

7/26/99
RPS

PERMIT

P512034
P ~~512034~~

SEWAGE DISPOSAL SYSTEM

A REPAIR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

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

RPS# 343917

DATE 7/27/99

DATE SYSTEM APPROVED 7/27/99

INDEXED

INSPECTOR *A*

Fogle's Septic Clean, Inc IS PERMITTED TO INSTALL ALTER _____

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION _____ LOT _____ ROAD _____

PROPERTY OWNER Tim Riley

OFF-SITE SYSTEM TO SERVE: 12100 Hall Shop Road

ADDRESS _____

TOP SEAMED COMPARTMENTED TANK REQUIRED

PUMPED SEPTIC SYSTEM PROPOSED

SEPTIC TANK CAPACITY 1500 GALLONS

INSTALL: T.B.D.

NUMBER OF BEDROOMS 3

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump performance test is necessary prior to Health Department approval of pumped septic system.

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 5 feet below original grade. 2 1/2 feet of stone below distribution pipe.

LOCATION - On preservation parcel "A" of Fulton Manor Subdivision, place the distribution box near the highest percolation test hole, approximately 40 feet Northeast of the lower left corner of Lot 6. Request Health Department inspection prior to beginning excavation to confirm appropriate trench orientation.

PLANS APPROVED BY C. Williams DATE 7/22/1999

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 SIGNATURE

PERMIT VOID AFTER TWO YEARS

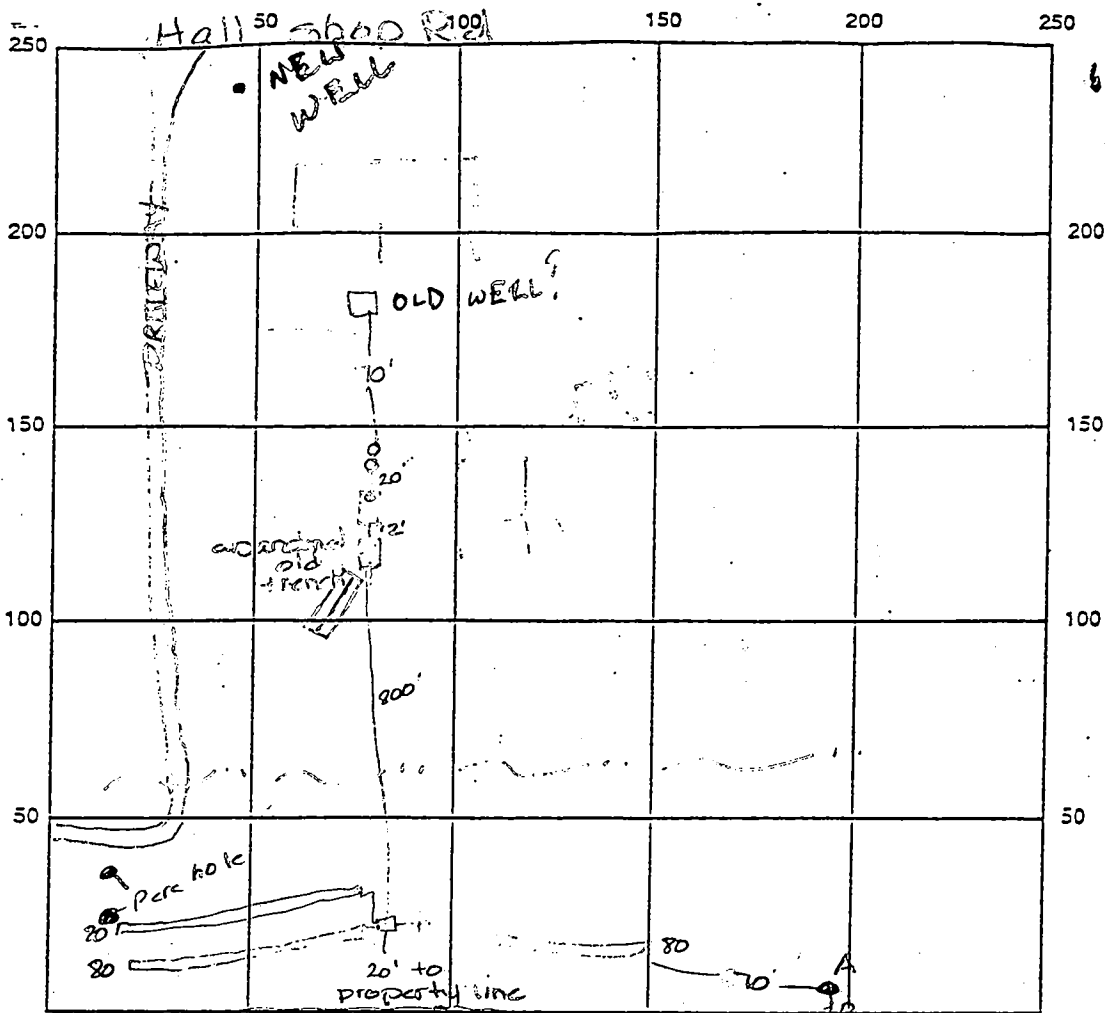
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

AND RETURNED 11-18-99
Quirk & Bro 12/14/10
Attached Bank & I cover garage

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

P512034



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

1500 gal top scummed ~~cap~~

SEPTIC TANK LEVEL 1000 gal top scummed CLEANOUTS double c.o. in line for access both ways

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 1.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 7/26/99 OK to cover Inlet to DB - begin trenches - call if they
 but "bad" soil A 7/27/99 Pump test OK and OK to cover all trenches
 It appears that little area remains for repairs A

DATE SYSTEM APPROVED 7/27/99 INSPECTOR A McMillan

A
 orange
 brn
 silty
 50
 darker
 or brn
 silty
 few Rxs
 30
 dull brn
 or mottled
 silty
 100
 40
 20
 10

⊗ To File:

Riley (owner) thinks
he may have bootleg
"grey water" discharge
will investigate &
arrange repairs as
needed MR 10/20/07

10805 HICKORY RIDGE ROAD, SUITE 200
 COLUMBIA, MD 21044
 410-740-9401 (BALTIMORE)
 301-596-1105 (WASHINGTON)
 410-730-9674 (FAX)

**LAW OFFICE OF
 JAMES L. MAYER**

Fax

To: Craig Williams From: Jennifer Williams
 Fax: 410 313 2648 Pages: 3 plus cover
 Phone: 410 313 - 2640 Date: 8/26/99
 Re: Bowen Easement CC:

Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

Attached please find the Amended Easement that was recorded with revised drawing for your files. Thank you for your assistance in this matter.

CONFIDENTIALITY NOTICE: This telecopy transmission contains confidential information which may also be legally privileged and is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any distribution (except to the intended recipient), copying or disclosure of this transmission, or the taking of any action in reliance thereon, is strictly prohibited. If you have received this telecopy in error, please destroy the original documents and any copies you have made and immediately notify us by telephone of the error.

8/27/99
 this document accepted
 by the Health Dept.
 as presented (SIS)

AMENDED EASEMENT

This AMENDED GRANT OF EASEMENT (hereinafter referred to as the "Amended Easement"), made this 22nd day of August, 1999, by GERALD W. BOWEN and PATRICIA BOWEN, hereinafter called "Grantor".

1. WHEREAS Grantor executed and recorded a Grant of Easement which is recorded among the Land Records of Howard County Maryland in Liber 4852 at Folio 0095.

2. WHEREAS Grantor is the owner of certain real property situate in Howard County, State of Maryland, and described in a deed dated May 2, 1996 and recorded among the land records of Howard County, Maryland in Liber 3715, folio 633 (hereinafter referred to as the "Servient Estate"); and

3. WHEREAS MARGARET BRANSOM ("Grantee") is the owner of a certain parcel of ground adjacent to the Servient Estate described in a deed dated June 25, 1999 and recorded among the Land Records of Howard County, Maryland in Liber 4794, folio 478, hereinafter referred to as the "Dominant Estate"; and

4. WHEREAS the Grantor desires to amend the Easement, and

3. WHEREAS it is the Grantor's intention to grant to Grantee the use of an underground sewer line and septic area including drain fields, through, over and across the Servient Estate for the use and benefit of the Dominant Estate.

NOW THEREFORE, the Grantor does hereby grant and convey to the Grantee the following easement for underground sewer line and septic area including drain fields:

A. Grantor hereby grants and conveys to the Grantee and her personal representatives, successors and assigns the right to, and a perpetual easement for, the use of underground sewer line and septic area including drain fields. The area over which the easement is granted is 10' wide on each side of the center line of the existing trench which easement area begins at N 31°27'30" E 686.57' and runs through and across the Servient Estate and includes the Septic Area as identified on Exhibit A entitled "Location Drawing for Sewer Line", attached hereto (hereinafter the "Easement Area"). The easement shall be for the purpose of providing an underground sewer line and septic area including drain fields to the Dominant Estate over the Easement Area and the easement shall run to the benefit of the Dominant Estate and burden the Servient Estate and run with and bind both estates in perpetuity.

B. At no time shall any permanent above-ground structure be erected on the Easement Area by the Grantor, Grantor's personal representatives, heirs, successors and assigns.

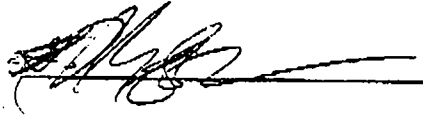
C. This Amended Easement constitutes a covenant running with the land, and all successive future owners of each of said Estates shall have the same right to invoke and enforce its provisions as the original signers hereof.

D. The Grantor does agree that the Grantee, her personal representatives, heirs and assigns, shall have the right and privilege of entering upon the Servient Estate, whenever it may be necessary, to make repairs and maintain said sewer line and septic area, provided, however, that the ground shall be restored and left in good condition.

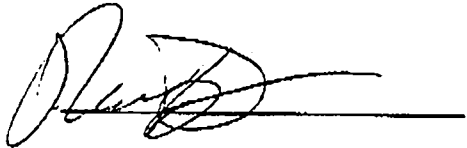
IN TESTIMONY WHEREOF, the Grantor has signed this Amended Easement under seal, as of this 25th day of August, 1999.

WITNESS:

GRANTOR:



 (SEAL)
GERALD W. BOWEN

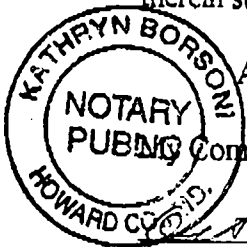


 (SEAL)
PATRICIA BOWEN

STATE OF MARYLAND, COUNTY OF HOWARD; to wit:

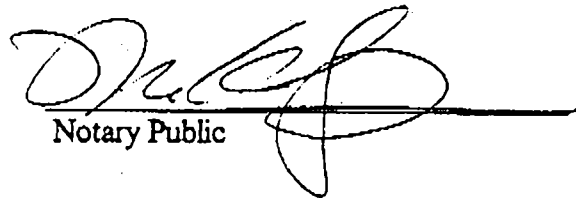
I HEREBY CERTIFY that on this 25th day of August, 1999, the above-named Gerald W. Bowen and Patricia Bowen, husband and wife personally appeared before me, the subscriber, a Notary Public in and for the State and County aforesaid, and made oath in due form of the law that the matters and facts set forth in the foregoing Amended Easement are true and correct as therein stated and acknowledged that said Amended Easement is in fact their voluntary act and deed.

AS WITNESS, my hand and Notarial Seal.

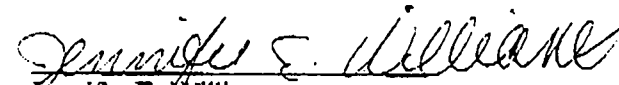


Commission Expires:

Oct 1, 2000


Notary Public

I hereby certify that the within instrument was prepared by or under the supervision of Jennifer E. Williams, an attorney duly admitted to practice before the Court of Appeals of Maryland.


Jennifer E. Williams

JAMES L. MAYER
Attorney At Law

10805 Hickory Ridge Rd., Suite 200
Columbia, Maryland 21044

(410) 740-9401
D.C. (301) 596-1105
FAX (410) 730-9674

GOULDS PUMPS



Submersible Effluent Pump

MODEL

3885

PROSURANCE AVAILABLE FOR RESIDENTIAL APPLICATIONS.

APPLICATIONS

Specifically designed for the following uses:

- Homes
- Farms
- Trailer courts
- Motels
- Schools
- Hospitals
- Industry
- Effluent systems

SPECIFICATIONS

Pump

- Solids handling capabilities: 2" maximum.
- Discharge size: 2" NPT.
- Capacities: up to 140 GPM.
- Total head: up to 128 feet TDH.
- Temperature: 104°F (40°C) continuous, 140°F (60°C) intermittent.
- See order numbers on reverse side for specific HP, voltage, phase and RPM's available.

FEATURES

Impeller: Cast iron, semi-open, non-clog with pump-out vanes for mechanical seal protection. Balanced for smooth operation. Silicon bronze impeller available as an option.

Casing: Cast iron volute type for maximum efficiency. 2" NPT discharge.

Mechanical Seal: SILICON CARBIDE VS. SILICON CARBIDE sealing faces. Stainless steel metal parts. Buna-N O-rings.

Shaft: Corrosion-resistant, stainless steel. Threaded design. Locknut on three phase models to guard against component damage on accidental reverse rotation.

Fasteners: 300 series stainless steel.

• Capable of running dry without damage to components.

• Designed for continuous operation when fully submerged.

MOTORS

• Fully submerged in high-grade turbine oil for lubrication and efficient heat transfer.

• Class B insulation.

Single phase:

- Built-in overload with automatic reset.
- All single phase models feature capacitor start motors for maximum starting torque.
- 1/2 and 3/4 HP - 16/3 SJTOW with 115 V or 230 V three prong plug.
- 1/2-2 HP - 14/3 STOW with bare leads.

Three phase:

- Overload protection must be provided in starter unit.
- 1/2-2 HP - 14/4 STOW with bare leads.

• **Designed for Continuous Operation:** Pump ratings are within the motor manufacturer's recommended working limits, can be operated continuously without damage.

• **Bearings:** Upper and lower heavy duty ball bearing construction.

• **Power Cable:** Severe duty rated, oil and water resistant. Epoxy seal on motor end provides secondary moisture barrier in case of outer jacket damage and to prevent oil wicking. 20 foot standard with optional lengths available.

• **O-ring:** Assures positive sealing against contaminants and oil leakage.

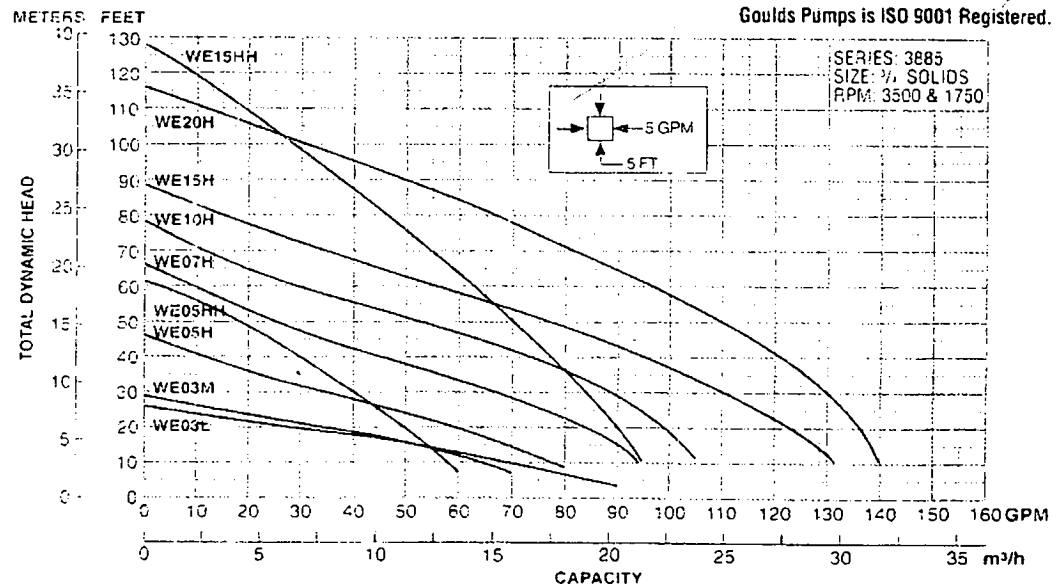
• Consult factory for information on CSA listed models.

AGENCY LISTINGS

CSA Canadian Standards Association
File #LR38549

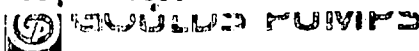
UL Underwriters Laboratories
File #83318

Goulds Pumps is ISO 9001 Registered.



Goulds Pumps





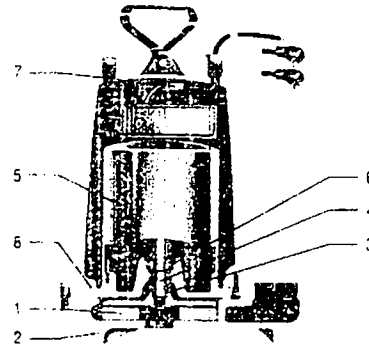
Submersible Effluent Pump

MODEL

3885

COMPONENTS

Item No.	Description
1	Impeller
2	Casing
3	Silicon carbide vs. silicon carbide Mechanical seal
4	Shaft
5	Motor
6	All Ball bearing heavy duty design
7	Power cable
8	O-ring



MODELS

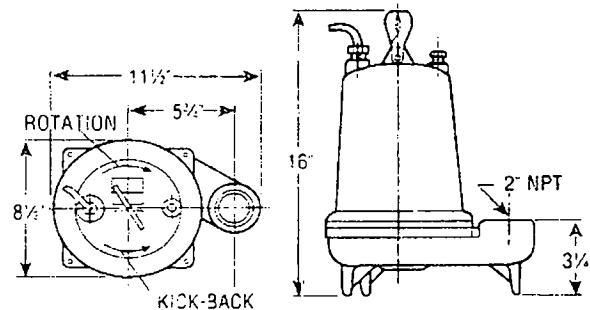
Order No.	HP	Volts	Phase	Max. Amp.	RPM	Solids	Wt. (lbs.)	Heaters
WE0311L		115		9.8				
WE0312L		200		5.5				
WE0312M		230		4.9				
WE0311H		115		9.8	1750		56	
WE0318H		200		5.5				
WE0312H		230		4.9				N/A
WE0517H		115		14.5				
WE0518H		200		8.1				
WE0512H		230		7.3				
WE0533H		200		4.1				K34
WE0532H		230		3.3				K32
WE0534H		460		1.7				K23
WE0511HH		115		14.5			60	
WE0512HH		200		8.1				N/A
WE0512HH		230		7.3				
WE0536HH		200		4.1				K34
WE0532HH		230		3.3				K33
WE0534HH		460		1.7				K23
WE0712H		110		19.0				N/A
WE0732H		200		6.2				K49
WE0732M		230		5.4				K39
WE0734H		460		2.7				K28
WE0718H		200		14.0				
WE0712H		230		12.5			70	N/A
WE0732H		230		5.1				K50
WE0732H		230		7.0				K43
WE0734H		460		3.5				K32
WE0516H		200		17.5			50	N/A
WE0512H		230		15.7				N/A
WE0538H		200		10.6				K54
WE0532H		230		9.2				K52
WE0534H		460		4.6				K36
WE0518HH		200		17.5			80	N/A
WE0512HH		230		15.7				N/A
WE0538HH		200		10.6				K54
WE0532HH		230		9.2				K52
WE0534HH		460		4.6				K36
WE0912L		200		18.0				N/A
WE2032H		200		12.0				K55
WE2032H		230		11.6			63	K55
WE2034H		460		5.6				K41

PERFORMANCE RATINGS (gallons per minute)

Order No.	Total Head Feet of Water									
	WE03L	WE03M	WE05H	WE07H	WE10H	WE15H	WE05HH	WE15HH	WE20H	
HP	1/2	1/2	1/2	1/2	1	1 1/2	1/2	1 1/2	2	
RPM	1750	1750	3500	3500	3500	3500	3500	3500	3500	
5	86	-	-	-	-	-	-	-	-	
10	70	65	78	94	-	-	56	95	140	
15	58	59	70	90	103	128	53	93	138	
20	30	35	60	85	98	123	50	90	136	
25	5	15	48	76	94	117	45	87	133	
30	-	-	35	67	88	111	40	84	130	
35	-	-	23	57	82	103	35	82	126	
40	-	-	12	45	74	95	30	77	121	
45	-	-	-	35	64	86	25	74	116	
50	-	-	-	25	53	77	18	70	110	
55	-	-	-	17	42	67	12	66	104	
60	-	-	-	9	30	56	3	63	97	
65	-	-	-	-	20	46	-	58	90	
70	-	-	-	-	11	35	-	55	83	
75	-	-	-	-	4	25	-	51	75	
80	-	-	-	-	-	15	-	47	66	
90	-	-	-	-	-	-	-	37	51	
100	-	-	-	-	-	-	-	28	30	
110	-	-	-	-	-	-	-	17	10	
120	-	-	-	-	-	-	-	8	-	

DIMENSIONS

(All dimensions are in inches. Do not use for construction purposes.)



EFFLUENT EJECTOR SYSTEM

Effluent ejector system offers ease of installation. A single ordering number specifies a complete system designed for most residential and commercial pump and effluent pump applications.



Package Includes:
 Submersible Effluent Pump WE0311L, 12L or WE0311M, 12M, WE0511HH, 12HH
 Mechanical Level Control Switch
 A2-S (115V), A2-E (230V)
 Basin and Cover A7-1830P
 Check Valve A9-2P
 Order No.: SWE0311L, SWE0312L, SWE0311M, SWE0312M, SWE0511HH, SWE0512HH



Water Systems Products Water Conditioning
Monitoring Well Products Plastic Pipe & Fittings
Sump, Effluent & Sewage Pumps

6201 South Hanover Road Elkridge, Maryland 21075
(410) 796-7700 (800) 492-7404 (410) 796-7739 FAX

FACSIMILE TRANSMITTAL

TO: Amie FROM: RICHARD c/o FOGLES
 COMPANY: Ho Co HEALTH DATE: 7-23-99
 CITY: _____ STATE: _____ ZIP: _____
 PHONE#: _____ # OF PAGES INCLUDING COVER: 3
 FAX #: _____ HARD COPY TO FOLLOW BY MAIL? _____

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE (410) 796-7700 OR 1-800-796-7700.

MESSAGE:

RE: GOULDS EFFLUENT PUMP CURVE

Effluent being pumped 300'

Existing elevation @ pump chamber is 455

Existing elevation @ DB 460

Total change in elevation is 5'

THANKS

Richard

CONFIDENTIALITY NOTICE

This facsimile transmission contains confidential information belonging to the sender which may be legally privileged information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or an employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of the facsimile documents is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone to arrange for return of the original facsimile document to us.

anti-fax-ristr



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

September 20, 1999

Patricia Bowen
12305 Carol Drive
Fulton, Md. 20759

Dear Ms. Bowen,

This is to advise that the replacement septic system installed to serve the existing residence at 12100 Hall Shop Rd is now APPROVED FOR SERVICE.

Installation of an offsite septic system was completed and approved on 7/27/99. However, approval for placing the system into service was withheld pending completion of the necessary technical detail regarding proper authorization of the offsite system. Complicating the transaction was that although the property on which the system was installed was privately owned, this property was a "preservation parcel" in a subdivision to which the County Planning and Zoning Office also held an easement interest.

A recorded "Deed of Easement", Liber 4852, Folio 0095 dated August 13, 1999 provided confirmation of the impacted landowner's acceptance. And having received assurance on September 17, 1999 from Ms. Cindy Hamilton, Chief of the Howard County Division of Land Development and Research, that the property's co-easement holder also accepts the offsite system, all technical issues regarding acceptance are considered resolved. The septic system is considered eligible to be placed in service at this time.

If you have any additional questions regarding this matter, please feel free to contact me at this office (410-313-2775).

Yours truly, ✓

Handwritten signature of Craig Williams in cursive.

Craig Williams,
Director, Water and Sewerage Program

FILE (Bowen 5.1)

cc: Alma Caloia, Realtor
James Mayer, Settlement Attorney
Robert Sheesley, Consultant

(DETAIL OF ZONING CONFIRMATION IS ON BACK OF HEALTH DEPT FAX)

Bureau of Environmental Health

3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Water and Sewerage Program Community Environmental Health Program Food Protection Program
Phone: 410-313-2640 FAX: 410-313-2648 TTD: 410-313-2323 TOLL FREE: 1-877-4MD-DHMH

DATED 8/10/99 TO TENNIEB WILLIAMS

EASEMENT

This GRANT OF EASEMENT, made this 13 day of August, 1999, by GERALD W. BOWEN and PATRICIA BOWEN, hereinafter called "Grantor".

1. WHEREAS Grantor is the owner of certain real property situate in Howard County, State of Maryland, and described in a deed dated May 2, 1996 and recorded among the land records of Howard County, Maryland in Liber 3715, folio 633 (hereinafter referred to as the "Servient Estate"); and

2. WHEREAS MARGARET BRANSOM ("Grantee") is the owner of a certain parcel of ground adjacent to the Servient Estate described in a deed dated June 25, 1999 and recorded among the Land Records of Howard County, Maryland in Liber 4794, folio 478, hereinafter referred to as the "Dominant Estate"; and

3. WHEREAS it is the Grantor's intention to grant to Grantee the use of an underground sewer line and septic tank distribution box in, through, over and across the Servient Estate for the use and benefit of the Dominant Estate.

NOW THEREFORE, the Grantor does hereby grant and convey to the Grantee the following easement for underground sewer line and septic tank distribution box:

A. Grantor hereby grants and conveys to the Grantee and her personal representatives, successors and assigns the right to, and a perpetual easement for, the use of underground sewer line and septic tank distribution box. The area over which the easement is granted is 10' wide on each side of the center line of the existing trench which easement area begins at N 31°27'30" E 686.57' and runs through and across the Servient Estate and includes the Disturbed Area as identified on Exhibit A entitled "Location Drawing for Sewer Line", attached hereto (hereinafter the "Easement Area"). The easement shall be for the purpose of providing an underground sewer line and septic tank distribution box to the Dominant Estate over the Easement Area and the easement shall run to the benefit of the Dominant Estate and burden the Servient Estate and run with and bind both estates in perpetuity.

B. At no time shall any permanent above-ground structure be erected on the Easement Area by the Grantors, their personal representatives, heirs, successors and assigns.

C. This Grant of Easement constitutes a covenant running with the land, and all successive future owners of each of said Estates shall have the same right to invoke and enforce its provisions as the original signers hereof.

D. The Grantors do agree that the Grantee, her personal representatives, heirs and assigns, shall have the right and privilege of entering upon the Servient Estate, whenever it may be necessary, to make repairs and maintain said sewer line and distribution box, provided, however, that the ground shall be restored and left in good condition.

IN TESTIMONY WHEREOF, the Grantor has signed this Easement under seal, as of this 13th day of August, 1999.

WITNESS:

Jennifer Williams

Gerald W. Bowen (SEAL)
GERALD W. BOWEN

Jennifer Williams

Patricia A. Bowen (SEAL)
PATRICIA BOWEN

STATE OF MARYLAND, COUNTY OF HOWARD; to wit:

I HEREBY CERTIFY that on this 13 day of August, 1999, the above-named Gerald W. Bowen and Patricia Bowen, husband and wife personally appeared before me, the subscriber, a Notary Public in and for the State and County aforesaid, and made oath in due form of the law that the matters and facts set forth in the foregoing Easement are true and correct as therein stated and acknowledged that said Easement is in fact their voluntary act and deed.

AS WITNESS, my hand and Notarial Seal.

My Commission Expires:

01-01-2000

Loretta Donschikowski
Notary Public

I hereby certify that the within instrument was prepared by or under the supervision of Jennifer E. Williams, an attorney duly admitted to practice before the Court of Appeals of Maryland.

Jennifer E. Williams
Jennifer E. Williams



HOWARD COUNTY HEALTH DEPARTMENT

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

6:15 UPDATE - FAX DIDNIT GET THRU, FAX # WAS TO "SETTLEMENT SERVICES" WHO IS ALSO INVOLVED IN TRANSACTION BUT COULDNIT GIVE ME THE # FOR JENNIFER'S OFFICE - ANOTHER PARTY TO THE TRANSACTION

Post-it Fax Note 7671 Date 8/10/99 6:00 # of pages 1 To Jennifer Williams From Craig Williams Co./Dept. Co. Phone # 410-313-2775 Fax #

Re: Bransom Property - Hall Shop Rd.

Sorry I didn't return your call but you forgot to leave a number.

But then I discovered I had your fax...

.....

Reply: A percolation certification plat would be appropriate, but in this case its not an absolute necessity. Assurance that the easement is compatible with Zoning office's restrictions on Preservation parcels is a must. I expect that is OK, but will need to see confirmation.

SEE OVER FOR CONFIRMATION HISTORY AS OF 9/17/99 Craig Williams

VERBAL CONFIRMATION OF ZONING'S
NO OBJECTION TO THIS APPLICATION
OBTAINED 9/27/99 VIA FOLLOWING SEQUENCE:

NOON -

- CINDY HAMILTON CHIEF HOWCO LAND DEVELOPMENT & RESEARCH
(IN THE PRESENCE OF MARSHA MCGLAUGHIN)
ASSISTANT ZONING DIRECTOR

SAID TO ME: COUNTY LAWYERS THOUGHT IT
WOULD BE OK, BUT WANTED TO DRAFT A
POLICY IN THE NEAR FUTURE. FOR HER
PART THIS ONE WOULD PROBABLY BE OK -
SHE'D SEND ME SOMETHING WRITTEN.

1:30 PROMPTED BY APPLICANT'S PHONE CALLS,
CINDY LEFT ME A MESSAGE ON THE
ANSWERING MACHINE THAT THIS ONE
WOULD PROBABLY BE OK.

2:00 - I TOLD APPLICANT, I WAS EXPECTING
CLEARER CONFIRMATION FROM ZONING

4:00 - PROMPTED BY ADDITIONAL CALLS
CINDY SAID TO ME WITH MORE EMPHASIS
THAT THIS ONE IS PROBABLY OK, DID I
WANT WRITTEN CONFIRMATION? - I SAID YES.

4:30 - I TOLD APPLICANT THAT I TOOK THE FINAL
COMMENT FROM ZONING AS "COMMITMENT ENOUGH"
AND WROTE FINAL APPROVAL ON THAT BASIS... 9/20/99 (CW)



- F0616 TO INSTALL
- SKIERSLY WILL
PROVIDE BOWEN'S
ADDRESS,
HANDLING AFFAIRS
FOR BRANSON

July 18, 1999

Mr. Craig Williams:
Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Md. 21043

Dear Mr. Williams:

This correspondence is in regards to our meeting on July 13, 1999 concerning the installation of a septic system to replace a failing sewage disposal system at 12100 Hall Shop Road.

At that meeting we agreed that the replacement system would include a replacement septic tank if the existing tank is in disrepair. The sewage effluent will be conveyed to the sewage disposal area through a combination gravity sewer to an ejector pump then pumped up hill to the treatment area located on the adjoining property known as the Bowen Property, and owned by Gerald and Patricia Bowen. Your staff evaluated the sewage reserve area for the replacement system on July 1, 1999. The results of the soil evaluation and percolation testing indicated that the soils were suitable for sewage disposal. This area is approximately 170' feet from the nearest stream. There aren't any water well supplies adjacent to or downhill from the reserve area. The size of this area is approximately 75' x 75' feet or 5625 square feet. This area would support the initial repair system and a replacement system, if necessary.

The sewage reserve area and conveyance pipe, which will be located on the adjacent property will be placed in a perpetual easement for use as a sewage reserve area by Mr. And Mrs. Bowen and referenced in the deed as the property ownership is transferred from the Bowen's to a purchaser of her mothers property at 12100 Hall Shop Road. The survey of the area and the easement documents are being prepared.

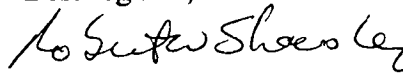
++ TRANSMIT CONFIRMATION REPORT ++

TO :
FROM :
DATE :
TIME :
PAGE :

RECEIVED
PROCESSED
JAN 1948 11:45
01
1948

You indicated that your office would provide the design of the trench system and send it to us as soon as possible so the contractor can complete construction of the replacement system. I would appreciate your assistance in this matter. If you have any questions in this matter, please contact me at 410-750-9925.

Best regards,

A handwritten signature in cursive script that reads "Robert W. Sheesley".

Robert W. Sheesley

Cc: Pat Bowen



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 22, 1999

Robert Sheesley
ECO Sense, Inc.
8354 Chestnut Farm Lane
Ellicott City, Md.

Re: Septic System Repair Plans
Off-site location serving
Bransom/Bowen Property
12100 Hall Shop Rd.

Dear Mr. Sheesley,

As requested in your letter of July 18, enclosed please find septic system specifications for the above referenced property.

Please note that there is a designated location for the distribution box, but that the final trench configuration is to be worked out in the field. Also enclosed is a copy of the percolation test notes for the property, showing that location at the lower-right corner of the test pattern failed due to shallow depth to bedrock. Test results at the other locations were highly variable.

As a consequence, some additional site evaluation at the time of trench installation is necessary to finalize the appropriate trench configuration and the designated area for future replacement.

At this point we are prepared to issue the installation permit once the contractor submits the proposed pump plan detail for review.

Once installation is approved, we will consider the pending septic holding tank agreement for this property to be no longer relevant. The offsite disposal system is much preferred. Thank you for your assistance in this matter.

Yours truly

Craig Williams, Sanitarian

encl.

cc: Pat Bowen

✓ FILE
F066A

" - NOTTA PERMIT - "

HOWARD COUNTY HEALTH DEPT. SEPTIC SPECIFICATIONS WORK-SHEET

4/511461
A

SUBDIVISION: OFFSITE SYSTEM TO SEWER

STREET NAME: 12100 HALL SHOP RD.

LOT NUMBER: _____

AVERAGE PERCOLATION RATE: 20 MIN SQUARE FEET PER BEDROOM: 240

NUMBER OF BEDROOMS: 3 LINEAR FEET OF TRENCH PER BEDROOM: 80

TOTAL LINEAR FEET OF TRENCH: 240 SEPTIC TANK CAPACITY: 1500 GAL *

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

1500 GALLON COMPARTMENTED TANK SPECIFIED TO ENHANCE TREATMENT AND TO ALLOW CAPACITY FOR POTENTIAL ENLARGEMENT OF EXISTING HOUSE.

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 5 feet below original grade.

Effective area begins at 5 feet below original grade. 2 1/2 feet of stone below distribution pipe.

TRENCH AREA CALCULATION ON BOTTOM AREA ONLY, STONE DEPTH MAXIMIZED IN ACCOMMODATION OF VARIABLE PERC RATES IN DIFFERENT LOCATIONS

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: T.B.D.

NEED CONTRACTOR'S PROPOSAL FOR SINGLE OR DOUBLE PUMP WITH PUMP gallon pump chamber. PERFORMANCE CURVE TO JUSTIFIED SELECTED PUMP SIZE. YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

LOCATION: ON PRESERVATION PARCEL A OF FULTON MANOR SUBDIVISION,

PLACE THE DISTRIBUTION BOX NEAR THE HIGHEST PERCOLATION TEST HOLE, APPROXIMATELY 40' NORTH EAST OF THE LOWER LEFT CORNER OF LOT 6. REQUEST HEALTH DEPARTMENT INSPECTION PRIOR TO BEGINNING

ADDITIONAL NOTES: EXCAVATION TO CONFIRM APPROPRIATE TRENCH ORIENTATION,

Reviewer: C. Williams

Date: 7/22/99

4/6/99
9:00

APPLICATION

PERCOLATION TESTING

A _____

P. 5114601

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

DISTRICT _____

DATE 3/16/99

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 Margaret Bransom

ADDRESS Pleasant View Dr. PHONE _____

AGENT OR PROSPECTIVE BUYER Neal R. Einsidler

ADDRESS 5518 Phelps Luck Dr. Columbia, MD 21045 PHONE (410) 964-2569 ^(WORK) (202) 832-5600

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 12100 Hall Shop Road, Clarksville, MD.

TAX MAP 41 PARCEL # 131

SIZE OF LOT 4.28 acres TYPE BLDG. Single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

approximately 715' along Hall Shop Rd.
280' west from road towards back of house

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. Neal R. Einsidler
(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

P511461

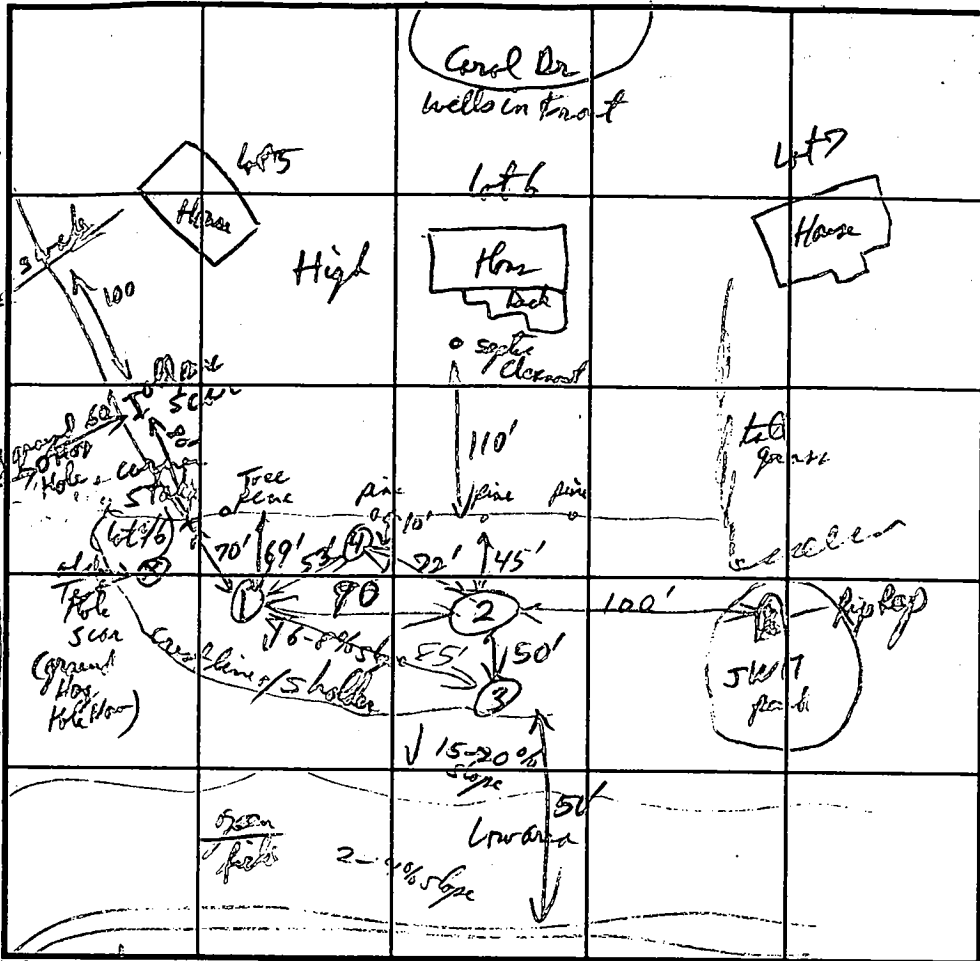
COUNTY #

SOIL PROFILE

0' hard gray Brn L
 3" red brn soil
 1' bl-cl
 1' bedged SL
 (0.5 YR 5/8-6.5)
 - red brn
 5' pale cream
 + gel (0.5 YR 8/6-9/4)
 FSL
 8-9' hard gray Brn
 (0.5 YR 5/2)
 mic. FSL-SL

2
 6" dark gray Brn L
 red bed CL
 dry 2msbk
 17' yellow - red brn
 cl-hl
 15' hard 2msbk
 2 1/2' mic. SL
 3
 5 1/2' mic. SL
 8 1/2' mic. SL
 12' mic. SL

3
 Some
 water
 profile
 + 100
 (Some
 color
 on 2)
 5 1/2' bedged CL
 east
 8 1/2' Refusal



SOIL PROFILE

0' red bed CL
 2 1/2' mic. SL
 Measure separate
 dark gray (10YR 5/2)
 E on 1-3p
 pale cream + some
 sand color
 mic. SL
 12' red bed
 10' mic. SL

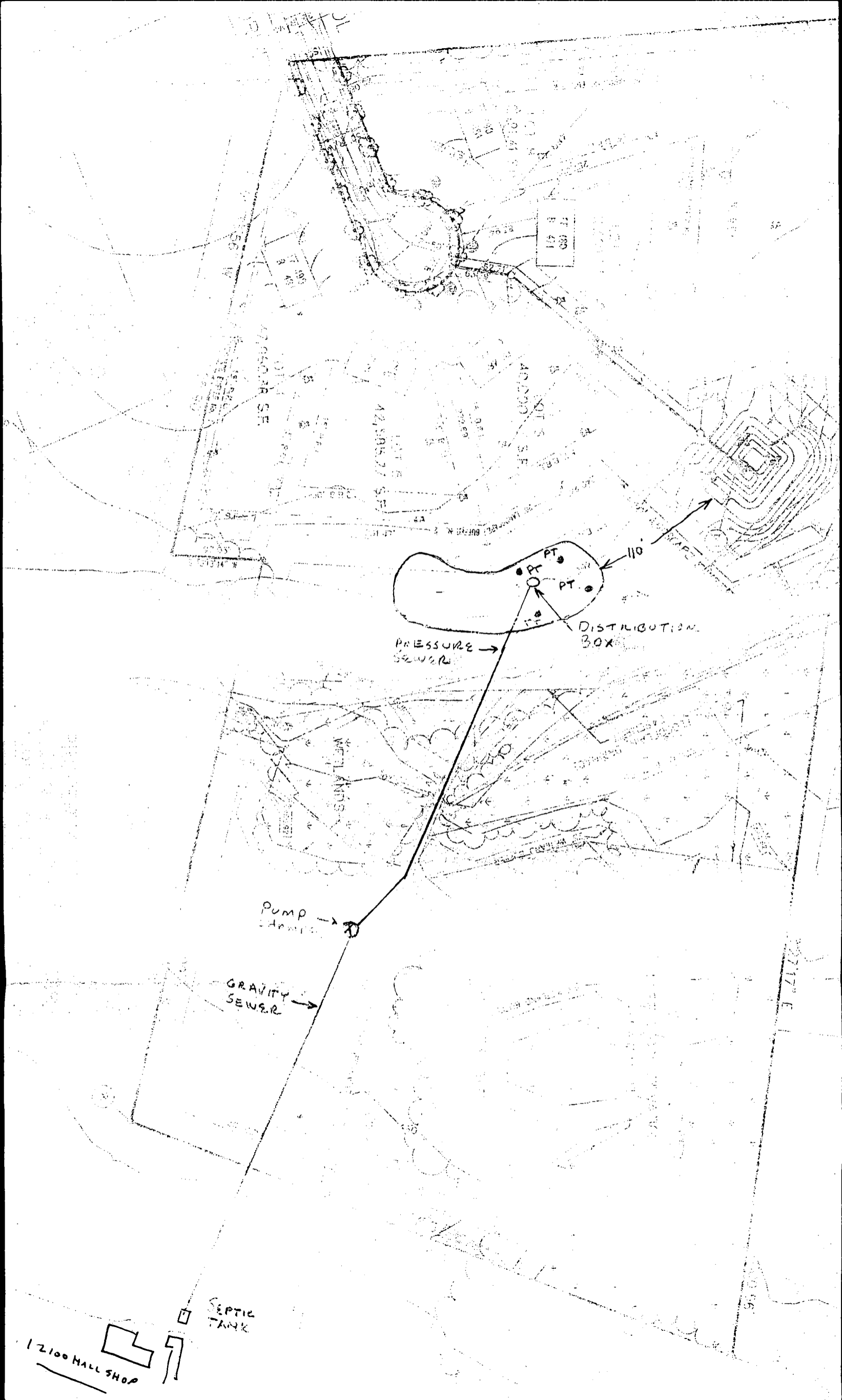
2 a (0.5 YR 5/2)
 red brn - y. Brn clay
 2 1/2' 2msbk
 get Brn CL dry
 (beginning of 25 in)
 2msbk
 (mottles 7.5 YR 9/1 + 5 F 10 bed brn mottles)
 2 1/2' red bed gel

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Test is being SDA of Fulton Manor East lot #6

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/1/99	1	5'	10:54	10:56:30	10:56:30	11:00:00	3 1/2 min
	1 1/2	3 1/2'	11:22:00	11:51:00	11:51	12:31	40 min
	2	6'	11:17:00	11:31:00	11:31	12:27:00	56 min
	1 1/2	3 1/2'	11:20:40	12:06:40	Still @ 11:30	12:17:00	Refusal
	3	1 1/2'	Refusal	Refusal	Refusal	Refusal	Refusal
	4	1 1/2'	11:59:30	12:00:50	12:01:20	12:01:30	1m 40 sec
	(Near 2a description)	3'	12:01:30	12:03:30	12:03:50	12:05:30	1m 40 sec
			11:59:50	12:03:00	12:03:30	12:05:00	1 1/2 min
			12:01:56	12:03:30	12:03:30	12:05:00	1 1/2 min

REMARKS #1 possible water table E-F, @ Hrs 1 & 2 (via photos of basement high water)
 TYPE OF SOIL bedged CL with weathered granitic schist (Trench in dark gray Brn loam on lot 7 + during
 TESTED BY R. H. Kelly ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 3
 INLET DEPTH 2 1/2' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM _____
east W.T. @ 8 1/2' (Repair situation)

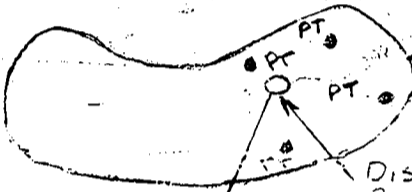


115
E 41
300

ALGONQUIN ST.

ADDON ST.

ADDON ST.



PRESSURE SEWER

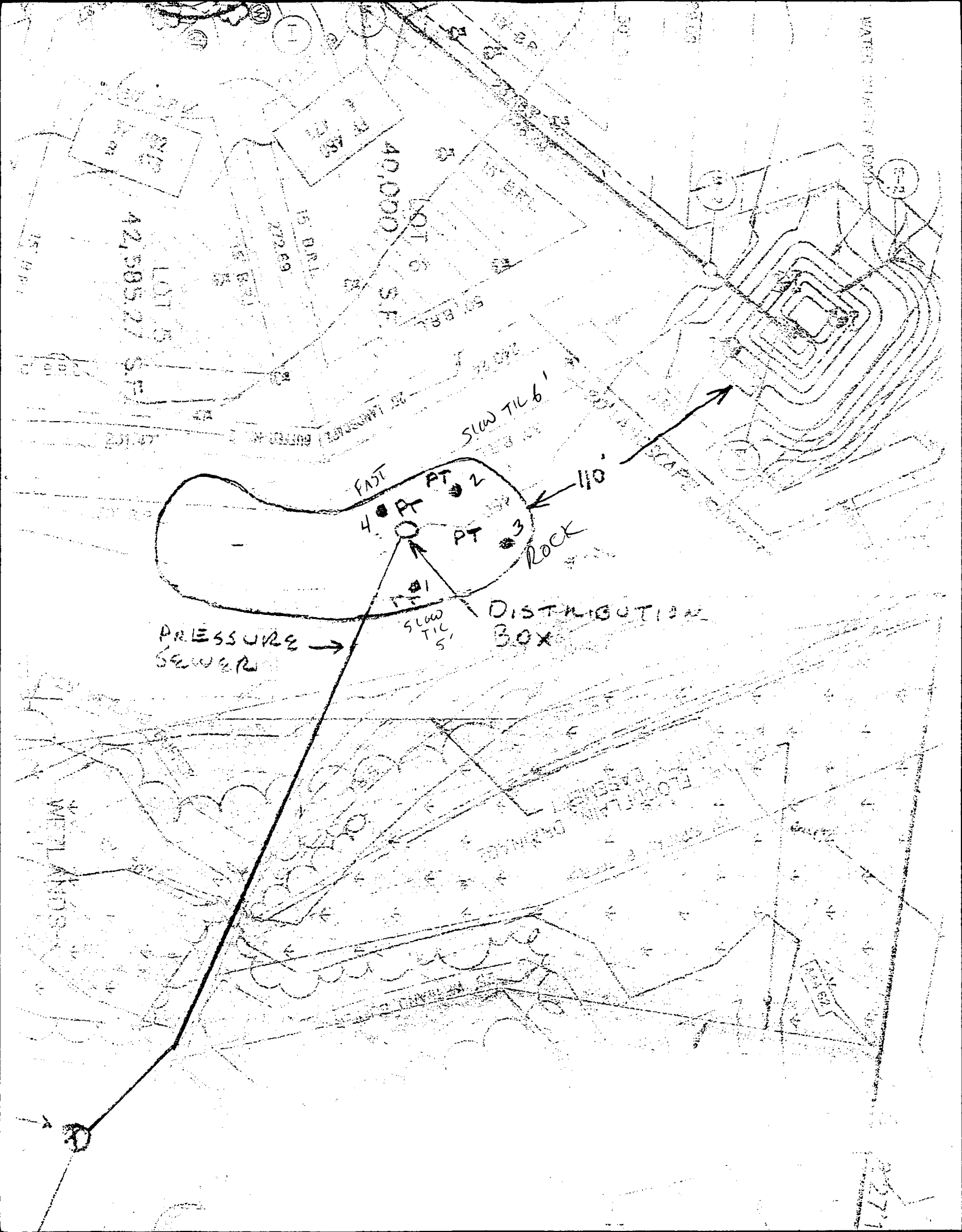
DISTRIBUTION BOX

PUMP STATION

GRAVITY SEWER

SEPTIC TANK

12100 HALL SHOP



MARYLAND DEPT. OF THE ENVIRONMENT
 ONSITE SEWAGE DISPOSAL SYSTEM
 SITE EVALUATION REPORT

FILE NO. P511461
 MD. GRID:
 TAX MAP/B/P:
 SUBDIVISION:
 DATE: 7/1/99
 BY: R. H. H. H. H.

122' From Existing well

SOIL PROFILE DESCRIPTION
 12100 Hall Street Margaret Bronson Property

Close old failed Infiltration Test #1

DEPTH	TEXTURE	MATRIX COLOR	MOTTLES DESCRIPTION	STRUCTURE	CONSISTENCE	%ROCK BY VOL.	REMARKS (Caving, moisture, etc.)
54"							
HOLE A							
0"	5"	L	gray Brn (10YR 4/3)	nc-3 gran - P3 sbk	CS - mfr	Fr gravel	Dry - 2% Fr roots
5"	17"	hSIL-SIL	Red yel (2.5YR 5/8)	m7-2 sbk	mfi-mfr	Fr gravel	Dry - sl moist FF pores FF roots 2nd clay film
17"	21"	hL-CL	Red yel (2.5YR 5/6)	fm 1 sbk	mfi-mfr		sl moist fm pores
21"	27"	hSIL	Red yel (2.5YR 5/8)	gray (2.5YR 5/6) m1 p red Brn (10YR 5/4) m1 p red yel (2.5YR 5/6) m1 p red yel (2.5YR 5/6) m1 p	F1 sbk mft		Moist FF pores fm roots
27"	31"	L-L	Red yel (2.5YR 5/6)	clay 10R 4/6 red clay m1 p clay 10R 4/6 red clay m1 p clay 10R 4/6 red clay m1 p	mufv		Moist
31"	54"	hmicol	Mix Tan (10YR 6/4) m1 p Mix Tan (10YR 6/4) m1 p Mix Tan (10YR 6/4) m1 p	Mosaic	mfr		Moist
31"	54"	SL	Red yel (2.5YR 5/6) m1 p Red yel (2.5YR 5/6) m1 p Red yel (2.5YR 5/6) m1 p	Mosaic - Sing	LS -	10% gtz	cl-2 gravel Moist - sl moist

all mottled

D-3

Slope% - 2-4 EL. (ft) - Chroma 2 - 21" Least Permeable Layers - @ 5-12" (Bt)
 Landscape Position - high side of hill Water BLS - 21" ± Limiting Zones - Water Tables (Mottles begin at 21", very abundant at 31" down)

Additional Remarks -
 Not recommended for sand mounds with mottles less than 24" to surface, and seasonally high water tables - Best recommendation - off site SDA (see tests #1-4)

**MARYLAND DEPT. OF THE ENVIRONMENT
 ONSITE SEWAGE DISPOSAL SYSTEM
 SITE EVALUATION REPORT
 SOIL PROFILE DESCRIPTION**

FILE NO.
 MD. GRID:
 TAX MAP/B/P:
 SUBDIVISION:
 DATE:
 BY: *PP*

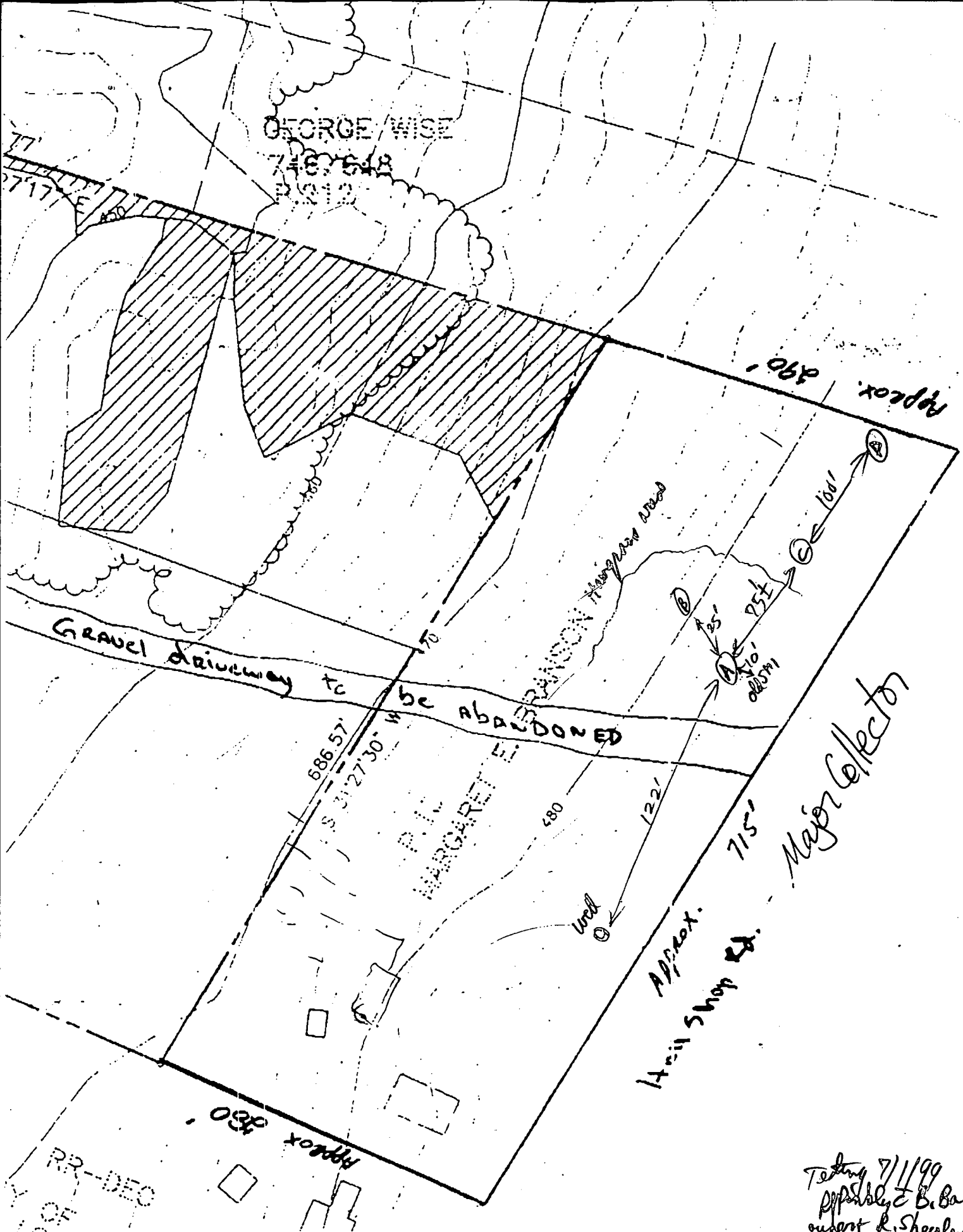
LOT SECTION

DEPTH	TEXTURE	MATRIX COLOR	MOTTLES DESCRIPTION	STRUCTURE	CONSISTENCE	%ROCK BY VOL.	REMARKS (Caving,moisture,etc.)
-------	---------	--------------	---------------------	-----------	-------------	---------------	-----------------------------------

HOLE *B* *40' from A and down slope of A (27' From Hairgrass)*

Not Described upper zones like Hole A, less mottling but insufficient area to develop

Slope%-	EL.(ft)-	Chroma 2-	Least Permeable Layers-
Landscape Position-	Water BLS-	Limiting Zones-	
Additional Remarks-			



Testing 7/1/99
possibly E. Baker
about R. Shewley

APPLICATION

Work done 1:30 on 10/19 will be OK - shall be
PERCOLATION TESTING Mr. Laubach 5/10/39

Report to establish
an SDA for a 40+yr
old place.

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

DISTRICT _____
DATE 10-14-98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Scheduled 10/19/98
@ 10:15 AM E. Fyrch. ^{call Fyrch}
she was sched for 2:30
could be as early as 1:30
if Not OK

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

PROPERTY OWNER Margaret Branson
(Fulton Manor East Pres Area A)
ADDRESS Pleasant View Dr PHONE _____

AGENT OR PROSPECTIVE BUYER CHRISTINE A. LAUBACH
ADDRESS 613 Prince George St. PHONE 301-604-2936
Laurel Md. 20707 * pager 301-369-5981

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. _____
ROAD AND DESCRIPTION 12100 Hall Shop Rd. Clarksville, Md.

TAX MAP 41 PARCEL # 131
SIZE OF LOT 4.28 acres TYPE BLDG. Single Family
approx 715' across Hall Shop (SINGLE FAMILY DWELLING OR COMMERCIAL)
280' west from Road toward back of house

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Christine Laubach
(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

511039

COUNTY #

SOIL PROFILE

①

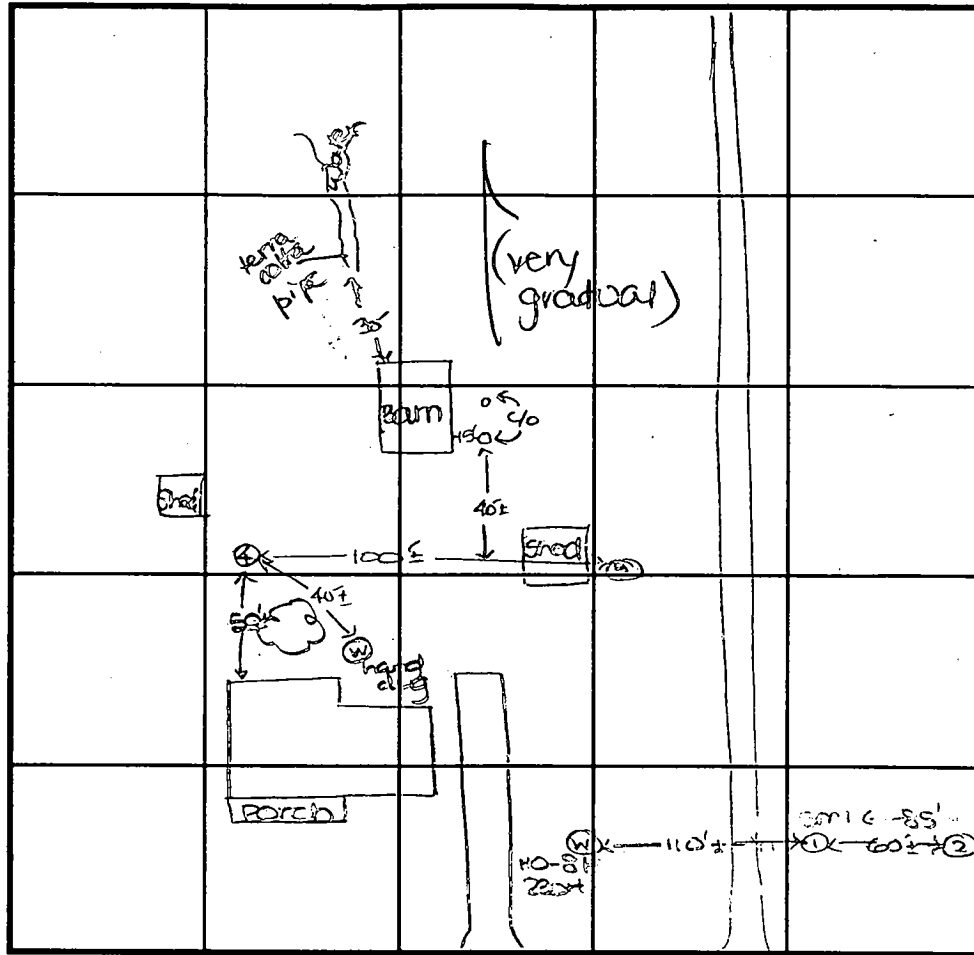
0' topsoil
 1' org brn cl lm
 5' med grey to white sil cl m (moist)
 7.5' water

②

0' topsoil
 1' org brn cl lm
 4' med grey cl lm (moist)
 5' water

③

0' topsoil
 1' org brn cl lm
 2.5' med org brn sil cl m
 5' cave-in
 98" water



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hall Shop Road

SOIL PROFILE

④

0' topsoil
 1' org brn cl lm
 5' med brn sil cl lm w/mottles (moist)
 8' cave-in
 10' water

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-19-98	1	7.5' D	Water	---	---	---	FAIL
	2	5.0' D	Water	---	---	---	FAIL
	3	9'8" D	Water	(cave-in @ 5.0')	---	---	FAIL
	4	10.0' D	Water	(mottles @ 5.0')	---	---	FAIL

REMARKS rd test holes were staked

TYPE OF SOIL

TESTED BY D. Sae ALSO PRESENT Mr. & Mrs. Laubach, Pat Boen, reattor, J. Hock

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

D R A F T

REMNANT OF
HOLDING TANK AGREEMENT
NO LONGER IN EFFECT
DUE TO OFFSITE
SYSTEM INSTALLED
7/27/99

CONSENT AGREEMENT FOR USE OF HOLDING TANKS
TO CORRECT FAILING SEWAGE SYSTEMS

THIS AGREEMENT made this 9th day of June,

19 99, by and between Margaret Brynson

HEREINAFTER REFERRED TO AS Owner, and the Howard County Bureau of
Environmental Health, HEREINAFTER REFERRED TO AS the Bureau.

WHEREAS, Owner is seized and possessed of a tract of land at
address 12100 Hall Shop Rd. Clarksville, Md. 21029,
known as Tax Map 41 Grid 1 Parcel 131 Lot 81^{GROUP}, the
deed to same being recorded among the land records of Howard
County, Maryland, in Liber 198 312, Folio 396 310.

WHEREAS, the Howard County Bureau of Environmental Health has
ordered the Owner to correct the on-site sewage disposal problems
and all parties concerned recognize the only alternative available
is a holding tank.

WHEREAS, Owner's land meets requirements of COMAR 26.04.02 and
Policy Directive R.S. #7 for installation of a holding tank. NOW
THEREFORE, the parties hereto agree as follows:

accommodate installation of indoor plumbing are not prohibited.

- O. The approval of a Holding Tank system provided for in this agreement is only for an interim period until public sewerage facilities become available, at which time the Owner shall connect the house to the public facilities and shall properly abandon and backfill the Holding Tank.
- P. The Owner shall provide notice of continuous pumping of the tank by a licensed scavenger as evidenced by submitting copies of pumping receipts to the Bureau on a quarterly basis.

WITNESS, the hand and seal of the parties hereto.

DATE: 6-9-99

OWNER: Margaret E Branson

DATE: _____

OWNER: _____

DATE: 6/11/99

[Signature]
Sanitarian, Howard County
Bureau of Environmental Health

DATE: 6-11-99

[Signature]
Director, Howard County Bureau
of Environmental Health

DATE: _____

ADDITIONAL TESTING FOR EXPERIMENTAL
JULY 1, 1999
R SHESLEY REPRESENTATIVE APPLICANT



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

April 14, 1999

Mr. Neal Einsidler
5518 Phelps Luck Drive
Columbia, Maryland 21045

RE: Sand mound testing
12100 Hall Shop Road
Tax Map: 41 Parcel #131

Dear Mr. Einsidler:

Sand mound percolation testing was conducted on the above referenced property April 6, 1999, in an effort to establish sufficient area for sand mound installation in support of future additions to the existing house.

The sand mound testing conducted appeared unsuccessful. A copy of the test results is enclosed for your records.

Additionally, as previously requested, I have enclosed a copy of the sections of the Code of Maryland Regulation (COMAR) that applies to your request for future addition.

If you have any other questions or concerns, please contact me at the address below or by calling (410) 313-2640.

Sincerely,

Donna K. Soe, R.S.

Water and Sewerage Program

DKS
Enclosure
cc: file

4641
MAX

TEST DATA

NAME Branson FILE NO _____

LOCATION 12100 Haul Shop Road COUNTY Howard

Clarksville, MD DATE 4/6/99

GRID _____ E

RECORDED BY DVS _____ N

HOLE NO.	TEST NO.	DEPTH	CLOCK TIME	ELAPSED TIME	MEASUREMENT	REMARKS (Method, Moisture, Biopores)
1	16"-22"		9:32		7"	> 2/32"
			9:47		6 ^{30/32} "	> 0
			10:02		6 ^{30/32} "	> 0
			10:17		6 ^{30/32} "	> 0
			10:32		6 ^{30/32} "	> 0
			10:47		6 ^{30/32} "	> 0
			11:02		6 ^{30/32} "	> 0
2	16"-22"		9:43		7"	> 0
			9:58		7"	> 0
			10:13		7"	> 0
			10:28		7"	> 0
			10:43		7"	> 0
			10:58		7"	> 0
			11:13		7"	> 0



HOWARD COUNTY HEALTH DEPARTMENT

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

October 20, 1998

Mr. and Mrs. David Laubach
613 Prince George Street
Laurel, Maryland 20707

RE: Percolation Test Results
Application #511039
Proposed Use: Establishment of septic
repair area
Property ID: 12100 Hall Shop Road

Dear Mr. and Mrs. Laubach:

Percolation testing was conducted at the above referenced property October 19, 1998, in an effort to establish sufficient septic repair area to support potential additions to the existing house. Percolation testing was unsuccessful for conventional septic system design due to insufficient depth to the groundwater table.

The Health Department has no records of the septic system currently serving the existing house. However, based upon soil conditions encountered at the time of percolation testing, it is conceivable that the system is either infiltrating the groundwater table or may be affected by seasonal groundwater fluctuations.

Due to the numerous scenarios possible regarding septic system replacement with this property, it is requested that you contact this office (410-313-2640) to schedule a review conference including all concerned parties.

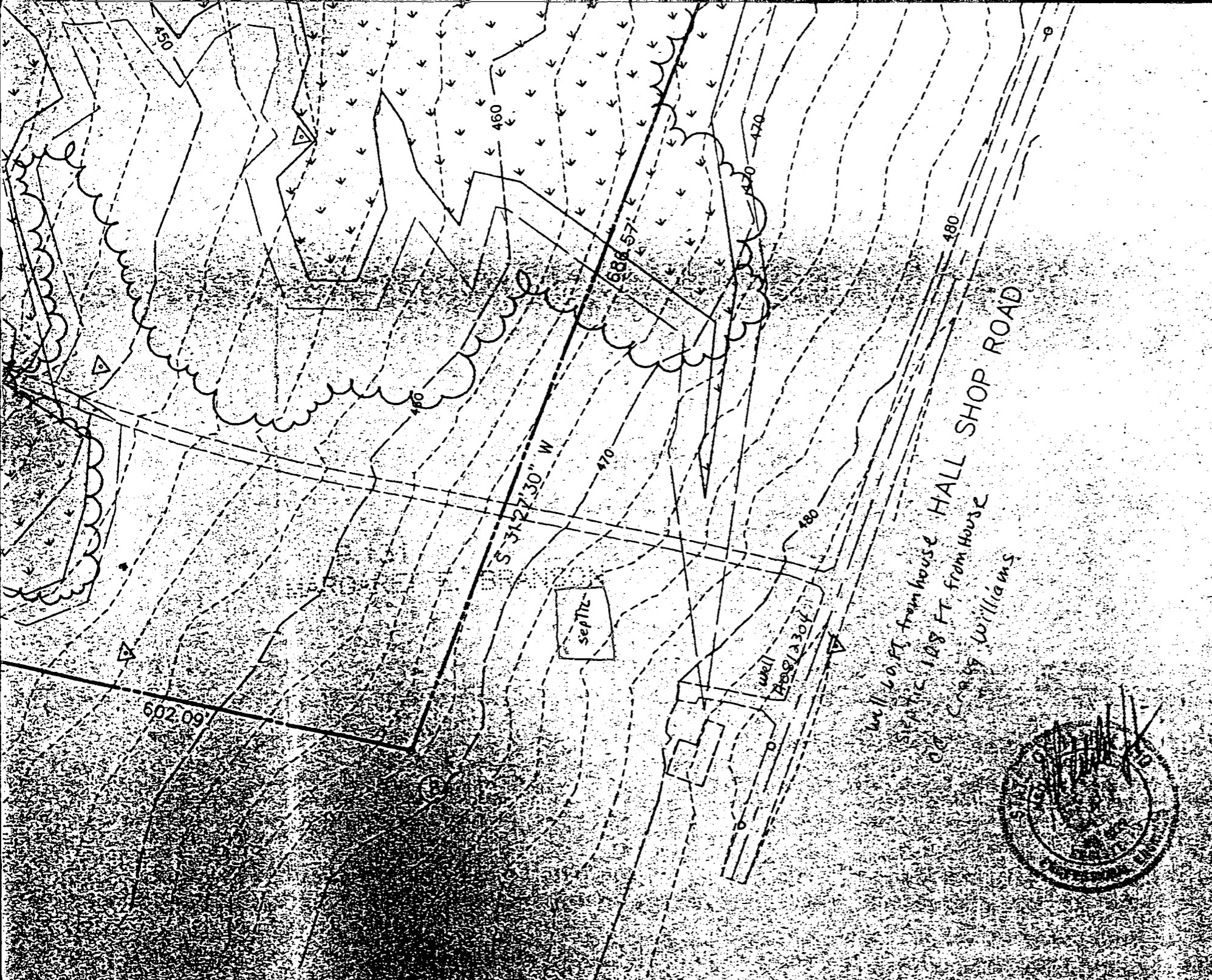
Thank you in advance for your cooperation in this matter.

Sincerely,

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

DKS

cc: file



4. ALL WELLS AND SEPTIC SYSTEMS BOUNDARIES HAVE BEEN SHOWN.
5. PERCOLATION TEST HAVE BEEN FIELD LOCATED.
6. ALL WELLS TO BE DRILLED AND APPROVED (BY SUBMITT-COMPLETION REPORT TO THIS OFFICE) PRIOR TO RECORD APPROVAL. APPLICANT RESERVES THE RIGHT TO PETITION FROM PORTIONS OF THIS REQUIREMENTS BASED UPON SUCCE REPRESENTATIVE WELLS.

APPROVED : FOR PRIVATE WATER AND PRIVATE SEW HOWARD COUNTY HEALTH DEPARTMENT <i>Jocelyn Bell</i> COUNTY HEALTH OFFICER		
NO.	DATE	REVISION
PROJECT : FULTON MANOR LOTS 1 THRU 3		
LOCATION : TAX MAP 40_41, PARCEL 5TH ELECTION DISTRICT HOWARD COUNTY, MARYL		
TITLE : PERCOLATION PL		
OWNER : GERALD & PATRICIA BOWEN C&P LAND DESIGN & DEVELOPMENT INC. 10805 HICKORY RIDGE ROAD COLUMBIA, MARYLAND 21044		
DEVELOPER : LAND DESIGN & DEVELOPMENT INC. 10805 HICKORY RIDGE RD COLUMBIA, MD 21044		
DESIGNED: DTA		CHECKED: WLL
		DATE: 8-16-



B 1 **9317** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

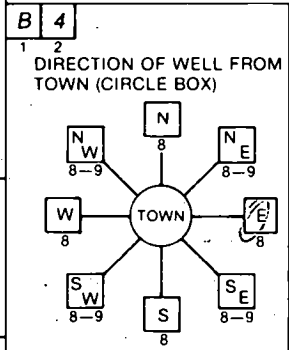
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
1A0-91-2304
 fill in this form completely

Date Received **09/15/87**
INDEXED B 3
 OWNER INFORMATION
 Last Name **RAMSEY** Owner **MALCOLM** First Name **ROBERT**
 Street or RFD **12100 HALL SHOP RD**
 Town **CLARKSVILLE** State **MD** Zip **21779**

LOCATION OF WELL
 COUNTY **MD**
 SUBDIVISION **41** LOT **131**
 SECTION **44** LOT **48**
 NEAREST TOWN **CLARKSVILLE**
 MILES FROM TOWN (enter 0 if in town) **2** M I

DRILLER INFORMATION
 Driller's Name **Joseph L. Wray** License No. **238**
 Firm Name **Joseph L. Wray Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature **Joseph L. Wray** Date **9/7/87**



12100 Hall Shop Rd.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **20** FT
 ENTER FT or MI **FT**

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. **A 40107-1**
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **09/15/87** CO SIGNATURE **Submitted** EXP. DATE **03/24/87**
 NORTH GRID **490000** EAST GRID **0819000**

APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** 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. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

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

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
 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)
 APPROP. PERMIT NUMBER _____
 FORCE **3** WRITE INITIALS IN BOX **MA** PERMIT No. **1A0-91-2304**

SPECIAL CONDITIONS

40107

C1 9364 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 6 ON ALL CARDS)

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 40107-W**

DATE RECEIVED [] DATE WELL COMPLETED **09/18/87** Depth of Well **240** (TO NEAREST FOOT) **OK STA 12/18/87** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-2309**

OWNER **BRAUN SAM** last name **MARGART** first name
 STREET OR RFD **12100 HALL ST/OP RD.** TOWN **CLARKSVILLE 21029**
 SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Yellow Clay	0	75	
Mica Rock	75	240	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **18** NO. OF POUNDS **1692**
 GALLONS OF WATER **108**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** STEEL CONCRETE
PL **OT** PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **80**

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

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

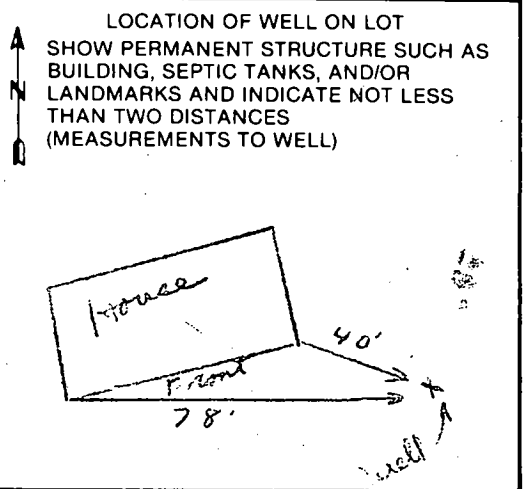
C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **HO** **79** **240**
 2 _____
 3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) _____ WQ _____
 70 72 74 75 76 _____
 TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **70**
 METHOD USED TO MEASURE PUMPING RATE **AIR**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **6.2**
 WHEN PUMPING **7.00**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest-ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE _____ (nearest foot)
- below } **1** (nearest foot)



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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **228**
 DRILLERS SIGNATURE _____
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) _____

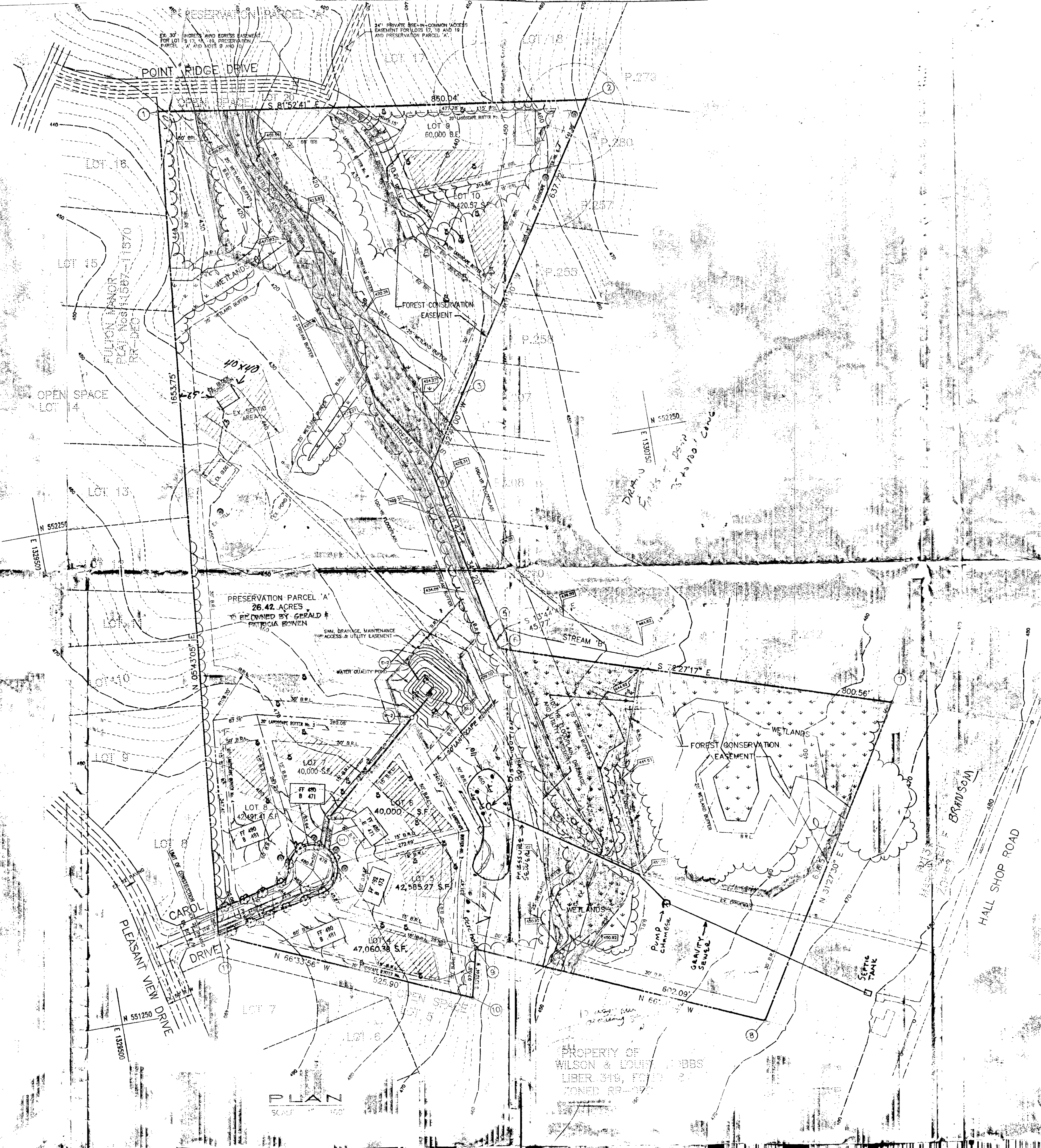
COORDINATE TABULATION		
NO.	NORTHING	EASTING
1	553038.3010	1329885.3570
2	552916.7920	1330736.7720
3	552382.0870	1330389.2350
4	552246.4960	1330301.9080
5	551909.5770	1330361.7910
6	551865.1190	1330372.6670
7	551623.7825	1331135.9798
8	551038.1241	1330777.6722
9	551278.0450	1330225.4530
10	551183.6250	1330203.1120
11	551392.7760	1329720.5870

SCHEDULE D STORM WATER MANAGEMENT LANDSCAPING, TYPE B	
POND	
LINEAR FEET OF PERIMETER	670
CREDIT FOR EXISTING VEGETATION (NO, YES, AND %)	NO
NUMBER OF TREES REQUIRED SHADE TREES EVERGREEN TREES	13 16
CREDIT OF OTHER LANDSCAPING (NO, YES, AND %)	NO

CATEGORY	PERIMETER LANDSCAPE EDGE (TYPE A) LANDSCAPE BUFFER DESIGNATION							
	1	2	3	4	5	6	7	8
LINEAR FEET	622.9'	501.7'	376.4'	347.4'	477.8'	444.6'	225.3'	340'
CREDIT FOR EXISTING VEGETATION	90'	0	0	0	477.8'	444.6'	180'	50'
CREDIT FOR WALL, FENCE OR BERM	0	0	0	0	0	0	0	0
NUMBER OF PLANTS REQUIRED	8	8	6	5	0	0	0	4

NOTE:
 1. All Perimeter Landscape Edge (Type A) will be the responsibility of the developer.
 2. All Stormwater Management Area Landscaping (Type B) will be the responsibility of the developer.

- LEGEND :
- BAD HOLES
 - PERC HOLES
 - TEST PITS
 - EX. GRADE
 - PROP. GRADE
 - WETLAND
 - 25% SLOPE
 - 100 YR FLOODPLAIN
 - SEPTIC
 - EX. TREE LINE
 - WELLS



NO.	DATE	REVISION
PROJECT :		
FULTON MANOR EAST		
LOTS 4 THRU 10 & PRESERVATION PARCEL 'A'		
A RESUBDIVISION OF LOTS 1, 2, & 3 OF FULTON MANOR EAST AND THE BOWEN PROPERTY		
LOCATION :		
TAX MAP 40 & 41, PARCEL 455 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND		
TITLE :		
GRADING PLAN & LANDSCAPING PLAN		
OWNER :		
GERALD & PATRICIA BOWEN c/o LAND DESIGN & DEVELOPMENT INC 10805 HICKORY RIDGE ROAD COLUMBIA, MARYLAND 21044		
DEVELOPER :		
LAND DESIGN & DEVELOPMENT INC. 10805 HICKORY RIDGE RD. COLUMBIA, MD 21044		
DESIGNED: DPA	CHECKED: JFR	DATE: 05-96
PROJ. NO.:		

Handwritten signature

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

30012110

Building Address 12100 Hall Shop Rd
Clarksville MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 17512 Lot size _____

Property Owner's Name Timothy M. Reilly & Ruth Lynn Reilly (Widow)

Address 12100 Hall Shop Rd

City Clarksville State MD Zip Code 21029

Home Phone 301-824-7783 Work Phone 301-220-8200

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 1,000

Description of Work 16' x 35.5' Add to detached Barn to add 2 car garage.

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant SHA

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>2 1/2</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>2 1/2</u>	Sewage Disposal: <input type="checkbox"/> Public <input 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 checked="" type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Ruth Lynn Reilly
 Applicant's Signature

Ruth Lynn Reilly
 Print Name
NOV. 18, 1999
 Date

Title/Company _____

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>11/18/99</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>11/18/99</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

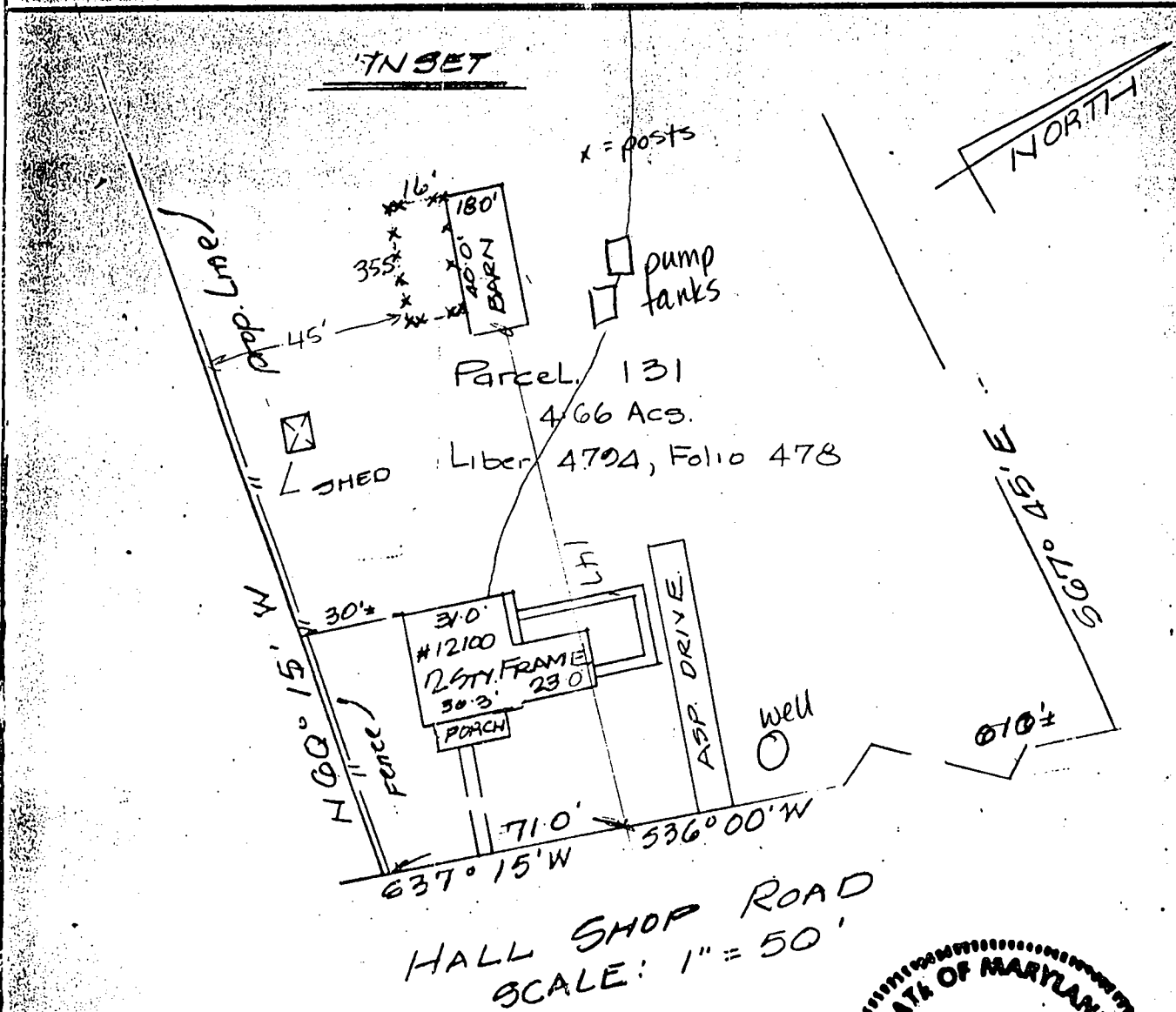
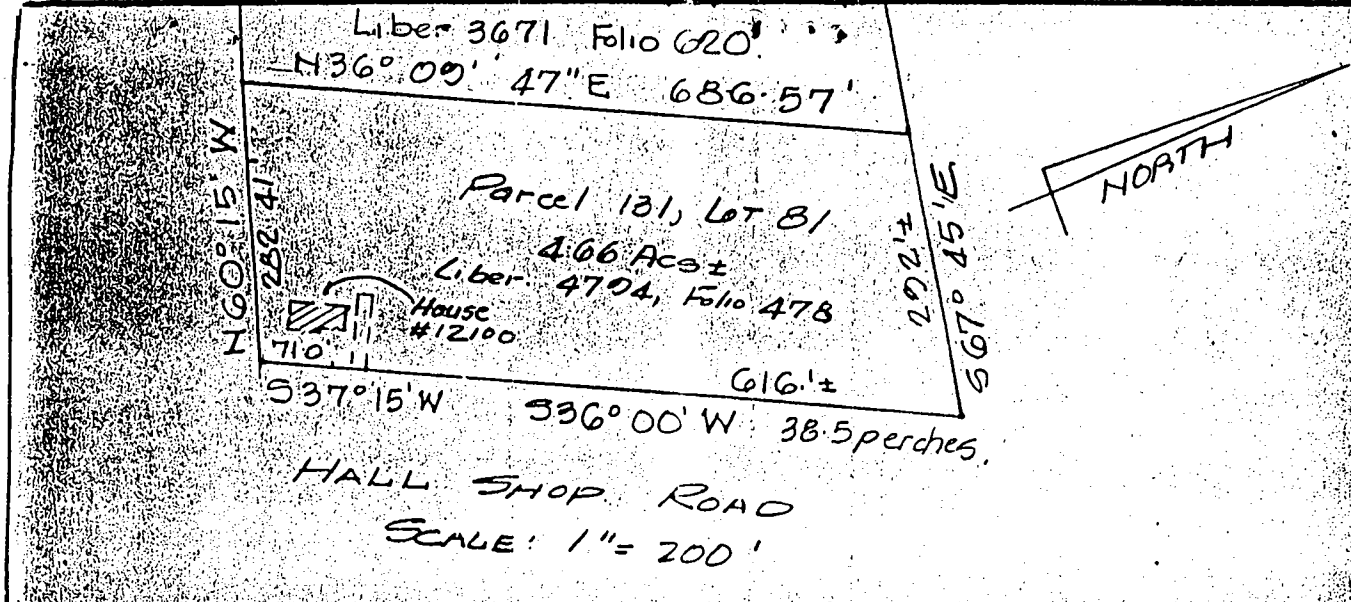
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

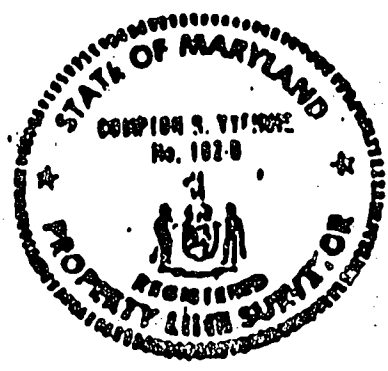
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>2.50</u>
Rear: _____	Permit fee \$ <u>5.75</u>
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>8.25</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>11/18/99</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

leech field



THIS PROPERTY IS LOCATED IN ZONE C IN
ACCORDANCE WITH F.E.M.A. MAP _____
AND IS NOT in a 100 YEAR FLOOD PLAIN.
DATE: _____



ENGINEERS
SURVEYORS
PLANNERS

Vyfhuis & Associates
3112 RHODE ISLAND AVENUE, N.E.
WASHINGTON D.C. 20018

VA

HOUSE LOCATION PLAT	LOT PARCEL 131	CERTIFICATION: I hereby certify that the plan shown hereon is correct, and the buildings have been located by actual measurements. This is of a property line survey. <i>Compton G. Vythius</i> COMPTON G. VYTHIUS, P.L.S. 192-B
12100 HALL SHOP ROAD	BLOCK _____	
LIBER 4794 Folio 478	PLAT BK. Deed.	
HOWARD COUNTY	PLAT NO. _____	
MARYLAND	SCALE AS SHOWN	
CASE NO. S.S. 77206	DATE 7-27-99	
	CHECKED BY _____	
	JOB NO. _____	