



**Building Permit Application**  
 Howard County Maryland  
 Department of Inspections, Licenses and Permits  
 3430 Court House Drive  
 Permits: 410-313-2455  
 www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: B19001738

Building Address: 7469 Mink Hollow Road  
 City: Highland State: MD Zip Code: 20777  
 Sulte/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 30,000.00  
 Description of Work: Residential Detached  
Garage - 28'x36' 3-car  
1-story - Slab on grade  
Energy code prescriptive method

Occupant/Tenant Name: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: John J. Squirlock  
 Address: 7469 Mink Hollow Rd  
 City: Highland State: MD Zip Code: 20777  
 Phone: 301-854-0563 Fax: \_\_\_\_\_  
 Email: jjsquir@yahoo.com

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: owner  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Homeowner  
 Contact Person: Jeff AS  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MD Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

| Commercial Building Characteristics                                 | Residential Building Characteristics  |       |
|---|---|-------|
| Height:   | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |       |
| No. of stories:   | Depth   | Width |
| Gross area, sq. ft./floor:  | 1 <sup>st</sup> floor:  |       |
|   | 2 <sup>nd</sup> floor:  |       |
| Area of construction (sq. ft.):                                     | Basement:   |       |
|   | <input type="checkbox"/> Finished Basement  |       |
| Use group:  | <input type="checkbox"/> Unfinished Basement  |       |
|   | <input type="checkbox"/> Crawl Space  |       |
| Construction type:  | <input checked="" type="checkbox"/> Slab on Grade                                     |       |
| <input type="checkbox"/> Reinforced Concrete                        | No. of Bedrooms:  |       |
| <input type="checkbox"/> Structural Steel                           | <u>Multi-family Dwelling</u>  |       |
| <input type="checkbox"/> Masonry                                    | No. of efficiency units:  |       |
| <input type="checkbox"/> Wood Frame                                 | No. of 1 BR units:  |       |
| <input type="checkbox"/> State Certified Modular                    | No. of 2 BR units:  |       |
|   | No. of 3 BR units:  |       |
|   | Other Structure:  |       |
|   | Dimensions:   |       |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit    | Footings:   |       |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Roof:   |       |
| Roadside Tree Project Permit #                                      | <input type="checkbox"/> State Certified Modular                                      |       |
|   | <input type="checkbox"/> Manufactured Home  |       |

| Utilities                                    |   |
|--|---|
| Electric:                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas:   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Water Supply                                 |   |
| <input type="checkbox"/> Public              |   |
| <input checked="" type="checkbox"/> Private  |   |
| Sewage Disposal                              |   |
| <input type="checkbox"/> Public              |   |
| <input checked="" type="checkbox"/> Private  |   |
| Heating System                               |   |
| <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Oil  |
| <input type="checkbox"/> Natural Gas         | <input type="checkbox"/> Propane Gas                                |
| <input type="checkbox"/> Other:              |   |
| Sprinkler System:                            |   |
| <input type="checkbox"/> Yes                 | <input checked="" type="checkbox"/> No                              |
| Grading Permit Number:                       |   |
| Building Shell Permit Number:                |   |

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.

Applicant's Signature: [Signature] Print Name: John J. Squirlock  
 Email Address: jjsquir@yahoo.com Date: 28 MAY 2019  
 Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

| AGENCY             | DATE              | SIGNATURE OF APPROVAL |
|--------------------|-------------------|-----------------------|
| State Highways     |                   |                       |
| Building Officials |                   |                       |
| PSZA (Zoning)      |                   |                       |
| PSZA (Engineering) |                   |                       |
| Health             | <u>11/26/2019</u> | <u>[Signature]</u>    |

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

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

|                 |                 |
|-----------------|-----------------|
| Filing Fee      | \$ <u>25.00</u> |
| Permit Fee      | \$              |
| Tech Fee        | \$              |
| Enclose Tax     | \$              |
| PSFS            | \$              |
| Guaranty Fund   | \$              |
| Add'l per Fee   | \$              |
| Total Fees      | \$              |
| Sub- Total Paid | \$              |
| Balance Due     | \$ <u>3363</u>  |
| Check           |                 |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SH1

\* NO Initials \*

## Freemon, Robert

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**From:** Freemon, Robert  
**Sent:** Monday, November 25, 2019 1:49 PM  
**To:** JJ Squir  
**Subject:** RE: 7469 Mink Hollow  
**Attachments:** 7469 Mink Hollow..pdf

Hi John,

Good news your waiver request has been approved. Attached is the unofficial signed letter. An official letter will be mailed out to you later. When applying for the building permit I would submit the site plan, filled out building permit application, floor plans and the attached approval letter. If you have any questions let me know.

**Robert "Spencer" Freemon**  
**Howard County Health Department**  
**8930 Stanford Blvd. Columbia, MD 21045**  
**Bureau of Environmental Health**  
**Well and Septic Program**  
**Phone: 410-313-6357**  
**Email: [rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)**  
**Website: <https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>**

**From:** JJ Squir <jjsquir@yahoo.com>  
**Sent:** Wednesday, June 19, 2019 7:41 PM  
**To:** Freemon, Robert <rfreemon@howardcountymd.gov>  
**Subject:** Re: 7469 Mink Hollow

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Mr. Freemon,

My plan is for a 28'x36', one story, slab on grade, 3-car oversized garage. It will not have water, plumbing or any conditional living space. It is an open floor plan, 10 foot ceiling height and will not have a loft or storage above. The plan includes 3 garage doors, a side entry door and two windows.

The building is located 20' from the well head.

Please let me know if I can answer any additional questions.

Thank you,

John

John Squirlock  
301-854-0562

On Wednesday, June 19, 2019, 3:58:51 PM EDT, Freemon, Robert <[rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)> wrote:

Hi John,

Attached are my comments for building permit B19001738. I do have a couple of questions. Is the detached garage going to be constructed with any plumbing or conditioned living space? Also will there be a loft above the garage?

**Robert "Spencer" Freemon**

**Howard County Health Department**

**8930 Stanford Blvd. Columbia, MD 21045**

**Bureau of Environmental Health**

**Well and Septic Program**

**Phone: 410-313-6357**

**Email: [rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)**

**Website: <https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>**

From: Mr. John Squirlock  
7469 Mink Hollow Rd  
Highland, MD 20777

Date: 25 October 2019

Re: Permit # B19001738  
7469 Mink Hollow Rd  
Highland, MD 20777  
"Perc Waiver Request"

*approved  
JWS  
4/22/19*

To: Director, Howard County Health Department  
Attn: Mr. Robert Freeman

I would like to formally request a percolation certification test waiver for the building permit # B19001738 and the corresponding detached garage. The 3-car oversized 40' x 28' garage structure will not have any plumbing or conditioned living space nor will there be a loft above the garage. The detached garage is located in an area of the property which is not suitable for an on-site septic system due to its proximity to the well, recent grading and disturbed soil from the removal of several large stumps during excavation for the structure.

As informally surveyed and reviewed with Mr. Freeman on 10 October 2019, the property has several optional locations for a replacement on-site septic system should the future need arise. At that future time, a site evaluation survey and a complete percolation test would be performed to validate proper specification and certification for a replacement on-site sewage system.

Enclosed is a plot and building location diagram.

Please let me know if I can answer any questions regarding this Perc waiver request.

Thank you for your consideration.

Sincerely,



John Squirlock

SITE INSPECTION SHEET

OWNER: John Squirlock PHONE #: \_\_\_\_\_

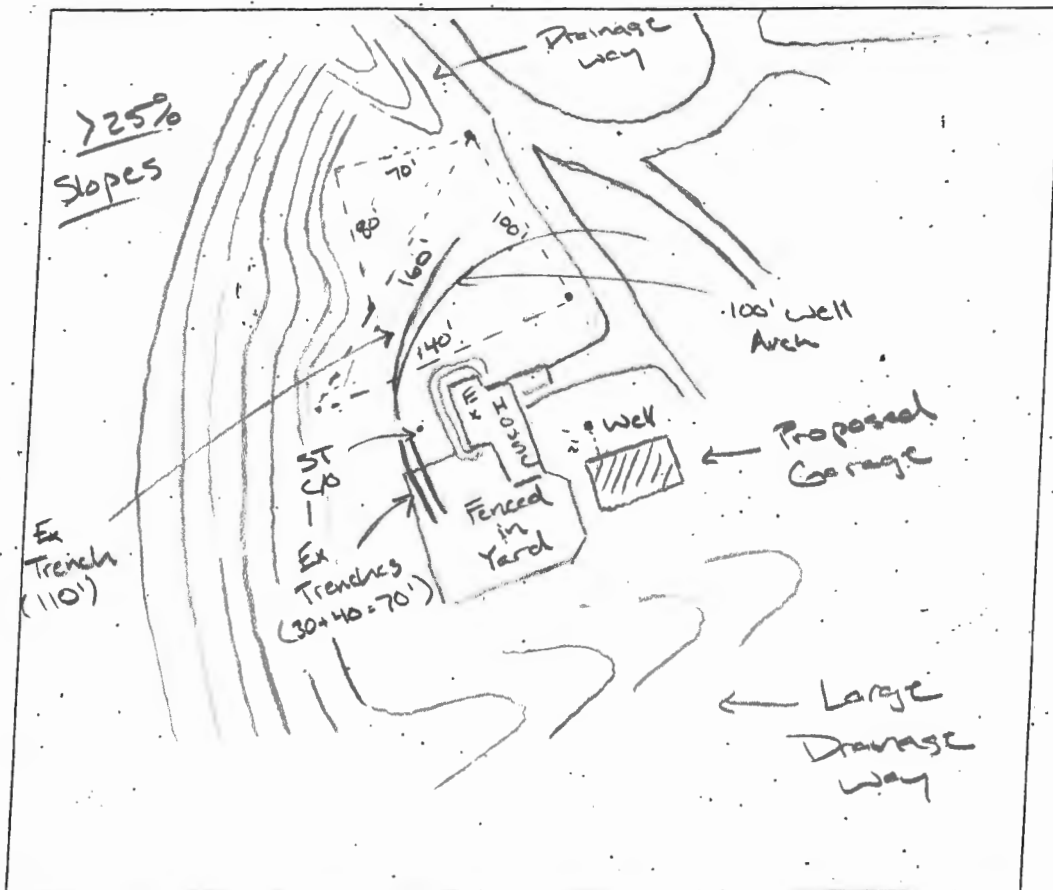
ADDRESS: 7469 Mink Hollow CONTRACTOR: \_\_\_\_\_

WELL TAG #: HO-73-1085

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Proposed detached garage addition, Homeowner is asking for perc cert requirement to be waived.

LOCATION DIAGRAM



COMMENTS: Septic system does not appear to be falling. Area shown approximately 10,000 sqft in total. This area has the potential for sewage disposal when a new system is needed. Existing septic is shown based off 1975 and 1995 as built/permits. Well has been GPS located.

DATE: 11/19/2019

INSPECTOR: RSF



# HOWARD COUNTY MARYLAND

Info Legend About

7469 MINK HOLLOW RD

Detailed Search

Add Layer

2017 Aerial Photo

### BASE MAP LAYERS

ADDRESS LABELS

COUNTY LINE

METROPOLITAN AREA

PROPERTY BOUNDARIES

SCANNED DRAWINGS

STREETS

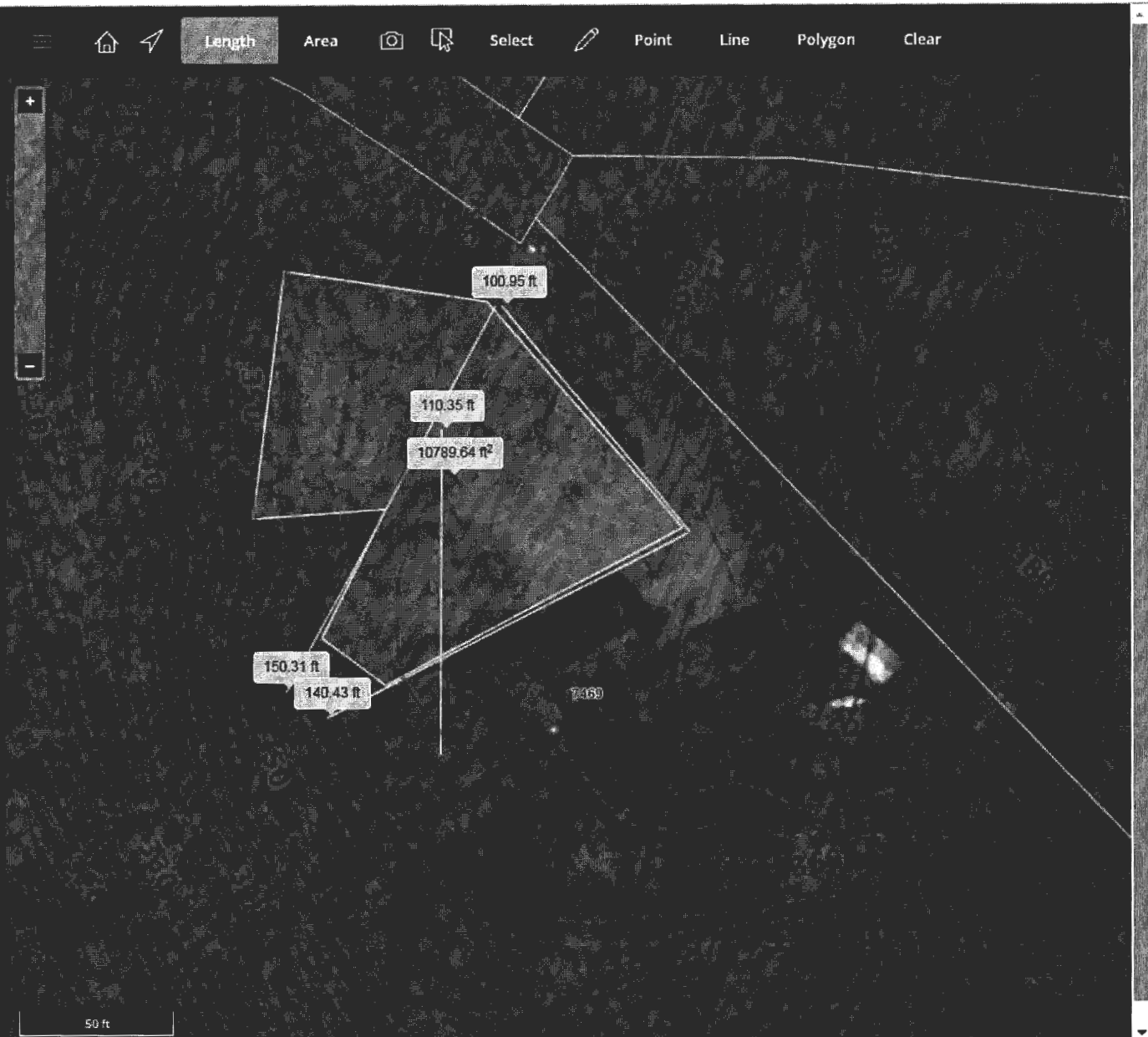
CONTOURS 2011

CONTOURS 2004

### HEALTH SPECIAL LAYERS

WELLS - SEPTEMBER 2019

WELL/SEPTIC FILES



John Squirrellock  
B 19001738

7469

Mink Hollow Rd

Highland MD

3/29/95 AM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50605

A REPAIR

DISTRICT 5th

DATE 3/27/95

DATE SYSTEM APPROVED 3/29/95

INSPECTOR DKS

**HOWARD COUNTY HEALTH DEPARTMENT**

**BUREAU OF ENVIRONMENTAL HEALTH**

~~461-9933~~ 313-2640

# INDEXED

Awkard Septic Service IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 17403 Old Baltimore Road, Olney, Maryland 20832 PHONE 774-3869

SUBDIVISION 7469 Country Lane S/D LOT Parcel: 16 ROAD 7469 Country Farm Lane

PROPERTY OWNER Bruce Holland

ADDRESS LAST PAVED LANE ON LEFT BEFORE RIVER

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 100

2 TRENCHES OK  
IF ONE EXISTING  
IS STILL SERVICEABLE  
3/27/95 (CW)

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so that a sanitarian can recommend repair.  
03/27/95

Run 3 35' trenches to right when facing back of house. PLACE

5 FEET OF STONE - INLET AT 3 BOTTOM AT 8'. MAINTAIN 25' OFF 125%  
OPTIONAL:

slope. Reconnect last 65 FEET OF TRENCH THAT WASNT USED AND

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

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

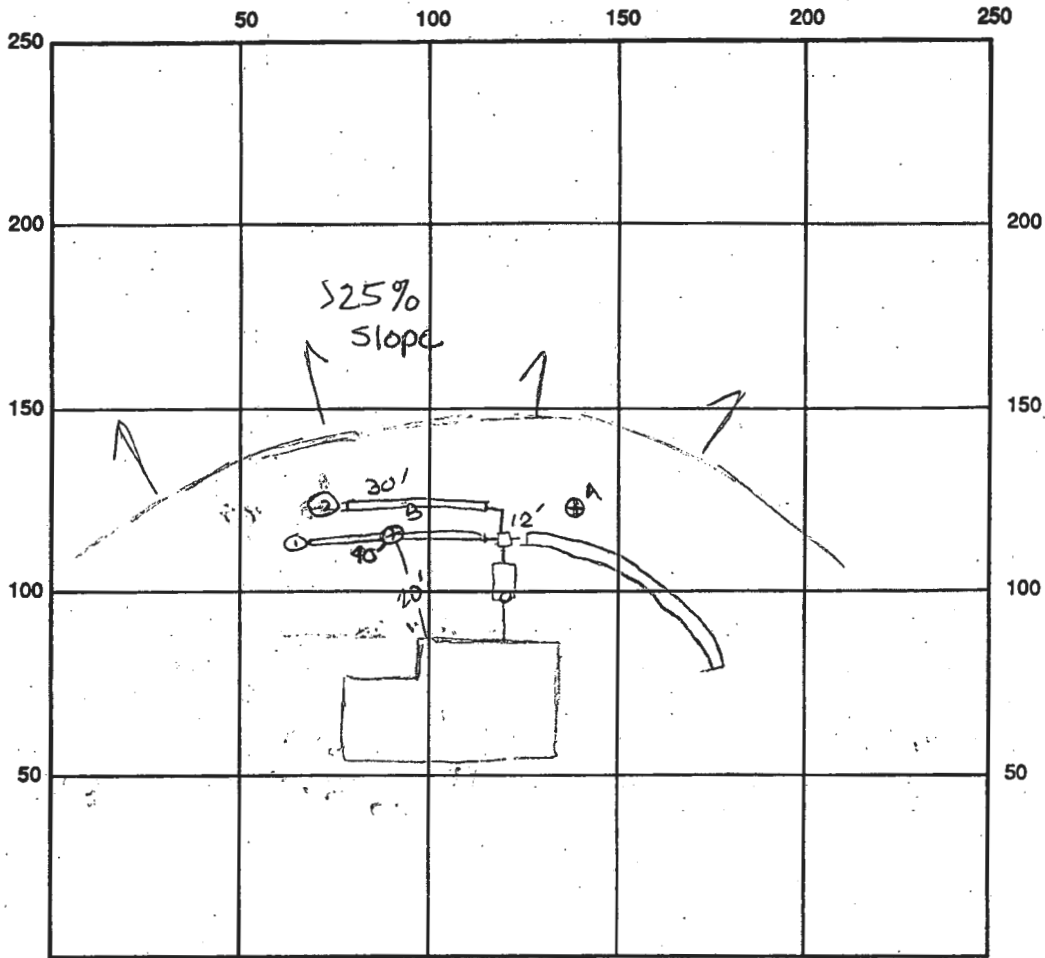
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P 50605  
REPAIR

A -  
Fill  
to 8'  
Fail



$\frac{125}{500}$   
 $\frac{12}{4150}$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Existing - 1250 gal CLEANOUTS one on d.b.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH ① 40' ② 30' FT. → 70' total

NUMBER OF TRENCHES 2 + existing ONE SIDEWALL ~~AREA~~ AREA 350 SQ. FT. + existing

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 350 SQ. FT. + existing

REMARKS: 3/29/95 a.m. OK to stone trench ① and continue DKS  
3/29/95 p.m. OK to cover trench ① and continue DKS  
3/29/95 later final - OK to cover all work. DKS

DATE SYSTEM APPROVED 3/29/95

INSPECTOR [Signature]

8/22/75 file app'd WWZ

# PERMIT

P 21518

A 18678

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 5/15/75

Edwin G. Willson

IS PERMITTED TO INSTALL  ALTER

ADDRESS 14507 Gilpin Road, Silver Spring, Md.

PHONE 774-9698

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Country Lane S/D

ROAD

Country Farm Lane

LOT Parcel 16

PROPERTY OWNER Edwin G. Willson

*Bruce Hollenbeck end of Munk Hollow Rd.*

ADDRESS same as above

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

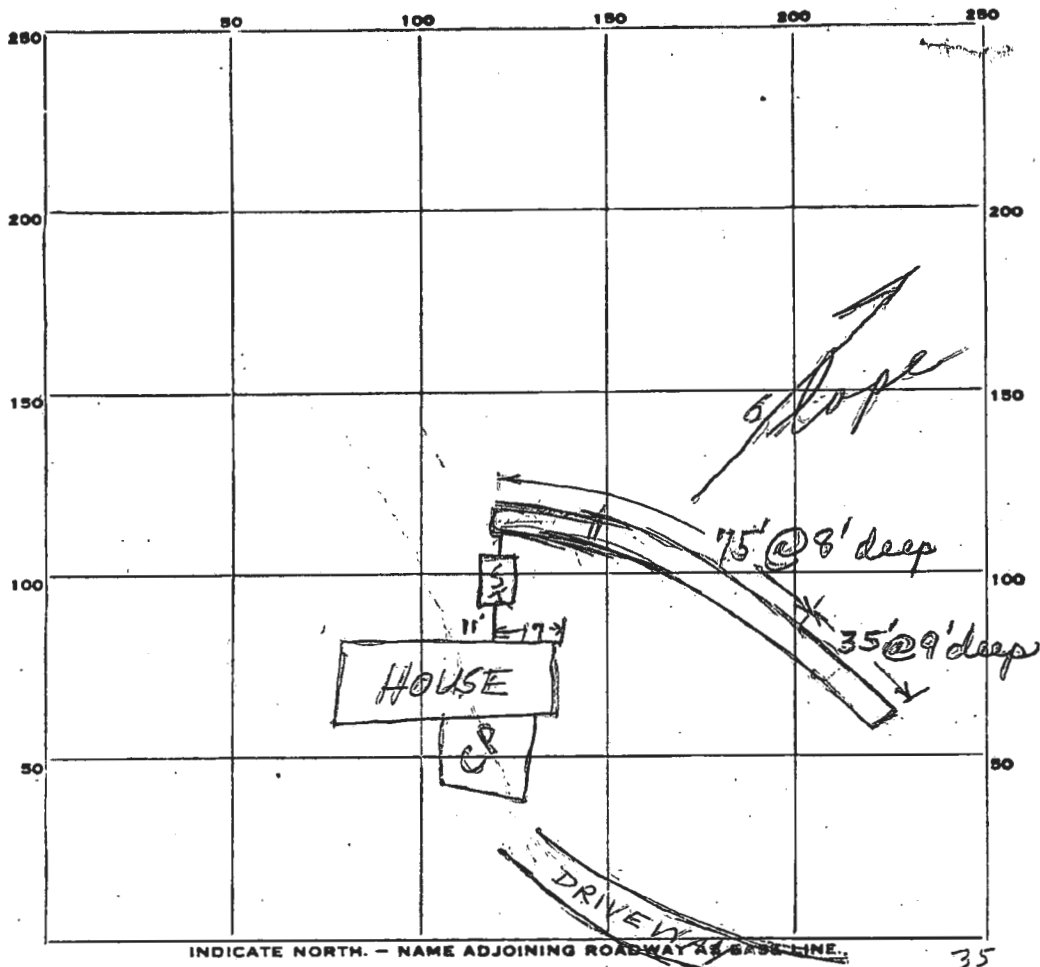
~~OTHER~~ TRENCH - 150 sq. ft. effective absorbent sidewall area per bedroom. Dig trench(es) 90 ft. long, 8 ft. deep, 2 1/2 ft. wide, with 5 ft. gravel under distribution pipe. Begin first trench approximately 20 ft. off left (548.10) property line, at a point 485 ft. from the left rear corner of the lot. Run trench diagonally across the lot toward the right rear corner of lot, passing through perc test hold that is 90 ft. from the 548.10 property line and 250 ft. from the 586.50 (back) lot line, following approximately the same contour. If a second trench is needed, place it 15 ft. downslope from the first and parallel to the first. Call for inspection of trenches before any gravel is installed. If any questions, call office. NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS. NOTE: INSTALL STAND PIPE ON SEPTIC TANK. STAND PIPES MUST BE # 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY William W. Zepp DATE 9/11/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 18678



85  
 5  
 1125  
 6 130  
 25  
 6  
 75  
 5  
 395  
 210  
 545  
 35  
 6  
 210

PERMIT CARD   
 SEPTIC TANK, LEVEL 1750 gal CLEANOUTS   
 DISTRIBUTION BOX, LEVEL \_\_\_\_\_  
 TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH 2 1/2 FT. 85 425  
 GRAVEL DEPTH 5-6 FT. TOTAL LENGTH 110 FT.  
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 585 SIDEWALL  
 SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 8/22/75 Question location of system, and it is not according to drawing Wilson submitted, but soil is good.

DATE SYSTEM APPROVED 8/22/75 INSPECTOR William H. Zapp

PRELIMINARY

# APPLICATION

A 18678

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-8000, EXT. 386

DISTRICT 5th

DATE 6/29/73

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 Edwin G. Willson

ADDRESS 14507 Gilpin Road, Silver Spring, Md. PHONE 774-9698

PROPERTY LOCATION:

SUBDIVISION Country Farm Lane S/D LOT NO. Parcel 16

ROAD AND DESCRIPTION Country Farm Lane

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Edwin G. Willson

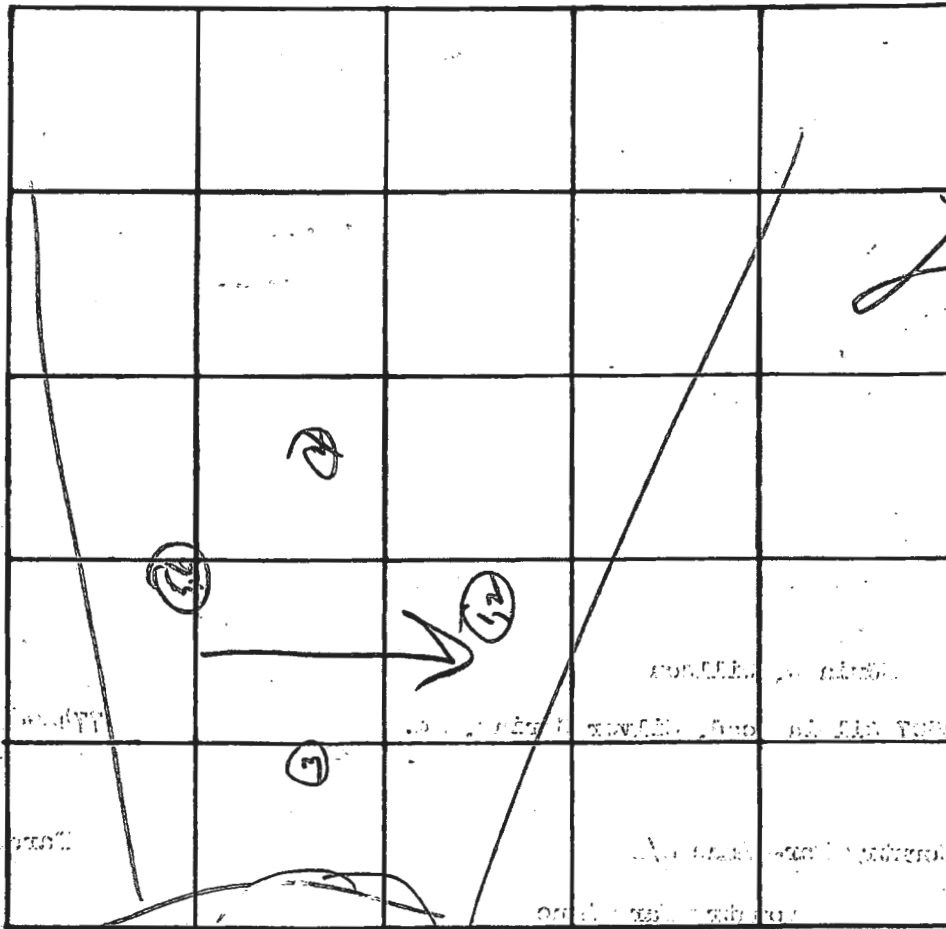
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



| DATE    | TEST NO. | DEPTH  | PRE-WET            |       | TEST - 1" DROP |       | TIME |  |
|---------|----------|--------|--------------------|-------|----------------|-------|------|--|
|         |          |        | START              | STOP  | START          | STOP  |      |  |
| 7/24/73 | 1        | 3 1/2  | 9:58               | 9:59  | 9:59           | 10:02 | 3    |  |
| low     | 2        | 10 1/2 | 9:57               | 10:01 | 10:01          | 10:11 | 10   |  |
|         | 3        | 10 1/2 | Visual; sim to 142 |       |                |       |      |  |
|         | 4        | 11 1/2 | Visual; sim to 142 |       |                |       |      |  |
| if      | 5        | 4      | 10:06              | 10:07 | 10:07          | 10:08 | 1    |  |
|         | 6        | 11     | 10:08              | 10:19 | 10:19          | 10:40 | 21   |  |
|         |          |        |                    |       |                |       |      |  |
|         |          |        |                    |       |                |       |      |  |
|         |          |        |                    |       |                |       |      |  |
|         |          |        |                    |       |                |       |      |  |

Rock @ bot  
 $\bar{t} = 11$   
 Inlet @  
 3 1/2

REMARKS Cent. perc holes. Rock (shale) 10-11'

TYPE OF SOIL \_\_\_\_\_

PRELIMINARY

# APPLICATION

A 18678

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 MW - 1000 gal ST DISTRICT 5th  
 ENVIRONMENTAL HEALTH SERVICES 4 MW - 1250 gal ST DATE 6/29/73  
 P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
 TELEPHONE: 485-5000, EXT. 386

*Dry well is to have 125 sq. ft. effective absorbent sidewall area <sup>per bedrock</sup> below the first 3 1/2 ft. of non-absorbent ground at original grade. Maximum depth of DW to be 11 1/2 ft. Locate dry well 90 ft. from the 548.10' lot line and 250 ft. from the 586.50' (back) lot line.*

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 Edwin G. Willson

ADDRESS 14507 Gilpin Road, Silver Spring, Md. PHONE 774-9698

PROPERTY LOCATION:

SUBDIVISION Country Farm Lane S/D LOT NO. Parcel 16

ROAD AND DESCRIPTION Country Farm Lane

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Edwin G. Willson

APPROVED BY W.W. Zeger FOR deep trenches DATE 9/11/73  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS WwZ DATE 7/24/73

REASONS FOR REJECTION OR HOLDING Certif of per holes.

BLDG. PERMIT SIGNED  
 AND RETURNED 9/2/73

# THIS IS NOT A PERMIT

|  |             |                             |  |  |
|--|-------------|-----------------------------|--|--|
| <b>B 1</b>   | <b>0701</b> | SEQUENCE NO. (WRA USE ONLY) | <b>STATE OF MARYLAND</b><br><b>WATER RESOURCES ADMINISTRATION</b><br><b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b> | <b>WRA PERMIT NUMBER</b><br><span style="font-size: 24pt; font-family: cursive;">HO-79-1025</span> |
| 1 2 3 (SEQ. NO.) 6<br>THIS NUMBER IS TO BE PURCHASED IN COLS. 2-6 ON ALL CARDS |             |                             | FILL IN THIS FORM COMPLETELY   |  |

|   |   |                  |           |                  |  |            |  |        |               |             |        |  |        |  |  |             |                  |        |  |        |  |  |
|---|---|------------------|-----------|------------------|--|------------|--|--------|---------------|-------------|--------|--|--------|--|--|-------------|------------------|--------|--|--------|--|--|
| DATE RECEIVED (WRA USE ONLY)<br><span style="font-size: 24pt; font-family: cursive;">8/6/75</span><br><span style="font-size: 24pt; font-family: cursive;">1:30-1:00</span> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8pt;">OWNER</td> <td style="width:60%; font-size: 12pt; font-family: cursive;">Ed Wilson</td> <td style="width:15%; font-size: 8pt;">COL 18 LAST NAME</td> <td style="width:10%;"></td> <td style="width:15%; font-size: 8pt;">FIRST NAME</td> <td style="width:5%;"></td> <td style="width:10%; font-size: 8pt;">COL 34</td> </tr> <tr> <td style="font-size: 8pt;">STREET OR RFD</td> <td style="font-size: 12pt; font-family: cursive;">P.O. Box 32</td> <td style="font-size: 8pt;">COL 36</td> <td></td> <td style="font-size: 8pt;">COL 55</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8pt;">POST OFFICE</td> <td style="font-size: 12pt; font-family: cursive;">Ashton, Md 20702</td> <td style="font-size: 8pt;">COL 57</td> <td></td> <td style="font-size: 8pt;">COL 76</td> <td></td> <td></td> </tr> </table> | OWNER            | Ed Wilson | COL 18 LAST NAME |  | FIRST NAME |  | COL 34 | STREET OR RFD | P.O. Box 32 | COL 36 |  | COL 55 |  |  | POST OFFICE | Ashton, Md 20702 | COL 57 |  | COL 76 |  |  |
| OWNER   | Ed Wilson   | COL 18 LAST NAME |           | FIRST NAME       |  | COL 34     |  |        |               |             |        |  |        |  |  |             |                  |        |  |        |  |  |
| STREET OR RFD   | P.O. Box 32   | COL 36           |           | COL 55           |  |            |  |        |               |             |        |  |        |  |  |             |                  |        |  |        |  |  |
| POST OFFICE   | Ashton, Md 20702  | COL 57           |           | COL 76           |  |            |  |        |               |             |        |  |        |  |  |             |                  |        |  |        |  |  |

|                    |             |                            |
|--------------------|-------------|----------------------------|
| <b>B 1</b>         | CONTINUED   | <b>DRILLER INFORMATION</b> |
| 1 2 3 (SEQ. NO.) 6 |             |                            |
| DATE               | 7-10-75     | LICENSE NUMBER             |
|                    |             | 92                         |
| FIRST NAME         | J. Eastwood | DRILLER LAST NAME          |
| SIGNATURE          | J. Eastwood |                            |

|                                      |                         |
|--------------------------------------|-------------------------|
| <b>B 3</b>                           | <b>LOCATION OF WELL</b> |
| 1 2 3 (SEQ. NO.) 6                   |                         |
| COUNTY                               | Howard                  |
| SUBDIVISION                          | C. Central              |
| SECTION                              | 46                      |
| NEAREST TOWN                         | Highland                |
| MILES FROM TOWN (ENTER 0 IF IN TOWN) | 3                       |

|  |                         |
|--|-------------------------|
| <b>B 2</b>   | <b>WELL INFORMATION</b> |
| 1 2 3 (SEQ. NO.) 6   |                         |
| MAXIMUM PUMPING RATE (GALLONS PER MINUTE)                                      | 500                     |
| AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)                                | 400                     |
| <b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>                                  |                         |
| <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)           |                         |
| <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION                      |                         |
| <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. |                         |
| <input type="checkbox"/> MUNICIPAL WATER SUPPLY                                |                         |
| <input type="checkbox"/> PRIVATE WATER COMPANY                                 |                         |
| <input type="checkbox"/> TEST  |                         |

|  |                            |
|--|----------------------------|
| <b>B 4</b>   | <b>DIRECTION FROM TOWN</b> |
| 1 2 3 (SEQ. NO.) 6   |                            |
| <input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST<br><input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST |                            |
| NEAR ROAD  | Mick Hollow Rd             |
| ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)   | E                          |
| DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)   | 900                        |

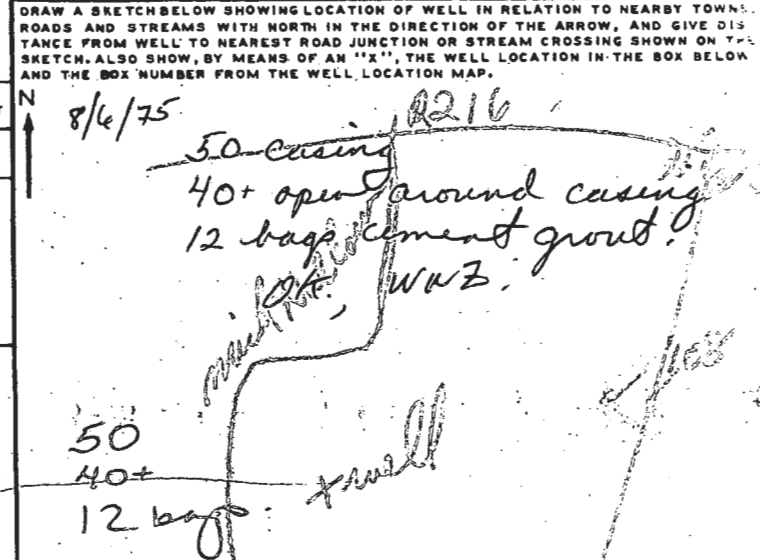
|                              |     |                |
|------------------------------|-----|----------------|
| APPROXIMATE DEPTH OF WELL    | 150 | FEET           |
| APPROXIMATE DIAMETER OF WELL | 6"  | (NEAREST INCH) |

|  |                |                           |
|--|----------------|---------------------------|
| <b>METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)</b> |                |                           |
| BORED (OR AUGERED)   | JETTED         | DRIVEN                    |
| 30-37 AIR-ROTARY   | AIR-PERCUSSION | ROTARY (HYDRAULIC ROTARY) |
| CABLE  | REVERSE-ROTARY | DRIVE-POINT               |

|   |  |
|---|--|
| <b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> |  |
| 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) |

|  |                              |
|--|------------------------------|
| <b>NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)</b> |                              |
| APPROPRIATION PERMIT NUMBER                          | ENGINEER REVIEW DISTRICT NO. |
| FORCE  | CONDITIONS                   |

|                           |                         |                                   |
|---------------------------|-------------------------|-----------------------------------|
| <b>B 4</b>                | CONTINUED               | <b>HEALTH DEPARTMENT APPROVAL</b> |
| 1 2 3 (SEQ. NO.) 6        |                         |                                   |
| STATE HEALTH (CIRCLE BOX) | COUNTY NAME             | COUNTY NO.                        |
| DATE                      | Approved by [Signature] |                                   |



|                               |   |
|-------------------------------|---|
| <b>B 5</b>                    | <b>SPECIAL CONDITIONS 8-69 (WRA USE ONLY)</b> |
| 1 2 3 (SEQ. NO.) 6            |   |
| NORTH COORDINATE              | EAST COORDINATE                               |
| ELEVATION AT WELL HEAD (FEET) | ELEVATION AT WELL HEAD (FEET)                 |

C 1 **6729** SEQUENCE NO. (WRA USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PURCHASED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WATER RESOURCES ADMINISTRATION  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY.

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8-31-76 DEPTH OF WELL 225 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-19-1085  
 DATE WELL COMPLETED 8-31-76 (TO NEAREST FOOT) 22 26  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 82

OWNER Ed Wilson Builder FIRST NAME Ashton Md  
 LAST NAME Ed Wilson POST OFFICE Ashton Md  
 STREET OR RFD PO BOX 32

WELL LOG

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

| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET |     | CHECK IF WATER BEARING |
|--|------|-----|------------------------|
|  | FROM | TO  |                        |
| Top Soil   | 0    | 2   |                        |
| Shaley   | 2    | 25  |                        |
| SHALE  | 25   | 40  |                        |
| BROWN SLATE                                      | 40   | 80  | ✓                      |
| BLUE SLATE                                       | 80   | 225 | ✓                      |

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  C M  B C

CEMENT 45 46 BENTONITE CLAY 45 46

NO. OF BAGS 10 NO. OF POUNDS 1200

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 40 FT.  
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL  S T CONCRETE  C O  
 PLASTIC  P L OTHER  O T

MAIN CASING TYPE  S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 50

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

INSERT APPROPRIATE CODE BELOW

STEEL  S T BRASS  B R OPEN HOLE  H O  
 OR BRONZE  
 PLASTIC  P L OTHER  O T

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM 48 TO 225

E A C H S C R E E N

1 H O 8 9 11 15 17 21  
 2  
 3

23 24 26 30 32 36  
 38 39 41 45 47 51

SLOTSIZE 1, 2, 3

C 3

1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 12

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 45 (NEAREST FOOT)  
 WHEN PUMPING 225 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR  P PISTON  T TURBINE  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 J JET  S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  Y NO  N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

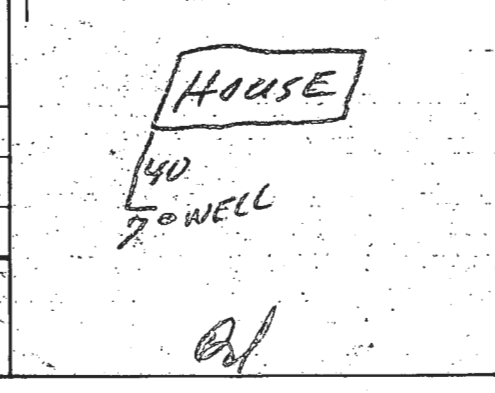
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2  
 BELOW }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) L. E. Easterday  
J. H. Easterday  
 SIGNATURE

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)  F

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

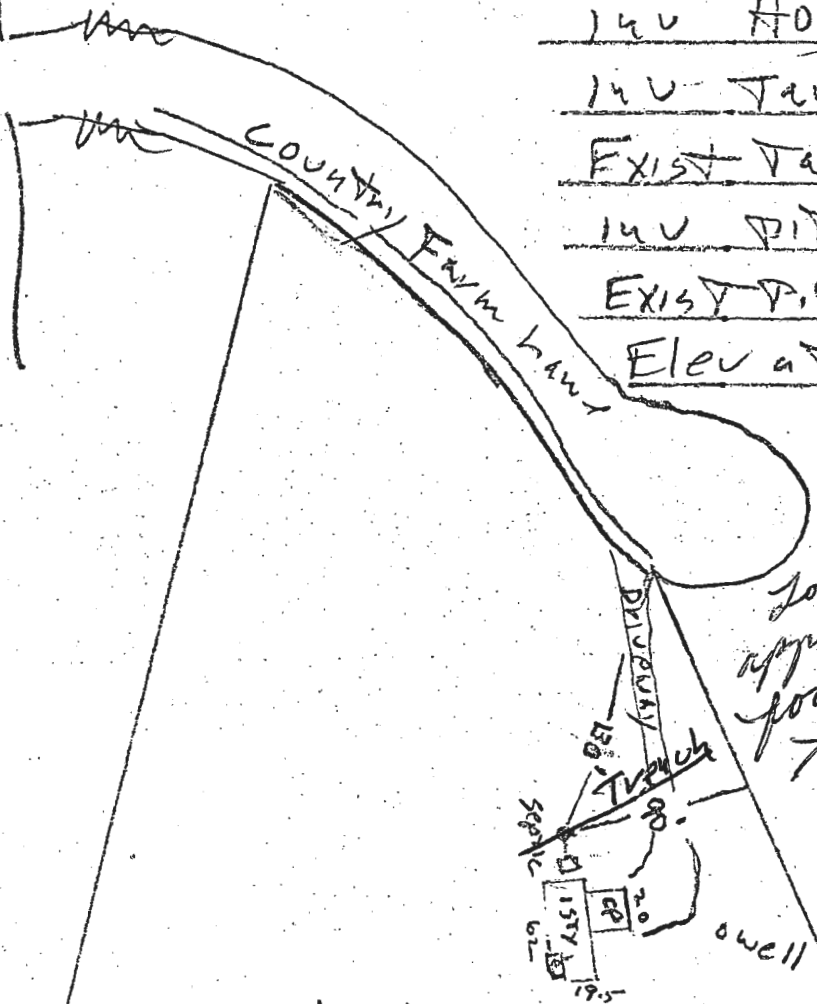
T (E.R.O.S.) W Q

70  72  74 75 76 OTHER DATA AVAILABLE

TELESCOPE CASING LOG INDICATOR

PA 0210107 221W

|              |      |
|--------------|------|
| Well elev    | 502' |
| FIRST FL     | 500' |
| Base Level   | 492' |
| 1st HOUSE    | 491' |
| 1st TANK     | 490' |
| EXIST TANK   | 494' |
| 1st PIT      | 489' |
| EXIST PIT    | 493' |
| Elev at Test | 493' |



4/30/75  
 Location and elevations  
 approved. Manhole req'd  
 for ST if top of tank is  
 73' below top of ground  
 WWS  
 WWS

LOT 16  
 5 AC

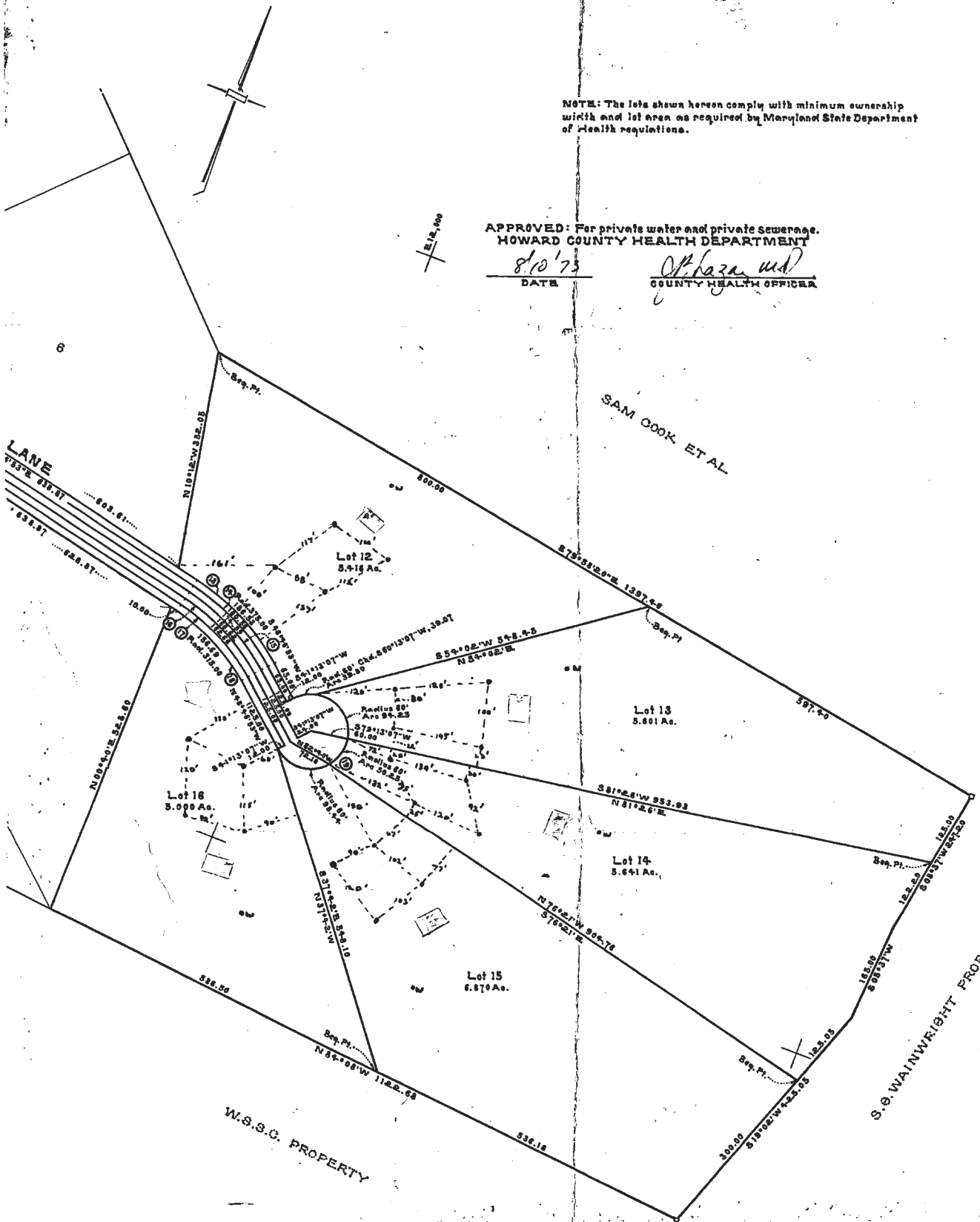
I certify the above measurements and elevations  
 are correct for this property  
 Edgar G. Miller

NOTE: The lots shown hereon comply with minimum ownership width and lot area as required by Maryland State Department of Health regulations.

APPROVED: For private water and private sewerage.  
HOWARD COUNTY HEALTH DEPARTMENT

8/10/73  
DATE

*Off. [Signature]*  
COUNTY HEALTH OFFICER



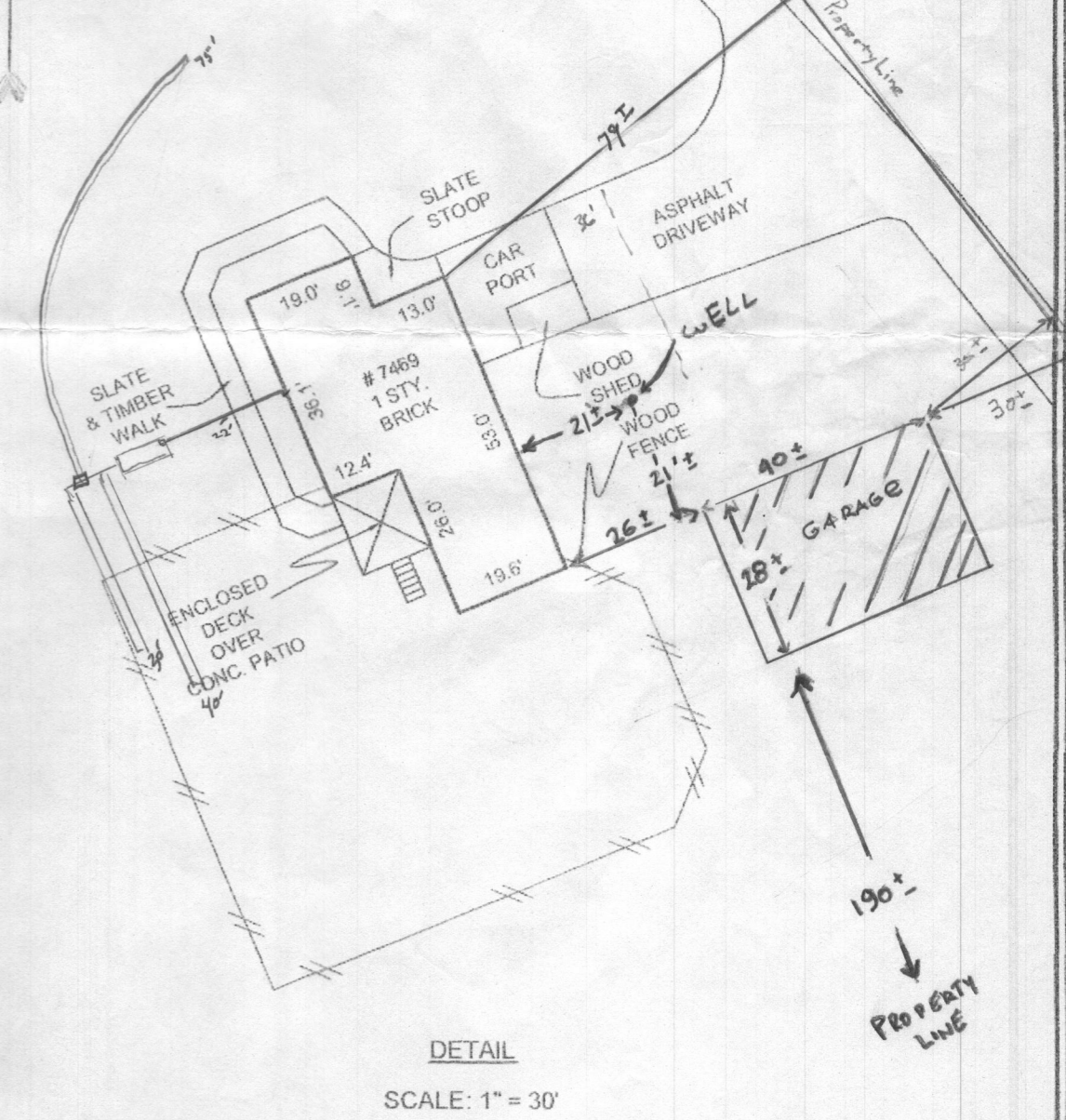
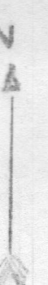
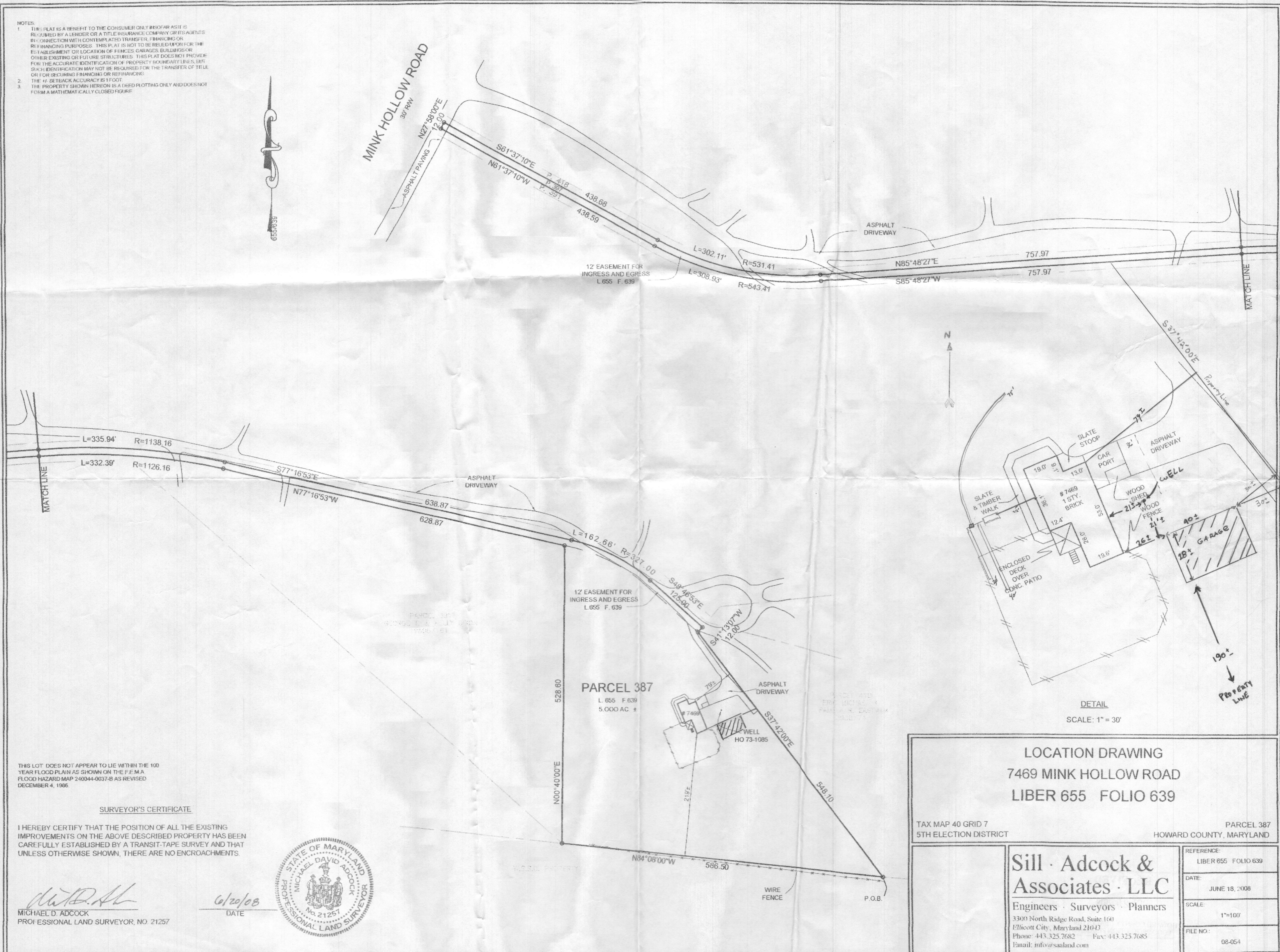
**COUNTRY FARM LANE  
SUBDIVISION**

Howard County, Maryland  
June, 1973 Scale: 1"=100'

- NOTES
1. THIS PLAT IS A BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING PURPOSES. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE STRUCTURES. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR FOR SECURING FINANCING OR REFINANCING.
  2. THE 1/2" SETBACK ACCURACY IS 1 FOOT.
  3. THE PROPERTY SHOWN HEREON IS A DEED PLOTTING ONLY AND DOES NOT FORM A MATHEMATICALLY CLOSED FIGURE.



MINK HOLLOW ROAD  
30' RW



DETAIL  
SCALE: 1" = 30'

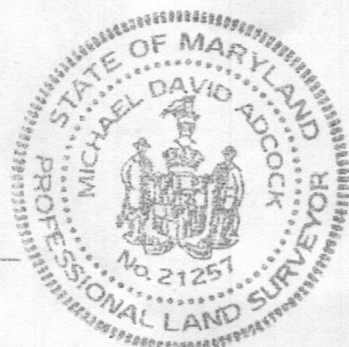
THIS LOT DOES NOT APPEAR TO LIE WITHIN THE 100 YEAR FLOOD PLAIN AS SHOWN ON THE F.E.M.A. FLOOD HAZARD MAP 240044-0037-B AS REVISED DECEMBER 4, 1996.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS.

*Michael D. Adcock*  
MICHAEL D. ADCOCK  
PROFESSIONAL LAND SURVEYOR, NO. 21257

6/20/08  
DATE



LOCATION DRAWING  
7469 MINK HOLLOW ROAD  
LIBER 655 FOLIO 639

TAX MAP 40 GRID 7  
5TH ELECTION DISTRICT

PARCEL 387  
HOWARD COUNTY, MARYLAND

**Sill · Adcock & Associates · LLC**  
Engineers · Surveyors · Planners  
3300 North Ridge Road, Suite 160  
Ellicott City, Maryland 21043  
Phone: 443.325.7682 Fax: 443.325.7685  
Email: info@saaland.com

|            |                     |
|------------|---------------------|
| REFERENCE: | LIBER 655 FOLIO 639 |
| DATE:      | JUNE 18, 2008       |
| SCALE:     | 1"=100'             |
| FILE NO.:  | 08-054              |