

LAYOUT 12/17/02 11 AM INSP 4 3/31/03 3 PM
 INSP 2 12/10/02 11 AM INSP 5 4/15/03 3 PM
 LAYOUT INSP 3 3/28/03 12:30 pm INSP 6 _____

OS-3 90630

ISSUE DATE: 12/4/2002
 APPROVAL DATE: 4/15/03

P 518014
 A 33524

**PERMIT
INDEXED**

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Fogle's Septic Clean, Inc., IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd., Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Brighton Pines Area II LOT NUMBER: 25

ADDRESS: 13779 Lakeside Drive PROPERTY OWNER: Louis Rehak

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED-TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180 HOUSE SERVED BY PUBLIC WATER

*House Lowered Around
3 Feet*

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box 110' from the front lot line and 160' from the left lot line. Run trenches on contour to the left side of the lot.
NOTES:	

PLANS APPROVED: MR OK 4/9/02 (SC) DATE: 7/3/02

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

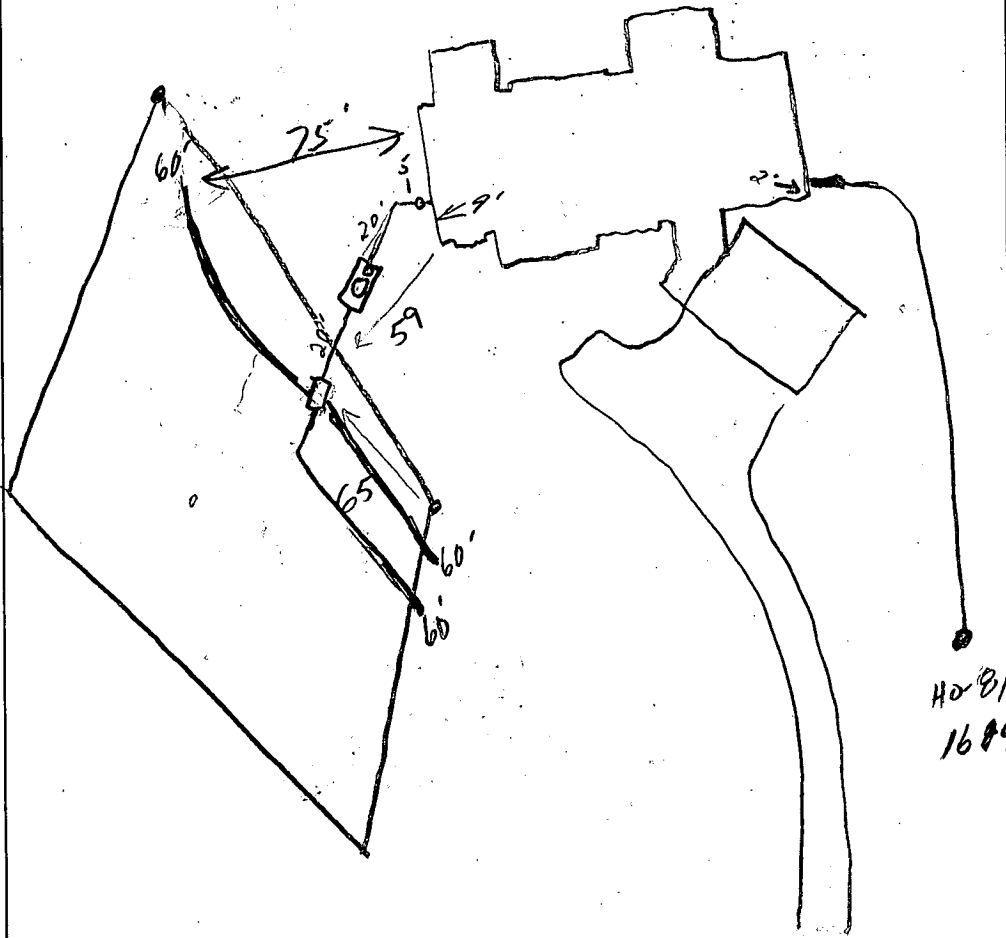
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
AND RETURNED**

11/12/03 B00139870 1000 gal UG PROPANE TANK

A33524

NOT TO SCALE



Lakeside Drive

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	2'
NUMBER OF TRENCHES		3
TOTAL LENGTH		180'
ABSORPTION AREA		2020 sq
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	MA
BAFFLE FILTER	MA
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

H281-1689

PRE-CONSTRUCTION 12/18/02 Fill needs to be removed upper part of SRA. P.T. will be needed. Spoke to builder (SO) 3/28/03 place DB as shown

INSTALLATION partly in SIDA due to grading issues. Install DB as shown on plan

Install 3-60 long trenches, towards the well + maintain 8" gap edge to edge (JB)

3/31/03 No one here (SO) 4/15/03 Some of upper edge of SRA lost. OK to cover all work (SO)

FINAL INSPECTOR

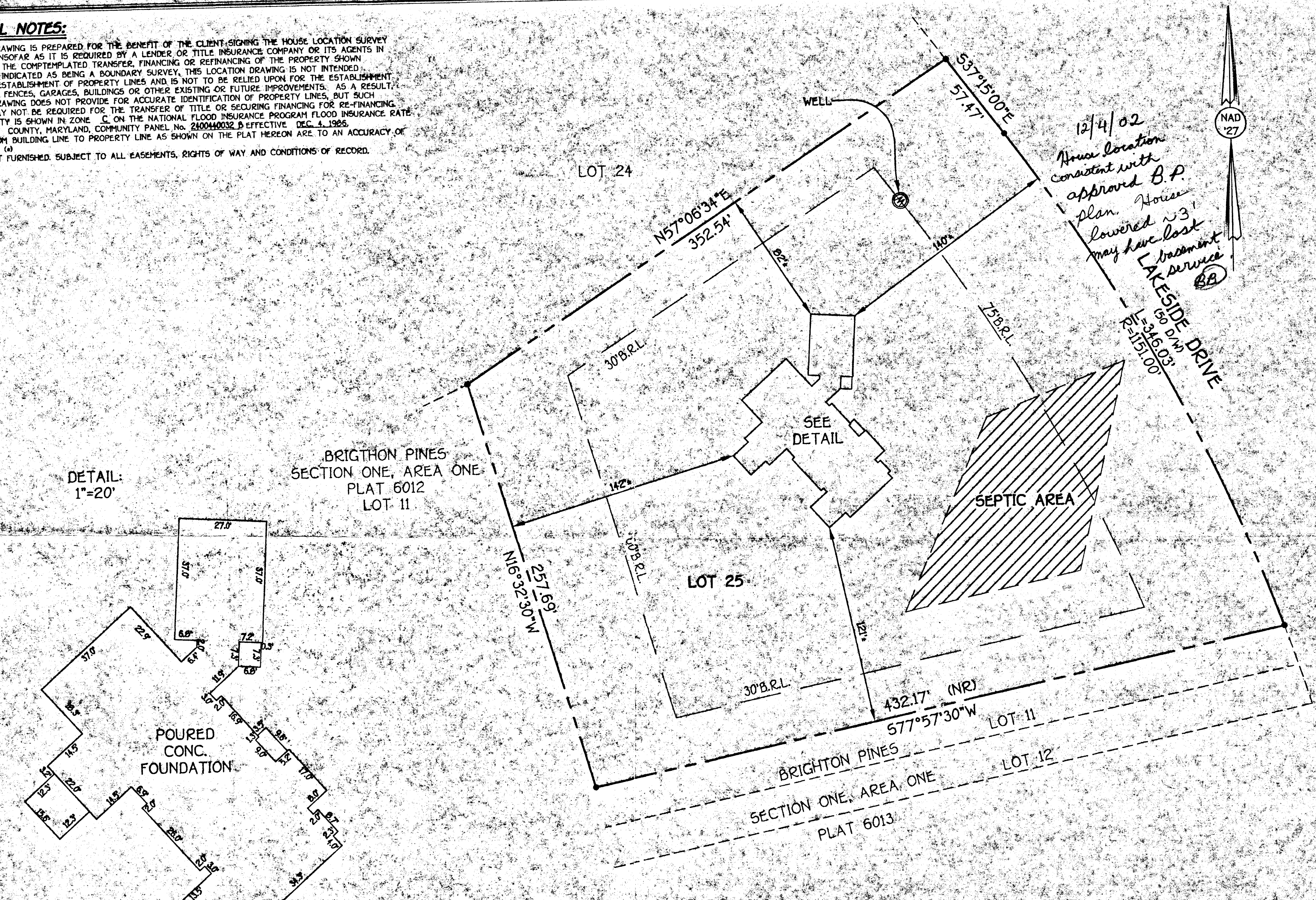
DATE OF APPROVAL

4/15/03

RECEIVED
 BUILDING DEPARTMENT
 4/15/03

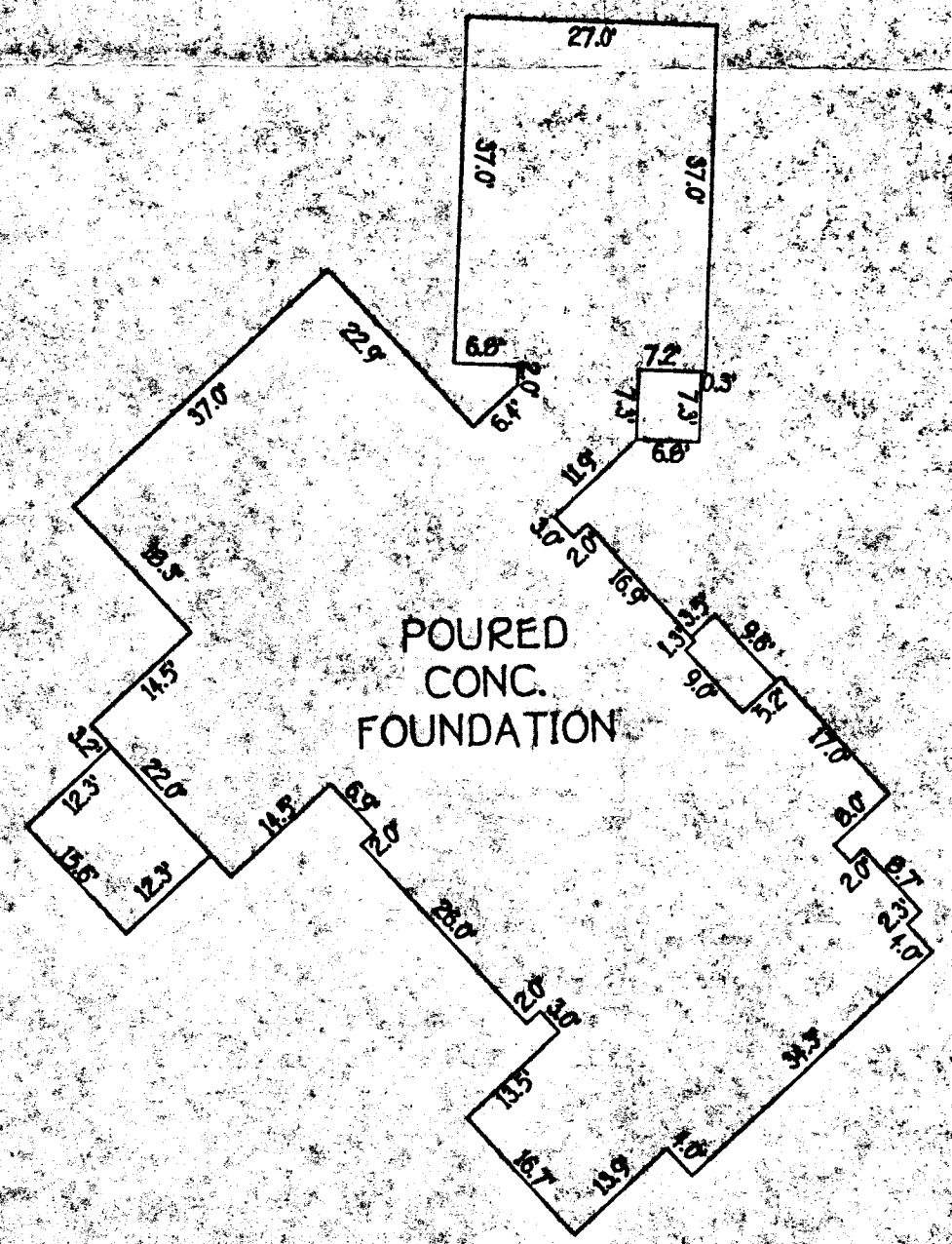
GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440032 EFFECTIVE DEC. 4, 1995.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



12/4/02
 House location consistent with approved B.P. plan. House lowered ~3' basement may have lost [circled] service (BB)

DETAIL:
 1"=20'

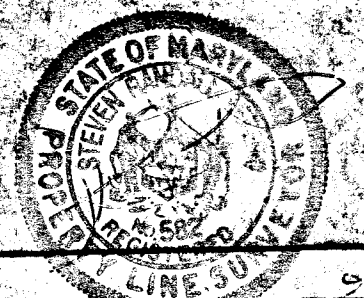


BRIGHTON PINES
 SECTION ONE, AREA ONE
 PLAT 6012
 LOT 11

LOT 25

SEPTIC AREA

BRIGHTON PINES
 SECTION ONE, AREA ONE
 PLAT 6013
 LOT 11
 LOT 12



PROFESSIONAL LAND SURVEYOR
 DATE 12/02
 REG. 5820

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 12/02/02
 FINAL LOCATION: 12/02/02
 BOUNDARY SURVEY: _____
 SCALE: 1"=40'
 DATE: 12/02/02
 DRAWN BY: JLB
 CHECKED BY: _____
 PROJECT No. 01777

LOT 25
 BRIGHTON PINES
 SECTION ONE, AREA TWO
 LOTS 1-25
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT No. 656B
 B.R.L.=BUILDING RESTRICTION LINE
 FIRST FLOOR ELEV. 490.5'±

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Carroll Water System Telephone #: 410-876-5100
Address: 260 Ailearn Ct
Westminster MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Ronald W. Smith License# PI 074

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: COYL Telephone #: 410-840-0800
Subdivision: Brighton Pines Area II Lot #: 25 Well Tag #: HO-81-1619
Site Address: 13779 Lakeside Drive
Highland Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goodyear</u>	Make: <u>Harvard</u>	Two piece watertight cap: <u>X</u>
Model #: <u>SSB07422</u>	Model #: <u>B10K</u>	Screened, vented well cap: <u>X</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>X</u>
Well Yield: <u>9</u> GPM	NSF approved: <u>405</u>	Conduit min 18" B.G.: <u>X</u>
Depth of well encountered at time of pump installation: <u>245</u> (feet)		Conduit secured to well cap: <u>X</u>

If pump capacity exceeds well-yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt X

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PLASTIC</u>	PVC sleeved to undisturbed soil at wall penetration: <u>X</u>
PSI: <u>100</u> (160 psi min)	Approximate length of sleeve: <u>3</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ronald W. Smith date: 12/17/02

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

Date Insp. Requested: 12/15/02 Date Insp. Approved: 12/18/02 (SC)
Inspection Data:
Pitless adapter and water supply line at least 36" below grade /
Two piece cap installed and attached to casing securely /
Elec. conduit extends at least 18" below grade/attached to cap properly /
Safety rope installed inside of well casing /
Correct well tag attached properly and casing 8" above finished grade /
Water supply line sleeved adequately at house connection /
Adequate grout observed below pitless adapter /

C 1-5250 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A-33524

DATE Received

DATE WELL COMPLETED 09 04 86

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 12-51-1614

OWNER DUTTON last name, MARIE first name
 STREET OR RFD LINDSEY DR. TOWN DUTTON
 SUBDIVISION BRIGHTON PINES SECTION 1 AREA 7 LOT 25

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Clay	0	10	
Sand	10	94	
Gray Mica Rock	94	245	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 12 NO. OF POUNDS 112
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 47 ft.

CASING RECORD
 casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) 5 1/2
 Total depth of main casing (nearest foot) 100

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

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

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 9
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 59 WHEN PUMPING 43
 TYPE OF PUMP USED (for test) submersible

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

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 10.17.13 "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 IDENT. NO.
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 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 5277 SEQUENCE NO. (OEP USE ONLY)
1 2 3 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

OEP PERMIT NUMBER
HO-81-1619
70 fill in this form completely 79

Date Received
8 13
OWNER INFORMATION
15 Last Name 21 Owner 27 First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50 Area 2
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION
Driller's Name 77 License No. 80
Firm Name
Address
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
3 4 5 6 7 8 9
NEAR WHAT ROAD 11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 E
SOUTH S
34 37 DISTANCE FROM ROAD
ENTER FT or MI 38 39

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A-33524
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 080486 B. Winton 02/09/86
CO SIGNATURES EXP. DATE
NORTH GRID 501000 EAST GRID 0802000

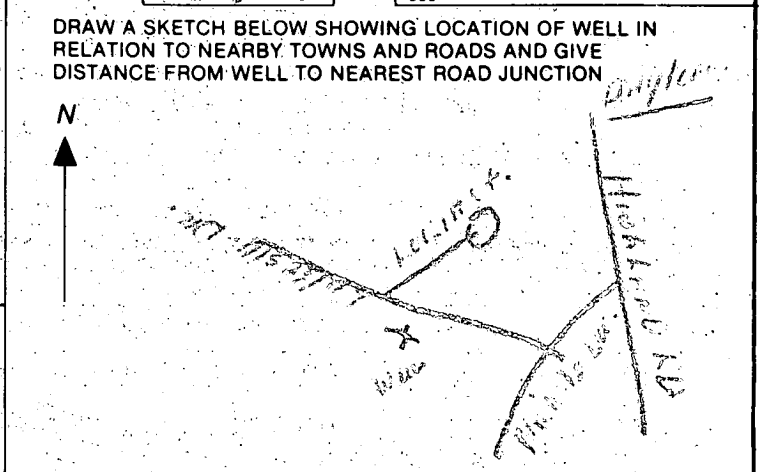
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 24 28 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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
9-4-84
100FE CASING
41' OPEN HOLE
18' BASEMENT
LOCATION OK
@ HOWARD
S. Aul

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

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
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 54 GAP 63
FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. HO-81-1619 70 71 72 73 74 75 76 77 78 79

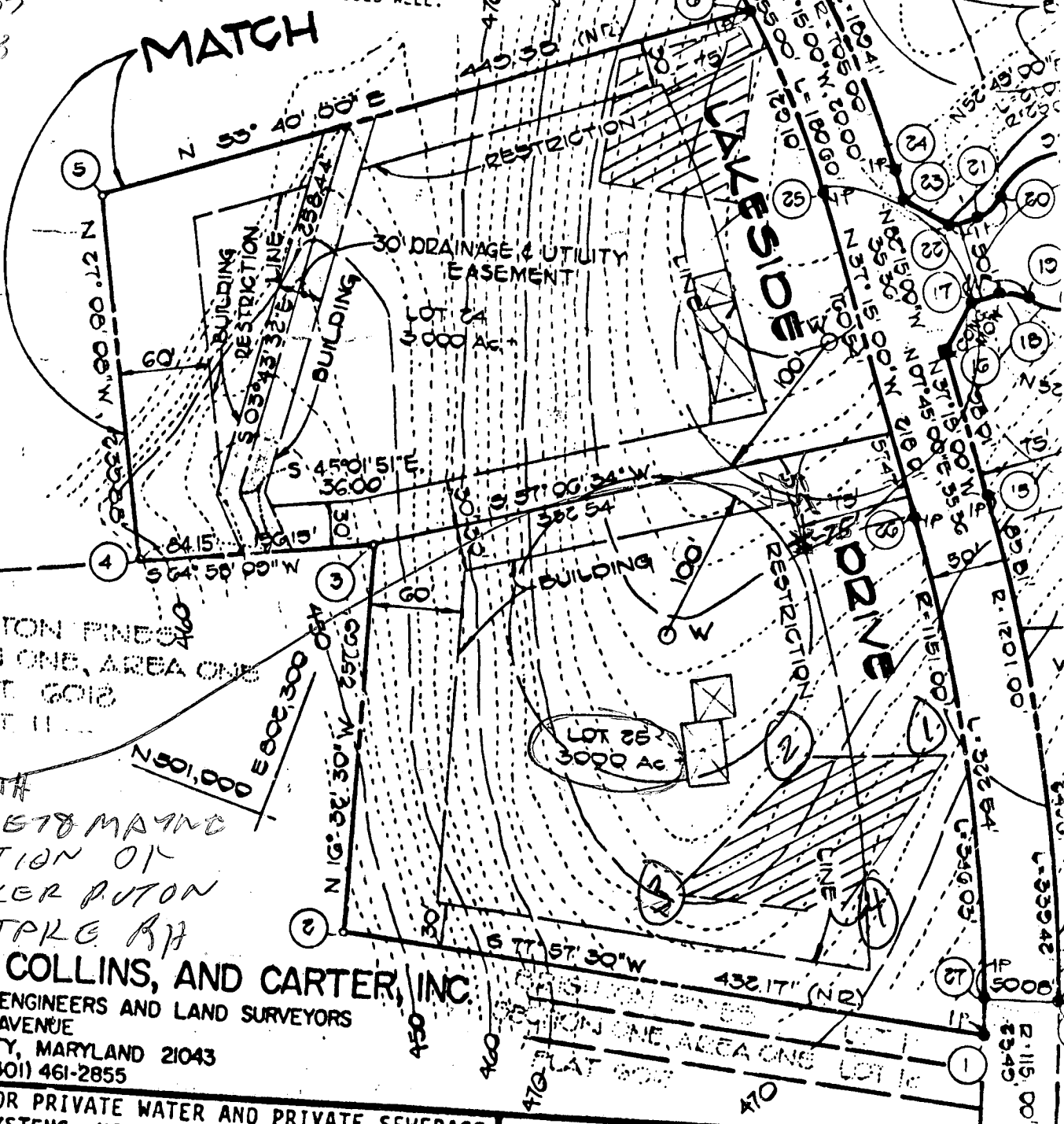
SPECIAL CONDITIONS

BRIGTON PINES
LOT 25
SHEET 2

...EASEMENTS A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- ⊠ DENOTES APPROXIMATE LOCATION OF DWELLING.
- ⊙ DENOTES APPROXIMATE LOCATION OF PROPOSED WELL.

87
13



BRIGTON PINES
SECTION ONE, AREA ONE
PLAT 6012
LOT 11

8/24/86
ME WITH
DIMITRY MARYNE
LOCATION OF
STICKER PUTON
STAKE BY

FISHER, COLLINS, AND CARTER, INC.
CONSULTING ENGINEERS AND LAND SURVEYORS
8388 COURT AVENUE
ELLCOTT CITY, MARYLAND 21043
TELEPHONE: (301) 461-2855

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

WE, HIGHLAND DEVELOPMENT CORPORATION, PRESIDENT AND RICHARD DEMMITT, SECRETARY, ADOPT THIS PLAN OF SUBDIVISION, AND IN CONJUNCTION WITH THE OFFICE OF PLANNING AND ZONING, ESTABLISH THIS PLAN AS A SUBDIVISION OF THE LANDS OF HOWARD COUNTY, MARYLAND.

Per.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33524

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 1-30-84

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 ANNA MacCarthy

ADDRESS 4100 Cathedral ave DC 20016 PHONE 202-363-2725

PROPERTY LOCATION: BRIGHTON PINES II LOT 25

SUBDIVISION Trappist Prop LOT NO. 25

ROAD AND DESCRIPTION Nicholas Dr.

SIZE OF LOT 3A TYPE BLDG. SFD
(NUMBER OF BEDROOMS)

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.

Richard W. ...
(SIGNATURE OF APPLICANT) 455-0842

APPROVED BY _____ FOR _____ DATE _____

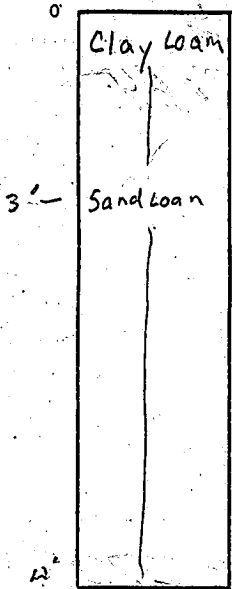
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

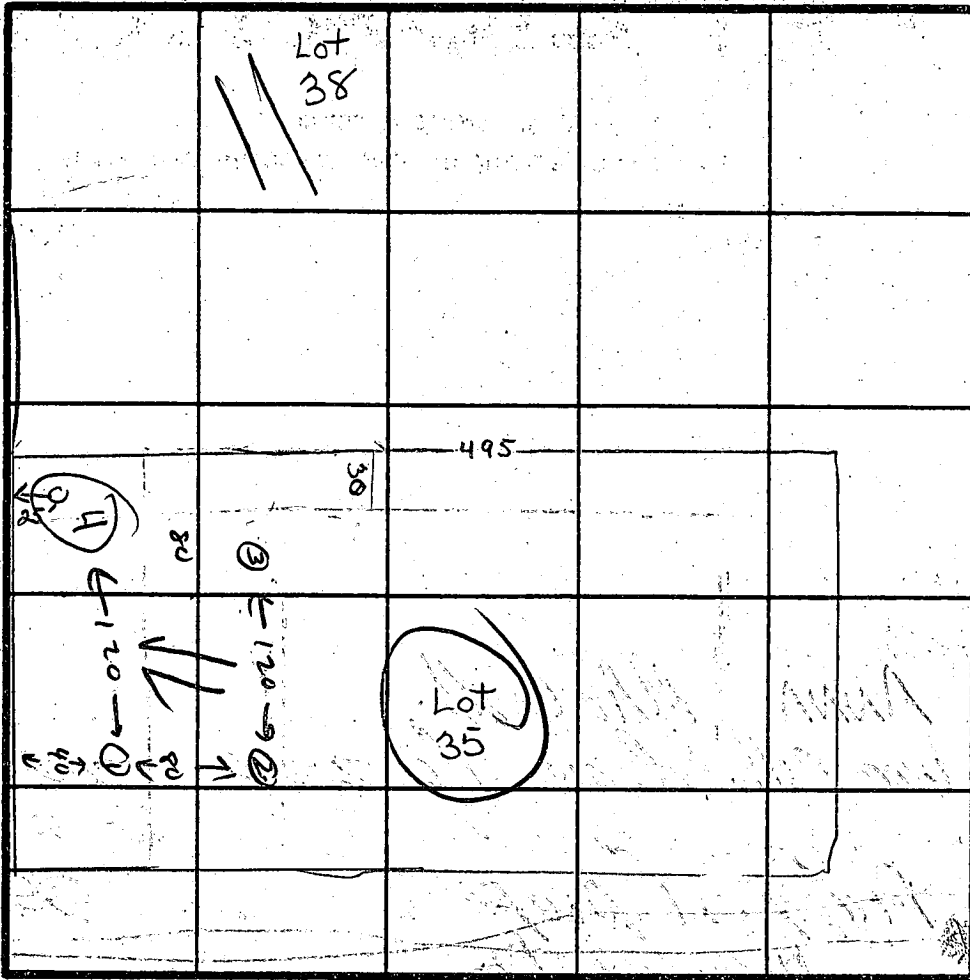
REASONS FOR REJECTION OR HOLDING ✓

THIS IS NOT A PERMIT

All Holes
SOIL PROFILE



PROPOSED ROAD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

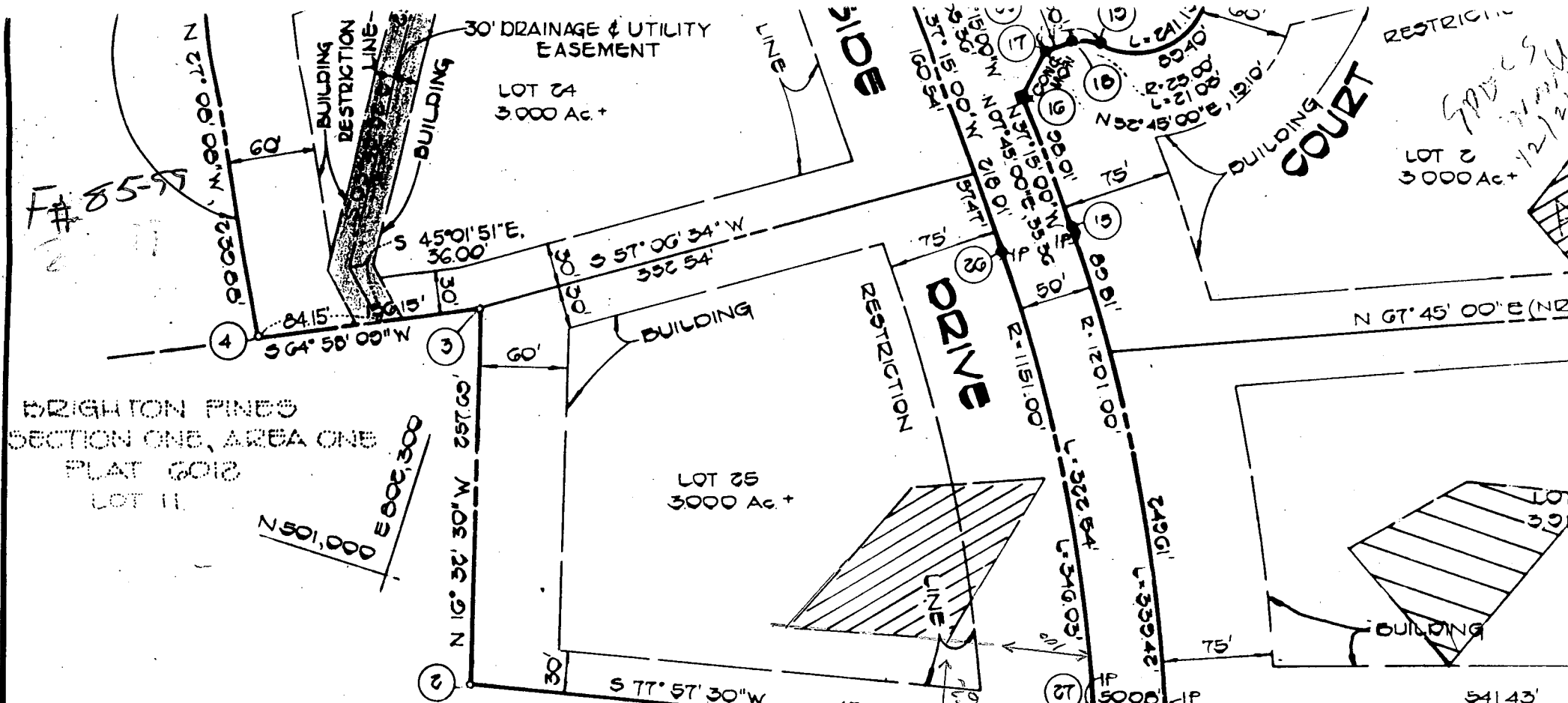
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-8-84	1	4'	11:09	11:11	11:11	11:13	2 MIN
		8'	11:14	11:12	11:12	11:15	
3-8-84	2	12'					2 MIN
		4'	11:15	11:16	11:16	11:18	
11	3	8'					2 MIN
		12'	Visual Sand				
11	4	4'	11:17	11:19	11:19	11:21	2 MIN
		8'					
		12'	Visual Sand				
			Visual Sand	SAND			

REMARKS FLAT DIFFERS FROM FIELD NOTES, BUT ACCEPTABLE.

TYPE OF SOIL SAND LOAM

TESTED BY C. Walker, M. Bennett ALSO PRESENT PHIL MARBLITZ

EH-12-1079



FISHER, COLLINS, AND CARTER, INC.

CONSULTING ENGINEERS AND LAND SURVEYORS
 8388 COURT AVENUE
 ELLICOTT CITY, MARYLAND 21043
 TELEPHONE: (301) 461-2855

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT

[Signature] 1-7-86
 HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

[Signature] 1-10-86
 DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS, AND PUBLIC

OWNER'S CERTIFICATE:

WE, HIGHLAND DEVELOPMENT CORPORATION, A STATE OF MARYLAND CORPORATION, PRESIDENT AND RICHARD DEMMITT, SECRETARY, OWNER OF THE PROPERTY SHOWN AND ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS, THE FLOODPLAIN WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREET FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; AND REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF CONSTRUCTION, REPAIR AND MAINTENANCE; AND (3) THAT NO BUILDING OR SIMILAR

1-7-03
Prop. tank
Location
OK

(KN) ↓

1500 GAL SEPTIC TANK

1500 GAL SEPTIC TANK
7IN. CSD 4032
4IN. IN 4005
BY OUT 4002

DISTRIBUTION MAN
7IN. CSD 4032
4IN. IN 4005
BY IN 4000

SEPTIC CASING

LAKESIDE DRIVE

ATTN: M

HOWARD COUNTY PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3700

Building Address: 1379 Lakeside Dr
Property Owner's Name: Louis Kelly Jr
Address: 1379 LAKESIDE DR
City: CLARKSBURG State: MD Zip Code: 21039
Home Phone: 410-840-8333
Applicant's Name & Mailing Address: Louis Kelly Jr, 1379 Lakeside Dr, Clarksville, MD 21039

Section: 24
Area: 2
Lot: 25
Subdivision: Longmeadows
Census Tract: 605101
Building Address: 1379 Lakeside Dr
Property Owner's Name: Louis Kelly Jr
Address: 1379 LAKESIDE DR
City: CLARKSBURG State: MD Zip Code: 21039

Existing Use: Business
Proposed Use: Business
Estimated Construction Cost: \$260,000
Description of Work: 1500 GAL SEPTIC TANK AND 1500 GAL PROPANE TANK

City: CLARKSBURG State: MD Zip Code: 21039
Occupant or Tenant: TO HOUSE

Contact Name: Louis Kelly Jr
Address: 1379 Lakeside Dr
City: CLARKSBURG State: MD Zip Code: 21039
Phone: 410-840-8333 Fax: 410-840-8333

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height	2
No. of stories	1
Glass area, sq. ft. per floor	0
Use group	1
Construction type	Reinforced Concrete
Structural Steel	<input type="checkbox"/>
Masonry	<input type="checkbox"/>
Wood Frame	<input type="checkbox"/>
State Certified Modular	<input type="checkbox"/>

Utilities

Water Supply	Public
Sewage Disposal	Private
Electric	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heating System	Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Propand Gas	<input type="checkbox"/>
Spunkle system	N/A
Other Suppression	<input type="checkbox"/>
# of floors	2

Building Description

State Certified Modular

Other Suppression

of floors 2

Heating System: Electric Oil Natural Gas

Propand Gas

Spunkle system: N/A

Other Suppression:

State Certified Modular:

of floors: 2