

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3/27/98 NEED PUMP
CRED: 605

3/26/98
adv & pm CO.
6/12/98
2:30

P 59877

A 58526

DISTRICT 5th

DATE 3-19-98

DATE SYSTEM APPROVED 6-19-98

INSPECTOR gg

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

342589
INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 4105 Ten Oaks Road Glenelg, MD 21737 PHONE (410) 988-9270

SUBDIVISION Pachoca Property LOT _____ ROAD 6540 Haviland Mill Road

PROPERTY OWNER Linda Pachoca

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS TOP SEAMED 2 COMPARTMENT SEPTIC TANK. (PLUS 2ND 1500 GALLON PUMPED SEPTIC SYSTEM TANK FOR FUTURE)

NUMBER OF BEDROOMS 4 INSTALL: 1-1000 GAL. SEALED PUMP CHAMBER (1 COMPARTMENT) with single or dual controls and alarms.

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED 230 CONTRACTOR to supply pump detail prior to issuance of of septic permit. *gg 1/27/98*

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - From the junction of the 236.67' and 449.77' lot lines, place the distribution box 105 feet down the 449.77' lot line and 50 feet off that same lot line. Run trenches along contour towards the left rear lot corner as seen from the pipestem.

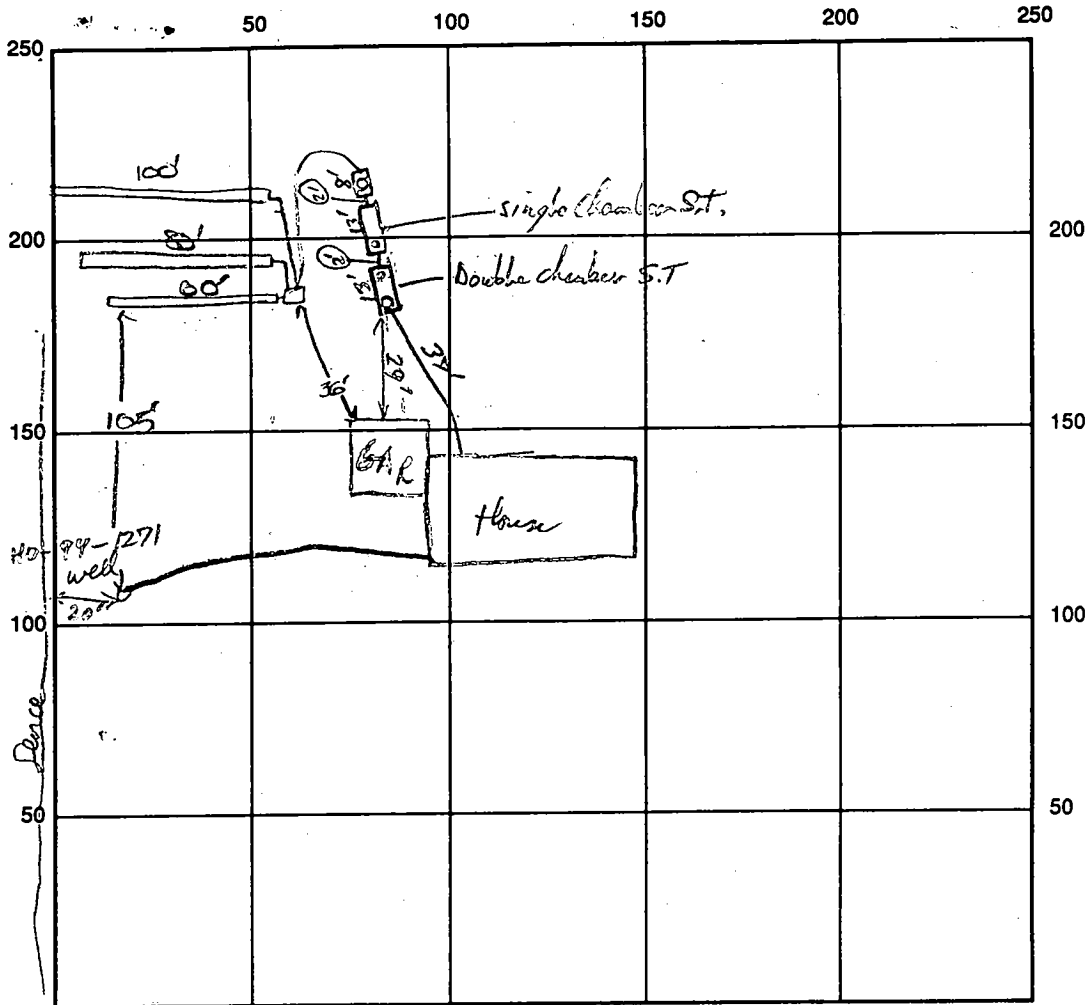
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *1/6/97 OK ALM*

PLANS APPROVED BY Glen Savage DATE 12/30/97

- COVER NO WORK UNTIL INSPECTED AND APPROVED
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- PERMIT VOID AFTER TWO YEARS
- NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 58526



Pump Chamber - 1000 gal. TFS each

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal each (2 in series) = 3 chambers CLEANOUTS Manhole, Entrance, etc, cleanouts
 (both TFS covered) = 3060 gal total (each 13 ft long, only 5' deep)

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 240'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 1200 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Both Septic Tanks and pump chamber are OK. 3 1/2 ft cover at 1st Manhole (5 ft dia) 3 ft cover at BC with Manhole

(4 ft dia) OK to cover to house Connection and S.O.T. & P.C. 11/2/98

3/27/98 OK to cover all septic work - NEEDS SEPTIC PUMP

CHECK. DWS 3/27/98 well line OK to cover, serves ENTIRE LENGTH

well has 9' STORAGE GROUND BY 6-19-98 PUMP AND ALARM

TEST OK

DATE SYSTEM APPROVED 6-19-98

INSPECTOR Glad. Jany

8/13/97
8/14/97
\$100.00

APPLICATION

PERCOLATION TESTING

A 58526
P _____

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

DISTRICT _____
DATE 6-18-97

PROPOSED OK
PROPOSED ELDERCARE
20,000 SF PROPOSED
SIZE OF FACILITY / FLOW T.B.D.
(CW)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Linda Pachoca

ADDRESS 2938 Jessup Rd. Jessup, MD 20794 PHONE (410) 799-0315

AGENT OR PROSPECTIVE BUYER N/A Howard Krieger 301-854-0074

ADDRESS N/A PHONE N/A 410-531-2074

PROPERTY LOCATION: RON WILDMAN (410) 313-9999, MD

SUBDIVISION Tax Map # 34 Parcel 260 LOT NO. 844 Frederick Rd Ellicott City MD 21043

ROAD AND DESCRIPTION 6542 Haviland Mill Road (rear of)
Clarksville, MD

TAX MAP # 34 PARCEL # 260

BLDG. PERMIT SIGNED
AND RETURNED 12-30-97
Serial # 210709256

SIZE OF LOT 2 1/2 acres TYPE BLDG. Eldercare Facility - 4 Boms
(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. Linda Pachoca
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'
18"
13'

2
4

Brown CL.
ORANGE BROWN
WHICE
MIXED
COARSE
MICA
LOAM
30%
Soft
MICA
ROCK

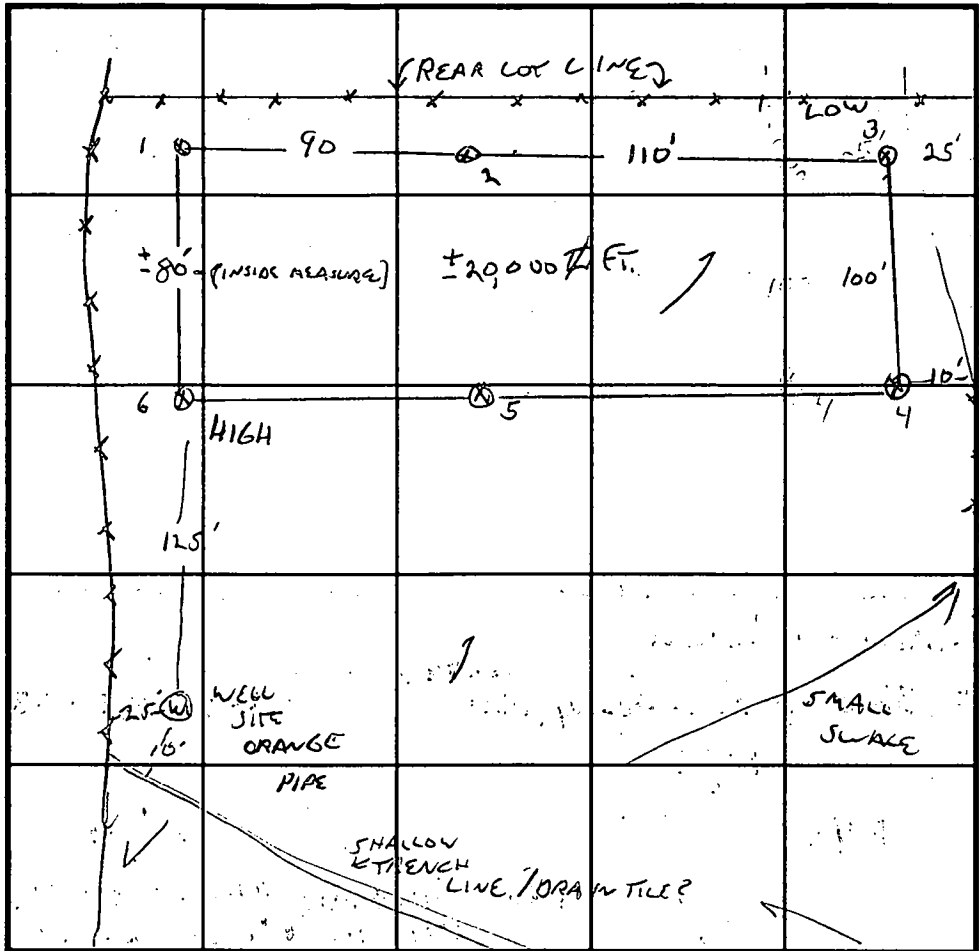
1
6

1'
4'

13'

Brown CC
PINK
YES
ORANGE
YES
LITTLE
BLACK
BANDING

13'



SOIL PROFILE

0'
2'
13'

3

Brown CL
BROWNISH
GREY
MICA
LOAM
MIXED W/
SOFT
PARENT
MATERIAL
10%

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/13/97	3	3 / 13V	1:12	1:15	1:15	1:19	4min
		7V OK					
	2	3 / 13V	1:23	1:25	1:25	1:30	5min
X		7	1:40	1:42	1:42	1:47	5min
	4	3 / 13V	1:27	1:29	1:29	1:35	6min
	5	3 / 13V	1:35	1:36	1:36	1:38	2min
	1	3 / 13	1:46	1:49	1:49	1:54	5min
	5	7V OK					
	6	3 / 13V	1:57	1:58	1:58	1:60	2min

REMARKS NO OBVIOUS WATER TABLE, LOT LEVEL TO MODERATE SLOPE
TYPE OF SOIL #5 - 40% mica rock BELOW 4/13

TESTED BY GLEN SAVAGE ALSO PRESENT EYOLK, HOWARD KRIEGER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5min TRENCH WIDTH 2

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180

C1 19579

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A-58526

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

100297

Depth of Well

400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-94-1271

OWNER PACHOCA LINDA
STREET OR RFD REARDE 6542 HAVILAND MILL RD TOWN HIGHLAND
SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Shale/clay, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Flint, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 27 NO. OF POUNDS 2100

GALLONS OF WATER 135

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 62 ft.

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter top (main) casing (nearest inch)! Total depth of main-casing (nearest foot)

OTHER CASING (if used)

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 60

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 33 ft.

WHEN PUMPING 102 ft.

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

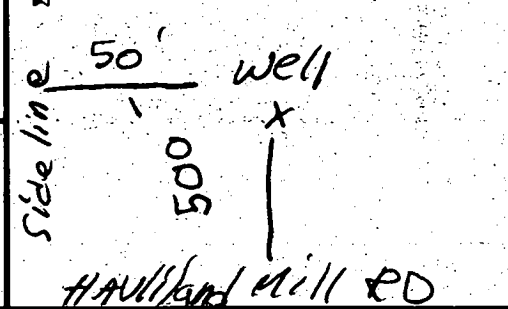
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot) 2

LOCATION OF WELL ON LOT

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



NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES (Y) NO (N)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

TYPE MWD/MSD/MGD DRILLERS LIC. NO. 040

DRILLERS SIGNATURE Denise F. Easterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 501

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

C2 DEPTH (nearest ft.)

DEPTH (nearest ft.) 4078 400

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

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 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 9397

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

H0-94-1271

fill in this form completely

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

Date Received (APA) 8/19/97 HOWARD KRIEGER OWNER INFORMATION RN 7118

B 3 LOCATION OF WELL Howard CC#

Pachoca Linda
15 Last Name Owner First Name 34
2938 Jessup Rd
36 Street or RFD 55
Jessup, Md. 20794
57 Town 70 State 72 Zip 76

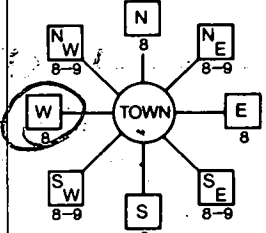
8 COUNTY Howard
Rear of 6542 Haviland Mill Rd.
Baumgardner Property
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50 Liber 3999 Folio 446
Highland
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

George F. Easterday M WD 040
Driller's Name 76 License No. 81
Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 6/11/97
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Haviland Mill Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
W NORTH
WEST EAST
SOUTH

34 500 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 13 PARCEL 260

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- 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 APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A-58526
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 9/5/97 Blalock 9/5/98
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 495 000 EAST GRID 800 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REVerse-ROTary DRive-POINT
- other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1. wells
- 2.
- 3.

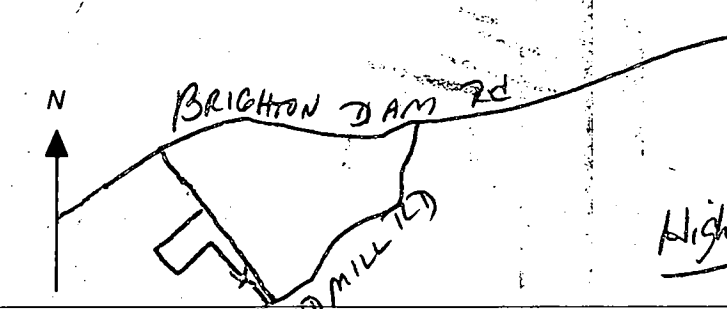
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800
N 495

Grant 10-2-97
8:30
NO INSP

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

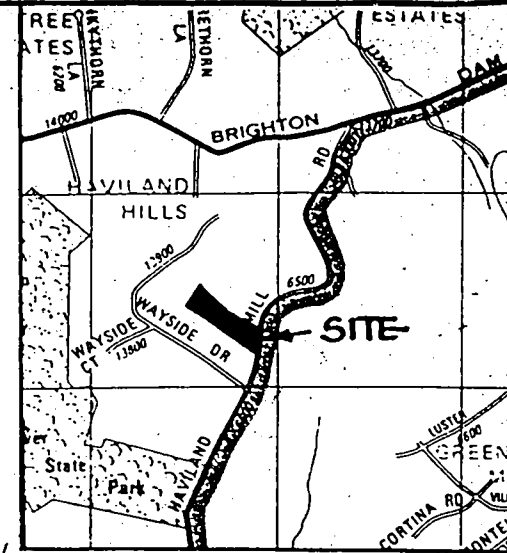
APPROP. PERMIT NUMBER 65 G A P 63
FORCE 65 WRITE INITIALS IN BOX PERMIT No. H0-94-1271
67 68 70 71 72 73 74 75 76 77 78 79

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

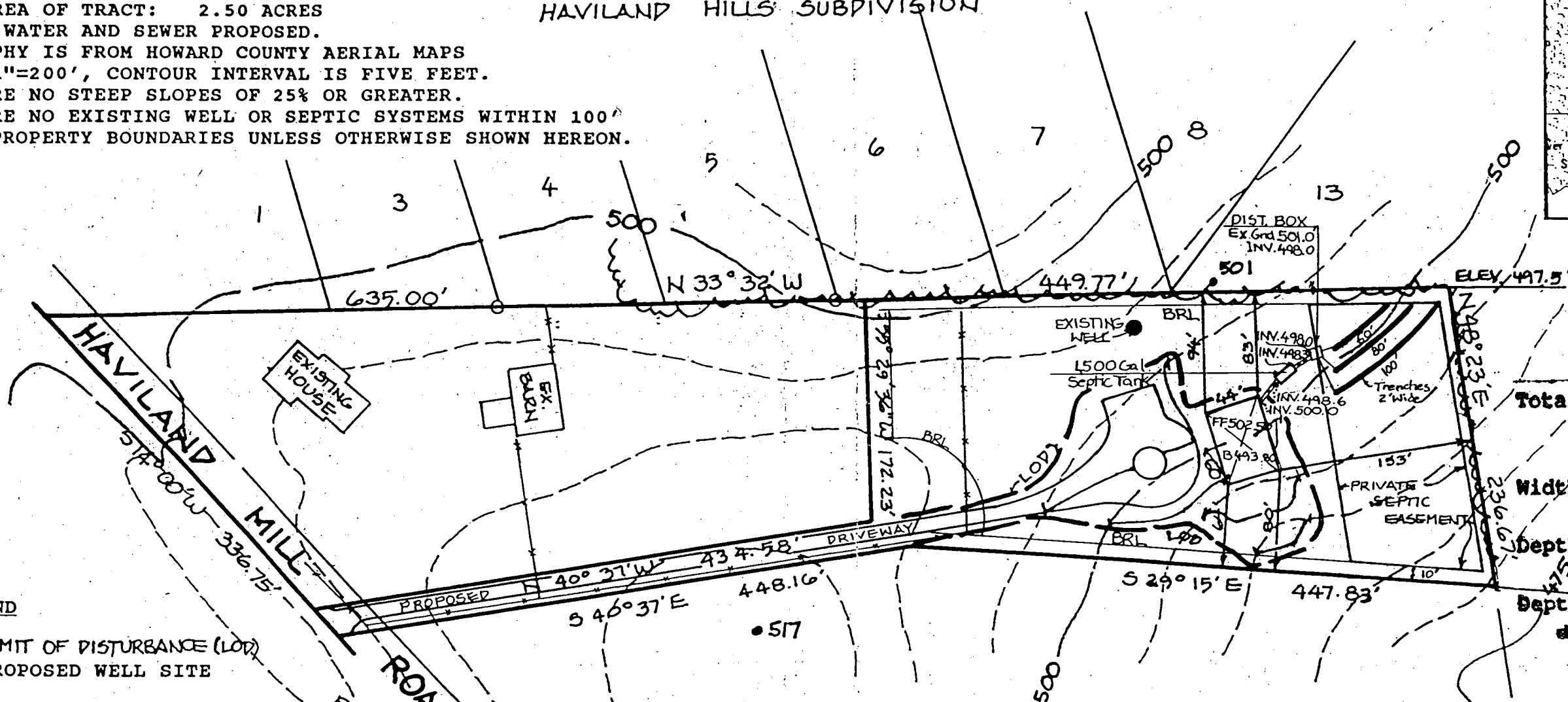
GENERAL NOTES

1. EXISTING ZONING: RC
2. GROSS AREA OF TRACT: 2.50 ACRES
3. PRIVATE WATER AND SEWER PROPOSED.
4. TOPOGRAPHY IS FROM HOWARD COUNTY AERIAL MAPS
SCALE: 1"=200', CONTOUR INTERVAL IS FIVE FEET.
5. THERE ARE NO STEEP SLOPES OF 25% OR GREATER.
6. THERE ARE NO EXISTING WELL OR SEPTIC SYSTEMS WITHIN 100'
OF ANY PROPERTY BOUNDARIES UNLESS OTHERWISE SHOWN HEREON.

HAVILAND HILLS SUBDIVISION



VICINITY MAP
1"=2000'



Total linear feet of trench required 230 ft
 Width of trench(es) 2 ft
 Depth of trench(es) 8 ft
 Depth of stone required below distribution pipe 15 ft

Note: Total Septic Trench Length = 240.0'
 Basement Sewerage to be pumped

LEGEND

- LIMIT OF DISTURBANCE (LOD)
- PROPOSED WELL SITE
- PROPOSED HOUSE SITE
- PASSED PERCOLATION TEST SITE
- EXISTING CONTOURS
- EXISTING TREE LINE
- PROPOSED CONTOURS

THIS AREA

Approved Septic System Plan
 Howard County Health Department
 800109256

Gled. Day
 Signature _____ Date 12/30/97

WILDMAN
 ENVIRONMENTAL SERVICES
 8444 FREDERICK ROAD
 ELLICOTT CITY, MD. 21043
 PHONE: (410) 313-9999
 FAX: (410) 461-2692

DESIGNED BY: RPL
 DRAWN BY: RPL
 PROJECT NO. _____
 DATE: 12-12-97
 SCALE: 1"=100'
 SHEET NO. 1 OF 1

PACHOCA PROPERTY

SCALE: 1"=100' 6540 HAVILAND HILL ROAD DRAWN BY: RBW

DATE: August, 1997 REVISED

PLOT PLAN

DRAWING NUMBER

13/32

PLAG LOT

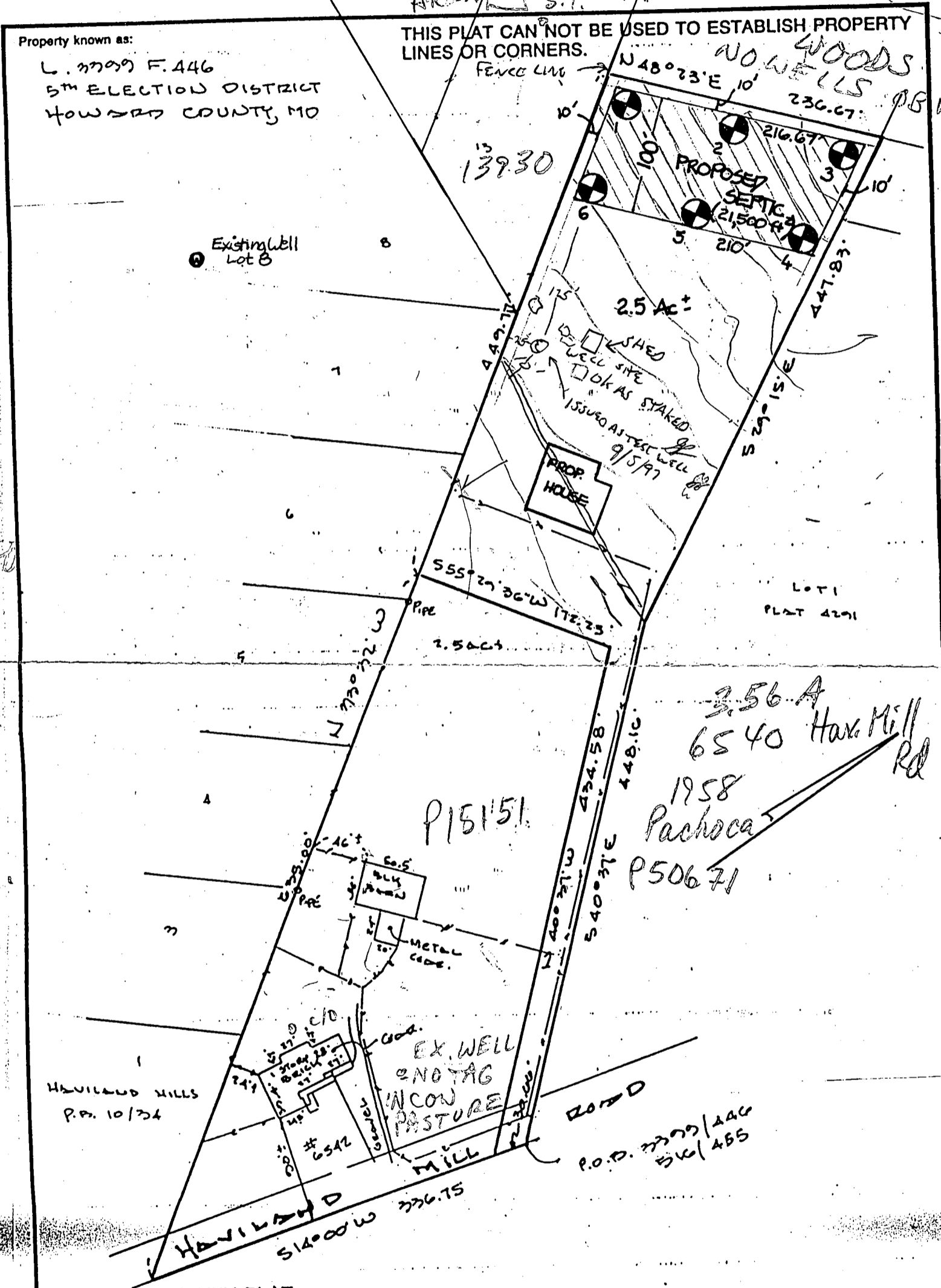
A 13727
NOT H.H. /
WALTON
13975 6.0A

Property known as:
L. 3339 F. 446
5th ELECTION DISTRICT
HOWARD COUNTY, MD


THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

LOOKING FOR
FOR
ADD'L INFO
RE: ADJ.
LOTS

INSUFF.
INFO TO
KNOW IF
WELL LOC.
IS EVEN
FEASIBLE



LOCATION SURVEY PLAT
SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1" = 100' DATE 2.28.1996
<p>This is to certify that I have surveyed the property known as: <u>G542</u> <u>HAMILTON MILL RD</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>	 <p>Walter Park</p>	<p>LDE Inc. 9250 Rumsey Road Suite 108 Columbia, Maryland 21045</p> <p>(Balt.) 410-715-1070 (Wash.) 301- (FAX) 410-715-9540</p>

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Surface Water Ground Water New Application Change in Existing Permit

Application Number _____

APPLICATION
 (Owner's Name) LINDA PACHCOCA (301) 854-0001 (Telephone Number)
 (Owners' Address) 2938 Jessup, RD (Street) Jessup, MD (City) 20794 (State) _____ (Zip Code)

WITHDRAWAL
GROUND WATER
 Appropriate and use a yearly average of 600 gallons per day,
(total annual use divided by 365 days)
 and 950 gallons
(highest total monthly use divided by days in month)
 for the average day of the maximum month, from 1 well(s) having an diameter of 6 inches, and a depth of 250 feet.
(estimate)

WITHDRAWAL
SURFACE WATER N/A
 Appropriate and use a yearly average of _____ gallons per
(total annual use divided by 365 days)
 day and a maximum use of _____
 gallons in any one day, from _____
(name of stream)

(exact location of withdrawal)

PROJECT LOCATION
6540 Highland Mill Rd. Clarksville, MD 21029
(Location - be specific)
 County Howard Subdivision or Town Clarksville Phone Number (301) 854-0001
 Name and type of business Residence Residential Care Facility
 ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE.

PURPOSE
 The water will be used for:
 Community Water Supply
 Non-Potable supply (sanitary uses, not for drinking water)
 Potable Supply (drinking water, etc.)
 Cooling Water
 Irrigation
 Process Water
 Other, explain _____

WASTEWATER TREATMENT AND DISPOSAL
 Public Sewer _____
(Name of system)
 Ground Water
 Subsurface (tilefield, seepage pit, etc.)
 Spray Irrigation
 Other, explain _____
 Surface Water _____
(name of system)
 Discharge Permit No. _____
 or applied for _____

SIGNATURE
 Please sign here Linda Pachcoca
LINDA PACHCOCA
(please print name, title and date here)

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND A LOCATION MAP

REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY
THIS SECTION NOT TO BE COMPLETED BY APPLICANT
 Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?
 YES NO, explain _____
 Signature of county representative [Signature] R.S. 9/17/97
(Signature) (Title) (Date)



MARYLAND DEPARTMENT OF THE ENVIRONMENT

2500 Broening Highway • Baltimore Maryland 21224
(410) 631-3000 • 1-800-633-6101 • [http:// www.mde.state.md.us](http://www.mde.state.md.us)

Parris N. Glendening
Governor

Jane T. Nishida
Secretary

December 4, 1997

LINDA PACHOCA
2938 JESSUP ROAD
JESSUP, MD 20794

RE: State Water Appropriation
Permit No. H097G022(01)
First Permit

Dear Permittee:

Enclosed is your State Water Appropriation Permit. The permittee is responsible for complying with all permit conditions. Accordingly, you are advised to carefully read the Permit and become thoroughly familiar with its requirements. PLEASE NOTE THAT IF THE WATER IS NOT PUT TO USE WITHIN TWO (2) YEARS, THE PERMIT WILL EXPIRE.

If you have any questions, please contact this office at (410)631-3591.

Sincerely,

MARK T. FILAR
Water Rights Division

cc: HOWARD COUNTY HEALTH DEPARTMENT

1997 DEC 29 A 9 14
STATE DEPARTMENT OF THE ENVIRONMENT

STATE OF MARYLAND
DEPARTMENT OF THE ENVIRONMENT
WATER MANAGEMENT ADMINISTRATION

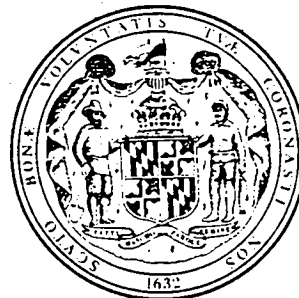
WATER APPROPRIATION AND USE PERMIT

PERMIT NUMBER: HO97G022(01)

EFFECTIVE DATE: DECEMBER 1, 1997

EXPIRATION DATE: DECEMBER 1, 2009

FIRST APPROPRIATION: DECEMBER 1, 1997



LINDA PACHOCA

HEREINAFTER REFERRED TO AS THE "PERMITTEE", IS AUTHORIZED BY THE WATER MANAGEMENT ADMINISTRATION, HEREINAFTER REFERRED TO AS THE "ADMINISTRATION" PURSUANT TO THE PROVISIONS OF TITLE 5 OF THE ENVIRONMENT ARTICLE, ANNOTATED CODE OF MARYLAND (1996 REPLACEMENT VOLUME) AS AMENDED, TO APPROPRIATE AND USE WATERS OF THE STATE SUBJECT TO THE FOLLOWING CONDITIONS:

1. ALLOCATION - THE WATER WITHDRAWAL GRANTED BY THIS PERMIT IS LIMITED TO:
A DAILY AVERAGE OF 800 GALLONS ON A YEARLY BASIS AND
A DAILY AVERAGE OF 1500 GALLONS FOR THE MONTH OF MAXIMUM USE.
2. USE - THE WATER IS TO BE USED FOR SANITARY FACILITIES AND A POTABLE SUPPLY FOR A RESIDENTIAL CARE FACILITY.
3. SOURCE - THE WATER SHALL BE TAKEN FROM ONE WELL IN THE LOWER PELITIC SCHIST OF THE WISSAHICKON FORMATION.
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED 6540 HAVILAND MILL ROAD, CLARKSVILLE, HOWARD COUNTY, MARYLAND.

CONTINUED ON PAGE 2

PERMIT NUMBER: HO97G022(01)

PAGE NUMBER TWO

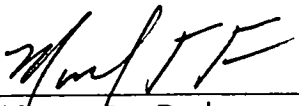
5. RIGHT OF ENTRY - THE PERMITTEE SHALL ALLOW AUTHORIZED REPRESENTATIVES OF THE ADMINISTRATION ACCESS TO THE PERMITTEE'S FACILITY TO CONDUCT INSPECTIONS AND EVALUATIONS NECESSARY TO ASSURE COMPLIANCE WITH THE CONDITIONS OF THIS PERMIT. THE PERMITTEE SHALL PROVIDE SUCH ASSISTANCE AS MAY BE NECESSARY TO EFFECTIVELY AND SAFELY CONDUCT SUCH INSPECTIONS AND EVALUATIONS.
6. PERMIT REVIEW - THE PERMITTEE WILL BE QUERIED EVERY THREE YEARS (TRIENNIAL REVIEW) REGARDING WATER USE UNDER THE TERMS AND CONDITIONS OF THIS PERMIT. FAILURE TO RETURN THE TRIENNIAL REVIEW QUERY WILL RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT.
7. PERMIT RENEWAL - THIS PERMIT WILL EXPIRE ON THE DATE INDICATED ON THE FIRST PAGE OF THIS PERMIT. IN ORDER TO RENEW THE PERMIT THE PERMITTEE SHALL FILE A RENEWAL APPLICATION WITH THE ADMINISTRATION NO LATER THAN 45 DAYS PRIOR TO THE EXPIRATION.
8. PERMIT SUSPENSION OR REVOCATION - THIS PERMIT MAY BE SUSPENDED OR REVOKED BY THE ADMINISTRATION UPON VIOLATION OF THE CONDITIONS OF THIS PERMIT, OR UPON VIOLATION OF ANY REGULATION PROMULGATED PURSUANT TO TITLE 5 OF THE ENVIRONMENT ARTICLE, ANNOTATED CODE OF MARYLAND (1996 REPLACEMENT VOLUME) AS AMENDED.
9. CHANGE OF OPERATIONS - ANY ANTICIPATED CHANGE IN APPROPRIATION WHICH MAY RESULT IN A NEW OR DIFFERENT USE, QUANTITY, SOURCE, OR PLACE OF USE OF WATER SHALL BE REPORTED TO THE ADMINISTRATION BY THE PERMITTEE BY SUBMISSION OF A NEW APPLICATION.
10. ADDITIONAL PERMIT CONDITIONS - THE ADMINISTRATION MAY AT ANYTIME (INCLUDING TRIENNIAL PERMIT REVIEW OR WHEN A CHANGE APPLICATION IS SUBMITTED) REVISE ANY CONDITION OF THIS PERMIT OR ADD ADDITIONAL CONDITIONS CONCERNING THE CHARACTER, AMOUNT, MEANS AND MANNER OF THE APPROPRIATION OR USE, WHICH MAY BE NECESSARY TO PROPERLY PROTECT, CONTROL AND MANAGE THE WATER RESOURCES OF THE STATE. CONDITION REVISIONS AND ADDITIONS WILL BE ACCOMPLISHED BY ISSUANCE OF A REVISED PERMIT.

CONTINUED ON PAGE 3

11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.
12. *****
* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE*
* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE*
* USES SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS *
* PERMIT SHALL EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED *
* WITHIN TWO YEARS AFTER THE EFFECTIVE DATE OF THIS PERMIT *
* EXCEPT THAT UPON WRITTEN REQUEST TO THE ADMINISTRATION *
* PRIOR TO THE EXPIRATION OF THE TWO YEAR PERIOD, THE TIME *
* LIMIT MAY BE EXTENDED FOR GOOD CAUSE, AT THE DISCRETION *
* OF THE ADMINISTRATION. *

13. WATER LEVEL MEASUREMENTS - FOR ALL THE APPLICANT'S WELLS FOUR (4) INCHES IN DIAMETER OR LARGER, PUMPING EQUIPMENT SHALL BE INSTALLED SO THAT WATER LEVELS CAN BE MEASURED DURING PUMPING AND NONPUMPING PERIODS WITHOUT DISMANTLING ANY EQUIPMENT. ANY OPENING FOR TAPE MEASUREMENTS OF WATER LEVELS SHALL HAVE A MINIMUM INSIDE DIAMETER OF 0.5 INCHES AND BE SEALED BY A REMOVABLE CAP OR PLUG. THE PERMITTEE SHALL PROVIDE A TAP FOR TAKING RAW WATER SAMPLES BEFORE WATER ENTERS A TREATMENT FACILITY, PRESSURE TANK, OR STORAGE TANK.

BY AUTHORITY OF THE DIRECTOR
WATER MANAGEMENT ADMINISTRATION

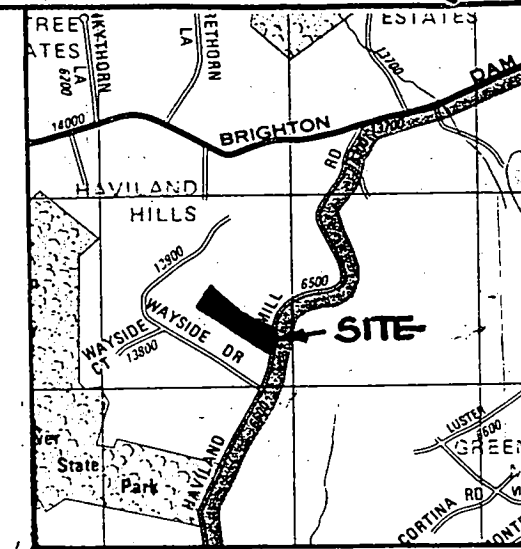
 12/5/97
Matthew G. Pajerowski, Chief
WATER RIGHTS DIVISION

WRS

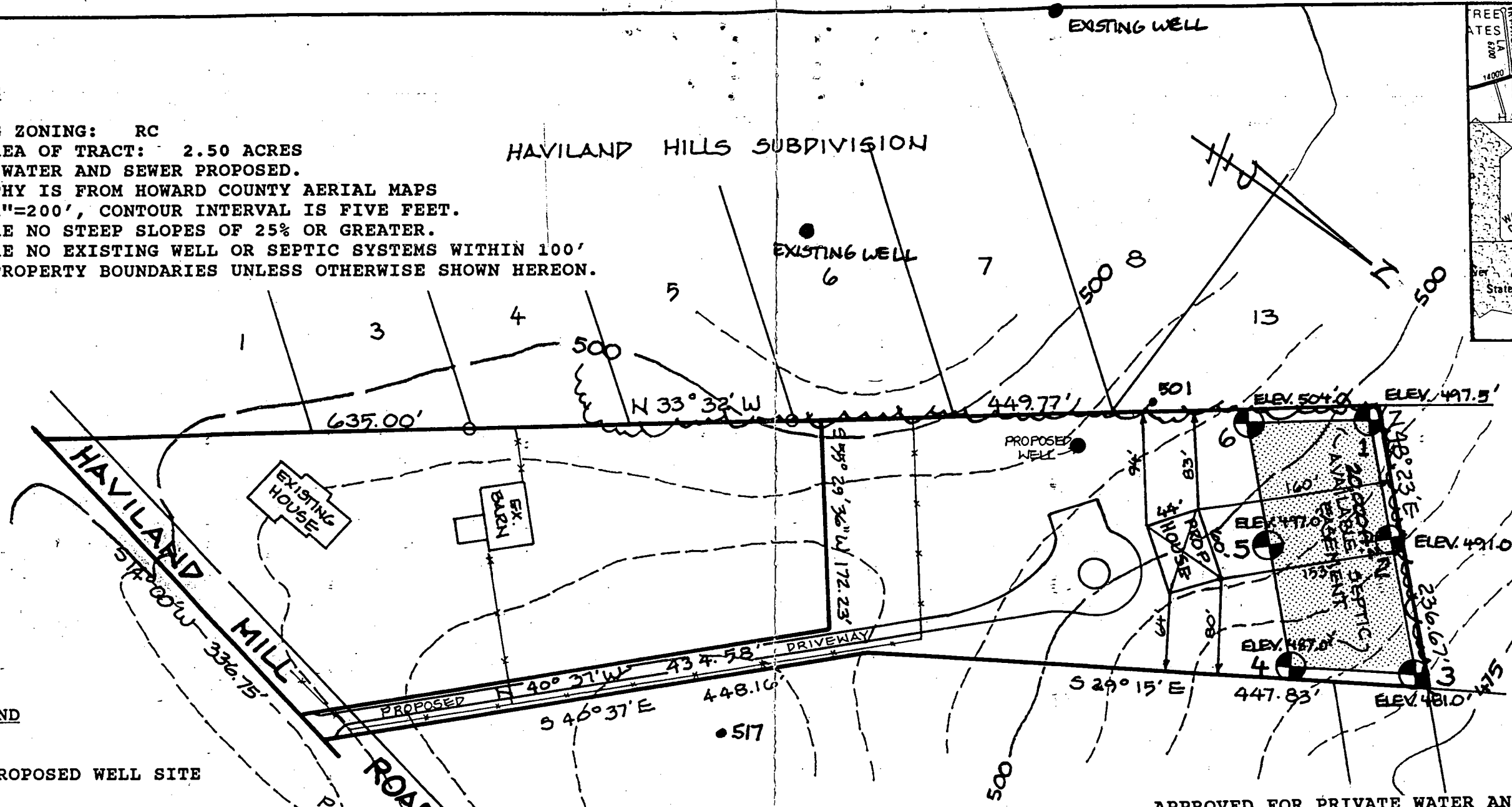
GENERAL NOTES

1. EXISTING ZONING: RC
2. GROSS AREA OF TRACT: 2.50 ACRES
3. PRIVATE WATER AND SEWER PROPOSED.
4. TOPOGRAPHY IS FROM HOWARD COUNTY AERIAL MAPS
SCALE: 1"=200', CONTOUR INTERVAL IS FIVE FEET.
5. THERE ARE NO STEEP SLOPES OF 25% OR GREATER.
6. THERE ARE NO EXISTING WELL OR SEPTIC SYSTEMS WITHIN 100' OF ANY PROPERTY BOUNDARIES UNLESS OTHERWISE SHOWN HEREON.

HAVILAND HILLS SUBDIVISION



VICINITY MAP
1"=2000'



LEGEND

- PROPOSED WELL SITE
- PROPOSED HOUSE SITE
- PASSED PERCOLATION TEST SITE
- EXISTING CONTOURS
- EXISTING TREE LINE

ADDITIONAL NOTES

1. INTENDED USE FOR SINGLE FAMILY ASSISTED LIVING DWELLING TO SERVE NO MORE THAN EIGHT (8) RESIDENTS AND TWO STAFF.
2. MAXIMUM SEWAGE DESIGN FLOW FOR THIS PROJECT IS 950 GALLONS/DAY.



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

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE
HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd
COUNTY HEALTH OFFICER

9/23/97
DATE

WILDMAN
ENVIRONMENTAL SERVICES
8444 FREDERICK ROAD
ELLCOTT CITY, MD. 21043
PHONE: (410) 313-9999
FAX: (410) 461-2692

DESIGNED BY:
DRAWN BY:
PROJECT NO.
DATE:
SCALE: 1"=
SHEET NO. 1 OF 1

PACHOCA PROPERTY

SCALE: 1"=100' 6542 HAVILAND HILL ROAD DRAWN BY RBW

DATE: August, 1997 REVISED SEPT. 22, 97

PERCOLATION TEST PLAT

PROPOSED ELDERCARE FACILITY DRAWING NUMBER



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 31, 1998

Ms. Linda Pachoca
6540 Haviland Mill Road
Clarksville, Maryland 21029

RE: Assisted Living Facility
6540 Haviland Mill Road

Dear Ms. Pachoca:

This is advise that the septic system for the above referenced property was installed, inspected and approved on June 19, 1998. The septic system installed is sufficient to serve a maximum of ten persons, i.e. eight (8) residents and two (2) staff members.

A Certificate of Potability was issued on December 10, 1998, for the water well installed under permit #HO-94-1271. All sampling requirements have been met for the water supply in accordance with Code of Maryland Regulation (COAMR 26.04.04).

If you require any further information, please do not hesitate to contact me at the address below or by calling (410) 313-2640.

Sincerely,

Donna K. Soe, R.S.
Water and Sewerage Program

Dates of water samples: November 16, 1998
November 30, 1998

DKS
cc: file