

PERMIT

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

P 514617

A 47045

ISSUE DATE 10/30/2000

APPROVAL DATE 11/30/00

INDEXED

355601

11/30/00
Layout
in progress
Anytime

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Stevens Delight LOT NUMBER 2 ADDRESS 1220 St. Michaels Road

PROPERTY OWNER Jack & Valerie Bauer PROPERTY OWNER'S ADDRESS 7301 Goodluck Road

SEPTIC TANK CAPACITY 1250 GALLONS New Carrollton, MD 20784

PUMP CHAMBER CAPACITY N/A GALLONS **** TOP SEAMED SEPTIC TANK REQUIRED ****

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Health Department presence required at initial trench excavation. Finished trench depth to be modified as per Health Department review of soil conditions.

~~BUILDING PERMIT SIGNED~~ 10/3/00 O.K. (BB)
AND RETURNED 10-20-02

B00138699-16 POOL

PLANS APPROVED Amy McMillen DATE 8/29/2000

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

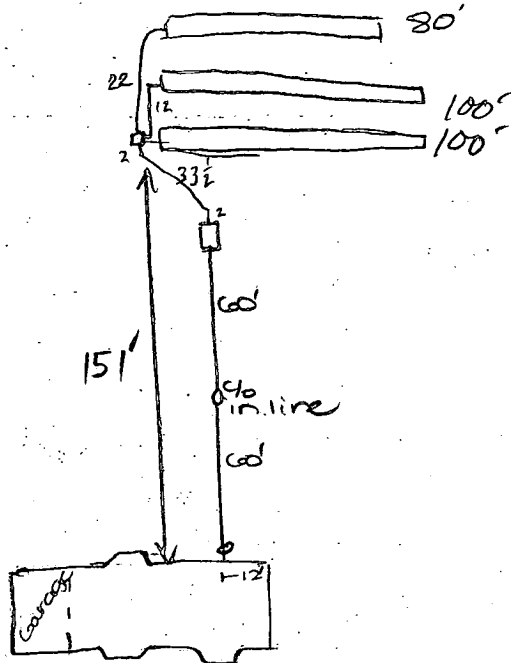
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

~~OLD PERMIT SIGNED AND RETURNED 5/31/01~~
B00130581-deck

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

47045

NOT TO SCALE



St. Michael's Road

TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 2
 TRENCH BOTTOM DEPTH 4
 DEPTH OF STONE 2
 NUMBER OF TRENCHES _____
 TOTAL TRENCH LENGTH _____
 ABSORBENT AREA _____
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER _____

6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 11/21/00 layout confirmed. SDA staked,
 OK to set dbox at one corner of SDA, run 2-100, 1-20 trenches. DKC
 INSPECTION COMMENTS: 11/24/00 P.M. OK to cover from house to
 septic tank and continue. DKC
11/28/00 OK TO COVER FIRST TWO TRENCHES, CONTINUE MR
11/30/00 OK to cover all work DKC

INSPECTOR A. McMillan DATE SYSTEM APPROVED 11/30/00

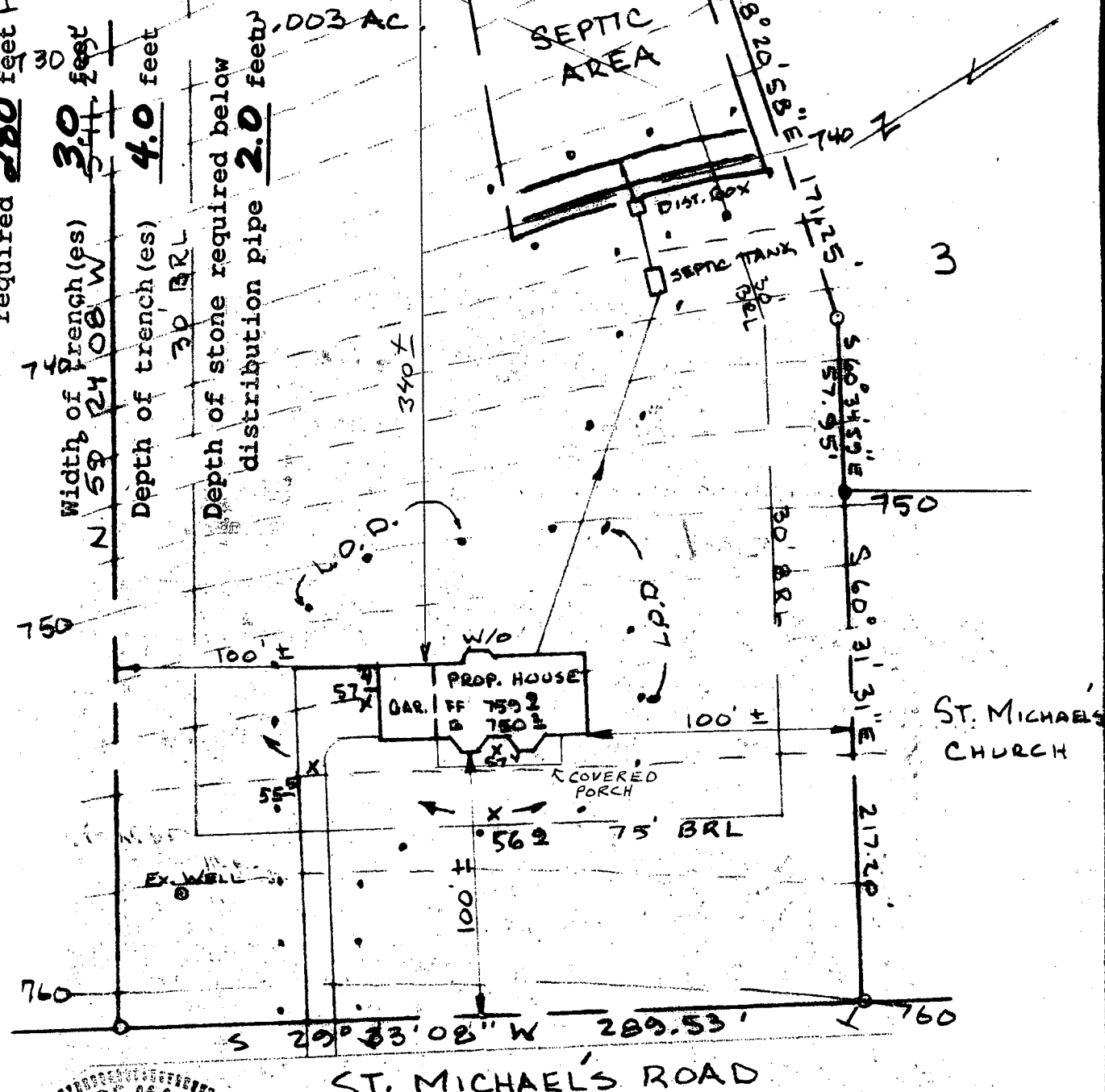
Approved Septic System Plan
Howard County Health Department

ELEVATIONS

EX WELL	750.0
HOUSE BSMT	750.2
EX GRD-SEPTIC TANK	742.7
INV. IN-SEPTIC TANK	738.8
INV. OUT-SEPTIC TANK	738.5
EX GRD-DIST BOX	740.5
INV. DIST. BOX	738.1
EX GRD-TRENCH	738.0
INV. TRENCH	740.0
INV. OUT HOUSE	744.7

Ray W. M.
Signature
Date 8/29/00

Total linear feet of trench required **280** feet
Width of trench(es) **30** feet
Depth of trench(es) **4.0** feet
Depth of stone required below distribution pipe **2.0** feet



STATE OF MARYLAND
ROBERT H. PLANK
No. 10962
REGISTERED PROFESSIONAL LAND SURVEYOR

08.17.00

AREA OF DISTURBANCE = 25,000 sq. ft.

SITE PLAN
LOT 2 STEVENS DELIGHT
SITUATED ON
ST. MICHAEL'S ROAD
FOURTH ELECTION DIST.
HOWARD CO., MD.
SCALE = 1" = 60' AUG, 2000

I CERTIFY THIS PLAN TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

MASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND 21771
(301) 829-2296

REFERENCE	JOB NO.
PEAT 10427	005Y5500

B00126065

Building Address 1220 N. McMechan Rd.
MT 1220 N. McMechan Rd. #221
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6640 Subdivision Stevens Delight
 Section N/A Area N/A Lot 2
 Tax Map 7 Parcel 341 Grid 8
 Zoning PC-DC Map Coordinates AK10 Lot size 3,003 AC

Property Owner's Name Jack & Valerie Bauer
 Address 7301 Goodluck Rd.
Goodluck Rd.
 City New Carrollton State Md Zip Code 20784
 Home Phone 410-746-2828 Work Phone 410-992-6660
 Applicant's Name & Mailing Address, (if other than stated hereon)
Chris Whitehead
8450 Savage Guilford Rd.
Savage Md. 20763
 Phone 410-792-0900 Fax 410-792-0900

Existing Use Vacant Lot
 Proposed Use Detached Single Family Dwelling
 Estimated Construction Cost \$ 250,000
 Description of Work Excavate to build
Single Family 2.5 Story Frame
Dwelling / Attached 2 Car Gar

Contractor Company Benchmark Homes Inc.
 Contact Person Chris Whitehead
 Address 8450 Savage Guilford Rd.
 City Savage State Md Zip Code 20763
 License No. 452574
 Phone 410-792-0900 Fax 410-792-0900

Occupant or Tenant None
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company Na 35avx Henzley, Inc
 Contact Person Bob Plank
 Address 204 S. Main St.
 City Mount Airy State Md Zip Code 21771
 Phone 410-829-2296 Fax 410-829-2296

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" type="checkbox"/> Propane Gas
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: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>40'</u> <u>82'</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>38'</u> <u>66'</u>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>40'</u> <u>82'</u>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: <u>4 Units 4 Beds</u> No. of 2 BR units: <u>2/Plum's R II</u> No. of 3 BR units: <u>1/3R 3 1/2 Baths</u>	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: <u>8x16</u> Roof: _____	

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.

Chris Whitehead
 Applicant's Signature
 Title/Company cont.

Chris Whitehead
 Print Name
8-21-00
 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		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>8/29/00</u>	<u>A McMeelle</u>
<input checked="" type="checkbox"/> Health		
<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	PROPERTY ID#
Front: _____	<u>47668</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>5420</u>
	Validation # <u>72934</u>
	Accepted by <u>[Signature]</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: CARROLL WATER SYSTEMS Telephone #: 410-876-5100
Address: 150 AIRPORT DRIVE #1
WESTMINSTER, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller
License # and name of individual responsible for the field installation:
Name (Print): Ronald W. Smith

Licensed Well Pump Installer

License# P1074

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Benchmark Homes Telephone #: 410-792-0900
Subdivision: Stevens Delight Acreage Lot #: 2 Well Tag #: HO-
Site Address: 1230 Saint Michaels Road
Mt Airy, Md 21221

Submersible Pump Data

Make: Coulters
Model #: 75002420
Pump Capacity: 8 GPM
Well Yield: ? GPM

Pitless Adapter

Make: Campbell
Model #: B10X
Depth: 42 (36" min)
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: 24"
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: PLASTIC
PSI: YES (160 psi min)
Depth of supply line: 62 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 2'
Sleeve caulked and sealed properly: YES

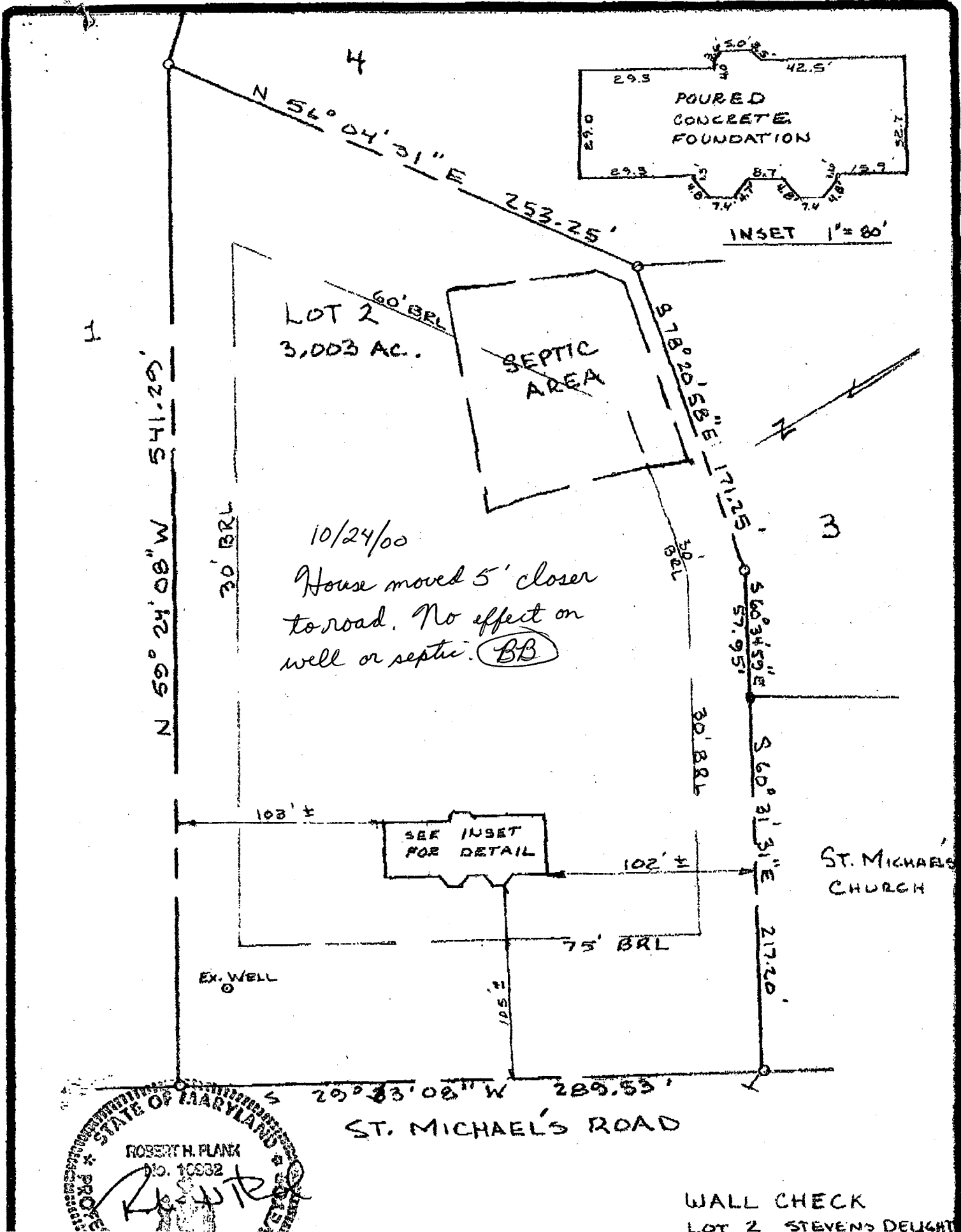
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfield, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11/15/00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/15/00 Date Insp. Approved: 11/15/00
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached property and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

DKC
BB



STATE OF MARYLAND
 ROBERT H. PLANK
 No. 10932
 PROFESSIONAL SURVEYOR



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 14, 1997

To: Lambert Cissel
3524 Hipsley Mill Road
Woodbine, Maryland 21797

FROM: Amy Mc Millen, R.S. *AMM*
Water & Sewerage Program

RE: Septic approval
Scott's Delight and Steven's Delight Subdivisions

COMMENTS:

During percolation testing for the proposed Spring Hollow subdivision, re-testing of several previously approved lots in the above referenced subdivisions was performed. Testing revealed that the septic easements in Scott's Delight, Lots 2 & 3 were confirmed acceptable for sewage disposal. Once wells are drilled, these lots are eligible for building permit approval.

Further percolation testing revealed failing soil conditions in and around the septic easements in Scott's Delight, Lot 1 and Steven's Delight, Lots 1 thru 3. In light of this new information, re-evaluation of these easements will be necessary prior to any building permit approval for these lots.

cc: File
Tim Feaga
EC&C, Inc.

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

APPLICATION

PERCOLATION TESTING

A 47045
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 4th

DATE ~~April 16, 1991~~
5/7/91

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 W. Lambert Cissel, Jr.

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE 301-442-2463

PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Stevens Delight LOT NO 2

ROAD AND DESCRIPTION 1300[±] St. Michael's Rd.

TAX MAP 7 PARCEL # 341

SIZE OF LOT 3.5 acres ± TYPE BLDG Single Family Dwelling
(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. Christine A. Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

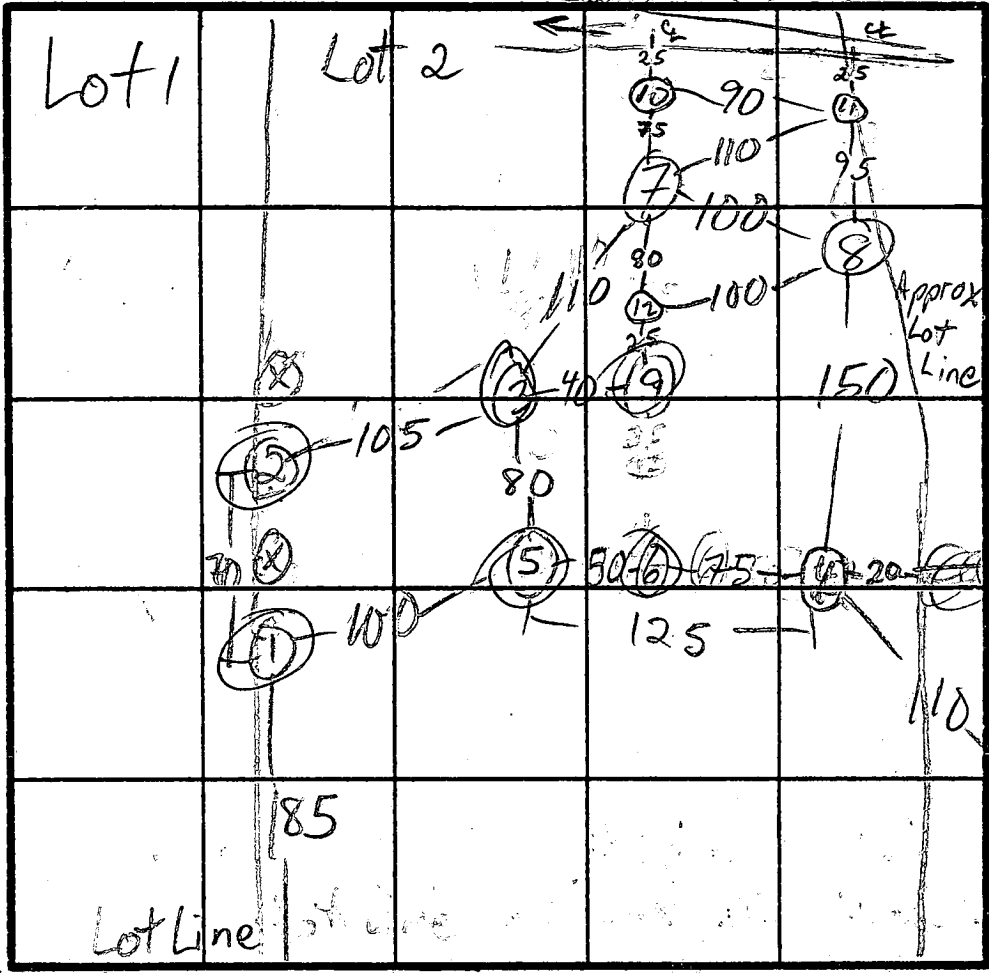
HD-216

Lot 2
A 47045

swale. (X) = PER PLAN
(O) = NOT DUG

(4)
SOIL PROFILE

org sa
cl fm
10-15% pink
shale frags
4 1/2
lt. brn
brn
sa loam
30-35%
shale
frags
some
large



yel, brn, red
sa cl loam
10% frags
brn tan
pink sa
loam
20-25%
shale
frags
13 1/2

BUSHES,
TREES

ADJ.
HOUSE

EX. WELL

(3) (4) (5) (6) (9)

ST. MICHAEL RD INDICATED NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

5-7
org
Sandy
cl fm
10% frags
brn
sa lm
35-45%
hard
shale
frags
many
large
8 1/2 - 10 1/2
HARD
BOT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/24/91	(3) N	10 1/2	see	profile	NOT USED		
	4 S	5 1/2	3:15	3:22	3:22	3:33	11
	4 V	11	see	profile			
	(5) V	8 1/2	see	profile	NOT USED		
6/16/91	(1)	10	see	profile	FAIL		
	(2)	3 1/2	REFUSAL	SOLID	ROCK - FAIL		
6/25/91	(6)	8 1/2	see	profile			
	7 S	5 1/2	11:12	11:21	11:21	11:32	11
	7 V	13 1/2	see	profile			
	8 S	(5)	11:14	11:32	34" SLOW	PERC	
	8 V	6 1/2	11:58	12:09	12:09	12:17	8 EST
	8 V	12 1/2	sim to (7)	see	profile		

REMARKS HOLES NOT PER PLAN USE (7) (8) - (10) - (11) - (12)

TYPE OF SOIL
TESTED BY M. Rifkin

ALSO PRESENT

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 47045

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 Steven's Delight LOT NO. 2

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

⑩ ⑪

SOIL PROFILE

0
 org brn
 sa clay
 &
 clay loam
 5-6' 5-15% frags
 H. brn
 tan pink
 sand loam
 20-25% frags
 ↑
 w/depth
 silt, mottles,
 Fe on f

12

⑫

H. brn
 sandy clay
 & cl loam
 brn pink
 sand
 loam
 25-30%
 shale
 frags
 ↓

10

		SEE ATTACHED		
			A 47045	

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/25/91	9 V	10	see profile				
	10 S ₂	⑩	12:47	1:02	1:41	2:00 SLOW	
	10 V	12	1:22	1:39	1:39	2:30	TOO SLOW fail
	11 S	6	1:16	1:22	1:22	1:33	11
	11 V	12	sim ⑩ see profile				
	12 S ₂	⑩	4:39	TOO SLOW			
		⑩	4:55	TOO SLOW			
	12 V	6	5:09	5:16	5:16	5:44	28
		10	see profile				

fail
fail

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Rifkin ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO 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 Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO _____

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre 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.

Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HD-216

COUNTY #

SOIL PROFILE

497

0' dark red silclm

3.5' dark red silm

30% shale with horizontal bedding

496

dark red orange silclm

3.0' dark red silm

40% shale

6.0' >50% rock

498

dark red orange silclm

3.0' dark red silm

4.0' >50% rock

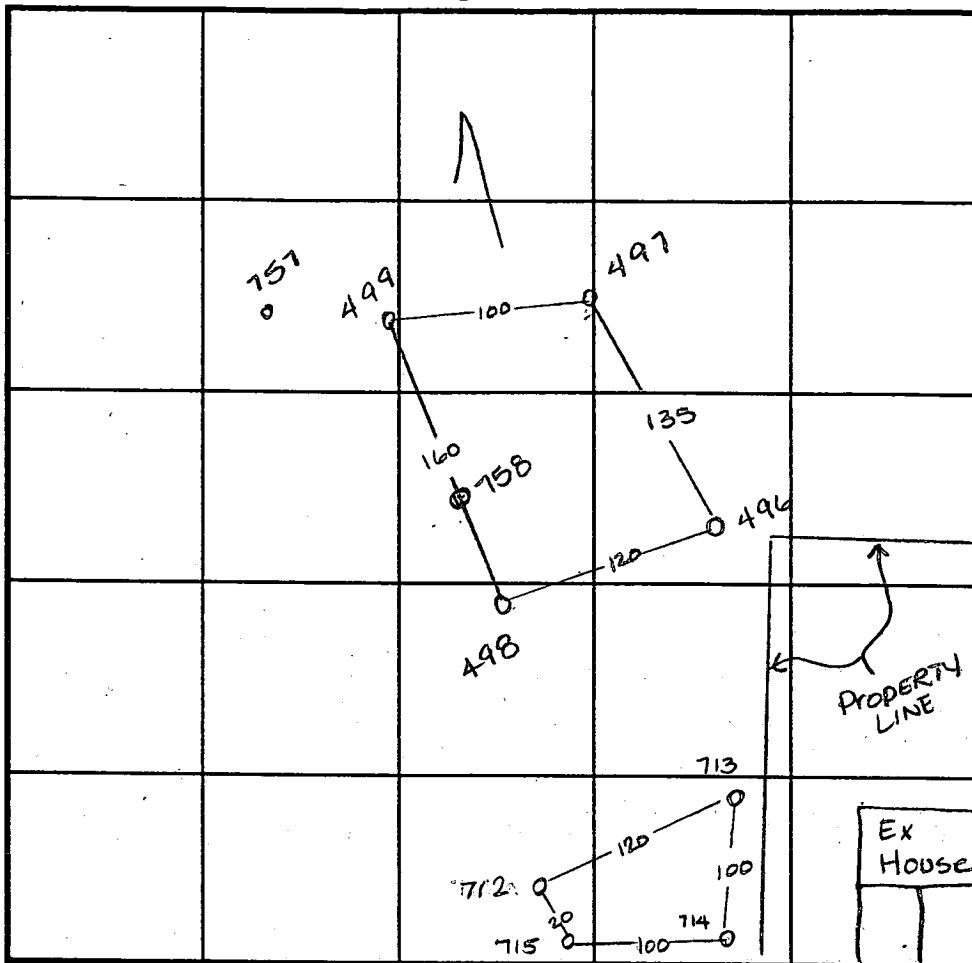
SOIL PROFILE

758

0' no distinct clay layer
dark red silm
30% rock through out

499 757

>50% rock through out
refusal at 9.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

St. Michaels Church Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-21-96	499	Insufficient depth to bedrock					F
	498	3.5 / 12.0	9:45	9:47	9:47	9:50	3min
	498	repour	9:50 ³⁰	9:54 ³⁰	9:54 ³⁰	9:59 ³⁰	5min
	498	-Fast perc times + rock content					F
	497	Visual only					- see profile - OK
	496	Insufficient depth to bedrock					F
8-28-96	757	Insufficient depth to bedrock					F
	758	Visual to 12.0					- see profile OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO 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 Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO _____

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre 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. Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

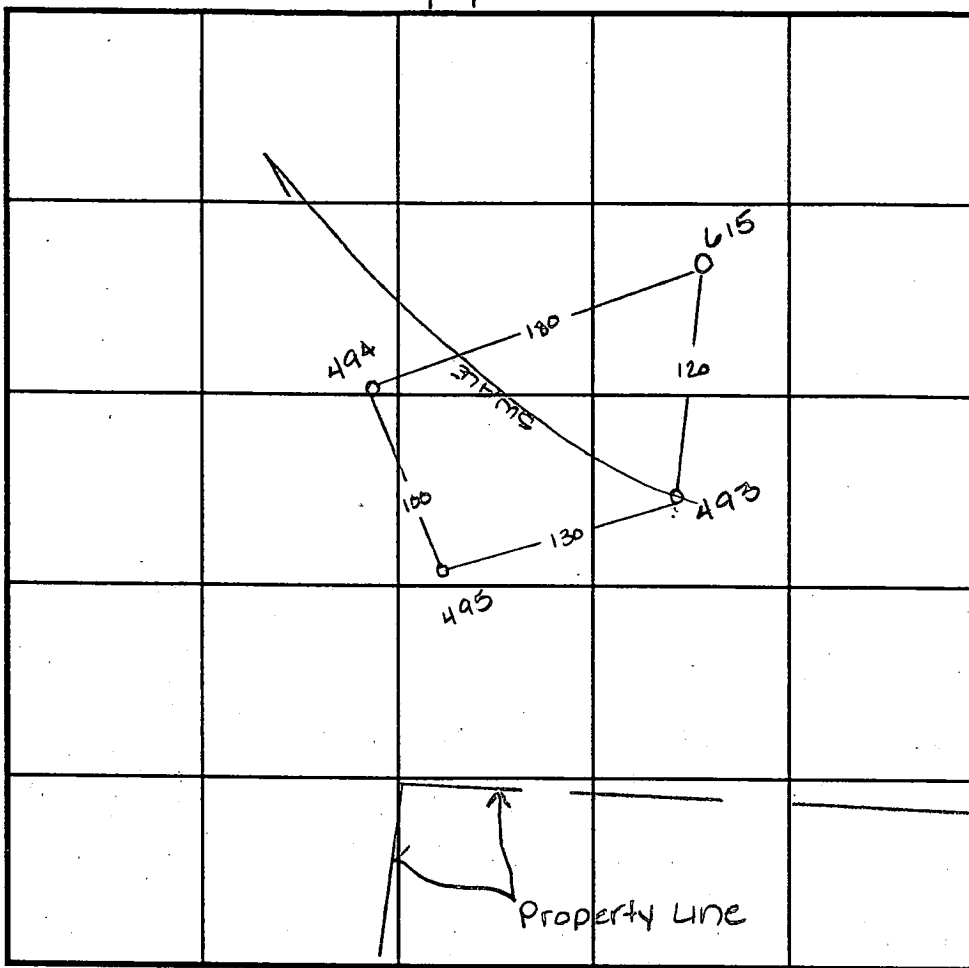
THIS IS NOT A PERMIT

HD-216

COUNTY #

SOIL PROFILE

0' 494
orange red SicLm 20% shale
3.0 dark red brown SicLm 20% Shale
10.0 30% Shale
11.0



SOIL PROFILE

0'

495
>50% rock through out

4.0 493
beigh SicLm
lgt orange Silm 30% Rock
7.0 red orange Silm 40% Rx refusal
8.5

615
dark orange Silm 25-30% shale/ Saprolite mix through-out
10.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

St. Michaels Church Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8-21-96	493	3.0 / 18.5	8:15	>30 min			Slow F	
	494	3.0 / 11.0	8:56 ¹⁵	8:58	8:58	9:04	6min	
	495	Insufficient depth to bedrock -						
			>50% rock content					F
	615	3.0 / 11.0	8:46 ³⁰	8:53 ³⁰	>30 min		Slow	
	615	6.5 / 11.0	8:48 ³⁰	8:10	>30 min		slow } F	

REMARKS _____

TYPE OF SOIL _____

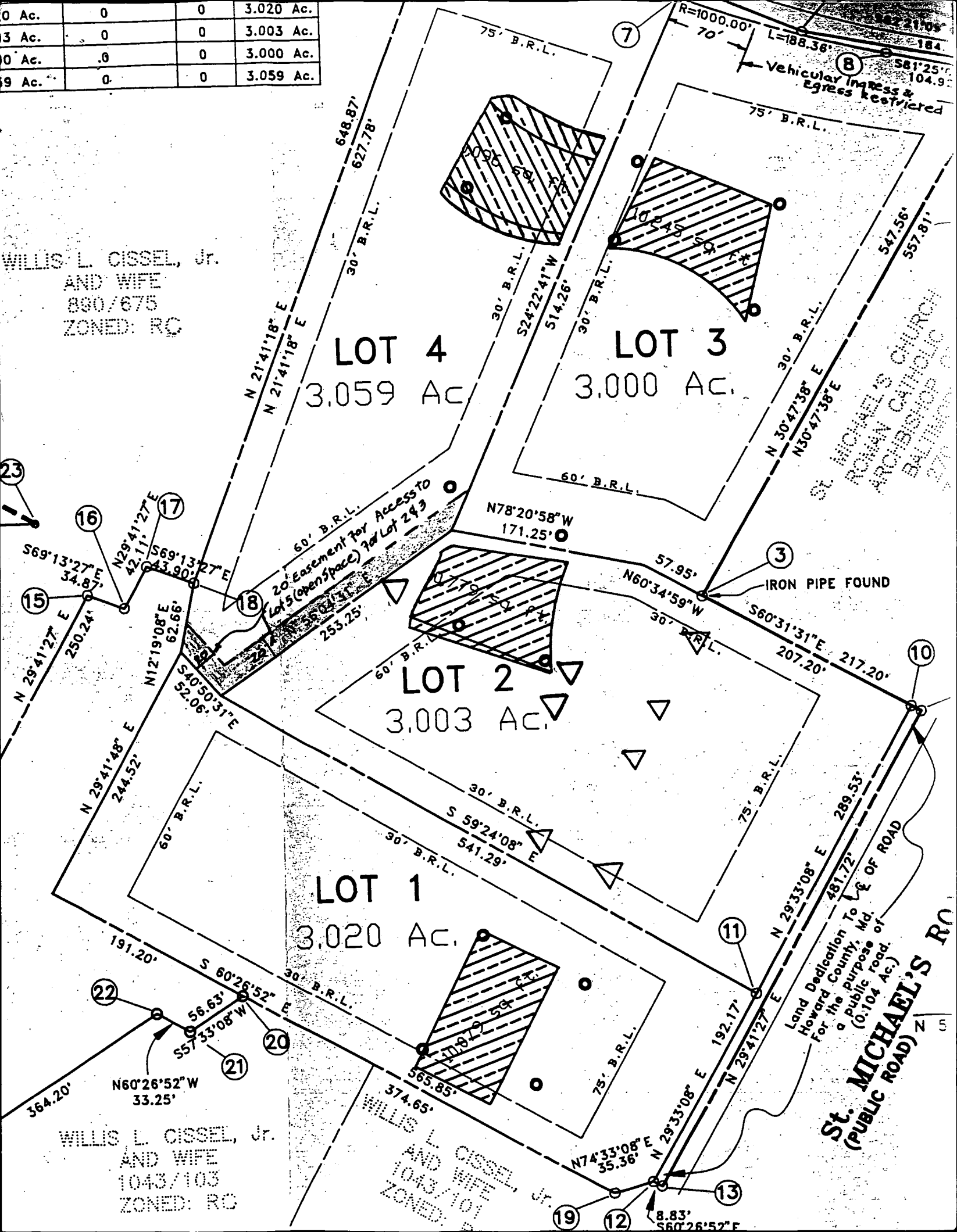
TESTED BY: Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

0 Ac.	0	0	3.020 Ac.
3 Ac.	0	0	3.003 Ac.
0 Ac.	0	0	3.000 Ac.
9 Ac.	0	0	3.059 Ac.

WILLIS L. CISSEL, Jr.
AND WIFE
880/675
ZONED: RC



LOT 4
3.059 Ac.

LOT 3
3.000 Ac.

LOT 2
3.003 Ac.

LOT 1
3.020 Ac.

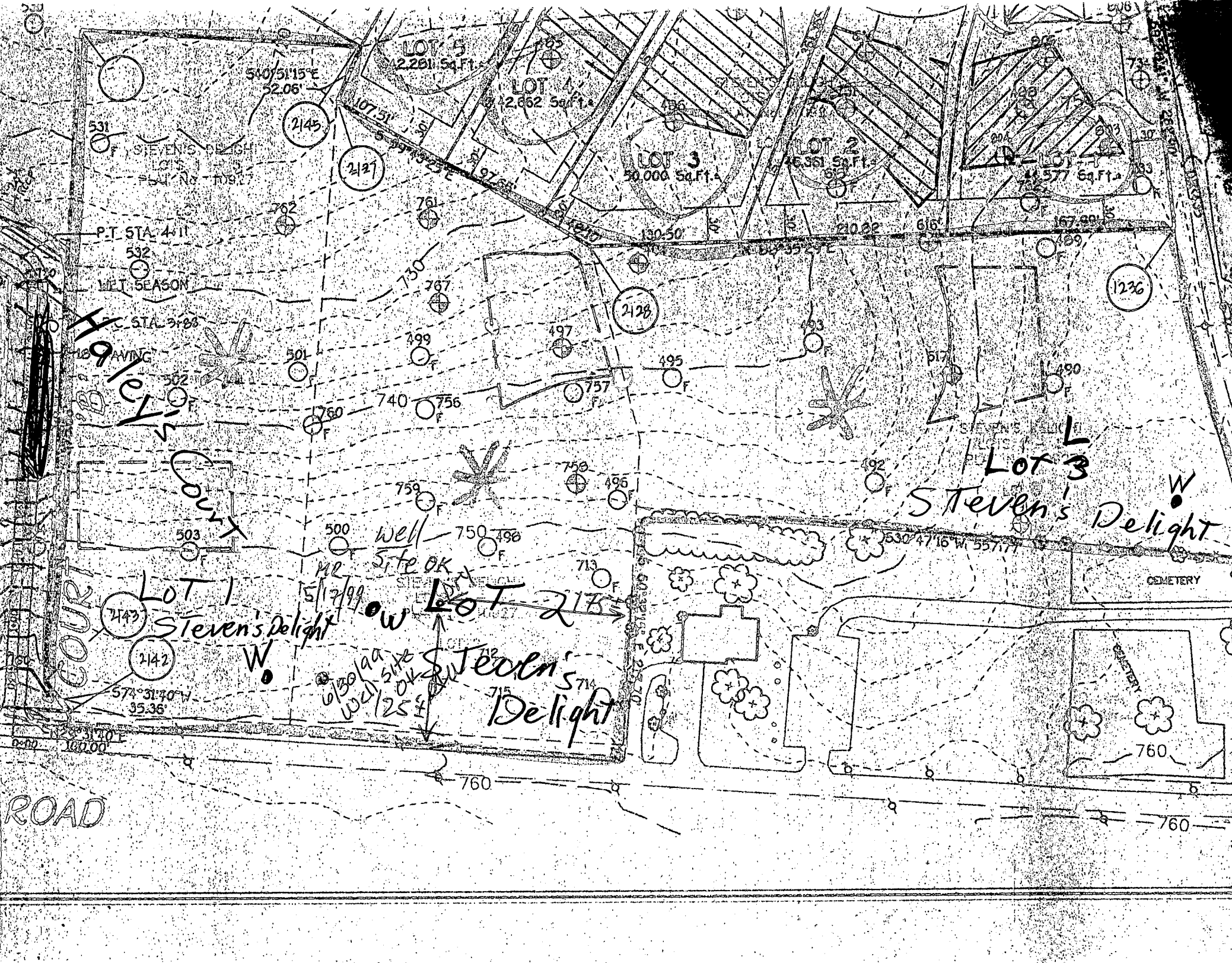
WILLIS L. CISSEL, Jr.
AND WIFE
1043/103
ZONED: RC

WILLIS L. CISSEL, Jr.
AND WIFE
1043/101
ZONED: RC

St. MICHAEL'S CHURCH
ARCHBISHOP
Baltimore

Land Dedication To
Howard County, Md.
For the purpose of
a public road.
(0.104 Ac.)

St. MICHAEL'S RC
(PUBLIC ROAD) Z



LOT 5
2,281 Sq. Ft.

LOT 4
2,662 Sq. Ft.

LOT 3
50,000 Sq. Ft.

LOT 2
16,361 Sq. Ft.

STEVEN'S DELIGHT
PLAN NO. 10927

LOT 3
Steven's Delight

LOT 1
Steven's Delight

LOT 2
Steven's Delight

ROAD

CEMETERY

CEMETERY

760

510/51'15"E
32.06'

2145

2127

762

781

P.T. STA. 4+11

532

WET SEASON

P.T. STA. 3+88

509

SAVING

502

501

767

799

497

2128

130.50

210.82

616

167.99

1236

760

740

756

757

495

493

517

490

W

759



750

496

500

well

750

498

MR. SITE OK

713

2143

2142

574°31'40"W
35.36'

W

6/30/99

well site OK

W 125'

W

6/30/99

well site OK

W 125'

W

6/30/99

well site OK

W 125'

760

530°47'16"W 55.71'

760

760

C1 08768 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A47045

ST/CO USE ONLY DATE Received MM DD YY 07 02 99

DATE WELL COMPLETED MM DD YY 07 02 99 Depth of Well 22 185 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2264

OWNER Cissel Lambert STREET OR RFD 1200 St Michaels Rd TOWN Poplar Springs SUBDIVISION Steven's Delight SECTION LOT 2

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Slate, Blue Slate, Flint Rock, and Blue Slate.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (6), NO. OF POUNDS (600), GALLONS OF WATER (36), DEPTH OF GROUT SEAL (0 to 19 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (21).

OTHER CASING (if used) Form: diameter inch, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (41 before, 25 when pumping), TYPE OF PUMP USED (S).

NUMBER OF UNSUCCESSFUL WELLS: I WELL HYDROFRACTURED (Y)

DEPTH (nearest ft.) Form: 1 19 185, 2 19 185, 3 19 185, 4 19 185, 5 19 185, 6 19 185, 7 19 185, 8 19 185, 9 19 185, 10 19 185, 11 19 185, 12 19 185, 13 19 185, 14 19 185, 15 19 185, 16 19 185, 17 19 185, 18 19 185, 19 19 185, 20 19 185, 21 19 185, 22 19 185, 23 19 185, 24 19 185, 25 19 185, 26 19 185, 27 19 185, 28 19 185, 29 19 185, 30 19 185, 31 19 185, 32 19 185, 33 19 185, 34 19 185, 35 19 185, 36 19 185, 37 19 185, 38 19 185, 39 19 185, 40 19 185, 41 19 185, 42 19 185, 43 19 185, 44 19 185, 45 19 185, 46 19 185, 47 19 185, 48 19 185, 49 19 185, 50 19 185, 51 19 185, 52 19 185, 53 19 185, 54 19 185, 55 19 185, 56 19 185, 57 19 185, 58 19 185, 59 19 185, 60 19 185, 61 19 185, 62 19 185, 63 19 185, 64 19 185, 65 19 185, 66 19 185, 67 19 185, 68 19 185, 69 19 185, 70 19 185, 71 19 185, 72 19 185, 73 19 185, 74 19 185, 75 19 185, 76 19 185, 77 19 185, 78 19 185, 79 19 185, 80 19 185, 81 19 185, 82 19 185, 83 19 185, 84 19 185, 85 19 185, 86 19 185, 87 19 185, 88 19 185, 89 19 185, 90 19 185, 91 19 185, 92 19 185, 93 19 185, 94 19 185, 95 19 185, 96 19 185, 97 19 185, 98 19 185, 99 19 185, 100 19 185

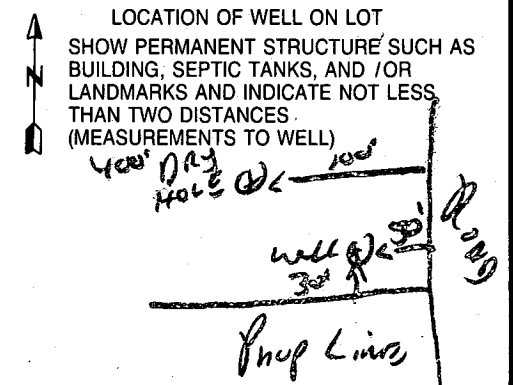
PUMP INSTALLED Form: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (+ above, - below), LAND SURFACE (2 nearest foot).

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD 117

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1	4746	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2264 <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) **12 18 98**
8 MM DD YY 13

CISSEL Lambert
15 Last Name Owner First Name 34

3425 Hipsley Mill Rd
36 Street or RFD 55

Woodbine MD. 21592
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

~~Spring Horton~~ **Stevens Delight**
23 SUBDIVISION 42

SECTION **-** LOT **2**
44 46 48 50

Poplar Springs
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **I** M I
73 76 77 78

DRILLER INFORMATION

Ralph MAYNE **MS D 116**
76 License No. 81

Ralph MAYNE Well Drilling
Firm Name

9120 Brown Church Rd N.A. Hwy
Address

Ralph Mayne 12-9-98
Signature Date

St Michaels Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N WEST W EAST E SOUTH S

100
34 DISTANCE FROM ROAD 37

7 **8** **341**
ENTER FT OR MI. 38 39 TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
7 2

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **A47045**
COUNTY NAME COUNTY NO.

STATE SIGNATURE **Mark E. Piffin** INSERT S
41

DATE ISSUED **05 27 99** **5/27/00**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **548** **000** EAST GRID **0769** **000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **7/2/99 9:00**

SOURCES OF DRILLING WATER:
 1. well **⊕**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **22069**
 N **52048**

21 ft casing July 2 1999
 19 ft open
 6 bags grout
 000 2ft above ground
 Adjacent dry hole filled.

METHOD OF DRILLING (circle one)

AIR-ROTARY **JETTED** **Jetted & DRIVEN**

CABLE **REVERSE-ROTARY** **ROTARY (Hydraulic Rotary)** **DRIVE-POINT**

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

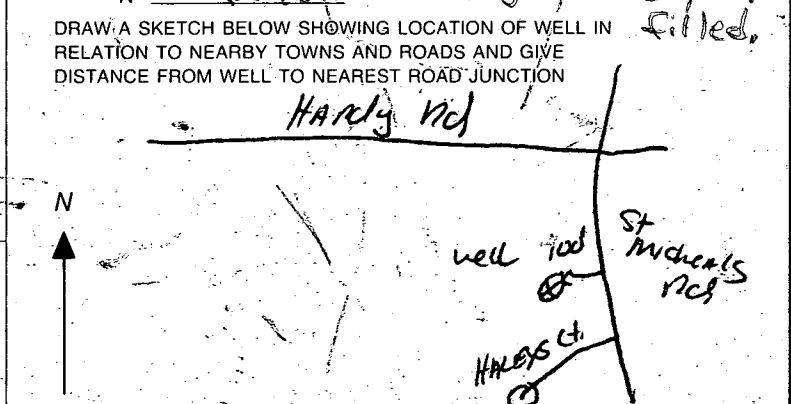
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEAN AN EXISTING WELL

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **54** **63**

PERMIT No **HO-94-2264**
70 71 72 73 74 75 76 77 78 79

7/2/99
3HR 8:30

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2264
 Location of property (road) 1300 St. Michael's Rd.
 Subdivision Steven's Delight Lot 2 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Lambert Cissef

Depth of well 185'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 41'

I. High rate pumping -- reservoir drawdown

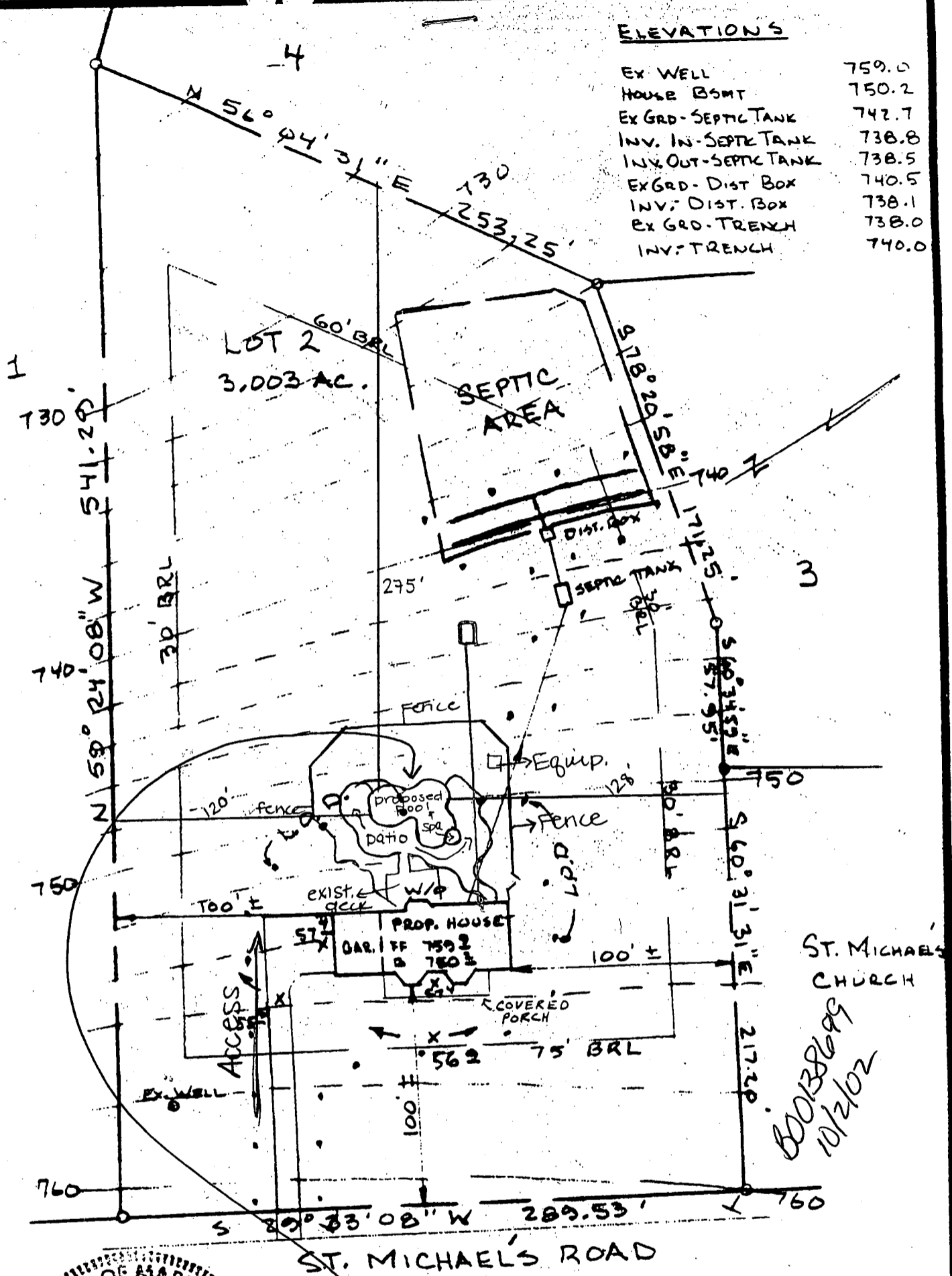
Time pump started 8:15 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 75 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

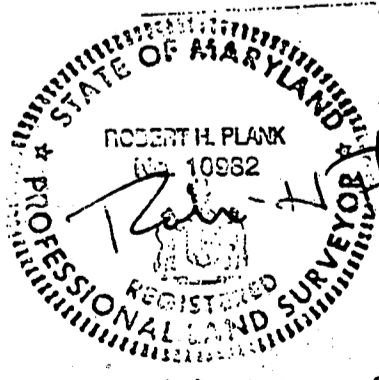
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	75'	6 sec		10
8:45	75'	6 sec		10
9:00	75'	6 sec		10
9:15	75'	6 sec		10
9:30	75'	6 sec		10
9:45	75'	6 sec		10
10:00	75'	6 sec	Present for Reading (BP) 7/2/99	10
10:15				
10:30				
10:45				
11:00				
11:15				
11:30	Adjacent dry hole filled, Driller said that 21 ft casing 19' ft open 6 Bags of grout 7/2/99 (BP)			
	280 ft of stone and 100ft of cement were used to fill the well. Casing removed.			

ELEVATIONS

EX WELL	759.0
HOUSE BSMT	750.2
EX GRD-SEPTIC TANK	742.7
INV. IN-SEPTIC TANK	738.8
INV. OUT-SEPTIC TANK	738.5
EX GRD-DIST BOX	740.5
INV. DIST. BOX	738.1
EX GRD-TRENCH	738.0
INV-TRENCH	740.0



ST. MICHAEL'S CHURCH
 0001388699
 10/2/02



08.17.00

10/2/02
 proposed pool location
 ok. Told contractor
 to be careful of patio
 & house sewer
 (SRK)

AREA OF DISTURBANCE = 28,000 sq ft

SITE PLAN
 LOT 2 STEVENS DELIGHT
 SITUATED ON
 ST. MICHAEL'S ROAD
 FOURTH ELECTION DIST.
 HOWARD CO., MD.
 SCALE: 1" = 60' AUG, 2000

I CERTIFY THIS PLAN TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

MASSAUX-HEMSLEY, INC.
 204 S. MAIN STREET
 MOUNT AIRY, MARYLAND 21771
 (301) 829-2296

REFERENCE	JOB NO.
PLAT 10927	005Y5500