

~~1/10/01 12:00 AM~~
1/10/01 12pm
1/11/01 1pm-2pm
1/12/01 12:00 AM

~~001013~~ 55628

PERMIT

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

P 514728 514681-A

A 47046

ISSUE DATE ~~1/12/01~~ 11/30/2000

APPROVAL DATE 1/12/01

INDEXED

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Stevens Delight LOT NUMBER 3 ADDRESS 17005 Hardy Road

PROPERTY OWNER Michael & Judith Sharp PROPERTY OWNER'S ADDRESS 1448 Freeland Road

SEPTIC TANK CAPACITY 1500 GALLONS Freeland, MD 21053

PUMP CHAMBER CAPACITY NA GALLONS

NUMBER OF BEDROOMS 5 *** TOP SEAMED SEPTIC TANK REQUIRED ***

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES: Trenches to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Place the distribution box 165' down the right lot line and 85 feet off this lot line. Run trenches on contour in either direction. 8/24/00 J.K. (BB)

BUILDING PERMIT SIGNED AND RETURNED

9/17/05 800155 560-DECK

PLANS APPROVED Mark Rifkin DATE 6/1/2000

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

BUILDING PERMIT SIGNED AND RETURNED

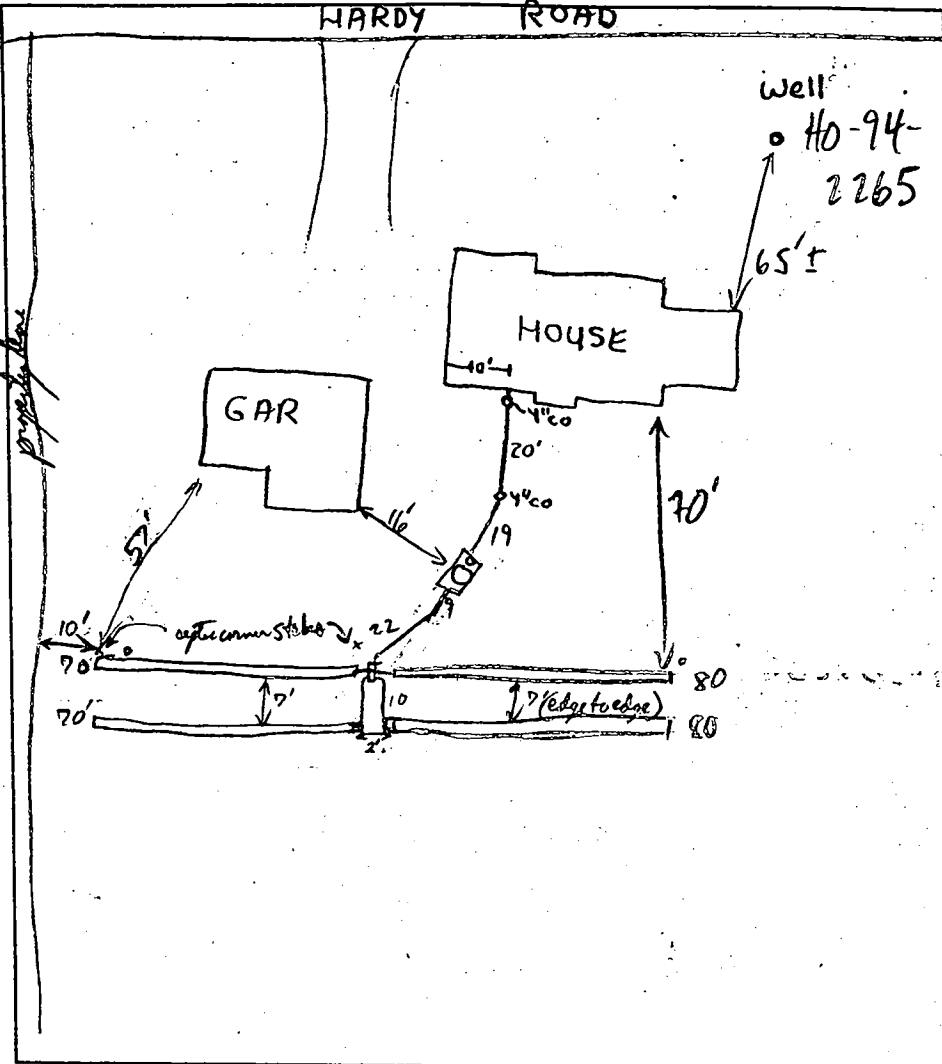
9/19/02 800138518 ADD ON 4 SEASONS RM
6/18/03 800142522 ADDL

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

P 514681

NOT TO SCALE

HARDY ROAD



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 4 1/2
 TRENCH BOTTOM DEPTH 6 1/2
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 300 LF
 2 x 90' each + 2 x 90' each
 ABSORBENT AREA 900 sq ft
 DISTRIBUTION BOX LEVEL
 (used outside level)
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: 1/10/01 - EASEMENT STAKED, TANK SET, OK TO RUN 2 (80') TRENCHES TOWARDS THE 547.56' LOT LINE, AND 2 (70') TRENCHES TOWARDS THE 514.26' LOT LINE, KEEP TRENCHES 7' ETC (10' CTC) TO CONSERVE SEPTIC AREA, OK TO BEGIN WORK - SRW

INSPECTION COMMENTS: 1/11/01 ^{Has connection done} S.T. 5' DEEP, OK TO COVER IS.T TO D. BOX TRENCH, CONTINUE (P) but two trenches OK to cover, OK to cover all work

~~REMOVED~~
~~REMOVED~~

INSPECTOR Lowell Pribby DATE SYSTEM APPROVED 1/12/01

12/1/00
Anytime

12/7/00
WPS-AP

**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: WILLOW HAY PUMPING SERVICES Telephone #: 410-781-7051
Address: 6203 PATRICK DR.
SYKESVILLE MD. 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOW HAY License# 6992

*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: MICHAEL D. SWOFF Telephone #: 410-357-5176 (240)876-8654
Subdivision: SEVEN'S DELIGHT Lot #: 3 Well Tag #: HO-74-2265
Site Address: 19005 HARDY RD.
MOUNT AIRY, MD 21771

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: JACKZZI Make: HARVARD Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity _____ GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: _____ GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap:

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

Piping to house **House Connection**
Type: CRESTLINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 1" (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: (36" min) 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.

Chris Willow Hay 11/30/00
Signature of company representative responsible for installation date

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

Date Insp. Requested: 12/1/00 Date Insp. Approved: 3/8/01 (SRW)
Inspection Data: Pitless adapter and 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 Missing One Nut
Safety rope installed inside of well casing
Correct well tag attached properly and casing 5" above finished grade Well Tag (BB)
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

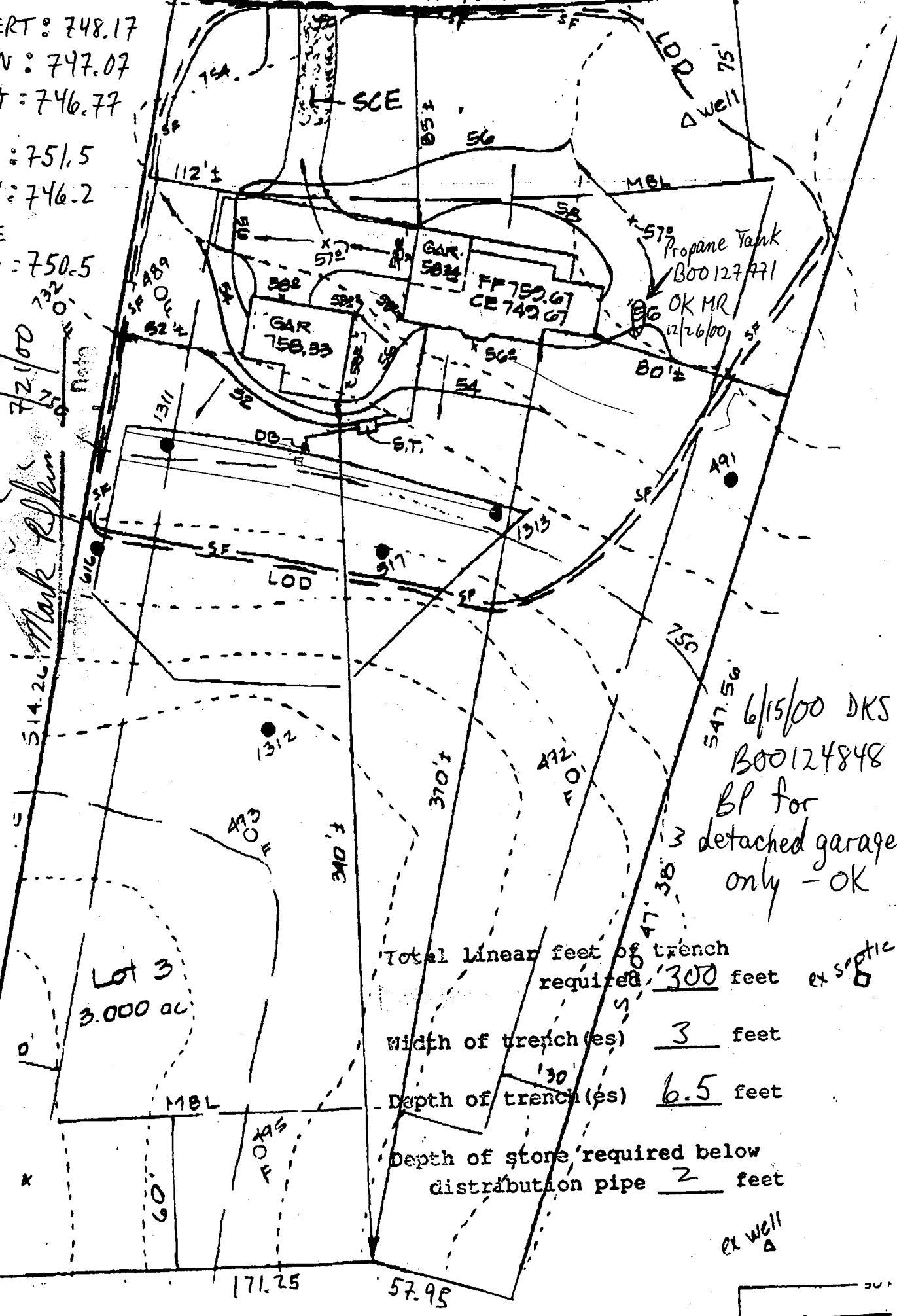
Pitless Adapter Loose
at Casing

12/7/00
All issued
except well
tag not near
at all

HOUSE INVERT: 748.17
 S.T. IN: 747.07
 OUT: 746.77
 PROP. GRADE @ S.T.: 751.5
 D. BOX INV: 746.2
 EX. GRADE @ D. BOX: 750.5

Approved Septic System Plan
 Howard County Health Department
 Revised for new grading
 800124307

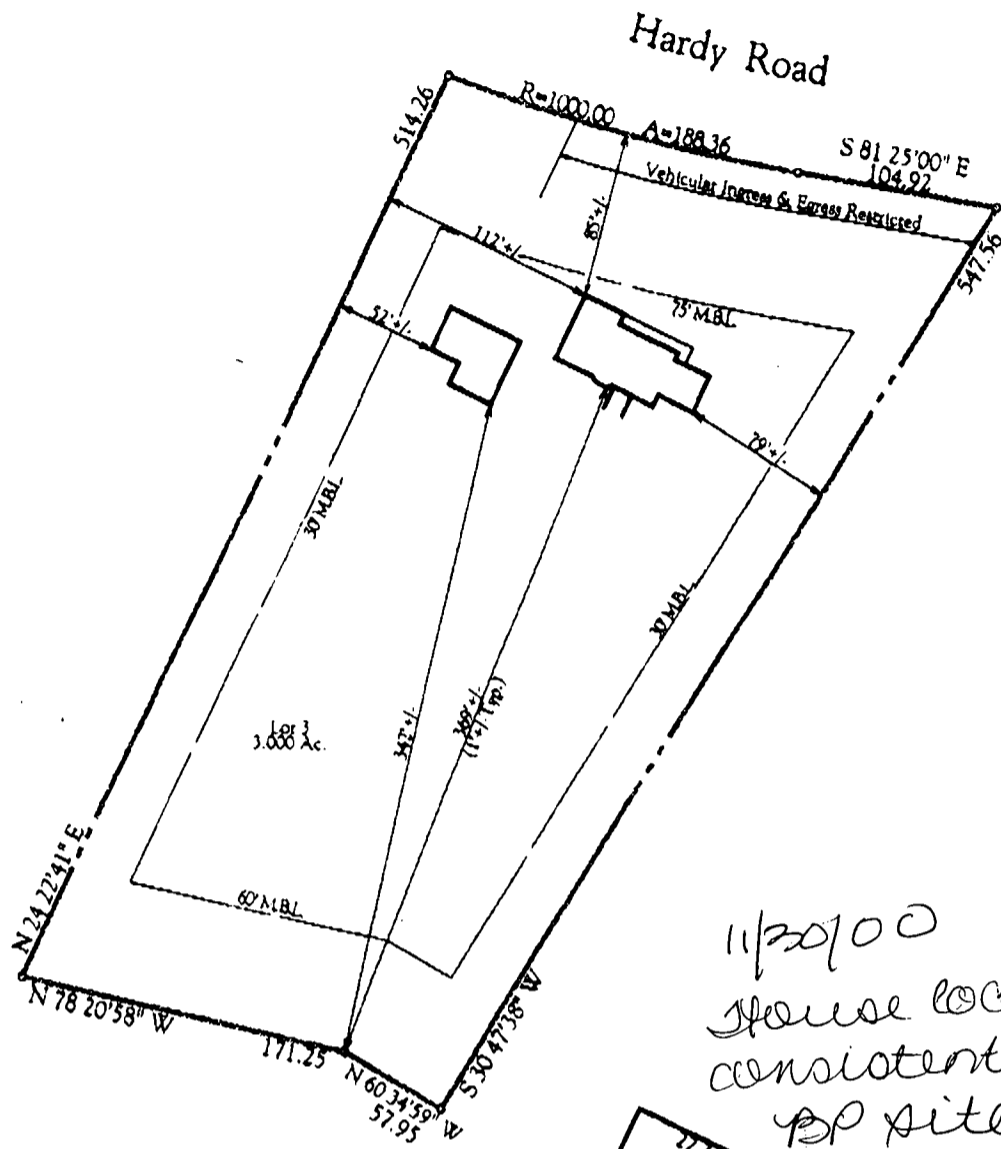
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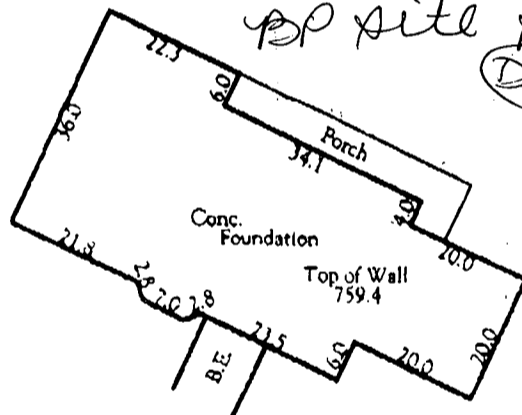
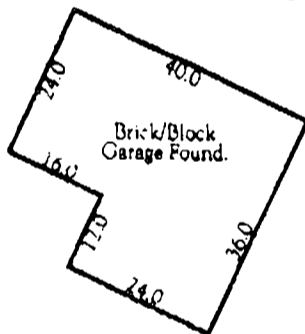
6/15/00 DKS
 800124848
 BP for detached garage only - OK

Total linear feet of trench required 300 feet ex septic
 Width of trench (es) 3 feet
 Depth of trench (es) 6.5 feet
 Depth of stone required below distribution pipe 2 feet

ex well



11/20/00
 House location
 consistent w/ approved
 PP site plan
 (DICO)



Location Drawing
 Lot 3
Steven's Delight
 Howard County, Maryland

I hereby certify that I have surveyed the property shown hereon for the sole purpose of locating the improvements. This plan is a benefit to the consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of boundary, easement or right-of-way lines for any reason, such as the location of fences, garages, buildings, or other existing or future improvements.

By Cynthia B Bowden Date 9.21.00
 Cynthia B. Bowden Professional Land Surveyor No. 10786

 Carroll Land Services Incorporated Engineers • Surveyors • Land Development Consultants Landscape Architects • Environmental Specialists 439 East Main Street Westminster, MD 21157-6639 (410) 878-8017 FAX (410) 878-0908	DRAWN BY: CDD
	DESIGN BY:
	REVIEW BY: CBB
	DATE: 9/15/00
	SCALE: 1"=100'
	JOB NO: 2000066
	SHEET: 1 of 1

CAD Drawing File Name:



HOWARD COUNTY HEALTH DEPARTMENT

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

July 14, 1997

To: Lambert Cissel
3524 Hipsley Mill Road
Woodbine, Maryland 21797

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program *AMM*

RE: Septic approval
Scott's Delight and Steven's Delight Subdivisions

COMMENTS:

During percolation testing for the proposed Spring Hollow subdivision, re-testing of several previously approved lots in the above referenced subdivisions was performed. Testing revealed that the septic easements in Scott's Delight, Lots 2 & 3 were confirmed acceptable for sewage disposal. Once wells are drilled, these lots are eligible for building permit approval.

Further percolation testing revealed failing soil conditions in and around the septic easements in Scott's Delight, Lot 1 and Steven's Delight, Lots 1 thru 3. In light of this new information, re-evaluation of these easements will be necessary prior to any building permit approval for these lots.

cc: File
Tim Feaga
EC&C, Inc.

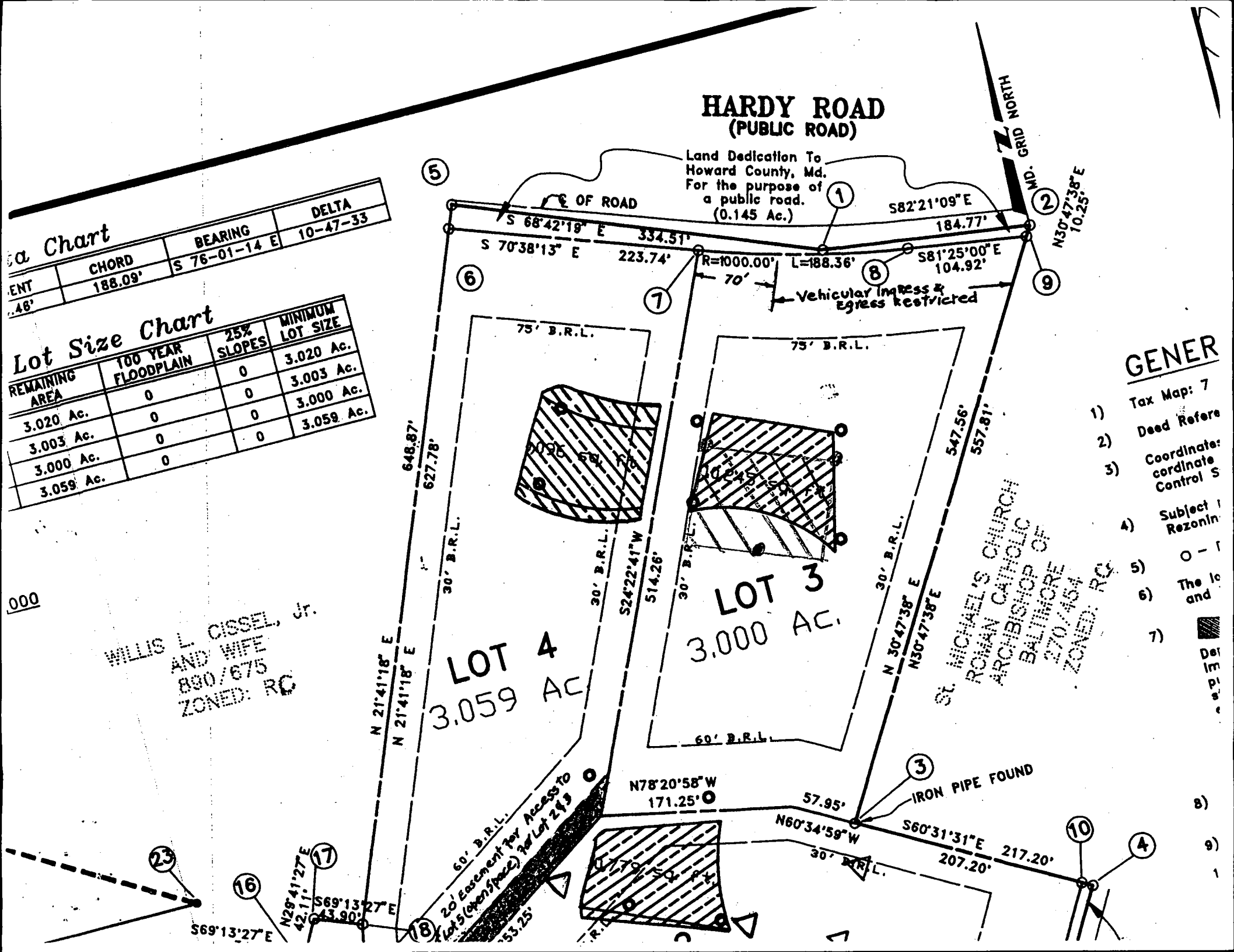
Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

CHORD	BEARING	DELTA
188.09'	S 76-01-14 E	10-47-33

REMAINING AREA	100 YEAR FLOODPLAIN	25% SLOPES	MINIMUM LOT SIZE
3.020 Ac.	0	0	3.020 Ac.
3.003 Ac.	0	0	3.003 Ac.
3.000 Ac.	0	0	3.000 Ac.
3.059 Ac.	0	0	3.059 Ac.

HARDY ROAD (PUBLIC ROAD)

Land Dedication To
Howard County, Md.
For the purpose of
a public road.
(0.145 Ac.)



WILLIS L. CISSEL, Jr.
AND WIFE
890/675
ZONED: RC

ST. MICHAEL'S CHURCH
ROMAN CATHOLIC
ARCHBISHOP OF
BALTIMORE
270/454
ZONED: RC

GENERAL

- 1) Tax Map: 7
- 2) Deed Refers
- 3) Coordinate Control S
- 4) Subject to Rezonin
- 5) O - 1
- 6) The lo and
- 7) Def m p e

- 8)
- 9)

000

APPLICATION

PERCOLATION TESTING

A 47046

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 4th

DATE April 16, 1991

5/7/91

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 W. Lambert Cissel, Jr.

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE 301-442-2463

PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Stevens Delight LOT NO 3

ROAD AND DESCRIPTION 1300± St. Michael's Rd.

TAX MAP 7 PARCEL # 341

SIZE OF LOT 3.5 acres ± 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 Christine A. Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

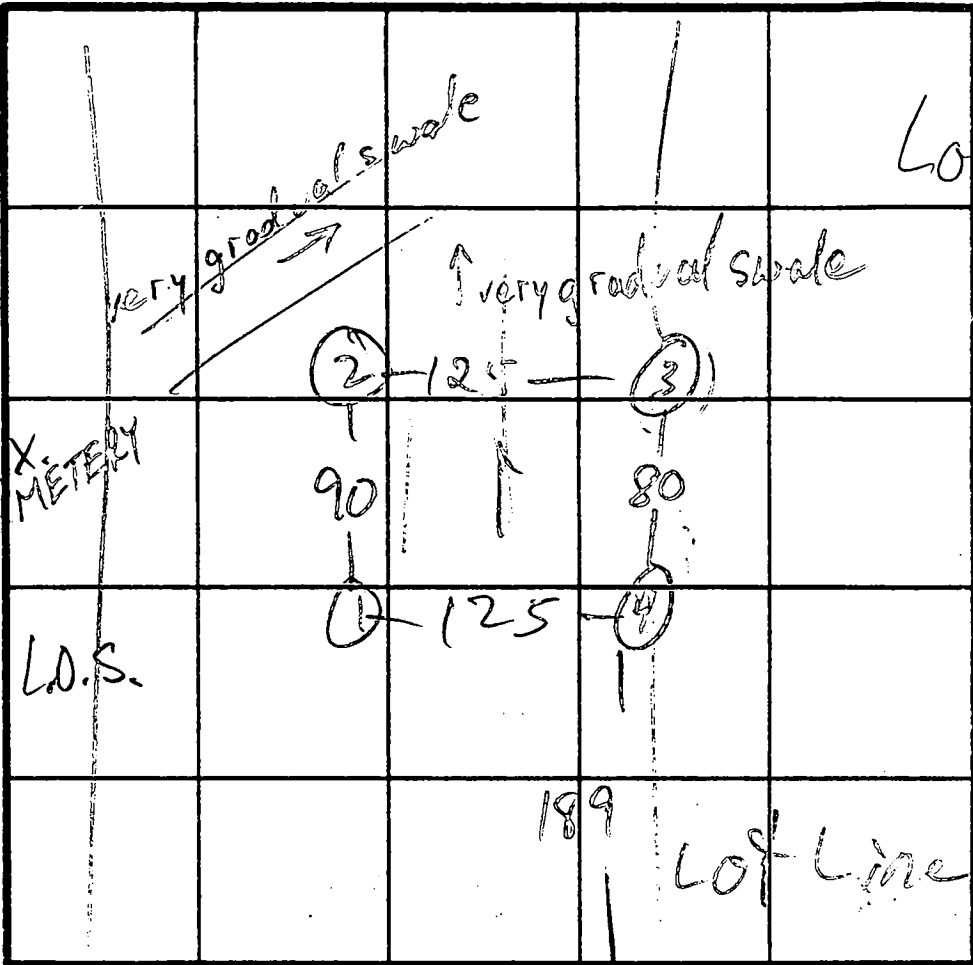
THIS IS NOT A PERMIT

HD-216

Lot 3
A47046

SOIL PROFILE

0.9 brn
Sandy
el 1m
15-20% frags
brn clay
sand
10cm
20-30%
shaley
soil profile
red frags



HARDY RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/31/91	3 S	3 1/2	12:34	12:43	12:43	12:50	7
	3 V	12	see profile				
	4 S ₂	3 1/2	12:35	SLOW READIG			
	4 S ₂	5	12:57	SLOW READIG			
	4 S ₃	2	1:13	1:18	1:18	1:30	12
	4 V	12	sim to profile clay to 6"				
6/4/91	1 S	4 1/2	10:50	15 min 1/2"			
	1 M	7	10:50	10:53	10:53	10:57	4
	1 S ₂	5 1/2	11:26	11:37	11:37	11:59	22
	1 V	12 1/2	sim to profile clay to 4 1/2"				
	2	4 1/2	10:51	10:54	10:54	10:58	4
	2	12 1/2	see profile				

REMARKS HOLES OK, PER PLAN ±

TYPE OF SOIL

TESTED BY M. Ripkin

ALSO PRESENT

EH-12-1079

APPLICATION

PERCOLATION TESTING

Conf. re-perc

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION *Steven's Delight* LOT NO. *3*

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

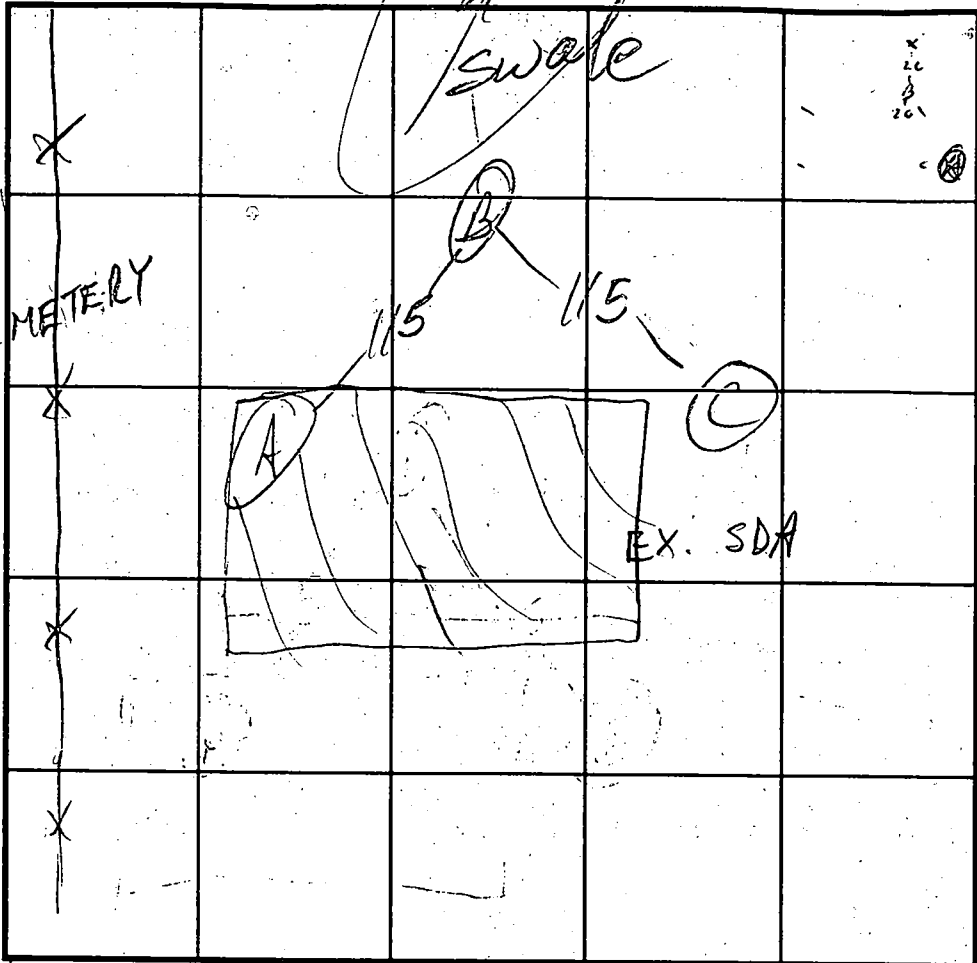
COUNTY #

SOIL PROFILE

0' (A)
 orange red
 silty loam
 3 1/2'
 4'
 tan beige gray
 silty loam
 5-10% frags

(B)
 tan
 brn
 silty loam
 5-6'
 tan
 fine sand
 powdery
 loam
 1 1/2'

(C)
 orange
 silty loam
 2 1/2'
 brn
 silty loam
 20% frags
 4 1/2'
 brn
 silty loam
 25% frags



SOIL PROFILE

LOT
 orange
 brn
 silty loam
 5 1/2'
 brn
 silty loam
 6 1/2'
 tan
 brn
 silty loam
 15% frags
 9 1/2'
 35% frags
 10 1/2'
 orange
 silty loam
 >50% frags
 5 1/2'
 8 1/2'

HARDY RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/2/99	A S	4'	2:30	2:31	2:31	2:33	2:10
1/1 (1313)	A V	10'	3:57	4:03	4:03	4:13	
(1310)	B M	8'	4:08	PULLED - SLOW TO ALLEVIATE		ENUF CONCENS 30' EST	
(1311)	B V	11 1/2'					
(1311)	C M	6 1/2'	4:20	4:23	4:23	4:25	2
	C V	10'					
		7 1/2'	4:51	4:57	4:57	5:06	9
		10 1/2'	5'				

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY M. Ripkin ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 3
 INLET DEPTH 4.5 MAXIMUM BOTTOM DEPTH 6.5 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE _____

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 Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO _____

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre TYPE BLDG _____
(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. Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

491

0' red
orange
SiCLM
10%oshak

3.0 dark
orange
SiLM
25%Rx

7.0 35-40%
Rx
dark red
orange
SaLM

492

3.0 beigh
cILM

5.0 red to
orange
SiSaLM

9.0 red
SiLM
30%
refusal

490

3.5 1qt
orange
red
SiCLM
20%Rx

7.0 dark
orange
red,
SiLM
25%Rx

10.0 dark
red
SiLM
>50%
Rx

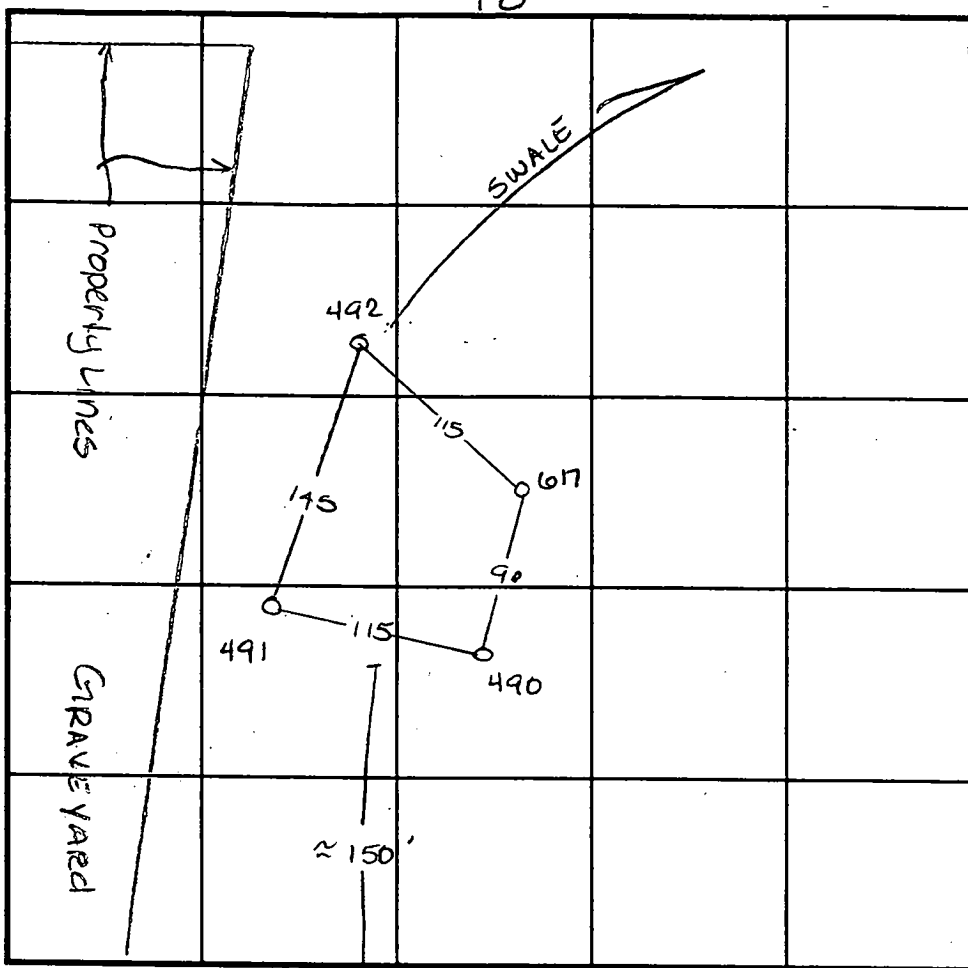
SOIL PROFILE

617

0' beigh
SiCLM

3.0 red
orange
SiLM
10%Rx

5.0 pink to
orange
mixed
SiLM
15%
shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8-21-96	491	3.0 / v9.5	7:13 ³⁰	>30	min	—	slow	
	491	4.0 / v9.5	8:40 ³⁰	8:41 ³⁰	8:41 ³⁰	8:43 ³⁰	2min	
	490	3.0 / v10.0	7:17	>30	min	—	slow	
	490	4.0 / v10.0	8:37	8:38 ³⁰	8:38 ³⁰	8:39	30sec	
	490	—	TOO FAST W		HIGH Rx CONST		F	
	492	3.5 / v9.0	8:19	8:45	slow	—	F	
	492	—	located in C of swale				—	F
	617	3.0 / v10.0	8:03 ³⁰	8:05 ³⁰	8:05 ³⁰	8:10	4 1/2 min	

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Lambert Cissel

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PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO _____

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

490

0' lgt orange red Siltm
 3.5' dark orange red Siltm 25% Rx
 7.0' dark red Siltm 25% Rx
 10.0'

617

3.0' belgh Siltm
 red orange Siltm 10% Rx
 5.0'

pink to orange mixed Siltm 15% shale

489

red orange Siltm 35% Rx

40% rock orange brown Siltm

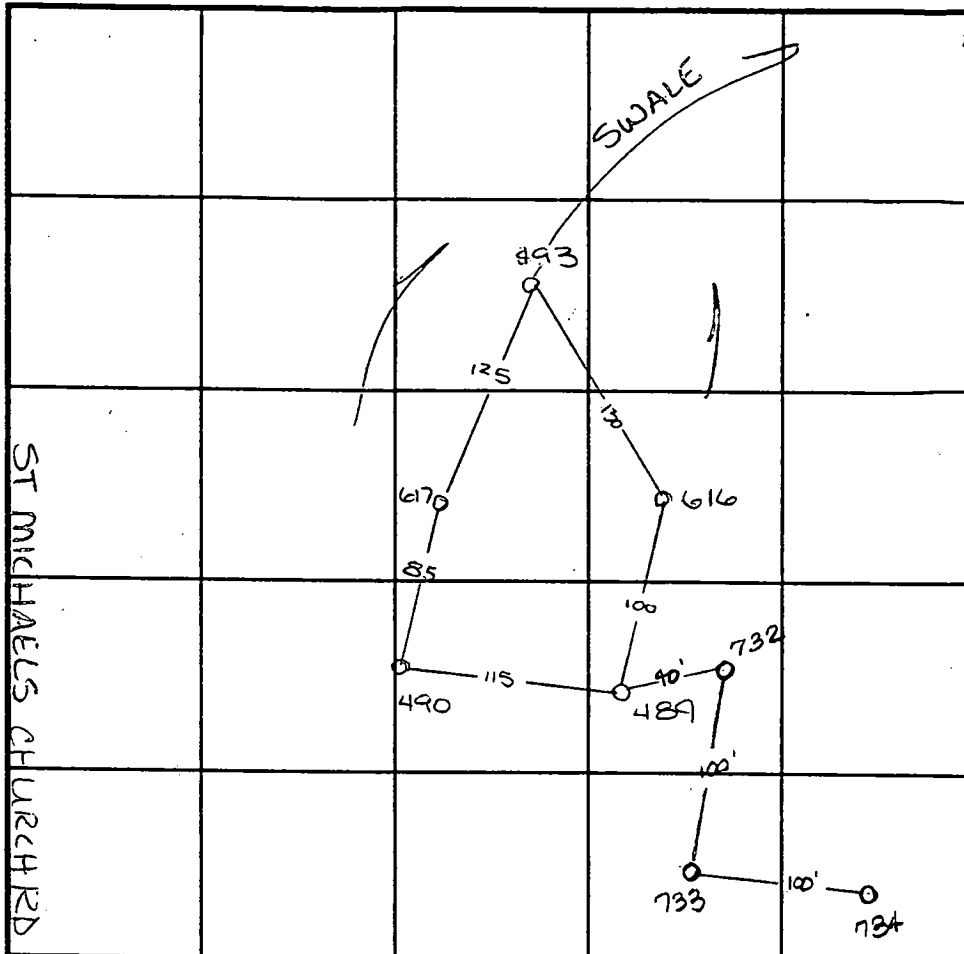
refusal

SOIL PROFILE

493

0' belgh Siltm
 4.0' lgt orange Siltm 30%
 7.0' red orange Siltm 40% Rx refusal at 8.5'

616
 dark orange Siltm 25-30% shale through out



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8-21-96	490	3.0 v10.0	7:17	>30	min	—	slow	
	490	4.0 v10.0	8:37	8:38 ³⁰	8:38 ³⁰	8:39	30 min	
	490	—	Too fast	w/ high	Rx content	—	F	
	617	3.0 v10.0	8:03 ³⁰	8:05 ³⁰	8:05 ³⁰	8:10	4 1/2 min	
	616	3.5 v10.0	7:44 ³⁰	8:01 ³⁰	8:01 ³⁰	8:16	14 1/2 min	
	489	3.5 v9.0	7:37	7:51 ³⁰	>30	min	—	
	489	insufficient depth to bedrock						F
	493	3.0 v8.5	8:15	>30	min	—	slow F	

REMARKS 493 in Q of swale

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____
DATE _____

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 Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO _____

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre TYPE BLDG _____
(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.

Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

734

lgt brn
Sclm

lgt brn
Sclm
20%
shale

7

see attached

SOIL PROFILE

0'

12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-10-97	732	>50%	rock beginning at 5.0				F
	733	>50%	rock beginning at 5.0				F
	734	visual to 12.0	- see profile -				OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

NO PLUMBING

PROPERTY OF
ST. MICHAEL'S
CHURCH

LOT 2

LOT 3

LOT 4

STEVEN'S DELM

HARDY ROAD

750

730

740

31
HO. CO.
N 547970
E 7896819

Sep Tank

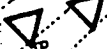
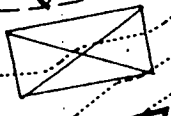
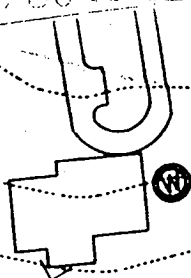
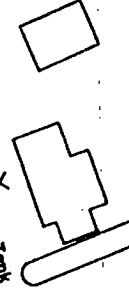
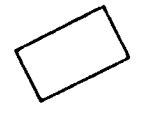
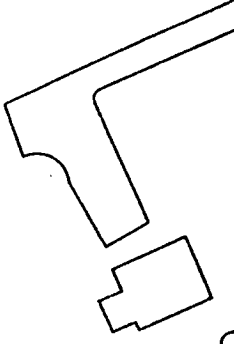
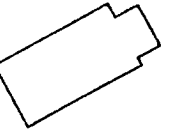
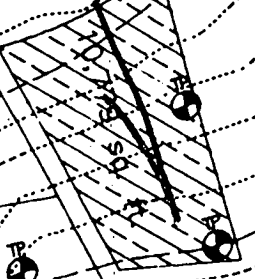
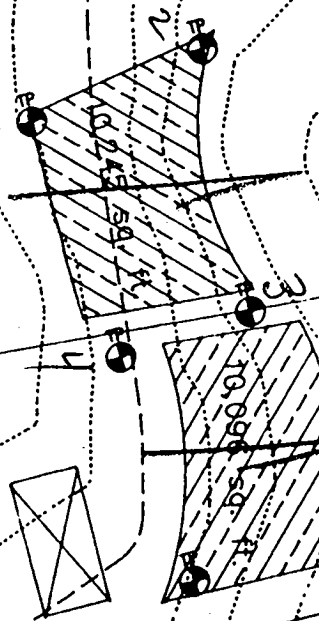
X
Sep Tank

X
Sep Tank

X
Sep Tank

X
Sep Tank

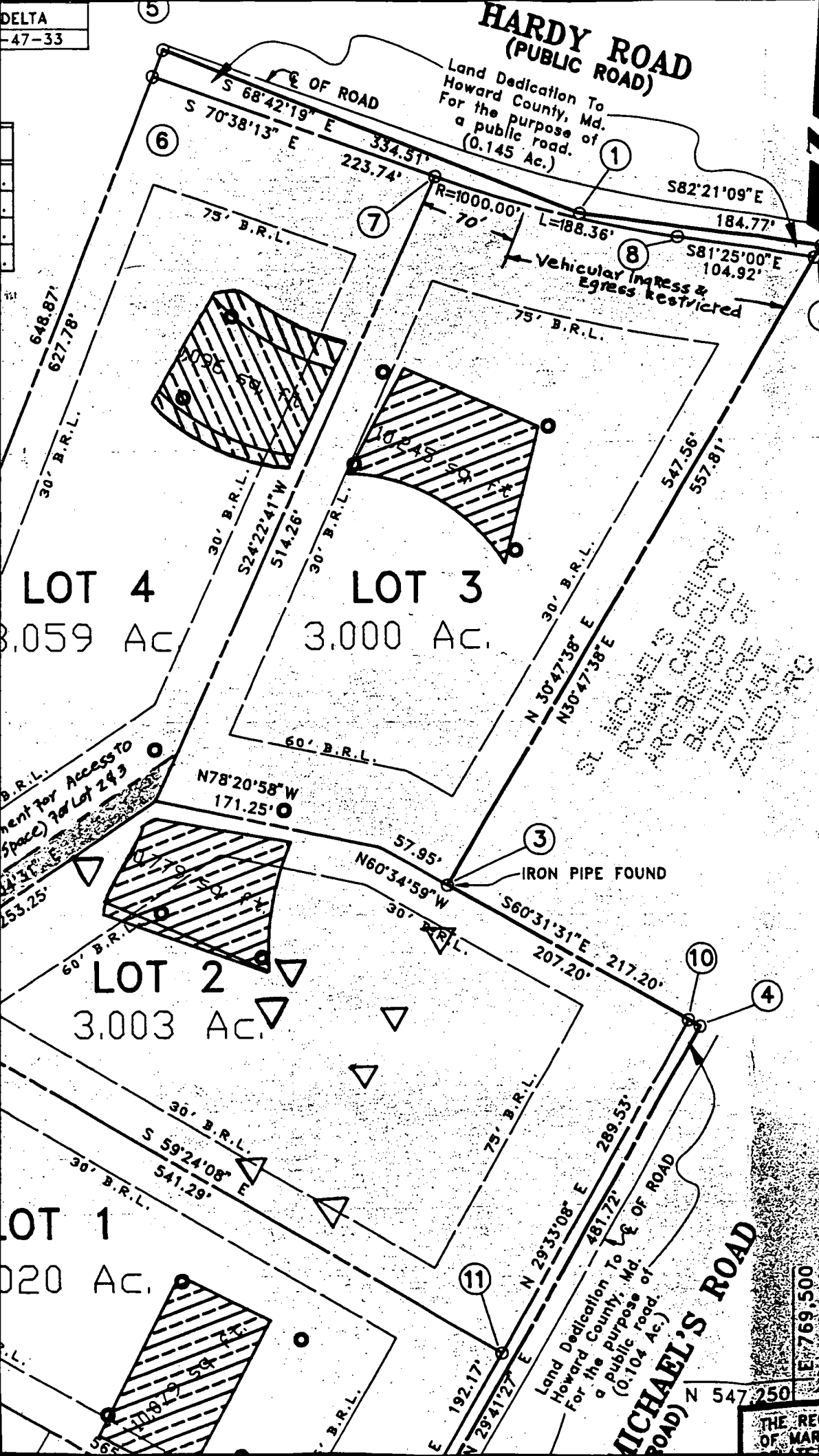
X
Sep Tank




HARDY ROAD (PUBLIC ROAD)

Land Dedication To
Howard County, Md.
For the purpose of
a public road.
(0.145 Ac.)

MD. GRID NORTH



GENERAL NOTES

- 1) Tax Map: 7 , Block: 8 ,
- 2) Deed Reference: 890/675,
- 3) Coordinates shown hereon coordinate system as projected Control Stations No. 3729.
- 4) Subject property zoned - Rezoning Plan.
- 5) ○ - Designates Iron pin
- 6) The lots shown hereon conform to and lots required by the
- 7)  This area designated as a minimum of Department of Environmental Improvements of any natural public sewerage is available structures constructed on easements shall become a public sewerage system. To the authority to grant various private sewer easement. easement shall not be necessary.
- 8) All percolation test holes shown and shown thus: ● =
- 9) BRL - Denotes Building Right Line
- 10) Access to lot 3 is only allowed at a point 70' east from that
- 11) Open Space Lot 5 to be Homeowner's Association with the State Dept. of Assesment 1992. By an Agreement annexed to Lambert & Liber 0120 Folio 10.

E 769,500

THIS PLAT IS BASED ON A FIELD RUN, MONUMENTED BOUNDARY. SURVEY PERFORMED ON OR ABOUT FEBRUARY 15, 1973 BY CLAUDE M. SKINNER

THE REQUIREMENTS SECTION 3-108, THE OF MARYLAND, 1988 REPLACEMENT VOLU... TO THE MAKING OF THIS PLAT AND

C1 06765 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A47046

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 02 09 99

Depth of Well 22 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2265

OWNER Cissel Lambert STREET OR RFD Hardy St. Michaels TOWN Poplar Springs SUBDIVISION Steven's Delight SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Blue Slate, etc.

GROUTING RECORD form including: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including: casing types insert appropriate code below, MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (23).

OTHER CASING (if used) form including: diameter, depth (feet) from to.

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

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (44), TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, jet, submersible).

PUMP INSTALLED form including: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (above/below LAND SURFACE).

NUMBER OF UNSUCCESSFUL WELLS: 0

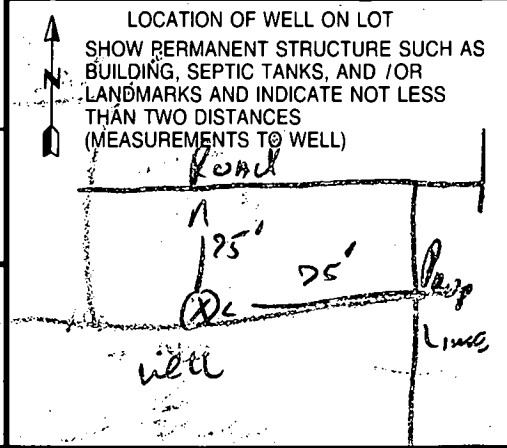
WELL-HYDROFRACTURED (Y/N) and CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MSD116, DRILLERS SIGNATURE (M. S. D. 116), LIC. NO. MSD117, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-76 and rows for casing sections.

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B-1 4745 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-2265
70 fill in this form completely 79

Date Received (APA) 12 18 98
8 MM DD YY 13

OWNER INFORMATION

CISSEL LANBERT
15 Last Name Owner First Name 34

3425 HIPSLEY MILL RD
36 Street or RFD 55

WOODBINE MO. 21097
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Spring Hollow Stevens Delight
23 SUBDIVISION 42

SECTION - LOT 3
44 46 48 50

Poplar Springs
52. NEAREST TOWN 71

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

DRILLER INFORMATION

Ralph MAYNE MSD 116
Driller's Name 76 License No. 81

Ralph MAYNE well Drilling
Firm Name

9120 Brown Church rd Mt Airy
Address

Ralph Mayne 12-9-98
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Hardy rd.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 75 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 7 BLK: 8 PARCEL: 341

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A47046
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 05 27 99 Mark E. Rifkin 5/22/00
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 549 000 EAST GRID 0769 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well (A)

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 2269
N 5549

000
000 HO-94-2265

Grout @ 7/9/99 11:30

23' casing 7/9/99

21' open (BB)

7 bags grout

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydratic-Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

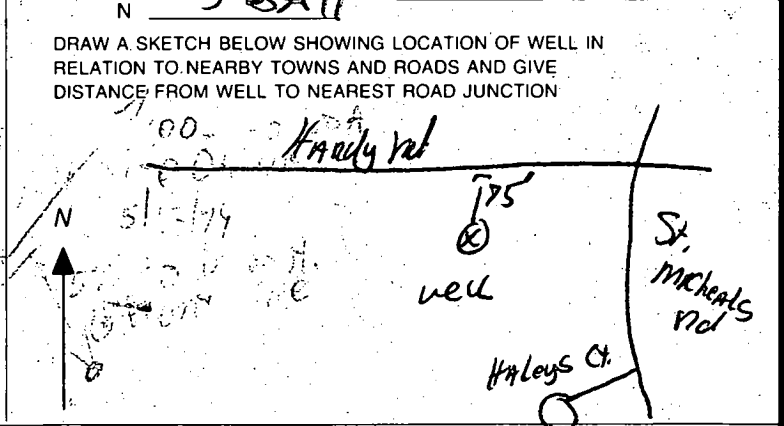
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



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

APPROX. PERMIT NUMBER _____ GAP _____ 54 63

PERMIT No. HO-94-2265
70 71 72 73 74 75 76 77 78 79

Building Address 17005 HARDY ROAD
MT AIRY, MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6040 Subdivision Stevens Delight
Section _____ Area _____ Lot 3
Tax Map 7 Parcel 341 Grid 8
Zoning RC-DEO Map Coordinates 2K7 Lot size _____

Property Owner's Name JUDITH F. SHARP
Address 17005 HARDY ROAD
City MT AIRY State MD Zip Code 21771
Home Phone (410)489-7622 Work Phone (301)919-0013
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use RESIDENTIAL
Proposed Use RESIDENTIAL
Estimated Construction Cost \$ _____
Description of Work ADDITION OF FOUR SEASONS ROOM (16420')

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

Occupant or Tenant JUDITH F. SHARP
Contact Name JUDITH F. SHARP
Address 17005 HARDY ROAD
City MT AIRY State MD Zip Code 21771
Phone (410)489-7622 Fax (410)489-7622

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

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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"/>
Use group: _____	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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #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.

Judith F. Sharp
Applicant's Signature

Judith F. Sharp
Print Name

Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>9/19/02</u>	<u>Steven R. King</u>
Dev. Engineering, DPZ		
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

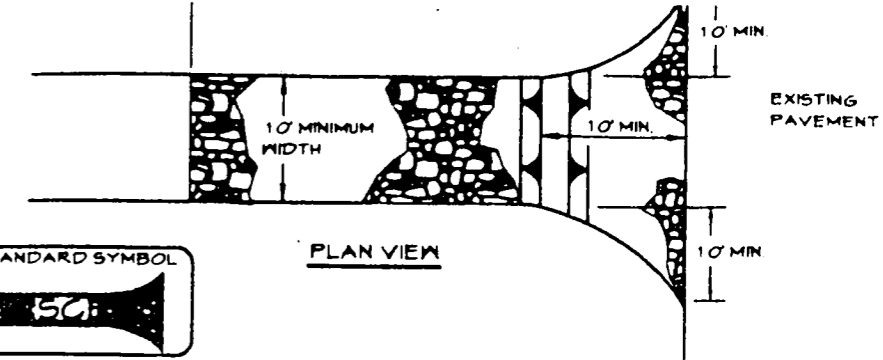
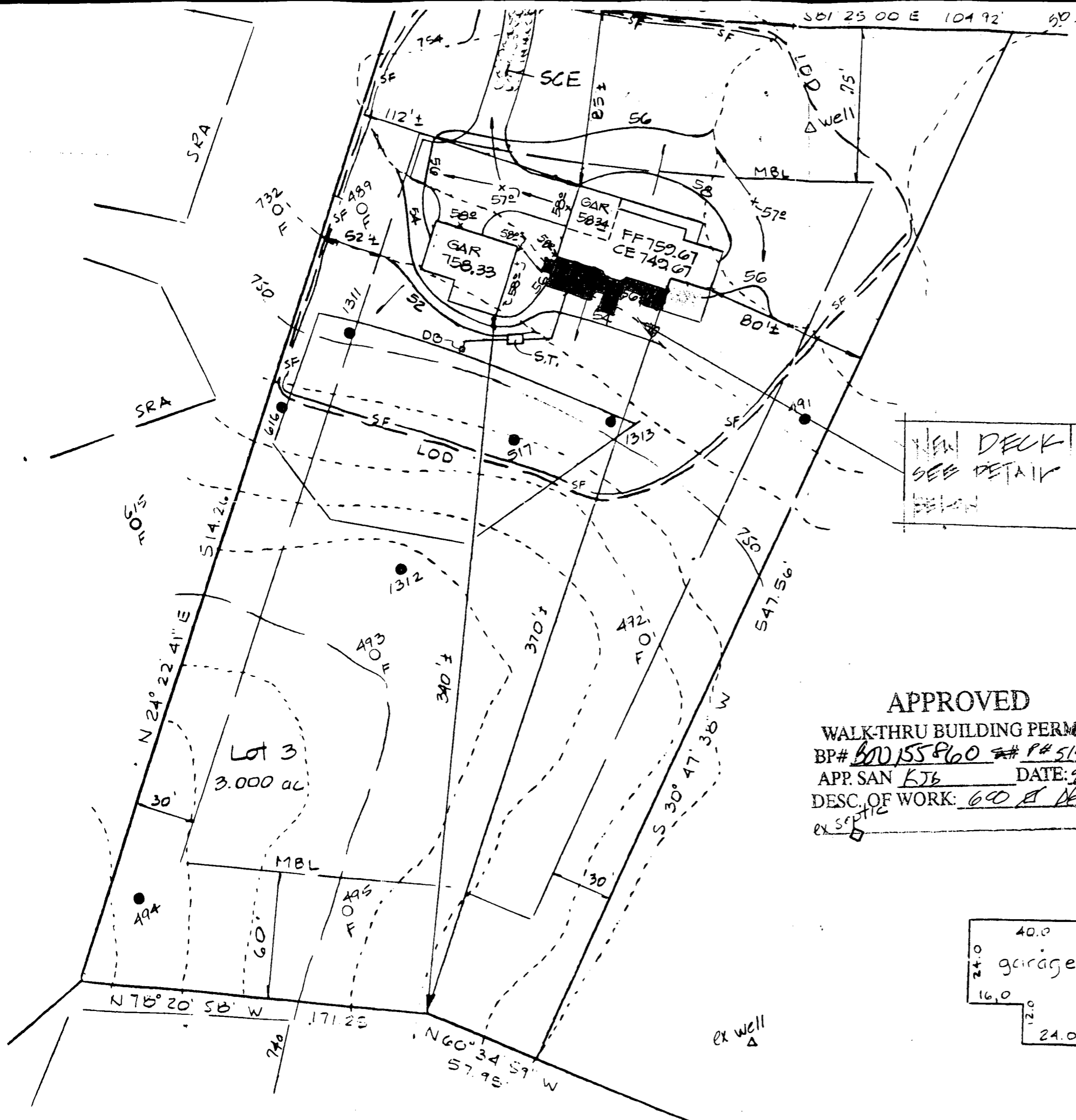
DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 46275

Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 11640
Validation # 11777

Accepted by [Signature]



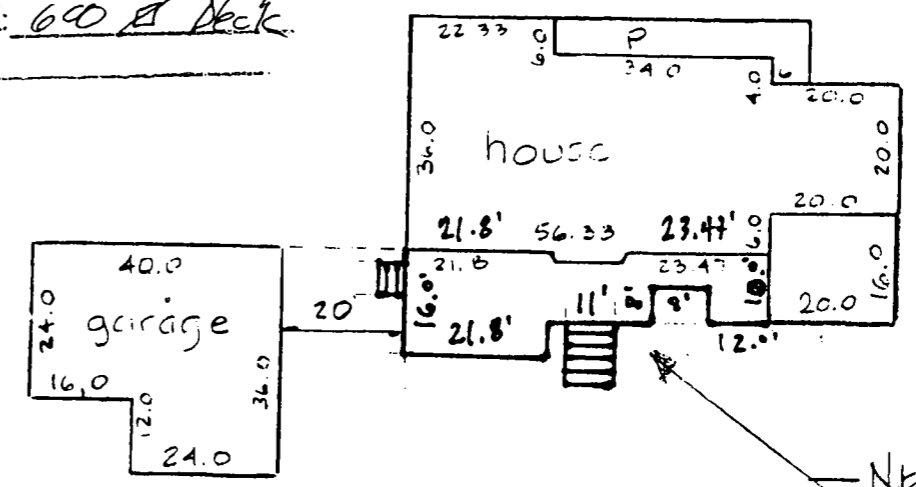
Construction Specification

1. Length - minimum of 50' (*30' for single residence lot).
2. Width - 10' minimum, should be flared at the existing road to provide a turning radius.
3. Geotextile fabric (filter cloth) shall be placed over the existing ground prior to placing stone. **The plan approval authority may not require single family residences to use geotextile.
4. Stone - crushed aggregate (2" to 3") or reclaimed or recycled concrete equivalent shall be placed at least 6" deep over the length and width of the entrance.
5. Surface Water - all surface water flowing to or diverted toward construction entrances shall be piped through the entrance, maintaining positive drainage. Pipe installed through the stabilized construction entrance shall be protected with a mountable berm with 5:1 slopes and a minimum of 6" of stone over the pipe. Pipe has to be sized according to the drainage. When the SCE is located at a high spot and has no drainage to convey a pipe will not be necessary. Pipe should be sized according to the amount of runoff to be conveyed. A 6" minimum will be required.
6. Location - A stabilized construction entrance shall be located at every point where construction traffic enters or leaves a construction site. Vehicles leaving the site must travel over the entire length of the stabilized construction entrance.

NEW DECK
SEE DETAIL
BELOW

APPROVED

WALK-THRU BUILDING PERMIT
 BP# BD0155860 # P# 514681-A
 APP. SAN KJB DATE: 9/7/05
 DESC. OF WORK: 600 sq ft Deck
 ex septic



DETAIL
1"=30'
APPROX. 600 SQ. FT.