

LAYOUT 3/18/02 12:00 INSP 4 _____
 INSP 2 3/22/02 AM INSP 5 _____
 INSP 3 5/29/02 1:00 INSP 6 _____

ISSUE DATE: 3/15/02

APPROVAL DATE: 5/29/02

**PERMIT
INDEXED**

04-344448

P 516872

A 34771

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Bill Becker IS PERMITTED TO INSTALL ALTER

ADDRESS: 15300 CARRS MILL ROAD PHONE NUMBER: 410-442-5737

SUBDIVISION: Retler Property LOT NUMBER: 3

ADDRESS: 15508 Carr's Mill Road PROPERTY OWNER: Mr. & Mrs. Scott Stacy

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box 10' off the rear (303.24') lot line and 100' off the left (584.80') lot line. Run (3) trenches on contour to left side of lot.
NOTES:	

PLANS APPROVED: MER OK SRK 3/15/02 DATE: 12/17/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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**

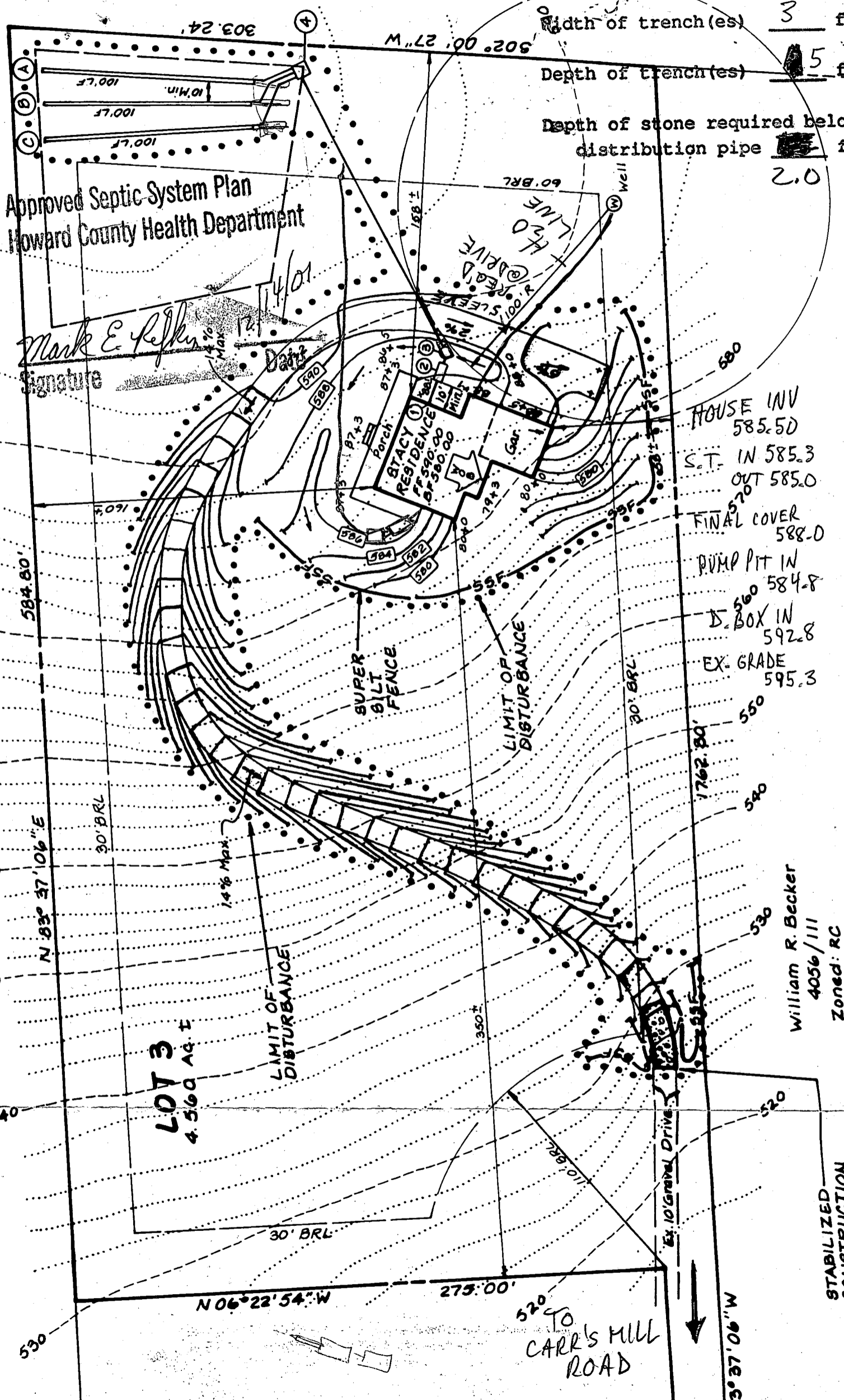
434771

Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2.0 feet



Approved Septic System Plan
Howard County Health Department

Mark E. Refky
Signature

HOUSE INV 585.50
 S.T. IN 585.3
 OUT 585.0
 FINAL COVER 588.0
 PUMP PIT IN 584.8
 D. BOX IN 592.8
 EX. GRADE 595.3

LOT 3
4.560 AC. ±

William R. Becker
4056/111
Zoned: RC

STABILIZED
CONSTRUCTION
ENTRANCE

TO
CARR'S HILL
ROAD

will cont

SRK

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 800133131

Building Address 15508 Carbs Mill Rd
Woodbine Md 21097

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 604002 Subdivision Rettler Property

Section _____ Area _____ Lot 3

Tax Map 14 Parcel 226 Grid 2

Zoning RC Map Coordinates 831 Lot size 4,56

Property Owner's Name McEllis Scott Stacey

Address 9212 Pirates Cove

City Columbia State MD Zip Code 21046

Home Phone 410-251-7147 Work Phone 410-542-3200

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Vacant Lot

Proposed Use SFD

Estimated Construction Cost \$ 395,000.00

Description of Work 44x40 Two Story SFD

Contractor Company W.R. Becker LLC

Contact Person Bill Becker

Address 15300 Carbs Mill Rd

City Woodbine State MD Zip Code 21097

License No. _____

Phone 410-442-5937 Fax 410-442-5930

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Ron Johnston Assoc

Contact Person Ron Johnston

Address 11407 Bethel Field Way

City Middletown State MD Zip Code 21104

Phone 410-442-3667 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
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 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.

Applicant's Signature William R Becker

Title/Company _____

Print Name William R Becker

Date 12/14/01

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>12/14/01</u>	<u>Mark Rettler</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>52709</u>
Rear: _____	Filing fee \$ <u>100</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 NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>1694</u>
Accepted by <u>CLC</u>	Validation # _____

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: J.A. Smith Telephone #: 410-796-7532
Address: 7080 Kit Kat Rd.
EVROBE MD. 21075

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): J.A. Smith & Co Inc License# 5581

*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: Stacey Scott Telephone #: 410-351-7147
Subdivision: Retiree Property I Lot #: 3 Well Tag #: HO-94-9249
Site Address: 15508 CARDS Mill Rd.
WOODBINE, MD. 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Mactason Two piece watertight cap: ✓
Model #: 5GS07412 Model#: B70X Screened, vented well cap: ✓
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: ✓
Well Yield: 2.4 GPM NSF approved: ✓ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: ✓
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 _____

Piping to house House Connection
Type: 1" Black Poly PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 160 (160 psi min) Approximate length of sleeve: 12'
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly: ✓

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

J. Allan Smith Signature of company representative responsible for installation date 6/5/02

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

Date Insp. Requested: _____ Date Insp. Approved: 3/22/02 (50)
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓ BB
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 0513

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A34771

ST/CQ USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

11/21/01

400 (TO NEAREST FOOT)

OKMR 12/14/01 HD-94-3249

OWNER: Stacey (last name), Scott (first name)
STREET OR RFD: Carr's Mill Road
SUBDIVISION: RETLER PROP SECTION: TOWN: Glenwood LOT: 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Slate, Gray Slate opening, and Gray Slate.

GROUTING RECORD form. Includes fields for GROUTING MATERIAL (Cement CM, Bentonite Clay BC), NO. OF BAGS (14), NO. OF POUNDS (1400), and DEPTH OF GROUT SEAL (0 to 24 ft).

CASING RECORD form. Includes fields for MAIN CASING TYPE (ST), Nominal diameter (6 inch), and Total depth (26 feet).

OTHER CASING (if used) form. Includes fields for diameter and depth.

SCREEN RECORD form. Includes fields for screen type (ST) and depth (24 feet).

DEPTH (nearest ft.) form. Includes a grid for depth measurements from 1 to 51 feet.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL. Includes field for MDE USE ONLY.

PUMPING TEST form. Includes fields for HOURS PUMPED (6), PUMPING RATE (2.4 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), and WATER LEVEL (54 ft before, 109 ft when pumping).

PUMP INSTALLED form. Includes fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (31-35 gallons per minute), and PUMP HORSE POWER (37-41).

NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED: YES (Y)

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...

DRILLERS LIC. NO. 1 MWD 040
DRILLERS SIGNATURE: George F. Eustenley
LIC. NO. 1 MSD 038
DRILLERS SIGNATURE: Bruce Thompson

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form. Includes fields for TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.

LOCATION OF WELL ON LOT form. Includes a diagram area and the instruction 'SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)'. Includes handwritten note 'see plat'.

11.21-01 10:00

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2249
 Location of property (road) Carr's Mill Rd
 Subdivision RETLER PROP Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller Easterday Owner Scott Stacey

Depth of well 400
 Distance of measuring point (M.P.) above ground 2 FT
 Static water level (S.W.L.) below M.P. 54 FT

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15 GPM
 Total time 15 min to reach pumping water level 109 ft. below M.P.

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

TESTED BY DICKIE

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READINGS (if used) Pump SET	CALCULATED FLOW (gallons per minute)
845	109 FT	20 sec	385 FT	3 GPM
900	109 FT	20 sec	↑	3 GPM
915	109 FT	20 sec	↑	3 GPM
930	109 FT	20 sec	↑	3 GPM
945	109 FT	20 sec	↑	3 GPM
1000	109 FT	20 sec	↑	3 GPM
1015	109 FT	20 sec	↑	3 GPM
1030	109 FT	20 sec	↑	3 GPM
1045	109 FT	20 sec	↑	3 GPM
1100	110 FT	20 sec	↑	3 GPM
1115	110 FT	20 sec	↑	3 GPM
1130	110 FT	20 sec	↑	3 GPM
1145	110 FT	20 sec	385 FT	3 GPM
1200	110 FT	25 sec	↑	2.4 GPM
1215	110 FT	25 sec	↑	2.4 GPM
1230	110 FT	25 sec	↑	2.4 GPM
1245	110 FT	25 sec	↑	2.4 GPM
1300	110 FT	25 sec	↑	2.4 GPM
1315	111 FT	25 sec	↑	2.4 GPM
1330	111 FT	25 sec	↑	2.4 GPM
1345	111 FT	25 sec	↑	2.4 GPM
1360	111 FT	25 sec	↑	2.4 GPM
1375	111 FT	25 sec	↑	2.4 GPM
1390	111 FT	25 sec	↑	2.4 GPM
1405	111 FT	25 sec	↑	2.4 GPM
1420	111 FT	25 sec	↑	2.4 GPM
1435	111 FT	25 sec	↑	2.4 GPM
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1480	111 FT	25 sec	↑	2.4 GPM
1495	111 FT	25 sec	↑	2.4 GPM
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1585	111 FT	25 sec	↑	2.4 GPM
1600	111 FT	25 sec	↑	2.4 GPM
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3145	111 FT	25 sec	↑	2.4 GPM
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3865	111 FT	25 sec	↑	2.4 GPM
3880	111 FT	25 sec	↑	2.4 GPM
3895	111 FT	25 sec	↑	2.4 GPM
3910	111 FT	25 sec	↑	2.4 GPM
3925	111 FT	25 sec	↑	2.4 GPM
3940	111 FT	25 sec	↑	2.4 GPM
3955	111 FT	25 sec	↑	2.4 GPM
3970	111 FT	25 sec	↑	2.4 GPM
3985	111 FT	25 sec	↑	2.4 GPM
4000	111 FT	25 sec	↑	2.4 GPM

HD-224 2x5 111 FT 25 sec 385 2.4 GPM

B 1	5056	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W516013</i> please print or type	STATE PERMIT NUMBER HO-94-3249 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	--	---

Date Received (APA) **08 31 01**

8743

OWNER INFORMATION

STACEY SCOTT

15 Last Name Owner First Name 34

9212 PIRATE COVE RD

36 Street and RFD 55

COLUMBIA, MD 21046

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday MW D **040**

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

George F. Easterday **8/29/2001**

Signature Date

B 2 WELL INFORMATION

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

8 12

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

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

APPROXIMATE DEPTH OF WELL **300** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** INCH

NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY Drive-POINT

other _____

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. **HO-94-3249**

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL

Howard CC# **21**

8 COUNTY

Retier Property

23 SUBDIVISION 42

SECTION **3** LOT **3**

44 46 48 50

Glenwood

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** M I

73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Carrs Mill Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

500

34 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: **14** BLK: **2** PARCEL **226**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **A34771**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED **10 05 01** Mark Ruffin **10/5/02**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **538** 0 0 0 EAST GRID **0788** 0 0 0

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

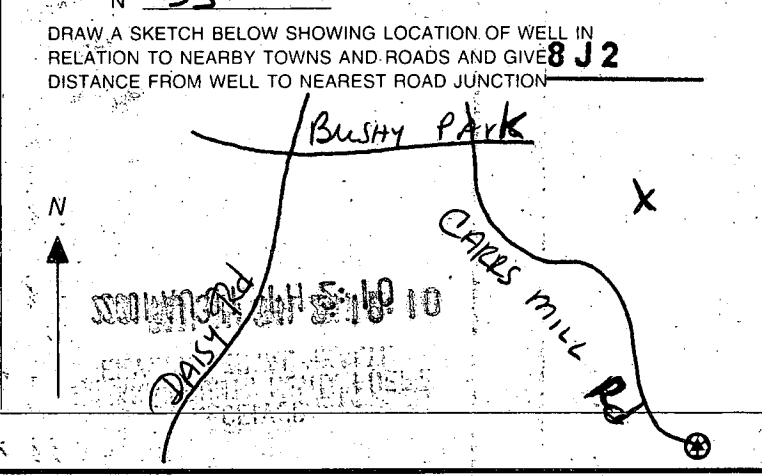
- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 785308

N 538

000 000



B 1 **07302** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

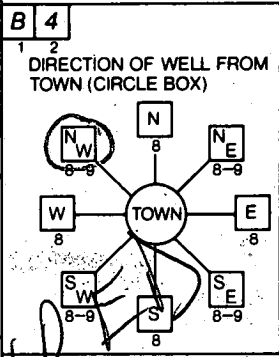
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-94-1567
 fill in this form completely

Date Received (APA) **052890**
OWNER INFORMATION
STACY SCOTT E ALISA
 15 Last Name Owner First Name 34
9212 PIRATES COVE
 38 Street or RFD 55
COLUMBIA MD 21046
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
RETLEK PROPERTY
 23 SUBDIVISION 42
 SECTION **---** 44 46 LOT **3** 48 50
PLENWOOD
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** 73 MI 76 77 78

DRILLER INFORMATION MSD
Ralph Wayne
 Driller's Name 77 License No. 80 **116**
Ralph Wayne Well Drilling
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Wayne 5-27-98
 Signature Date



CARRS MILL RD.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W
 EAST E
 SOUTH S
 34 **1800** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FL**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 12
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVT 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
A34771
 COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED **060398** Mark E. Riffin 6/3/99
 43 48 CO SIGNATURE EXP/DATE
 NORTH GRID **538000** 50 55 EAST GRID **0788000** 57 63

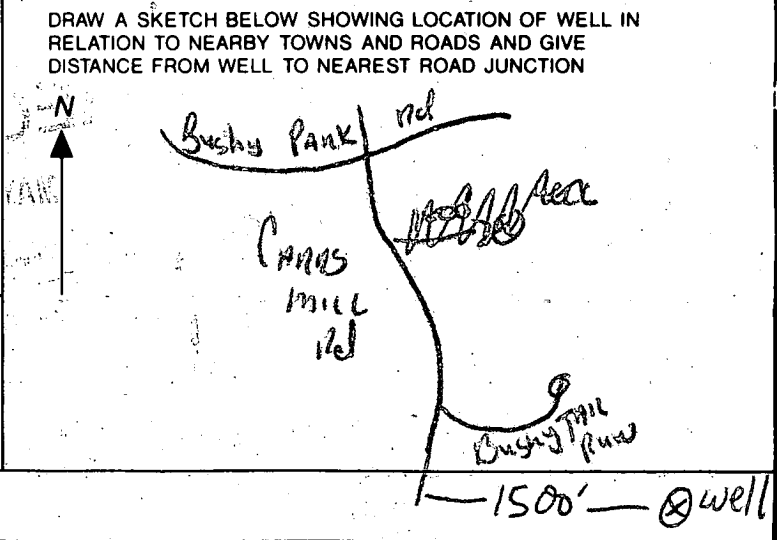
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

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

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 **7X88**
 N **5X38**
 000 000

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) 41 _____ 52



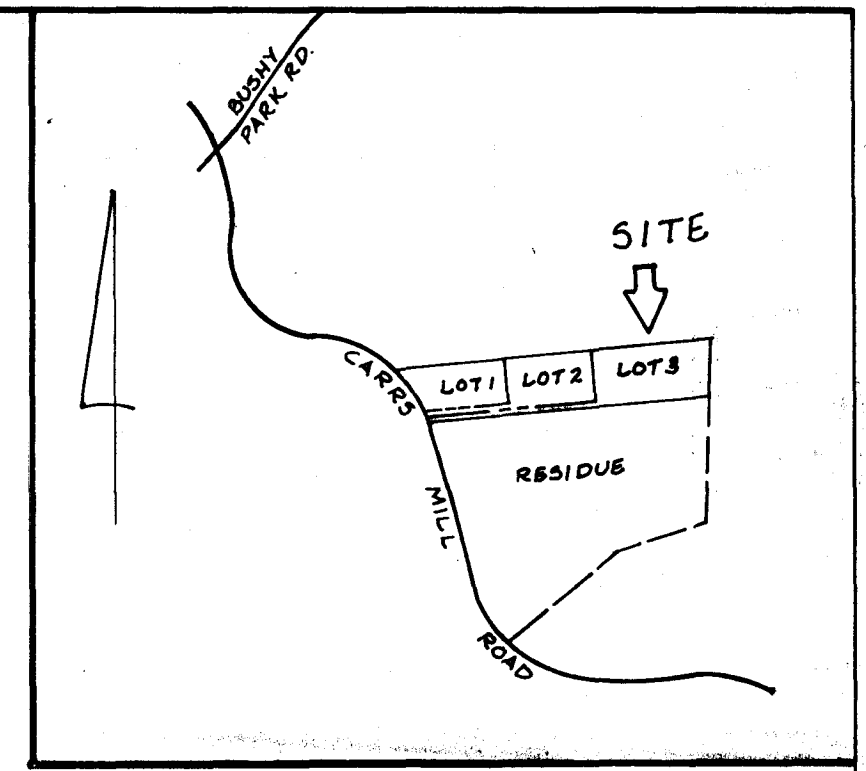
Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____ 63
 FORCE **MR** WRITE INITIALS IN BOX 67 68 PERMIT No. **HD-94-1567** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **410-992-3760 W**
410-381 7147 H



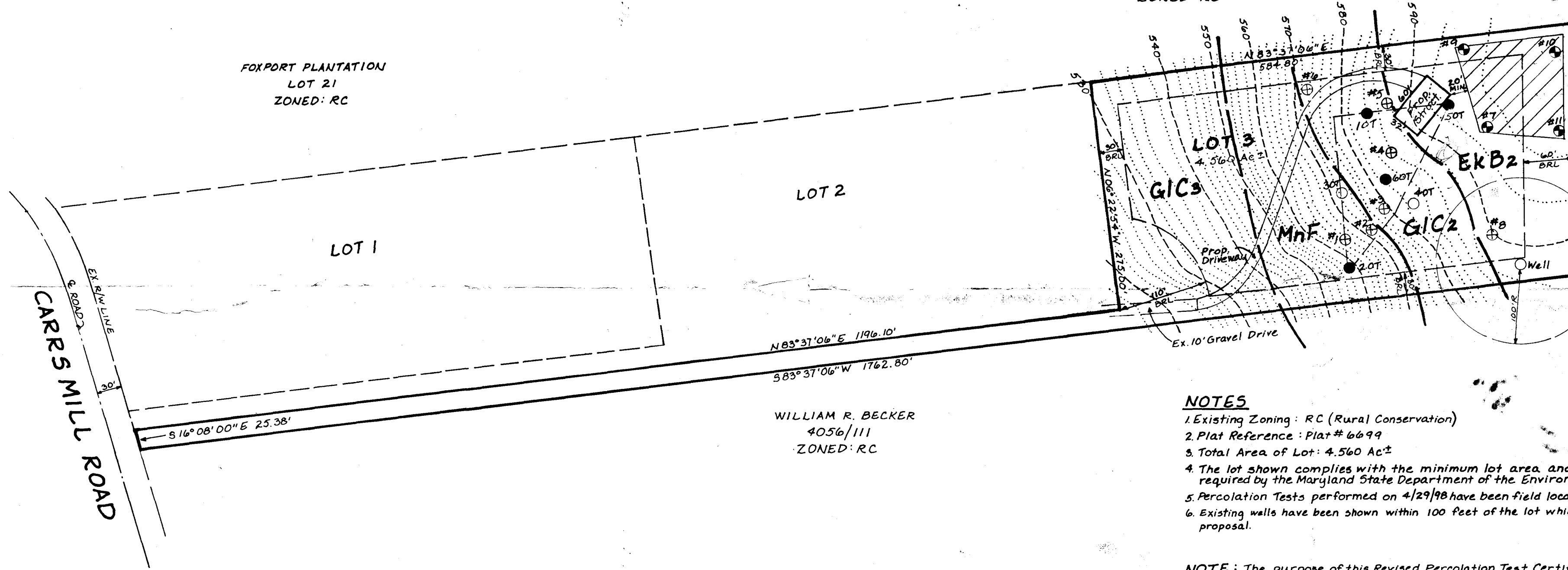
LEGEND

- OT ● Passed Perc Test (A34771)
- OT ○ Not Passed Perc Test (A34771)
- ⊕ Passed Perc Test (4/29/98)
- ⊕ Not Passed Perc Test (4/29/98)
- Ex Sewage Disposal Area (A34771)



FOXPORT PLANTATION
LOT 21
ZONED: RC

RIPPEON PROPERTY
LOT 2
MARY JANE SULLIVAN
2475/402
ZONED: RC



well site OK
w/o Insp
MR 10/5/01

WILLIAM R. BECKER
4056/111
ZONED: RC

NOTES

1. Existing Zoning: RC (Rural Conservation)
2. Plat Reference: Plat # 6699
3. Total Area of Lot: 4.560 Ac±
4. The lot shown complies with the minimum lot area and ownership width as required by the Maryland State Department of the Environment.
5. Percolation Tests performed on 4/29/98 have been field located.
6. Existing wells have been shown within 100 feet of the lot which may affect this proposal.

NOTE: The purpose of this Revised Percolation Test Certification Plat is to reconfigure the Private Sewage Easement and relocate the Well Site based on Percolation Tests performed on 4/29/98.

SOILS LEGEND/USDA SOILS MAP 697

- EKB2 Elioak Silt Loam, 3% to 8% Slopes, Mod. Eroded
- GIC2 Glenelg Loam, 8% to 15% Slopes, Mod. Eroded
- GIC3 Glenelg Loam, 8% to 15% Slopes, Severly Eroded
- MnF Manor Very Stony Loam, 25% to 60% Slopes

This area designates a Private Sewage Easement of 10,000 square feet as required by the MD. State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until Public Sewage is available. These easements shall become null and void upon connection to a public system. The County Health Officer shall have the authority to grant variances for encroachments into the Private Sewage Easement. Recordation of a Modified Sewage Easement shall not be necessary.

LDE, INC.		
9250 Rumsey Road, Suite 106, Columbia, MD. 21045 (410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)		
DESIGNED:	PERCOLATION TEST CERTIFICATION PLAT	SCALE: 1" = 100'
DRAWN: STB	RETLE PROPERTY Signed LOT 3	DRAWING 10F1
CHECKED: BDB	TAX MAP 14 P/O PARCEL 188 4th ELECTION DISTRICT HOWARD CO., MD.	JOB No. 99-005
DATE: 2/9/99	OWNER/DEVELOPER SCOTT C. STACEY 15308 CARRS MILL ROAD WOODBINE, MD. 21747	FILE No.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE
HOWARD COUNTY HEALTH DEPARTMENT

Sandy Sue Baker 3-11-99
Howard County Health Officer MR Date

APPLICATION

PERCOLATION TESTING

A 34771

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*Retest
of ex. platted
easement due
to Rx concerns.*

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Elizabeth B. Retler

ADDRESS 15526 Rushy Tail Run Woodbine, Md PHONE 410-442-2348

AGENT OR PROSPECTIVE BUYER Scott C. Stacy

ADDRESS 9212 Pirate's Cove Columbia, MD PHONE 410 381-7147

PROPERTY LOCATION:

SUBDIVISION Retler Property LOT NO. 3

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

red
brn
cl

red 50%
brn frags
sa lm

ROCK BOT

brn tan
cl lm

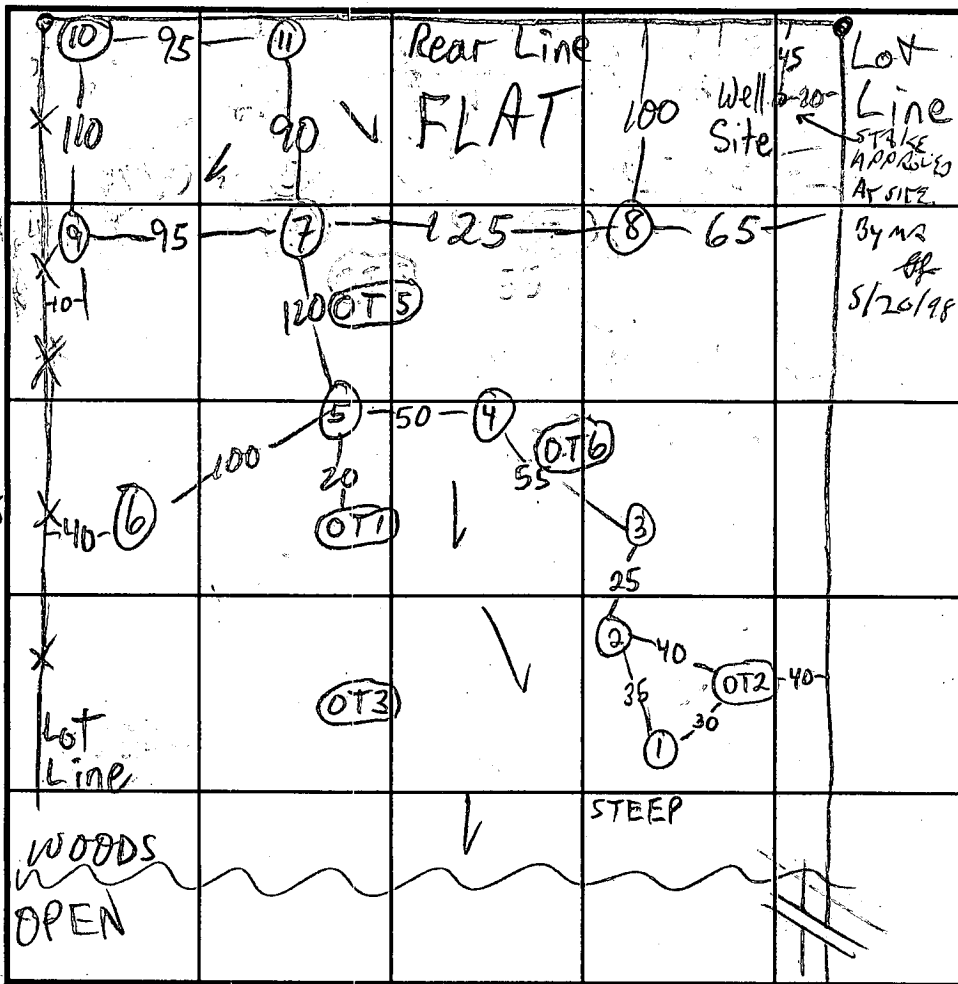
brn lm
25-40%
frags

ROCK
BOT

red
brn
cl lm

red
gray
sa lm
50%
frags

HARD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

brn
cl
red brn
silt lm

red brn
silt lm
25-30%
frags

HARD BOT

red brn
cl lm

red gray
sa lm
40-50%
frags

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/29/98	1 S	3 1/2	10:35	10:55	1/4"	FAIL		
	1 V	8 1/2	ROCK	BOT				
	2 S	3'	12:00	12:14	< 1/8"	FAIL		
	2 V	7 1/2 - 8 1/2	SOLID	ROCK BOT				
	3 V	7	5-6'	CLAY	ROCK BOT	FAIL		
	5 S	3 1/2 4 1/2	1:25 2:54	1:33 3:05	1:33 < 1/4"	2:25	52	FAIL
	5 V	10 1/2						
	6 S	2 1/2	3:13	3:33	1/2"	FAIL		
	6 V	10						
	4 V	12	FAIL					

REMARKS

TYPE OF SOIL

TESTED BY M. Ritkin

ALSO PRESENT Fyock Crew, buyer, owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH 3

INLET DEPTH 3 1/2

MAXIMUM BOTTOM DEPTH 5 1/2

SQ. FT./BEDROOM 240

APPLICATION

PERCOLATION TESTING

A 34771

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Retles LOT NO. 3

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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 7
 red
 sil
 1m
 4
 red
 brn
 gray
 sa lm
 20-35% (40% frags)
 frags
 HARD BOT

SOIL PROFILE

0' 11
 brn
 cl 1m
 4
 brn
 sa lm
 35%
 frags
 HARD BOT

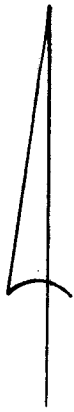
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

9
 red
 brn
 cl
 4 1/2
 red
 brn
 sa lm
 10-25%
 frags

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/98	7 S	5	3:51	3:54	3:54	3:59	5
	7 V	10	HARD	BOT			
	8 V	8 1/2	50%	Rx below 3'	HARD	BOT	FAIL
	9 V	10	HARD	BOT			
	10 S	5	4:45	4:55	< 1/8"	REDIG	5
		6	5:01	5:05	5:05	5:10	
	10 V	12	OK	see profile			
	11 V	9	HARD	BOT	OK	SHALLOW	

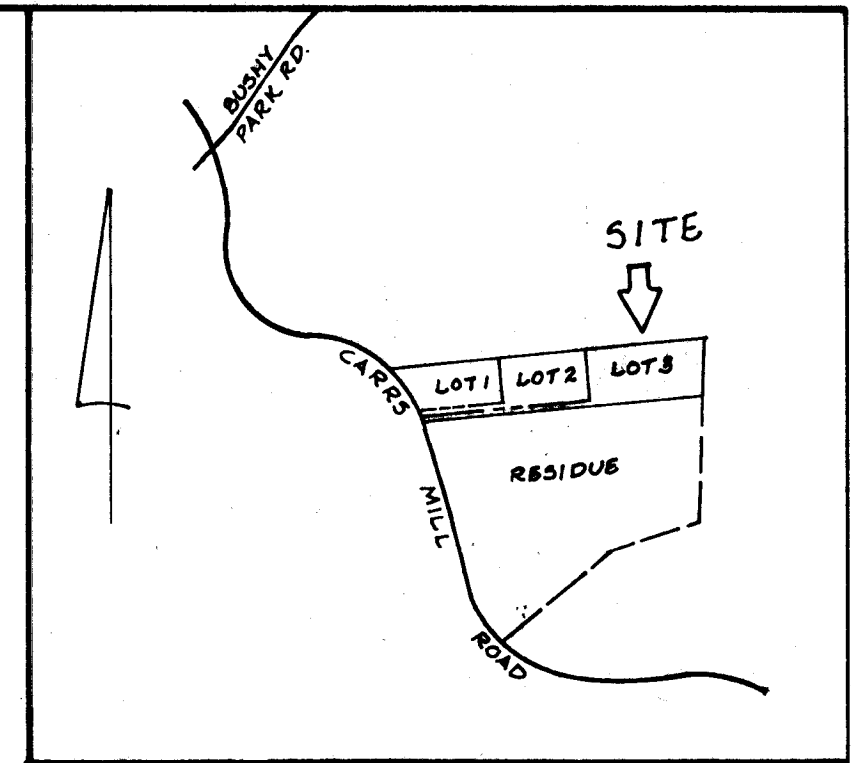
10
 red
 brn
 cl 1m
 5
 red
 sil
 1m
 30-35%
 frags
 12

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



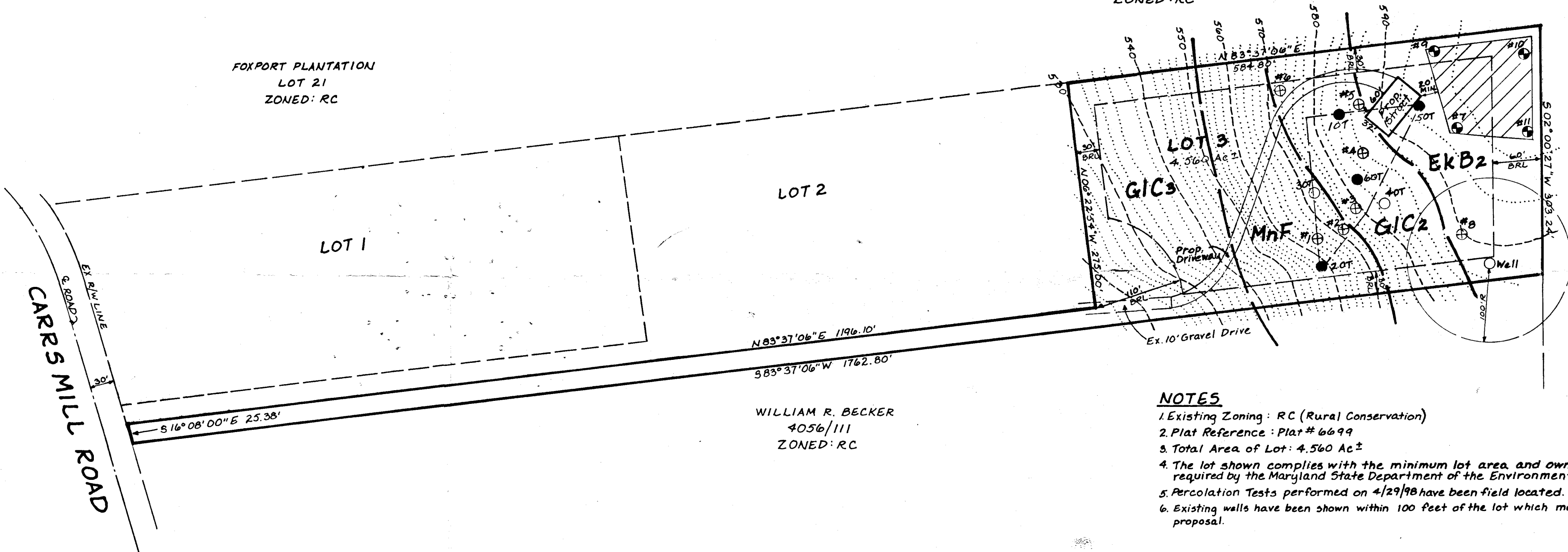
LEGEND

- Passed Perc Test (A34771)
- Not Passed Perc Test (A34771)
- ⊕ Passed Perc Test (4/29/98)
- ⊖ Not Passed Perc Test (4/29/98)
- Ex. Sewage Disposal Area (A34771)



RIPPEON PROPERTY
 LOT 2
 MARY JANE SULLIVAN
 2475/402
 ZONED: RC

FOXPORT PLANTATION
 LOT 21
 ZONED: RC



WILLIAM R. BECKER
 4056/111
 ZONED: RC

NOTES

1. Existing Zoning: RC (Rural Conservation)
2. Plat Reference: Plat # 6699
3. Total Area of Lot: 4.560 Ac±
4. The lot shown complies with the minimum lot area and ownership width as required by the Maryland State Department of the Environment.
5. Percolation Tests performed on 4/29/98 have been field located.
6. Existing walls have been shown within 100 feet of the lot which may affect this proposal.

NOTE: The purpose of this Revised Percolation Test Certification Plat is to reconfigure the Private Sewage Easement and relocate the Well Site based on Percolation Tests performed on 4/29/98.

SOILS LEGEND/USDA SOILS MAP 647

- EkB2 Elioak Silt Loam, 3% to 8% Slopes, Mod. Eroded
- GIC2 Glenelg Loam, 8% to 15% Slopes, Mod. Eroded
- GIC3 Glenelg Loam, 8% to 15% Slopes, Severly Eroded
- MnF Manor Very Stony Loam, 25% to 60% Slopes

This area designates a Private Sewage Easement of 10,000 square feet as required by the MD. State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until Public Sewage is available. These easements shall become null and void upon connection to a public system. The County Health Officer shall have the authority to grant variances for encroachments into the Private Sewage Easement. Recordation of a Modified Sewage Easement shall not be necessary.

LDE, INC.		
9250 Rumsey Road, Suite 106, Columbia, MD. 21045 (410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)		
DESIGNED:	PERCOLATION TEST CERTIFICATION PLAT	SCALE: 1" = 100'
DRAWN: STB	Signed RETLER PROPERTY LOT 3	DRAWING 1 OF 1
CHECKED: BDB	TAX MAP 14 P/O PARCEL 188 4th ELECTION DISTRICT HOWARD CO., MD.	JOB No. 99-005
DATE: 2/9/99	OWNER/DEVELOPER SCOTT C. STACEY 1550B CARRS MILL ROAD WOODBINE, MD. 21747	FILE No.

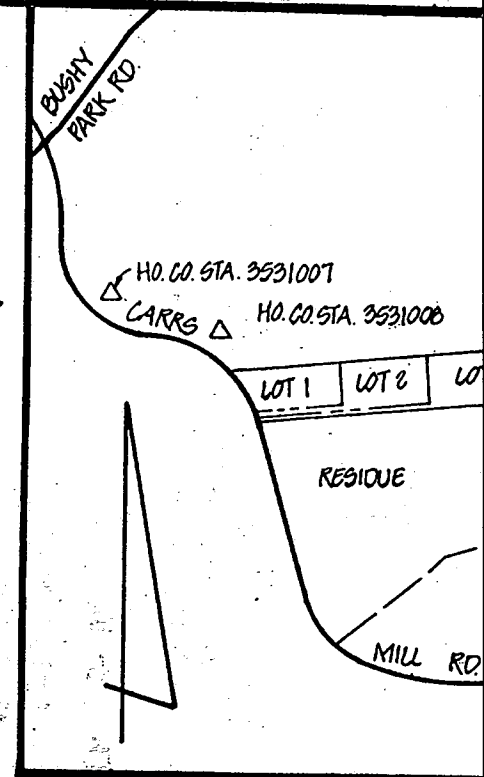
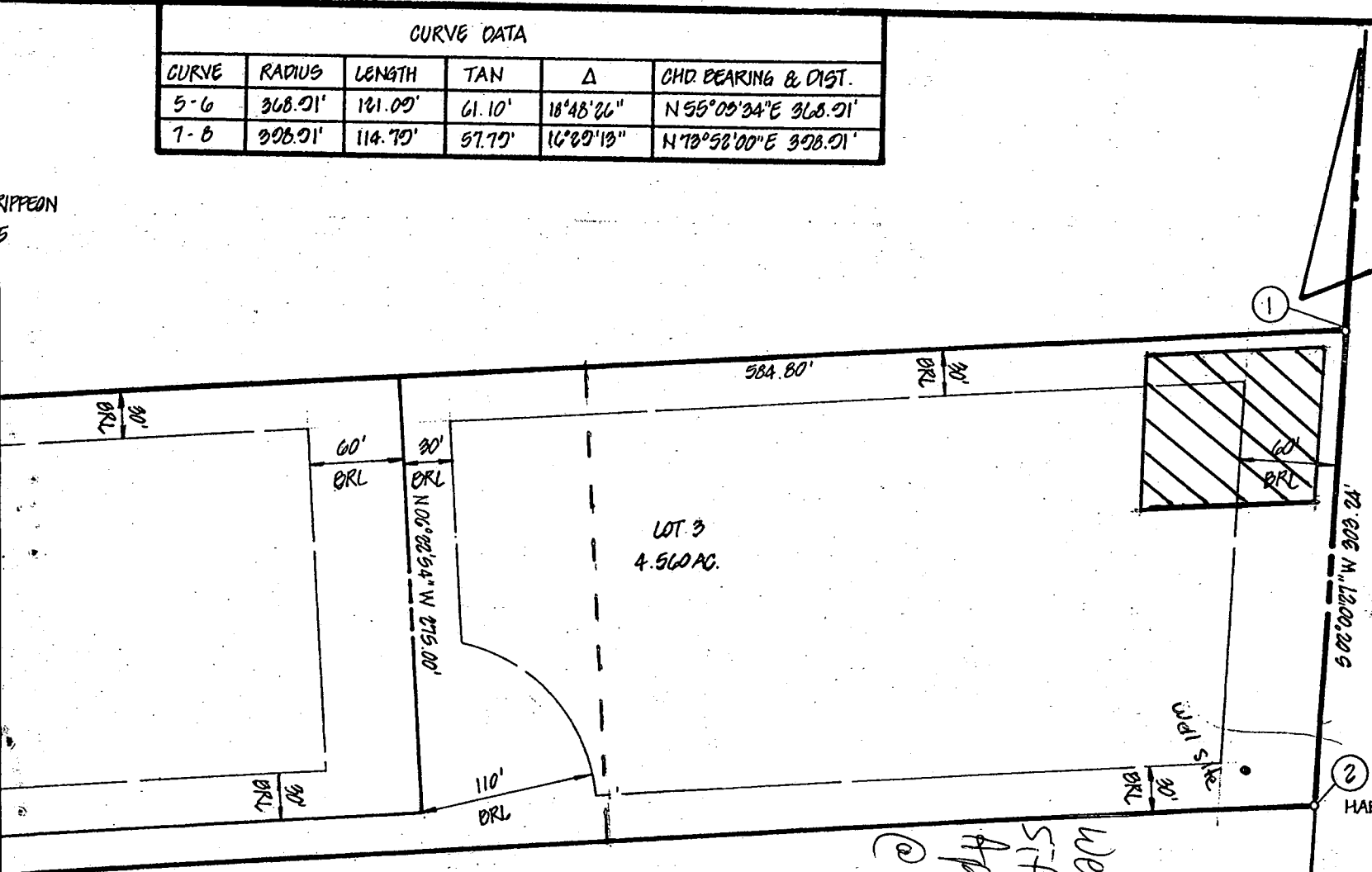
APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE
 HOWARD COUNTY HEALTH DEPARTMENT

Samuel Baker 3-11-99
 Howard County Health Officer ML Date

RETLER Property, Lot #3

CURVE DATA					
CURVE	RADIUS	LENGTH	TAN	Δ	CHD. BEARING & DIST.
5-6	368.21'	121.09'	61.10'	18°48'26"	N55°09'34"E 368.21'
7-8	228.21'	114.79'	57.79'	16°29'13"	N73°52'00"E 228.21'

RIPPEDON
5



VICINITY MAP

SCALE: 1"=1200'

HARRY H. RIPPEDON
150/216

GENERAL NOTES

1. TAX MAP: 14 , PARCEL NO. 188
2. DEED REFERENCE: 580/639
3. COORDINATES SHOWN HEREON ARE BASED ON MARYLAND STATE PLAIN COORDINATE SYSTEM, HOWARD COUNTY CONTROL STATIONS 3531007 AND 3531008
4. SUBJECT PROPERTY ZONED R-1

Well Site Approved @ Perc Test 4/29/88

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 111, ELLICOTT CITY, MARYLAND 21113
TELEPHONE 410-339-1111

A 34771

P _____

DISTRICT 4th

DATE 4/9/85

1/25/85 9:30
1/28/85 9:30
3/29/85 10:30

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 Ralph Retler *(Mrs Ralph A Retler)*

ADDRESS Carrs Mill Road PHONE 410-442-2348

PROPERTY LOCATION

SUBDIVISION Retler Property LOT NO 3

ROAD AND DESCRIPTION Carrs Mill Road

SIZE OF LOT 6.4 acres TYPE BLOT _____ (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.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

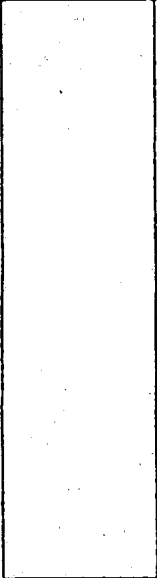
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/29/85 PERC. PROBABLY OK BUT MUST HOLD FOR REVIEW ROCK

THIS IS NOT A PERMIT

SOIL PROFILE

0' 

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 475 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

A 34771
P _____

DISTRICT 4th
DATE 4/9/85

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 Ralph Retler

ADDRESS Carrs Mill Road PHONE _____

PROPERTY LOCATION:

SUBDIVISION Retler Property LOT NO. 3

ROAD AND DESCRIPTION Carrs Mill Road

SIZE OF LOT 6.4 acres TYPE BLDG. _____ (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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

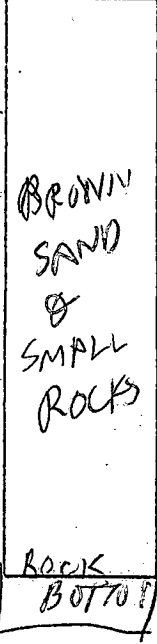
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

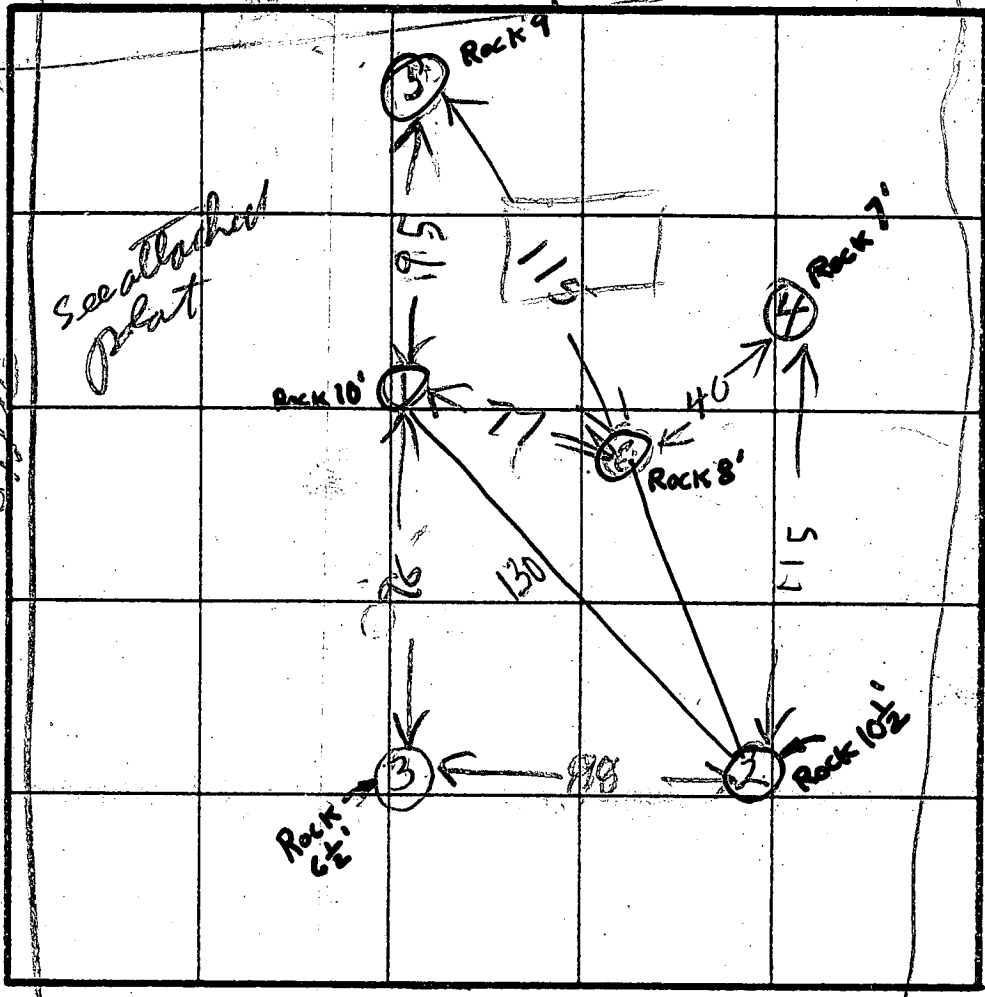
See attached Plat

See attached Plat

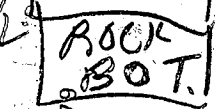
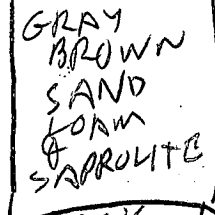
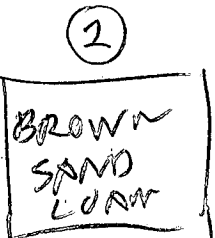
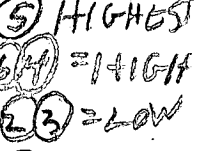
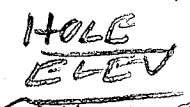
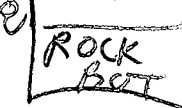
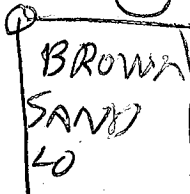
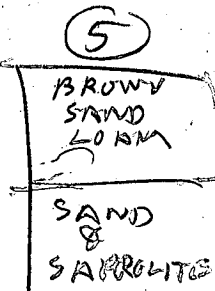
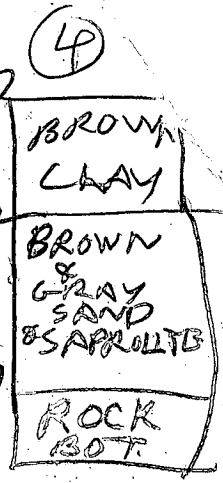
SOIL PROFILE



SIDE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/29/85	✓ 1S	2 1/2	1106	1100	1110	1116	6
	✓ 1D	6	1107	1109	1109	1112	3
	✓ 1V	10	LOOKS OK				
	✓ 2S	2 1/2	1126	1134	1134	1145	11
	✓ 2D	6	1124	1127	1127	1130	3
	- 2V	10 1/2	LOOKS OK				
	③	6 1/2	LOOKS UNSATISFACTORY				
	④	7	LOOKS UNSATISFACTORY				
	✓ 5S	3	1203	1209	1209	1215	6
	✓ 5D	5 1/2	1203	1209	1209	1215	6
	✓ 5V	9	LOOKS OK BUT SHALLOW				
	✓ 6S	2 1/2	1225	1230	1230	1239	9
	✓ 6D	5	1224	1230	1238	1245	7
	✓ 6V	9	LOOKS OK BUT SHALLOW				

SHALLOW SYSTEM INLET 2.5' BOTTOM 4'; 18" STONG; 180 Φ / BR

REMARKS

TYPE OF SOIL

TESTED BY

R. HODGES

OWNER EMPLOYEE

JOHN BLEDSOE

ALSO PRESENT

KALLEN BRUNHOE

ASTLER WNR

EH-12-1079

250 from rear
100 from D/W ce

6
N/K
465
410
-014

comp. for

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PRESUMABLY
OLD VERSION
OF LOT ARRANGEMENT
FOR REFERENCE
ONLY M/S/20/98

