

Tax# 04353633
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58957-B

A 42740 -B

DISTRICT 4th

DATE 8-29-97

DATE SYSTEM APPROVED 9/12/97

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461-9933~~ 313-2640

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Chessie Crossing LOT 26 ROAD 766 Chessie Crossing Way

PROPERTY OWNER Mark & Michelle D'Ascenzo

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - From the bend in the left lot line, place the distribution box 175 feet down the left lot line and 75 feet off that lot line. Run trenches along contour toward left side of property.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/22/97 DKS

PLANS APPROVED BY C. Williams/Glen Savage DATE 04/1/97

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

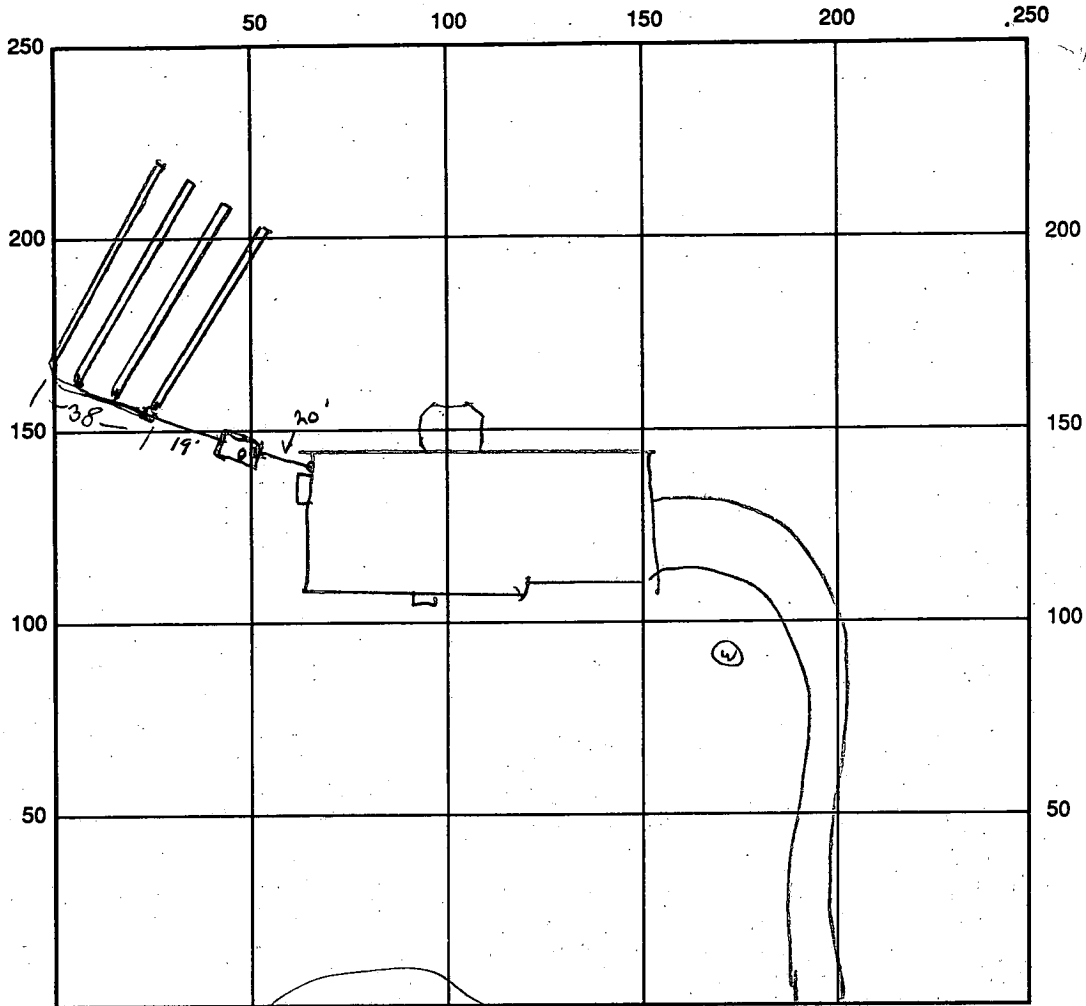
BLDG. PERMITS SIGNED AND RETURNED 4-8-99

Serial # Kroll 17190

Deck

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

A 42740-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Cross Creek Crossing Way

SEPTIC TANK LEVEL OK CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK - LEVELER

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80 x 4 FT. = 320

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 9/12/97 OK TS COVER ALL WORK

DATE SYSTEM APPROVED 9/12/97 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 42740
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. 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 MARK + MICHELLE D'ASCENZO
NEW BURN DEVELOPMENT

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: NEW 26
SUBDIVISION CHESSIE CROSSING LOT NO. 12
ROAD AND DESCRIPTION 746 CHESSIE CROSSING WAY

BLDG. PERMIT SIGNED
AND RETURNED 4/21/07
Serial # B10104941

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. 4Boms - SFP
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

Substitute application original misplaced

THIS IS NOT A PERMIT

SOIL PROFILE

0

AV
TIME
5 MIN
MAX
DEPTH
3 FT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

Misplw

REMARKS Original Perc sheet misplaced
Obtained max depth & av time data
 TYPE OF SOIL from signed perc cert plat

TESTED BY _____ ALSO PRESENT _____

B 1 **8348** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

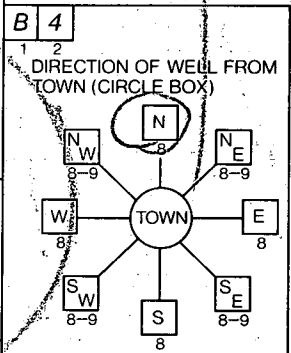
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-92-0162
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) [] [] [] [] [] []
NEWBURN DEVELOPMENT
 Last Name Owner First Name
SSHOSTERKETT PLACE
 Street or RFD
COLUMBIA Town **MD 21044** Zip

LOCATION OF WELL
HOWARD COUNTY
Chessie Crossing SUBDIVISION
 SECTION **26** LOT
WOODBINE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 1/2** MI

DRILLER INFORMATION
Joseph L. Mayne Driller's Name License No. **238**
Joseph L. Mayne Well Drilling Firm Name
5512 Ridge Rd. Off. Hwy 2171 Address
Joseph Mayne Signature Date **8/10/92**



Chessie Crossing Way NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 DISTANCE FROM ROAD **75** FT OR MI **FF**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

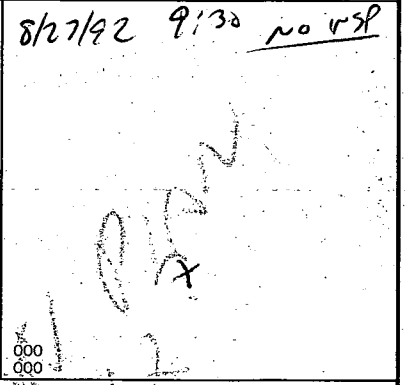
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
AM 2740 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____ INSERT S _____
092192 CO SIGNATURE **Howard Hodge** EXP. DATE **2/2/93**
 NORTH GRID **553000** EAST GRID **0784000**

APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

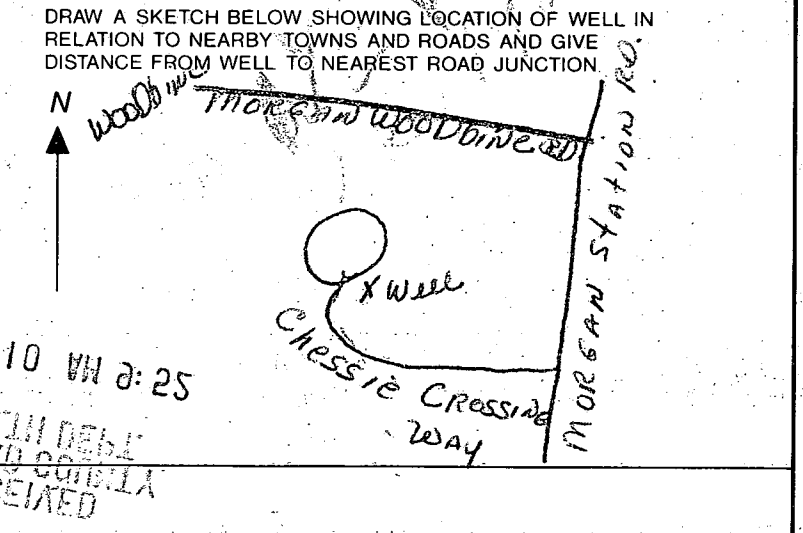
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7804**
 N **5503**



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) []

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER []
 FORCE **RH** INITIALS IN BOX PERMIT No. **HO-92-0162**

SPECIAL CONDITIONS



C1 6752

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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A42740

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

Grid for DATE WELL COMPLETED

Grid for Depth of Well

Grid for PERMIT NO.

OWNER DEVELOPMENT NEWBURN last name first name TOWN WOODBINE STREET OR RFD CHESSIE CROSSING WAY SUBDIVISION CHESSIE CROSSING SECTION LOT 26

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS, AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Brown Shale 0-59, Blue Rock 59-325.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 14 NO. OF POUNDS 1316

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

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

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each screen.

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. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

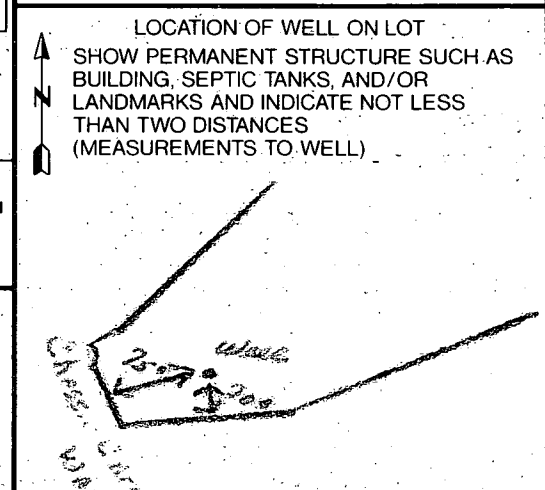
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 405 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 65 WHEN PUMPING 187 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



Exist grade at Distribution Box 594'

This Plan Does not provide for Basement Gravity Sewer Service, But. House main Floor Elevation will Be raised more than 60' to provide that option.

INLET to TRENCHES 591'
SEPTIC TANK outlet 591.5'

INLET to SEPTIC TANK = 591.8

HOUSE OUTLET = 592'

Approved Septic System Plan
Maryland State
Grid 1000
Howard County Health Department

YAH 4/10/97

Revised Building Permit Site Plan

Signature
Date

REVISION

PRIOR TO RECEIPT OF BIP PLAN

4/10/97

First Floor Elevation 601'

Basement = 592' FLOOR ELEVATION

65' RP
1116.873
916.952

R=65.00
L=64.09
R=28.00
L=24.61

CHESSIE CROSSING WAY (50')

975' RP
149.316
144.051

E900

S 25° 49' 25" W
75.00
1179.338
1042.244

S 63° 30' 04" W
75.00
1145.875
975.123

250'

DRIVEWAY

S 67° 43' 11" W
75.00
1000.000
1000.000

N 59° 59' 26" E

1028.435
1069.401

APR 10 P 2 18

420.86
920.25

LOT-26
130,680.01 SF
3.0000 Acres

SEPTIC TANK

300'

132.00

1142.511
1179.575

could move back 1' ±

WOODBINE ROAD

R=575.00
L=159.75

1438.463
1422.467

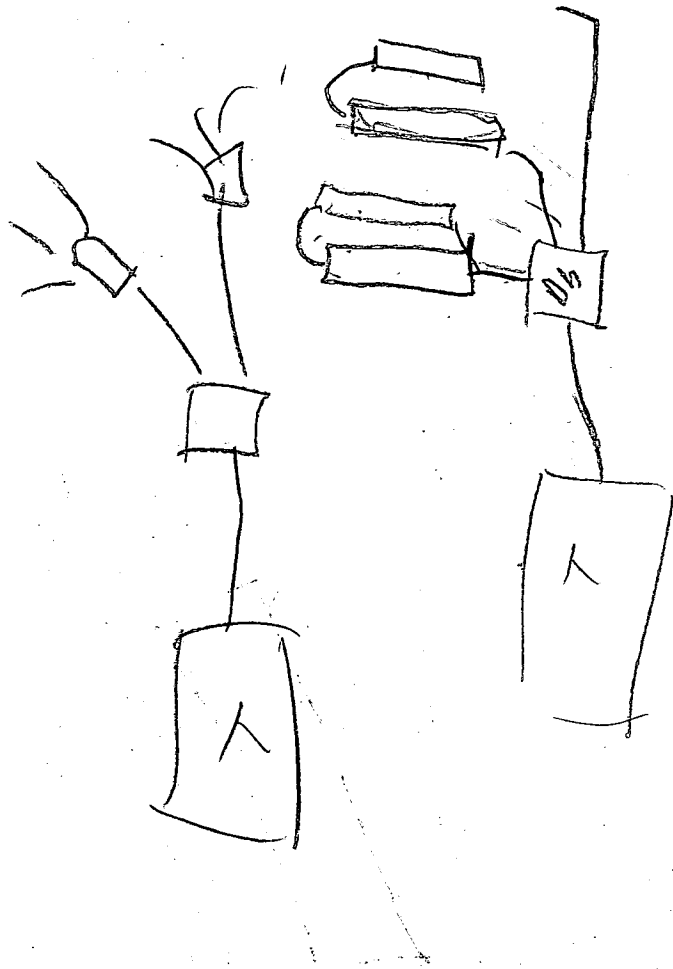
S 48° 16' 27" E
136.10

1347.82
1524.04

555.65

Lot-26 Sect-2
CHESSIE CROSSING
4th ELECT Dist Howard Co MD
1"=100' 4/1/97

#56-97-22

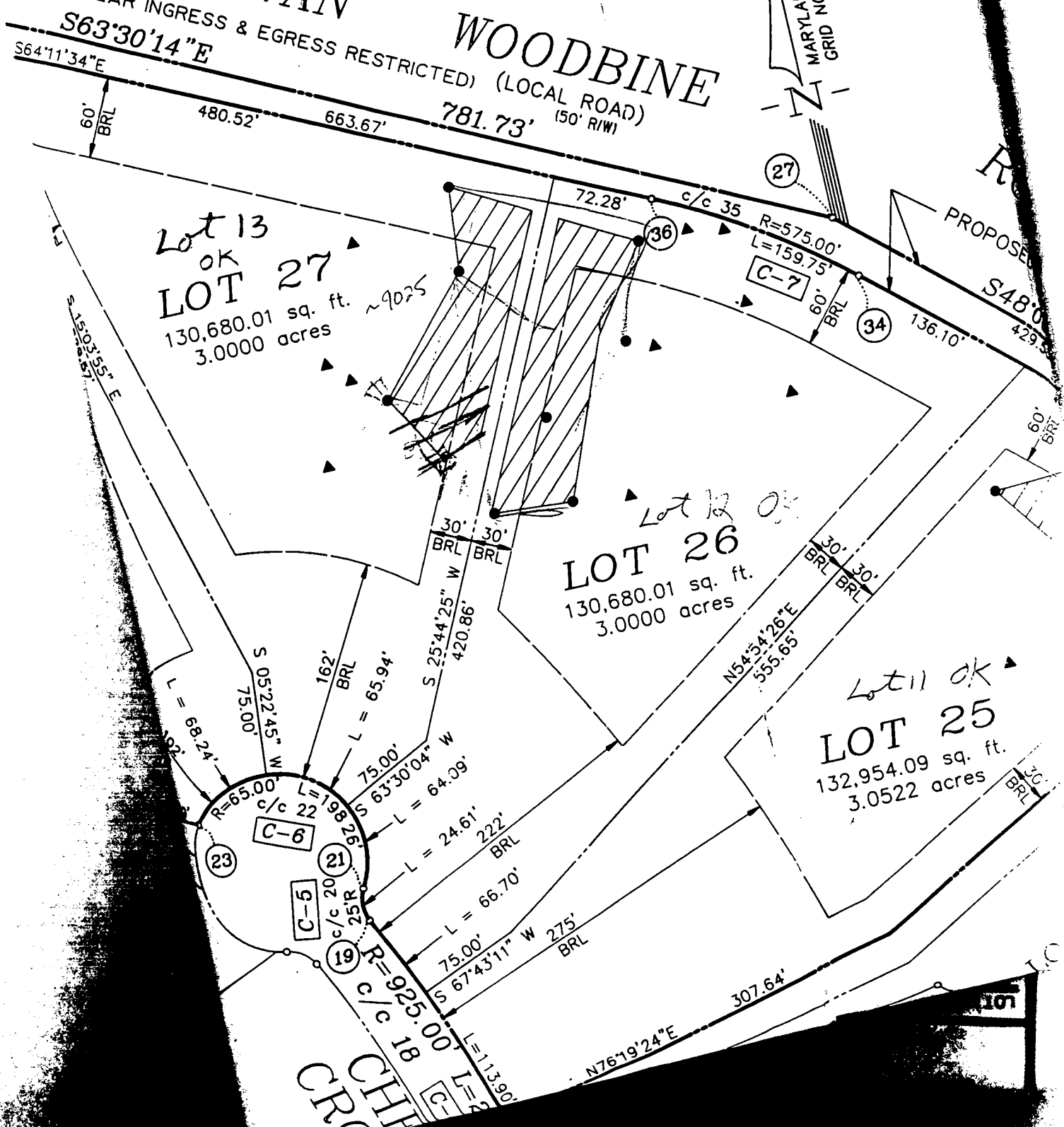


CURVE	925.00'	24.0'	142.0'
C-4	25.00'	198.26'	142.0'
C-5	65.00'	159.75'	142.0'
C-6	575.00'	159.75'	142.0'
C-7	575.00'	159.75'	142.0'

chessie crossing

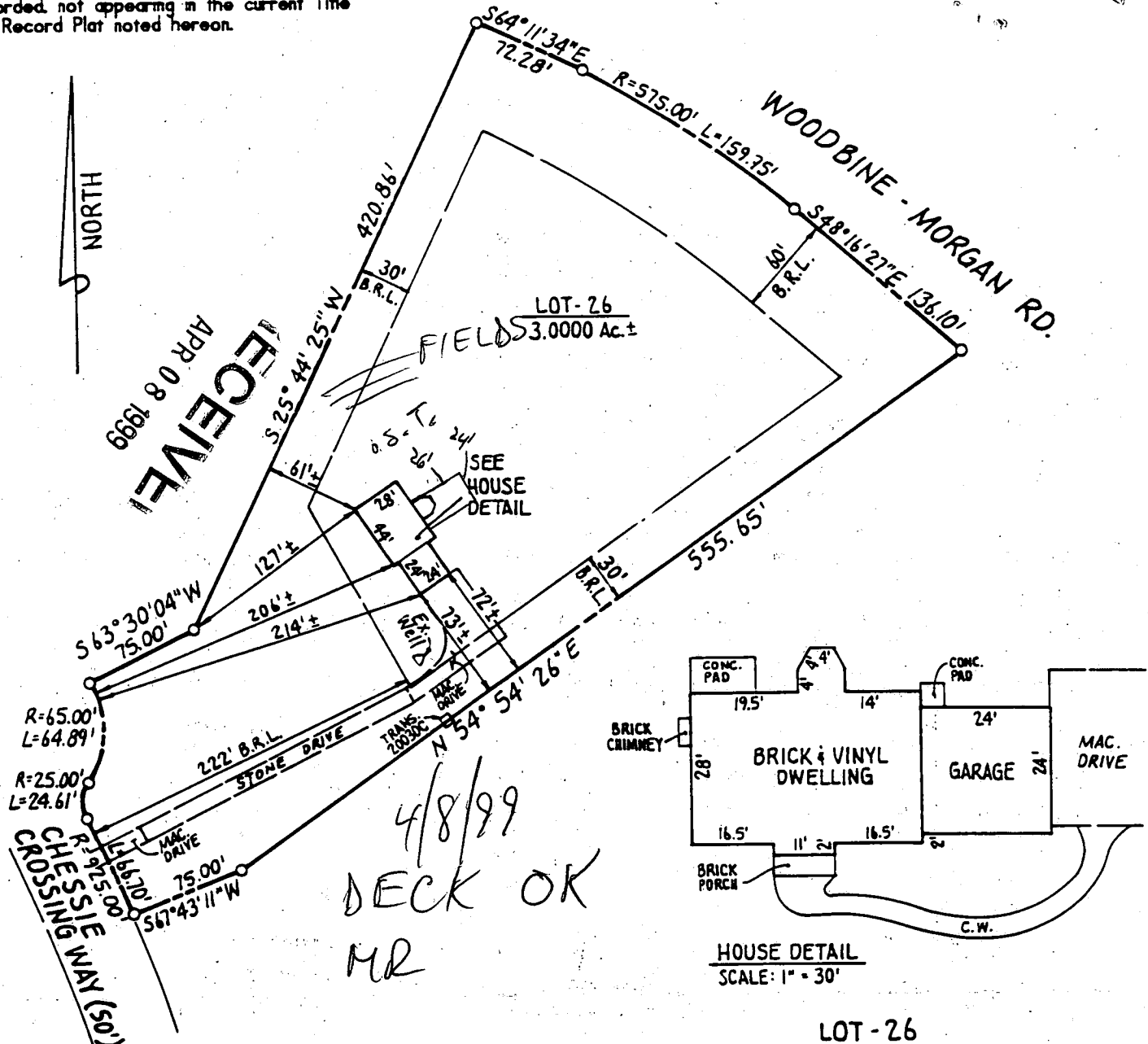
th & Wife
151

MORGAN WOODBINE
(VEHICULAR INGRESS & EGRESS RESTRICTED) (LOCAL ROAD)
150' R/W



101

A.L.S. Inc. assumes no responsibility or liability for any easements or right-of-ways, recorded or unrecorded, not appearing in the current Title Deed or Record Plat noted herein.



4/8/99
DECK OK
MR

NOTE: OFFSET ACCURACY - 2' ±

I hereby certify that I have made a field visit of this lot for the purpose of locating the improvements thereon and that they are located as shown.

DATE: 12/2/97

George Albert Stroud
Reg. No. 256

LOT-26
SECTION - 2
"CHESSIE CROSSING"
4TH ELECT. DIST. HOWARD CO., MD.

See attached sheet 2 of 2 for statements of advice pertinent to this plat.



LOCATION DRAWING
766 CHESSIE CROSSING WAY

A. L. S. Inc.

194 E. Main Street Westminister, MD 21157

(410) 857-0822

SHEET:
1 OF 2

SCALE:
1" = 100'

DATE:
DEC. 2, 1997

JOB No:
56-97-22-1

Building Address 766 Chessie Crossing Way, Woodbine, MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Chessie Crossing
 Section _____ Area _____ Lot 26
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mark D'Ascenzo
 Address 766 Chessie Crossing Way
 City Woodbine State MD Zip Code 21797
 Home Phone 410-489-9897 Work Phone 301-315-8143
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 3,000.00
 Description of Work deck construction
~500 SF 18x26

Contractor Company J.R. R. & Co.
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant ODM
 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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	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"/>	Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>4.5</u>	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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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"/> NFA #13D _____ NFA #13R _____ Other: _____
State Certified Modular _____		Other Structure: _____ Dimensions: <u>Plastic Ra</u> Footings: _____ Roof: _____ State Certified Modular _____ 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 THEREIN; (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 Mark D'Ascenzo Print Name Mark D'Ascenzo
 Title/Company _____ Date 4-8-99

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
X Land Development DPZ			Front: _____	29136
X State Highways			Rear: _____	Filing fee \$ _____
X Building Official			Side: _____	Permit fee \$ <u>30</u>
X Dev. Engineering DPZ	<u>4/8/99</u>	<u>Mark E. Lipton</u>	Side St.: _____	Excise tax \$ _____
X Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
X Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>30</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
			Accepted by _____	Validation # _____