

Approved: 7-8-80
Stephen E. Kiel

P 30709

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4th.

DATE 6/3/80

Michael Hall

IS PERMITTED TO INSTALL ALTER

ADDRESS 6134 Olney - Laytonsville Road, Gaithersburg, Md. PHONE 869-8590

SUBDIVISION _____ ROAD A.E. Mullinix Road LOT 3

PROPERTY OWNER Michael Hall PHONE: 869-8590

ADDRESS 6134 Olney - Laytonsville Road, Gaithersburg, Md.

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1500 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

Dry Well

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 130 SQ. FT. per bedroom

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Inlet can come in at a higher elevation. Location per owner's plan - when facing lot with driveway as front line 175 ft from rear lot line and 277 ft from right property line (1 & 2). Dry well or trench: If trench need (1) Leave 5 ft. earth buffer between dry well and trench. (2) Inspection before gravel in (3) Inspection after gravel in. If trench is used - trench must follow constant contour of ground and be inspected before gravel is installed.

PLANS APPROVED BY C. B. Streaker DATE 4/26/77

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

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

A 23346 P 30709

14
 374

 56
 14
 42

 43.86

 47
 7.5

 220
 388

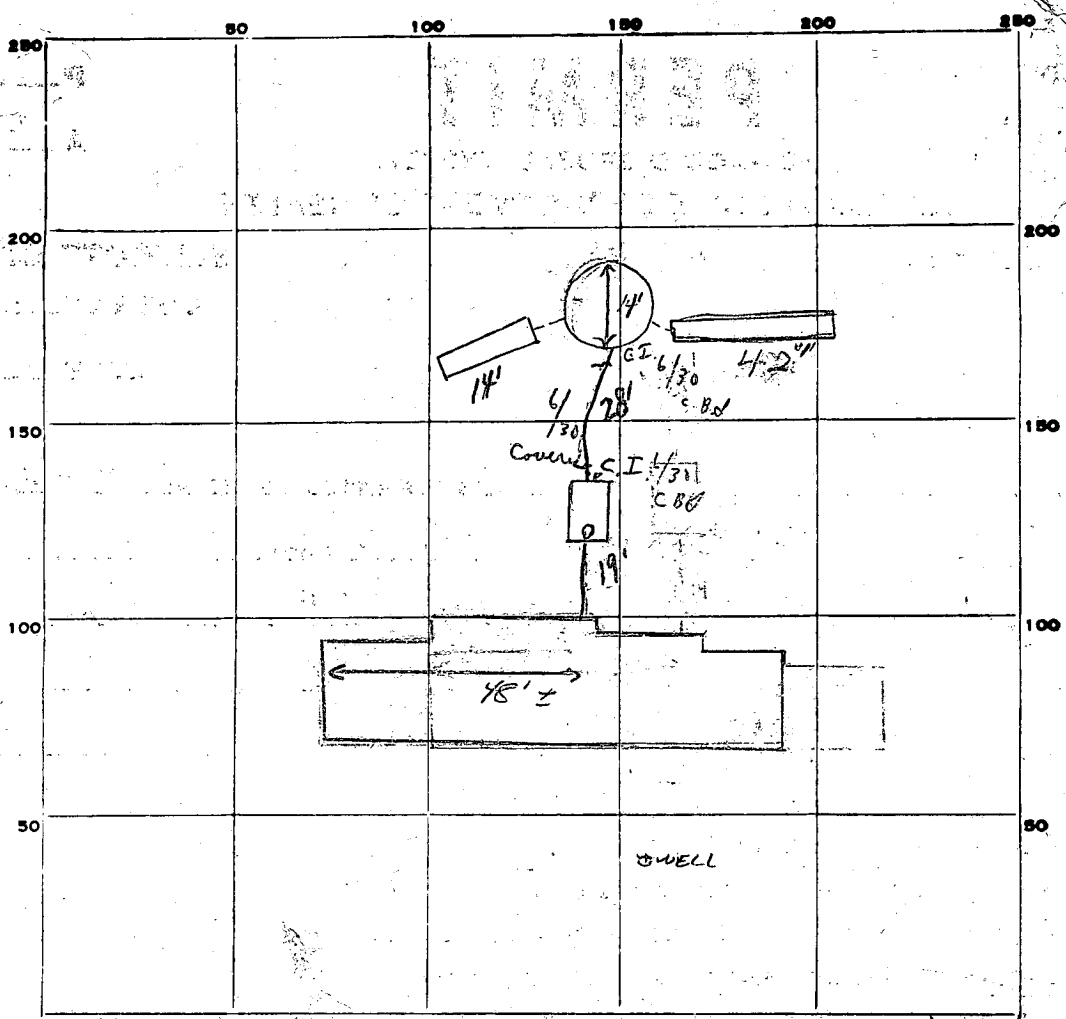
 390.6

 48
 7.5

 270
 336

 3600
 330

 690



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD A.E. MULLINEX Rd
 SEPTIC TANK, LEVEL CLEANOUTS S.T. D.W. DAYWAY

DISTRIBUTION BOX, LEVEL _____

TRENCH TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 9 IN. TOTAL LENGTH 50 FT. 33' 6"

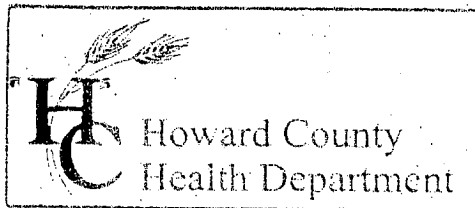
NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA _____ SIDEWALL

Dry Well
 SEEPAGE PITS, INSIDE DIAMETER 14 (44' perimeter) FT. DEPTH BELOW INLET 7 FT. 308'

ABSORBENT AREA 644 SQ. FT.

REMARKS OK To Add GRAVEL To Trench + Dry Well. SK + CBS 6-19-80
 6-20-80 No change should be 5' of buffer earth between Dry well + Trenches SK + GS 6/30/80 No top on dry well - ok to cover trenches only - to 2' of dry well. Need certifying statement on lengths of pipes and if cleanouts from septic tanks to dry well.
 OK to cover all work 7/8/80 SK C.B.S.

DATE SYSTEM APPROVED 7/8/80 INSPECTOR Stephen H. Kiel



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 3, 2003

Eileen Shields
c/o Christian Services of Howard County
P.O. Box 21
Simpsonville, MD 21050

RE: Percolation Test Results – A519619
16082 AE Mullinix Road, Wm. Slagle Farm, Lot 3
Establish Reserve Area to Support
Assisted Living Proposal

Dear Mrs. Shields:

Percolation testing conducted October 15, 2003 on the referenced property indicated limited satisfactory soil conditions. The primary limiting factor is shallow depths to fractured bedrock, although satisfactory soils were eventually encountered. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

- 1) actual locations of all excavated test holes with field-verified topography
- 2) the existing house (with declared number of bedrooms, including those for staff)
- 3) the existing well and septic system
- 4) a proposed sewage reserve area based on the passing test holes, avoiding the downhill (west) side of holes 4 and 4A by at least 20 feet
- 5) certification that all wells and septic systems within 100 feet of property lines are shown
- 6) a note indicating that depicted topography reflects field-verified information
- 7) the plan identification number (PC 519619) in the title block
- 8) statement that the existing drywell will be properly abandoned and replaced with trenches to be installed in the approved reserve area within 60 days of plan signature
- 9) if more than five bedrooms are requested, increased septic tank capacity will also be necessary at the time of trench installation; an additional 1000-gal tank is suggested

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me as above.

Very truly yours,

Mark E. Rifkin, R.S.
Water and Sewerage Program

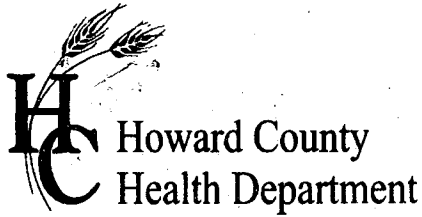
No plan submitted
as of July 04

MR
7/29/04

MR

Enclosures

cc: Maria Luisa Quigley
File



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ @P 5/19/03

AGENCY REVIEW: Eval. for Assisted Living Proposal, DATE 10/14/03

Ex. House 5BR, ex. system sized for 3BR
DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE (2 BR + 3 BR on permit)
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD
EVALUATE

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 5 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) CHRISTIAN SERVICES of Md-G Inc. Eileen Shields

DAYTIME PHONE 410-465-1060 CELL _____ FAX 410-465-9430

MAILING ADDRESS P.O. Box 21 Simpsonville MD 21050
STREET CITY/TOWN STATE ZIP

APPLICANT: Maria Luisa Quigley

DAYTIME PHONE 410-442-8093 CELL - FAX _____

MAILING ADDRESS 16082 A.E. Mullinix Rd Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Wm. Slagle Farm LOT NO. 3

PROPERTY ADDRESS 16082 AE Mullinix Rd
STREET TOWN/POST OFFICE.

TAX MAP PAGE(S) 13 GRID 6 PARCEL(S) 172 PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

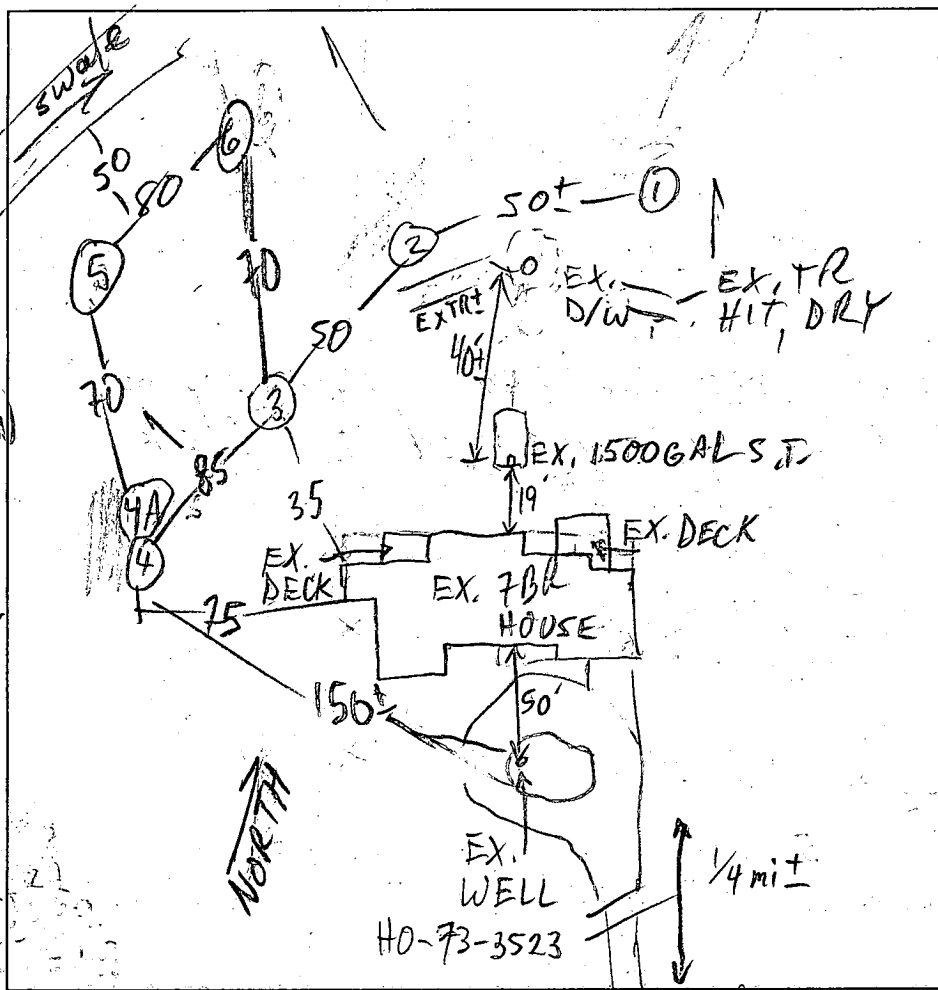
TEST RESULTS WILL BE MAILED TO APPLICANT. Maria Luisa Quigley
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP ①
brn orge
hvy lm
4 1/2
tan lt. brn
sa lm
15-20% Rx
6
tan lt. brn
sand &
sa m
15-40-50%
30% Rx
14 1/2
pink DOWN

2
brn
cl lm
3
brn yel
sa cl lm
5
yel tan
sa lm
10% Rx
40-50%
8 1/2
struc Rx

③
brn orge
cl lm
4
brn
hvy lm
5
tan brn
H. brn
red
sa lm
15% Rx
w/pocket
© 20%
HAID BOT



4
orge
brn
red
cl lm
5 1/2
DOWN
WEST
70%
70%
SITE
shade
Rx
UP EAST

4A
brn
cl lm
S
tan sa lm
DOWN
WEST
30-15-
70% 30%
Rx Rx
UP EAST

S
brn
cl lm
4-5
tan pink
brn yel
beige
sa lm
10-15%
Rx
12

AE MULLINX RD

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/15/03	1	14 1/2	FAILS	DOWNHILL			M
	2	8 1/2"					F
	3	12					P
	4	11					P
	5	12					P
	6	11? sim. to ⑤	w/20-30% Rx pockets				P
	4A	11	FAILS	DOWNHILL			M

REMARKS D/W HAS ABOUT 3' H₂O LIKELY DUE TO FAST ROCK & SAND
 SANITARIAN M. Ripkin BACKHOE Hartfields OTHERS _____
 TEST HOLES USED IN SDA 3-6 AVG. PERC TIME < 7 SQ. FT/BR 180 (x0.62)
 TRENCH WIDTH 3 INLET DEPTH 5 MAX. BOT DEPTH 7 EFFECTIVE S/W 2
ABANDON ALL OF EX. SYS.

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER 10-10-235
 FILL IN THIS FORM COMPLETELY

B 1 4444 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 1/30/80
1/30/80

OWNER Ward Michael &
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 4474 Muncaster Hill Rd
 COL 36 COL. 55

POST OFFICE ROVING, MD 20850
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6

DATE 11/3/79 LICENSE NUMBER 144
 77 80

FIRST NAME Allen D DRILLER LAST NAME Morgan

SIGNATURE Allen D Morgan

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 2
 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

APPROXIMATE DEPTH OF WELL 200 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE) _____

REPLACEMENT OR DEEPEINED 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

D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE: 67 68 WRITE INITIALS IN BOX

CONDITIONS: 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6

41 STATE HEALTH COUNTY NAME Howard COUNTY NO. 23346

DATE 1/09/79 MO. DAY YR.

APPROVED BY Donald H. Monaghan, Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

B 3 **HOW LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6

COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 LOT 48 50

NEAREST TOWN Daley 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 MI 73 76 77 78

B 4 **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**
 1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Mullin

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 75 FT 34 37 38 39

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

per microfiche
 285' 20 GPM
 1/30/80
 18 Bags of cement P.W.D.
 62' Well casing P.W.D.
 2 1/2" Well head ok C.B.E.

*1/30/80 No house }
 No septic }*

BOX NUMBER 770 541

NORTH COORDINATE 50 51 52 53 54 55

EAST COORDINATE 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 0/0 5/0

734.87'

PERC-TEST

556.5'

Lot 3
7.0445 AE

PERC-TEST

DRY-WELL #1
11" ϕ - 7.5' DEEP
1250 GAL. SEPTIC TANK
INV. @ HOUSE = 1998

DRY-WELL #2
11" ϕ - 7.5' DEEP

ONE-STORY FRAME
B - 184' FF = 1982

GAR
1972

WELL

PERC-TEST

180'

140'

200'

150' 25" 45" W

