

9-16-98 10-11 (ASAO)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-348729

P 5106060

A 59889

DISTRICT 4th

DATE 9/8/98

DATE SYSTEM APPROVED 9/16/98

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

James Brown IS PERMITTED TO INSTALL ALTER

ADDRESS 15155 Triadelphia Mill Road, Glenelg, Maryland 21737 PHONE 410-489-7516

SUBDIVISION Feaga Property LOT _____ ROAD 16790 A.E. Mullinix Road

PROPERTY OWNER James W. Brown

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place distribution box 30 feet off right (532.00') lot line and 185 feet off front lot line (110.35') as view from A. E. Mullinix Road. Install trenches on contour toward left lot line.

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

PLANS APPROVED BY Ronald J. Pinkley DATE 09/03/98

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

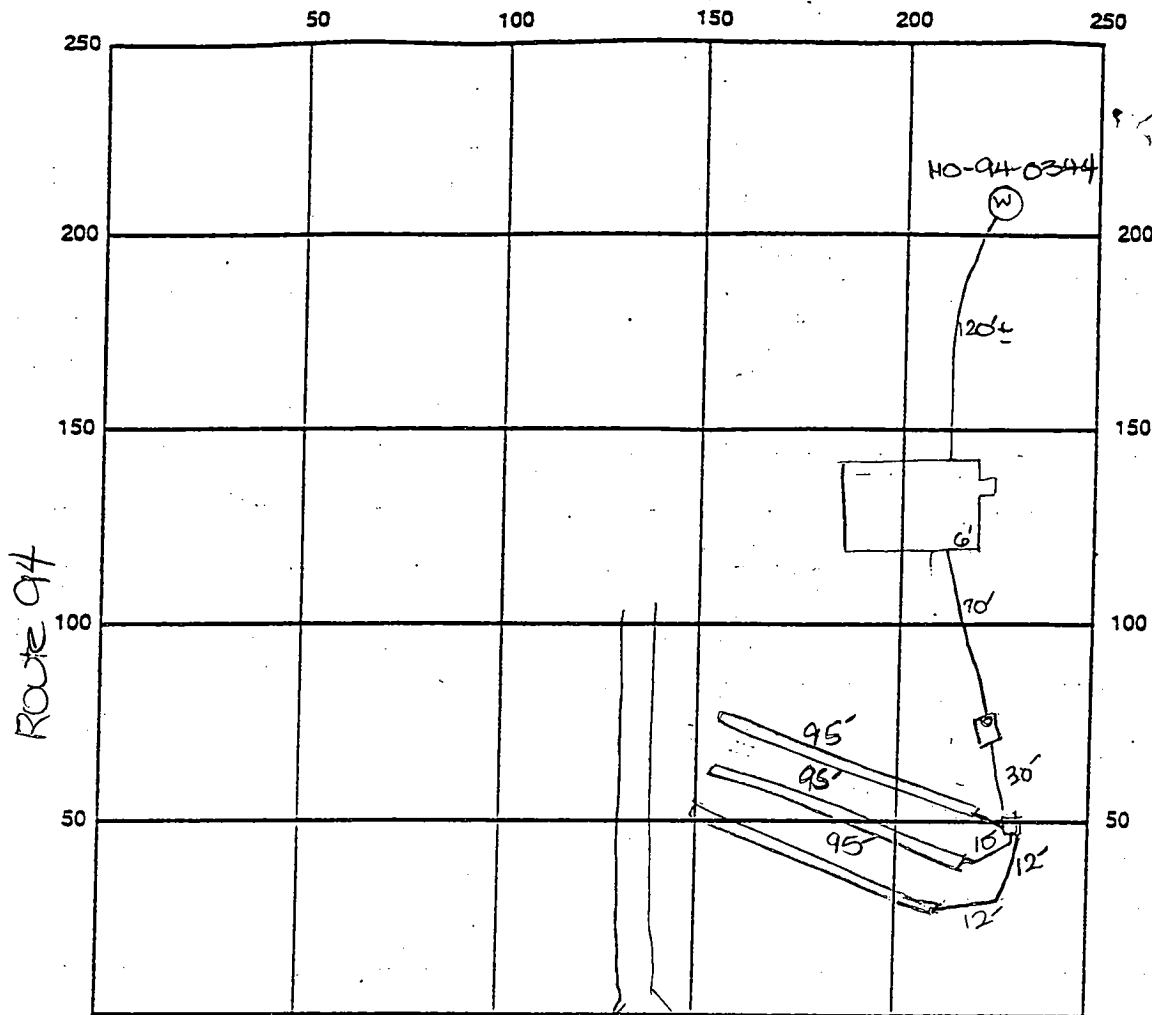
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

PERMIT SIGNATURE
AND REVISIONS 9-2-99
Sub # B70120264
New Council front
prick

59889



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
A.E. Mullin Road

SEPTIC TANK LEVEL OK CLEANOUTS one on site.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x95 FT. → 285'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 855 SQ. FT.

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

ABSORBENT AREA - SQ. FT.

REMARKS: 9/16/98 Needs cleanout on septic tank, needs pipes out of distribution box to be cemented (left message 9/16/98 2:00pm for Mr. Brown). The installation of the septic system is OK to cover, otherwise.
9/16/98 pm - All septic issues resolved - OK to cover. OK

DATE SYSTEM APPROVED 9/16/98 INSPECTOR [Signature]

PERCOLATION TEST DATA

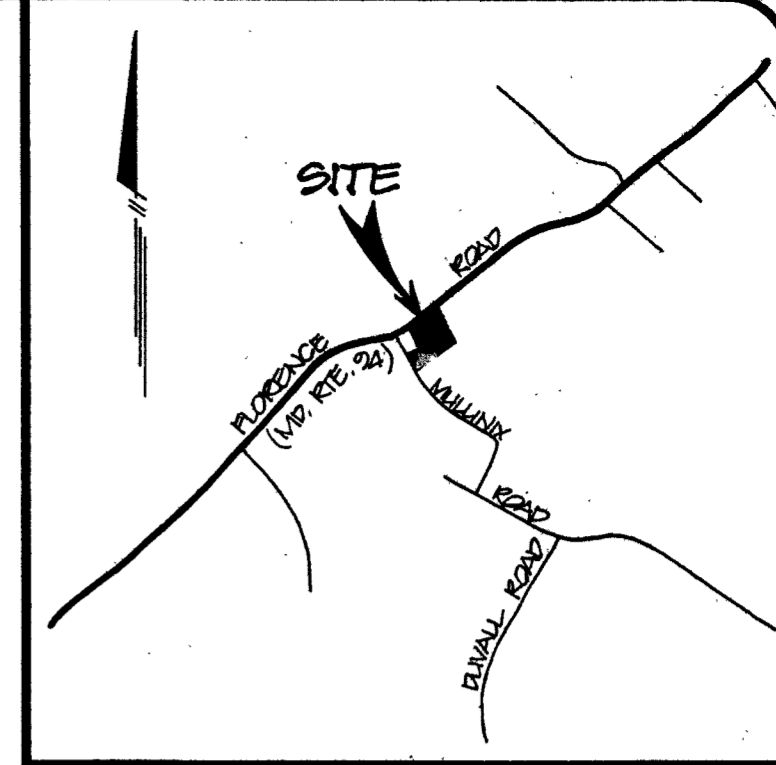
LOT #	AVERAGE PERC TIME IN MIN. FOR 2nd INCH	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEV. WITH REFERENCE TO EXISTING GRADE AT TIME OF TEST	COUNTY APPLICATION #
1			

OWNER/DEVELOPER

WARFIELD LIMITED PARTNERSHIP
11305 Frederick Road
Ellicott City, Maryland 21042
(301) 598-2409
Attn: Ms. Barbara Feaga

ENGINEER

R.M. MOCHI GROUP, P.C.
3300 North Ridge Road, Suite 235
Ellicott City, Maryland 21043
(410) 461-0079
Attn: Mr. Robert M. Mochi, P.E.



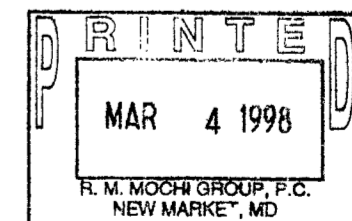
VICINITY MAP
SCALE: 1" = 2000'

NOTES

- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENTS. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY. PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AS SHOWN.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- PASSED PERC TEST LOCATION
- ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF PROPERTY BOUNDARY HAVE BEEN SHOWN.

LEGEND

- PROPOSED SEPTIC AREA
- APPROVED PERC TEST LOCATION
- APPROXIMATE LOCATION OF DWELLING
- APPROXIMATE LOCATION OF WELL
- SOIL TYPES



PERC PLAT
FEAGA PROPERTY

TAX MAP 13 PARCEL P/O 428
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' AUGUST 29, 1994

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

Jose M. Bordas
COUNTY HEALTH OFFICER R.M.A.

9/8/98
DATE

Project	9/1/94	date
Illustration	9/1/94	engineering
TYP	9/1/94	TPP
scale	1" = 50'	approval
revision		R.M.M.

2	LOCATE PERCS, EX. WELLS, RESUBMIT	2/10/98	date
1	REVISED PERC, WASTEWATER, RESUBMIT	8/14/97	date
0	SUBMITTED TO HOWARD CO. HEALTH DEPT.	9/2/94	date
	description		revisions

PARCEL P/O 428
FEAGA PROPERTY
ELECTION DISTRICT No. 4 HOWARD COUNTY, MARYLAND
PERC PLAT

R.M. MOCHI GROUP, P.C.
3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305
(410) 461-0079
Fax (410) 750-6340

4/10/98
E. 30

APPLICATION

PERCOLATION TESTING

A 59889

P _____

Proposed
Reperc to
accommodate
house site

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

DISTRICT _____

DATE 3/27/98

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 ~~Fuga Property~~ JAMES W. BROWN

ADDRESS _____ PHONE N/A

AGENT OR PROSPECTIVE BUYER James W. Brown

ADDRESS 15155 Philadelphia Mill Rd PHONE 410-489-7516

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. 1

ROAD AND DESCRIPTION Intersection A.E. Mullinix And Florence
(16790 A.E. Mullinix Road)

TAX MAP 13 PARCEL # 428

SIZE OF LOT 4.8 ACRES TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG PERMIT SIGNED
AND RETURNED 9-3-98
Send to Bro 113740 - 4Bem

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 W. Brown
(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

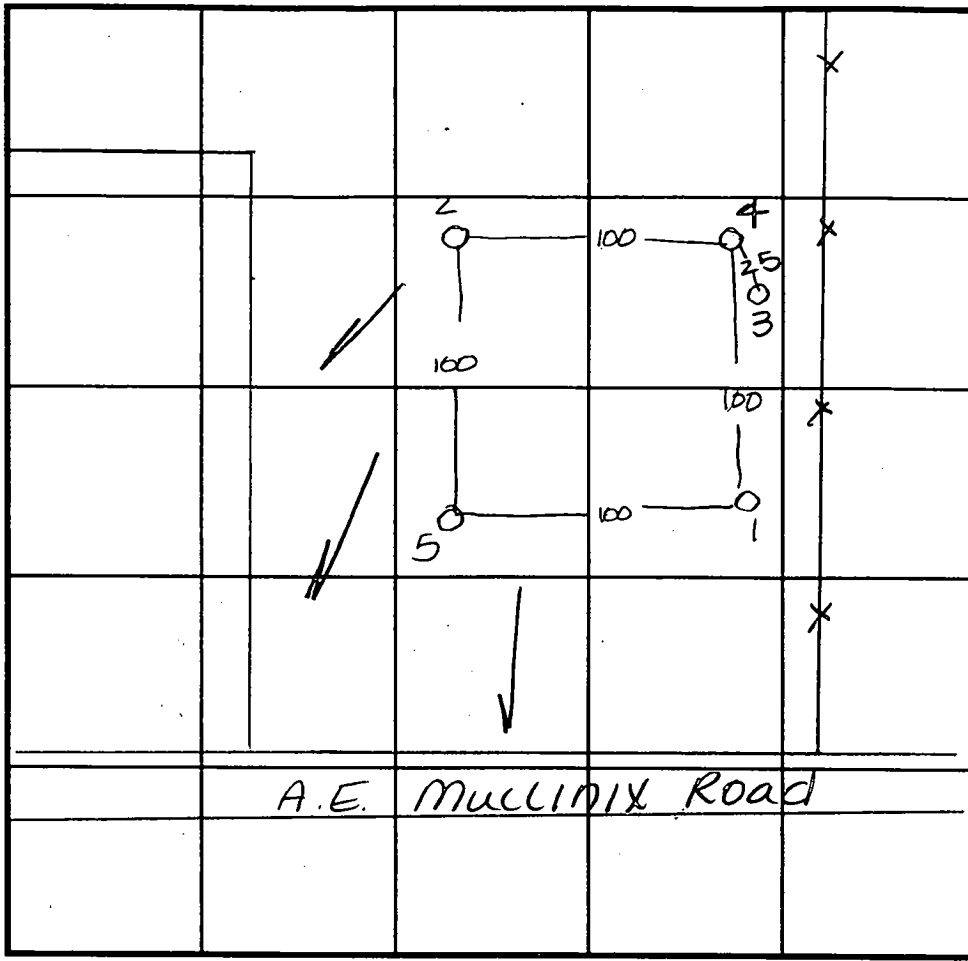
COUNTY #

SOIL PROFILE

0' 1, 2
 no distinct clay layer yellow orange silty 30% shale

3

like #1 but > 50% R_x at 8.5



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-10-98	1	3.5 V10.0	11:58	11:59	11:59	12:01	2min
	2	3.0 V9.0	11:31	slow			slow
		3.5 V9.0	12:06 ³⁰	12:14	12:14	12:30	16min
	3	3.0 V10.0	12:20	12:29	12:29	12:45	16min
	5	Visual	to 10.5 - see profile -				OK
	4	Insufficient depth to bedrock					
		> 50% rock beginning @ 3.0 F					

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMullen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 min TRENCH WIDTH 3.0

INLET DEPTH 2.0 MAXIMUM BOTTOM DEPTH 4.0 SQ. FT./BEDROOM 210 B

9/29/94
10/90

APPLICATION

PERCOLATION TESTING

A 57250

P _____

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

*REVIEW OR
SINGLE RECORD LOT
WATCH FOR WELL & SEPTIC
ON ADJ. PROPERTIES.*

DISTRICT _____

DATE 9/2/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*SITE IS ADJACENT TO PROPERTIES
WITH KNOWN HISTORY OF PESTICIDE CONTAM.
WELL SITE TO BE REVIEWED BY GREG MILLON / BBA/TAL/KO/W
S.E. CORNER SECS 8631
WELL LOCATION. (CW)*

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

PROPERTY OWNER Warfield Limited Partnership c/o Barbara Feaga

ADDRESS 11305 Frederick Road PHONE (410) 531-5100
Ellicott City, Maryland 21042

AGENT OR PROSPECTIVE BUYER Tim Feaga

ADDRESS 3608 Sycamore Valley Run PHONE (410) 992-5263
Glenwood, Maryland 21738

PROPERTY LOCATION:

DIVISION Feaga Property LOT NO. P/O Parcel 428

ROAD AND DESCRIPTION Florence Road and A.E. Mullinix Road (South East of Intersection)

TAX MAP 13 PARCEL # P/O 428

SIZE OF LOT 4.945 Ac. +/- TYPE BLDG. Single Family
(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.

Barbara D. Feaga
(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

A 50250

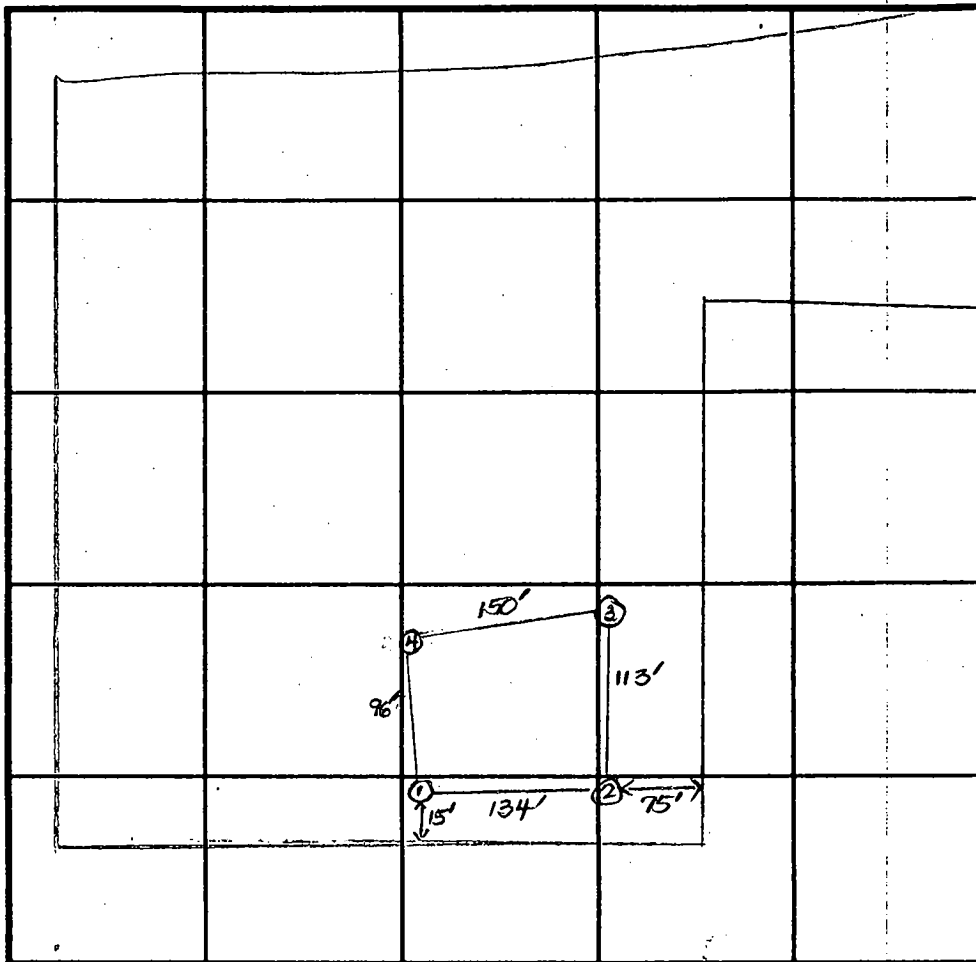
COUNTY #

SOIL PROFILE

0' (3)
topsoil
1' or br cl lm
3-4'
or br to lt br silty cl lm
12'3"
5-10% rock frags

0' (2)
1' topsoil
3' or br cl lm
10.5'
lt or br silty lm
10% rock frags

0' (1)
1' topsoil
3-4' or br silty lm
11'
10% rock frags



SOIL PROFILE

0' (4)
topsoil
1' or br cl lm
3-4'
lt or br to tan silty lm
10% rock frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Florence Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9-29-94	3	4.5' S	10:14	10:32	10:32	11:01	29	
		12'3" D	see profile					
	2	3.0' S	10:15 ₃₀	10:17	10:17	10:20 ₃₀	4	
		10.5' D	see profile					
	1	4.0' S	10:27	10:30	10:30	10:36	6	
		7.5' M	10:27 ₃₀	10:31 ₃₀	10:31 ₃₀	10:38	7	
		11.0' D	see profile					
	4	13.0' D	visual-see profile					

REMARKS holes tested diff. than plan

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT Mr. Peaga, engineer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12 min TRENCH WIDTH 3

INLET DEPTH 3.0' MAXIMUM BOTTOM DEPTH 5.0' SQ. FT./BEDROOM 210

Building Address 16790 NE Mullin Rd
Washington MD 21797

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

Census Tract 6010 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 7 Parcel 10124 Grid 22

Zoning IC-DCU Map Coordinates 3C13 Lot size _____

Property Owner's Name James Brown
 Address 16790 NE Mullin Rd
 City Washington State MD Zip Code _____

Home Phone _____ Work Phone 301 310 1111
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Residential SPD
 Proposed Use Residential with shop on side
 Estimated Construction Cost \$ 100,000.00

Description of Work New covered
FRONT PORCH 10' x 8' L/SIDE
5' x 1/2 steps

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

Occupant or Tenant James Brown
 Contact Name _____
 Address NE Mullin Rd
 City Washington State MD 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	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: <u>N/A</u> Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: James Brown Print Name: James Brown
 Date: 9-2-99

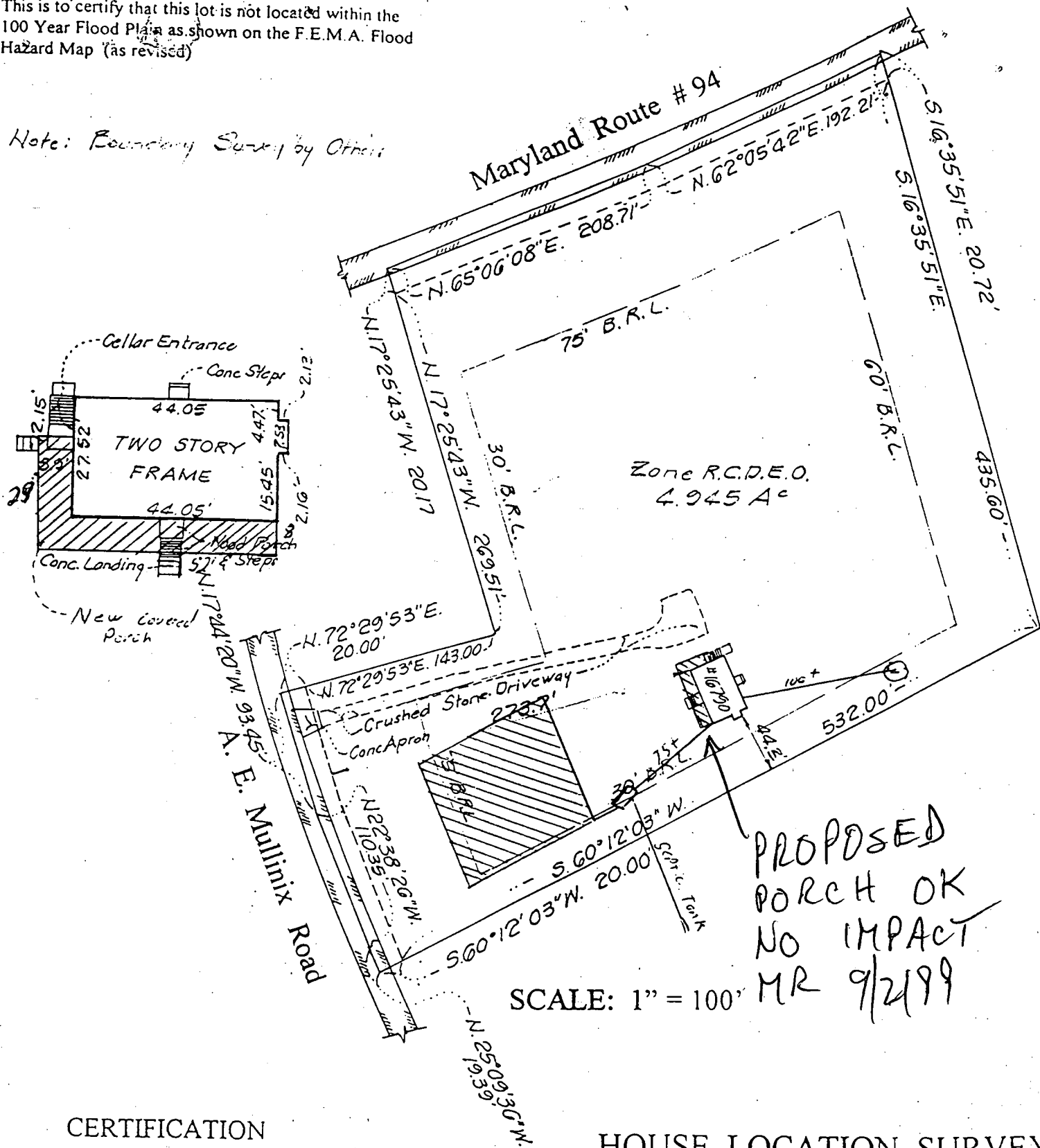
Title/Company: _____ Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>9/2/99</u>	SIGNATURE APPROVAL <u>[Signature]</u> <u>Mark E. [Signature]</u>	DEP SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____ Accepted by <u>[Signature]</u>	PROPERTY ID#: <u>37353</u> Filing fee \$ _____ Permit fee \$ <u>52</u> Excise tax \$ <u>174</u> Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>77</u> Balance due \$ _____ Check # <u>3157</u> Validation # <u>20121</u>
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CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

This is to certify that this lot is not located within the 100 Year Flood Plain as shown on the F.E.M.A. Flood Hazard Map (as revised)

Note: Boundary Survey by Others



CERTIFICATION

HOUSE LOCATION SURVEY

A. E. Mullinix Road
Fourth Election District
Howard County, Maryland
September 1998

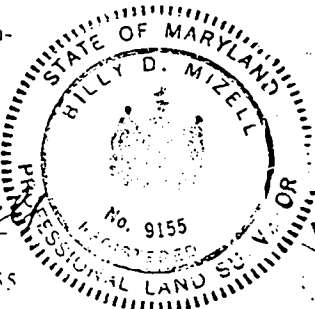
WALLACE R. AMOS ASSOCIATES, LTD.
P. O. Box #4093
Silver Spring, Maryland 20914

I hereby certify that the position of all of the existing improvements on the above described property have been carefully established by a transit tape survey and that unless otherwise shown, there are no encroachments.

1-18-98 (Final)

1/4/98
Date

Billy D. Mizell
Billy D. Mizell, Registered
Land Surveyor, Maryland 9155





HOWARD COUNTY HEALTH DEPARTMENT

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

February 15, 1995

MEMORANDUM

TO: Mr. Ralph Mayne
Ralph Mayne Well Drilling
9120 Brown Church Road
Mt. Airy, Maryland 21045

FROM: Craig Williams, Program Director (CW)
Water and Sewerage Program
Bureau of Environmental Health

RE: Well Construction Permit Number: HO-94-0344
Proposed Use: Single Family Dwelling
Address: Tax Map 13, Parcel 428
Route 94- Florence Road,
Lisbon, MD 21765

This is to confirm that the above referenced Well Construction Permit was issued subject to the following conditions:

48 hours advance notice of start of construction required; MDE geologist requests opportunity to be present to observe construction.

Testing for "standard" herbicides, pesticides required at time of yield test. Applicant may arrange for testing by private certified laboratory at his expense or may arrange for health department to take tests with 48 hour advance notice.

These conditions were discussed with you by telephone on February 15, 1995.

CW:vr

cc: Tim Feaga, Land Marketing
Peggy Smith, WMA
Eric Dougherty, MDE
Dave Kerr, MDE
Kim Soe



HOWARD COUNTY HEALTH DEPARTMENT

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

January 4, 1995

TO: Frank Skinner
FROM: Craig Williams (CW)

This is in regards to the well permit application for the Feaga property, Tax Map 13, Parcel 428. This property is situated across from Mullinix Farm, on the east side of Route 94 just north of A. E. Mullinix Road. Permit requests for wells in this general area are subject to special scrutiny due to groundwater contaminants (agricultural herbicides) having been discovered on adjoining properties.

A well site inspection was made on Wednesday, December 21, 1994, with Mr. Eric Doherty, MDE, Water Management Administration geologist. With his concurrence, a suitable area for drilling (northeast corner of lot) was selected. Separate from Mr. Doherty's concerns and those of the local health department, we were made aware of some MDE, Waste Management Administration, interest in the area. In a telephone call this morning, Mr. Doherty advised me that he had been in touch with Ms. Peggy Smith of the Waste Management Administration about this topic. Her comments were that her agency's study was not yet complete, but that when completed, restrictions on drilling might be forthcoming.

No restrictions are in effect at this time. We have no direct communication from the Waste Management Administration as to what action might be pending, nor in what time frame.

Accordingly, we are prepared to issue the permit subject to the following special conditions:

- 48 hours advance notice of start of construction required; MDE geologist requests opportunity to be present to observe construction.
- Testing for "standard" herbicides, pesticides required at time of yield test. Applicant may arrange for testing by private certified laboratory at his expense or may arrange for health department to take tests with 48 hour advance notice.

CW:hs

cc: Dave Kerr
Eric Doherty



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
July 3, 1995

Mr. Tim Feaga
Heritage Realty
3243 Bethany Lane
Ellicott City, Maryland 21042

RE: Warfield Property
Florence Road (Route 94)
Well Permit #HO-94-0344
Water Sample Date: March 21, 1995

Dear Mr. Feaga:

In response to concerns of possible herbicide/pesticide contamination of the water supply for the above referenced property, water samples were taken at the time of the well yield test on March 21, 1995. One of the water samples taken was submitted to the State Pesticide-Drinking Water Laboratory for testing for the presence of alachlor, atrazine, and metolachlor, those contaminants previously found at elevated levels in the area surrounding the above referenced property. Additionally, lab analysis was performed to include evaluation for the presence of a series of other contaminants (utilizing Methods 507 and 508). A copy of the test results is enclosed.

Results of the water sample analyses indicated no levels of contaminants present above the limit of detection for the test methods employed. As a result of these findings, the Health Department considers the above referenced property eligible for submission of a percolation certification plan for signature by the county Health Officer.

Additionally, the other water sample taken was submitted to the Water Analysis Laboratory for nitrate testing. The test results indicated a nitrate concentration of 28.0 ppm, exceeding the limit of 10 ppm. Therefore, installation of an acceptable nitrate treatment device will be required to reduce the nitrate concentration below the limit before final approval of the well water supply will be granted.

If you have any questions or concerns, please call this office at (410) 313-2640.

Sincerely,

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
Enclosure
cc: Peggy Smith, MDR-Site Assessment Division

SEND REPORT TO:

Howard Co. Envir. Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

Lab No. / Date Received

A953058 3/21/95
Do not write above this line

Invoice No. _____

PESTICIDES—DRINKING WATER

Data Category Code **4F**

Bottle Number: HO-95-321 Name: Teaga - Route 94 Prop. County: Howard

Source of Sample: Route 94 Street Woodbine Town or City Collector: D. Sree (Include Sanitarian ID Number)

- Private
- Community
- Non-Community

13
County

Plant No.

Sampling Station

032195
Date Collected

Date & Time are Required for Valid Samples

1130
Time Collected

SAMPLE TYPE

- Source (Raw Water)
- Distribution (Treated)
- Water Treatment Plant (P.O.E. to Distribution)

Field Data: 6.0 pH

Chlorine Residual: 0.0 Free, 0.0 Total

PRESERVATIVE USED

(Preservation Information on Back)

Remarks: _____

METHOD _____
DATE EXTRACTED _____
DATE ANALYZED _____

X	EPA ID	MCL ^{1*}	CONTAMINANT	RESULTS ¹
	2105	70	2,4-D ^o	
	2031	200	Dalapon	
			2,4-DB	
	2440		Dicamba	
	2041	7.0	Dinoseb	
	2326	1.0	Pentachlorophenol	
	2040	500	Picloram	
	2111		2,4,5-T	
	2110	50	2,4,5-TP (Silvex)	

METHOD 508
DATE EXTRACTED 3-22-95
DATE ANALYZED 4-3-95

X	EPA ID	MCL ^{1*}	CONTAMINANT	RESULTS ¹
	2356		Aldrin	<u>20.005</u>
	2959	2.0	Chlordane	<u>20.1</u>
	2057		Chlorpyrifos (Dursban)	<u>20.03</u>
	2070		Dieldrin	<u>20.02</u>
	2005	2.0	Endrin	<u>20.04</u>
	2065	0.4	Heptachlor	<u>20.01</u>
	2067	0.2	Heptachlor Epoxide	<u>20.01</u>
	2274	1.0	Hexachlorobenzene	<u>20.01</u>
	2042	50	Hexachlorocyclopentadiene	<u>20.01</u>
	2010	0.2	Lindane	<u>20.005</u>
	2015	40	Methoxychlor	<u>20.26</u>
	2020	3.0	Toxaphene	<u>20.0</u>
	2384	0.5	PCB (Decachlorobiphenyl)	<u>20.01</u>

METHOD 507
DATE EXTRACTED 3-22-95
DATE ANALYZED 3-29-95

X	EPA ID	MCL ^{1*}	CONTAMINANT	RESULTS ¹
X	2051	2.0	Alachlor	<u>20.6</u>
X	2050	3.0	Atrazine	<u>20.4</u>
			Butachlor	<u>22.5</u>
	2056		Diazinon	<u>20.6</u>
X	2045		Metolachlor	<u>22.0</u>
			Metribuzin	<u>20.3</u>
			Propachlor	<u>21.0</u>
	2037	1.0	Simazine	<u>20.5</u>

X	EPA ID	MCL ^{1*}	CONTAMINANT	RESULTS ¹
			406 bis(2-ethylhexyl) Adipate	<u>0.67</u> B
		6.0	bis(2-ethylhexyl) phthalate	<u>1.08</u> B
		0.2	Benzo(A) Pyrene	<u>20.1</u>

¹—Micrograms per liter
^{*}—Maximum Contaminant Level
Regulated Contaminant

Supervisory Chemist Joseph R. Smith
Date Reported 5/11/95

B = analyte concentration < 10x amount found in Blank { Adipate = 0.47 ppb
Phthalate = 3.25 ppb

Samples must be preserved as follows:

1. Use a 4 liter glass bottle with a teflon-lined lid.
2. Determine if residual chlorine is present.
3. If residual chlorine is present, add sufficient sodium thiosulfate to the bottle to reduce the chlorine prior to collecting the sample.
4. Add 1 vial of mercuric chloride (2 ml of 20 mg/ml) to the sample.
5. Shake bottle to mix sample and preservatives.
6. Samples must be iced or refrigerated at 4°C during shipping. Coolers and ice must be used. Cold packs are not acceptable.

55 MAY 15 PM 3:51

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

4/5/95 Logged B/G
Lab No. Date Received
4359 MR
21
95
Do not write above this line

WATER ANALYSIS

S
A
M
P
L
E
I
D

Bottle Number 110-2529 Name Feaga County Howard County Code 13
Source Route 94 Prop (Warfield) Date Category Code 4E
Collected: Date 03/21/95 Time 11:15 Collector & Phone D. Soe 313-2640 Submitter Code
CHECK (one per box)
Drinking Water Landfill Stream Other
Community Non-community Private Other
Source (raw water) Distribution (treated) MCL
Emergency Routine Recheck Special
Federal Project S

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H2SO4
pH Chlorine: Free Total Specific Conductance
Notes to Lab/Remarks:

TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
Alkalinity (Total)	00410					
Alkalinity, Ca CO ₃ Sat.	74023					
Ammonia - N	00608					
Chloride	00940					
Color*	00081					
Conductance*, spec.	00095					
Dissolved Solids	70300					
Hardness	00900					
Fluoride	00951					
Nitrite, N	00615					
<input checked="" type="checkbox"/> Nitrate - Nitrate, N	00630			28.0	3-22-95	BR
pH*, Ca CO ₃ SAT	70311					
Sulfate	00945					
Total Solids	00500					
Turbidity*	00076					
Other:						
Result shared to Howard Co (Mr. Williams) on 3/24/95. W. Reinecke						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief Asoka I. Katumuluwa

Date Reported MAR 24 1995

Partial List of Submitter Codes

95 MAR 29 PM 3: 31

Code Description

1-30 County Codes
 41 Individual Septics & Wells Program
 42 Water Supply Program
 43 Recreational Sanitation & Migrant
 Camps, DHMH
 44 STP Inspection Division
 45 Hazardous & Solid Waste Admin.
 (Landfill Samples)
 46 Pre-Treatment Enforcement Division
 48 Licensing and Certification, DHMH
 52 Water Quality Monitoring Program

Code Description

53 Chesapeake Bay & Special Projects
 59 Standard & Certification Program
 63 Division of Food Control
 64 Engineering & Maintenance, DHMH
 65 Division of Community Services
 66 Office of Attorney General
 67 Dept. of General Services
 77 E.P.A.
 91 State Highway Administration
 96 L.U.S.T./U.S.T./CERCLA
 99 Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

Code Description

S Safe Drinking Water Act (SDWA)
 R Resource Conservation and
 Recovery Act (RCRA)

Code Description

N National Pollution Discharge
 Elimination System (NPDES)
 M Miscellaneous (Other)

Partial List of Data Category Codes

Code Description

1F Sediment Samples
 2A Industrial Effluents/Compliance
 2B Industrial Grab
 2C Municipal Compliance
 2D Municipal Grab
 4A MCL Surveys
 4B Routine Monitoring & Other
 Communities
 4D Potable - County Community
 4E Potable - Non Community
 4F Potable - Private Wells
 4G Real Estate Trans./Charge Samples

Code Description

2F Innovative Disposal
 5A Solid Waste/Landfills
 5B Kidney Dialysis
 5C Commercial Bottled Waters
 5D Misc. Wastewaters
 5E Misc. River/Stream
 5F Misc. Drinking Water
 5G Swimming Pools
 5H Marine or Estuarine Natural Bathing
 Areas

Partial List of Error Codes

Code Description

A Laboratory Accident
 C Mechanical/Materials failure
 D Insufficient Sample
 E Sample past holding time

Code Description

J Wrong sample type
 RR No sample received
 X Improper preservation
 LL Mislabeled sample

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

B00113740

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

16795 AEMULLINX ROAD
WOODBIDE MD 21797

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

Handwritten description of work authorized, including details about the building and site.

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO.
N/A	P10428	-	-	22	-	-

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
N/A	RC-DE	7	4	6040

OWNER NAME AND ADDRESS: James W. Brown, 15155 Trudolph Rd, Glenview Md 21737
 PHONE NO: 410-531-0334

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
5000	44'	27'	20'

OCCUPANT'S NAME AND ADDRESS: Same as above
 PHONE NO:

TYPE OF BLDG.	AREA	VOLUME	ROOF

ARCHITECT OR ENGINEER'S NAME AND ADDRESS: N/A
 PHONE NO:

B. ROOMS	ROOMS	BATHS	FIREPLACES

CONTRACTOR'S NAME AND ADDRESS: N/A
 PHONE NO:

FOOTINGS	FOUNDATION	S. WALLS
	Block	

EXISTING USE: Vacant lot
 PROPOSED USE: Residential

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				Oil

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EST. CONSTRUCTION COST: 146,755.00
 LICENSE NUMBER: _____ PERMIT FEE: _____

SIGNATURE: James W. Brown
 TITLE: _____ DATE: 8-24-98

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE: 275' ~~275'~~
 SIDE YARD: 40' (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
 TO SIDE BUILDING LINE: 350'
 DISTANCE IN FEET, REAR YD. REQUIRING SET BACK: 250' (CORNER LOT ONLY)

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	8/3/98	[Signature]
FIRE PROTECTION		
STORM WATER MGM		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
 To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
 Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591
A-1470

APPROVED: _____ DATE: _____
 Distribution of Copies:
 White - Building Official
 Green - Planning & Zoning
 Yellow - Engineering
 Pink - Health Dept.
 Gold - S.H.A.



HOWARD COUNTY HEALTH DEPARTMENT

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

April 14, 1998

James W. Brown
15155 Triadelphia Mill Road
Glenelg, Maryland 21737

RE: Percolation test results
Application Number: A59889
Property ID: Feaga Property - Lot 1
A.E. Millinix Road
Tax Map: 13 Parcel: 428

Dear Sirs.

Percolation testing conducted Friday, April 10, 1998 on the above referenced property yielded satisfactory test results. Copies of the percolation test results are enclosed.

A Percolation Certification Plan showing the following information should be submitted to this office by a registered engineer:

- actual locations and elevations of all excavated test holes
- a suitable house site
- a suitable well site
- locations of existing wells and septics within 100 feet of property boundaries.
- streams/swales/springs or any other relevant features
- contour lines

This plan should be submitted within 60 days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling (410) 313-2640.

Very truly yours,

Amy Mc Millen, R.S.
Water and Sewerage Program

am
Enclosures
cc:file



DONT MAIL

- TIM FEAGA

PICKED UP

COPY IN OFC.

HOWARD COUNTY HEALTH DEPARTMENT

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

October 21, 1994

Mr. Tim Feaga
3608 Sycamore, Valley Run
Glenwood, MD 21738

RE: Percolation Test Results
Application #'s: A502250
Proposed Use: Recorded Lot
Property ID: Feaga Property,
Florence Rd & A.E.
Mullnix Rd.
P/O parcel 4-28

Dear Mr. Feaga :

Percolation testing conducted September 29, 1994 on the above referenced property indicated limited satisfactory soil conditions. However there is concern about the position of the tested area in relation to the well on the adjoining property.

Copies of the percolation test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the location of all existing wells and septic systems on the property as well as the location of any other relevant features such as streams, swales or existing structures. A note must be included certifying that all wells and septic systems within 100' of the property boundaries have been shown.

Because the lot is adjacent to properties with a know history of Groundwater contamination, a well would have to be drilled and demonstrated to meet drinking water standards for pesticide contamination before this could be considered a builable lot.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 313-2640.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:at
Enclosures
cc: R.M. Mochi Group
David Woessner

Barbara Feaga

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2642
Director (410) 313-2645 TDD (410) 313-2323



LAND MARKETING
CONSULTANTS, INCORPORATED

10805 Hickory Ridge Road, Suite 210, Columbia, Maryland 21044 (301) 992-LAND

Saturday, October 22, 1994

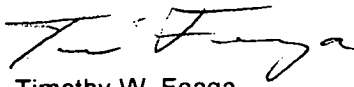
Craig Williams
Howard County Environment
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

Dear Craig:

As a follow up to our discussion of 10/21 I would like to convey my client's desire to proceed with the well drilling and testing though the perk area issue is not complete. I believe we are both in agreement that soil conditions are satisfactory and I would hope that any movement of the perk field could be accommodated by our engineers without any additional field work.

I am also quite clear about the regulations of the drinking water standards that would disallow this lot to be approved should it include certain levels of pesticide contamination. At this time your office should be in receipt of a well permit application to be filled by Mr. Ralph Mayne. I would look forward to discussing with you the methods by which the well will be tested upon its completion.

Sincerely,



Timothy W. Feaga
Associate Broker

cc: Barbara Feaga

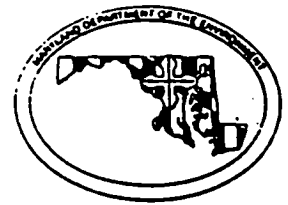


William Donald Schaeler
Governor

STATE OF MARYLAND
Department of the Environment

2500 BROENING HIGHWAY · BALTIMORE, MARYLAND 21224

(301) 631-3493



Martin W. Walsh, Jr.
Secretary

March 28, 1989

Mr. Bert Nixon
Howard County Health Department
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Dear Mr. Nixon:

As we discussed in our recent phone conversation, enclosed is the fracture trace analysis for the Mullinex farm and vicinity. Generally, fractures in this area are located in topographic lows i.e., streambeds and valleys. The primary trending fractures are 40-45 degrees N.W. to S.E. with a secondary set of fractures trending almost perpendicular to the primary at 40-45 degrees N.E. to S.W. These fractures have been proven in the field and are good indicators of the regional groundwater flow patterns. Of particular interest is a fracture which trends 8 degrees N.E. across the Mullinex property which may explain the high yield of the newly drilled well at the farm.

Please keep me current with any additional sampling and/or investigative work including water level and well casing elevation measurements which may be determined by Roux Consultant as discussed in the February 23, 1989 meeting.

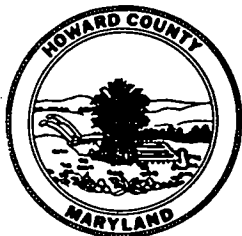
Due to limited personnel and workload, the Groundwater Investigations Division cannot be responsible for conducting an investigation at Mullinex farm. However, if any specific hydrogeological questions arise, please contact Ms. Cintra Fricke or myself at 631-3493.

Sincerely,

Arlene G. Weiner, Chief
Groundwater Investigations Division

AGW/dlf
Enclosure

cc: Joyce M. Boyd, M.D., MPH
Mr. Ronald Nelson
Mr. James J. Pittman



HOWARD COUNTY HEALTH DEPARTMENT

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

September 7, 1994

Mr. Tim Feaga
3608 Sycamore Valley Run
Glenwood, Maryland 21738

RE: Percolation Testing
Application Receipt No. A50250
Feaga Property - Florence Road
Tax Map: 13 Parcel: 428

Dear Mr. Feaga:

A percolation test date has been reserved for 10:00 a.m., Monday, September 29, 1994.

Locations of wells and septic systems on adjacent properties were not shown and could be cause for revision to the submitted plan.

You will be responsible for having a contractor on-site to excavate test holes at the corners of proposed percolation area.

Please call this office between 8:00 a.m. and 5:00 p.m., Monday through Friday, to confirm your acceptance of this percolation test date.

Thank you for your cooperation in this matter.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW: jr

cc: R.M. Mochi Group
Barbara Feaga
File

10/2/98 3:40pm
let me see
for Mr. Brown

10/19/98
12:00
11/19/98
all issues resolved
DBS

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

300113140

New Installation X
Replacement _____

Receipt # _____
Date 9/25/98

Name of Installer Arthur M. Black Inc

Telephone 301-776-7520

License Number 1557 State

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner James Brown

Telephone _____
Well Tag # HO-94-0344

Subdivision _____ Lot # _____
Site Address 16790 AE Mullinix Rd.

Pump

Motor

Pitless Adapter

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
- 2. Make Grundfos
- 3. Model # _____
- 4. Capacity 5 GPM
- 5. Pump exceeds well capacity Yes X No _____
- 6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other _____

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 X

- 1. Make _____
- 2. Model # _____
- 3. Depth 4'

Tank

Piping

Well data

- 1. Capacity 40
 - 2. Pressure relief valve? X
- well line, P.A. 3.5' below grade
well casing ~~DAMAGED~~ BROKEN OFF
2" above grade
Needs 2-piece screen vented well cap
Needs PVC conduit - pipe

- 1. Type Dlastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved X
- Depth of supply line 42"

- 1. Depth 225 ft.
- 2. Yield 10 GPM
- 3. Static water level 30 ft.
- 4. Will water supply be disinfected by installer? NO

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: Arthur M. Black

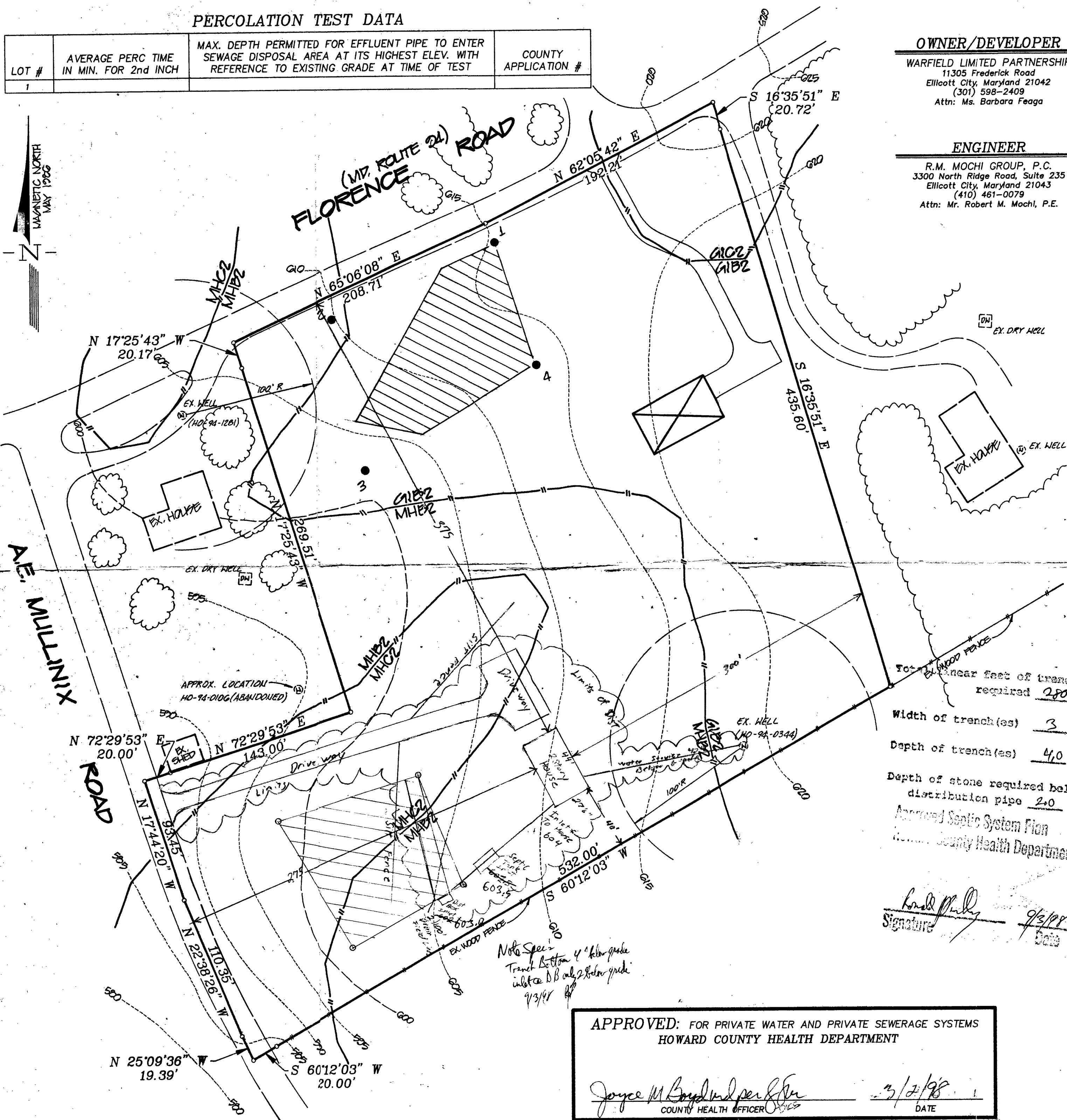
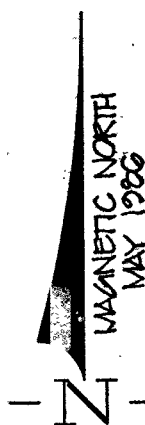
Date: 9/25/98

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

10/19/98
WPA
DO NOT COVER
DBS

PERCOLATION TEST DATA

LOT #	AVERAGE PERC TIME IN MIN. FOR 2nd INCH	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEV. WITH REFERENCE TO EXISTING GRADE AT TIME OF TEST	COUNTY APPLICATION #
1			

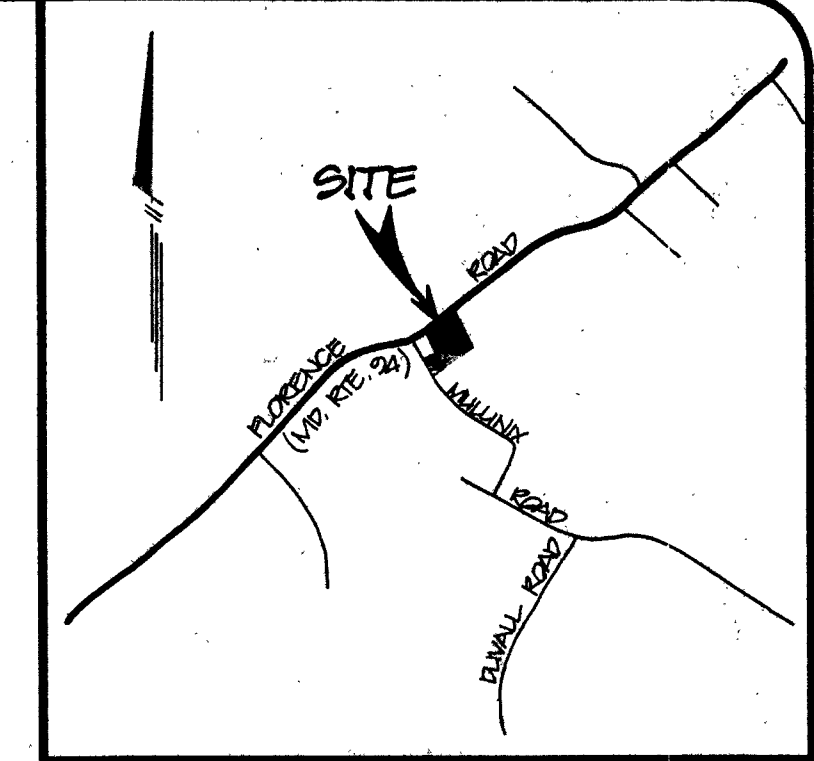


OWNER/DEVELOPER

WARFIELD LIMITED PARTNERSHIP
11305 Frederick Road
Ellicott City, Maryland 21042
(301) 598-2409
Attn: Ms. Barbara Feaga

ENGINEER

R.M. MOCHI GROUP, P.C.
3300 North Ridge Road, Suite 235
Ellicott City, Maryland 21043
(410) 461-0079
Attn: Mr. Robert M. Mochl, P.E.



VICINITY MAP
SCALE: 1" = 2000'

NOTES

- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENTS. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY. PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AS SHOWN.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- PASSED PERC TEST LOCATION
- ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF PROPERTY BOUNDARY HAVE BEEN SHOWN.

LEGEND

- PROPOSED SEPTIC AREA
- APPROVED PERC TEST LOCATION
- APPROXIMATE LOCATION OF DWELLING
- APPROXIMATE LOCATION OF WELL
- SOIL TYPES

Robert Mochl
Signature 9/3/98

PRINTED
MAR 4 1998
R. M. MOCHI GROUP, P.C.
NEW MARKET, MD

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

Joyce M. Bond
COUNTY HEALTH OFFICER

3/2/98
DATE

FEAGA PROPERTY
TAX MAP 13 PARCEL P/O 428
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' AUGUST 29, 1994

Project	9/1/94	date	9/1/94
Project No.	94033.00	Project	94033.00
Illustration	TIP	Approval	RAM
Scale	1" = 50'		

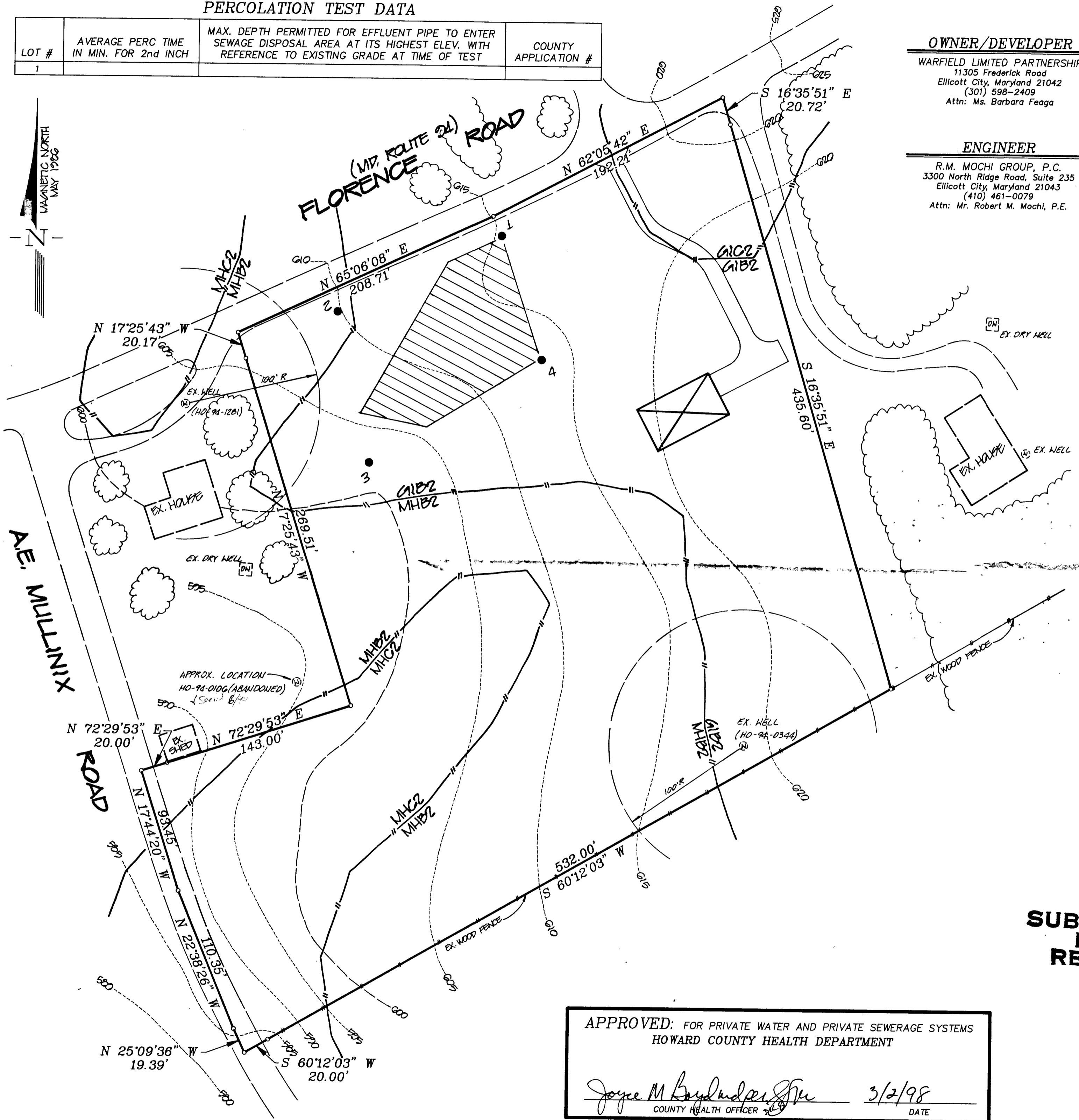
1	LOCATE PERCS, EX. WELLS, RECONSTRUCT	2/10/98	date
2	REVISED PERC CONTRACT, RECONSTRUCT	8/18/97	date
3	SUBMITTED TO HOWARD CO. HEALTH DEPT.	9/2/94	date
4	DESCRIPTION		
5	REVISIONS		

PARCEL P/O 428
FEAGA PROPERTY
ELECTION DISTRICT No. 4
HOWARD COUNTY, MARYLAND
PERC PLAT

R.M. MOCHI GROUP, P.C.
3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305
(410) 461-0079
Fax: (410) 790-6300

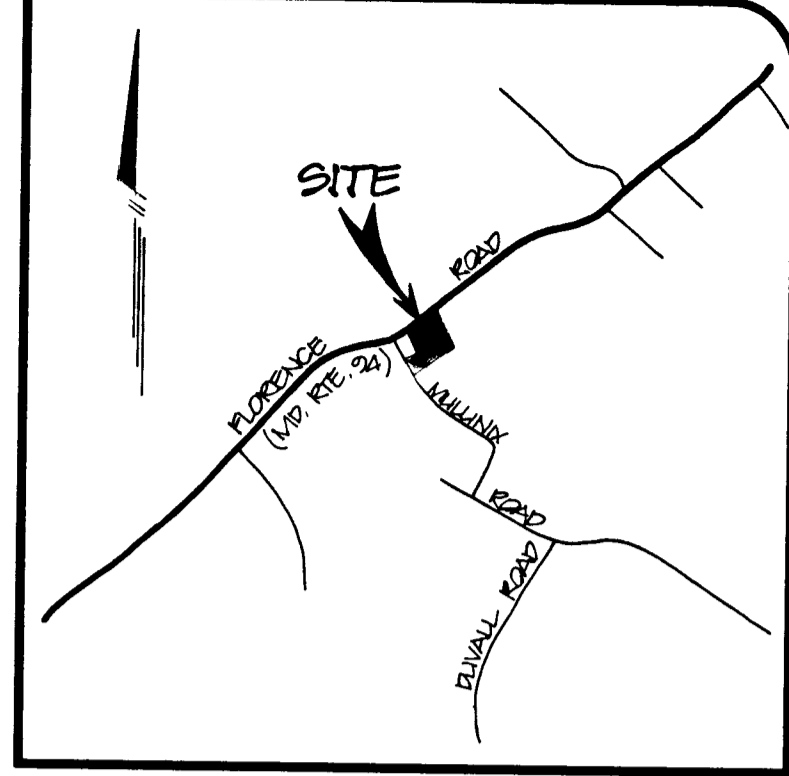
PERCOLATION TEST DATA

LOT #	AVERAGE PERC TIME IN MIN. FOR 2nd INCH	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEV. WITH REFERENCE TO EXISTING GRADE AT TIME OF TEST	COUNTY APPLICATION #
1			



OWNER/DEVELOPER
 WARFIELD LIMITED PARTNERSHIP
 11305 Frederick Road
 Ellicott City, Maryland 21042
 (301) 598-2409
 Attn: Ms. Barbara Feaga

ENGINEER
 R.M. MOCHI GROUP, P.C.
 3300 North Ridge Road, Suite 235
 Ellicott City, Maryland 21043
 (410) 461-0079
 Attn: Mr. Robert M. Mochi, P.E.



VICINITY MAP
 SCALE: 1" = 2000'

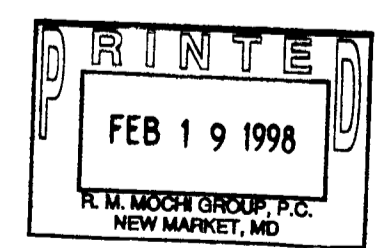
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- PASSED PERC TEST LOCATION
- ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF PROPERTY BOUNDARY HAVE BEEN SHOWN.

LEGEND

- PROPOSED SEPTIC AREA
- APPROVED PERC TEST LOCATION
- APPROXIMATE LOCATION OF DWELLING
- APPROXIMATE LOCATION OF WELL
- SOIL TYPES
 GIB2
 MIB2

SUBMITTED FOR REVIEW



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

Joyce M. Boyd
 COUNTY HEALTH OFFICER

3/2/98
 DATE

PERC PLAT
FEAGA PROPERTY

TAX MAP 13 PARCEL P/O 428
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' AUGUST 29, 1994

Project	94033.00	Date	9/1/94
Illustration	TJP	Engineering	TJP
TJP	8/14/97	Approval	8/27/94
Scale	1" = 60'		

2	LOCAL PERCS; EX. WELLS; RESUBMIT	2/10/98	
1	REVISED PERC. LOCATION; RESUBMIT	8/14/97	
0	SUBMITTED TO HOWARD CO. HEALTH DEPT.	9/27/94	
	DATE PREPARED	8/27/94	
	DATE		

PARCEL P/O 428
FEAGA PROPERTY
 ELECTION DISTRICT No. 4
 HOWARD COUNTY, MARYLAND
 PERC PLAT

R.M. MOCHI GROUP, P.C.
 3300 N. Ridge Road, Suite 235
 Ellicott City, MD 21043-3085
 (410) 461-0079
 Fax: (410) 781-6346

C1 8833

SEQUENCE NO. (DENV 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 A150250

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 032195

Depth of Well grid: 225

PERMIT NO. grid: 110-99-0349

OWNER: LAND MARKING INC. last name: first name: TOWN: C. 3000. SUBDIVISION: SECTION: LOT: 13 P 428

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Shale, Blue Slate, and Flint Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 23, NO. OF POUNDS: 2300.

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch): 6, Total depth of main casing (nearest foot): 50.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) grid: 40, 48, 225.

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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...

DRILLERS IDENT. NO. 516

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

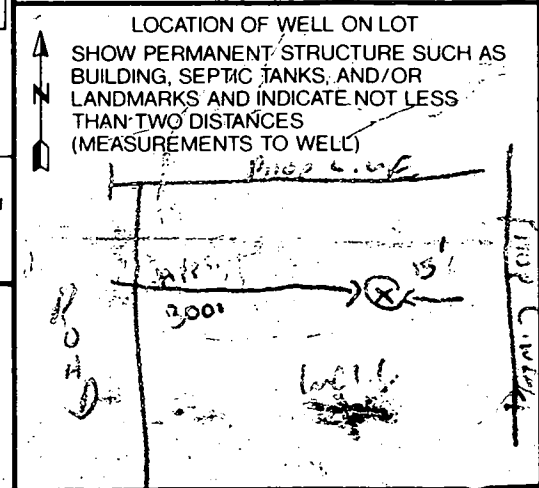
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), WQ (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 8, PUMPING RATE (gal. per min. to nearest gal.) 10, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING: 30, WHEN PUMPING: 15, TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. PLACE OF PUMP INSTALLED: IN BOX - SEE ABOVE. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 35, PUMP HORSE POWER 41, PUMP COLUMN LENGTH (nearest ft.) 47, CASING HEIGHT (circle appropriate box and enter casing height): + above, LAND SURFACE (nearest foot) 2.



B 1 **1258**
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-0344
fill in this form completely

Date Received (APA) **01/18/95**
OWNER INFORMATION
Last Name: **LAMO** Owner: **MARKETING** First Name: **INC**
Street or RFD: **3619 SYCAMORE VALLEY**
Town: **GLENNWOOD** State: **MD** Zip: **21758**

B 3 LOCATION OF WELL
8 COUNTY: **HOWARD**
23 SUBDIVISION: **WARFIELD SITE**
SECTION: **44** LOT: **48**
52 NEAREST TOWN: **LISBON**
MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
MSD/MGD/MWD
Driller's Name: **Ralph MAYNE** License No. **1116**
Firm Name: **Ralph MAYNE (Well Drilling)**
Address: **9120 Brown Church Rd. Mt. Airy**
Signature: **Ralph MAYNE** Date: **11/16/94**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD: **Rt 94 FLORENCE Rd.**
DISTANCE FROM ROAD: **300** FT
TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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

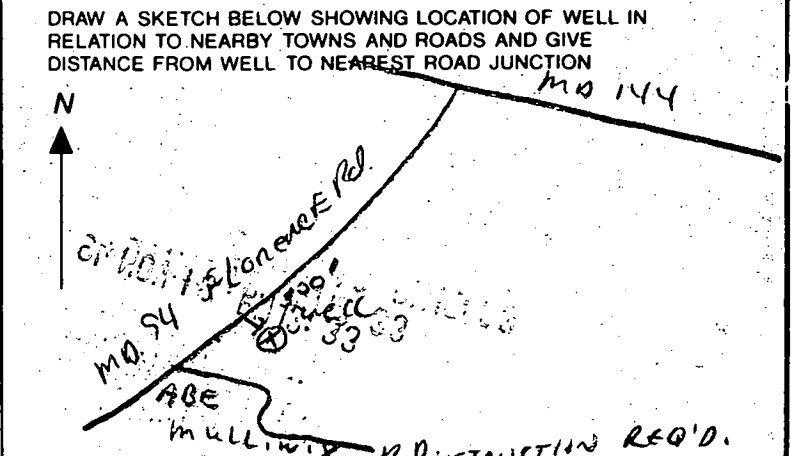
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: **HOWARD** COUNTY NO. **A50250**
STATE SIGNATURE: _____ INSERT S
DATE ISSUED: **02/15/95** CO SIGNATURE: **C. Will** EXP. DATE: **2/14/96**
NORTH GRID: **549000** EAST GRID: **0774000**

APPROXIMATE DEPTH OF WELL **150** FEET
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER:
1. **well**
WRITE THE BOX NUMBER FROM THE MAP HERE
E **7204**
N **5404**

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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



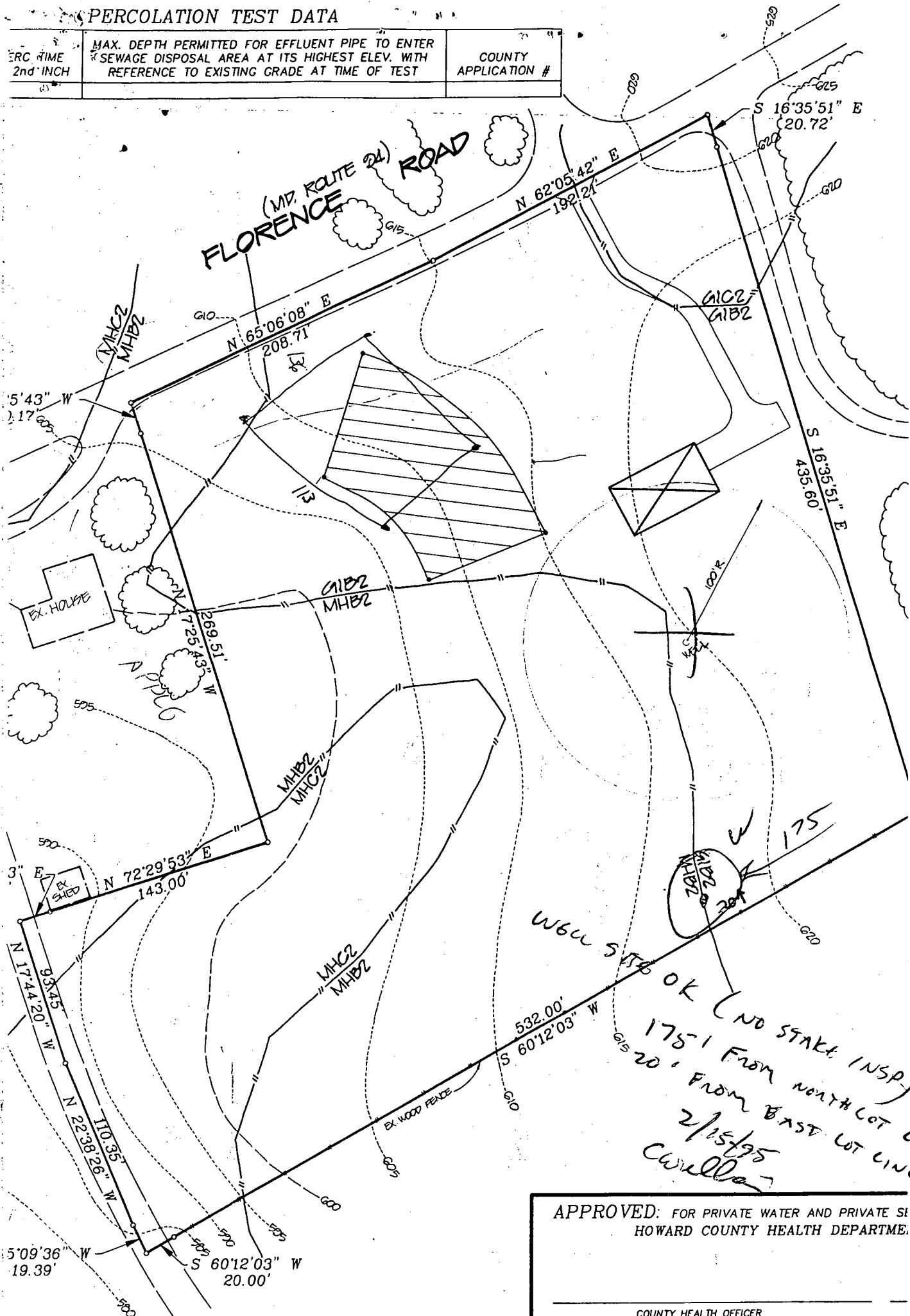
Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER: **GAP**
FORCE **EW** WRITE INITIALS IN BOX PERMIT No. **40-94-0344**

SPECIAL CONDITIONS: **442-8236 48 HAS ADVANCE NOTICE OF START OF CONSTRUCTION REQ'D. & SAMPLING FOR HERBICIDES REQ'D. SEE ATTACHED.**
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.
COUNTY

PERCOLATION TEST DATA

PERC TIME 2nd INCH	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEV. WITH REFERENCE TO EXISTING GRADE AT TIME OF TEST	COUNTY APPLICATION #
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(MD. ROUTE 24)
FLORENCE ROAD



WELL SITE OK (NO STATE INSP.)
 175' FROM NORTH LOT LINE
 20' FROM EAST LOT LINE
 2/15/95
 CW/LL

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE
 HOWARD COUNTY HEALTH DEPARTMENT
 COUNTY HEALTH OFFICER



HOWARD COUNTY HEALTH DEPARTMENT

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

November 20, 1998

Lilly Construction
Attn: Darren Lilly
5405 Jamesway Court
Clarksville, MD 21029

RE: 16790 A.E. Mullinix Road
Feaga Property
Well Permit #HO- 94- 0344

Dear Mr. Lilly:

This to advise you that the septic system for the above referenced property was installed, inspected and approved on September 16, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

The nitrate sample result was documented to be 28.0 ppm on November 20, 1998. A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to operating properly as evidenced by the water sample collected November 20, 1998.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence. You should supply this department with a copy of that contract.
2. A yearly nitrate analysis should be performed by a private laboratory certified for water testing.
3. You should make any potential buyer/tenant aware of the above condition if you decide to sell or rent your home in the future.

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 permit #HO-94-1226. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Department of the Environment accepts this well system as required by COMAR 26.04.04.09.