

4/27/00 C.O. 3pm

PERMIT

P. 513367

INDEXED

SEWAGE DISPOSAL SYSTEM

A. 57610-R

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 4/4/2000

410-313-2640

04-362896

APPROVAL DATE BB

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Spring Hollow LOT NUMBER 16 ADDRESS 17045 Hardy Road

PROPERTY OWNER Pete & Christine Burrows PROPERTY OWNER'S ADDRESS 9308 Knights Court

SEPTIC TANK CAPACITY 1500 GALLONS Laurel, MD 20723

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 85 feet off the left hand lot corner at the end of the flagstem driveway and 115 feet off the left (237.41') lot line. Run trenches on contour to left side of lot. 3/3/00 O.K. (BB)

BUILDING PERMIT SIGNED

AND RETURNED

10-9-03 B00144520-DECK

PLANS APPROVED Mark E. Rifkin DATE 2-25-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

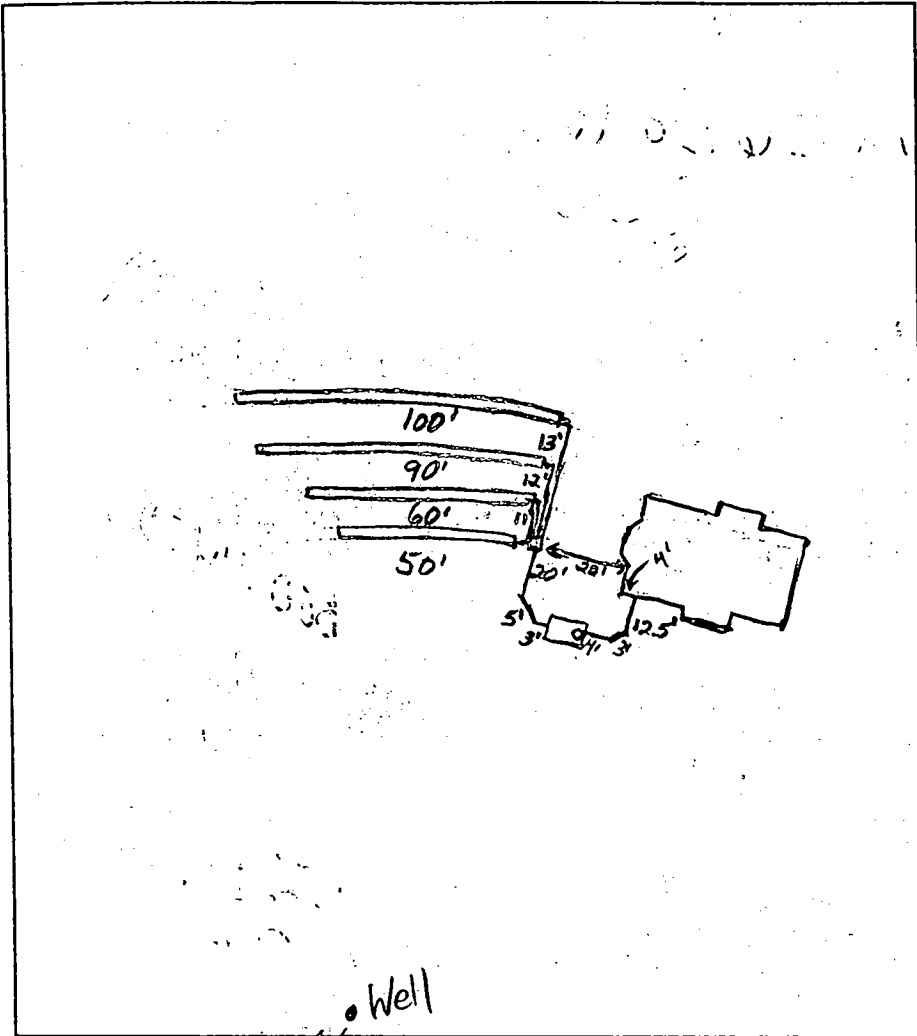
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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

57610-R

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'
 TRENCH INLET DEPTH 3.0'
 TRENCH BOTTOM DEPTH 5.0'
 DEPTH OF STONE 2.0'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 300'
 ABSORBENT AREA 900 sq ft.
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1500 MS GALLONS
 MANHOLE RISER No
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER
 GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 4/27/00 Home connection made. System O.K. O.K. to cover everything. (BB)

INSPECTOR B. Baber

DATE SYSTEM APPROVED 4/27/00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3625-R Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 7-18-00

Name of Installer C. MAYES P+H

Telephone 410 923 0511

License Number 3276

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner MR+MRS PETE BURROWS Telephone 301 421 1700

Subdivision SPRING HOLLOW Lot # 16 Well Tag # HO-94-2032

Site Address 17045 HARDY RD.

Pump

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

- Motor
 - 1. Horsepower 1/2 H.P.
 - 2. RPM 2400
 - 3. Voltage _____
 - a. 110 _____
 - b. 220

- Pitless Adapter
 - 1. Make CAMPBELL
 - 2. Model # B10X
 - 3. Depth 48"

- 2. Make MYERS
- 3. Model # 2445059009
- 4. Capacity 7 GPM

- 5. Pump exceeds well capacity Yes _____ No
- 6. If Yes, is low pressure outflow switch installed? Yes _____ No

- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Tank

- 1. Capacity #250-44 GAL
- 2. Pressure relief valve? YES

- Piping
 - 1. Type Poly 160psi
 - 2. Size 1"
 - 3. NSF and/or BOCA Code approved YES
 - 4. Depth of supply line 48"

- Well data
 - 1. Depth 304 ft.
 - 2. Yield 7 GPM
 - 3. Static water level 250 ft.
 - 4. Will water supply be disinfected by installer? NO

7/25/00
MR

WPI OK VIA T/C
W/PLBR. WHO REPORTS INSP REQUEST MADE - NO INSP CONDUCTED

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

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

Signature of Applicant: Charles Mayes

Date: 7-18-2000

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

Building Address 17045 HARDY ROAD
Mt. Airy, MD 21771

Suite/Apt. #: 1 SDP/WP/Petition #: _____

Census Tract 544 Subdivision SPRING HOLLOW

Section N17 Area N17 Lot 16

Tax Map 7 Parcel 394 Grid 8

Zoning RE-15E Map Coordinates 24.9 Lot size 1.25 AC.

Property Owner's Name PIETRO CIRILIONE BARRONS
 Address 9338 KNIGHTS COURT
 City LAVALE State MD Zip Code 20723

Home Phone 301-493-2437 Work Phone 410-547-8200
 Applicant's Name & Mailing Address, (if other than stated hereon):
STEVENS BUILDERS INC.
3926 NATIONAL DRIVE SUITE 250
BURTONVILLE, MD 20806
 Phone 301-421-1700 Fax 301-421-9051

Existing Use VACANT LOT
 Proposed Use SINGLE FAMILY DWELING
 Estimated Construction Cost \$ 240,000.00

Description of Work CONSTRUCT A SINGLE FAMILY HOME
2 BR/2.5 BATH WITH 3/4 BATH FINISH ROOM
2 GARAGE W/ BATHROOM AND 2 CAR ATTACHED GARAGE

Contractor Company STEVENS BUILDERS INC.
 Contact Person MARC STEVENS
 Address 3926 NATIONAL DRIVE SUITE 250
 City BURTONVILLE State MD Zip Code 20806
 License No. MIL 51537
 Phone 301-421-1700 Fax 301-421-9051

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

Engineer or Architect Company CINX
 Contact Person BRUCE KENNETH
 Address 1300 SPRING STREET
 City SILVER SPRING State MD Zip Code 20910
 Phone 301-633-4800 Fax 301-652-2255

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>42'</u> Width <u>50'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>42'</u> <u>50'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>42'</u> <u>50'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>5</u>	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 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
V.P. STEVENS BUILDERS, INC.
 Title/Company _____

Print Name MARC STEVENS
 Date 2/15/00

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>2/25/00</u>	<u>Mark E. Kiffin</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: <u>30'</u>
Rear: <u>30'</u>
Side: <u>10'</u>
Side St: <u>N/A</u>
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID: <u>15010</u>
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ _____
Balance due \$ _____
Check # <u>1177</u>
Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____

C1 9825

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓

COUNTY NUMBER A57610 R

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 05 29 08 22 305 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2032

OWNER Cissel Lambert last name Handy Road first name Poplar Springs TOWN Spring Hollow SECTION LOT 16

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, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 10 NO. OF POUNDS 1000

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter 6 Total depth 35

OTHER CASING (if used)

Table for other casing with columns: diameter, depth (feet)

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)

HO 33 305 Table for depth with columns: 1, 2, 3, DIAMETER OF SCREEN

C 3

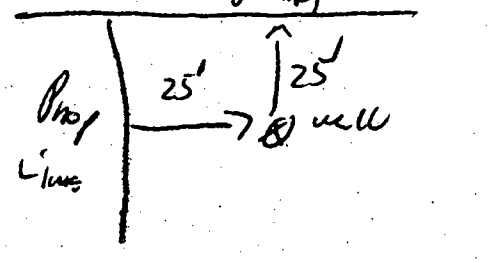
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES 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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 MSD 116 DRILLER'S SIGNATURE

LIC. NO. 1 MSD 112

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

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

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 4735 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2032 fill in this form completely

Date Received (APA) 12 18 98 OWNER INFORMATION CisseL Lambert 3425 Hip SLEY Mill Rd Woodbine MD 21797

LOCATION OF WELL Howard Spring Hollow Poplar Springs

DRILLER INFORMATION Ralph MAYNE MSD 116 9120 Brown Church Rd Mt Airy

Handy Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 30 ENTER FT OR MI

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX) [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A57610 R

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

METHOD OF DRILLING (circle one) AIR-ROTary

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL

WRITE THE BOX NUMBER FROM THE MAP HERE E 550 N 550 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER GAP PERMIT No. HO-94-2032

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 _____

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
477

beigh
SiClm
5%
Shale

brown
SiLm
15%
Shale

pink
SiSaLm
15%

596 595

tan
beigh
SiClm

lgt
brown
SiLm
25%
Shale

refusal

476

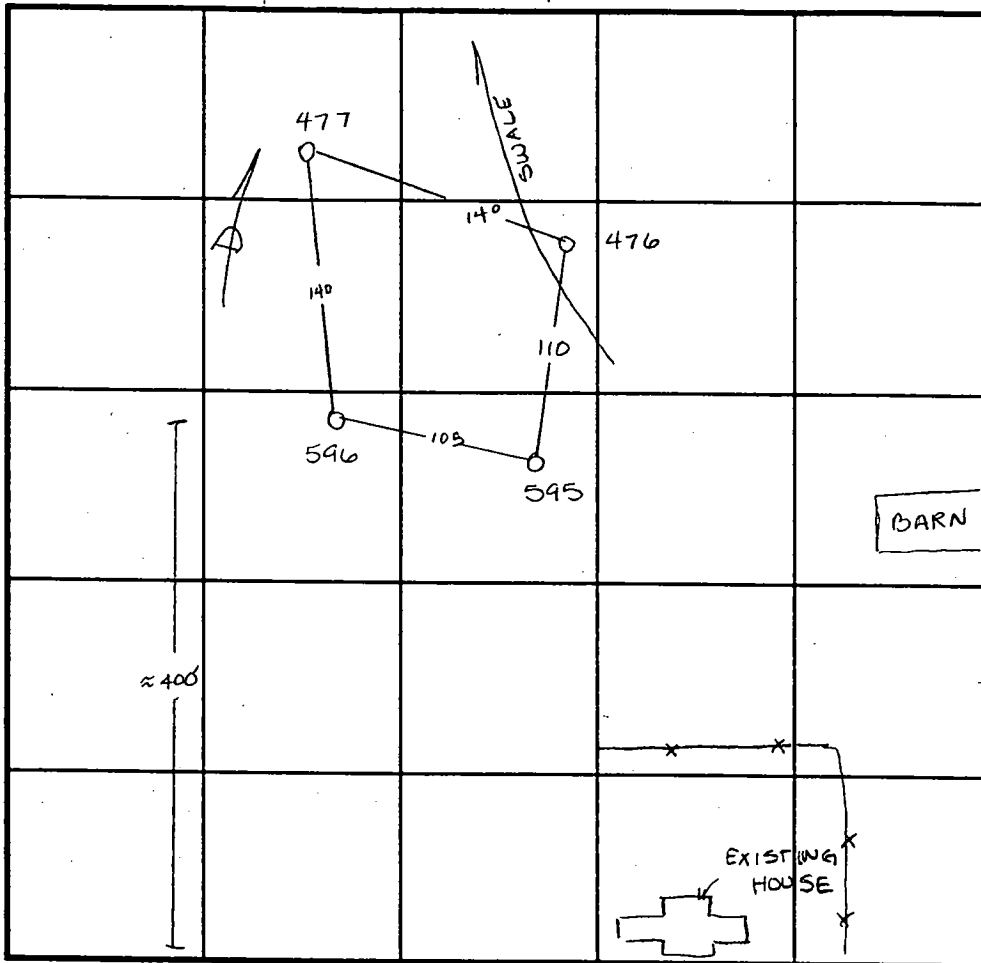
dark
orange
red
SiClm
30%
Shale

dark
orange
SiLm
20%
rock

refusal

SOIL PROFILE

Empty soil profile box.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-20-92	477	3.0 V12.0	12:55	12:56	12:56	12:57	1min
	596	4.0 V11.5	12:42 ³⁰	12:46	12:46	12:55	9min
	595	Visual	only - see profile		-		OK
	476	3.5 V9.5	10:29 ³⁰	10:32	10:32	10:39	7min

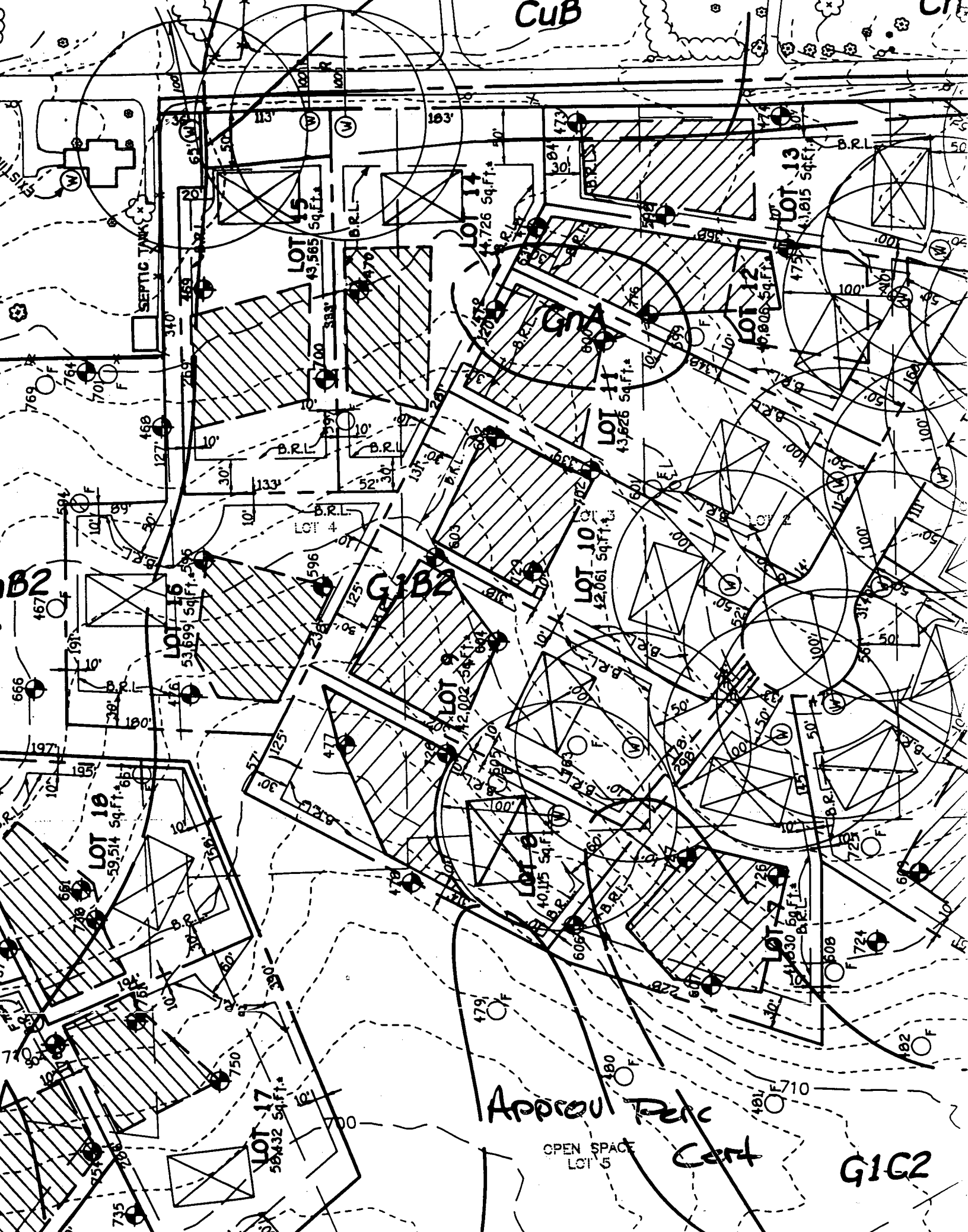
REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180



CUB

SEPTIC TANK

LOT 15
13,565 Sq.Ft.

LOT 14
14,726 Sq.Ft.

LOT 13
13,015 Sq.Ft.

LOT 12
13,806 Sq.Ft.

LOT 11
13,526 Sq.Ft.

LOT 10
12,061 Sq.Ft.

LOT 9
12,002 Sq.Ft.

LOT 16
53,599 Sq.Ft.

LOT 18
59,514 Sq.Ft.

LOT 17
58,832 Sq.Ft.

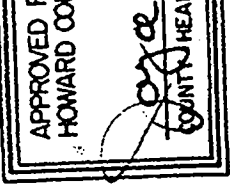
Approach Perc Cert

OPEN SPACE
LOT 5

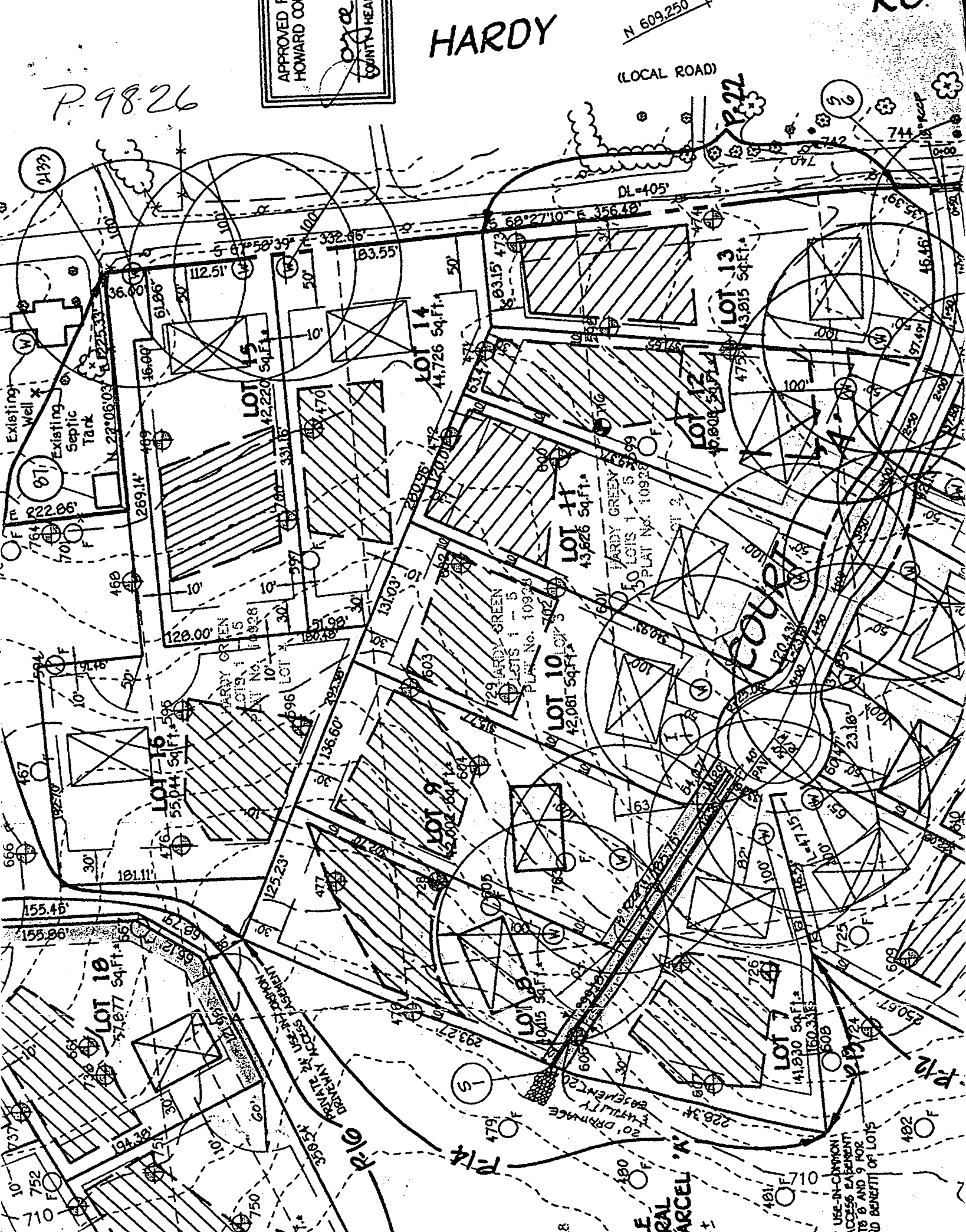
G1C2

HARDY

N 609,250
(LOCAL ROAD)



P. 9826



USE-IN-COMMON ACCESS EASEMENT TO 8 AND 9 FOR THE BENEFIT OF LOTS

LEGAL PARCEL 'N'

P. 14

P. 16

P. 12

P. 22

96

744

742

740

738

736

734

732

730

728

726

724

722

720

718

716

714

712

710

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122

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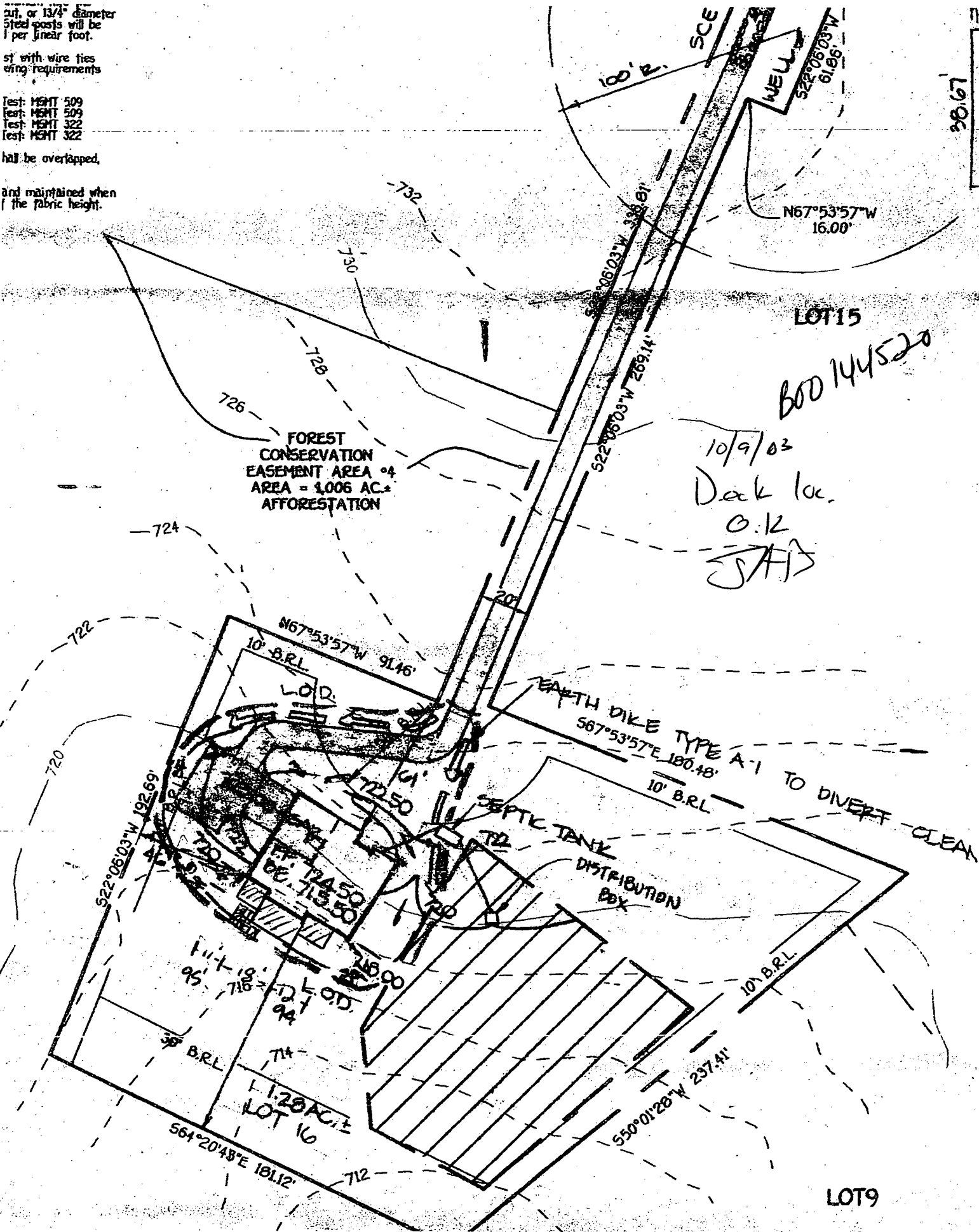
cut, or 1 3/4" diameter
Steel posts will be
1 per linear foot.

st with wire ties
wing requirements

Test: MSH 509
Test: MSH 509
Test: MSH 322
Test: MSH 322

hall be overlapped,

and maintained when
of the fabric height.



LOT 15
BOD 144520

10/9/03
Deck loc.
O.K.
JAH

FOREST
CONSERVATION
EASEMENT AREA 04
AREA = 1.006 AC.
AFFORESTATION

EARTH DIKE TYPE A-1
567°53'57"E 180.48'
10' B.R.L. TO DIVERT CLEAN

1.28 AC.
LOT 10

LOT 9