

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514276

A 44988

ISSUE DATE 9/27/2000

APPROVAL DATE _____

Covey Construction Company, Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS P.O. Box 254, Woodstock, MD 21163 PHONE 410-750-0398

SUBDIVISION Eyre View LOT NUMBER 12 ADDRESS 16065 A.E. Mullinix Road.

PROPERTY OWNER Dave & Betty Myers PROPERTY OWNER'S ADDRESS 16297 Carrsmill Road

SEPTIC TANK CAPACITY 1000 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 135

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth
7 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting from the intersection of 96.55' and 474.78' lot lines, start first trench
100 95' down 474.78' lot line and 80' off this same lot line. Run trenches on contour
in both directions. 7/18/00 OK BLM
towards the right lot line.

Specs revised based on Perc Cert Plan signed 9-27-00
DC

PLANS APPROVED Amy McMillen DATE 7/17/2000

PERMIT VOID AFTER 2 YEARS

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

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

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

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

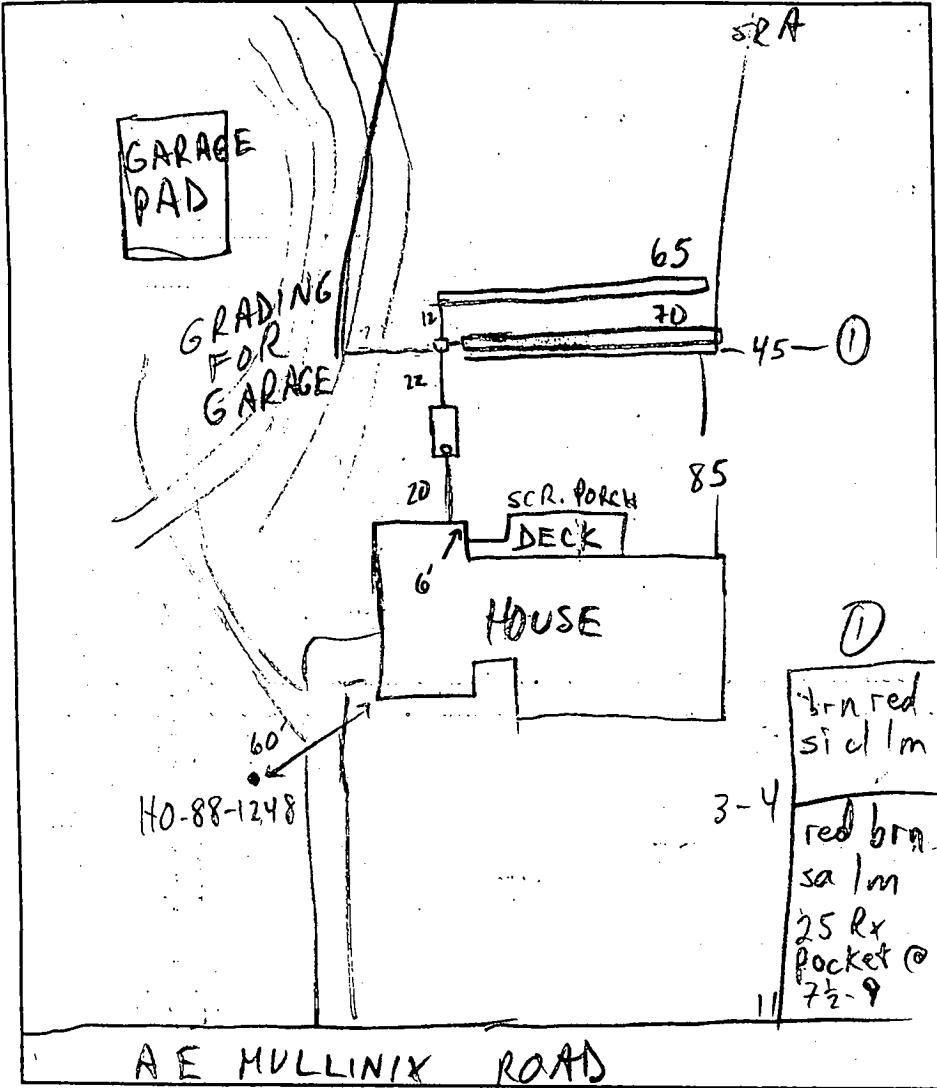
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2'
TRENCH INLET DEPTH	2 1/2 - 4'
TRENCH BOTTOM DEPTH	6 1/2 - 8'
DEPTH OF STONE	4'
NUMBER OF TRENCHES	2'
TOTAL TRENCH LENGTH	135
ABSORBENT AREA	540
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1000 T.S. GALLONS
MANHOLE RISER	—
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	—
MANHOLE RISER	—
ALARM	—
PUMP PERFORMANCE TEST	—

PRE-CONSTRUCTION INSPECTION: 10/20/00 A.M. GARAGE GRADING SHIFTED D.B. 25' INSIDE SRA; EXTRA HOLE DUG TO RECOVER AREA LOST; CONTINUE (MR)

INSPECTION COMMENTS: 10/20/00 P.M. OK TO COVER; ADVISED CONTRACTOR TO RUN TRENCHES ON GRADE TO AVOID DEPTHS DEEPER THAN SPECS (MR)

INSPECTOR M. R. Pitkin DATE SYSTEM APPROVED 10/20/00

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 5/4276

A 44988

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Specs revised based on Perc Cert Plan signed 9-27-00
DKC

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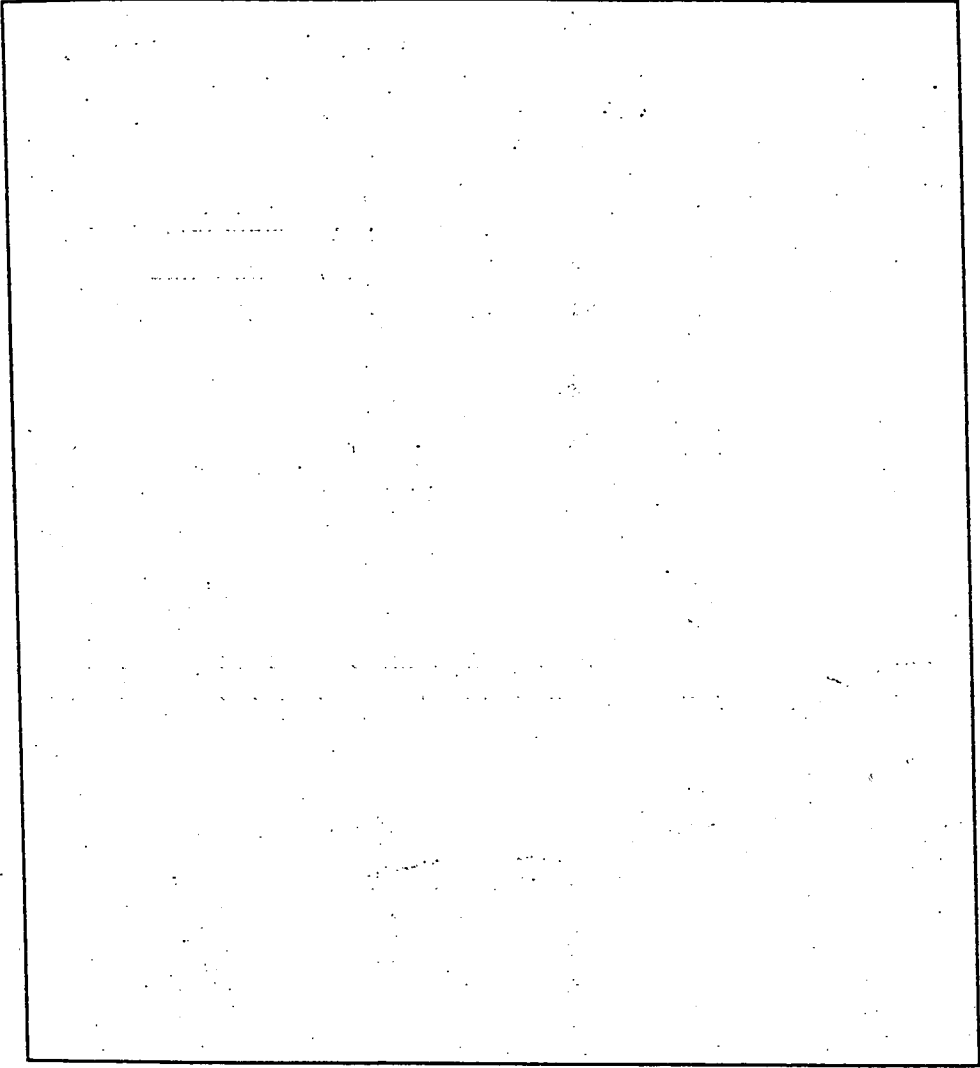
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NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____
TRENCH INLET DEPTH _____
TRENCH BOTTOM DEPTH _____
DEPTH OF STONE _____
NUMBER OF TRENCHES _____
TOTAL TRENCH LENGTH _____
ABSORBENT AREA _____
DISTRIBUTION BOX LEVEL _____
BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS
MANHOLE RISER _____
6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

570 1st FL Elev.
 561 Basement Elev.
 558.5 sewer at found
 558' " enter tank
 551.5 " exit tank
 558 " at dist box

LOT 11
 3.32 Ac.

Existing brick dwelling

existing drain field

New House

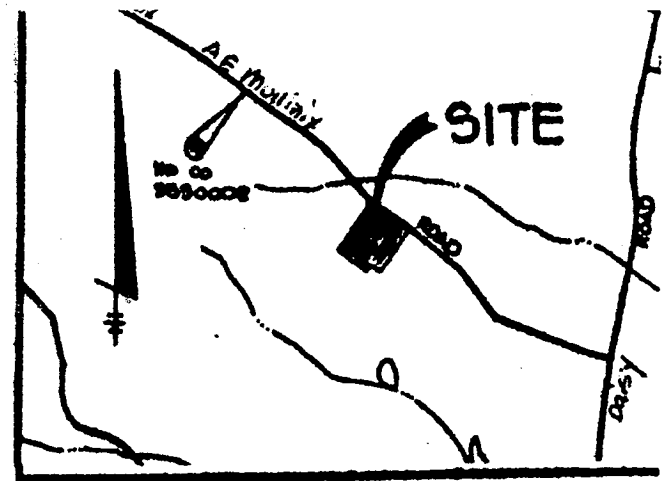
Relocated
 12' drain field

28120 Garage

Garage

1st drain field

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT
Dore M. M...
 Howard County Health Officer BB
 9/27/00
 Date



VICINITY MAP
 SCALE: 1" = 2000'

These areas designate a private sewage easement of 10,000 square feet as required by the Maryland State Dept. of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These improvements shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

PERCOLATION CERTIFICATION PLAN

16065 A. E. Mullinix Road
 Property of,
 Elizabeth H. Meyers
 Liber 3821 & 2155, Folio 417 & 706
 District 4, Tax Map 13, Parcel 98, Plat # 13369
 Howard County, Maryland
 Percolation Test No., A 513591
 Scale: 1" = 100'

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THE PROPERTY.
 DRAWN BY: JW Haynes & Company

John W. Haynes
 John W. Haynes

July 20, 2000

**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: Mike The Plumber Telephone #: 301 898 5170
Address: P.O. Box 28
Woodsboro MD 21798 Cell 301 788 0470

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Mike Norman License# 7383

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

Name of Property Owner: Dave Myers Telephone #: 410-489-5678

Subdivision: Eyre View Lot #: 1a Well Tag #: HO-88-1248

Site Address: 16065 A.E. Mullinix Rd
Woodsboro MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goolds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>G57412</u>	Model#: <u>B10X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Sloan
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Approximate length of sleeve: 12"
Sleeve caulked and sealed properly:

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: [Signature] date: 3-8-01

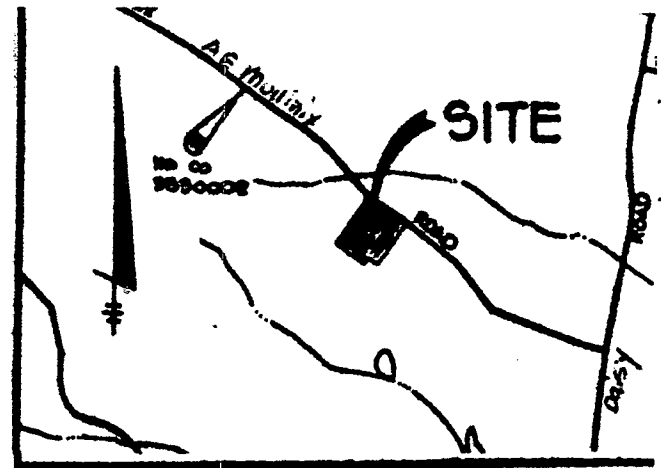
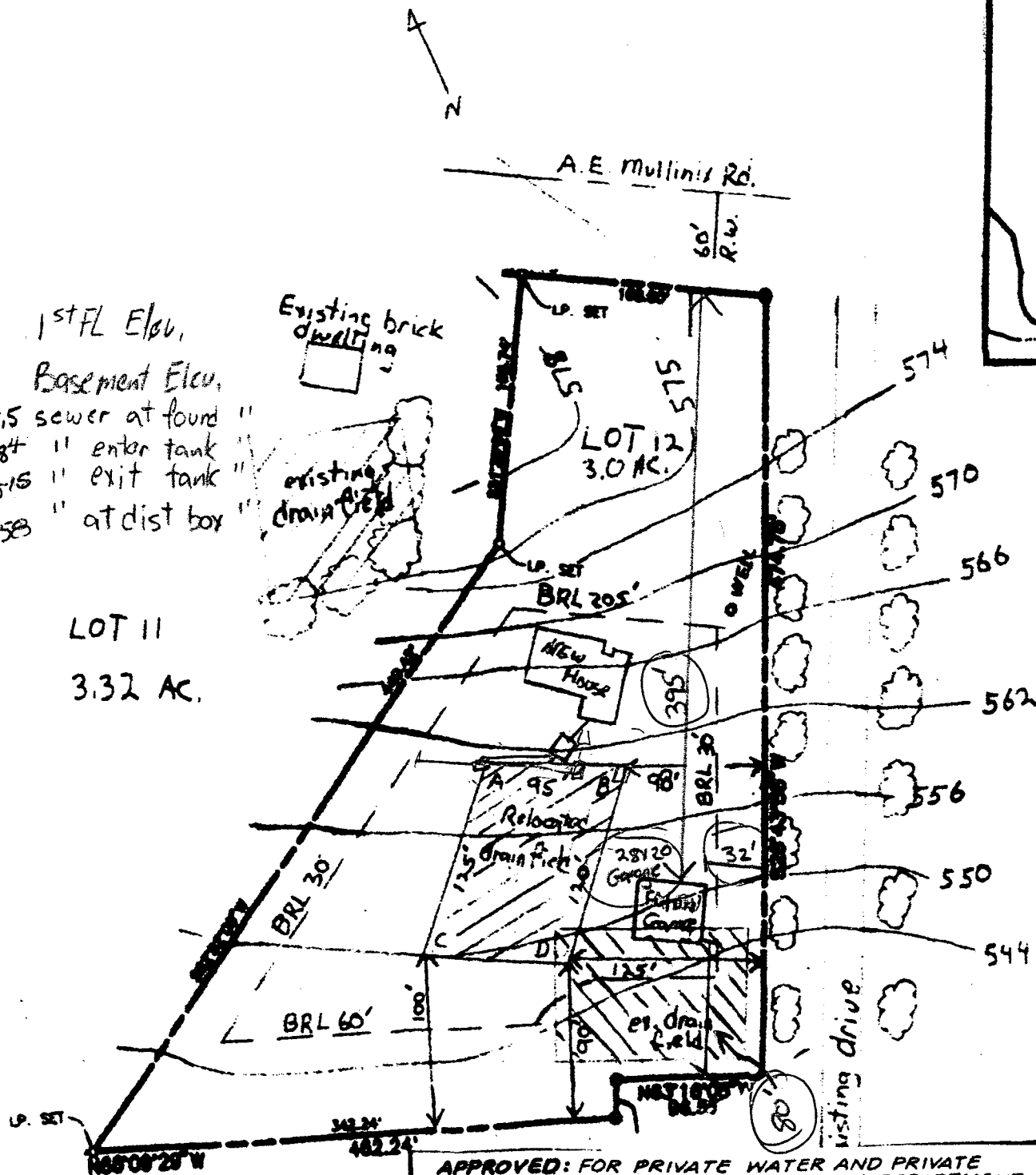
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: No insp. requested Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not seen outside of well cap/casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

3/8/01 - Spoke to Builder about insp. requests. Told him to tell plumber. Asked questions about installation. OK (SRK)

570 1st FL Elev.
 561 Basement Elev.
 558.5 sewer at found "
 558.4 " enter tank "
 551.5 " exit tank "
 558 " at dist box "

LOT 11
 3.32 AC.



VICINITY MAP

SCALE: 1" = 2000'

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PERCOLATION CERTIFICATION PLAN

16065 A. E. Mullinix Road
 Property of,
 Elizabeth H. Meyers
 Liber 3821 & 2155, Folio 417 & 706
 District 4, Tax Map 13, Parcel 98, Plat # 13369
 Howard County, Maryland
 Percolation Test No., A 513591
 Scale: 1" = 100'

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THE PROPERTY.

DRAWN BY: JW Haynes & Company

John W. Haynes
 John W. Haynes

July 20, 2000

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

Doris M. M... BB
 Howard County Health Officer BB

9/27/00
 date

Building Address: 16065 A.E. Mullinix Rd
Woodbine Md 21797

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

Census Tract 6040 Subdivision Eyre View

Section _____ Area _____ Lot _____

Tax Map 13 Parcel 77 Grid _____

Zoning _____ Map Coordinates _____ Lot size 3 ac.

Property Owner's Name Dave & Betty Myers
 Address Same
 City _____ State _____ Zip Code _____
 Home Phone 410-489-5678 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
J.W. Haynes & Co,
16071 A.E. Mullinix Rd
Woodbine md 21797
 Phone 301-854-6944 Fax Same

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 18,000

Description of Work 28x20 Garage (detached)

Contractor Company J.W. Haynes & Co
 Contact Person John Haynes
 Address 16071 A.E. Mullinix Rd
 City Woodbine State MD Zip Code 21797
 License No. 7061
 Phone 301-854-6944 Fax Same

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

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>20</u> Width <u>28</u>	Water Supply: <u>NONE</u> Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: <u>detached Garage</u> Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

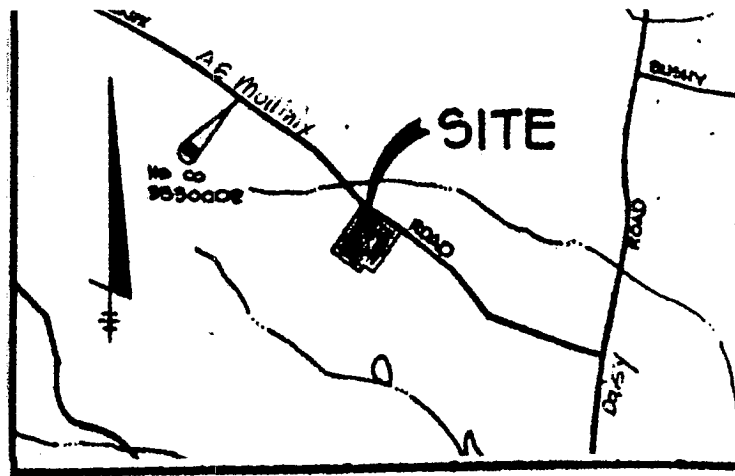
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

John Haynes
 Applicant's Signature
 Owner

John Haynes
 Print Name
 10-12-00
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health	<u>10/12/00</u>	<u>[Signature]</u>	Lot Coverage for New Town Zone _____	
Fire Protection			SDP/Red-line approval date _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				



VICINITY MAP

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PERCOLATION CERTIFICATION PLAT

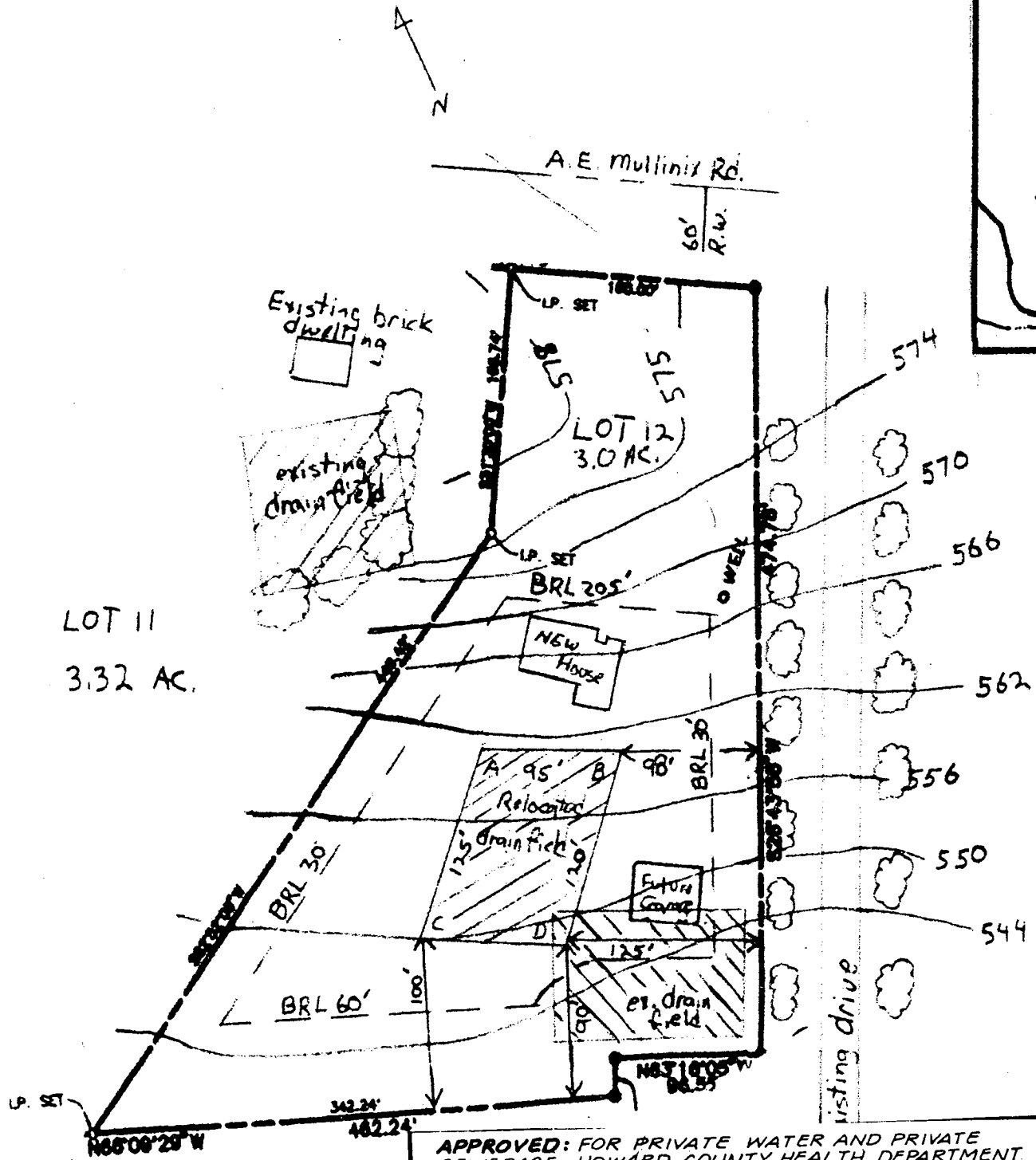
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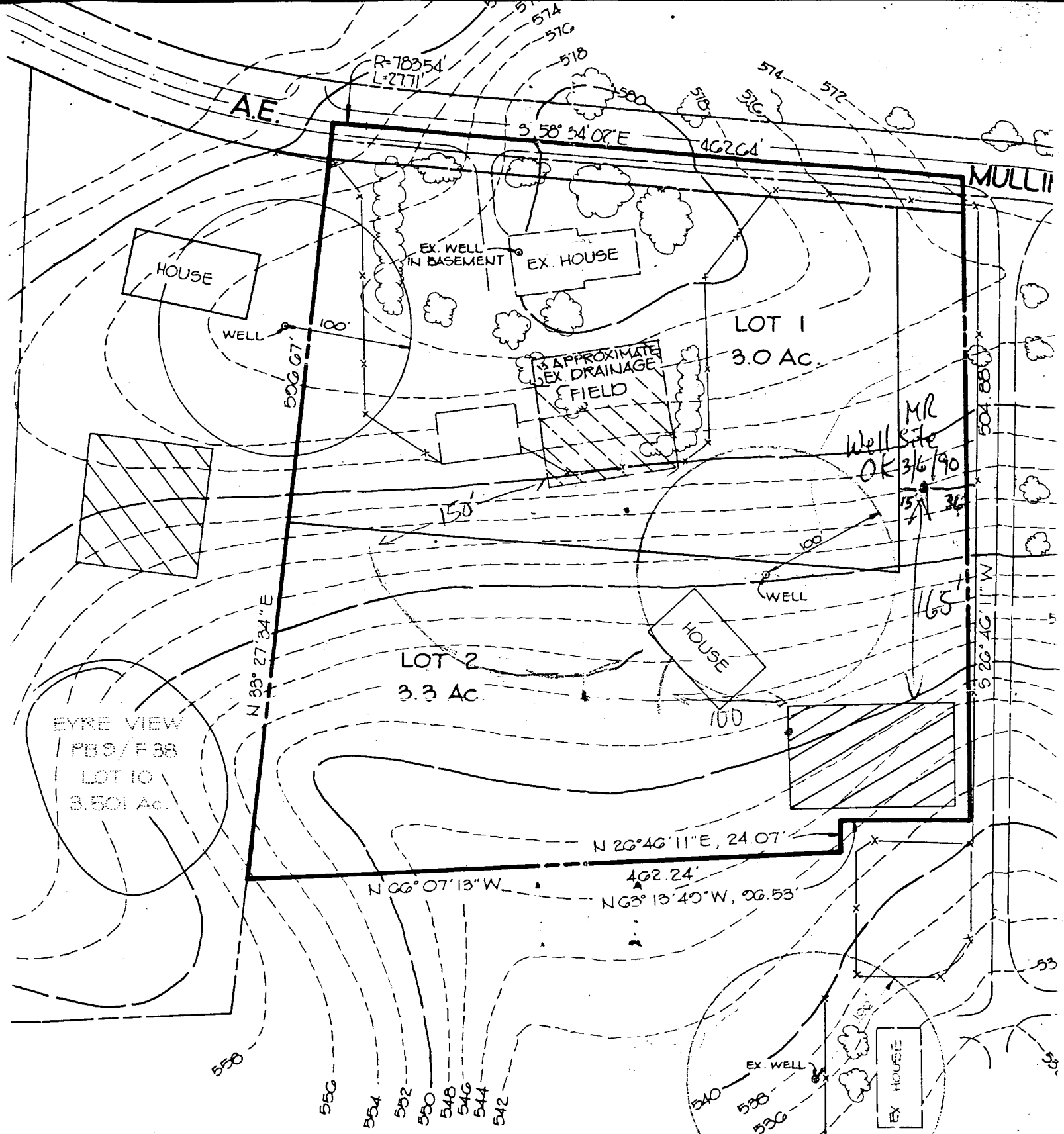
DRAWN BY: JW Haynes & Company

John W. Haynes
 John W. Haynes

July 20, 2000

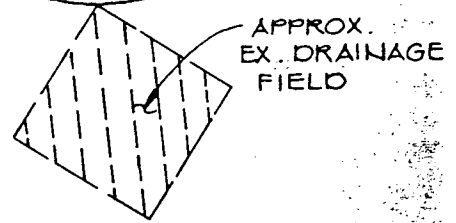


APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT.
Dr. [Signature]
 Howard County Health Officer BB
 9/27/00
 Date

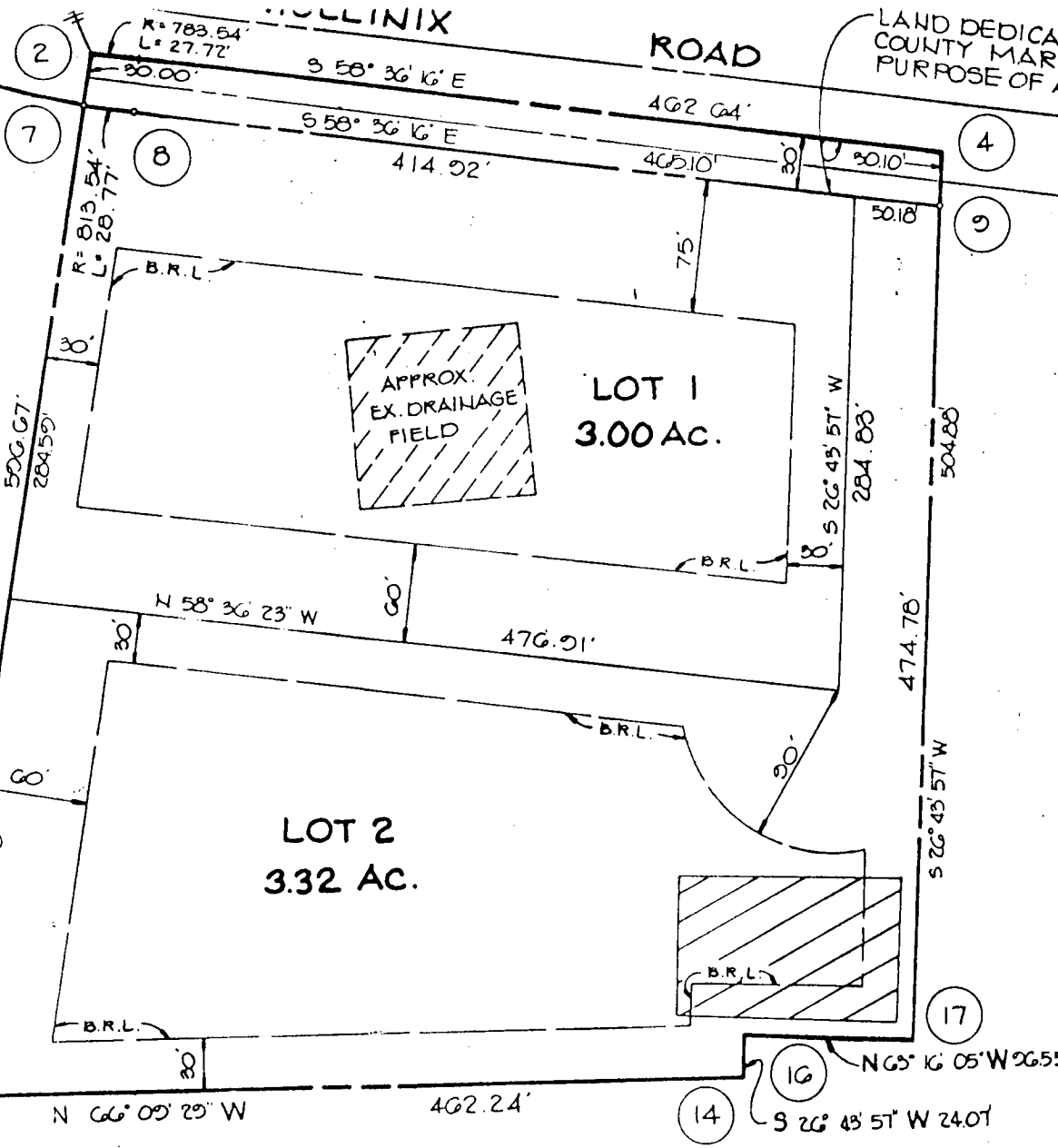


PLAN
 SCALE 1"=100'

NOT SIGNED
 BY H.O.



LEW
F38
10



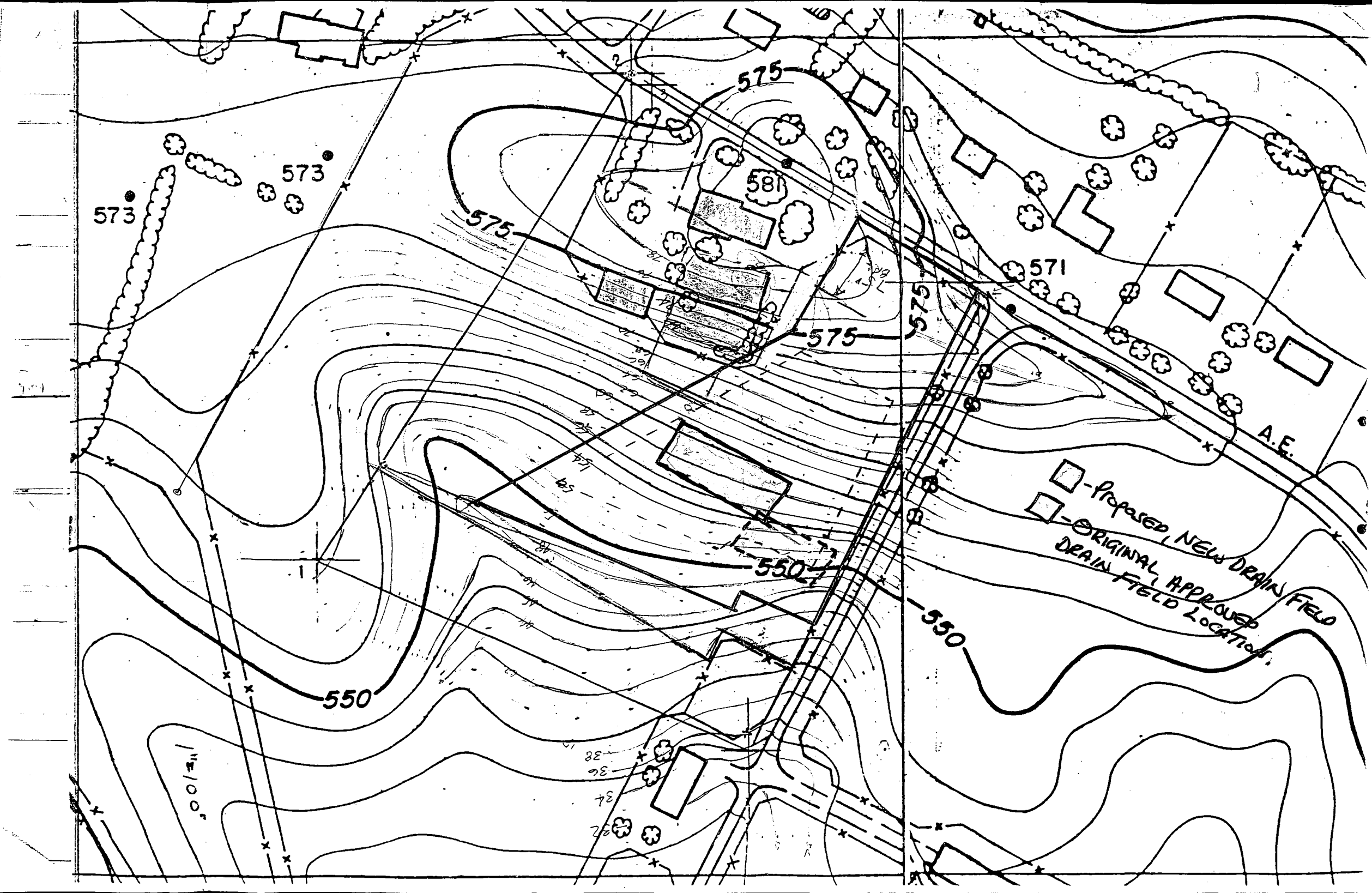
LAND DEDICATED TO HOWARD COUNTY MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD

VICIN
SCALE

F-90-82
1-30-90

JEROLD C. HOFFBERGER
082 / 448

JEROLD C. HOFFBERGER
082 / 448



573

573

575

581

575

575

575

571

A.E.

Proposed New Drain Field
Original Approved Drain Field Location

550

550

550

1/4" = 100'

38
36
34
32

May 1, '00

Mr. KIMBERLY SOE
HOWARD COUNTY HEALTH DEPT.

RE: MOVING OF SEPTIC FIELD; PLAT No. 13369
(16065 A.E. MULLINIX RD; WOODBINE, Md.)

DEAR Ms. SOE:

AS THE NEW OWNER OF THE SUBJECT 3 ACRE
PROPERTY, I AM REQUESTING PERMISSION TO RE-Locate
THE DRAIN FIELD SO THAT IT IS ON HIGHER
GROUND AND CLOSER TO MY NEW, PROPOSED HOME.

AS YOU CAN SEE FROM THE ENCLOSED TOPOGRAPHICAL
MAP, THE CURRENT FIELD IS IN THE LOWEST PLACE
ON THE LOT — AND, OF COURSE, IT PASSED PERCOLATION.
I AM ALSO ENCLOSED A "SCALED" PLAT SHOWING
WHERE THE NEW FIELD WILL GO.

PLEASE FEEL FREE TO CALL ME SHOULD
YOU HAVE ANY QUESTIONS. THANK YOU.

VERY TRULY yours,

David H. Myers
16209 Carrs Mill Rd.
Woodbine, Md. 21797

(W) 301-258-5040

(H) 410-489-5678

5/9/00 8:05 a.m. Left message for Mr. Myers - I explained
that to relocate the approved SDA, repair would be
necessary - including new perc application, scaled
site plan, \$225 test fee. Testing would occur ~ 8 weeks
after appl. (D)

10/11/89
10 AM

APPLICATION

PERCOLATION TESTING

A 44988
P _____

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

PREVIEW OK
WELL SITE MAY REQUIRE
ADJUSTMENT RELATIVE
TO SEPTIC LOT 1,

DISTRICT 4th
DATE 9/22/89

9/26/89 CW edit

EXCESS ACREAGE TO BE CONTIGUOUS
TO FARMLAND MUST CONFIRM LOCATION
OF EXISTING WELL ON HOUSE BELOW.

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 Jerold C. Hoffberger

ADDRESS Sunset Hill Farm P.O. Box 125 PHONE 442-2919
Woodbine, Maryland 21797

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Eyre View Section 2 LOT NO. 2

ROAD AND DESCRIPTION A.E. Mullinix Road

TAX MAP 13 PARCEL # 98

SIZE OF LOT 3.3 Ac TYPE BLDG Single Family Dwelling
(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. Jerold C. Hoffberger 9/25/89
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/10/89 PERC OK HOLD UNTIL SEWAGE DISPOSAL

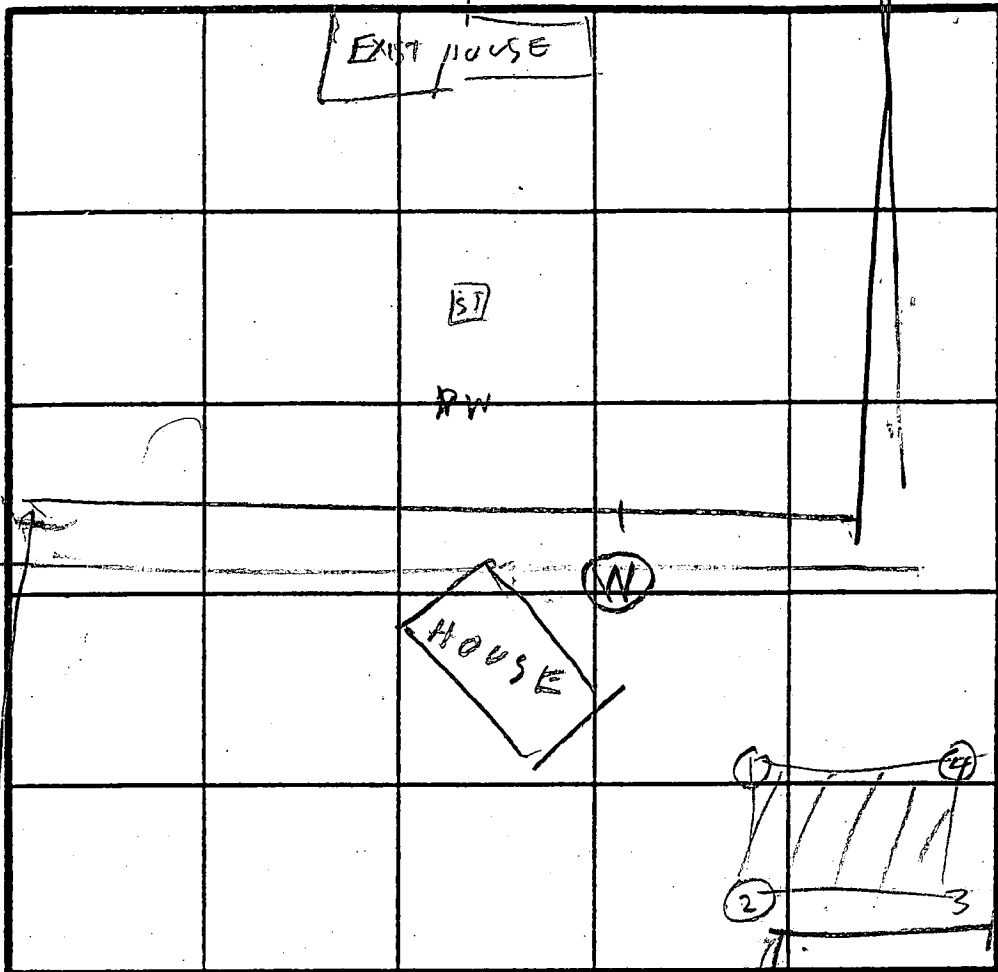
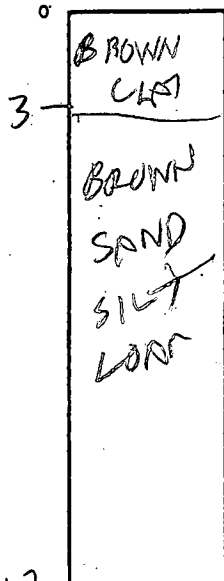
AREA ON LOT #1 IS DETERMINED & PERC TEST
PLAT SUBMITTED

HD-216

THIS IS NOT A PERMIT

Lot C

① ② 3 4
SOIL PROFILE



HOLE ELEVATION
① ② = HIGH
③ ④ = LOW

$\bar{x} = 4$
180 PR
Inlet 3'
Bottom 7'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
10/1/89	1S	4	1119	1121	1121	1123	2
	1D	7.5	1120	1123	1123	1127	4
10/2/89	IV	13	OK				
	2S	4	1130	1131	1131	1134	3
10/2/89	2V	13	OK				
	3S	4	1138	1143	1143	1149	6
10/2/89	3V	12	OK	OK			
	4S	3.5	1145	1148	1148	1151	3
	4V	12.5	OK	OK			

REMARKS Holer Day Per Test Result

TYPE OF SOIL _____

TESTED BY R. HODGES ALSO PRESENT CHUCK

6/23/00
10:00

APPLICATION

A 513591

A 513590

PERCOLATION TESTING
Proposal - relocation
of approved SDA

DS

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 5/16/2000

** TO MOVE AN APPROVED PERC SITE
KIM JOE HAS LOCATION DRAWING.*

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 ELIZABETH H. MYERS

ADDRESS 16209 CARRS MILL Rd. Woodbine PHONE 410-489-5678

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION EYRE VIEW LOT NO. 12

ROAD AND DESCRIPTION 16065 A.E. MULLINIX Rd, Woodbine Md 21797

TAX MAP 13 PARCEL # 98 PLAT # 13369

SIZE OF LOT 3 ACS TYPE BLDG. SINGLE FAMILY
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

A. E. Mullinix Road

COUNTY # _____

SOIL PROFILE

0' (A)(B)(C)

Red Brown
Sa Clay
Loam

3.5-4.0'

Red Tan
Sa Loam

12'

10-15%
Rock

(D)

Red Brown
Sa Clay
Loam

4'

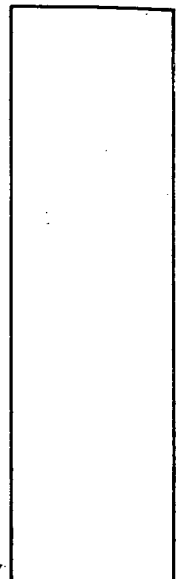
Red Tan
Sa Loam

12.5'

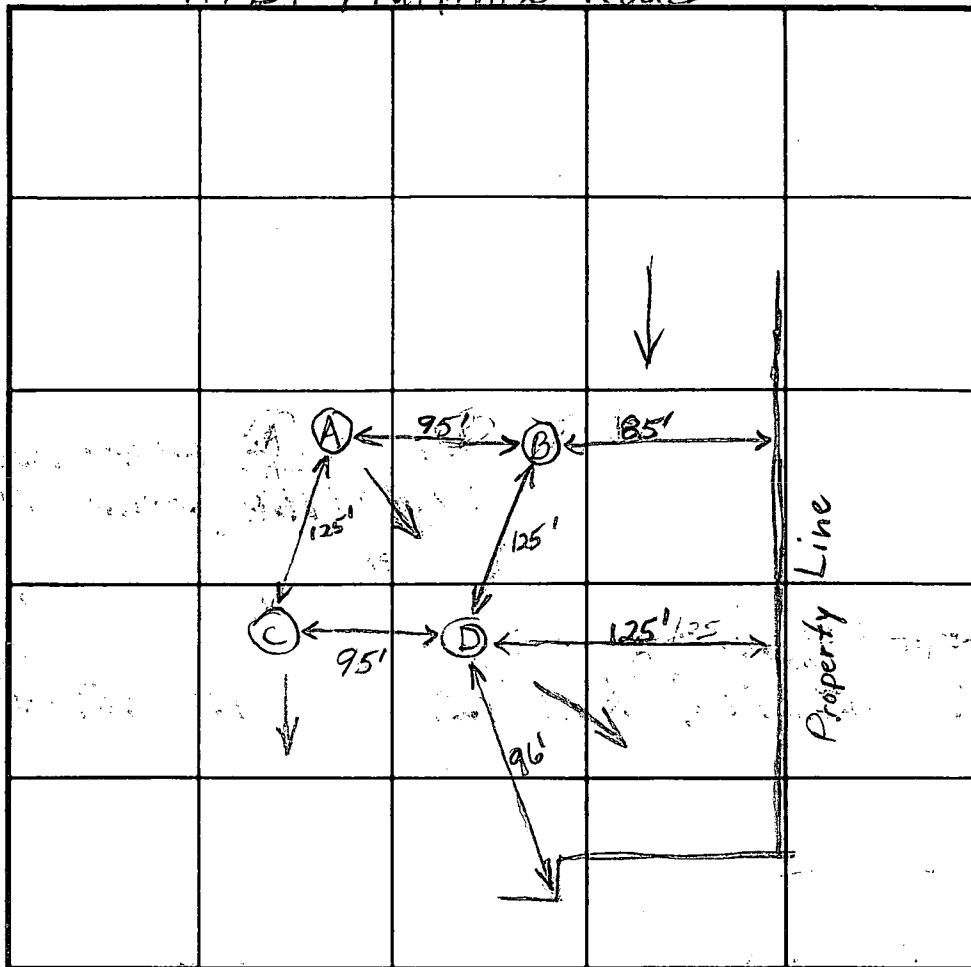
15% Rock

SOIL PROFILE

0'



2000 MAY 15 AM 11:59



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/23/00	(A)	4.5'/12"v	10:25:30	10:27	10:27	10:29	2 min ok
	(B) ₁	4.0'/12"v	10:32	10:33	10:33	10:35:30	2.5 min ok
	(B) ₂	3.5'	10:38	10:50	10:50	11:07	17 min ok
	(D)	5.0'/12"v	10:43:45	10:45:30	10:45:30	10:47:30	2 min ok
	(C)	4.0'/12"v	10:57:15	10:59	10:59	11:00:30	Fast
		Repair	11:04:15	11:06:30	11:06:30	11:09:15	2.75 min, ok

REMARKS _____

TYPE OF SOIL _____

TESTED BY Brian Baker

ALSO PRESENT Mr. Haynes, Mr. Meyers

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-3 minutes TRENCH WIDTH 2'

INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 8' SQ. FT./BEDROOM 180

B 1 **5501** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

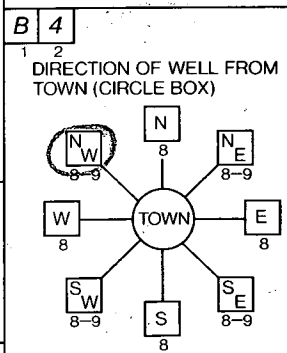
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-1248
 fill in this form completely

Date Received (APA) **112289**
 OWNER INFORMATION
HAYNES DEBORAH
 2339 DUNVALL RD
 WOODBRIE MD 21792

B 3 LOCATION OF WELL
HOWARD COUNTY
EYREVIEW SUBDIVISION
 SECTION **2** LOT **2**
DAISY NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
Ralph MAYNE
 Driller's Name License No. **273**
Ralph MAYNE (well drilling)
 Firm Name
 9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne 11/20/87
 Signature Date



A.E. MULLINIX Rd.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **500** 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
Howard COUNTY NAME
A44988 COUNTY NO.
 STATE SIGNATURE **Mark E. Reikin** DATE ISSUED **9/9/90**
030990 CO SIGNATURE EXP. DATE
 NORTH GRID **538000** EAST GRID **0780000**

APPROXIMATE DEPTH OF WELL **150** FEET

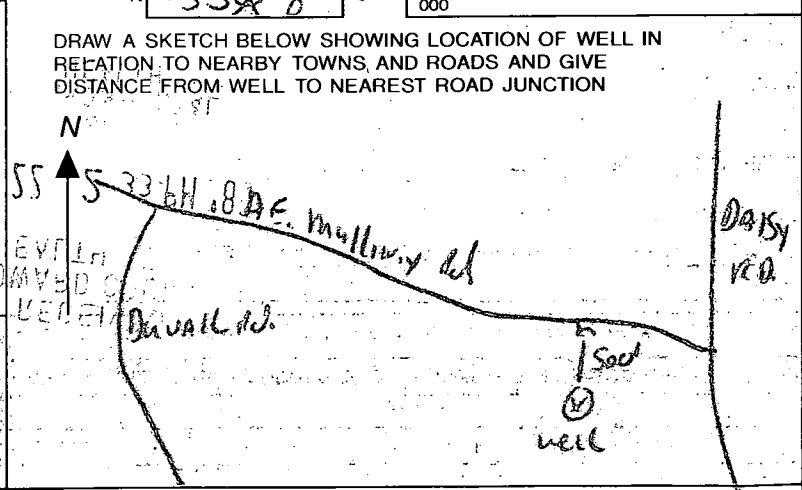
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

 well 3/15/90 1.00
 3/7/90
 WELL OK
 SEE OTHER SIDE
 S. D. R.
 P. R.

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) _____

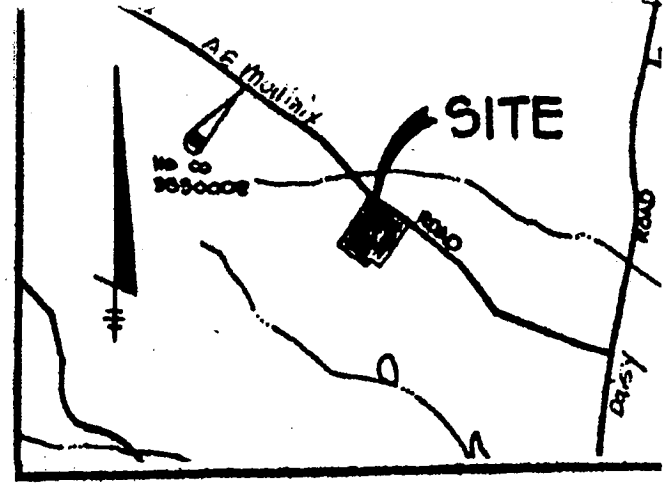
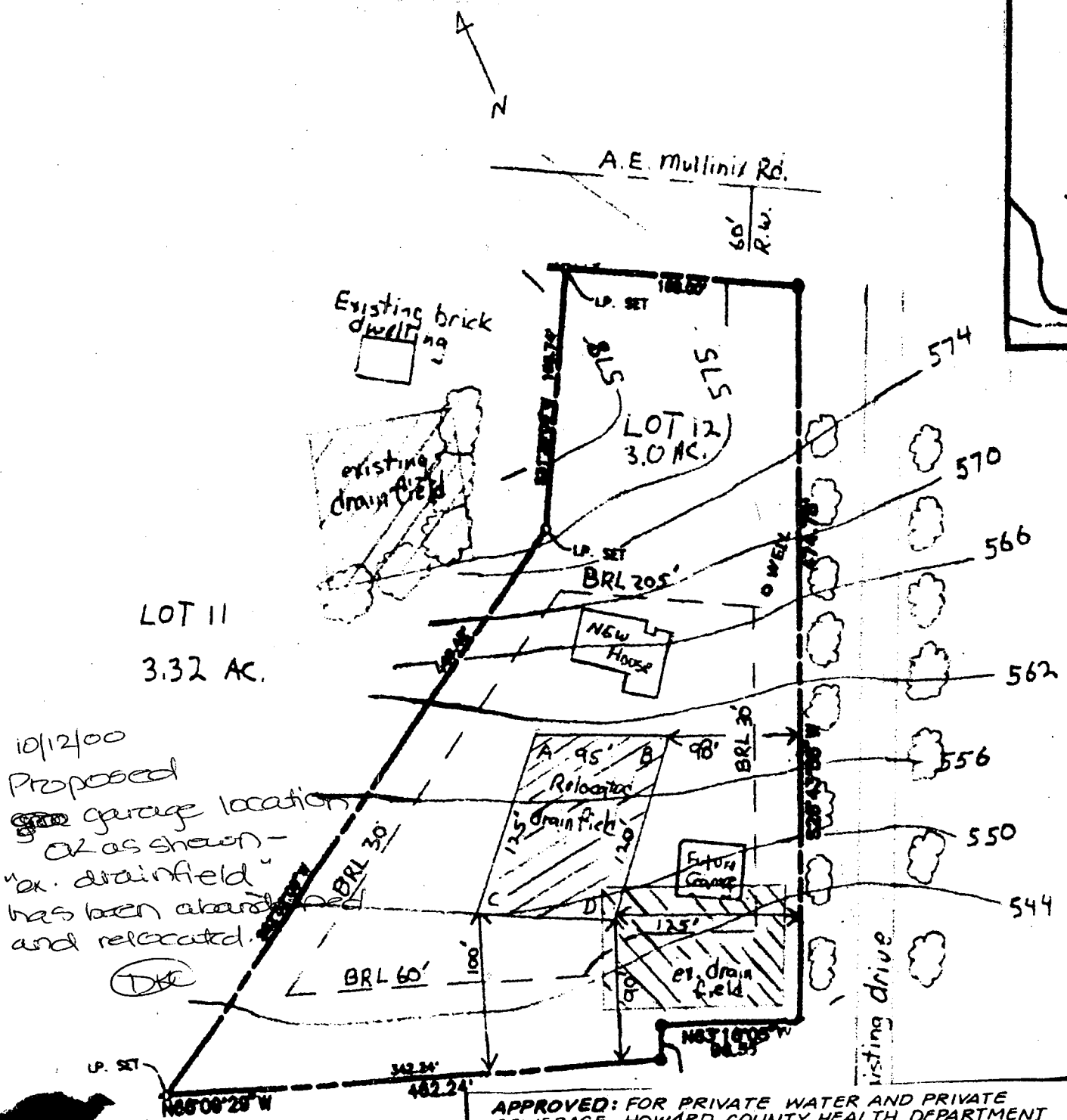


Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **MIR** WRITE INITIALS IN BOX PERMIT No. **40-88-1248**
 SPECIAL CONDITIONS **485-4652/854-6944**

3/15/70 123P

- ① 75 FT casing
- ② 50 FT OPERATOR
- ③ 19 BAGS
- ④ WELL SURVEY GROUTED
GOT INFORMATION FROM RM

RECEIVED
HOWARD COUNTY
HEALTH DEPT
APR 1 1970



VICINITY MAP
SCALE: 1" = 2000'

LOT 11
3.32 AC.

10/12/00
Proposed
garage location
as shown -
"ex. drainfield"
has been abandoned
and relocated.

These areas designate a private sewage easement of 10,000 square feet as required by the Maryland State Dept. of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These improvements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

PERCOLATION CERTIFICATION PLAT

16065 A. E. Mullinix Road
Property of,
Elizabeth H. Meyers
Liber 3821 & 2155, Folio 417 & 706
District 4, Tax Map 13, Parcel 98, Plat # 13369
Howard County, Maryland
Percolation Test No., A 513591
Scale: 1" = 100'

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THE PROPERTY.
DRAWN BY: JW Haynes & Company

John W. Haynes
John W. Haynes
July 20, 2000

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

Dina M. [Signature]
Howard County Health Officer BB

9/27/00
Date

