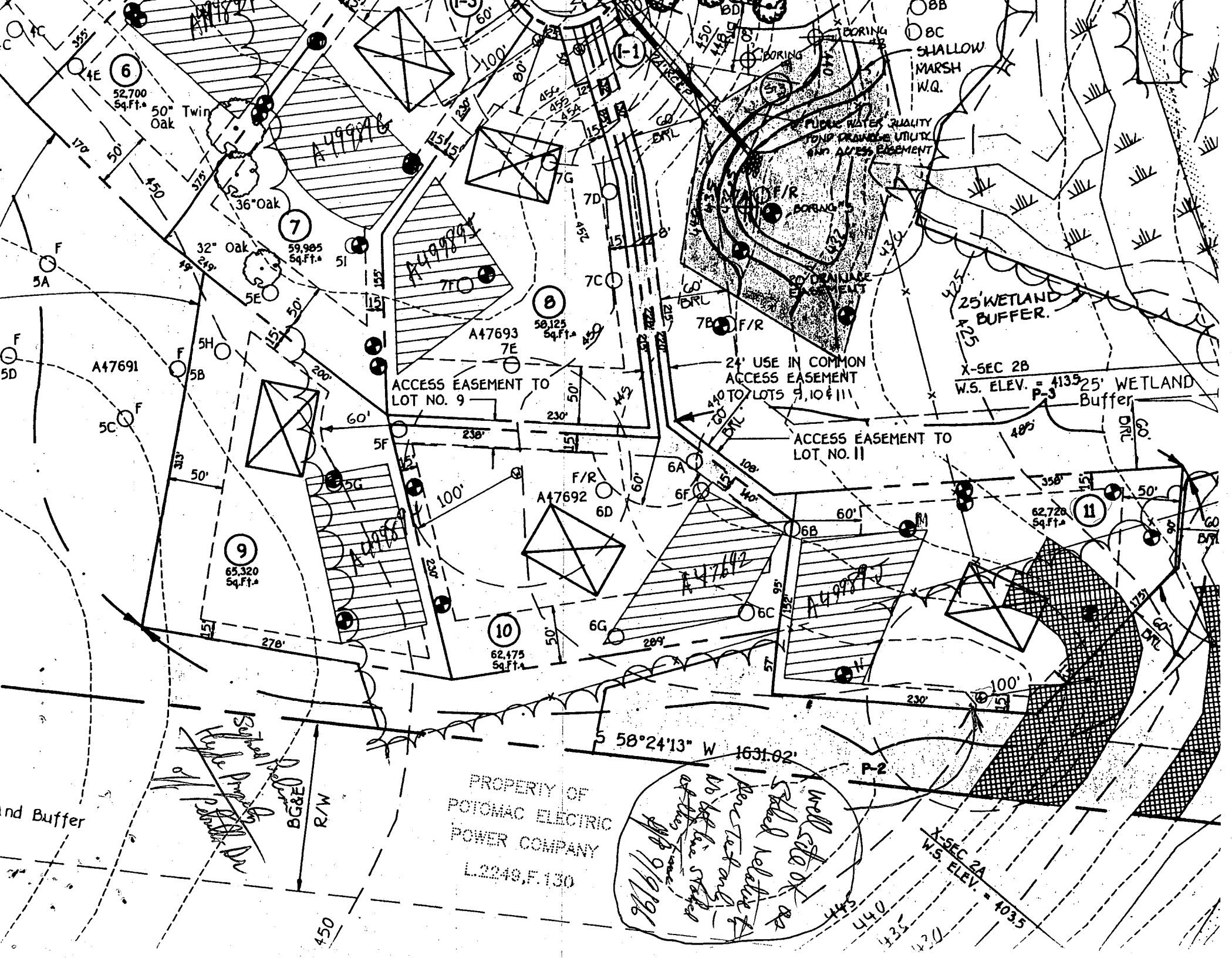
APPROP. PERMIT NUMBER **H096GAP013** **54** **63**

FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **H0-94-0929** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY



88
BC
SHALLOW
MARSH
W.Q.

POOR WATER QUALITY
DUMP ORANGE UTILITY
AND ACCESS EASEMENT

25' WETLAND
BUFFER.
X-SEC 2B
W.S. ELEV. = 413.5
P-3
25' WETLAND
Buffer

ACCESS EASEMENT TO
LOT NO. 11

ACCESS EASEMENT TO
LOT NO. 9

24' USE IN COMMON
ACCESS EASEMENT
TO LOTS 9, 10 & 11

PROPERTY OF
POTOMAC ELECTRIC
POWER COMPANY
L2249.F.130

*well stock or
stake relative to
Perc Test and
As of line staked
at the time
9/9/96*

X-SEC 2A
W.S. ELEV. = 403.5

6
52,700
Sq.Ft.
50° Oak
Twin
36° Oak
7
59,985
Sq.Ft.
32° Oak
51
A47693
7E
58,125
Sq.Ft.

9
65,320
Sq.Ft.
A47691
5F
238'
100'
A47692
6D
62,475
Sq.Ft.

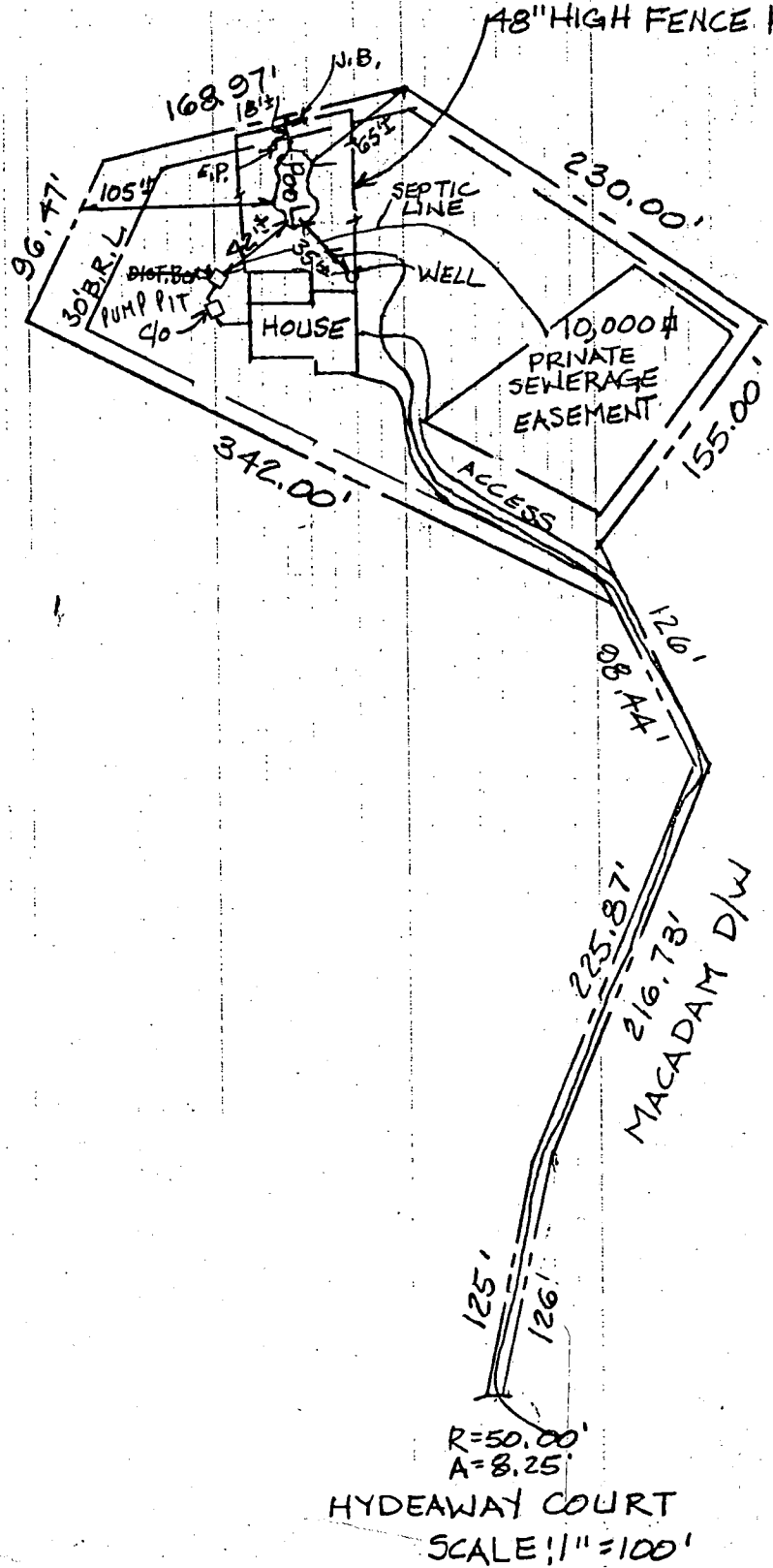
10
62,475
Sq.Ft.
6G
289'
11
62,720
Sq.Ft.
6B
60'
6C
132'
60'
6A
108'
6F
150'
60'
100'
230'

58°24'13" W 1631.02'

and Buffer

*Residential Property
Highly Productive
BG&E
R/W*

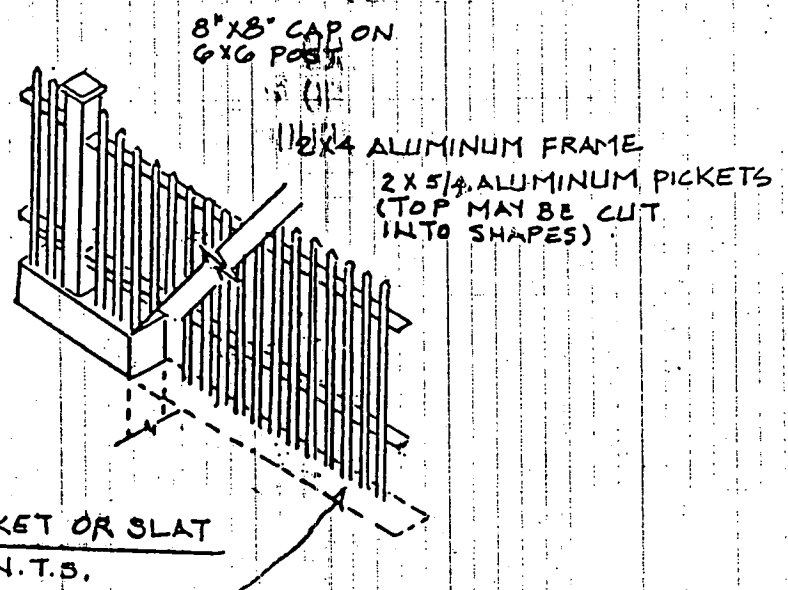
HOURS OF GRADING ARE INCLUDED.
ANY ADDITIONAL HOURS ARE CHARGED DIRECT



NOTE: SEPTIC LINE TO BE FLAGGED
PRIOR TO DIG

7/12/00 VERIFICATION OF
SEWER LINE CONFIRMED;
MR POOL OK

4x2' LO



10" WIDE MOWING STRIP OF CONCRETE,
CRUSHED STONE, OR SAND

70'-4" ↑
Total

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00125384

Building Address: 2320 HYDEWAY COURT
HIGHLAND, MARYLAND 20777
 Suite/Apt. #: _____ SDP/W/P/Petition #: _____
 Census Tract _____ Subdivision HYDE PROPERTY
 Section _____ Area _____ Lot 11
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name RICHARD & RACHELLE CHVALA
 Address 12320 HYDEWAY COURT
 City HIGHLAND State MD Zip Code 20777
 Home Phone (410) 854-1447 Work Phone (410) 792-8066 X 12
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING
 Proposed Use SAME, WITH POOL
 Estimated Construction Cost \$ 21,200.00
 Description of Work CONCRETE INGROUND POOL WITH DE. FILTER POOL TO BE FILLED BY TRUCK. 28' WIDE BY 41' LONG, 3 TO 8 1/2' DEEP, 8' DIVING BOARD. TOTALS E=658 250' LINEAR FEET OF 48" TIGHT PICKETT FENCE, PER CODE.

Contractor Company ANTHONY & SYLVAN POOLS, INC.
 Contact Person GEORGE A. SCHWEICH - CONTRACTOR
 Address 10840 GUILFORD ROAD, SUITE 407
ANNAPOLIS
 City JUNCTION State MD Zip Code 20701
 License No. 19347
 Phone (301) 490-1930 Fax (410) 792-2818

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	2nd floor: _____	Basement: <input checked="" type="checkbox"/> Private
Use group: _____	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"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> 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	Sprinkler system: <u>N/A</u> <input 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 _____	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	_____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
		Other Structure: <u>INGROUND POOL</u> Dimensions: <u>22' W BY 41' LONG</u> 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 THEREBY; (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.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
JULY 12, 2000
 Date

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

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#:</u>
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>7/12/00</u>	<u>Mark R. Klein</u>	Side St.: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	