

2/6/02
Early PM
Layout (trenches
mistakenly dug)

04-362888

ISSUE DATE: 1/31/02

APPROVAL DATE: 4/30/02

PERMIT INDEXED

P 516496

A 57610-P

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

Cumberland & Company, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 16391 A E Mullinix Road, 21797 PHONE NUMBER: 301-854-6838

SUBDIVISION: Spring Hollow LOT NUMBER: 15

ADDRESS: 17035 Hardy Road PROPERTY OWNER: Mark Barth

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 140' from the front lot line and 20' off of the left lot line as seen when facing the lot from Hardy Road. Run 3-100' trenches on contour towards the right lot line. (See approved site plan.)
NOTES:	

PLANS APPROVED: SRK OK SRK 10/10/01 DATE: 10/10/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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 BUILDING PERMIT SIGNED 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

5-1904-800148284-DECK

A57610-P

Drawn by Bruce Burton - LDE, Inc.

(410) 715-1070 1"=50'

17035 HARDY ROAD

STANDARD DRIVEWAY
ENTRANCE R. 6.06

CURL SILT FENCE @ CONSTRUCTION ENTRANCE
732

STABILIZED
CONSTRUCTION
ENTRANCE

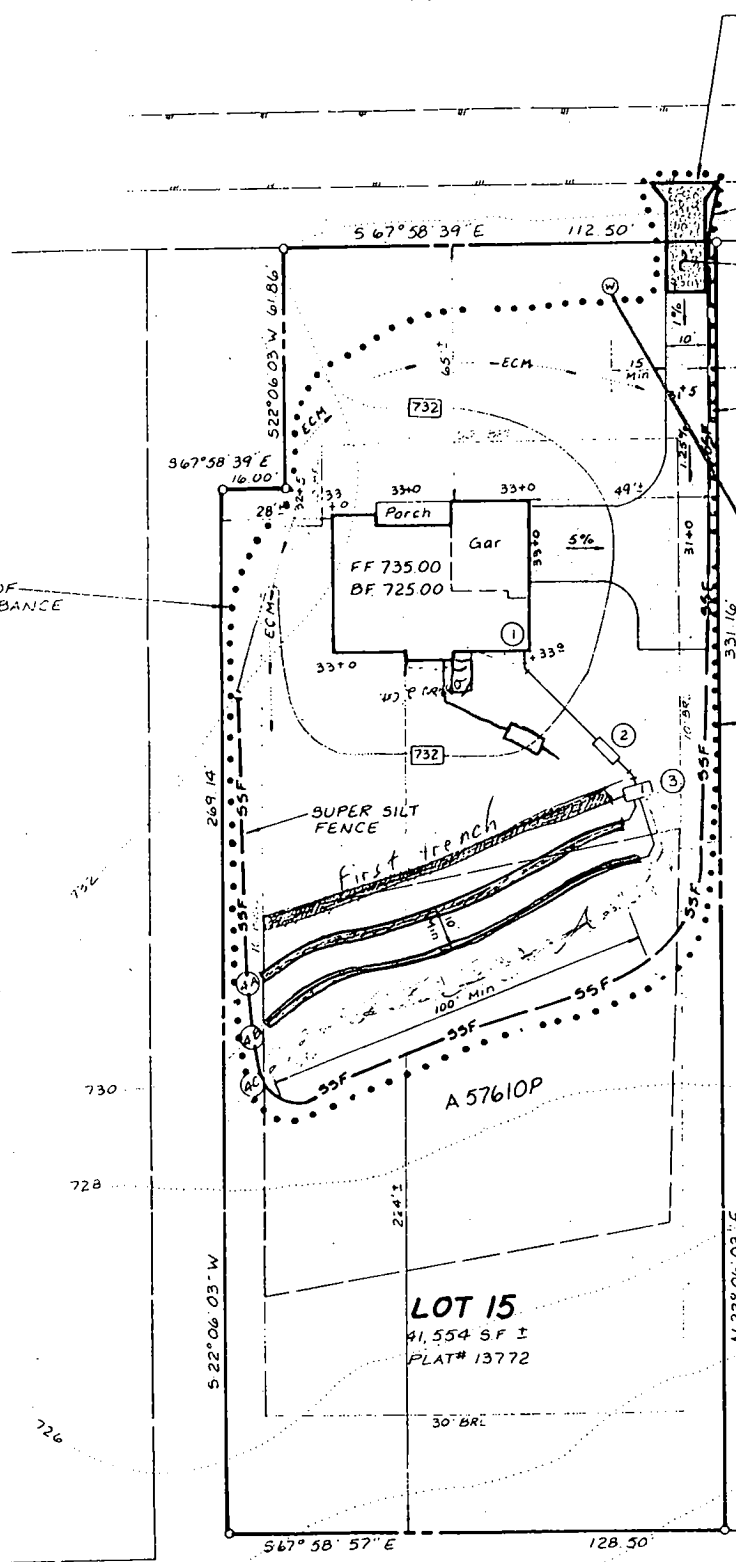
Approved Septic System Plan
Howard County Health Department

Steven R. Kuey 10/10/01
Signature Date

LIMIT OF
DISTURBANCE

LIMIT OF
DISTURBANCE

Total linear feet of trench required 300 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 6 feet
 Depth of stone required below distribution pipe 2 feet



LOT 14
PLAT# 13772

LOT 15
41,554 SF ±
PLAT# 13772

A 57610P

SEPTIC SYSTEM DESIGN DATA

- ① INVERT AT FOUNDATION WALL: 728.00 FIRST FLOOR SERVICE ONLY
(WALL HUNG WITH INTERIOR PUMP PIT FOR BASEMENT SERVICE)
- ② 1500 GALLON SEPTIC TANK (5 BEDROOM-
PROVIDE MANHOLE TO GRADE)
EXISTING GROUND OVER TANK: 730.50
PROPOSED GRADE OVER TANK: 730.50
INVERT IN: 727.60
INVERT OUT: 727.30
- ③ DISTRIBUTION BOX: (3 OUTLETS MINIMUM)
EXISTING GROUND OVER BOX: 730.20
PROPOSED GRADE OVER BOX: 730.20
INVERT IN: 727.20
- ④ TRENCH DESIGN: 60 LF PER BEDROOM X 5 = 300 LF

	(A)	(B)	(C)
Ex. Ground			
Over Trench:	730.10	730.00	729.50
Inv. Trench:	727.10	727.00	726.50
Bottom			
Trench:	724.10	724.00	723.50
Length:	100 Ft	100 Ft	100 Ft
Width:	3 Ft	3 Ft	3 Ft

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

**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 Adaptor, 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: Cumberland & Co, Inc. Telephone #: 301-854-6838
Address: 16391 A.E. Mullinax Rd
Woodbine, MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Kelly Cumberland License# 61417

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

Name of Property Owner: Mark & Christina Barth Telephone #: 410-489-2414
Subdivision: Spring Hollow Lot #: 15 Well Tag #: HO-94-2031
Site Address: 17035 Hardy Rd
Mt. Airy, MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adaptor</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Cambell</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>10S805422</u>	Model #: <u>1"</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>10</u> GPM	Depth: <u>48"</u> (26" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>12</u> GPM	NSP/WSC approved: <u>Y</u>	Conduit min 1 1/2" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>105</u> (feet)		Conduit secured to well cap: <u>Y</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<u>Torque arrestors (Cable guards) or other acceptable method used - Must circle one</u>		
Safety rope, if used, attached to brass rope adaptor or other acceptable method <u>inside of well casing</u> <u>Y</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>48"</u> (36" min)	Sleeve caulked and sealed properly: <u>Y</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.

Kelly Cumberland Signature of company representative responsible for installation
4-30-02 date

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

Date Insp. Requested: 2/13/02 Date Insp. Approved: 2/13/02 Inspector: (50) SRU

Inspection Data:

Pitless adaptor watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not seen outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate gravel observed below pitless adaptor	<u>✓</u>

C1 **9824**
 1 2 3 6
 DATE RECEIVED
 MM DD YY
 8 13

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
 WELL IS COMPLETED. ✓
 COUNTY NUMBER **A57610P**

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 15 03 01 99

Depth of Well
 22 **185** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-2031
 28 29 30 31 32 33 34 35 36 37

OWNER **Cissel Lambert**
 STREET OR RFD **Handy Road** TOWN **Poplar Springs**
 SUBDIVISION **Spring Hollow** SECTION _____ LOT **15**

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	
Top Soil	0	2	
Brown Shale	2	25	
Brown Slate	25	30	
Blue Slate	30	45	
Brown Slate	45	50	✓
Blue Slate	50	90	
Flint Rock	50	95	✓
Blue Slate	95	185	

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1200**
 GALLONS OF WATER **72**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL **CO** CONCRETE
 PL PLASTIC **OT** OTHER
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **35**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED YES NO

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MSD116**
John Wayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MSD112**
John E. Wayne

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

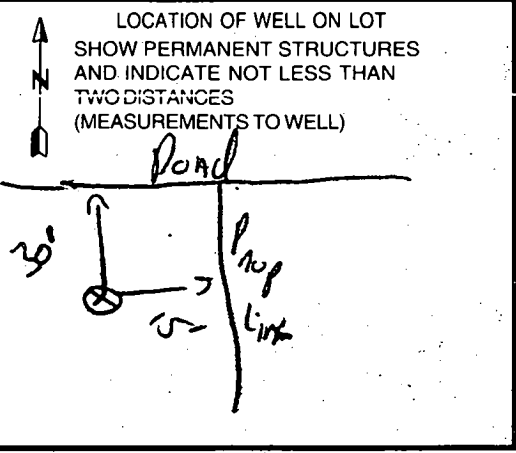
C 2 DEPTH (nearest ft.)
 1 **HO** **33** **185**
 2
 3
 4
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 13
 14
 15
 16
 17
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 79
 80

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **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.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **49** ft.
 WHEN PUMPING **59** ft.
 TYPE OF PUMP USED (for test)
 A air **P** piston **T** turbine
 C centrifugal **R** rotary **O** other (describe below)
 J jet **S** submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 **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)



B 1 4734 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2031 fill in this form completely

Date Received (APA) 12 18 98 OWNER INFORMATION
8 MM DD YY 13
CISSEL LAABERT
15 Last Name Owner First Name 34
3425 Hipsley Mill Rd
36 Street or RFD 55
Woodbine MD. 21090
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
Spring Hollow
23 SUBDIVISION 42
SECTION - LOT 15
44 46 48 50
Poplar Springs
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) I M I
73 76 77 78

DRILLER INFORMATION
Ralph Mayne MS D 116
Driller's Name 76 License No. 81
Ralph Mayne Well Drilling
Firm Name
9120 Brown Church Rd Mt Airy
Address
Ralph Mayne 12-9-98
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
1 2
NORTH
N
W 8-9 E 8-9
W 8 E 8
TOWN
S 8-9 S 8
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Handy rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
N
W 8-9 E 8-9
WEST EAST
S 8 SOUTH
34 30 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

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)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard CO A57610P
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 12 29 98 Andy Williams 12 29 98
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 548000 EAST GRID 768000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 70068
N 50048
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Handy rd
130'
well
St. m. check rd.

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

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER _____ G A P _____
54 63
PERMIT No. HO-94-2031
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE _____

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 Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO 15

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre 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. Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HD-216

COUNTY #

SOIL PROFILE

470

0' dark orange SiCLM

2.0' bright red SiCLM

5.0' lgt pink SiSALM micaceous 15% shale

468

0' dark orange SiCLM 20% shale

2.0' lgt orange SiLM 30% shale

469

0' dark orange red SiCLM

4.0' lgt pink SiLM micaceous 25% saprolite

SOIL PROFILE

700

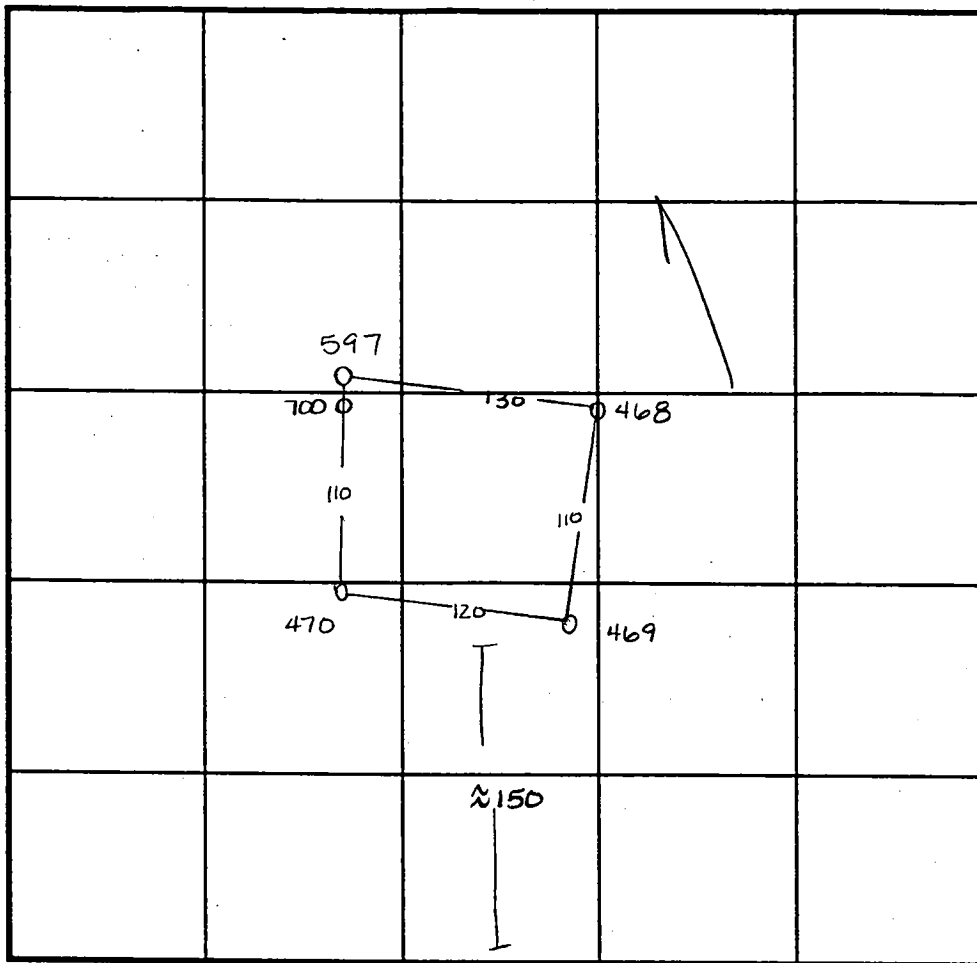
0' orange red SiCLM

3.5' dark red SiLM 20% shale

8.5' 30% pink shale SALM micaceous

12.0' 597

>50% rock through out refusal at 5.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Handy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-20-96	470	Visual	only - see profile		—		OK
	468	3.0 / 11.0	10:15 ³⁰	10:16 ³⁰	10:16 ³⁰	10:18	1 1/2 min
	597	Insufficient depth to bedrock					F
	469	Visual	only - see profile		—		OK
	700	Visual	only - see profile		—		OK
		max bottom at 4.5					

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 47043

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 4th

DATE ~~April 16, 1991~~

5/7/91

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 W. Lambert Cissel, Jr.

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE 301-442-2463

PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Hardy Green LOT NO 4

ROAD AND DESCRIPTION 17200 ± Hardy Green

TAX MAP 7 PARCEL # 144 - will change due to adjoines transfer

SIZE OF LOT 3.5 acres ± TYPE BLDG Single Family Dwelling
(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.

Christine A. Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

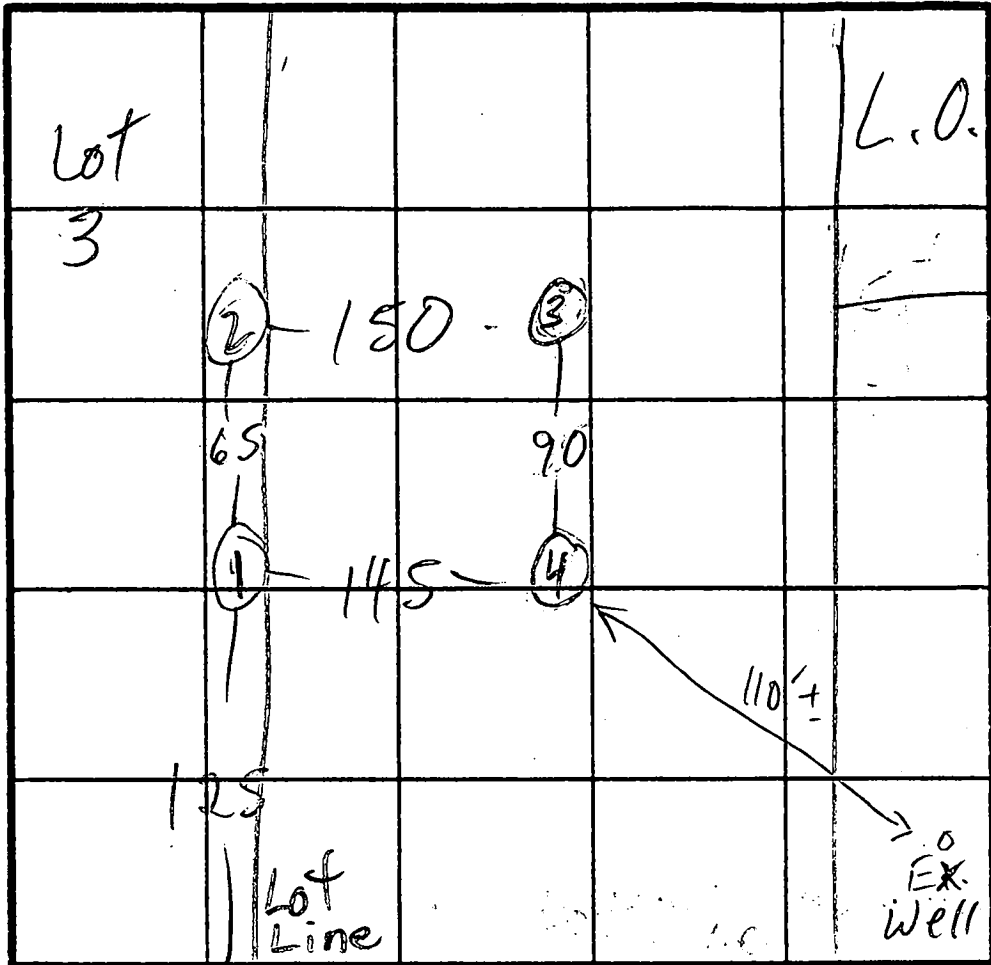
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

Lot 4
A47043



SOIL PROFILE

0 required sandy clay loam
4 tan/yel pink sandy silt loam
15% quartzite + saprolite
13 frags ↑ w/depth

HARDY RD & INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/30/91	3 S	5 1/2	2:49	2:51	2:51	2:55	4
	3 V	13	see profile				
	4 S	5 1/2	3:22	3:27	3:27	3:37	10
	4 M	8	3:20	3:21	3:21	3:24	3
	4 V	11 1/2	sim to ②		mostly pink		20% shale frags
	1 S	5	11:16	11:24	11:24	11:47	23
	1 M	8 1/2	11:52	11:56	11:56	12:04	8
	1 V	14	see profile		Lot 3 sheet		
	2 S	5 1/2	11:20	11:40	11:40	12:09	29
	2 V	13 1/2	sim to ①				

REMARKS HOLE NOT PER PLAT

TYPE OF SOIL _____

TESTED BY M. Rifkin ALSO PRESENT _____

OPEN SPACE

LOT 1

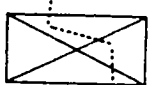
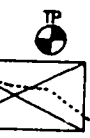
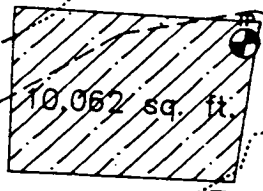
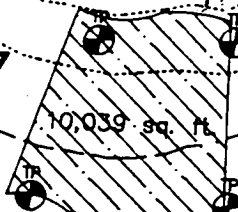
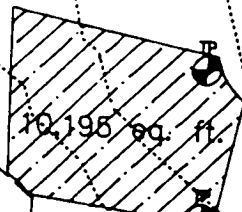
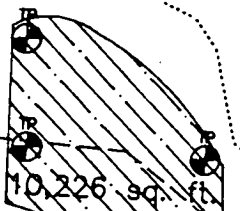
LOT 2

LOT 3

LOT 4

HARDY

GREEN



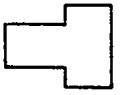
X Sep Tank

EX

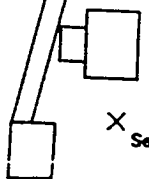


HARDY ROAD

740



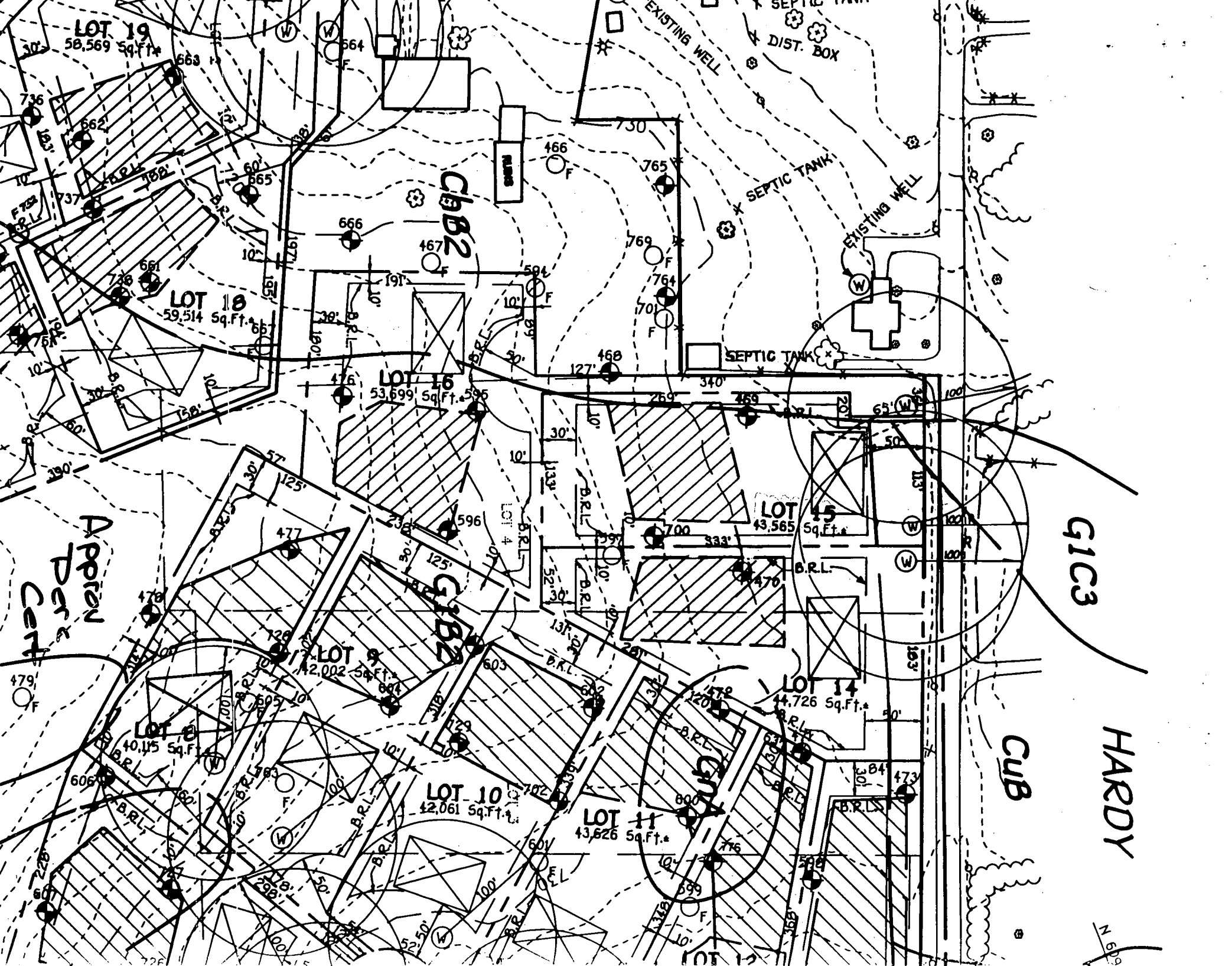
X Sep Tank



X Sep Tank

FIELD

X Sep Tank



LOT 19
58,569 Sq.Ft.

LOT 18
59,514 Sq.Ft.

LOT 16
53,699 Sq.Ft.

LOT 15
43,565 Sq.Ft.

LOT 14
44,726 Sq.Ft.

LOT 10
42,061 Sq.Ft.

LOT 11
43,626 Sq.Ft.

LOT 7
42,002 Sq.Ft.

LOT 8
40,115 Sq.Ft.

G1C2

G1C2

G1C3

CUB

HARDY

Appren
Park
Cent

SEPTIC TANK

SEPTIC TANK

EXISTING WELL

EXISTING WELL

DIST. BOX

B.R.L.

B.R.L.

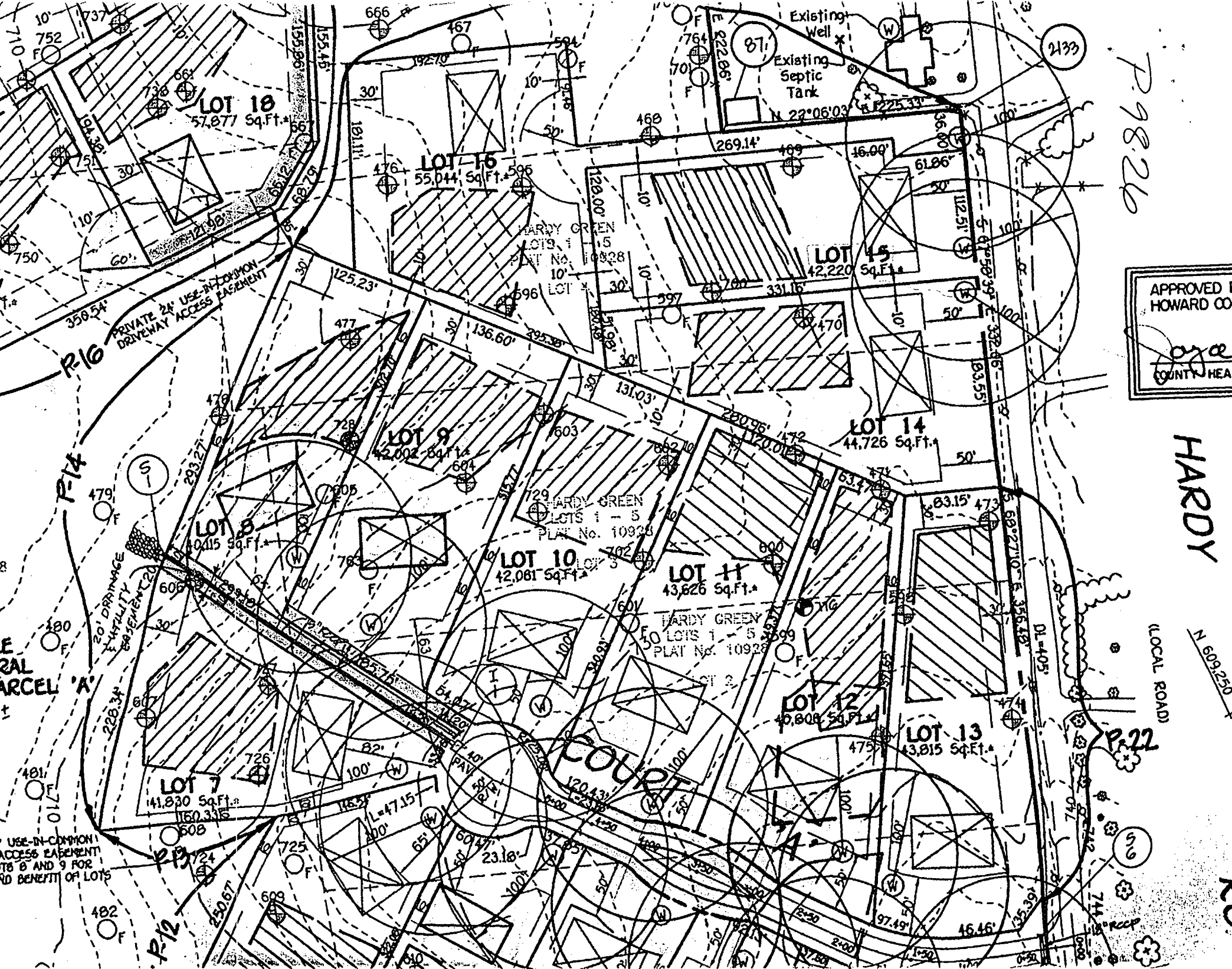
B.R.L.

B.R.L.

G1C1

LOT 12

N 60°



APPROVED
HOWARD CO
COUNTY HEAD

HARDY

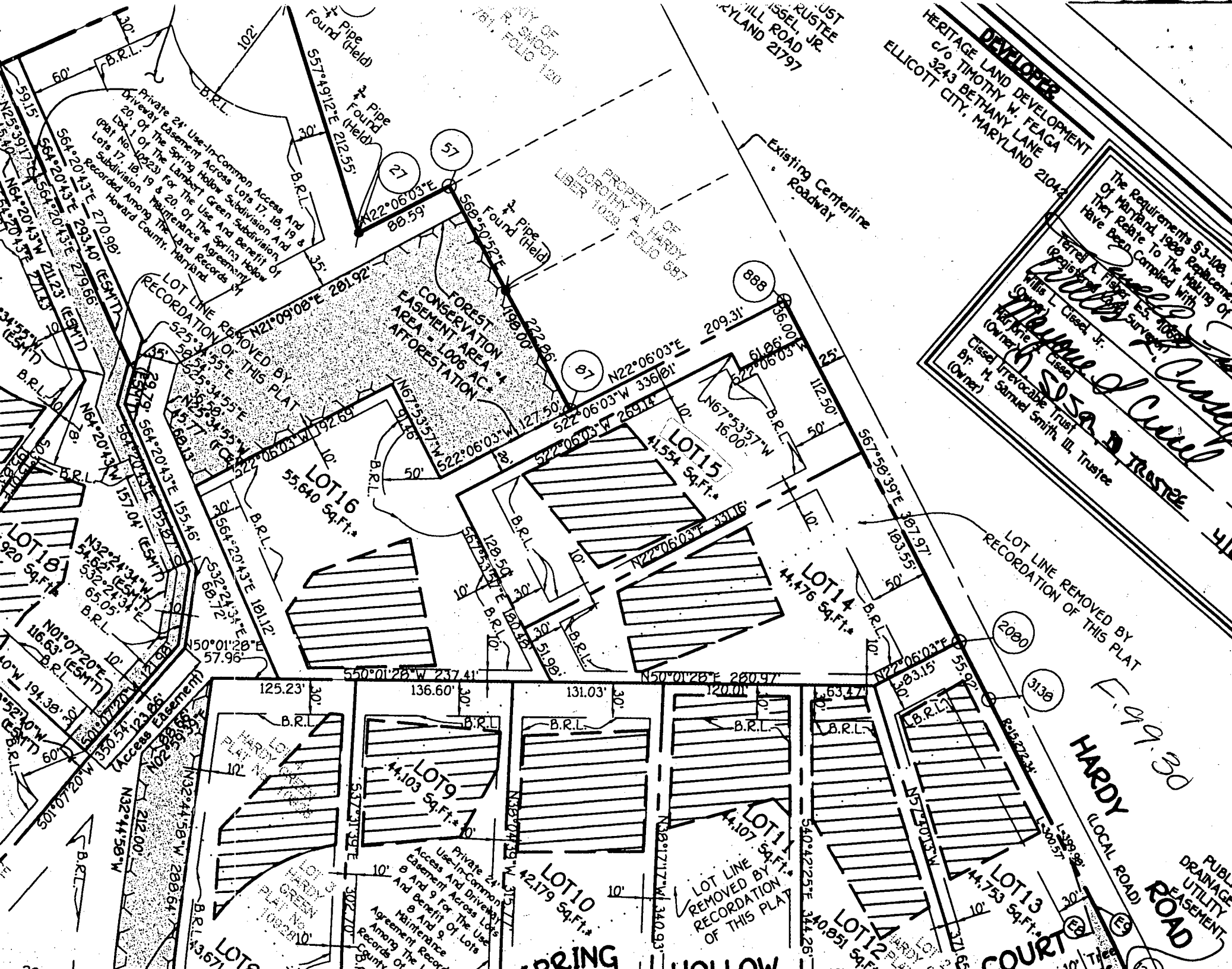
(LOCAL ROAD)

P. 98226

P. 22

S 6

REC'D



DEVELOPER
 HERITAGE LAND DEVELOPMENT
 c/o TIMOTHY W. FEAGA
 3243 BETHANY LANE
 ELLICOTT CITY, MARYLAND 21042

The Requirements 5-3-10b
 of Maryland, 1988 Replacement
 They Relate To The Holdings of
 Have Been Complied with
 Terrell F. Fisher, Esq. (Owner)
 Registered Professional Surveyor
 Willis L. Cressel, Jr. (Owner)
 Samuel D. Cressel, Trustee
 Cressel Irrevocable Trust
 By: H. Samuel Smith, III, Trustee

PROPERTY OF
 MARGO J. A. HARDY
 LIBER 1026 FOLIO 587

Private 24' Use-In-Common Access And
 Driveway Easement Across Lots 17, 18, 19 &
 20, Of The Spring Hollow Subdivision And
 Lots 17, 18, 19 & 20, Of The Springs Hollow
 Subdivision, Maintenance Agreement
 Recorded Among The Land Records Of
 Howard County, Maryland.

LOT LINE REMOVED BY
 RECORDATION OF THIS PLAT

LOT LINE
 REMOVED BY
 RECORDATION
 OF THIS PLAT

Private 24' Use-In-Common
 Access And Driveway
 Easement Across Lots
 8 And 9 For The Use
 And Benefit Of Lots
 8 And 9.
 Maintenance
 Agreement Record
 Among The Land
 Records Of
 Howard County,
 Maryland.

LOT LINE REMOVED BY
 RECORDATION OF THIS PLAT

HARDY
 (LOCAL ROAD)

PUBLIC
 UTILITY
 EASEMENT
ROAD

COURT

SPRING HOLLOW

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00148284

Building Address 17035 Hardy Rd
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 60400 Subdivision Spring Hollow
 Section _____ Area _____ Lot 15X
 Tax Map 7 Parcel 588 Grid 9
 Zoning RCDEO Map Coordinates 229 Lot size _____

Property Owner's Name Mark Barth
 Address 17035 Hardy Rd
 City MD State MD Zip Code 21771
 Home Phone 301-829-9219 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 5,000
 Description of Work _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>35</u> <u>45</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</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 _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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 Mark Barth
 Title/Company _____

Print Name Mark Barth
 Date 5-19-04

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

AGENCY Land Development, DPZ	DATE <u>5-19-04</u>	SIGNATURE APPROVAL <u>[Signature]</u>	PROPERTY ID#: <u>52310</u>
State Highways	DFZ SETBACK INFORMATION	Front: <u>30</u>	Filing fee \$ _____
Building Cost	Rear: <u>30</u>	Permit fee \$ _____	