

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513697

A 09420

DISTRICT _____

DATE 7/21/2000

DATE SYSTEM APPROVED 12/22/00

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Braeburn LOT 3/4 Combined ROAD 10825 Braeburn Road

PROPERTY OWNER Giles & Thelma Haygood 10829?

ADDRESS Columbia 410 531-3944

SEPTIC TANK CAPACITY 1250 GALLONS

21044

SEPTIC SYSTEM LAYOUT CHECK REQUIRED PRIOR TO INSTALLATION.

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280 REQUIRED - INSTALL 300 FEET FOR MAXIMUM UTILIZATION OF SDA UNDER DRIVEWAY.

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 60 feet off the right lot line and 50 feet off the front lot line as seen when facing the lot from Braeburn Road. Run trenches on contour under the driveway.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK SRK 12/3/99

PLANS APPROVED BY Donna K. Soe/C. Williams/Amy McMillen DATE 11/10/99

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

9/28/00
10/2/00
10:00

FILE INQUIRY FORM

Property Address: 10825 Braeburn Rd

t.c. from Mr. Hayward (prop. owner) about subdivision possibility. Explained to him that new well will need to be drilled to serve existing house & that a 10,000 ft² SDA will need to be established on both pieces & a new well will need to be established on both pieces of land. Setback restrictions and limited area appear to be limiting factors as well as marginal soils (according to test info) in the area of the existing system. Perc plans need prior to site visit. J

1/27/04 - office visit by Mr. Hayward & engineer pertaining to subdivision/vacant lot test. Plan by engineer show 2 separate lots. Informed them they need to clarify this issue first. Lot 4 has septic running through it & neighboring well severely impacts best area for system. J

Previously tested

APPLICATION

Handwritten:
2-16-88
1920

PERCOLATION TESTING

A 09420

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 8-24-87

Handwritten: WET SEASON REQ'D.

Handwritten: 12-26-87 NO CONTACT

Handwritten: 12-31-87 OK TO SCHEDULE

Handwritten: PREVIOUSLY FAILED - ROCK & WATER PROSPECTS OF APPROVAL DIM.

Handwritten: 9/1/87 CW

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER G. J. + H. M. BRADLEY GILES + HELMA HAYGOOD

ADDRESS 6912 GREENWOOD DR GLENN DALE MD. 20769 PHONE 301-262-9307 (H)
301-454-6524 (W)
Handwritten: WIFE

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BRAEBURN LOT NO. 3

ROAD AND DESCRIPTION BRAEBURN RD LOT 3
(10825 Braeburn Road)

GEN. PERMITS STOPPED
AND RETURNED 11-10-99
Serial # B00120829

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1.208 ACRE TYPE BLDG SFD-4Bm
(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.

Handwritten Signature: G. J. Bradley
(SIGNATURE OF APPLICANT)

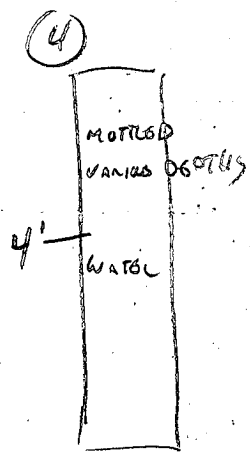
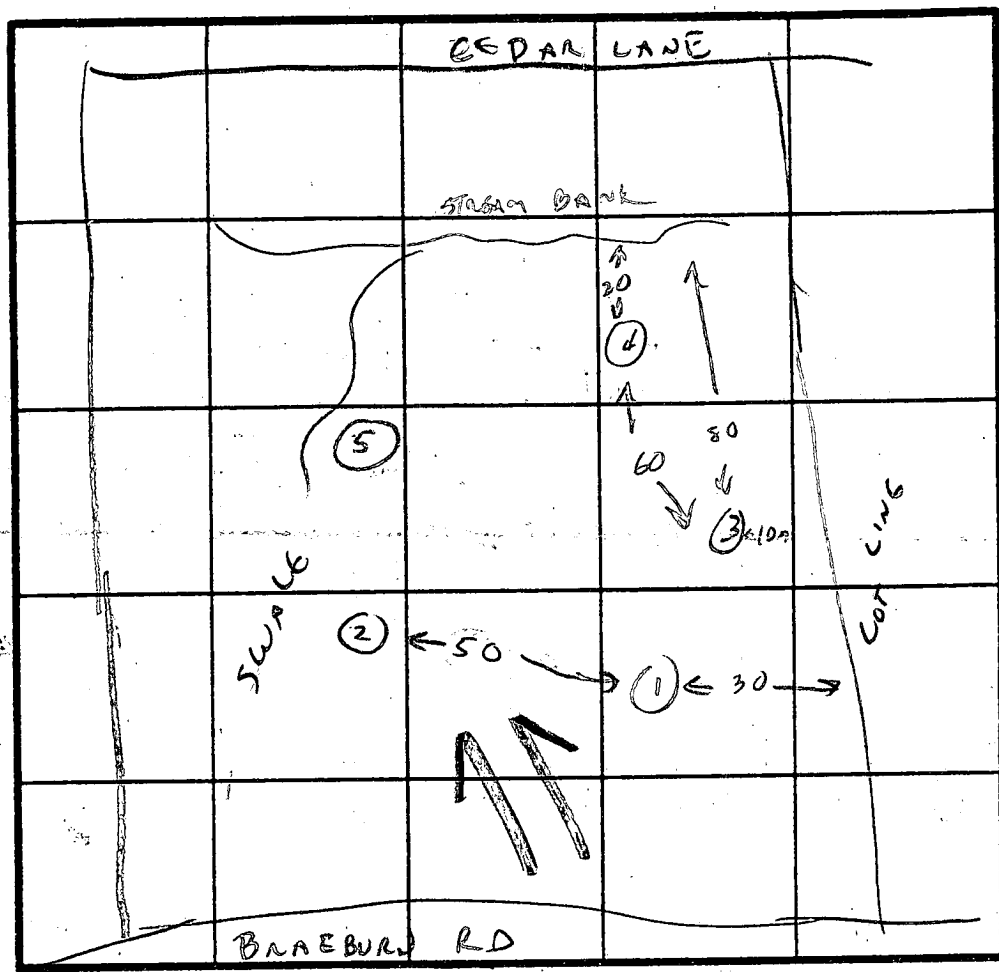
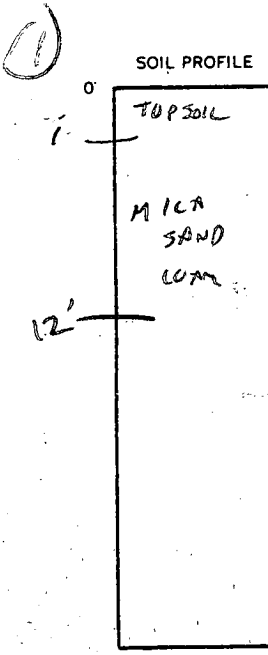
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

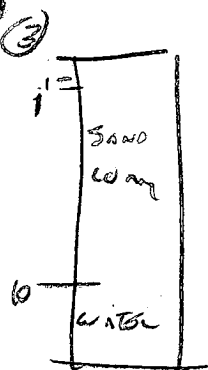
THIS IS NOT A PERMIT



②

RECEIVED
HOWARD COUNTY
HEALTH DEPT
MUSCATON
MICHIGAN
ENVIRONMENTAL
HEALTH

TOP SOIL
2' clay
CO
PH '87
4 26T



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
2/16/88	1	2 12	NOT TESTED	SAND LOAM			EST 2 MINUTGS
			OK	1-12'			
2/16/88	2	2 5 6'	SAND LOAM WET		NOT TESTED	EST-2 MINUTES	UNACCEPTABLE WET
			WATER				
2/16/88	3	2 8 10	NOT TESTED		POROUS SAND LOAM		UNACCEPTABLE TOO CLOSE TO STREAM, OK FOR SHALLOW SYSTEM IF FARTHER FROM STREAM.
			WATER		OK 1-10'		
	4	UNACCEPTABLE			MOTTLED TO SURFACE.		UNACCEPTABLE
			WATER AT 4'		TOO CLOSE TO STREAM		WET, TOO CLOSE TO STREAM
	5	NOT EXAMINED - ABANDONED BY CONTRACTOR -					UNACCEPTABLE
			WET, IN SWALE				WET, IN SWALE.

LIMITED AREA OF ACCEPTABLE SOILS, PROPERTY PLAT SHOWING ALL RELEVANT DETAIL INCLUDING TEST HOLES, WELL SITE, B.R.L., STREAMS & SWALES REQUIRED BEFORE DECISION. (CW)

REMARKS

TYPE OF SOIL SAND LOAM SOIL, LIMITED AREA DUE TO DRAINAGE SWALE & STREAM

TESTED BY CW... ALSO PRESENT RON HARTFIELD'S PROPERTY OWNER DAUG KERN

EH-12-1079

APPLICATION

A 09421

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 11/23/64

*Lots 3, 4 combined into 1 lot on deed -
System will be installed on lot 4*

*Septic Tank - 1000 gal.
Drywell - Dig pit 12 ft square - set blocks and top for 12 ft diameter and
fill in rest of pit with 9 holes Dry Well to be 6 to 8 ft deep below inlet pipe.
Inlet pipe no deeper than 1 ft below original grade. Max depth permitted
for Dry Well below original grade is 11 ft.*

*Place Dry Well ~~center~~ center - 108 ft from front lot line and 18 ft from
right sideline as seen when facing lot from Braeburn Rds*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS (IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.

PROPERTY OWNER A. H. Young, Jr., Inc.

ADDRESS Ashton, Maryland PHONE WA 4-4103

PROPERTY LOCATION:

SUBDIVISION Braeburn LOT NO. 4, Plat 1

ROAD AND DESCRIPTION Braeburn Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.170 acres TYPE BLDG. 4
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ A. H. Young, Jr.

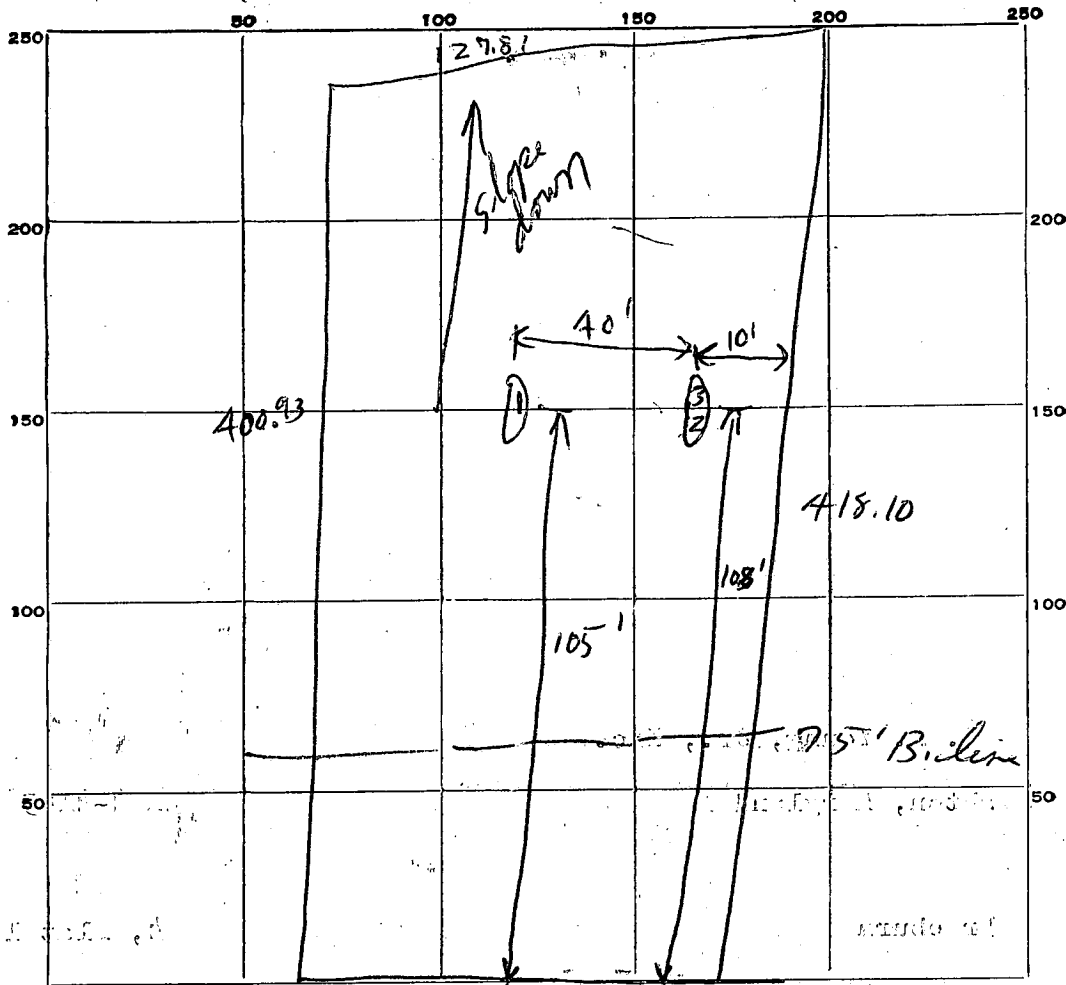
APPROVED BY Donald W. Monaghan FOR Dry Well DATE 12-11-68
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Buraburn Rd. 125

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/24/64	1	rock at 8 1/2 ft. - cant dig 1 ft hole in it.					
	2	9 1/2 ft.	302	304	304	309	5 min
	3	5 1/2 ft.	307	309	309	313	4 min

SOIL AUGER FINDING 11/24/64 - Rock at 8 1/2 ft hole #1 -
 TESTED BY R.D.F. 11/24/64 and 12/2/64 - #3 & 4 have to be combined
 REMARKS need another deep hole - must be 13 to 14 ft dp. - R.D.F. noted
 ALSO PRESENT Charles Lynn LOT NO. 4, Sec. 1

APPLICATION

A 09420

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 11/23/64

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER A. H. Young, Jr., Inc.

ADDRESS Ashton, Maryland PHONE WA 4-4103

PROPERTY LOCATION:

SUBDIVISION Braeburn LOT NO. 3, Plat 1

ROAD AND DESCRIPTION Braeburn Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.208 acres TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ A. H. Young, Jr.

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

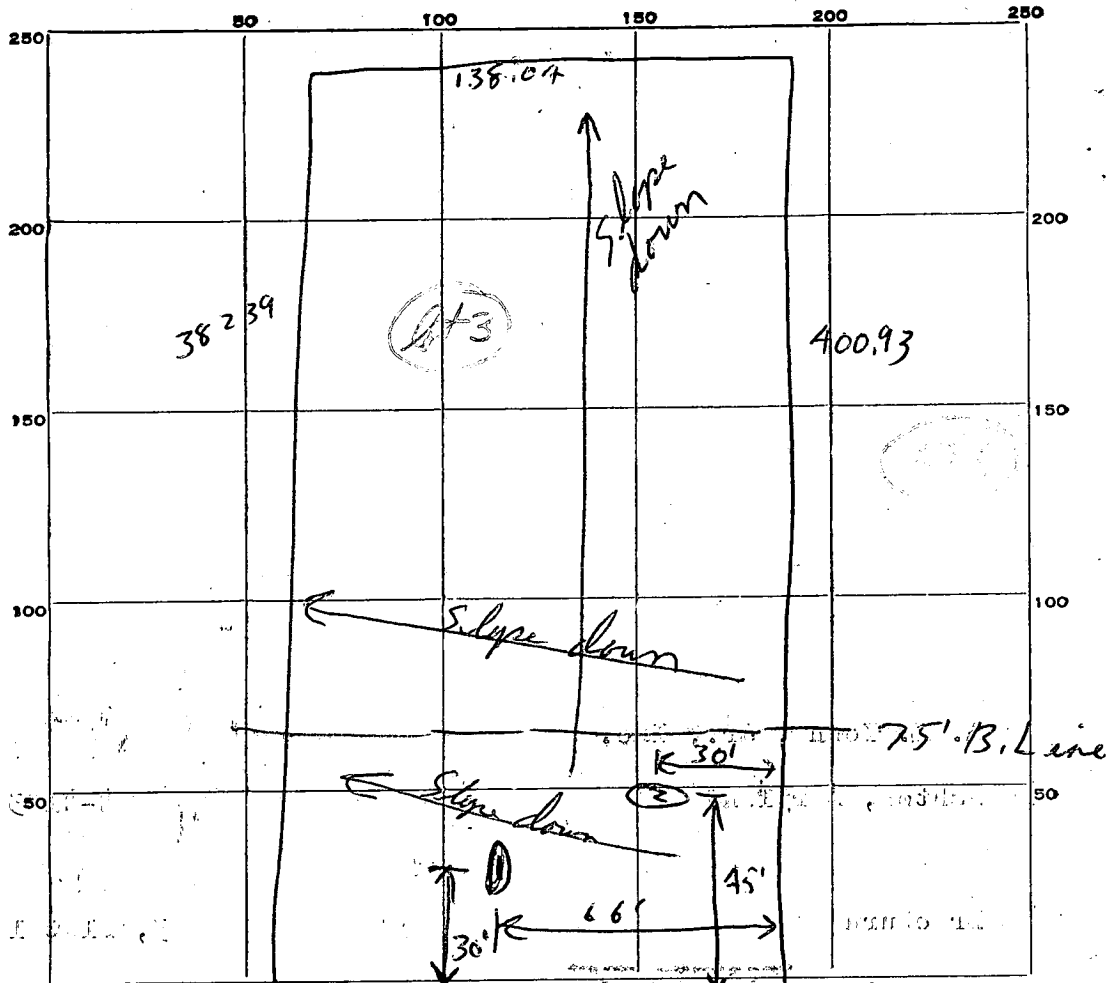
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Barabrain Rd. 135

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/24/64	1	9 ft.	135	142	142	Stopped perciving after 1st inch - hard at bottom of hole - sounds like rock -	
	2	8 1/2 ft.	old water mark at 4 ft to 5 ft. not tested				

SOIL AUGER FINDING 11/24/64 - Soil wet at 4 ft - water over at 3 ft. in hole #1

TESTED BY R.D.F. 11/24/64 12/2/64 - See notes on Sheet for lot #7

REMARKS 11/24/64 - will have to dig hole 13 to 14 ft deep

ALSO PRESENT Charles Lynn LOT NO. 3, Sec. 1

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

May 9, 1988

Mr. G. J. Bradley
6912 Greenwood Drive
Glendale, Maryland 20769

RE: Percolation Test Plat
Braeburn Subdivision - Lot 3
Braeburn Road

Dear Mr. Bradley:

I regret to inform you that the percolation test plat of the above referenced property submitted by Oehme van Sweden and Associates was insufficient to determine that satisfactory site conditions exist to approve the property as a single buildable lot utilizing well and septic.

Of the five test holes shown on the plat, only one (test hole 1) was passable; the other four failed due to shallow depth to water table and improper landscape position relative to the drainage swale and the stream on the property.

Accordingly, this department's decision of December, 1968 (copy enclosed) is affirmed. Lots 3 and 4 of Braeburn Subdivision remain approved as a single combined building site with the stipulation that the sewage disposal system is to be installed on Lot 4.

Please feel free to contact me at this office (461-9933) if you wish to discuss any aspect of this decision. You may also contact Mr. Frank Skinner, Director of this Bureau (461-9956) to request a conference and informal review of the decision.

If, after this conference, you remain aggrieved by the decision, formal means of appeal can be outlined for you.

Respectfully,

Craig Williams, Director
Water and Sewerage Program

CW:JR

Enclosures

cc: Oehme van Sweden & Associates, Inc.

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

February 25, 1988

Mr. G. J. Bradley
6912 Greenwood Drive
Glendale, Maryland 20769

RE: Percolation Testing
Lot 3-Braeburn Subdivision
Braeburn Road

Dear Mr. Bradley:

Percolation testing conducted February 16, 1988 on the above referenced property indicated limited satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site, as well as the location of any constricting features, specifically the stream and drainage swale.

This should be submitted within sixty (60) days to allow field verification if necessary. This plat will be evaluated to determine if adequate area can be reserved on the property to afford the installation of a septic system and a future repair system.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director
Water and Sewerage Program

CW:JR

Project

*4/21... Need 14-15 days
hole
Tested Mr. after very dry
summer*

December 11, 1968

*Project sets required to
be prepared about 10
of sewage lines
L.F.*

Mr. Cecil T. Shivers
133 Dunloggin Road
Ellicott City, Maryland 21043

Dear Sir:

This letter is to inform you that this department has approved lots 3 and 4, Braeburn Sub-Division as a building site for one house only with the stipulation that the sewage disposal system is to be installed on lot #.

Very truly yours,

Donald W. Monaghan,
Sanitarian II

DWM:et

CC: Mr. A. H. Young



Department of Public Works
BUREAU OF ENGINEERING

William E. Riley, Bureau Chief

February 24, 1988

Ms. Sharon Papp
G-G Ridge Road
Greenbelt, MD 20770

Dear Ms. Papp:

In response to your letter of February 18, 1988, please be advised of the following:

Braeburn Road is located in the Comprehensive Master Plan for public water and sewer which indicates it will be at least 10-years before these public utilities are available.

If you have any further questions, please contact me at 992-2411.

Very truly yours,

DEPARTMENT OF PUBLIC WORKS

Carl Lacy
Land Development Division
Bureau of Engineering

CL/dmn

Request File R-1977

Elizabeth Bobo, County Executive
James M. Irvin, Director of Public Works



HOWARD COUNTY HEALTH DEPARTMENT

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

FAX

Date: 10/28/99

To: Joy Ecker 11/10/99 From: Amy McMillen

Phone: Pages:

Re: Braeburn Lot 3/4 cc: See FAX Engineer

Comments:

Because of the driveway - the entire ~~system~~ drainfield system needs to be under the driveway. Also invert into trench is 2.0' below grade. The house may need to be raised to provide 18" cover on house sewer connection Please revise and resubmit plan

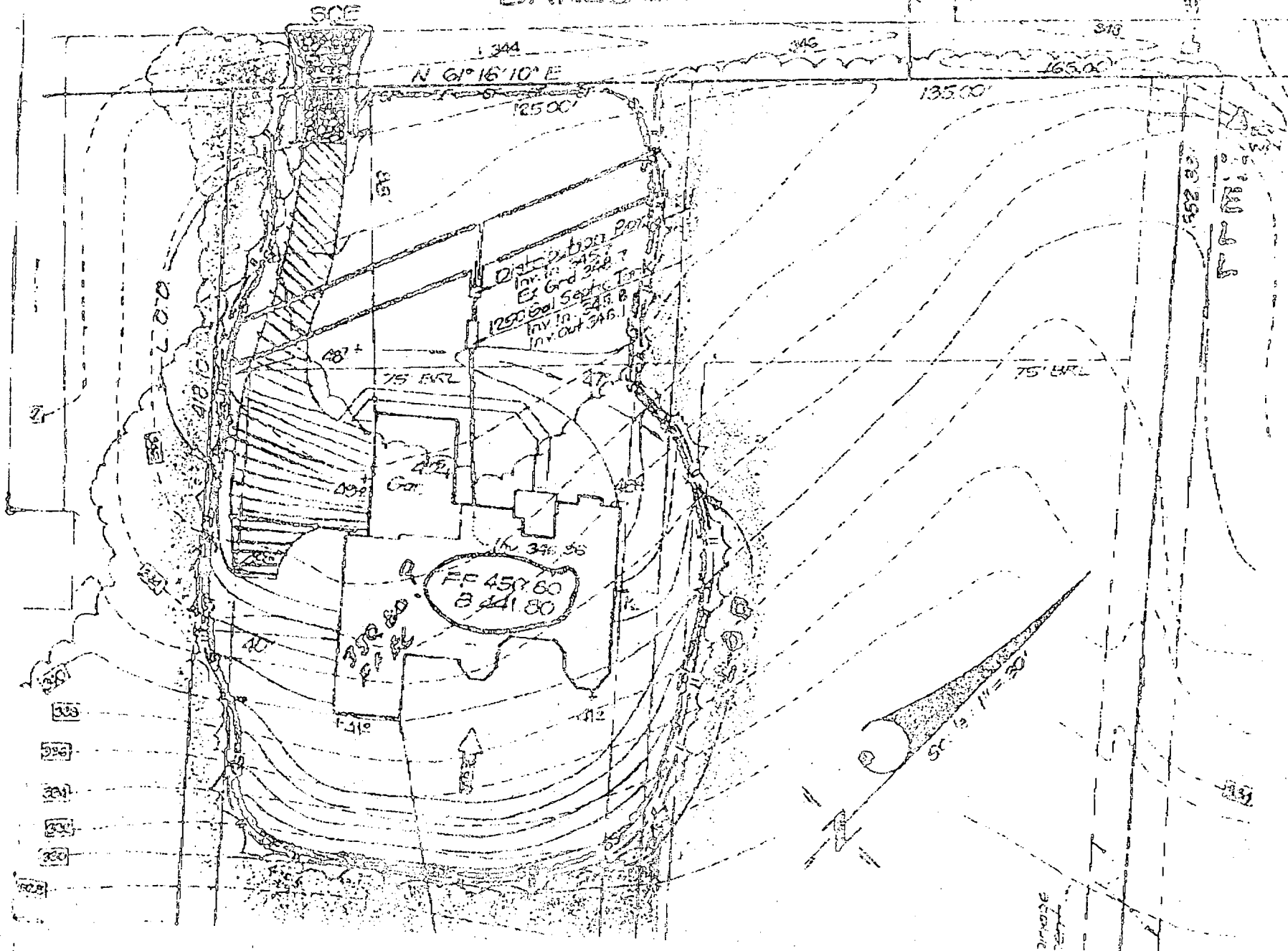
Total of SIX 50 foot trenches

2



BRAEBURN

ROAD



DO NOT DISCARD

10/3/00 - Discussion with Builder at site.

Homeowner's insist on maintaining scenic trees in location (A) (See septic record)

In addition, a trench could not be installed appropriately & on contour in location (A) because of graded issues & slope

Builder reports, that homeowners (Mr. & Mrs. Haygood) would like to have a circular driveway. I explained to builder that such a driveway was

NOT approved and should not be put into the septic area because it would interfere with the proper functioning of the septic system and complicate future repairs. This lot is extremely limited in its repair (septic) capacity & it appears there is only enough room for 1 complete repair.

Sometime between 10/3 & 10/12 - Telephone conv. w/ Mr. Haygood (Homeowner) He explained his wife's need for a circular driveway. I explained to him that such a driveway is not approved per the signed BP plan & if such a driveway existed, it would end

up complicating the future septic repair area. Such a driveway would have to be re-excavated at a time and this would end up costing the homeowner's more money. I advised him that this driveway ~~is~~ ^{is} not recommended and that in my opinion his current wife's situation ~~status~~ and desire should be weighed and compared to the potential future cost of re-excavating the driveway. I also suggested the potential option ^{if possible} of a driveway wrapping closer to the well but still maintaining 35' separation and out of the septic easement (If that was allowed by other reviewing agencies (sediment ^{perhaps} control)). My suggestion and any proposal for a modified ~~septic easement~~ driveway must be submitted to this office for review.

unused
going to the [^] left side of the property as seen when facing the house from Braeburn Rd.

Steven R King

(SRK) ←

Resolved on 12/22/00

But

DO NOT DISCARD!

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313 2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00127492

HAGOOD,
 GILES & THELMA

RETURN
 TO
 SRK
 WHEN
 LOGGED

Building Address 10829 Bracburn Rd
Columbia, MD 21044
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6056 Subdivision Bracburn
 Section _____ Area _____ Lot 4
 Tax Map 35 Parcel 228 Grid 17
 Zoning R20 Map Coordinates 15C10 Lot size _____

Property Owner's Name HAGOOD, GILES & THELMA
 Address 5752 Ring Dove Lane
 City Columbia State MD Zip Code 21044
 Home Phone 410-997-0714 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Same with TANT
 Estimated Construction Cost \$ 220,000
 Description of Work INSTALL (1) 500 GALLON OG
PER NFPA 58
B00120829

Contractor Company AmeriGas
 Contact Person Tom McLaughlin
 Address 10097 Baltimore National Pk
 City Ellicott City State MD Zip Code 21042
 License No. _____
 Phone 410-465-0800 Fax _____

Occupant or Tenant owner
 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 Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	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 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 type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <input checked="" type="checkbox"/> Depth <input type="checkbox"/> Width	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <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 THEREOF; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED 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.

Thomas R. McLaughlin
 Applicant's Signature
ISR
 Title/Company

Thomas R. McLaughlin
 Print Name
Nov 21, 2000
 Date

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		
Dev. Engineering, DPZ	<u>12/4/00</u>	<u>M. Kiffin</u>

DPZ SETBACK INFORMATION	
Front:	_____
Rear:	_____
Side:	_____
Side St.:	_____
All minimum setbacks met?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Entrance Permit required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone	_____
SDP/Red-line approval date	_____

PROPERTY ID#: <u>43474</u>	
Filing fee	\$ <u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>263285</u>
Validation	# <u>28787</u>

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START: _____
 ONE STOP SHOP:

Accepted by [Signature]

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

BRAEBURN

ROAD

SCE

N 61° 16' 10" E
125.00'

346
165.00'

Total linear feet of trench required 300 feet
 Width of trench (es) 3.0 ft
 Depth of trench (es) 4.0 feet
 Depth of stone required below distribution pipe 2.0 feet

Distribution Box
 Inv. In 346.7
 Ex Grd 348.7
 1250 Gal Septic Tank
 Inv. In 341.1
 Inv. Out 346.8

HAGOOD RESIDENCE
 FF 350.80
 B 340.60
 Inv. 340.00

Approved Septic System Plan
 Howard County Health Department

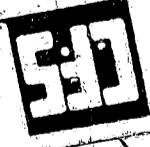
Paul M. Moll 9/11/1999

20' Drainage Easement

Wooden Shed

Wooden Shed

CLARK • FINEFROCK & SACKETT, INC.
 ENGINEERS • PLANNERS • SURVEYORS • (301) 621-8100 - WASH
 ENGINEERS • PLANNERS • SURVEYORS • (301) 381-7500 - BALTO.
 COLUMBIA, MD 21045 • (301) 381-7500



VEHICULAR INGRESS and EGRESS IS RESTRICTED

CEEDAR LANE

N 23° 13' 30" W
 S 53° 35' 00" W

S 23° 13' 30" E

10' BRL

50' BRL

10' BRL

10' BRL

10' BRL

50' BRL

127.81'

138.04'

265.85'

3
1208 Ac.

4
1170 Ac

338
336
334
332
330

332

320

318

316

314

312

310

308

306

304

302

300

298

296

362.39

360.39

358.39

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306.39

304.39

302.39

To Steve 410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: EASTERDAY WELL & PUMP
Address: 9265 BROWN CHURCH RD
MT AIRY, MD 21771
Telephone #: 301-331-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Lester C Simmons Jr. License# 1011011

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

Name of Property Owner: White Haven Construction Telephone #: 301-570-4834
Subdivision: Lot #: Well Tag #: HO-94-1078
Site Address: 10829 Bragelunda

Submersible Pump Data

Make: Goulds
Model #: 7630742
Pump Capacity 7 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: DOWNSON
Model #: B-10Y
Depth: 3 1/2 (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap: [checked]
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 160 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Attached to PA

Piping to house

Type: PE
PSI: 400 (160 psi min)
Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5ft
Sleeve caulked and sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Lester C Simmons Jr. Date: 12-4-00

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

Date Insp. Requested: 11/28/00 Date Insp. Approved: 11/28/00

- Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

BB

Fixed 12/1/00

DO NOT
DISCARD!



Resolved on 12/22/00
See bottom of septic
record but DO NOT
DISCARD THIS LETTER

HOWARD COUNTY HEALTH DEPARTMENT

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

December 5, 2000

Mr. and Mrs. Haygood
5452 Ring Dove Lane
Columbia, MD 21044

RE: Braeburn, Lot-3/4 Combined
10825 Braeburn Road
BP# B00120829

Dear Mr. Haygood:

On November 28, 2000, Brian Baker, an inspector with this office, conducted a well line inspection at the referenced property. On that date, Mr. Baker, observed the preliminary construction of an unapproved circular driveway located over a portion of the approved septic reserve area. In a previous telephone discussion, you were advised that such a driveway was not approved for construction and any change in original approved driveway location should be submitted to this office for review. This letter is to inform you of the consequences of driveway construction if it remains as planned.

This driveway design, as observed by Mr. Baker, is not consistent with Code of Maryland Regulations. COMAR, Section 26.04.02.04F, states that "... The 10,000 square-foot area shall be exclusive of buildings, easements, right-of-way, and any other permanent or physical objects." Furthermore, in the event that the septic system needs to be repaired and public sewerage is not available, this area is the only approvable location where a septic system can be installed under current regulations.

Suitable revision of the driveway design is recommended in order for this agency to issue an Interim Certificate of Potability. In addition, the Department of Inspections Licenses and Permits may delay the issuance of a Use and Occupancy Permit until an Interim Certificate of Potability has been issued by this agency.

RESOLVED ON 12/22/00 OK (SRK)



HOWARD COUNTY HEALTH DEPARTMENT

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

Acceptable alternatives would involve installing all remaining septic system trenches underneath the planned driveway suitable to accommodate future repairs. However, this option carries the risk of increased soil compaction over the septic easement which could result in the improper function and premature failure of your future septic system trenches. This may result in an expensive solution if public sewerage is not available.

Respectfully,

Steven R. Krieg

Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

cc: Whitehaven Construction
DLP
File ✓

DO

NOT

DISCARD

**GILES & THELMA HAGOOD
PO BOX 837
COLUMBIA, MARYLAND 21044-0837
PHONE (410) 997-0714**

October 16, 2000

Howard County Department of Health
Ellicott City, Maryland

Dear Sirs:

We respectfully request permission to construct a circular driveway on our property at 10829 Braeburn Road, Columbia, Maryland.

We recognize that the driveway will be constructed over the septic field.

The request is made to accommodate Mrs. Hagood, who suffers from osteo arthritis and panic disorders which sometimes makes it impossible for her to drive an automobile or to walk into a garage. Her physical disabilities also makes it difficult for her to walk from the driveway to the front door of the house when she suffers from a panic order attack.

The construction of the circular driveway will assist her in getting in and out of the house during those occasions.

Thank you for your consideration of our request.

Sincerely,

Giles W. Hagood

Giles W. Hagood

Thelma M. Hagood

12/22/00 - Builder returned unapproved driveway to dirt.
Ok to Release ICOP.
Homeowner, advised of the potential future consequences of unapproved paving.

SRU

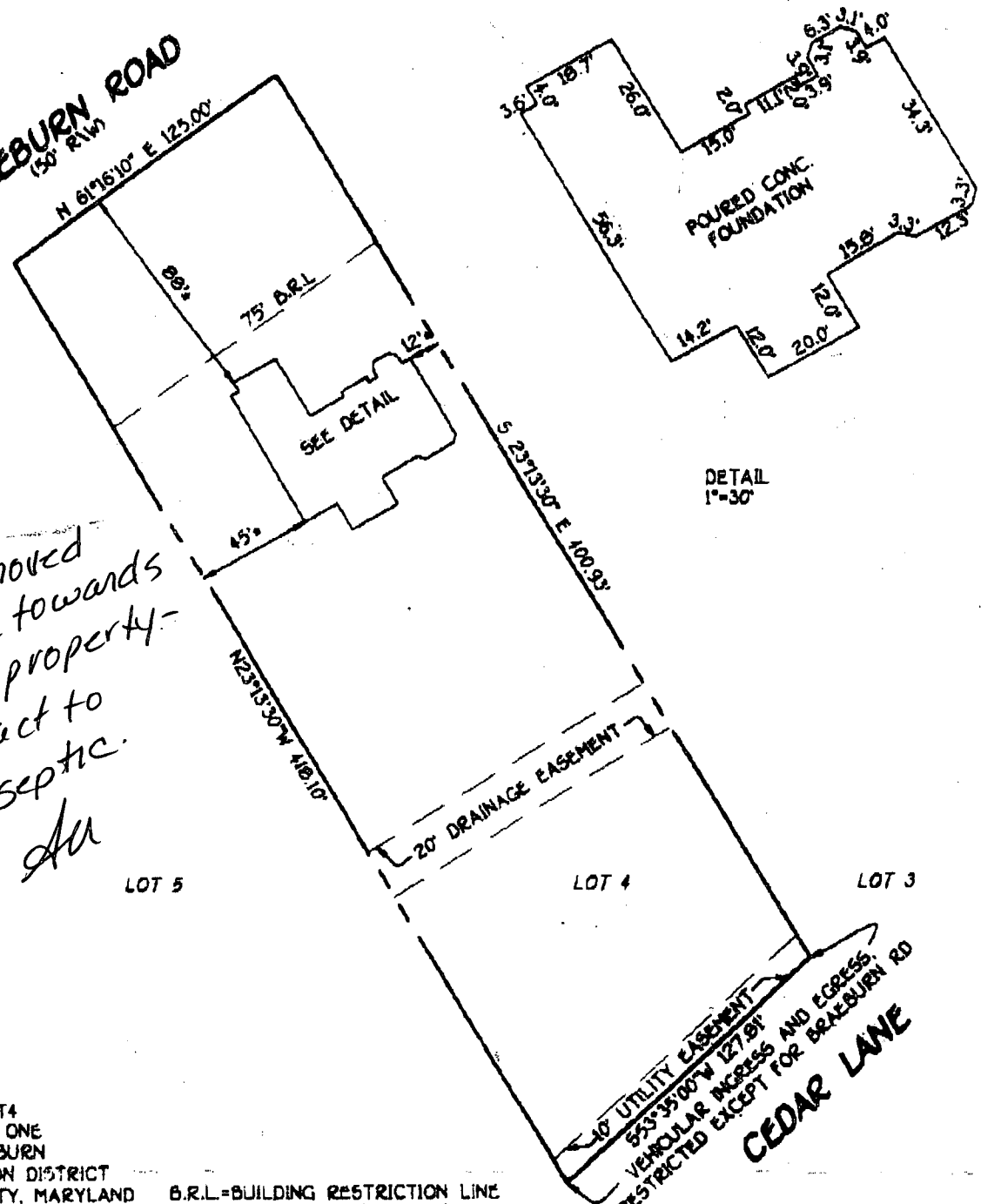
12/20/00

Received this letter by Mr. Hagood on 12/15/00
Discussed w/ Supervisor regarding issue.
Conclusion = we are holding ICOP until driveway is returned to original grade and easement has no paving.
Builder agreed & homeowner was notified.

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE E ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0033 B EFFECTIVE DATE: DEC. 4, 1996
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

BRAEBURN ROAD
150' R/W



7/12/00
House moved
10' back towards
rear of property -
No impact to
well or septic.
AK

LOT 4
PLAT ONE
BRAEBURN
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
REF. PLAT BOOK 8 FOLIO 80

B.R.L.=BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 349.5±



FISHER, COLLINS & CARTER, INC.
SURVEYING, ENGINEERING, CONSULTANTS & LAND CONSTRUCTION

**HOUSE LOCATION
DRAWING**

C1 6593
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE RECEIVED MM/DD/YY 4/7/97
 8 13

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 09420
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1075
 28 29 30 31 32 33 34 35 36 37

OWNER Hagood Giles
 STREET OR RFD Braeburn Rd TOWN Simpsonville
 SUBDIVISION Braeburn SA SECTION _____ LOT 31A

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	
Topsoil	0	1	
Br. Sandy Mica	1	10	
Yellow Sandy Clay	10	31	
Tan Sandstone	31	38	
Gray Sandstone	38	70	
Tan Sandstone	70	73	
Gray Sandstone	73	75	
Tan Sandstone	75	79	
Gray Sandstone	79	84	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 11 NO. OF POUNDS 1100
 GALLONS OF WATER 55
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 41 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 45
 60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y N
 CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

C 2 DEPTH (nearest ft.)
 1 160
 2 45
 3 160
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____
 10 _____
 11 _____
 12 _____
 13 _____
 14 _____
 15 _____
 16 _____
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 95 _____
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 98 _____
 99 _____
 100 _____

C 3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 20
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 6 ft. WHEN PUMPING 61 ft.
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE } 2 (nearest foot) - below }

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 DRILLERS LIC. NO. MWD 040
Bence F. Kintner
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. PM 386
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) _____ W Q _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
 N
 L. Prop. 1/10
 35
 40
 Braeburn Rd.

SEND REPORT TO:

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 _____

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 3525-N ELLICOTT MILLS DRIVE
 ELLICOTT CITY, MD 21043

C303692 24 5

WATER ANALYSIS

Do not write above this line.

S Bottle Number HO-2742 Name Giles Hagood County Howard County Code 13

A Source Braeburn Rd. Braeburn Lots 3/4 Data Category Code 4F

M Collected: Date 3-20-97 Time 11:20 Collector & Phone Kimberly Maiste 313-2640 Submitter Code X

P CHECK (one per box)

L Drinking Water Landfill Stream Other Community Non-community Private Other Source (raw water) Distribution (treated) MCL Emergency Routine Recheck Special Federal Project S

F Plant No. [] [] [] [] [] Sampling Station [] [] [] [] [] Preservation: Iced Acid Type of Acid H₂SO₄

I pH [] [] [] Chlorine: Free [] [] Total [] [] Specific Conductance [] [] [] [] []

E Notes to Lab/Remarks: HO-94-1075

L [] [] [] [] []

D [] [] [] [] []

CHECK TESTS	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 - Nitrite, N	00630			<u>5.7</u>	<u>3-25-97</u>	<u>BR</u>
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

1997 MAR 32 A 8:02
 HOWARD COUNTY HEALTH DEPT
 ENVIRONMENTAL HEALTH

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

Number of Tests Requested 01
 DHMH 90-A 10/93

Section Chief Asoka I. Katumuluwa
 SUBMITTER'S COPY

Date Reported MAR 26 1997

Partial List of Submitter Codes

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
1-30 County Codes	53 Chesapeake Bay & Special Projects
41 Individual Septics & Wells Program	59 Standards & Certification Program
42 Water Supply Program	63 Division of Food Control
43 Recreational Sanitation & Migrant Camps, DHMH	64 Engineering & Maintenance, DHMH
44 STP Inspection Division	65 Division of Community Services
45 Hazardous & Solid Waste Admin. (Landfill Samples)	66 Office of Attorney General
46 Pre-Treatment Enforcement Division	67 Dept. of General Services
48 Licensing and Certification, DHMH	77 E.P.A.
52 Water Quality Monitoring Program	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)

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
S Safe Drinking Water Act (SDWA)	N National Pollution Discharge Elimination System (NPDES)
R Resource Conservation and Recovery Act (RCRA)	M Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
1F Sediment Samples	2F Innovative Disposal
2A Industrial Effluents/Compliance	5A Solid Waste/Landfills
2B Industrial Grab	5B Kidney Dialysis
2C Municipal Compliance	5C Commercial Bottled Waters
2D Municipal Grab	5D Misc. Wastewaters
4A MCL Surveys	5E Misc. River/Stream
4B Routine Monitoring & Other Communities	5F Misc. Drinking Water
4D Potable - County Community	5G Swimming Pools
4E Potable - Non Community	5H Marine or Estuarine Natural Bathing Areas
4F Potable - Private Wells	
4G Real Estate Trans./Charge Samples	

Partial List of Error Codes

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
A Laboratory Accident	J Wrong sample type
C Mechanical/Materials failure	RR No sample received
D Insufficient Sample	X Improper preservation
E Sample past holding time	LL Misabeled sample

B 1	2155	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1075 <small>fill in this form completely</small>
------------	-------------	--------------------------------	---	---

Date Received (APA) **02 27 97**

OWNER INFORMATION **RN 7002**

Howard **CC#**

8 COUNTY **21**

23 SUBDIVISION **42**

SECTION **44** **46** LOT **384** **48** **50**

Simpsonville

52 NEAREST TOWN **71**

MILES FROM TOWN (enter 0 if in town) **4** M **1** | **73** **76** **77** **78**

DRILLER INFORMATION

George F. Easterday **M** **IV** **040**

Driller's Name **L. Franklin Easterday, Inc.** **76** License No. **81**

Firm Name **9265 Brown Church Rd., MT. Airy, Md. 21771**

Address **George F. Easterday** **2127197**

Signature **George F. Easterday** Date **2/27/97**

WELL INFORMATION

2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**

1 **2** **8** **12**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

14 **20**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **300** FEET

24 **28**

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** **Jettied & DRIVEN**

AIR-ROTARY **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)

CABLE **REVerse-ROtary** **DRive-POINT**

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL.

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41** **52**

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

APPROX. PERMIT NUMBER **54** **G A P** **63**

FORGE **AM** WRITE INITIALS IN BOX **HO-94-1075** PERMIT No. **70 71 72 73 74 75 76 77 78 79**

LOCATION OF WELL

Howard **CC#**

8 COUNTY **21**

23 SUBDIVISION **42**

SECTION **44** **46** LOT **384** **48** **50**

Simpsonville

52 NEAREST TOWN **71**

MILES FROM TOWN (enter 0 if in town) **4** M **1** | **73** **76** **77** **78**

B 4

1 **2** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Braeburn Rd

11 NEAR WHAT ROAD **30**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **50** **37** DISTANCE FROM ROAD

ENTER FT OR MI **38** **39**

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. **A09420**

COUNTY NAME **A09420** COUNTY NO.

STATE SIGNATURE _____ INSERT S **41**

DATE ISSUED **03 12 97** **A McMillen** **3/12/97**

43 MM **DD** **YY** **48** CO SIGNATURE **830** EXP. DATE **000** **63**

NORTH GRID **490** **000** EAST GRID **830** **000**

50 **55** **57** **63**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

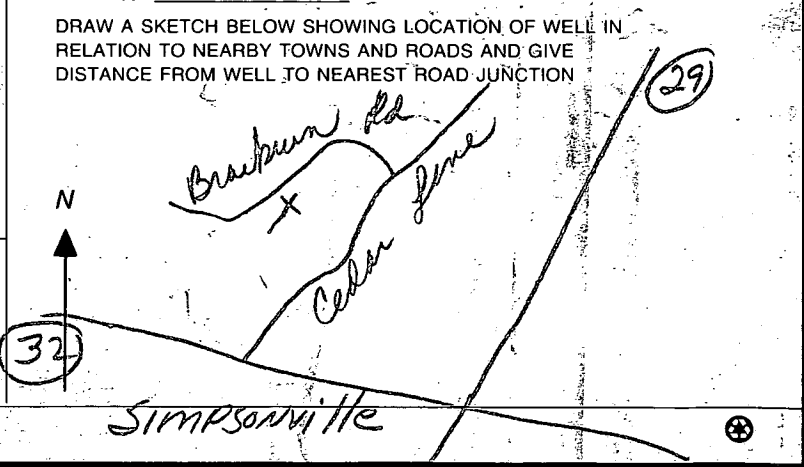
- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830

N 490

000
000



Braeburn, Lot 3 & 4

4-25-01

Spoke with homeowner about installing a circular driveway over his septic easement repair area:

- Per COMAR 26.04.02.04 (F) the septic easement "shall be exclusive of buildings, easement, rights-of-ways, and any other permanent or physical objects."
- He has two options for a circular drive (1) install the replacement septic system now so the repair area never has to be accessed again or (2) construct the driveway around the septic easement, not through it.
- Mr. Haygood asked if these requirements would still be applicable under the American's with Disabilities Act. I told him yes, because we are not telling him he can't construct the driveway, only he may not be able to construct it like he wants to or it may cost him more than he intended (due to the cost in installing the repair septic system).

A M Mellen