

LAYOUT 3/29/04-20M INSP 4 _____
 INSP 2 3/30/04 INSP 5 _____
 INSP 3 3/31/04 INSP 6 _____

ISSUE DATE: 3/16/2004

APPROVAL DATE: 3/31/04

**PERMIT
INDEXED**

P 520101

A 32473

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

Columbia Plumbing Heating & A/C, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 9017 Red Branch Rd, Suite 203 PHONE NUMBER: 410-715-2323

SUBDIVISION: Lime Kiln Valley LOT NUMBER: 39

ADDRESS: 12750 Lime Kiln Road PROPERTY OWNER: Altieri Homes

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: ~~15~~ 144 HOUSE SERVED BY PUBLIC WATER

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 the distribution box at the staked SDA corner closest to the house. Run <u>(2) 75' trench</u> on contour to rear of lot. <i>trenches</i>
NOTES:	Maintain 18-36" finished cover on septic tank. <i>OK/MR</i>

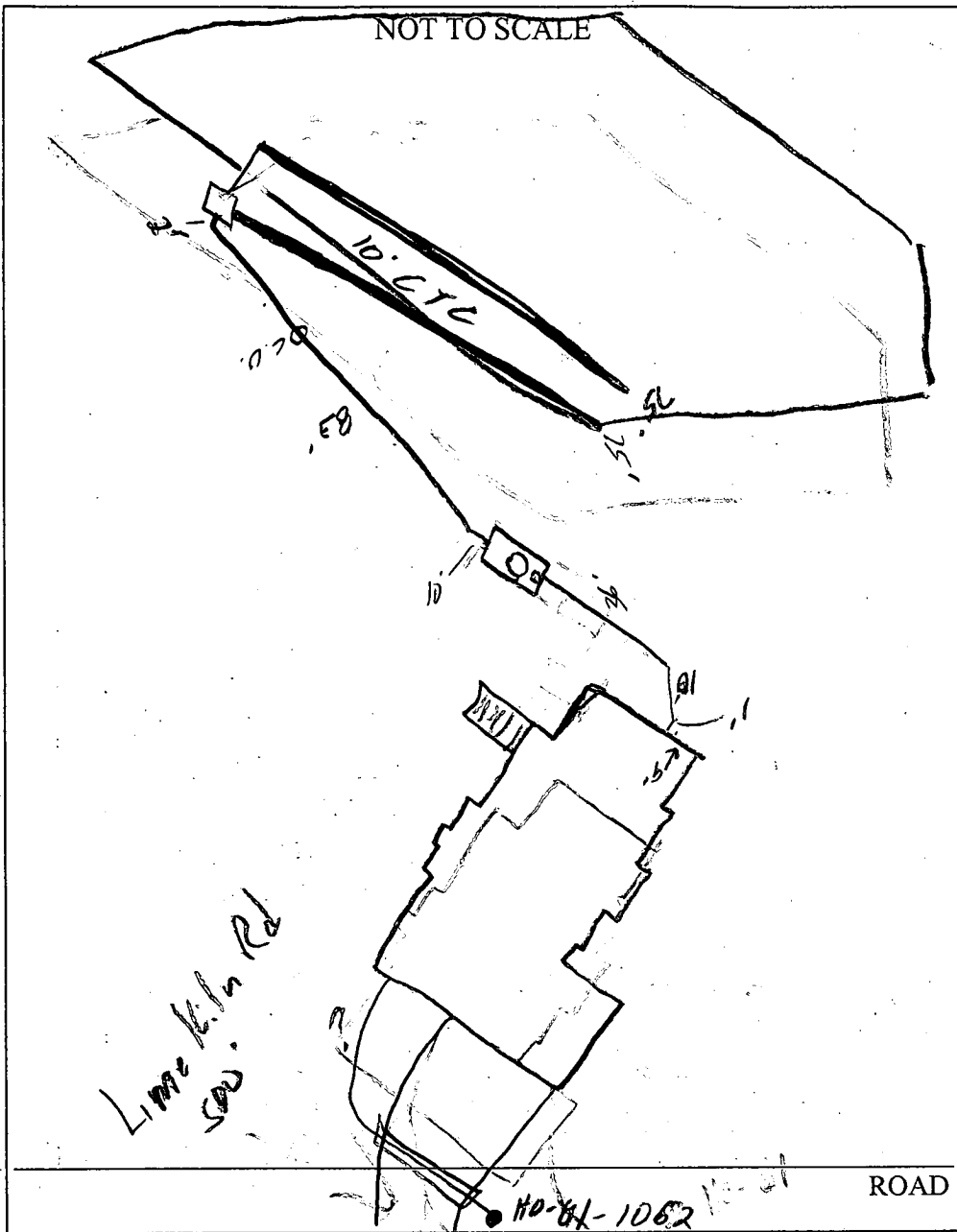
PLANS APPROVED: MER DATE: 1/12/04

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

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL
BUILDING PERMIT SIGNED AND RETURNED

5/6/04 B00147860 1000 GAL. U.S. PROPANE TANK

A 3 2 4 7 3



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		150'
ABSORPTION AREA		600#
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	MA
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 3/29/04 - SRA staked, contour accurate. Tank set. Install (2) 75' trenches 10' CTC (SO)

INSTALLATION 3/30/04 - 1st trench installed (SO)

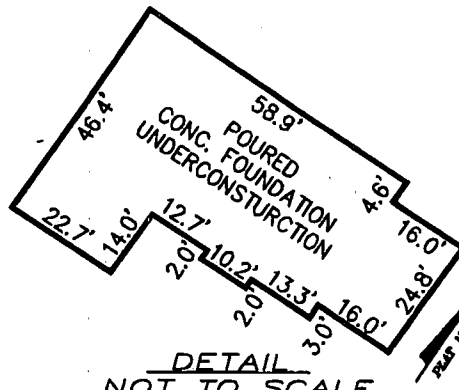
3/31/04 - Work complete. OK to cover (SO)

RECEIVED
AND RETURNED

FINAL INSPECTOR *[Signature]*

DATE OF APPROVAL 3/31/04

EXISTING 150' PEPCO RIGHT-OF-WAY PARCEL "A"
LIME KILN VALLEY
LOTS 33-40 AND PARCEL "A"
PLAT M.D.R. No. 10883



N 55°01'09"E 768.84'

75' PEPCO CONFLICT TREE EASEMENT

88'±

LOT No. 39
LIME KILN VALLEY
LOTS 33-40 AND PARCEL "A"
PLAT M.D.R. No. 10883

SEE
DETAIL

BUILDING RESTRICTION LINE

WELL

S 55°01'09"W 450.03'

N 34°58'51"W 624.68'

S 34°58'51"E 556.37'

S 55°01'09"W 298.60'

MATCH LINE

N 34°58'51"W 624.68'

S 34°58'51"E 556.37'

MATCH

LINE

WALL CHECK
LOT 40 OK (MR)
3/16/04

Susan (KCW)
said well field
located - stated
on B.P. plan

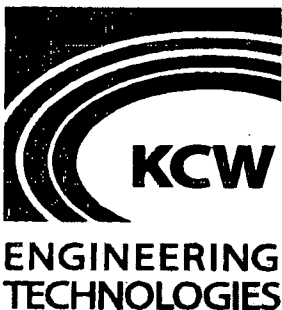
BB

1,458' TO
BROWNS BRIDGE ROAD

S 55°01'09" W 25.00'

PLAT REF. LIME KILN VALLEY
LOTS 33-40 AND PARCEL "A"
PLAT M.D.R. No. 10883

KCW JO. 2030269



KCW Engineering Technologies, Inc.
3106 Lord Baltimore Drive, Suite 110
Baltimore, Maryland 21244
Tele (410) 281-0030
Fax (410) 281-1065
www.KCW-ET.com

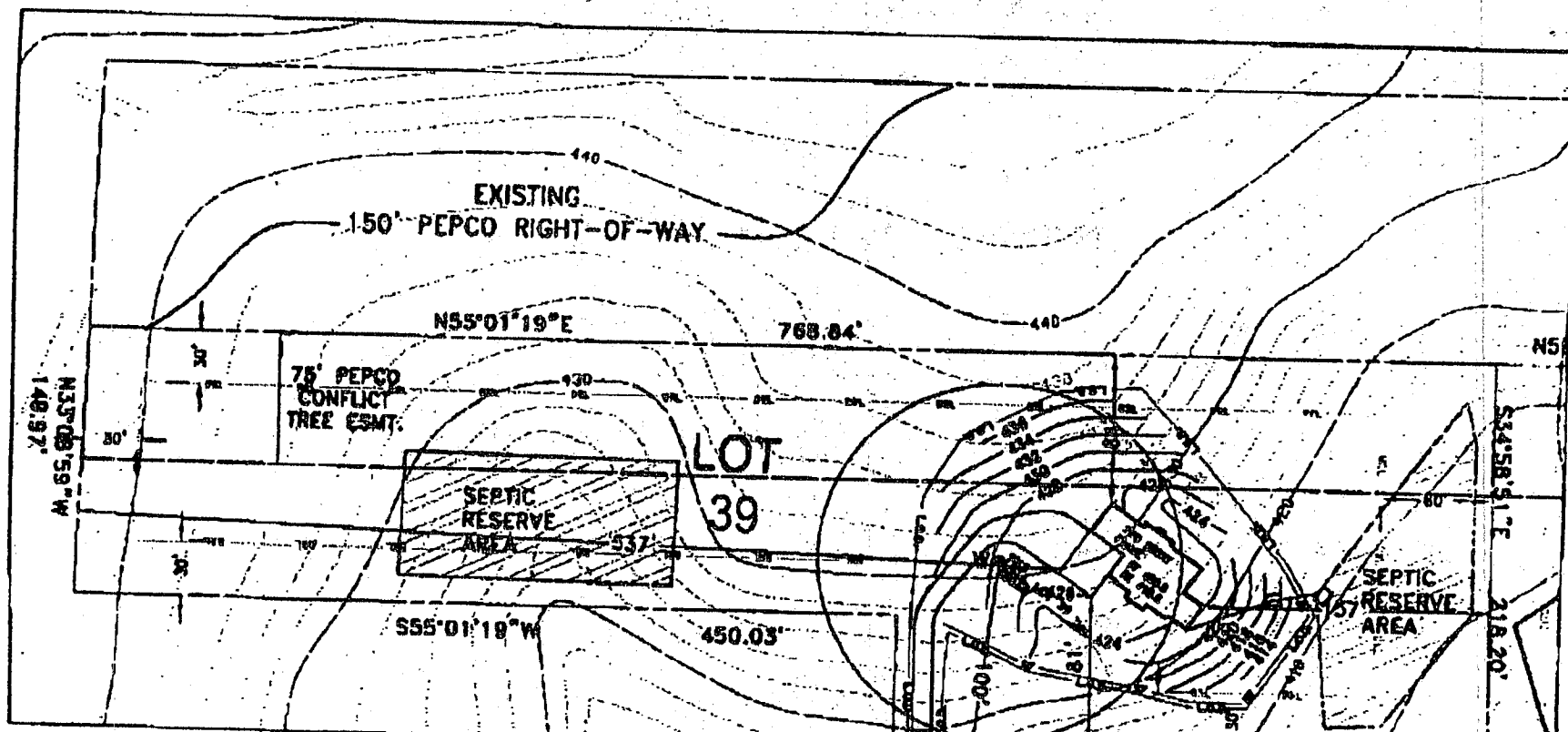
Comp. By:	M.D.T
Drawn By:	M.D.T
Checked By:	W.K.W.

SURVEY of

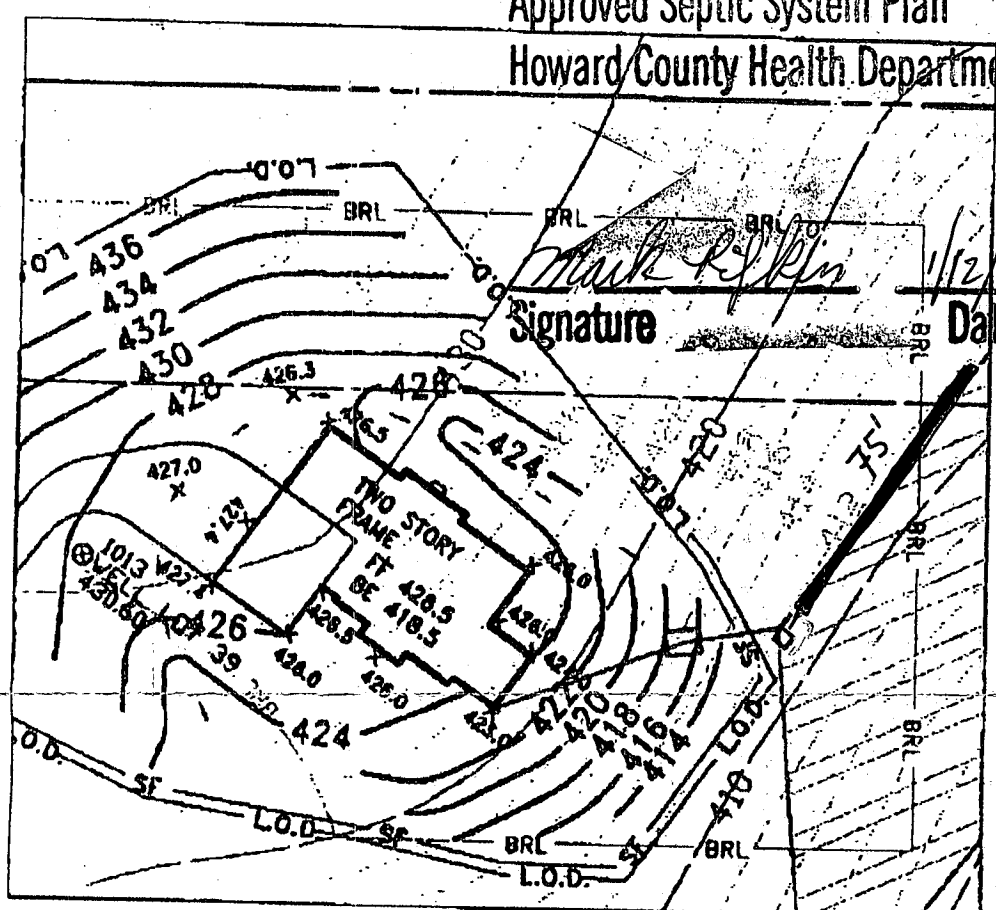
**LOT No. 39
LIME KILN VALLEY
LOTS 33-40 AND PARCEL "A"
PLAT M.D.R. No. 10883**

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

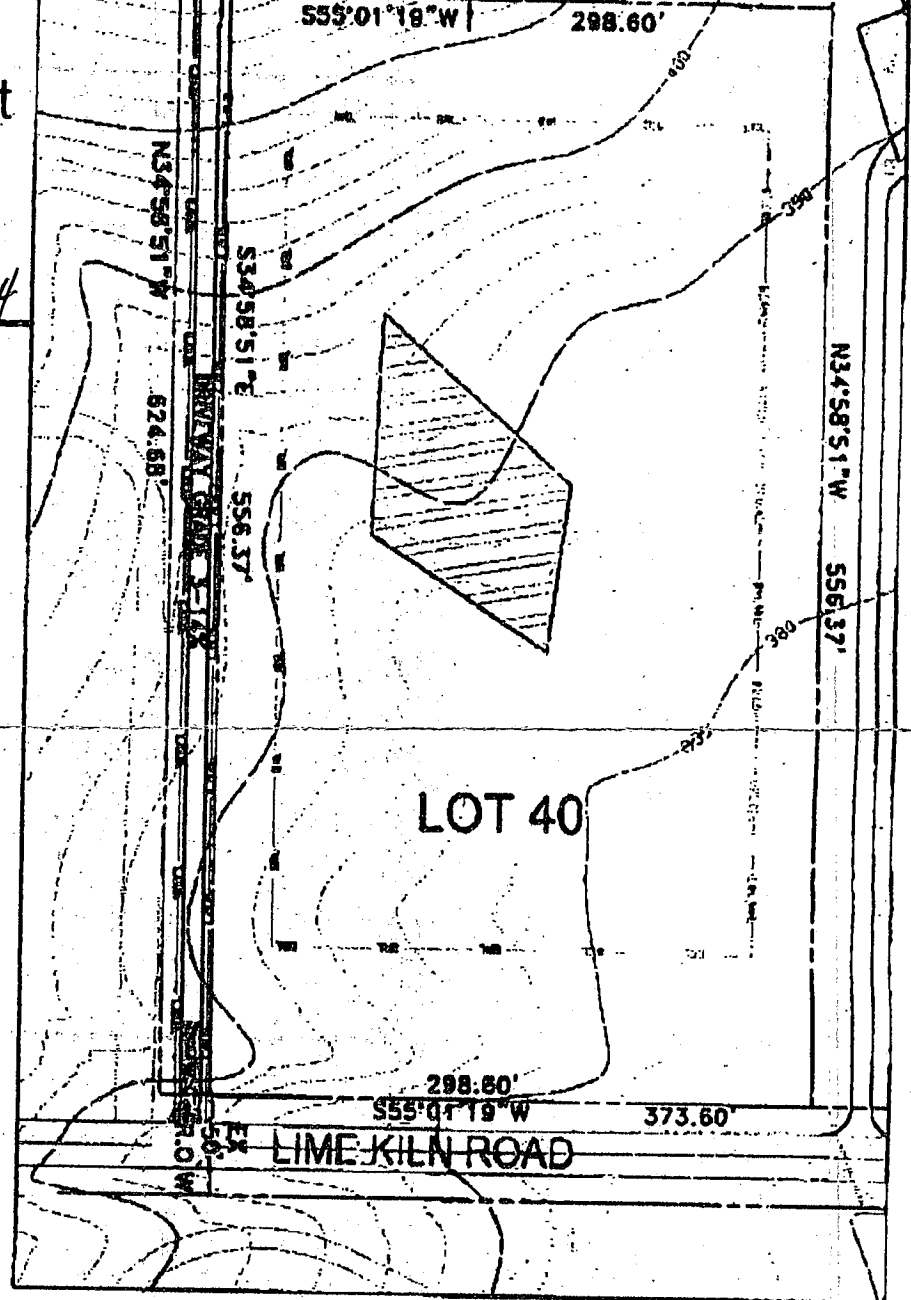
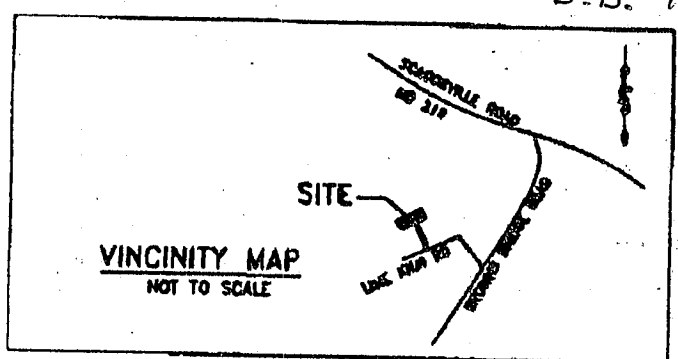
SCALE: 1" = 50' DATE: FEB. 13, 2004



Approved Septic System Plan
Howard County Health Department



HOUSE INSERT SCALE: 1"=50'
 INV. AT HOUSE 416.5
 S.T. INV. IN 414.0
 INV. OUT 413.5
 D.B. IN 409.0



SCALE: 1"=100'

- NOTE:
1. DRIVEWAY CONSTRUCTION SHALL DISTURB ONLY THAT WHICH CAN BE BACKFILLED AND STABILIZED AT THE END OF EACH WORKING DAY.
 2. THE EXISTING WELL SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY KCW ENGINEERING TECHNOLOGIES, INC. PROFESSIONAL LAND SURVEYOR AND IS ACCURATELY SHOWN.

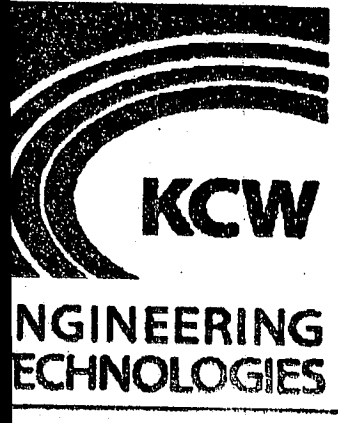
PAVING SPECIFICATIONS:
 3" BIT CONC.
 6" CR-6

OWNER
 POTOMAC ELECTRIC POWER CO.
 1900 PENNSYLVANIA AVE. N.W.
 WASHINGTON D.C. 20068
 BUILDER
 ALTIERI HOMES, INC.
 9017 RED BRANCH ROAD, SUITE 201
 COLUMBIA, MD 21045

TOPOGRAPHY PROVIDED BY
 HOWARD COUNTY

LEGEND

- 396 --- EXISTING CONTOUR
- 396 --- PROPOSED CONTOUR
- W EXISTING WELL
- PROPOSED SEPTIC RESERVE AREA
- BRL --- BUILDING RESTRICTION LINE
- L.O.D. --- LIMIT OF DISTURBANCE
- S.F. --- PROPOSED SILT FENCE PER H.C.S.C.D. DETAIL E-15
- SCE --- PROPOSED SCE PER H.C.S.C.D. DETAIL F-17-3



KCW Engineering Technologies, Inc.
 3106 Lord Baltimore Drive, Suite 110
 Baltimore, Maryland 21244
 Tele (410) 281-0033
 Fax (410) 281-1065
 www.KCW-ET.com

PLAT TO ACCOMPANY BUILDING PERMIT
 FOR
 LIME KILN VALLEY
 LOT 39, LIME KILN ROAD

SCALE: AS SHOWN
 DEC. 5, 2003

PLAT REFERENCE: MDR 10883
 ELECTION DISTRICT - 5
 HOWARD CO., MARYLAND

Building Address 12750 Lina Kilo Road
Highland MD 20797

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

Census Tract 603.07 Subdivision Lina Kilo Valley

Section 1 Area _____ Lot 37

Tax Map 90 Parcel 490 Grid 35

Zoning R1DE0 Map Coordinates 1824 Lot size 3.4810

Property Owner's Name Potomac Enterprises

Address 1960 Potomac Avenue, N.W.

City Washington State DC Zip Code 20007

Home Phone _____ Work Phone 202-938-9500

Applicant's Name & Mailing Address, (if other than stated hereon):
At Home
9011 Red Branch Rd, Suite 201
Columbia, MD 21045
 Phone 410-415-4500 Fax 410-440-5801

Existing Use Vacant Lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 200,000

Description of Work 2 story full bsmt, 16 Rooms
2 1/2 car garage, fireplace, 4 bedrooms

Contractor Company At Home Enterprises

Contact Person Darren A. 443-864-0583

Address 9011 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

License No. _____

Phone 410-415-4500 Fax 410-440-5801

Occupant or Tenant At Home Enterprises

Contact Name _____

Address 9011 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

Phone 410-415-4500 Fax 410-440-5801

Engineer or Architect Company KCN

Contact Person _____

Address 3106 Lord Baltimore Drive, Suite 110

City Baltimore State MD Zip Code 21244

Phone 410-281-0033 Fax 410-281-1065

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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 THEREON; (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 Ruthy Puhiera
At Home

Title/Company _____

Print Name Ruthy Puhiera

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: _____	59435
State Highways			Rear: _____	Filing fee \$ 105.00
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>1/2/09</u>	<u>Mark P. [Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l. per. 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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>63669</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>31897</u>
Accepted by <u>[Signature]</u>				

At Home
 Don
 Lindsay

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: Columbia Plumbing Telephone #: 443-250-6189
Address: 9017 Red Bluff Rd Suite 205
Columbia Md 21045

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Kevin DiMaggio License# 8594 Maryland State

*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: Alrick Homes Telephone #: 410-215-4500
Subdivision: Lime Kiln Lot #: 39 Well Tag #: HO-81-1062
Site Address: 12750 Lime Kiln Rd
Highland, md 20777

Handwritten note in a box: 443-250-6189

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JARUZZI Make: America Two piece watertight cap: yes
Model #: 109 HP Model #: PT 800 Screened, vented well cap: yes
Pump Capacity 5 GPM Depth: 40" (36" min) Cap secured to casing: yes
Well Yield: 10 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 202 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house House Connection
Type: P.V.C. PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 200 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 1/2" (36" min) Sleeve caulked and sealed properly: yes

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

Signature of company representative responsible for installation: Kevin C. DiMaggio date: 5/25/04

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

Date Insp. Requested: Date Insp. Approved: 8/11/04 (BB)
Inspection Data: Pitless adapter and water supply line at least 36" below grade [check]
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope installed inside of well casing [check]
Correct well tag attached properly and casing 8" above finished grade No Tag (BB)
Water supply line sleeved adequately at house connection [check]
Adequate grout observed below pitless adapter [check]

8/11/04 Replacement Tag Installed (BB)

C1 2540

SEQUENCE NO. (OEP 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 32473

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1062

OWNER Security Enterprises last name Limekiln Rd. first name TOWN Highland SUBDIVISION Limekiln Valley SECTION 1 LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandstone, Mica, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 6, NO. OF POUNDS 600.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (YL), Nominal diameter 6, Total depth 25.

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

SCREEN RECORD: screen type (ST, BR, HO, PL, OT), slot size, diameter of screen.

DEPTH (nearest ft.) table with columns for casing height and screen depth.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 273, DRILLERS SIGNATURE Ralph Mayne

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

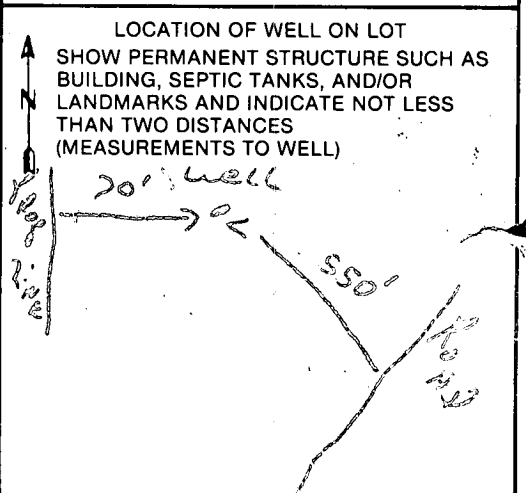
GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 32, WHEN PUMPING 45, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED S, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 8852 SEQUENCE NO. (OEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

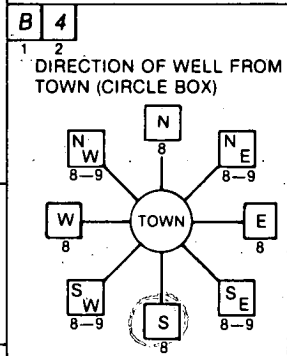
STATE OF MARYLAND PERMIT TO DRILL WELL 101 please print or type

OEP PERMIT NUMBER 80-81-1002 fill in this form completely

Date Received 6/26/85 9:30 OWNER INFORMATION SECURITY ENTERPRISES 8 NORMANBY SHOP CENT ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL 1 HOWARD 8 COUNTY 21 2 LIME KILN RD 23 SUBDIVISION 42 3 SECTION 44 46 LOT 48 50 4 HIGHLAND 52 NEAREST TOWN 71 5 MILES FROM TOWN (enter 0 if in town) 20 73 76 77 78

DRILLER INFORMATION 1 RALPH MAYNE 273 77 License No. 80 3 RALPH MAYNE (WELL DRILLING) 4 7120 Brown Church Rd. Mt. Airy 5 Address 6 Ralph Mayne 6/13/85 7 Signature Date



B 4 1 LIME KILN RD. 11 NEAR WHAT ROAD 30 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 37 DISTANCE FROM ROAD ENTER FT or MI 38 39

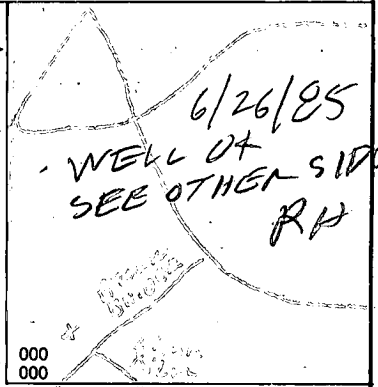
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HANCOCK COUNTY NO. 12 OEP SIGNATURE DATE ISSUED 6/17/85 CO SIGNATURE EAST GRID 08110000 EXP. DATE 50 55 57 63

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 150 24 28 FEET

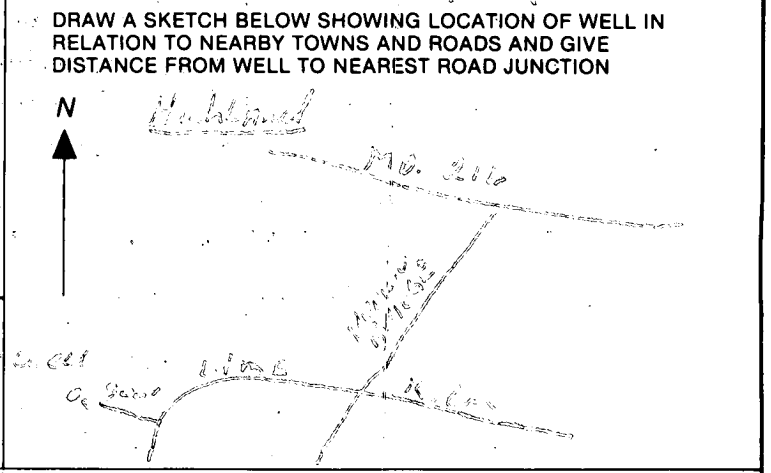
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 801 N 480 000 000



APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

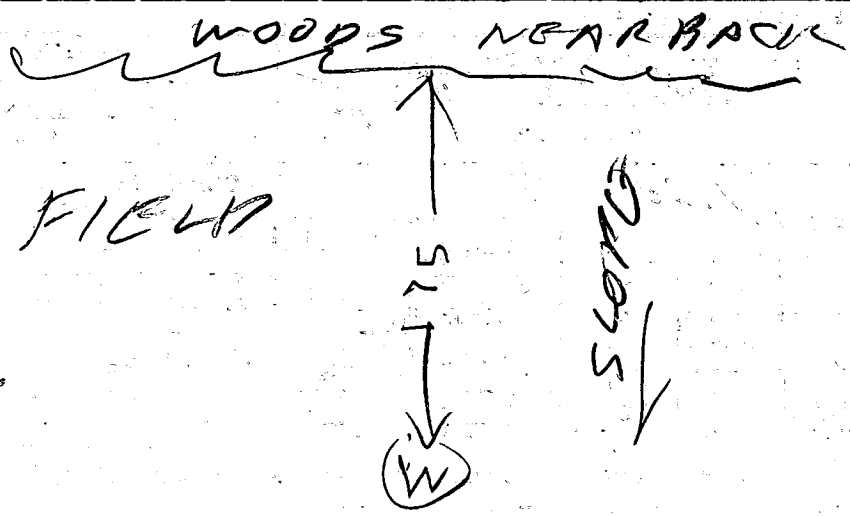
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINT other:

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 DEEPEN 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) APPROX. PERMIT NUMBER 54 GAP 63 FORCE CW WRITE INITIALS IN BOX PERMIT No. 80-81-1002 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



G/26/85

1005 AM

- ① Well already Grouted (inner lab)
 - ② Grouter used 25 FT casing
 - ③ 23 ft open Hole
 - ④ 6 Bags Cement
- B. Hodge

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32473

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE February 7, 1983

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE (301) 465-6105
Ellicott City, Md. 21043

PROPERTY LOCATION:

SUBDIVISION Child's Lime Kiln Valley LOT NO. 4

ROAD AND DESCRIPTION Brown Bridge Road at Lime Kiln

SIZE OF LOT 3.585
4.502 Acres TYPE BLDG. N/A
(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.

James K. Tracy
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/14/83 PERC OK BUT HOLD FOR REVIEW (WATER) RH

THIS IS NOT A PERMIT

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____

ALSO PRESENT _____

EM-12 (1079)

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32473

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE February 7, 1983

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE (301) 465-6105
Ellicott City, Md. 21043

PROPERTY LOCATION:

SUBDIVISION Child's Lime Kiln Valley LOT NO. 24

ROAD AND DESCRIPTION Brown Bridge Road at Lime Kiln

SIZE OF LOT 3.585
4.502 Acres TYPE BLDG. N/A
(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.

James K. Tracy
(SIGNATURE OF APPLICANT)

APPROVED BY F. Shuman FOR Tracy DATE 11/2/87

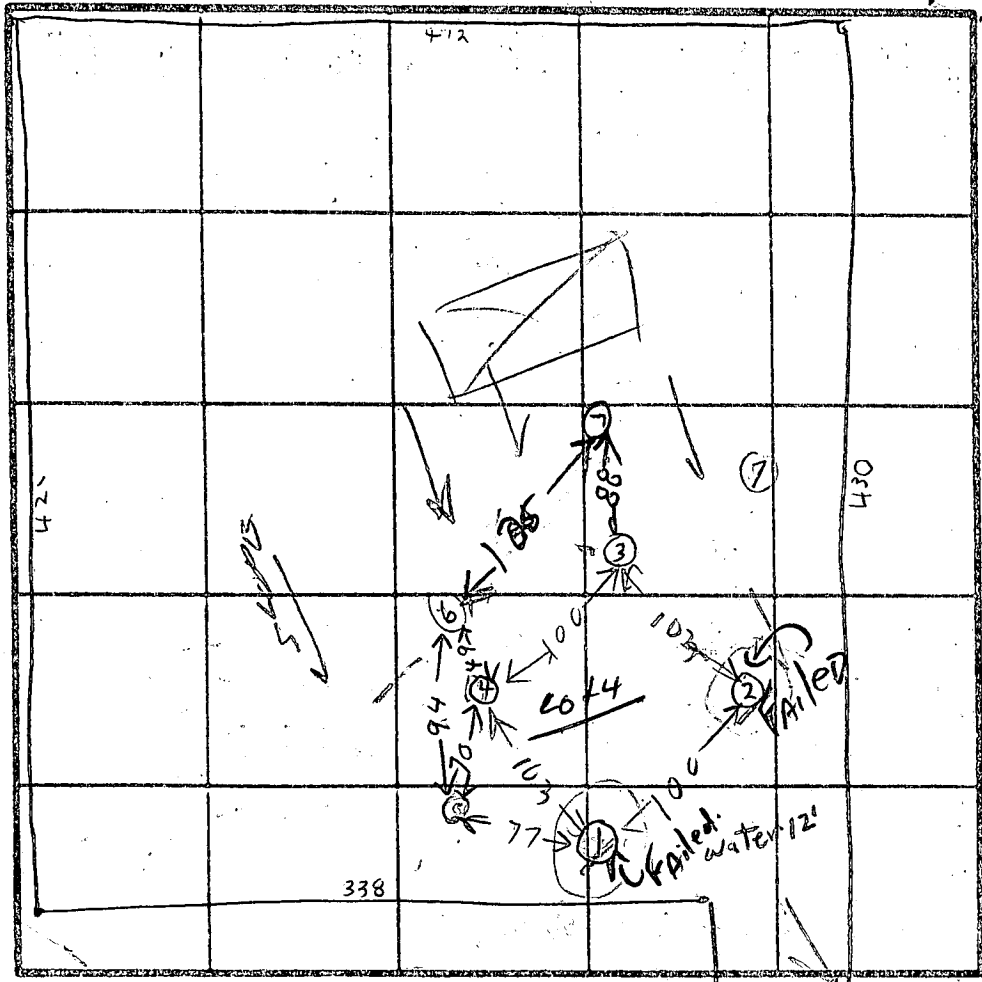
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 4



SOIL PROFILE

1
BROWN CLAY

5
RED BROWN CLAY LOAM

72
WATER

4
CLAY
BROWN SANDY LOAM
12 1/2
PINK SANDY LOAM

5
BROWN CLAY
TAN SAND LOAM
5
BROWN SAND LOAM
12

6
CLAY
REDDISH BROWN SANDY LOAM
13

7
CLAY
BROWN SANDY LOAM
12

HOLE ELEVATION

12 LOWEST

5 NEXT LOW

43 NEXT HIGH

67 HIGH

$\bar{X} = 7 \text{ MIN}$

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/14/83	1V	13	UNSATURATED FACTORY WATER		12 FT		
	2S	5	1050	1110	1110	1126	16
	2D	9	1050	1101	1101	1135	34
	2V	14 1/2	UNSATURATED FACTORY LOOKS QUESTIONABLE				
	3S	3 1/2	1055	1058	1058	1103	5
	3D	10	1055	1056	1056	1103	7
	3V	13	LOOKS OK				
	4V	12	LOOKS OK				
	5S	4 1/2	1112	1115	1115	1122	12
	5D	9	1112	1115	1115	1120	5
	5V	12	LOOKS OK				
	6S	4	1129	1132	1132	1134	2
	6D	9 1/2	1129	1132	1132	1135	3
	6V	13	LOOKS OK				
	7S	3	1151	1153	1153	1056	3
	7D	9	1151	1153	1153	1157	4
	7V	12	LOOKS OK				

REMARKS

TYPE OF SOIL

TESTED BY

R HODGES

ALSO PRESENT

PAUL & KENNY SCHLOSSER

HOLES 1 2 3 4 LOCATED ON TEST PLOT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32475
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE February 7, 1983

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE (301) 465-6105
Ellicott City, Md. 21043

PROPERTY LOCATION:

SUBDIVISION Child's Lime Kiln Valley LOT NO. 6 Part of lot 39

ROAD AND DESCRIPTION Brown Bridge Road at Lime Kiln

SIZE OF LOT 3.591
3.868 Acres TYPE BLDG. N/A
(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.

James H. Tracy
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/11/83 PERC DK. RIT.

THIS IS NOT A PERMIT

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

811 12 1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32475
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE February 7, 1983

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE (301) 465-6105
Ellicott City, Md. 21043

PROPERTY LOCATION:

SUBDIVISION Child's Lime Kiln Valley LOT NO. 6

ROAD AND DESCRIPTION Brown Bridge Road at Lime Kiln

SIZE OF LOT 3.596
3.868 Acres TYPE BLDG. N/A
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY J. Skinn FOR [Signature] DATE 2/21/84

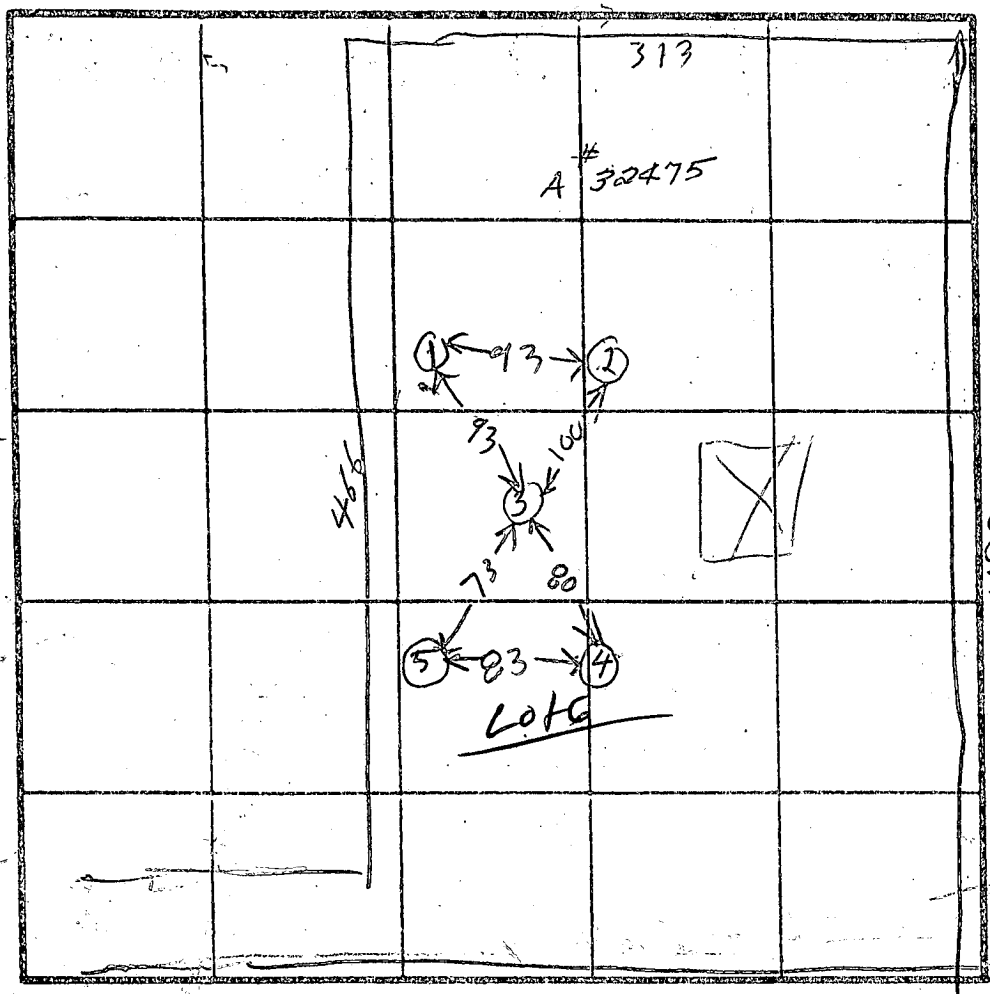
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 6



SOIL PROFILE

①
CLAY
RED SAND LOAM
TAN SAND LOAM

④
BROWN CLAY
PINK & BROWN SANDY LOAM

⑤
ALL PINK & BROWN SANDY LOAM

②
BROWN CLAY
REDDISH SAND LOAM

③
BROWN CLAY
BROWN SAND LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE ELEVATION

③ LOWEST
②④ HIGH
①⑤ MEDIUM

2 1/2' + 10 min
air time
8 MIN

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/11/83	1 S	3	150	150	151	152	1
	1 D	9	150	151	151	154	3
	1 V	12 1/2	LOOKS OK				
	2 S	4	158	203	203	207	4
	2 D	8	159	203	203	216	13
3/11/83	2 V	12	LOOKS OK				
	3 V	12	LOOKS OK				
	4 S	4	219	227	227	238	11
	4 D	8 1/2	219	227	227	249	22
	4 V	12 1/2	LOOKS OK				
	5 S	5 1/2	220	223	223	226	3
	5 D	9	220	224	224	232	8
	5 V	14	LOOKS OK				

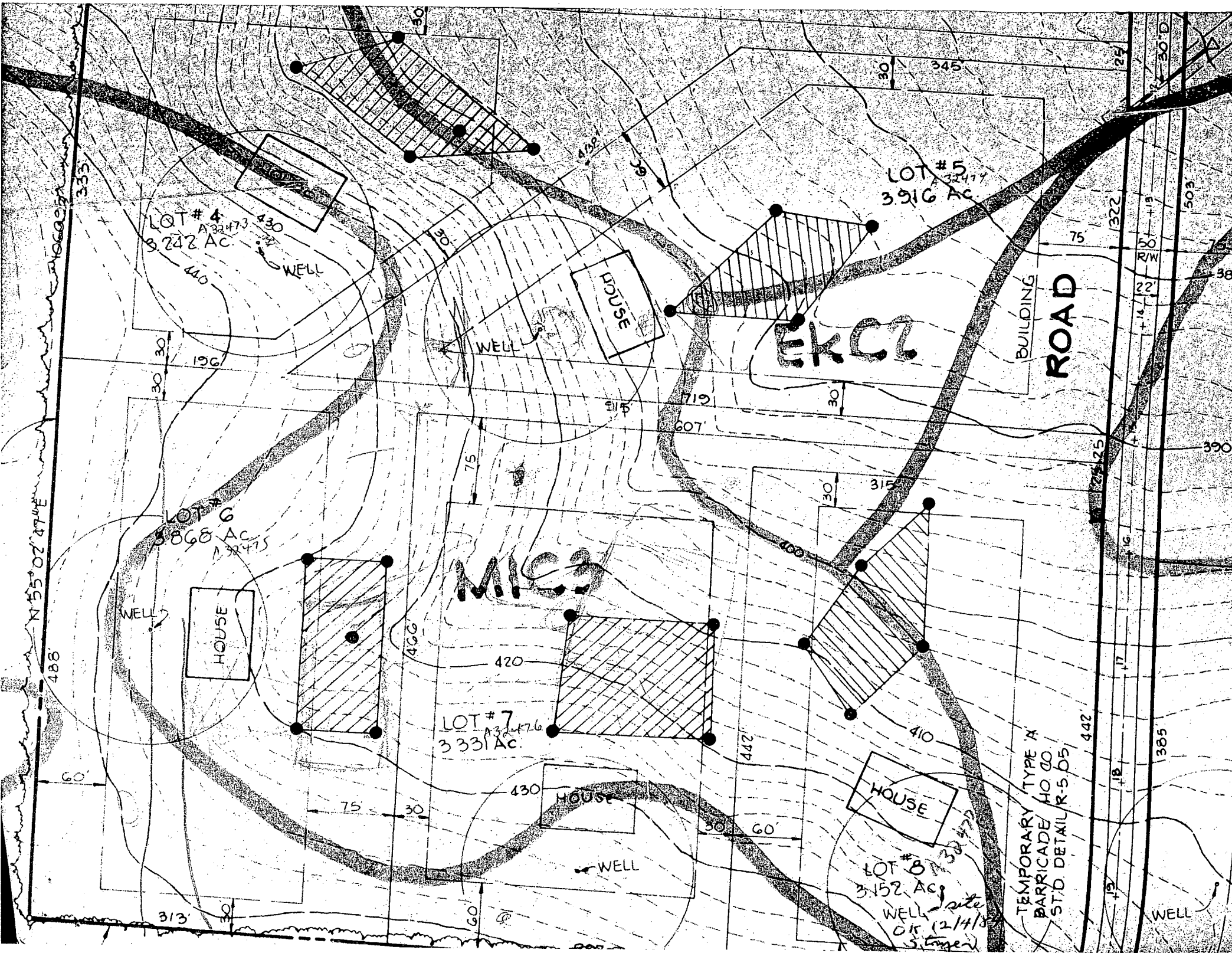
8
X = 9 min

REMARKS

TYPE OF SOIL

TESTED BY B. HODGES

ALSO PRESENT PAUL & KENNY SCHISSLER



LOT # 4
A 32473
3,242 AC

LOT # 5
A 32414
3,916 AC

LOT # 6
A 32475
3,068 AC

LOT # 7
A 32476
3,331 AC

HOUSE

HOUSE

HOUSE

HOUSE

EXCL

MISC

BUILDING
ROAD

TEMPORARY TYPE A
BARRICADE HO. CO.
STD. DETAIL R-5.05

LOT # 8
3,152 AC

WELL site
OK 12/1/85
S. Turner

WELL



Property Address

Alteiri Homes

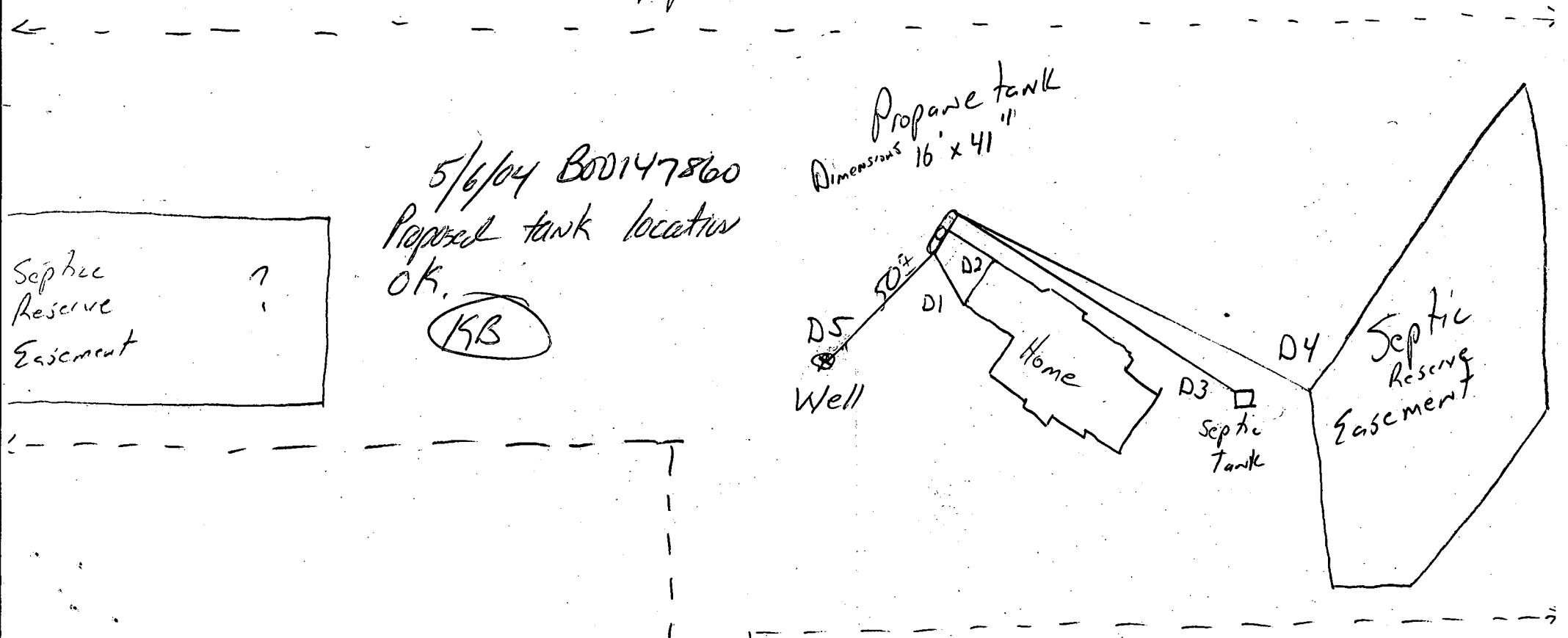
12750 Lime Kiln Road

Fulton, Md.

- D1 to Corner of Garage 18'
- D2 to Corner of Home 18'
- D3 To Septic tank 120'
- D4 to Septic Easement 135'
- D5 to Well 50'

Scale is 1" = 50'

Dotted lines are property lines.
Propane tank is atleast 50' from Any

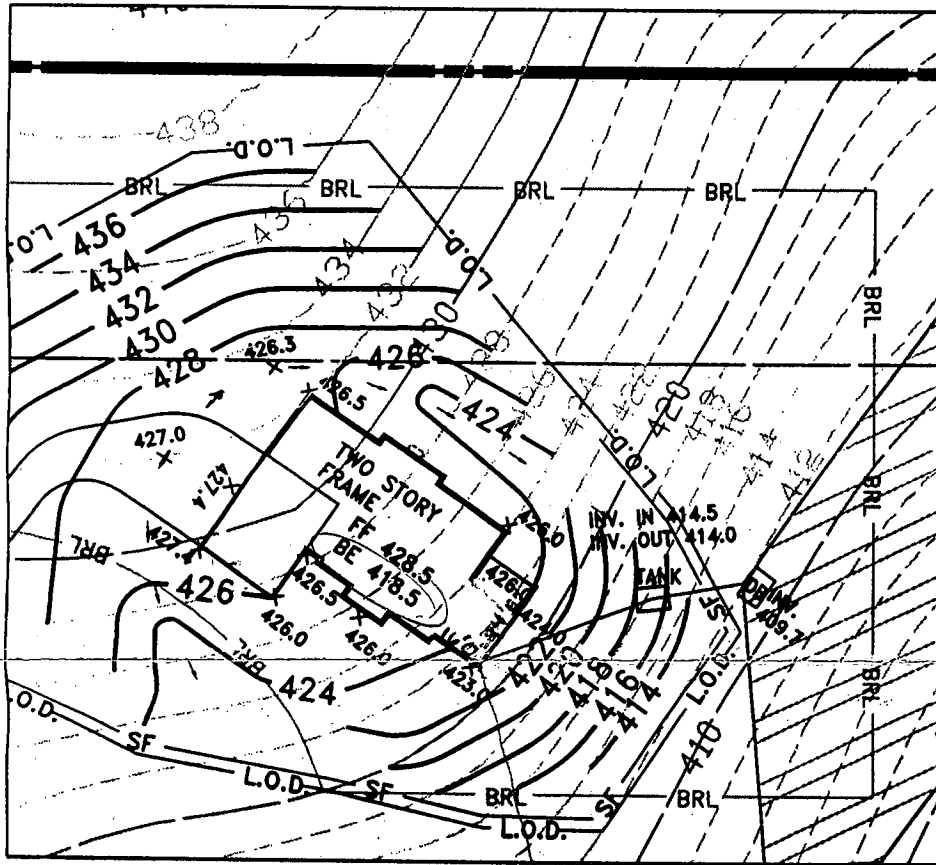
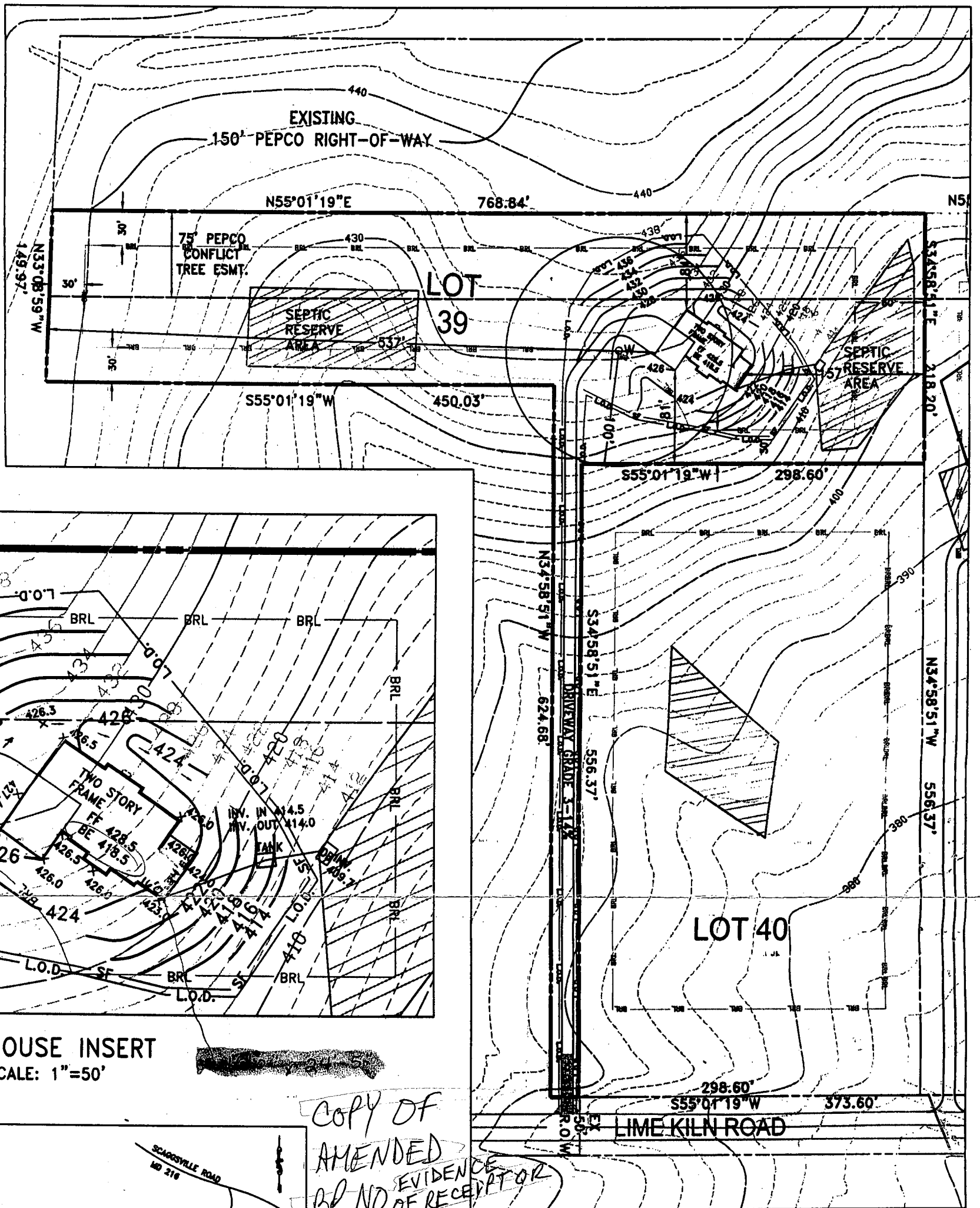


5/6/04 B00147860
Proposed tank location
OK.
KB

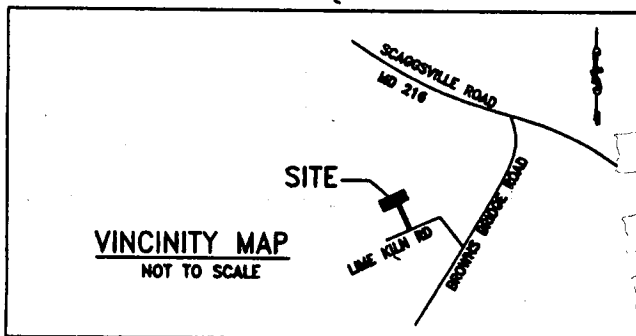
REVISED

Date: 1/22/07

Comments: See 143844
12750 Lime Kiln Valley



HOUSE INSERT
SCALE: 1"=50'



VINCINITY MAP
NOT TO SCALE

COPY OF AMENDED EVIDENCE BP, NO OF RECEIPT OR REVIEW MR APPARENT 3/16/04

SCALE: 1"=100'

REVISED

Date: 12/9/07

Comments: D0014384
12750 Lime Kiln Rd

NOTE: DRIVEWAY CONSTRUCTION SHALL DISTURB ONLY THAT WHICH CAN BE BACKFILLED AND STABILIZED AT THE END OF EACH WORKING DAY.

LEGEND

- 396 — EXISTING CONTOUR
- 396 — PROPOSED CONTOUR
- W EXISTING WELL
- ▨ PROPOSED SEPTIC RESERVE AREA
- BRL — BUILDING RESTRICTION LINE
- L.O.D. — LIMIT OF DISTURBANCE
- S.F. — PROPOSED SILT FENCE PER H.C.S.C.D. DETAIL E-15
- — PROPOSED SCE PER H.C.S.C.D. DETAIL F-17-3

PAVING SPECIFICATIONS:
3" BIT CONC.
6" CR-6

TOPOGRAPHY PROVIDED BY
HOWARD COUNTY

OWNER
POTOMAC ELECTRIC POWER CO.
1900 PENNSYLVANIA AVE. N.W.
WASHINGTON D.C. 20068

BUILDER
ALTIERI HOMES, INC.
9017 RED BRANCH ROAD, SUI. 201
COLUMBIA, MD 21045

REVISED

Date:

Comments:

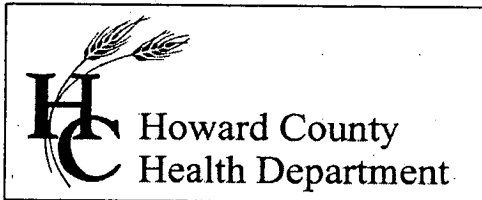


KCW Engineering Technologies, Inc.
3106 Lord Baltimore Drive, Suite 110
Baltimore, Maryland 21244
Tele (410) 281-0033
Fax (410) 281-1065
www.KCW-ET.com

PLAT TO ACCOMPANY BUILDING PERMIT
FOR
LIME KILN VALLEY
LOT 39, LIME KILN ROAD

SCALE: AS SHOWN
DEC. 5, 2003

PLAT REFERENCE: MDR 10883
ELECTION DISTRICT - 5
HOWARD CO., MARYLAND



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

August 13, 2004

Altieri Homes
9017 Red Branch Road, Suite 201
Columbia, MD 21045

SENT VIA FACSIMILE 410-~~940~~⁷-5809

RE: Lime Kiln Valley, Lot # 39
12750 Lime Kiln Road
Highland, MD 20777
BP # B00143896
Well Permit # HO-81-1062

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 03/31/2004. Final approval of the well line connection to the dwelling was approved on 4/6/2004.**

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

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-81-1062. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

Date of Water Sample: 05/25/2004
Date of Well Completion: 06/26/1985

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File