

4/18/95
2 PM

04-353366

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 50634

A 43182

DISTRICT 4th

DATE 4-6-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461-9933X~~ 313-2640

DATE SYSTEM APPROVED 4/18/95

INSPECTOR CW

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Chessie Crossing LOT 1 ROAD 701 Chessie Crossing Way

PROPERTY OWNER Thomas Coulston

ADDRESS **BUILDING PERMIT SIGNED**

AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS 5/26/04 800148468-DECK

NUMBER OF BEDROOMS 4
180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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 - Place distribution box 110 feet up the right lot line (555.59') and 120 feet off that same lot line as seen when facing the lot from 'Chessie Crossing Way. Run trenches on contour toward the front lot line for 1st installation. For all future repairs run trenches in both directions. Maintain 100 feet from septic system to all water wells.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/23/95 DKS

PLANS APPROVED BY Amy McMillen DATE 03/13/95

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

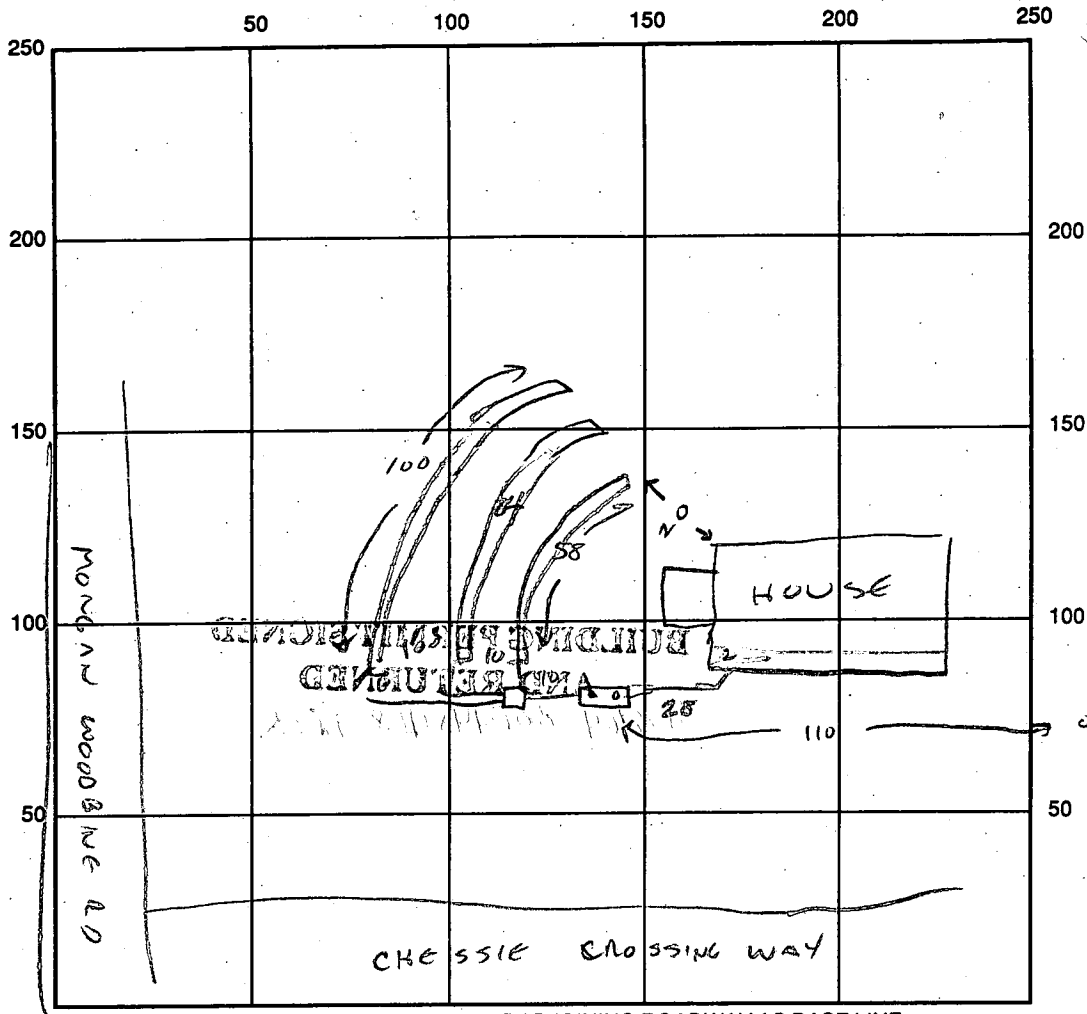
PERMIT VOID AFTER TWO YEARS

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**

A
43182



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ CLEANOUTS 5 FT ✓

DISTRIBUTION BOX LEVEL ✓

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 242 FT.

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 726 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: SYSTEM COMPLETE - OK TO COVER 4/18/95 - (CW)

DATE SYSTEM APPROVED 4/18/95 INSPECTOR Cy. Wilton

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 43182

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4

DATE Nov 23
~~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 Broesenne Thomas Coulston

ADDRESS 694 Morgan Station Road Woodbine, MD 21797 PHONE 489-4052-301-596-7544

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. Final

ROAD AND DESCRIPTION New Road = Road, Tax Map 3, Parcel 4
(701 Chessie Crossing Way)

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
(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 12/20/88 PERC OK HOLD FOR P&A TRIF

BLDG. PERMIT SIGNED
AND RETURNED 3/13/95

Serial # 58340
SFD: 4Bum

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____

(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 _____

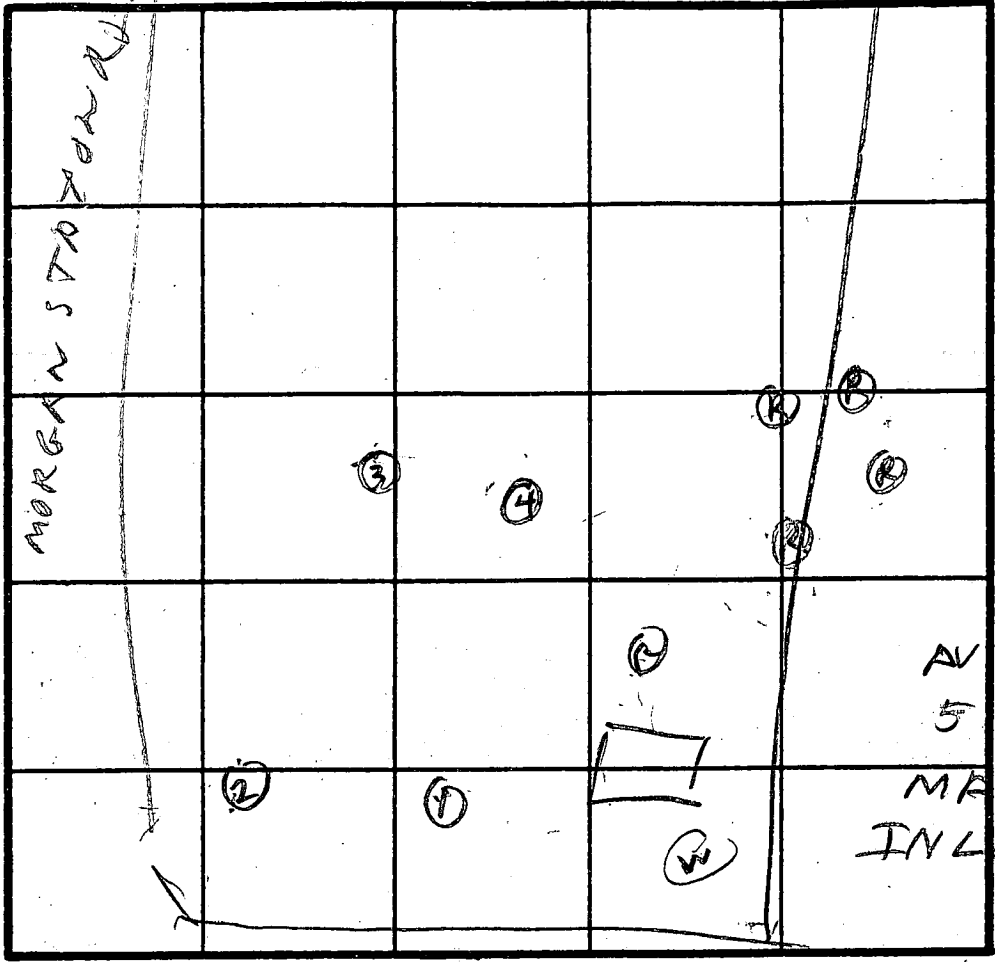
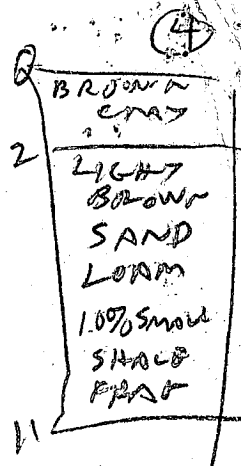
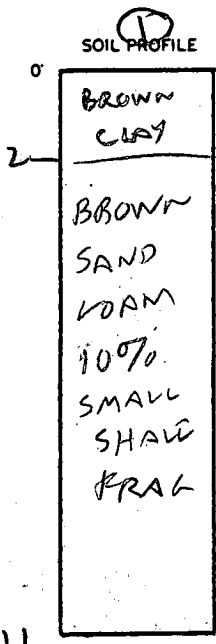
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

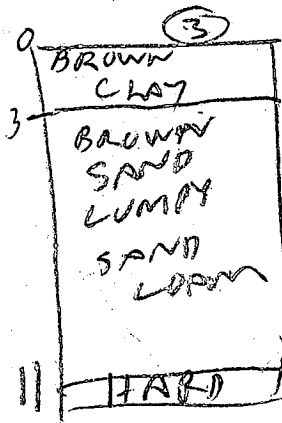
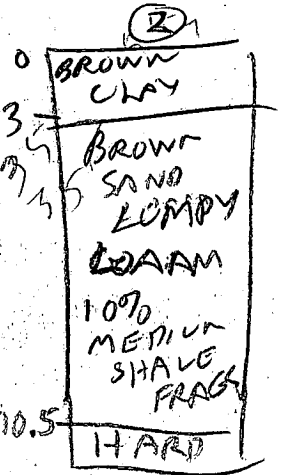
THIS IS NOT A PERMIT

LT 28
A 43102



AV TIME
5 MIN
MAX DEPTH
INLET 3 FT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
COURT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/20/88	1 D	6.5	144	146	146	152	6	
	1 S	4	147	150	150	153	3	
12/20/88	1 V	11	OK					
1	2 S	4.5	156	159	159	205	6	
	2 V	10.5	OK					
1	3 S	3.5	207	209	209	214	5	
	3 V	11	OK					
	4 V	11	OK					
	Ⓜ		= ROCK HOLE					

REMARKS 0

TYPE OF SOIL _____

TESTED BY B HODGES ALSO PRESENT SONNY OKETTER MD

B 1 3715 SEQUENCE NO. (DP USE ONLY)
2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

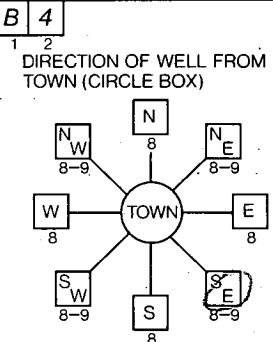
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
70 10-88-1393 79
fill in this form completely

Date Received (APA) [] [] [] [] [] []
OWNER INFORMATION
8 [] [] [] [] [] [] [] [] 13
15 C-N PARTNERSHIP Owner First Name 34
36 5540 STEKREIT PLACE Street or RFD 55
57 COLUMBIA Town 70 State 72 MD 21044 Zip 76

B 3 LOCATION OF WELL
1 2 HOWARD 8 COUNTY 21
3 CHASSIE CROSSING 42
23 SUBDIVISION
SECTION 44 [] [] 46 LOT 48 50
WOODBRINE 71
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1 3/4 MI 73 76 77 78

DRILLER INFORMATION
Driller's Name Joseph L. Mayne 77 License No. 80 238
Firm Name Joseph L. Mayne WELL DRILLING
Address 5512 Ridge Rd. Mt Airy, Md. 21771
Signature Joseph L. Mayne Date 2/20/90



Chassie Crossing Way 11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
W 32 E
WEST EAST
SOUTH S
34 60 37 DISTANCE FROM ROAD
ENTER FT OR MI FT 38 39

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 8 12 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A43182
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED 060990 731400728512109/90
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 553000 EAST GRID 0785000
50 55 57 63

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)

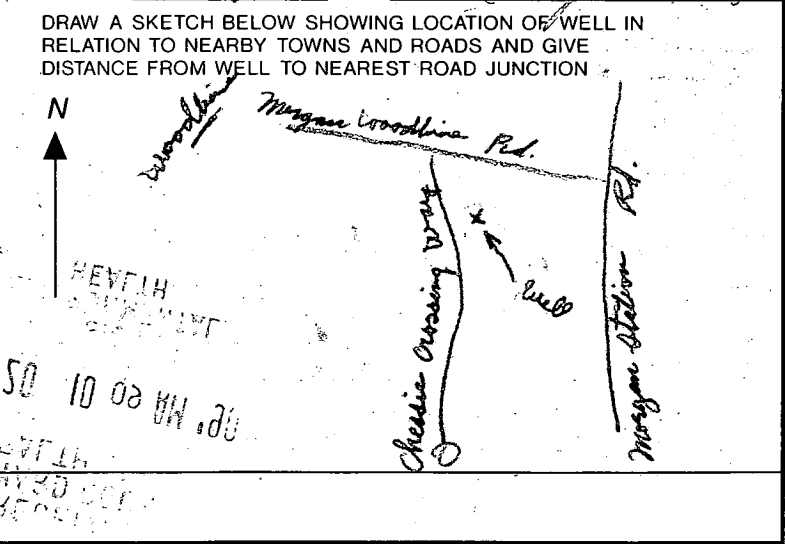
APPROXIMATE DEPTH OF WELL 240 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 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 7825
N 5523
000 000
7-19-90 9:30am already
13th Bags of cement
60' casing
46' Gravel - open
1 1/2' casing above well ground
C. Bick (Tagon at)

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
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [] [] [] [] [] [] [] [] 52



Not to be filled in-by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER [] [] [] [] G A P [] [] [] []
54 63
FORCE RH WRITE INITIALS IN BOX PERMIT No. 10-88-1393
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

4/20/95
by [signature]
on no wrap

46 11

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
SILICOOT CITY, MD 21045
401-6633

APPLICATION FOR PITLESS ADAPTER, WELL BUMP AND PUMPING TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 4/19/95

Name of Installer [Signature] Telephone [Number]

License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NU - Home Telephone 185-1885
Subdivision CROSSIE CROSSING Lot 9 Well Tag # _____
Site Address 701 CROSSIE CROSSING WAY HO 88 1393

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Holmes
- Model # H48-50
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor

- Horsepower 1/2
- RPM 3450
- Voltage
 - 110 _____
 - 220

Piless Adapter

- Make Holmes
- Model # PT-200
- Depth 117

Tank

- Capacity 32
- Pressure relief valve? Yes

Piping

- Type Poly
- Size 1"
- NBP and/or BOCA Code approved
- Depth of supply line 420

Well data

- Depth 185 ft.
- Yield 12 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? Yes

WPI OK
4/20/95 (CW)

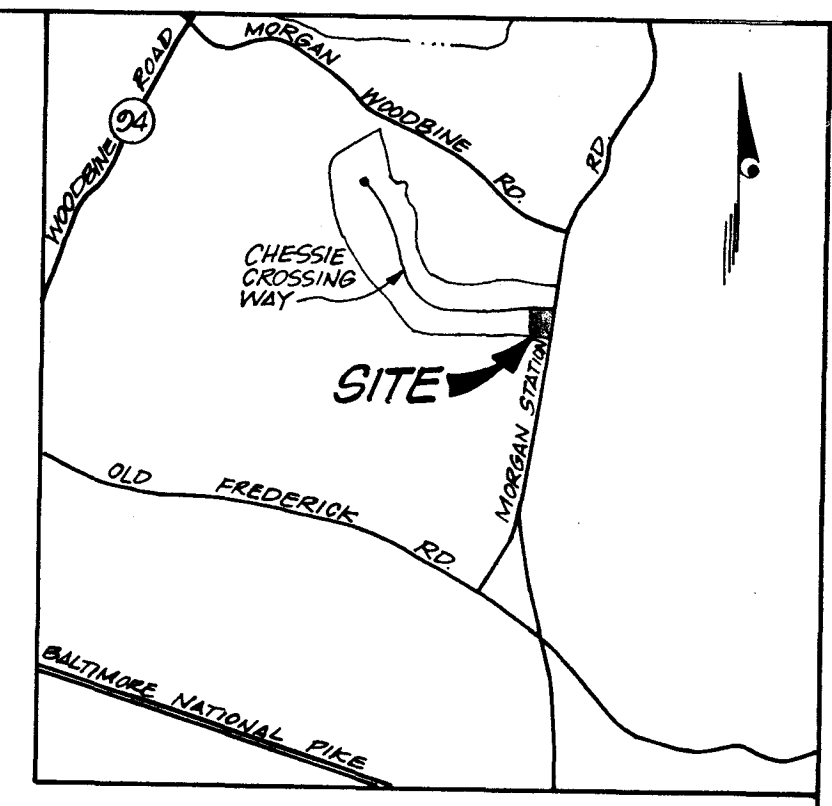
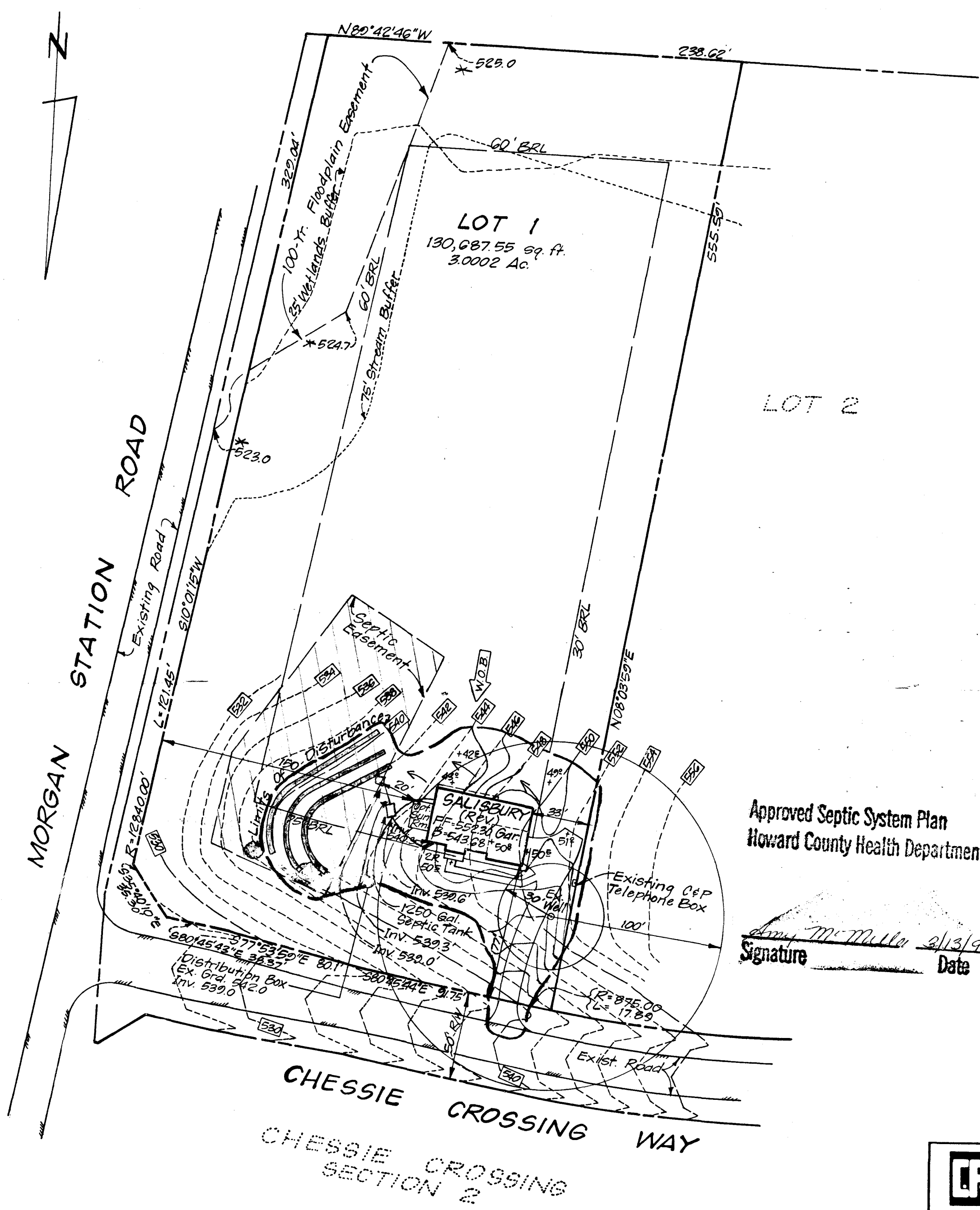
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 4/19/95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



VICINITY MAP
Scale: 1"=2000'

LEGEND

- Contour Interval 2 Ft.
- Existing Contours
- Proposed Contours
- Spot Elevation + 40"
- Drainage Flow Arrows
- Walkout Basement
- 100 Year Flood Plain Elev. *525.0

GENERAL NOTES

1. Length of Trenches to be determined at time of Permit issuance.
2. Existing Topography was Field Located by Clark, Finefrock & Sackett, Inc. on Feb. 27, 1995.
3. Limits of Disturbance: 19,400 sq. ft
4. Plat Reference No. 10458
5. Manhole cleanout required if >3' of cover over septic tank

Approved Septic System Plan
Howard County Health Department

Army M. Miller 2/13/95
Signature Date

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS <small>7135 MINSTREL WAY • COLUMBIA MD 21045 • (410) 381-7500 BALTO • (301) 621-8100 - WASH</small>		
DESIGNED	SITE DEVELOPMENT PLAN	SCALE
J.M.E.	LOT 1	1"=50'
DRAWN	CHESSIE CROSSING	DRAWING
PTD	ELECTION DISTRICT No. 4	1 of 1
CHECKED	HOWARD COUNTY, MARYLAND	JOB NO.
jme	For: NuHomes, Inc.	95-039
DATE	9891 Broken Land Pkwy. #401	FILE NO.
Feb 28, 1995	Columbia, Md. 21046	95-039X

AR - 3 29 FRI 14:02
 H:\brand\axtrans\mtal memo 7671 # of pages - 1

TO: JONNA CAMPAGNA	From: Judy Filebeck
Re: MAX	Co: NU-Homes
	Phone #: 381-2100
740-8258	Fax #: 381-2195

APPROVED
 WALKTHRU BUILDING PERMIT
 BP# 20118468 A# 43182 DATE: 5/24/04
 APP. SAN Q
 DESC. OF WORK: Multiple Decks

