

TAXA 04353471

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58953

A 42740-A

DISTRICT _____

DATE 8-3-97

DATE SYSTEM APPROVED 9/4/97

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~X 461-9933 X~~ 410-313-2640

Arnold Backhoe & Septic Services _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Chessie Crossing LOT 12 ROAD 767 Chessie Crossing Way

PROPERTY OWNER Art & Laurie Gordon

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BUILDING PERMIT SIGNED AND RETURNED
PLEASE CONTACT THIS OFFICE TO CONFIRM SOIL CONDITIONS PRIOR TO STARTING ANY WORK.

BLDG. PERMIT SIGNED AND RETURNED 9-23-98
Serial # B7114192

TRENCHES - Trench to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trench 370 feet up the left (729.17') lot line and 90 feet off that same lot line as seen when facing the lot from Chessie Crossing Way. Run trenches on contour toward the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.
OK KM 4/14/97

PLANS APPROVED BY Amy McMillen DATE 04/08/97

COVER NO WORK UNTIL INSPECTED AND APPROVED
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

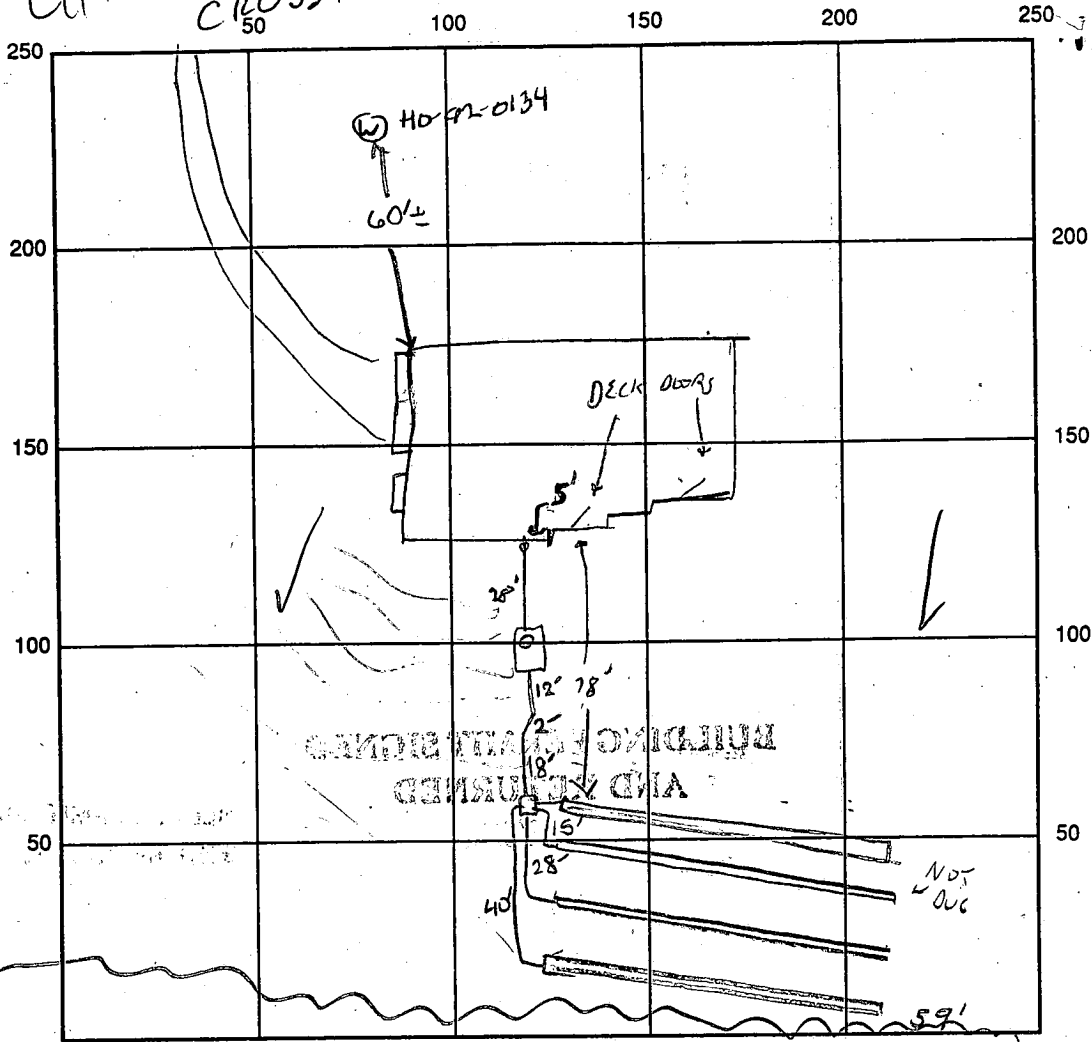
9/14/97
C.O. (ready now)

BLDG. PERMIT SIGNED AND RETURNED 4-8-99
Serial # B7117194
above ground tank.

BLDG. PERMIT SIGNED AND RETURNED 10-23-97
Serial # B71108428
purpose tank
1-574 undg

A 42740-A

CHESSE CROSSING WAY



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
WOODS

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 3.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 1.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4 x 60 FT. → 240

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 9/3/97 OK TO COVER LOWEST TRENCH, SOIL ROCKIER IN LOWEST TRENCH
TO 4" LARGE ROCKS IN 15' 30", HOUSE MOVED BACK 13', SEPTIC TANK HOLE DUG CLOSER
TO HOUSE THAN SPECIFIED, THE CONTRACTOR SAID THAT THE BUILDER AIN'T SPECIFY - I WILL
NOTIFY BUILDER BE CHANGE. TANK LOCATION DISCUSSED W/ MR HAMILTON - BUILDER HE WILL
FOLLOW UP 9/10/97 AFTER CHECKING W/ OWNER.

9/4/97 FINAL INSPECTION - OK TO COVER ALL WORK. DKS

DATE SYSTEM APPROVED 9/4/97 INSPECTOR DONALD K SOL

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 42740
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P O BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 4

DATE August 2, 1988

*SYSTEM FIRST
SHALLOW SYSTEM*

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 Paul V. & Bong Cha Brosenne *Art + Laurie Gordon*

ADDRESS 694 Morgan Station Road Woodbine, MD 21797 PHONE 489-4052

PROPERTY LOCATION: Prospective Buyer: Lambert Cissell 442-5671
SE Corner of 3425 Hipsley Mill Rd. Woodbine MD 21797

SUBDIVISION Chessie Crossing Morgan Woodbine Rd. & Morgan Station Rd. LOT NO. 12

ROAD AND DESCRIPTION New Road = Road A, Tax Map 3, Parcel 4 **EX. PERMIT SIGNED**
(767 Chessie Crossing Way) **AND RETURNED 7/8/88**
Serial # BR 104717-

SIZE OF LOT 3 acres + TYPE BLDG. single family residence - 4Bm
(NUMBER OF BEDROOMS)

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.

James L Newburn (997-3815)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

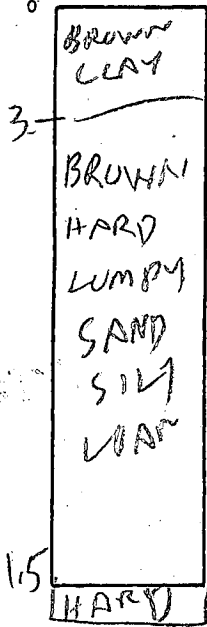
REASONS FOR REJECTION OR HOLDING 12/15/88 DIG MORE RD

LOT LINES MUST BE CHANGED TO
OBTAIN 10000 SQ FT SEWAGE AREA
2/27/89 - LOT LINES CHANGED AT TIME
MAXIMUM WRITE UP

THIS IS NOT A PERMIT

LOT 12
A 42740

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO'S	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/15/88	19	4.5	147	153	153	159	6
	17	7.5	147	154	154	201	7
	1V	11.5	OK				
	2R	4	ROCK				
	3R	9	ROCK BOTTOM		QUESTIONABLE SAIL ALSO		
	4R	8	"	"	"	"	"
	5R	4	ROCK BOTTOM				
	6R	2	ROCK BOTTOM				
	7R	7	ROCK BOTTOM				

and
Tand
Some
may
Depth
3 FT
BOTTOM
5 FT

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 92745
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P O BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 4

DATE August 2, 1988

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 Paul V. & Bong Cha Brosenne (Art + Laurie Gordon)

ADDRESS 694 Morgan Station Road Woodbine, MD 21797 PHONE 489-4052

PROPERTY LOCATION: Prospective Buyer: Lambert Cissell 442-5671
SE Corner of 3425 Hipsley Mill Rd. Woodbine, MD 21797

SUBDIVISION Chessie Crossing Morgan Woodbine Rd. & Morgan Station Rd. LOT NO. 17

ROAD AND DESCRIPTION New Road = Road A, Tax Map 3, Parcel 4 **BLDG. PERMIT SIGNED**
767 Chessie Crossing Way **RETURNED 4/8/92**
Serial # B00104717

SIZE OF LOT 3 acres +/- TYPE BLDG. single family residence - 4 Brm
(NUMBER OF BEDROOMS)

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.

James L Newburn (997-3815)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/19/88 - DIG MORE R/H 12/20/88 Perc
OK But Lot liner must be changed around
Hold for Perc 2/27/89 - LOT LINES CHANGED around
& max depth wrote up

THIS IS NOT A PERMIT

2017
A42745

SOIL PROFILE

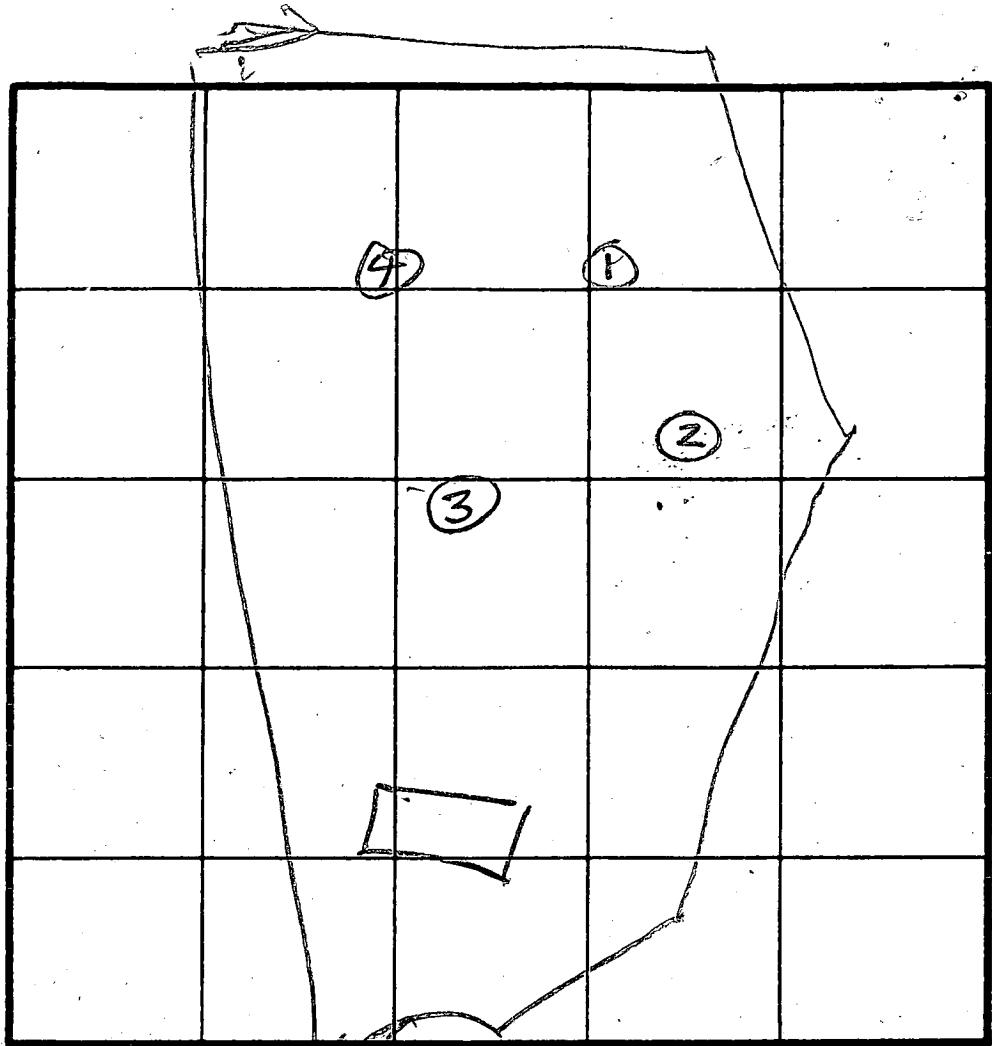
0
BROWN CLAY
3
BROWN SAND LOAM
20% SHALE FRAGS
11

28
27

3
BROWN CLAY
LIGHT BROWN SAND SILT LOAM

0
2
10.5
BROWN CLAY
BROWN GRITTY STRUCTURED SAND LOAM FEW FRAGS
HARD

0
3
15
BROWN CLAY
LIGHT BROWN GRITTY SAND LOAM 30% SHALE FRAGS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

av
Time
4 min
max
Depth
3 ft

DATE	TEST NO.	DEPTH	PRE WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/19/88	1S	5	310	311	311	314	3
	1V	11	OK				
	2V	10	OK				
12/20/88	3S	3	1033	1036	1036	1042	6
	3D	7	1034	1036	1036	1040	4
	3V	10.5	OK				
11	4S	3.5	1044	1045	1045	1049	4
	4D	11.5	OK				

REMARKS: Hole (3) dug different from Original Test Plot
 TYPE OF SOIL: USAM EAS
 TESTED BY: R. HODGES ALSO PRESENT: SUNNY OKETTERMAN

B 1 1460

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-92-0134

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

Date Received (APA)

06 22 92

OWNER INFORMATION

NEWBURN DEVELOPMENT

5570 STERRETT PL.

COLUMBIA MD 21049

B 3

LOCATION OF WELL

HOWARD

CHESSIE CROSSING

SECTION LOT 12

WOODBINE

MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

DRILLER INFORMATION

Joseph L. Mayne 238

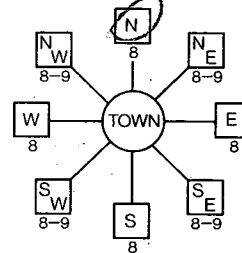
Joseph L. Mayne Well Drilling

5512 RIDGE RD. Mt. Airy 21771

Joseph L. Mayne 6/22/92

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHESSIE CROSSING WAY

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 230 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 A42740

STATE SIGNATURE DATE ISSUED

07 29 92

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted Jetted & Driven
Air-Rotary Air-PerCussion Rotary (Hydraulic Rotary)
Cable Reverse-Rotary Drive-Point

REPLACEMENT OR DEEPEMED WELLS

- 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 deepen an existing well

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

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER

FORCE PERMIT No. H0-92-0134

SPECIAL CONDITIONS

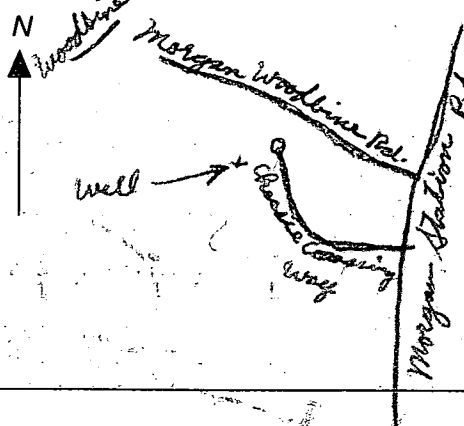
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

7825 5523

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



9/3/92 11:00 all done
18 Bags of cement
105' casing
75' Grout open
3' casing above ground

C1 6714

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A 42740

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE RECEIVED

090392

22 265 26 (TO NEAREST FOOT)

10-92-0134

OWNER DEVELOPMENT NEW BURN STREET OR RFD CHESAPE CROSSING MA. TOWN WOODBINE SUBDIVISION CHESAPE CROSSING SECTION LOT R

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing

Brown Shale 0 99 Blue Rock 99 265

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CEMENT BENTONITE CLAY

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1695

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing 10.9 Total depth of main casing 70

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) HO 102 76.5

EACH SCREEN 1 HO 102 76.5 2 3

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 805

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 74

WHEN PUMPING 74

TYPE OF PUMP USED (for test) A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



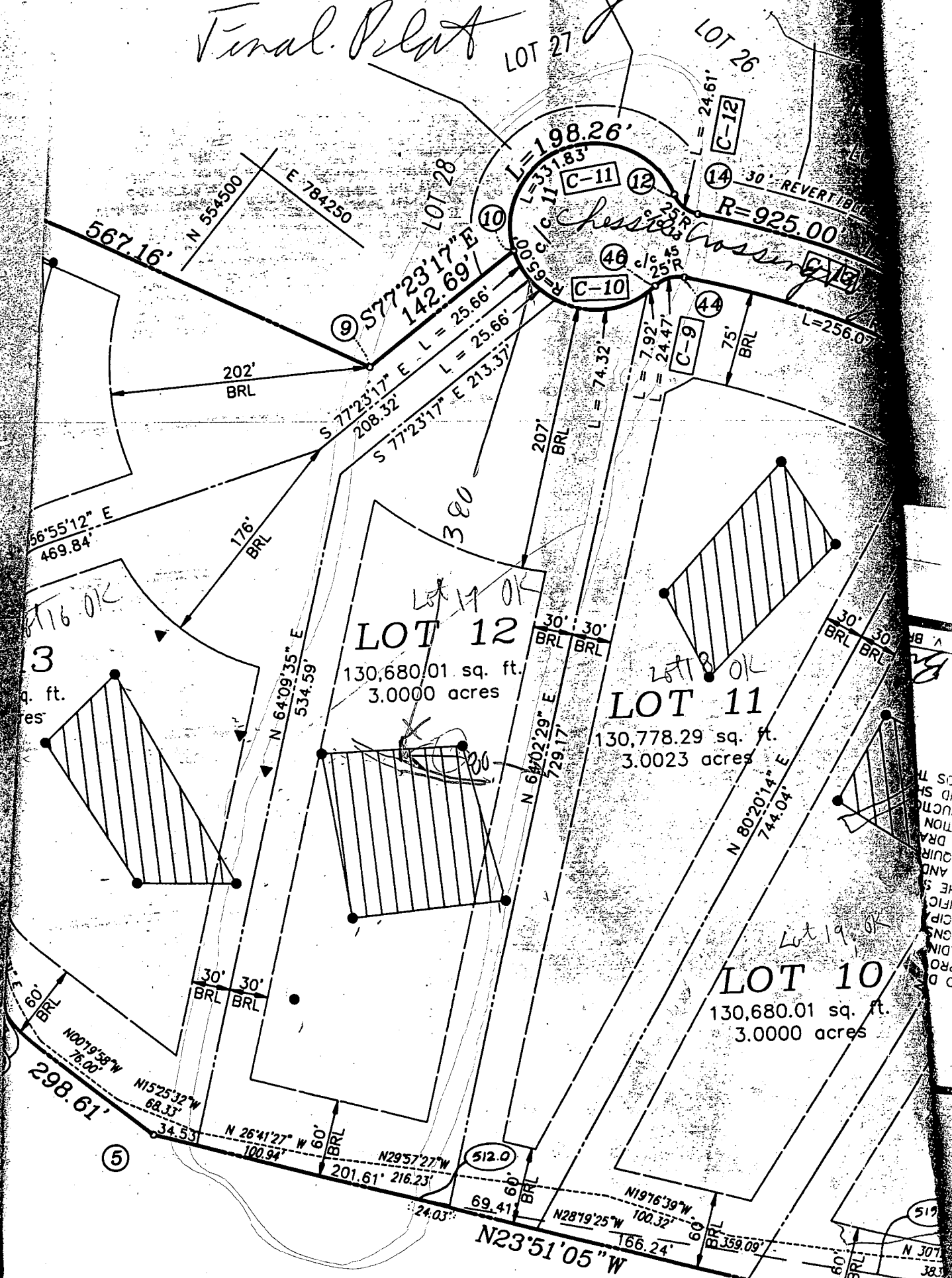
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 227 DRILLERS SIGNATURE

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Chessie Crossing Final Plat



⑨

⑩

④⑥

④④

⑭

3

LOT 12

LOT 11

LOT 10

130,680.01 sq. ft.
3.0000 acres

130,778.29 sq. ft.
3.0023 acres

130,680.01 sq. ft.
3.0000 acres

⑤①②①

⑤①②

56°55'12" E
469.84'

567.16'

N 55°45'00"

E 784.250'

S 77°23'17" E L = 25.66'
208.32'

S 77°23'17" E L = 25.66'
213.37'

L = 198.26'

L = 331.83'

L = 24.61'

R = 925.00'

202' BRL

176' BRL

207' BRL

L = 74.32'

L = 7.92'

L = 24.47'

75' BRL

L = 256.07'

56°55'12" E
469.84'

3

sq. ft.

res

80' BRL

N 00°19'59" W
78.00'

298.61'

N 15°25'32" W
68.33'

N 26°41'27" W 60' BRL
100.94'

N 29°57'27" W
201.61'

216.23'

60' BRL

69.41'

N 23°51'05" W

N 28°19'25" W
100.32'

166.24'

N 19°16'39" W
100.32'

166.24'

60' BRL

359.09'

60' BRL

38.3'

B

B

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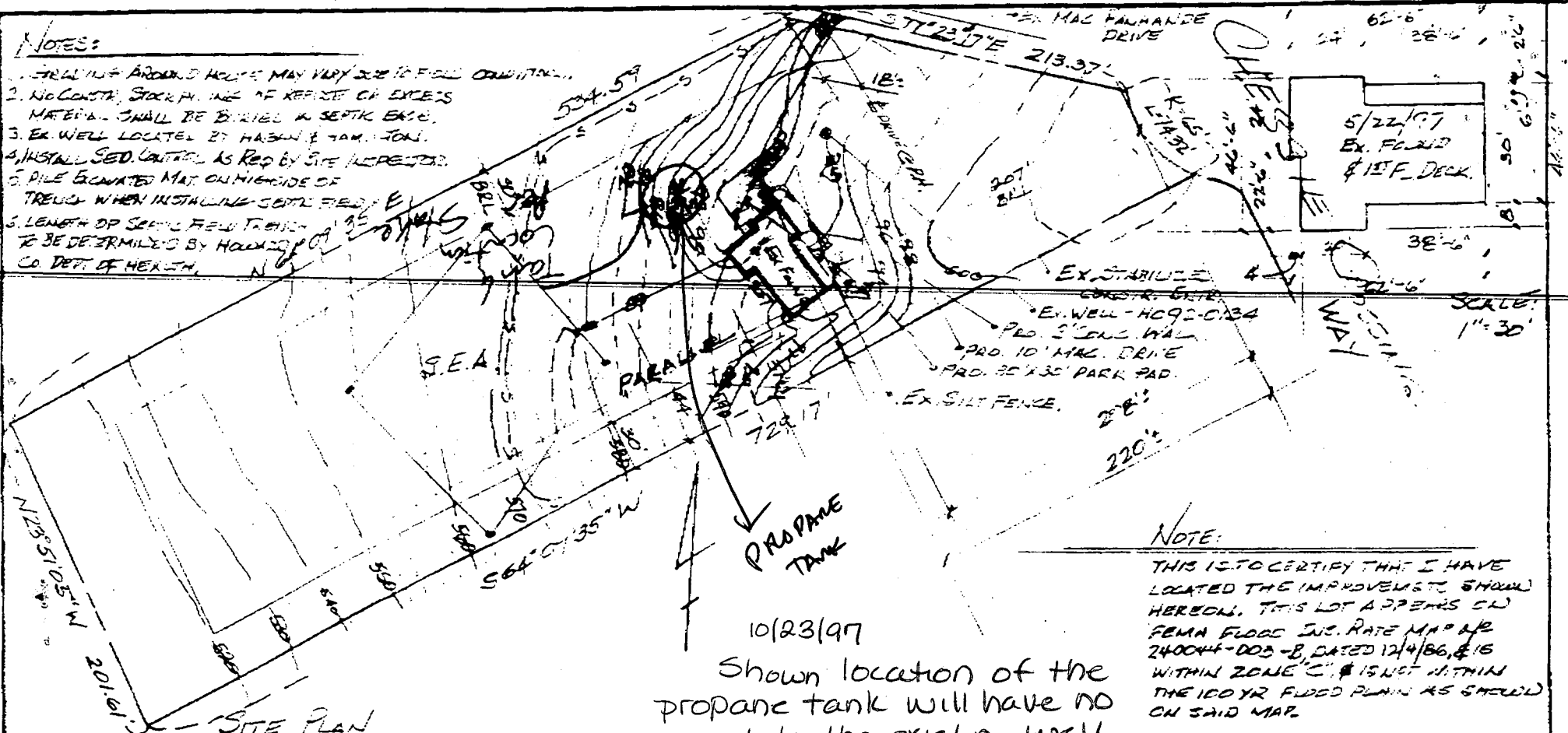
B

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B

NOTES:

1. ELEVATIONS AROUND HOME MAY VARY DUE TO FIELD CONDITIONS.
2. NO CONSTRUCTION SHALL BE PERMITTED ON EXCESS MATERIAL. SHALL BE BURIED IN SEPTIC EXIST.
3. EX. WELL LOCATED BY HAGAN & HAMILTON.
4. INSTALL SED. CONTROL AS REQ BY SITE INSPECTOR.
5. PILE LOCATED MAT ON HIGH SIDE OF TRENCH WHEN INSTALLING SED. FENCE.
6. LENGTH OF SED. FENCE TO BE DETERMINED BY HOLDING CO. DEPT. OF HEALTH.



SITE PLAN

SCALE: 1" = 60'
 FF ELEV. 596.5 BASE ELEV. 587.5
 GAR. ELEV. 594.5 DISTURBED AREA 20,500 sq'

SEWER INFO:

INV. FROM HOME	586.0
INV. AT SEPTIC TANK	579.0
INV. FROM	578.2
EX. ELEV. AT	580.0
PRO	580.0
INV. AT DIST. BOX	575.0
EX. ELEV.	579.0

10/23/97
 Shown location of the propane tank will have no impact to the existing well and/or septic.

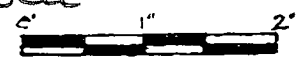
ALM



REVISED LOC. SUR 5/22/97
 REVISED BLDG LOC 4/1/97

NOTE:

THIS IS TO CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS SHOWN HEREON. THIS LOT APPEARS ON FEMA FLOOD INS. RATE MAP # 240044-003-B, DATED 12/4/86, & IS WITHIN ZONE 'C'. & IS NOT WITHIN THE 100 YR FLOOD PLAIN AS SHOWN ON SAID MAP.

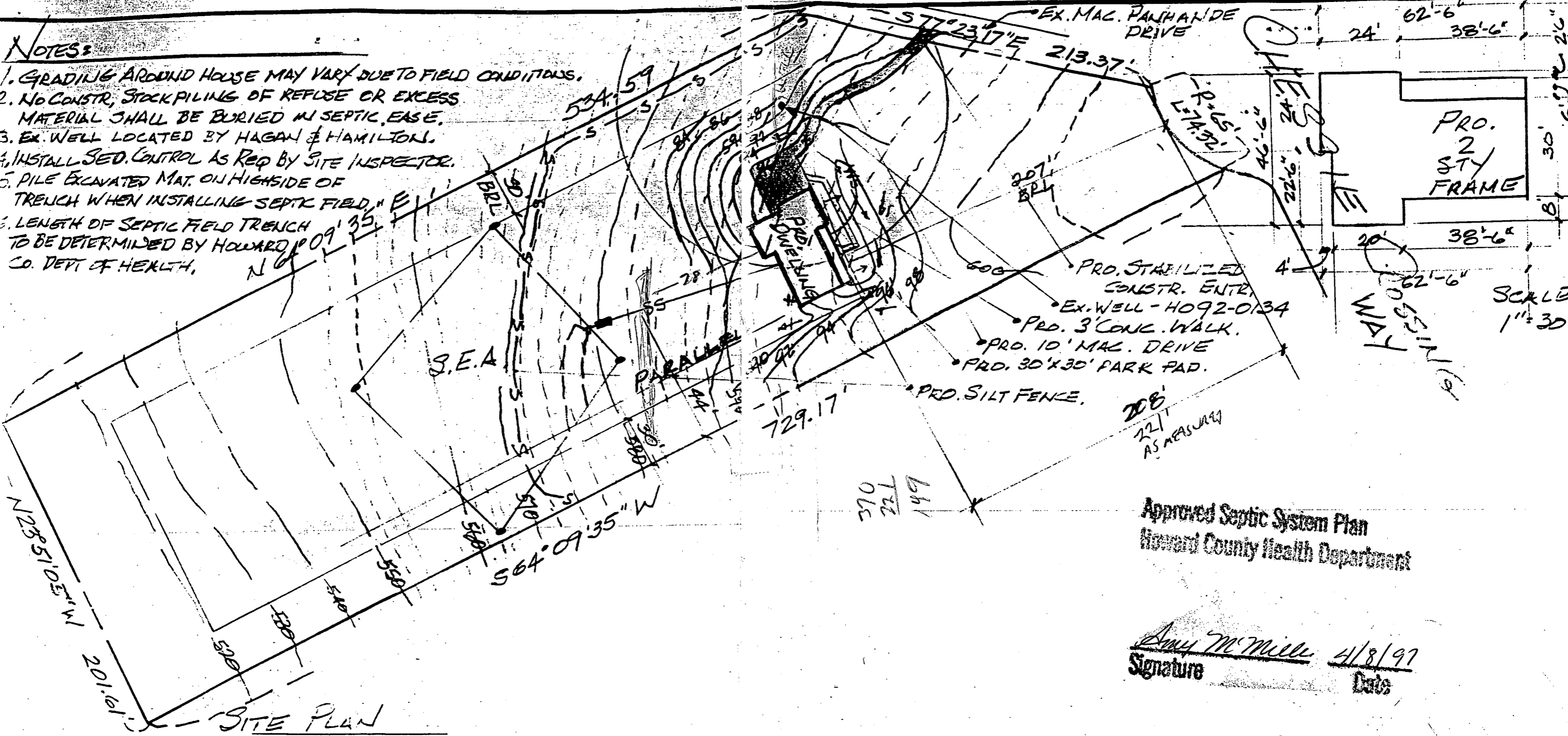


HAGAN & HAMILTON

SCALE:	LOT 12 - 3.00 AC ±	DRAWN: JCH
AS SHOWN		DATE: 3-30-97
SECTION 1 CHESSIE CROSSING - FN 10459		
ELECTION DISTRICT #4 HOWARD CO. MARYLAND		
# 767 CHESSIE CROSSING JULY S.P. 58E		

NOTES:

1. GRADING AROUND HOUSE MAY VARY DUE TO FIELD CONDITIONS.
2. NO CONSTR, STOCK PILING OF REFUSE OR EXCESS MATERIAL SHALL BE BURIED IN SEPTIC EASE.
3. EX. WELL LOCATED BY HAGAN & HAMILTON.
4. INSTALL SED. CONTROL AS REQ BY SITE INSPECTOR.
5. PILE EXCAVATED MAT. ON HIGHSIDE OF TRENCH WHEN INSTALLING SEPTIC FIELD.
6. LENGTH OF SEPTIC FIELD TRENCH TO BE DETERMINED BY HOWARD CO. DEPT. OF HEALTH.



SITE PLAN

SCALE: 1" = 60'
 FF ELEV. 598.7 BASE ELEV. 590.0
 GAR ELEV. 596.7 DISTURBED AREA 20,500 sq'

SEWER INFO:

INV. FROM HOME	588.0
INV. AT SEPTIC TANK	579.0
INV. FROM " "	578.7
EX. ELEV AT " "	580.0
PRO " " "	580.0
INV. AT DIST. BOX	577.5
EX. ELEV " "	579.0

APR 3 2 39
 HOWARD COUNTY HEALTH DEPARTMENT

Approved Septic System Plan
 Howard County Health Department

Amy McMill 4/8/97
 Signature Date



HAGAN & HAMILTON

SCALE: AS SHOWN LOT 12 - 3.00 AC ± DRAWN: JCH
 DATE: 3-30-97

SECTION 1 CHESSIE CROSSING - PN. 1045
 ELECTION DISTRICT #4 HOWARD CO. MARYLAND

767 CHESSIE CROSSING WAYS SP 585

* LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC INSTALLATION

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300117194

Building Address 767 Cheshire Crossing Way
Woodbine, Md 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Arthur Gordon
 Address 767 Cheshire Crossing Way
 City Woodbine State Md Zip Code 21791
 Home Phone 4104422800 Work Phone 4105795011
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD with pool
 Estimated Construction Cost \$ 8,000
 Description of Work 2x6 wall 15x30
above ground pool 50" deep
4x6 tiled

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

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Arthur Gordon
 Applicant's Signature
Owner
 Title/Company

Arthur Gordon
 Print Name
4/8/99
 Date

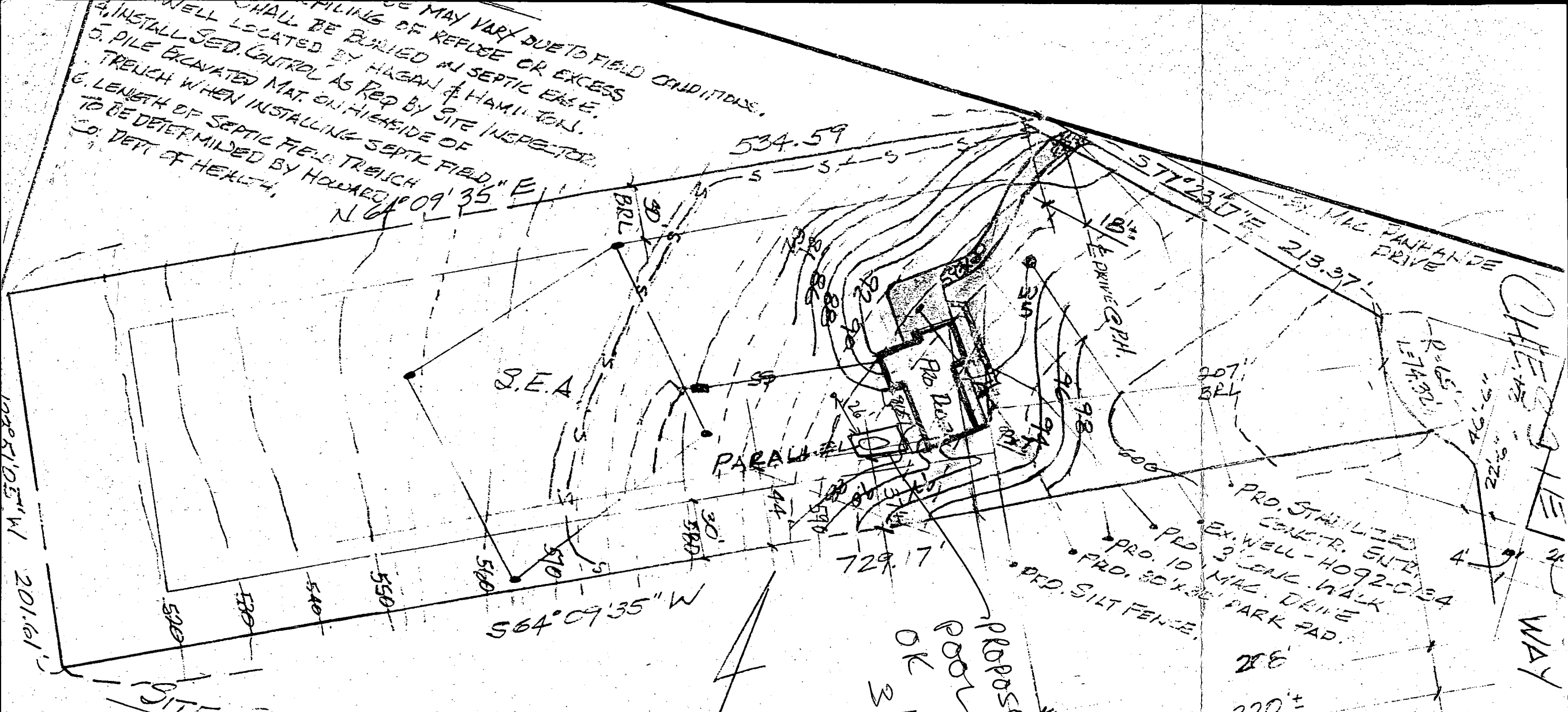
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>4/8/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>4/8/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health	<u>4/8/99</u>	<u>Mark E. Kipke</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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

PROPERTY ID#	
<u>21797</u>	Filing fee \$ _____
	Permit fee \$ _____
	Excise tax \$ _____
	Sub-total paid \$ _____
	Add'l permit fee \$ _____
	TOTAL FEES \$ <u>10</u>
	Balance due \$ _____
	Check # _____
	Validation # _____
	Accepted by _____

- 1. WELL SHALL BE PLACED IN REFUSE OR EXCESS
- 2. INSTALL SED. CONTROL BY HASAN & HAMILTON.
- 3. PILE EXCAVATED MAT. ON HILLSIDE OF TRENCH WHEN INSTALLING SEPTIC FIELD.
- 4. LENGTH OF SEPTIC FIELD TRENCH TO BE DETERMINED BY HOWARD CO. DEPT. OF HEALTH.



SITE PLAN

SCALE: 1" = 60'

FF ELEV.	596.5	BASE ELEV.	587.5
GAR ELEV.	594.5	DISTURBED AREA	20,500 sq'
SEPTIC TANK	586.0		
"	579.0		
"	578.7		
"	580.0		
"	580.0		
"	575.0		

PROPOSED
pool
nr
OK
3/16/99

RECEIVED
APR 08 1999

