

6/12/00
12pm
6/26/00
AM
La

JA# ~~04353~~
04353641

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

P 513640
A 42741
ISSUE DATE 6/16/00
APPROVAL DATE 6/26/00

INDEXED

J. Joseph Gartland IS PERMITTED TO INSTALL ALTER

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400
SUBDIVISION Chessie Crossing LOT NUMBER 27 ADDRESS 772 Chessie Crossing Way
PROPERTY OWNER Kirk & Lisa Weiland PROPERTY OWNER'S ADDRESS P.O. Box 547
SEPTIC TANK CAPACITY 1000 GALLONS Woodbine, MD 21797
PUMP CHAMBER CAPACITY N/A GALLONS
NUMBER OF BEDROOMS 3
SQUARE FEET PER BEDROOM 180
LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth
5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: From the bend in the right lot line, place the distribution box 205 feet down
the right lot line and 45 feet off that lot line. Run trenches along contour toward
right side of lot. 4/27/00 OK AM

BUILDING PERMIT SIGNED
AND RETURNED

917-03 BOD 144075 - UG PROPANE TANK
4508 BOD 15382 - FINISH BASEMENT

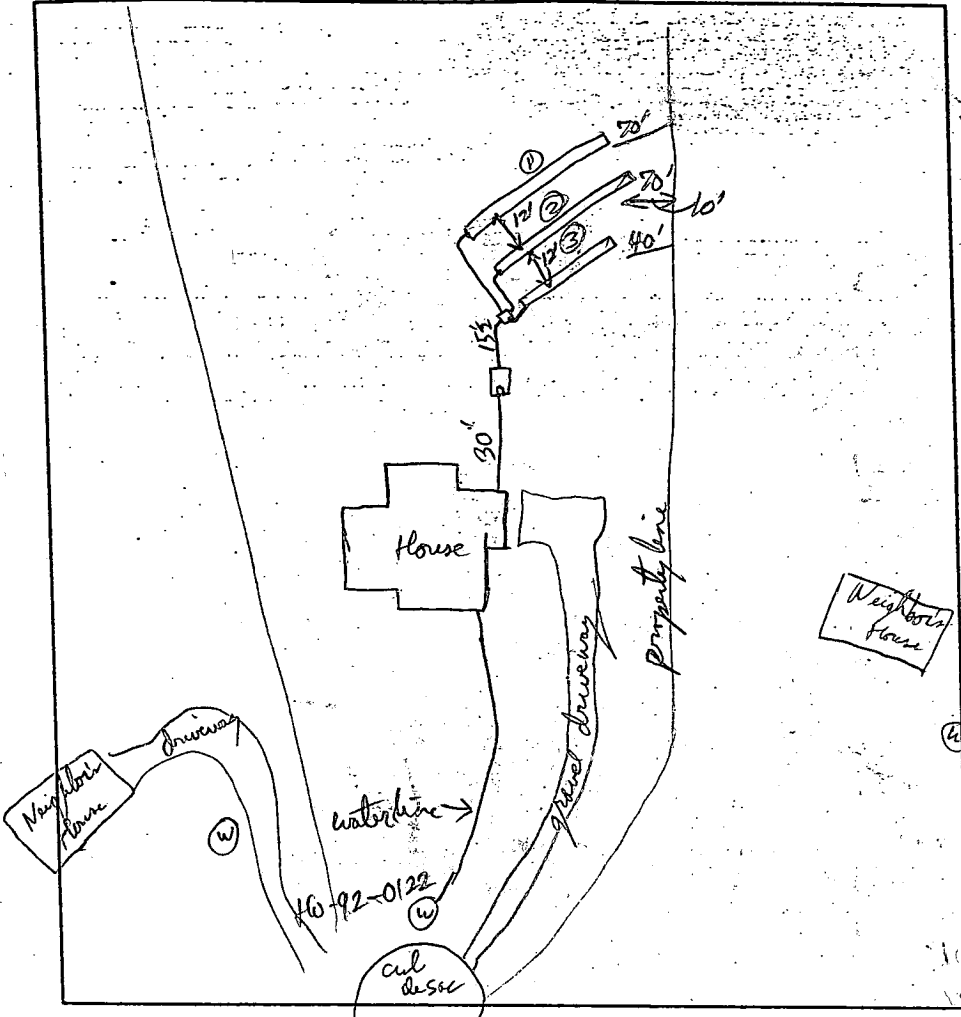
PLANS APPROVED Donna K. Soe DATE 3-27-2000

- PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A42741

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 180'
 ABSORBENT AREA 540
 (used as backfill)
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

^{To 10 Seamed}
 SEPTIC TANK 1000 GALLONS
 MANHOLE RISER NA
 6 INCH INSPECTION PORT

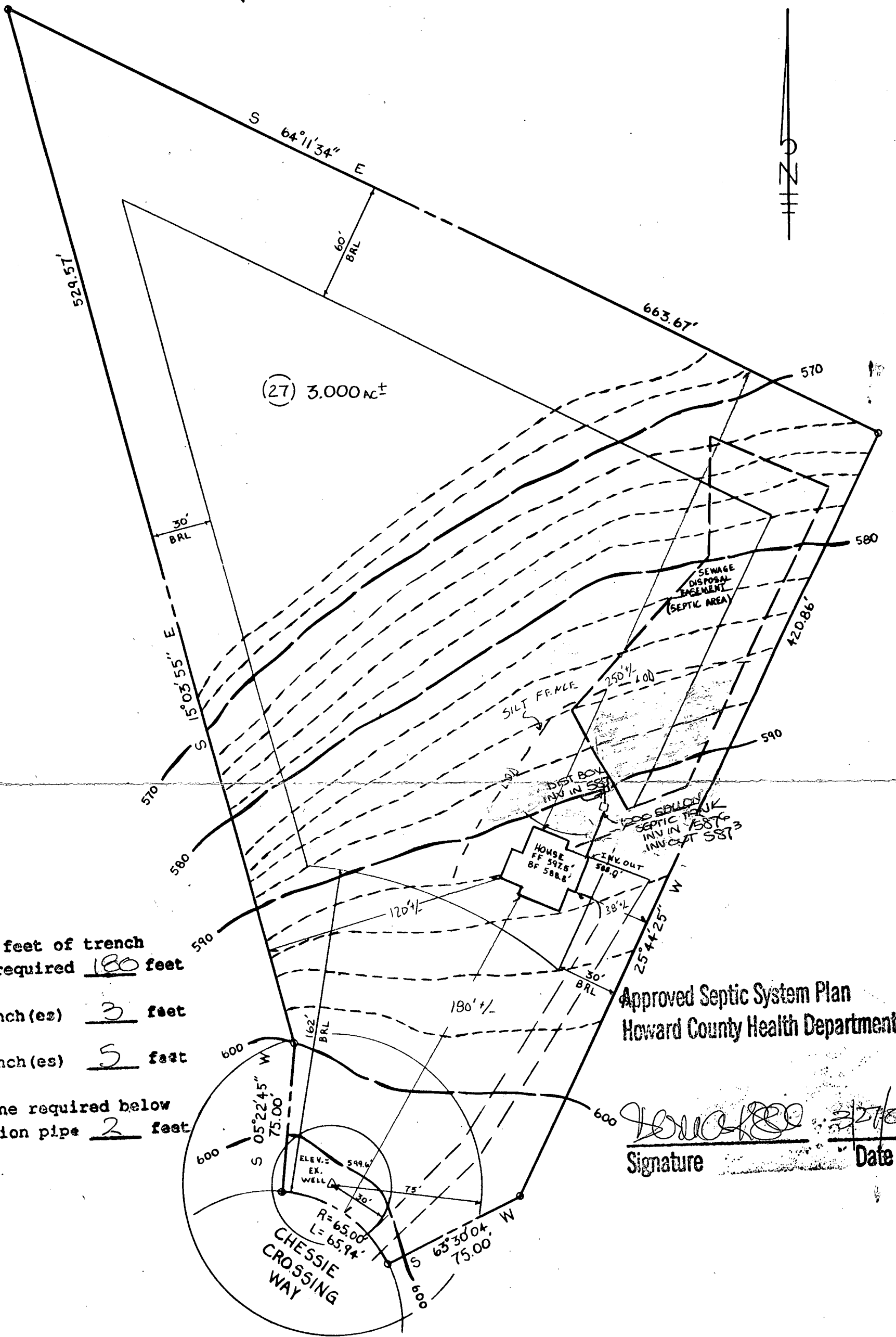
PUMP CHAMBER DATA

PUMP CHAMBER NA
 GALLONS
 MANHOLE RISER NA
 ALARM AND RETURNED
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: House connection OK, Septic Tank OK (using T baffles), Septic tank OK to cover
Trenches OK to cover. RPP 6/26/00

INSPECTOR R. P. P. [Signature] DATE SYSTEM APPROVED 6/26/00



Total linear feet of trench required 180 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature _____ Date 3/27/00

NOTE: I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY

SITE PLAN

LOT 27

SECTION 2

"CHESSIE CROSSING"

PLAT NO. 10463

4TH ELECT. DIST. HOWARD CO., MD

1" = 50' 2-18-2000

A. L. S. INC.
 194 EAST MAIN STREET
 WESTMINSTER, MD. 21157
 (410) 857-0822

[Signature]
 George A. Stroud III
 Property Line Surveyor No. 256

#8-00-22

APPLICATION

SEWAGE DISPOSAL TESTING

A 42741

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

*SYSTEM FIRST
SHALLOW SYSTEM*

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

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. 13

ROAD AND DESCRIPTION New Road = Road A, Tax Map 3, Parcel 4

SIZE OF LOT 3 acres +/- TYPE BLDG. single family residence
(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 _____
James L. Newburn Agent for Lambert Cissel

REJECTED BY _____ FOR _____ DATE _____

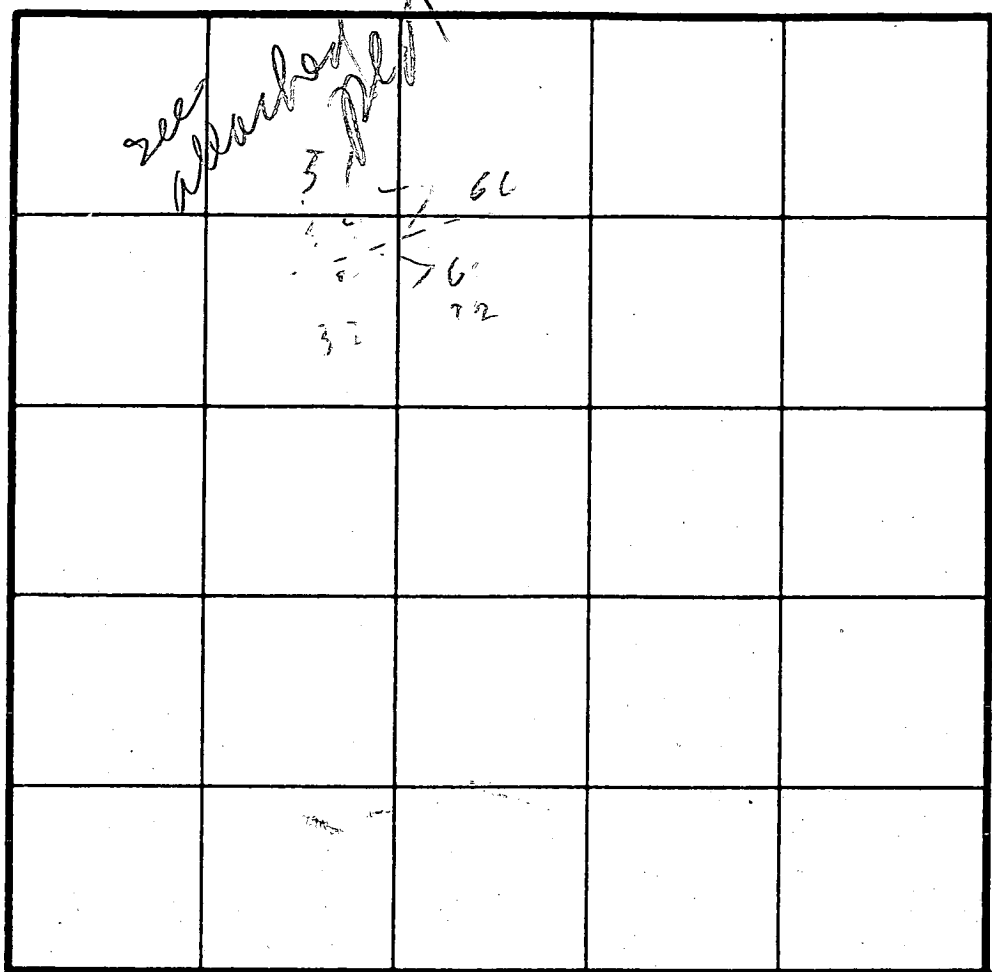
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/15/88 LOT LINES MUST BE
CHANGED DO NOT APPROVE RH

2/27/89 LOT LINES CHANGED AT TIME MAX
DEPTH NOT UP

THIS IS NOT A PERMIT

403
A 4274
SOIL PROFILE



(8)
BROWN CLAY
PINK BROWN SAND SILT LOAM
9 1/2 HARD

0
BROWN RED CLAY
4
BROWN PINK SAND SILT LOAM
LUMPY STRUCTURE
12

ON LINE
(2)
TOPSOIL CLAY
4
BROWN LUMPY SAND LOAM
11

(3)
BROWN CLAY
3
PINK BROWN POWDERY SAND SILT LOAM
9.5

(7)
RED BROWN CLAY
4
BROWN LUMPY SAND LOAM
12

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/15/80	1S	5	316	322	322	332	10	ON LINE HOLE LOT 12 & 13
	1D	8	316	332	332	346	14	
12/15/80	IV	12	OK					ON LINE LOT 12 & 13
	2S	4	329	337	337	343	5	
	2V	11	OK					
	3S	4	350	352	352	359	7	
	3V	9.5	OK					
	4R	6	ROCK					
	5R	4	ROCK					
	6R	4	ROCK					
	7V	12	OK					
	8S	4	407	408	408	410	L	
	8V	9.5	OK					

av
Time
5
max
Depth
3

REMARKS SHALLOW

TYPE OF SOIL _____

TESTED BY R HODGES ALSO PRESENT O. KETTERMAN

Chessie Crossing Subdivision
sec 2

Harvey Davis
740 / 543
Zone: R

Charles A. Barth & Wife
328 / 451
Zone: R

Chessie Crossing
Section 1
LOT 14

(25) N51°44'21"E 154.24'
127.18'
60' BRL
(37) 27.07'
110.88'
60' BRL

(VEHICULAR INGRESS & EGRESS RESTRICTED)
MORGAN
S64°11'34"E
S63°30'14"E
60' BRL
480.52'
663.67'
781.73'

WOODBURY
(LOCAL ROAD 150' R/W)

LOT 14
LOT 28
130,680.01 sq. ft.
3.0000 acres

Lot 13
OK
LOT 27
130,680.01 sq. ft.
3.0000 acres
~9025

LOT 2
130,680.01 sq. ft.
3.0000 acres

(24) S 77°23'17" E 142.69'

S 05°22'45" W 75.00'
L = 68.24'
R = 65.00'
L = 162' BRL
L = 65.94'
S 25°44'25" W 420.86'
30' BRL
30' BRL
S 63°30'04" W 75.00'
L = 64.09'
24.61'

LOT 12

LOT 13

B 1 00750 SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER HO-92-0122 fill in this form completely

Date Received (APA) 062492 OWNER INFORMATION Last Name: NEWBURN, Owner: NEWBURN, First Name: NEWBURN, Street or RFD: 5590 STARBUCK PLACE, Town: COLUMBIA, State: MD, Zip: 21046

B 3 LOCATION OF WELL HOWARD COUNTY, CHASSIE CROSSING SUBDIVISION, SECTION 44, LOT 27, WOODBRINE NEAREST TOWN, 2 1/2 MILES FROM TOWN

DRILLER INFORMATION Driller's Name: Joseph L. Mayne, License No.: 239, Firm Name: Joseph L. Mayne Well Drilling, Address: 5512 Ridge Rd. Mt. Airy 2177, Signature: Joseph L. Mayne, Date: 6/22/92

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) [Map showing directions N, NE, E, SE, S, SW, W, NW], NEAR WHAT ROAD: CHASSIE CROSSING WAY, ON WHICH SIDE OF ROAD: [Map showing directions N, S, E, W], DISTANCE FROM ROAD: 110 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) [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT), [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL), [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: HOWARD, COUNTY NO.: A42741, STATE SIGNATURE: [Blank], DATE ISSUED: 071792, CO-SIGNATURE: [Signature], EXP. DATE: 011193, NORTH GRID: 553000, EAST GRID: 0785000

APPROXIMATE DEPTH OF WELL: 260 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST

METHOD OF DRILLING (circle one) BORED (of Augered) [X] AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), DRIVE-POINT, other: [Blank]

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X [X] CASING STOPPED 5' OPEN NO INSP BAGS RE-CASING A.G. WRITE THE BOX NUMBER FROM THE MAP HERE [Map showing box numbers 785 and 5523]

REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): [Blank]

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION [Sketch showing location of well near Woodline Rd, Morgan Station Rd, and Chassie Crossing Way]

Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER: [Blank] G A P [Blank] FORCE INITIALS IN BOX: RU, PERMIT No.: HO-92-0122

C1 6847 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 A 42 741

ST/CO. USE ONLY DATE Received

DATE WELL COMPLETED 082592

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-92-0122

OWNER DEVELOPMENT NEWBURN STREET OR RFD CHESSIE CROSSING WAY TOWN WOODBINE SUBDIVISION CHESSIE CROSSING SECTION 2 LOT 27

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 include Brown Shale (0-19) and Blue Rock (79-220).

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT/BENTONITE CLAY NO. OF BAGS/POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below ST/CO/PL/OT STEEL/CONCRETE/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/PL/HO/OT STEEL/BRASS/PLASTIC/OPEN HOLE/OTHER

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each screen. Includes slot size and diameter of screen.

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

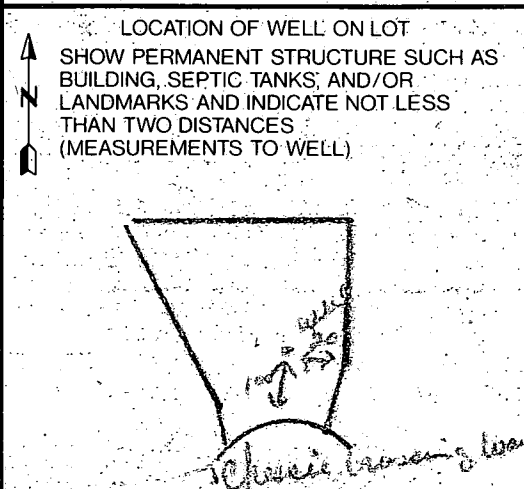
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

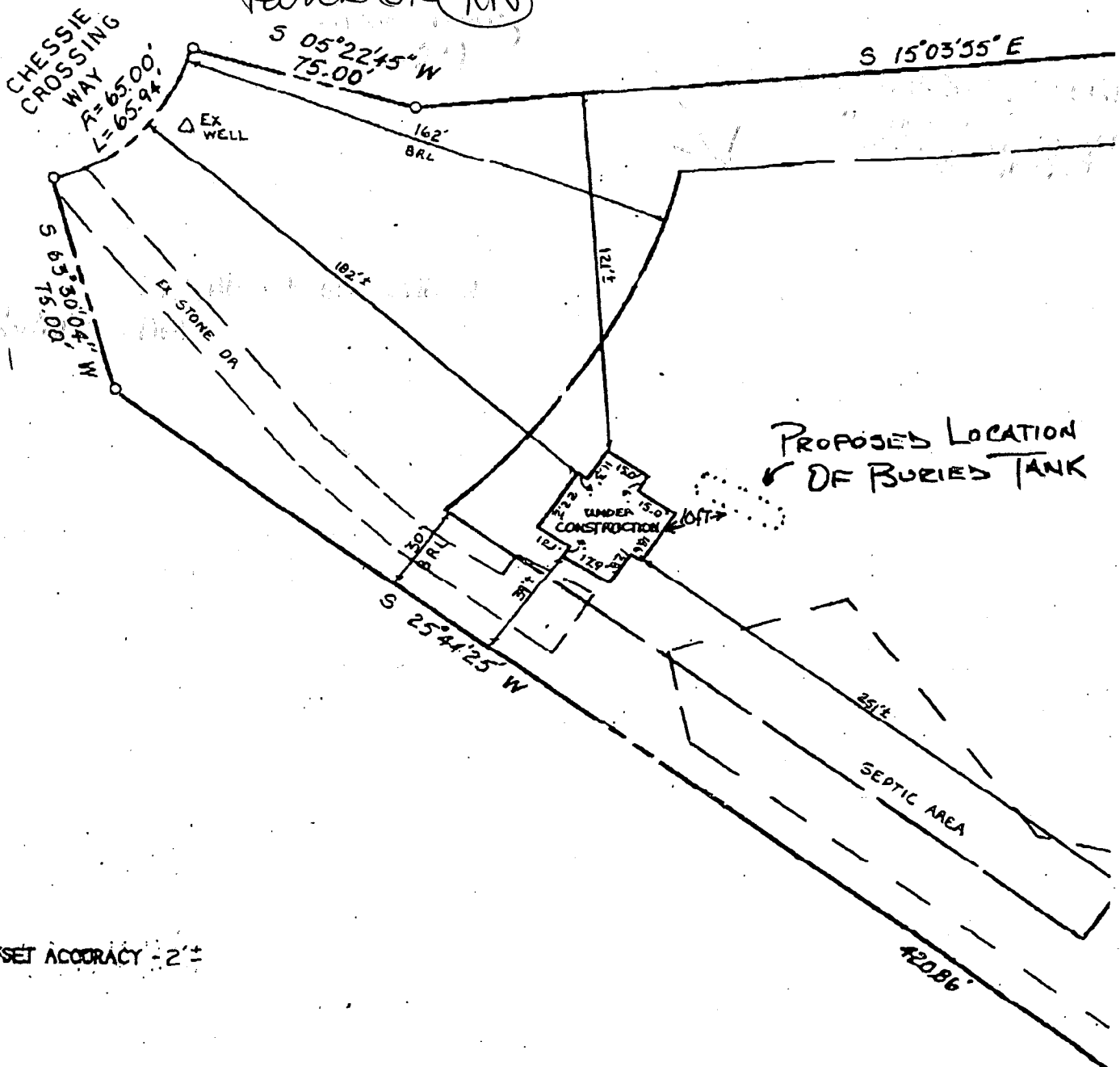
PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 905 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 64 WHEN PUMPING 19 TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (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)



9/17/03
B00144075

proposed propane tank OK (KN)



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.

ALS, 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 hereon.

DATE: 5/20/00

[Signature]
RPLS No. 256

Department of Planning and Zoning
Howard County, Maryland
Recommendations/Comments

Date: 10/27/03

Planning Board _____ Hearing Examiner 12/1/03
Board of Appeals _____ Zoning Board _____

Petition No. BA03-063V Map No. _____ Block _____ Parcel _____ Lot _____

Return Comments by 11/17/03 to Public Service and Zoning Administration

Location of Property: Terminus of Chessie Crossing Way, South of Woodbine Morgan Road

Applicant: Kirk Weiland

Applicant's Address: 772 Chessie Crossing Way, Woodbine, Md 21797

Owner: (if other than applicant) _____

Owner's Address: _____

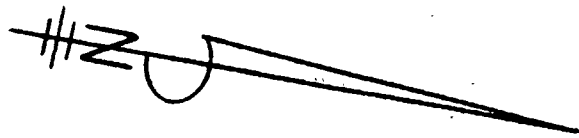
Petition: Variance of 8' into the BRL for an addition.

To:

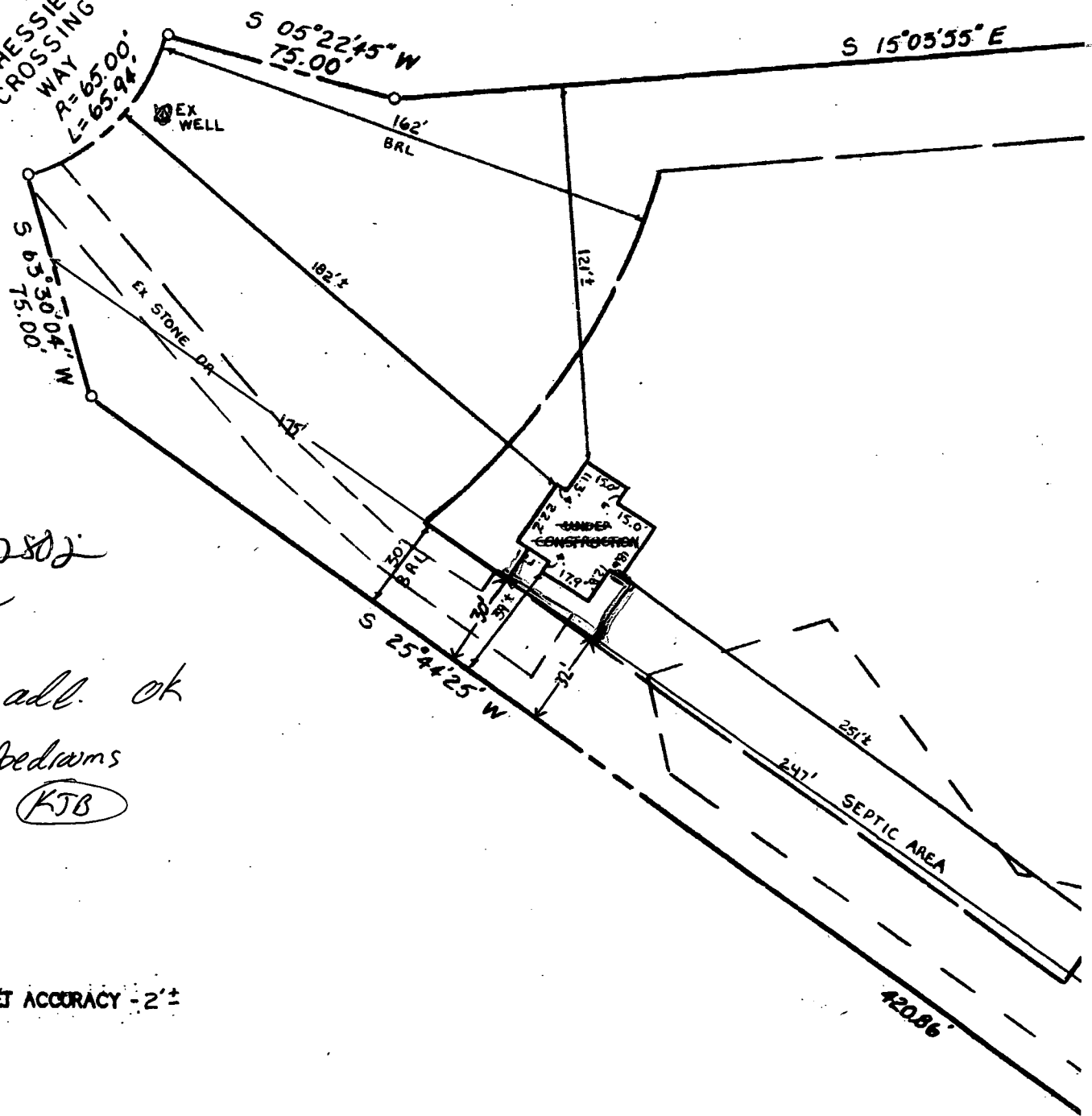
- _____ Department of Education
- _____ Bureau of Environmental Health
- _____ Development Engineering Division
- _____ Department of Inspections, Licenses and Permits
- _____ Department of Recreation and Parks
- _____ Department of Fire and Rescue Services
- _____ State Highway Administration
- _____ Sgt. Karen Shinham, Howard County Police Dept.
- _____ James Irvin, Department of Public Works
- _____ MD Dept. of Human Resources, Janice Burris
(Child Day Care)
- _____ Office on Aging, Betty Totaro (senior assisted living)
- _____ Police Dept., Animal Control, Brenda Purvis, (kennels)
- _____ Susan Fitzpatrick, Health Dept. (Nursing & Res. Care)

COMMENTS: No objections, contingent upon review of the proposed addition
for bedrooms and associated impacts to septic system requirements.

Mark E. Ruffin
SIGNATURE



CHESSIE CROSSING WAY
R=65.00'
L=65.94'



BOOK 2802

4/8/05

Proposed add. ok
NO New Bedrooms
KJB

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.

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Scale
1" = 50'

DATE: 5/20/00

RPLS No. 256