

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_  
 INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 10/17/2004 P 5 21547

APPROVAL DATE: 5/3/05 A 50211-B

**PERMIT  
INDEXED**

05433614

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

Woodington Design Build IS PERMITTED TO INSTALL  ALTER

ADDRESS: 6917 Arlington Rd., Bethesda 20814 PHONE NUMBER: 240-372-6357

SUBDIVISION: Chapel Woods III LOT NUMBER: 8-A

ADDRESS: 11810 Chapel Estates Drive Mitch & Diane Caplan

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 7

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 160 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan.
NOTES:	Install 2-80' long trenches on contour. Maintain 12' edge to edge trench separation.

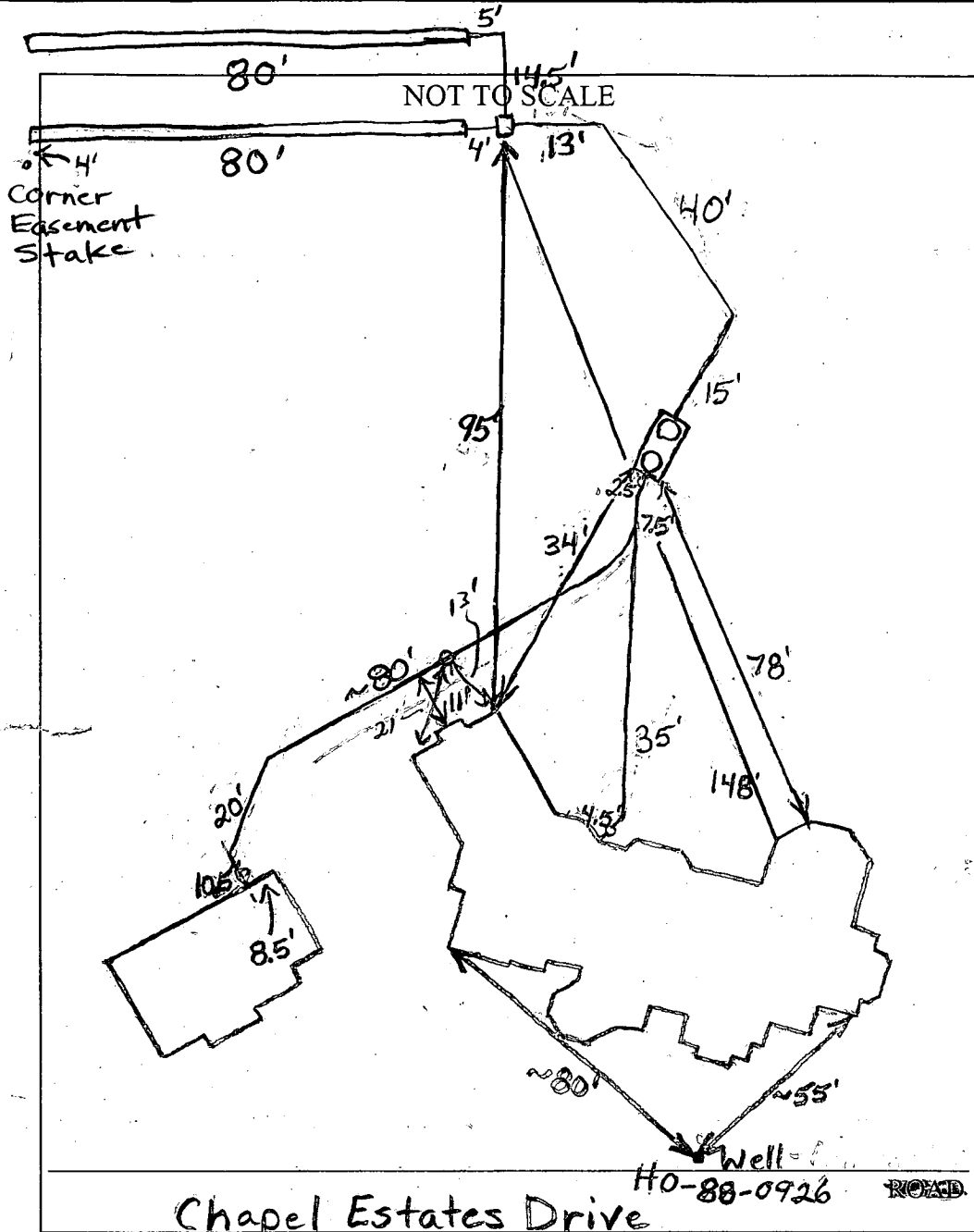
PLANS APPROVED: John Boris Reviewed by: \_\_\_\_\_ DATE: 3/4/04

NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS 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  
 BUILDING PERMIT SIGNED 313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
 AND RETURNED**

12104 B00157366 IG POOL

A 50211-B



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	7.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		160
ABSORPTION AREA		480 + Sidewall
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
2 Comp. CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-3.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front + Back
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 10/22/04 Keep the septic tank a minimum of 10' from any part of the proposed pool. Place the distribution box at the top of the easement and 40' from the upper right corner easement stake. Run two 80' trenches on contour to the other side of the easement. Plumbing from the garage for an office(?) to hook into septic system. (BB) 11/3/04 System finished. Need additional cleanout in line between tank and "garage". O.K to cover. (BB)

BUILDING PERMIT SIGNED  
AND RETURNED

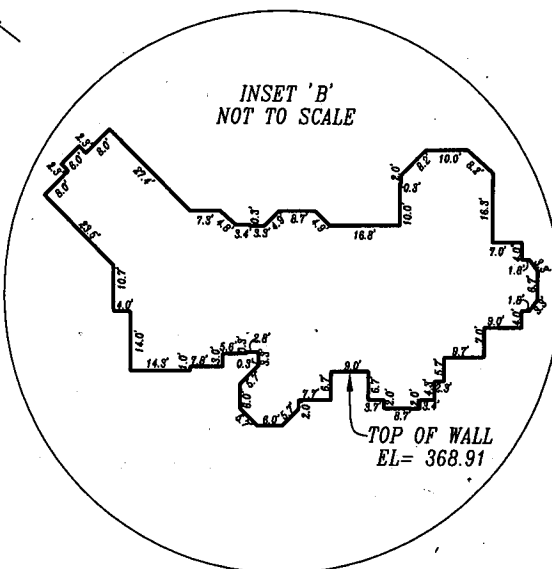
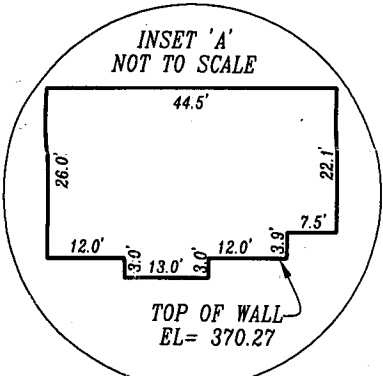
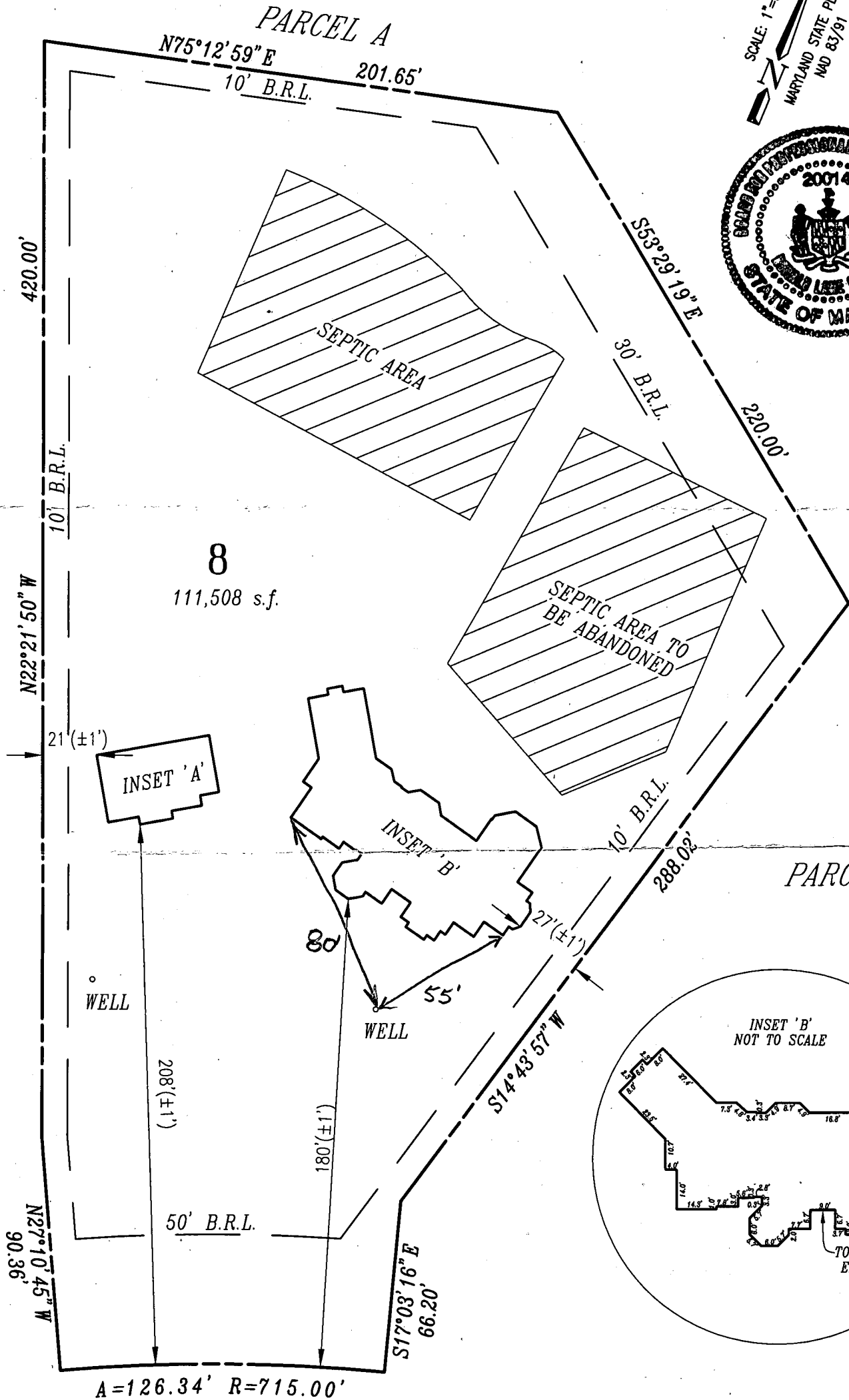
FINAL INSPECTOR *[Signature]* DATE OF APPROVAL 5/3/05

**LOCATION DRAWING**  
**10810 CHAPEL ESTATES DRIVE**  
 LOT 8 BLOCK A  
**CHAPEL WOODS II**  
 (5th) ASSESSEMENT DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1"=50'  
 MARYLAND STATE PLANE  
 MAD 83/91



10/20/04  
 wall check OK  
 (KJB)



**BRL'S**  
 FRONT: 50'  
 SIDE: 10'/30' TOTAL  
 REAR: 10'  
 ZONE: RC-DEO

**CHAPEL ESTATES DRIVE**  
 (50' R/W)

**NOTE: THIS SURVEY IS NOT VALID UNLESS IT CONTAINS A BLUE SURVEYORS SEAL.**

" THE SUBJECT DWELLING DOES NOT LIE WITHIN A FLOOD HAZARD ZONE AS SHOWN ON HUD FLOOD INSURANCE STUDIES "

FOUNDATION SURVEY: 04/07/04

**SURVEYORS CERTIFICATE**

I hereby certify that the position of the existing improvements shown hereon have been carefully established by accepted land surveying practices and that, unless shown, there are no visible encroachments either way across the property lines. The plan is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. This drawing was prepared w/o the benefit of a title report.

4-7-2004

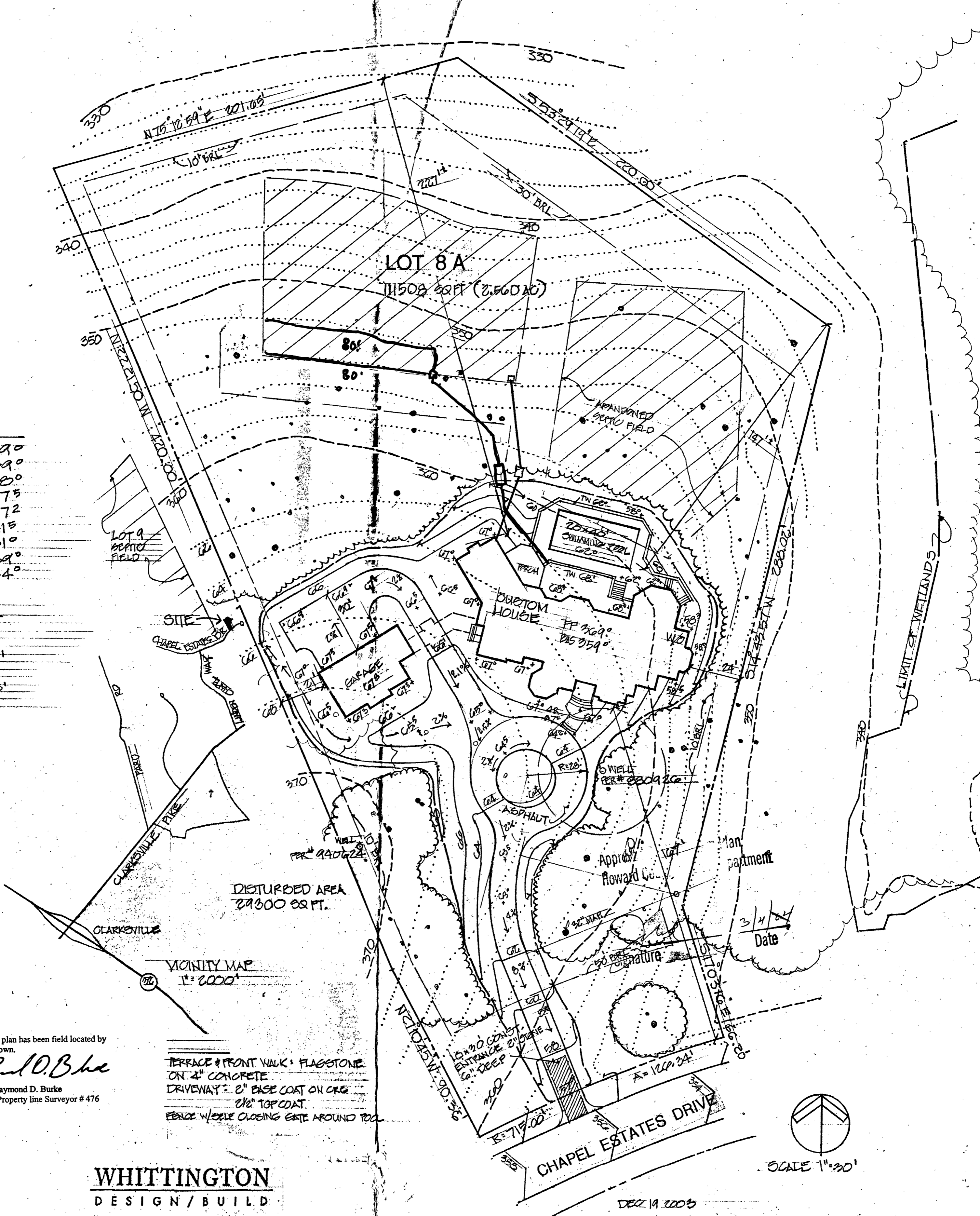
RONALD L. COLLIER  
 PROFESSIONAL LAND SURVEYOR  
 MD. No. 20014

**CPJ Associates** Charles P. Johnson & Associates, Inc.  
 PLANNERS • ENGINEERS • LANDSCAPE ARCHITECTS • SURVEYORS  
 1751 ELTON ROAD SUITE 300 SILVER SPRING, MARYLAND 20903  
 Phone: (301)434-7000 E-mail: ss@cpja.com Fax: (301)434-9394  
 FREDERICK, MD FAIRFAX, VA

REFERENCE	Drawn by REB	Checked by RLC
Plat Book N/A	Date 04/08/04	Record No.
Plat No. 14275	Scale 1"=50'	30-315-88.08 (A)

SEPTIC SYSTEM	
BAS ELEV	359.0
FF ELEV	369.0
INV. OUT OF HOUSE	358.0
INV. INTO SEPTIC TANK	357.5
INV. OUT OF SEPTIC TANK	357.2
INV. INTO DISTRIB. BOX	351.5
INV. INTO TRENCH	351.0
EX GRADE AT SEPTIC TANK	359.0
EX GRADE AT DISTRIB. BOX	354.0

DISTANCES	
HOUSE TO WELL	30'
HOUSE TO SEWAGE BEAM	75'
HOUSE TO SEPTIC TANK	30'
POOL TO SEPTIC TANK	23'
WELL TO SEPTIC TANK	143'



The existing wells #940624 and #880926 shown on this plan has been field located by Charles P. Johnson and Associates and is accurately shown.

*Paul D. Burke*  
 Raymond D. Burke  
 Md. Reg. Property Line Surveyor # 476



TERRACE & FRONT WALK: FLAGSTONE  
 ON 4" CONCRETE  
 DRIVEWAY: 2" BASE COAT ON CRG  
 2 1/2" TOP COAT  
 FENCE WHERE CLOSING EXIST. AROUND POOL

**WHITTINGTON**  
 DESIGN / BUILD

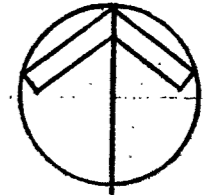
SITE GRADING PLAN

**CAPLAN RESIDENCE**

MITCH AND DIANE CAPLAN  
 10810 CHAPEL ESTATES DRIVE  
 CLARKVILLE, MD.

LAWRENCE READER ASSOCIATES, INC.  
 landscape architecture / site planning  
 15304 spencerville court / suite 102 / burtonsville, md 20866  
 telephone 301-384-3026 / fax 301-384-8696

SEPTIC INFO ADDED FEB 4, 04



SCALE 1" = 30'

DEC 19, 2003

Date 3/4/04

Signature

Plan

Howard Co.

ASPHALT

WELL

HOUSE

CARAGE

POOL

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK

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

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: Cumberland Co. Telephone #: 301-854-6838  
Address: 16391 A.E. Millington Rd  
Woodbine MD 21797

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

License # and name of individual responsible for the field installation:  
Name (Print): Kelly Cumberland License# 61417

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Caplan Telephone #: 301-657-5518  
Subdivision: Chapel Woods II Lot #: 8A Well Tag #: HO-88-0926  
Site Address: 11810 Chapel Estates Dr.  
Clarksville MD 21029

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>MudS</u>	Make: <u>Cambell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3/4 HP 8 GPM</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>8</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrenches, Cable guards, or other acceptable method used. Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>1" Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>60"</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

Signature of company representative responsible for installation: Kelly Cumberland date: 4-27-05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/3/05 Inspector: BBB EC

Inspection Data:

- Pitless adapter watertight & 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 not seen outside of well cap/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** **1060** SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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 **A. 37505**

ST/CO USE ONLY  
 DATE Received [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **11/01/89**

Depth of Well **205**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-88-0926**

OWNER **TJAA** first name **CHAROL WOOD DA.** TOWN **CLARKSVILLE**  
 STREET OR RFD last name **CHAROL WOOD DA.**  
 SUBDIVISION **CHAROL WOODS II** SECTION **7** LOT **8**

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND SLIM	0	28	
CRAYNICA ROCK	28	205	

Dry well 400'  
 Filled in with  
 Drilling materials

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **8** NO. OF POUNDS **750**  
 GALLONS OF WATER **40**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **31** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** STEEL CONCRETE  
**PL** **OT** PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **34**

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

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

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>110</b>	<b>205</b>
2		
3		

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] [ ] [ ] (NEAREST INCH)  
 from [ ] to [ ]

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

**TELESCOPE CASING** LOG INDICATOR OTHER DATA  
 T (E.R.O.S.) WQ  
 70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **7.5**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **38**  
 WHEN PUMPING **89**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 (CIRCLE) (YES or NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED [ ]  
 PLACE (A,G,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)  
**+** above } LAND SURFACE [ ] (nearest foot)  
**-** below }

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

see Attached  
 Well Location

CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**  
 DRILLERS SIGNATURE **David P. Mace**  
 (MUST MATCH SIGNATURE ON APPLICATION)

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





B 1 8714 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

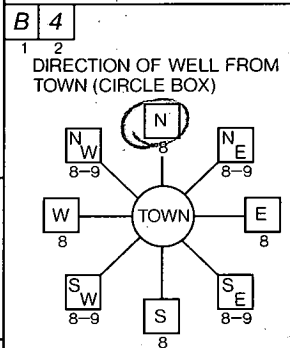
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-88-0926 fill in this form completely

Date Received (APA) 061689 OWNER INFORMATION Tom J. M. INC 5570 STERKETT PLACE COLUMBIA MD 21044

LOCATION OF WELL HOWARD CHAPEL WOODS CHARKSVILLE 3 MI

DRILLER INFORMATION Joseph L. Mayno 238 Joseph L. Mayno Well Drilling 55-12 Ridge Rd. Mt Airy 21771



CHapel Woods Dr. NEAR WHAT ROAD ON WHICH SIDE OF ROAD 150 FT DISTANCE FROM ROAD

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A-37505 072189 February 21 01-20-89

USE FOR WATER 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)

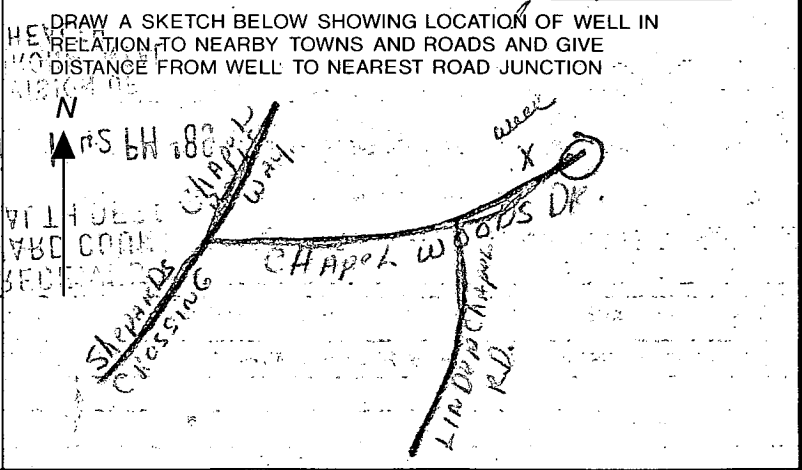
APPROXIMATE DEPTH OF WELL 300 FEET

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 820 51609

APPROXIMATE DIAMETER OF WELL 6 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 THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER G.A.P. FORCE JA PERMIT No. 40-88-0926

SPECIAL CONDITIONS COUNTY CHARKSVILLE



C-1 2783

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 PRINT OR TYPE

COUNTY NUMBER A 50211-B

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

09/14/95

082495

200

40-94-0624

OWNER JJM Inc last name Chapel Estates Drive first name TOWN Clarksville SUBDIVISION Chapel Woods SECTION LOT 29

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, FEET (FROM, TO), check if water bearing. Rows: Overburden (0-10), Soft Shale (10-35), Gray Rock (35-200).

water was encountered at 165'

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

Case types insert appropriate code below (Steel, Concrete, Plastic, Other)

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

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole, insert appropriate code below (Steel, Brass, Bronze, Plastic, Open Hole, Other)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, 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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 399

DRILLERS SIGNATURE (Robert Price)

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. MSD017

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

C 2 DEPTH (nearest ft.)

Table for depth with columns 1-51 and values: 40, 200

SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.7 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 41 ft. WHEN PUMPING 115 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NA

B 1 1704 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

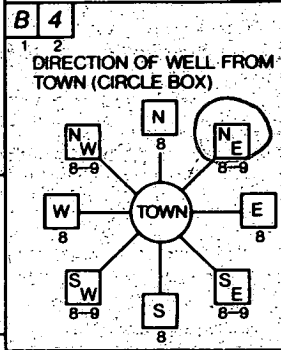
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
40-94-0624  
 70 fill in this form completely 79

Date Received (APA) 07/14/95 OWNER INFORMATION  
 JJM Inc  
 5370-205 Sterrett Pl  
 Columbia MD 21044

B 3 LOCATION OF WELL  
 HOWARD COUNTY  
 CHAPEL WOODS SUBDIVISION  
 SECTION 29 LOT 29  
 CLACKSVILLE  
 MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION  
 Paul M. Fabiszak  
 G. Edgar Harr Sons' Crop.  
 12047 Falls Rd Cockeysville 21030  
 7/14/95



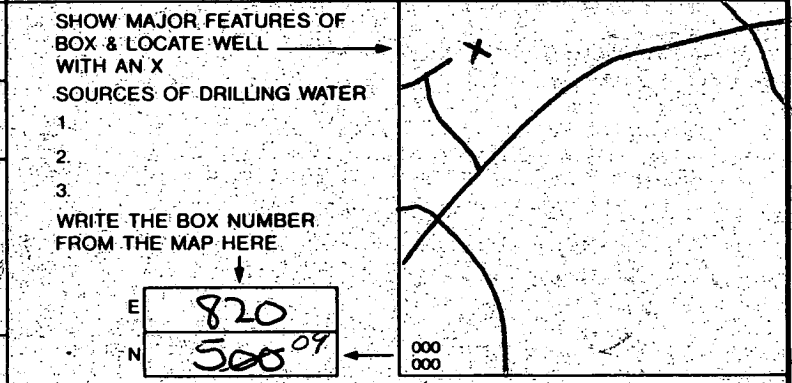
Chapel Estates Drive  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 200 FT  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Howard County 50211-B  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED 07/25/95  
 CO SIGNATURE Amy M. Miller EXP. DATE 7-25-96  
 NORTH GRID 509000 EAST GRID 0820000

APPROXIMATE DEPTH OF WELL 200 FEET  
 APPROXIMATE DIAMETER OF WELL 6 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 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 \_\_\_\_\_  
 FORCE AM PERMIT No. 40-94-0624

SPECIAL CONDITIONS  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED







SEPT 13, 1994

# APPLICATION

PERCOLATION TESTING

A 50211A

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 5th

DATE August 11, 1994

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 Eric Mikolasko, c/o Jgm Inc.

ADDRESS 5570 Sterrett Place, Suite 205  
Columbia, MD 21044 PHONE \_\_\_\_\_

PROSPECTIVE BUYER NA

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Chapel Woods III LOT NO. 28, 30, 31, 32, 33, 34, 35, 36, 37

ROAD AND DESCRIPTION Chapel Woods Drive off Route 108

TAX MAP 29 PARCEL # 86

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SFD - common area septic field  
(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, Agent  
(SIGNATURE OF APPLICANT) Remed Mueggli & Assoc.

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

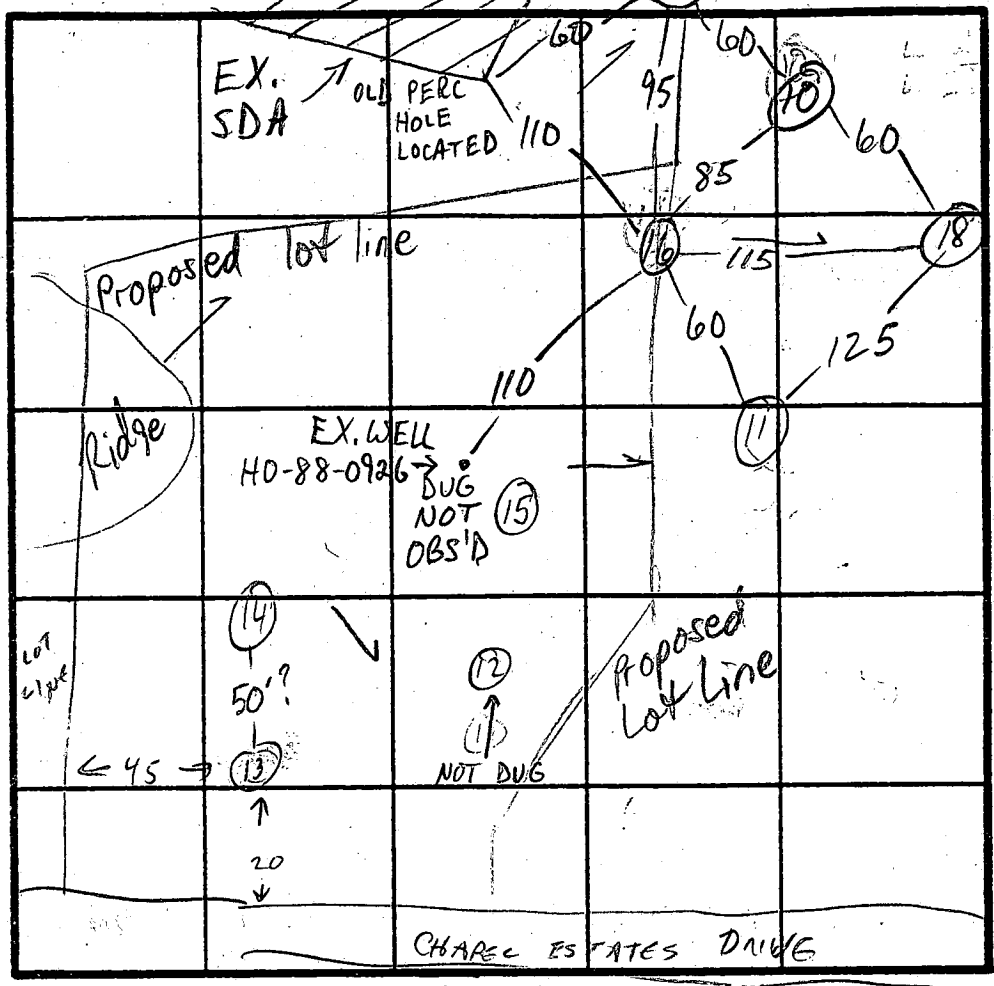
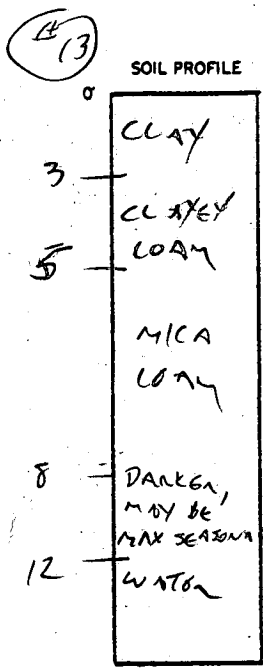
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

A-50211A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(14)

4 FILL ON STAGG SIDE  
ROCK ON FAR SIDE FROM STREET DISCOVERED BUT UNRECOGNIZABLE NO SURROUNDING SOIL STRUCTURE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/13/99	13	5'	12:05	12:11	12:11	12:19	8 MIN	
			12:42	12:43	12:43	12:44	1 MIN	
	14	4'	FILL TOWARD	STRAIGHT	- FAR SIDE OF TEST HOLE NO FILL			
			11" SANDY LOAM "SPLOTTY" - 11" ON STREET SIDE OF TEST HOLE					
			11" DECAYED QUARTZITE/SANDSTONE ON FAR SIDE OF TEST HOLE					
			FILL & DISCOLORED SOILS - MINOR SCALE AT BASE OF HOLE 13					
			SEEMS PROBABLY LARGEST & CLOSEST TO HOLE 14					

REMARKS HOLES 13+14 FAIL - H<sub>2</sub>O & ROCK - NEED TO MOVE HIGHER ON LOT

TYPE OF SOIL  
TESTED BY Craig W. [Signature]  
ALSO PRESENT DAVE KERR  
EMIL MIKOLA SKO

Test Holes used in signed Preliminary Plan: 17, 10, 16

SEPT 13, 1994

# APPLICATION

PERCOLATION TESTING

A 50211

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 5th

DATE August 11, 1994

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 Eric M. Kolaska, c/o Jgm Inc.

ADDRESS 5570 Herrett Place, Suite 205  
Columbia, MD 21044 PHONE \_\_\_\_\_

PROSPECTIVE BUYER NA

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Chapel Woods III LOT NO. 28, 30, 31, 32, 33, 34, 35 & 36

ROAD AND DESCRIPTION Chapel Woods Drive off Route 108

TAX MAP 29 PARCEL # 86

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SFD - common area septic field  
(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, Agent  
(SIGNATURE OF APPLICANT) Remond Smugg

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

2  
HD-216

# THIS IS NOT A PERMIT

A-50211A

COUNTY #

SOIL PROFILE

(10) (16)

0' org sa  
cl lm  
10% frags

3' fine  
tan brn  
sand  
20-25%  
frags

8' tan sa  
40% frags

3

8  
12 1/2

(17)

1' little or  
no cl  
layer  
tan sa  
25-30%  
frags

4' org brn  
sa  
35-40%  
frags

9' hard wh.  
sand stone  
frags

4

9

brn sa  
cl lm

2' tan sa  
10-15% frags

3' tan sa  
30% frags

6 1/2' tan sa  
10%  
frags

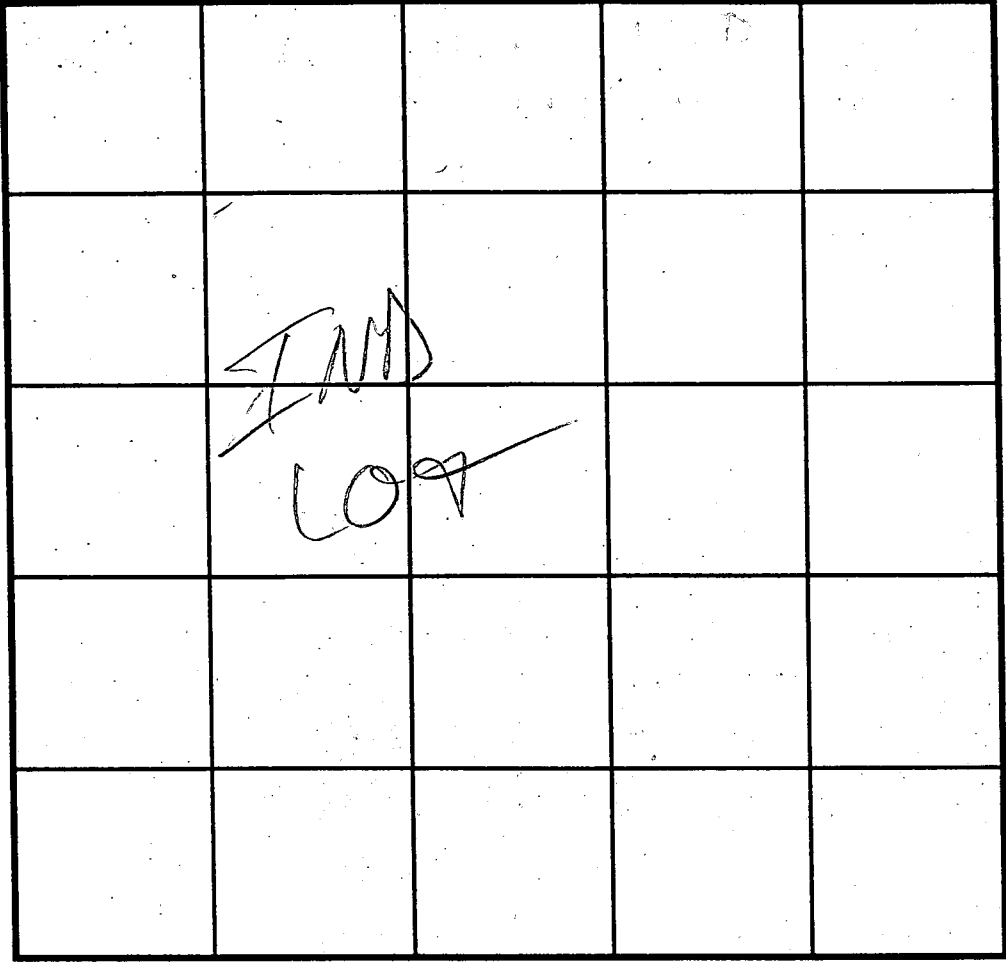
1 1/2'

2

3

6 1/2

1 1/2



SOIL PROFILE

0' tan sa  
cl lm

6" tan  
beige  
sand  
10%  
frags

↓

6"

11

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/20/94	10 S	3	1:22	1:24	1:24	1:27	3
	10 M	4 1/2	1:21	1:27	1:27	1:33	6
-	10 V	12 1/2					
-	17 S	2 1/2	1:52	1:55	1:55	2:00	5
	17 M	4 1/2	1:42	1:49	1:49	1:57	8
-	17 V	9	see	profile			
-	16 S	2 1/2	2:08	2:13	2:13	2:28	15
	16 M	4 1/2	2:09	2:24	2:24	2:50	26 EST
-	16 V	11' 10"	sim 40	(10)	15% frags	throughout	
-	18 S	2 1/2	2:41:30	2:42:00	2:42:00	2:50	8
	18 M	4 1/2	2:37	2:38	2:38	2:41	2
-	18 V	11 1/2					
-	11 M	3' 9"	3:06:30	3:06:50	3:06:50	3:07:20	30 sec
	11 D	4 1/2	3:02:15	3:02:40	3:02:40	3:03:00	20 sec
-	11 S	2 1/2	3:15:15	3:16:45	3:16:45	3:18:15	1 1/2 min
	11 S	9"	3:22:00	3:23:00	3:23:00	3:25:00	2 min

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

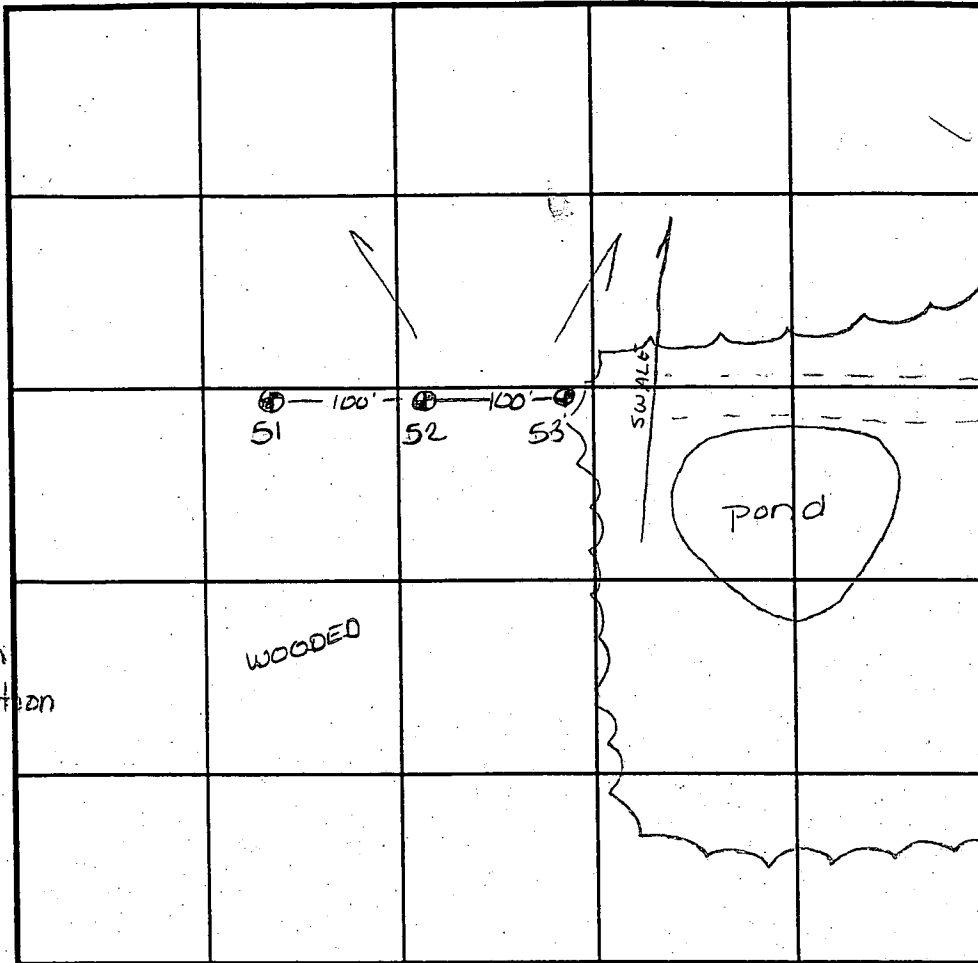
COUNTY #

SOIL PROFILE

0' 53  
red  
brn  
gravelly  
clay  
3' 1gt yellow  
orange  
silt  
5' 2-5" 10%  
rocks  
white  
silt  
7' mottled  
grey  
bright  
red  
silt  
zones  
of depletion  
and  
concentration  
11' 52

4' topsoil  
brn  
clay  
2' reddish  
brn  
micaceous  
silt  
6' bright  
red  
silt  
w/  
streaks  
of yellow  
9' 1gt brn  
silt  
10% 1-4"  
rocks  
10%  
11' 51

yellow  
red  
silt  
2' yellow  
brown  
streaked  
silt  
6' 1gt  
brn  
silt  
micaceous  
no rock  
11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-7-95	53	4' VII'	10:32	10:35	10:35	10:41	6min
	53	5' VII'	10:42 <sup>15</sup>	10:48	10:48	10:55	7min
	52	3.5' VII'	11:03	11:25	11:25	>30min	slow
	52	5.5' VII'	11:00 <sup>30</sup>	11:05	11:05	11:10	5min
	51	3.5' VII'	11:13 <sup>30</sup>	>30 min	—	—	slow
	51	5.5' VII'	11:28 <sup>45</sup>	11:30	11:30	11:32	2min

REMARKS 63 stay uphill from evidence of H<sub>2</sub>O table @ 7'

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen

ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_

MAXIMUM BOTTOM DEPTH \_\_\_\_\_

SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND · DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37505  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_  
DATE 8/13/86

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 J.J.M. Partnership

ADDRESS 5570-201 Sterrett Place PHONE 740-4466  
Columbia, Maryland 21045

PROPERTY LOCATION:

SUBDIVISION Chapel Woods II LOT NO. 8 on Prelim (200)  
Lot 29 Chapel Woods Sec III

ROAD AND DESCRIPTION West side of Middle Patuxent; North of Route 108

SIZE OF LOT 3.4 ac. TYPE BLDG. residential  
(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.

John Mikalasko  
(SIGNATURE OF APPLICANT)

APPROVED BY Schuy Abel FOR Deep trenches DATE 7-21-89

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

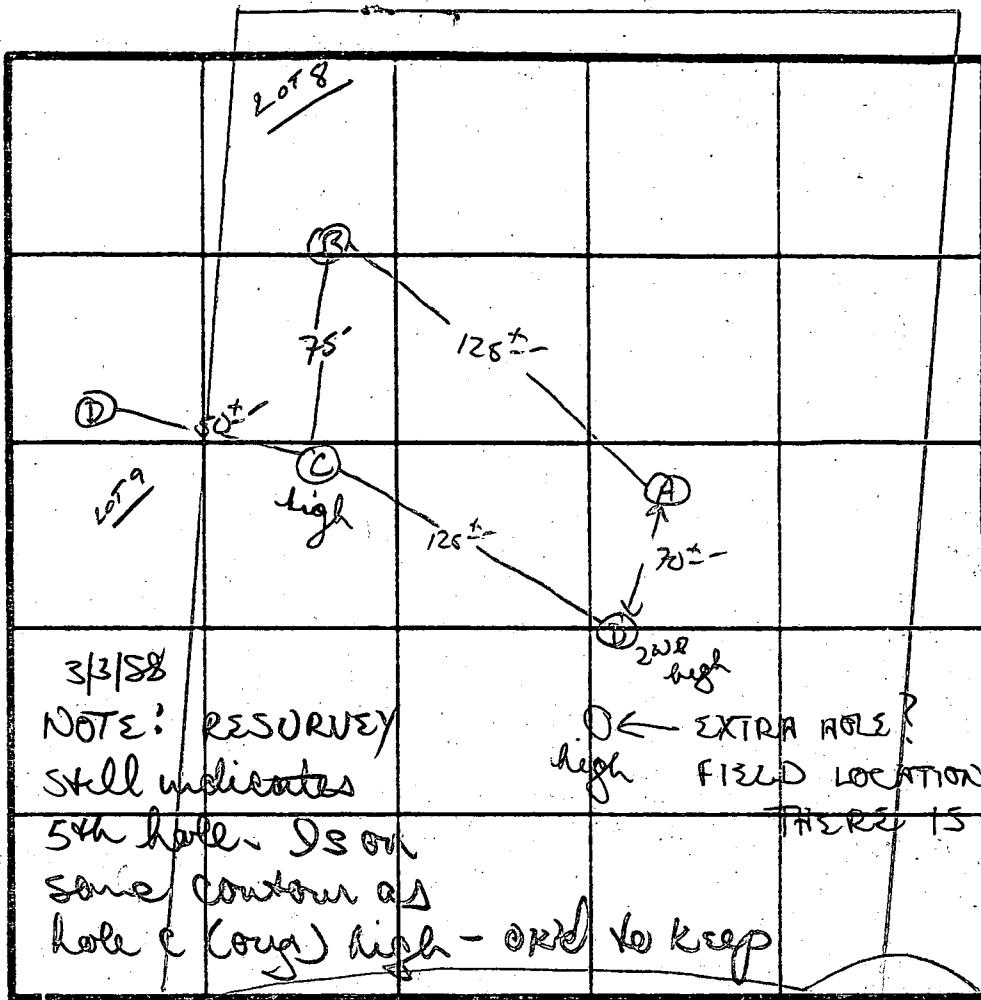
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 9-9-86 PREL. SATISFACTORY; HOLD FOR SUBDIVISION PLAT; S. Abel

# THIS IS NOT A PERMIT

SOIL PROFILE  
 C B A D

0 y <sup>11</sup>	A1-S YELLOW BL SAND LOAM 10% FRAGS < 99% CLAY
2.5 -3.0	BROWN TAN SAND LOAM 10-15% FRAGMENTS



3/3/58  
 NOTE: RESURVEY  
 still indicates  
 5th hole. Is on  
 same contour as  
 hole C (long) high - OK to keep  
 ← EXTRA HOLE?  
 high FIELD LOCATIONS SUGGEST  
 THERE IS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

13'  
 $\bar{x} = 3\frac{1}{2}$  MIN  
 INLET  $3\frac{1}{2}$   
 MAX D  $7\frac{1}{2}$

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/9/86	C S	3.5	1:44	1:49:30	1:44:30	1:45:30	1 MIN	
		7.5	1:41	1:42	1:42	1:43	1 MIN	
	C V	13	UNIFORM SOIL BELOW 2'					
	B S	3.5	1:49:30	1:50:30	1:50:20	1:52	1.5 MIN	
	B V	12	UNIFORM SOIL BELOW 2.5'					
	D S	3.5	2:06	2:09	2:09	2:14	2 MIN	
	D V	12.5	UNIFORM SOIL BELOW 3'					
	A S	3'	2:00	2:01	2:01	2:03	2 MIN	
	A V	13'	UNIFORM SOIL BELOW 2.5'					

REMARKS Proc per Plat.

TYPE OF SOIL Chester SAND LM.

TESTED BY S. Abel

ALSO PRESENT RLW/OWNER/Developer

EM 12 1079

This lot was originally  
approved Lot 8 in Chapel Woods  
Sec. II (3 acre zoning) - A37505  
It was resubdivide in 7-95  
to 1-acre zoning as Lot 28  
Chapel Woods III - A50211-B.

Aw

SEPT 13, 1994

# APPLICATION

PERCOLATION TESTING

A 50211B

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

P \_\_\_\_\_  
DISTRICT 5th

DATE August 11, 1994

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 Eric Miklasko, c/o Jgm Inc.  
5570 Sterrett Place, Suite 205  
ADDRESS Columbia, MD 21044 PHONE \_\_\_\_\_

PROSPECTIVE BUYER NA  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Chapel Woods III LOT NO. 29  
30, 31, 32, 33, 34  
35 + 36  
ROAD AND DESCRIPTION Chapel Woods Drive off Route 108

TAX MAP 29 PARCEL # 86

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SFD - common  
and septic field  
(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) Christine A. Richards Agent  
Renee Mueggel

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

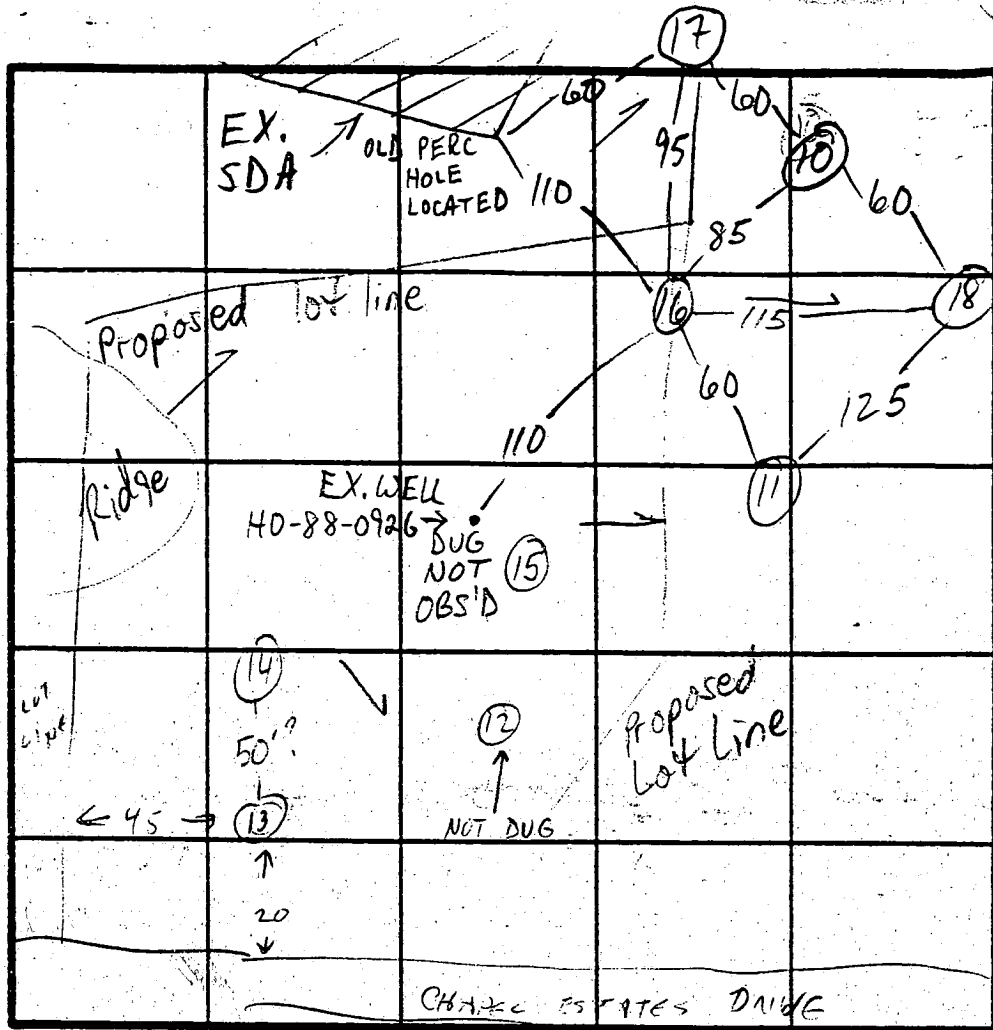
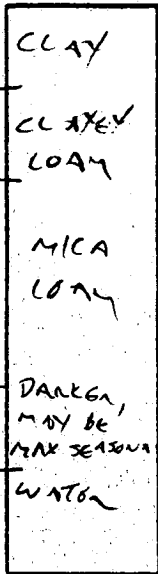
HD-216

# THIS IS NOT A PERMIT

A-50211A

(13)

SOIL PROFILE



EX. POND

8 DARKEN, MAY BE MAX SEASONAL H2O  
12 WATER

(14)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FILL ON STREET SIDE  
ROCK ON FAN SIDE FROM STREET DIGGABLE, BUT UNRELIABLE NO SIGNIFICANT SOIL STRUCTURE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/13/94	13	5'	12:05	12:11	12:11	12:19	8 MIN
			WATER AT 12' AT HEAD OF MIMON SWALE		SOILS DARKEN BELOW 8' - PROBABLE SEASONAL HIGH H2O LEVEL		
			12:42	12:43	12:43	12:44	1 MIN
	14	4' FILL	TOWARD	STRAIGHT	- FAR SIDE OF TEST HOLE NO FILL		
			11" SANDY LOAM "SPLITCHY" ON STREET SIDE OF TEST HOLE				
			11" DECAVED QUARTZITE/SANDSTONE ON FAN SIDE OF TEST HOLE				
			FILL & DISCOLORED SOILS = MIMON SWALE AT BASE OF HOLE 13				
			SEEM PROBABLY CONNECTED TO HOLE 14				

REMARKS: HOLES 13+14 FAIL - H2O & ROCK - USED TO FIND H2O ON LOT

TYPE OF SOIL \_\_\_\_\_

TESTED BY Craig W. [Signature] ALSO PRESENT DAVE KERR  
ERIC MIKOLASKO

A-50211A

COUNTY#

SOIL PROFILE

(10) (16)

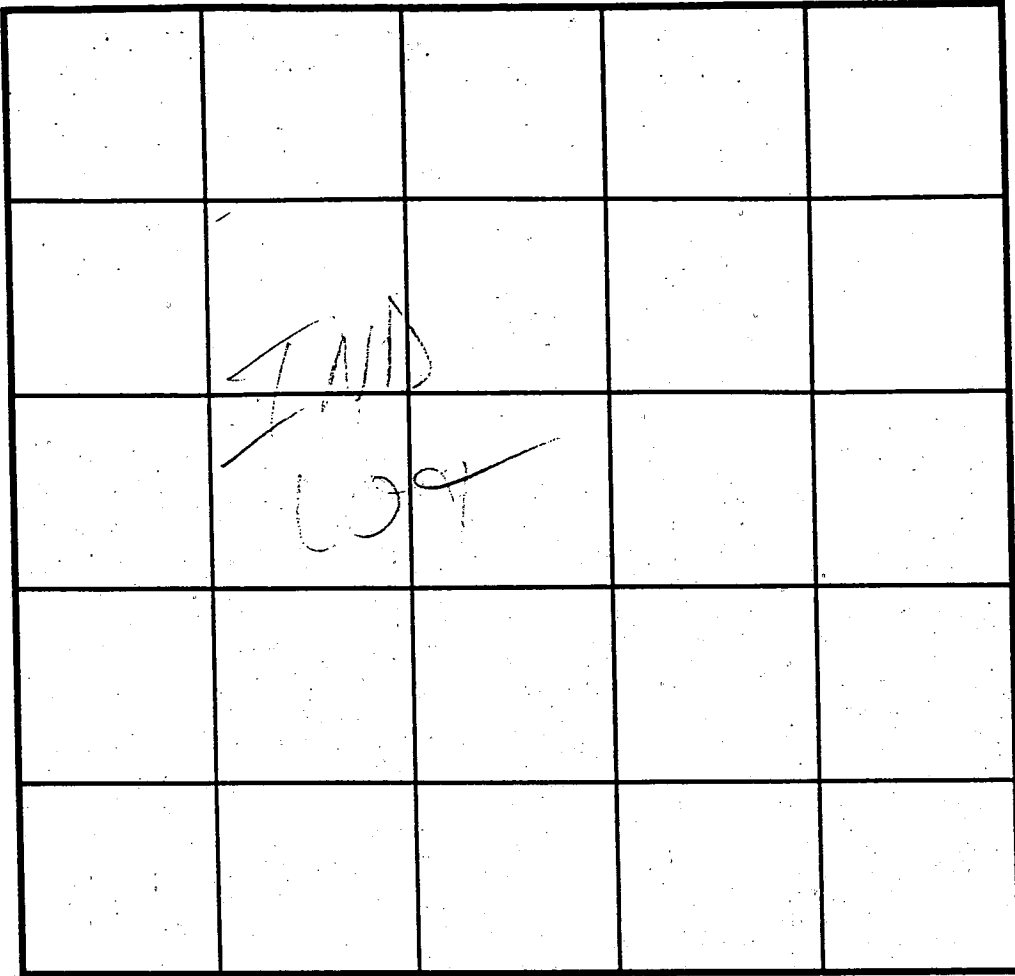
0' 0'9 sa  
cl lm  
10% frags  
3 Fine  
tan or  
sand  
20-25%  
frags  
8 tan sa  
22 <10% frags

(17)

little r  
no e'  
mer  
tan sa  
25-30%  
frags  
4 0'9 brn  
sa  
8 35-40%  
hard wh.  
sandstone  
frags

(19)

brn sa  
cl lm  
2 tan sa  
3 10-15% frags  
tan sa  
62 30% frags  
1/2 tan sa  
17 10%  
frags



0' tan  
cl  
6'' tan  
beige  
sand  
10%  
frags  
11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
9/20/44	10 S	3	1:22	1:24	1:24	1:27	3
	10 M	4 1/2	1:21	1:27	1:27	1:33	6
	10 V	12 1/2					
	17 S	2 1/2	1:52	1:55	1:55	2:00	5
	17 M	4 1/2	1:42	1:49	1:47	1:52	8
	17 V	9	SEC	NO FILE			
	16 S	2 1/2	2:08	2:13	2:13	2:28	15
	16 M	4 1/2	2:09	2:24	2:24	2:50	26 E
	16 V	11 1/2	sim to (10)		15% frags thru out		
	18 S	2 1/2	2:41:20	2:42:00	2:42:00	2:50	8
	18 M	4 1/2	2:37	2:38	2:38	2:47	2
	18 V	11 1/2					
	11 M	3 1/2	3:06:30	3:06:50	3:06:50	3:07:20	30 sec
	11 S	4 1/2	3:09:35	3:10:10	3:10:10	3:10:45	35 sec
	11 D	4 1/2	3:02:15	3:02:40	3:02:40	3:03:00	20 sec
	11 V	11	3:03:40	3:04:05	3:04:05	3:04:40	35 sec

REMARKS \_\_\_\_\_  
 TYPE OF SOIL 11 S 2 1/2 3:15:15 3:16:45 3:16:45 3:18:15 1 1/2 min  
 TESTED BY 11 S<sub>1</sub> 9" 3:22:00 3:23:00 3:23:00 3:25:00 2 min ALSO PRESENT \_\_\_\_\_  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

COUNTRY #

SOIL PROFILE

0' 63  
 red brn  
 gravelly  
 clay  
 3' lgt orange  
 yellow  
 SaCl Lm  
 5' 2-5" rocks  
 white  
 Si Lm  
 7' mottled  
 grey & bright  
 red SaLm  
 zones of  
 iron  
 depletion &  
 concentration  
 11'

SOIL PROFILE

0'

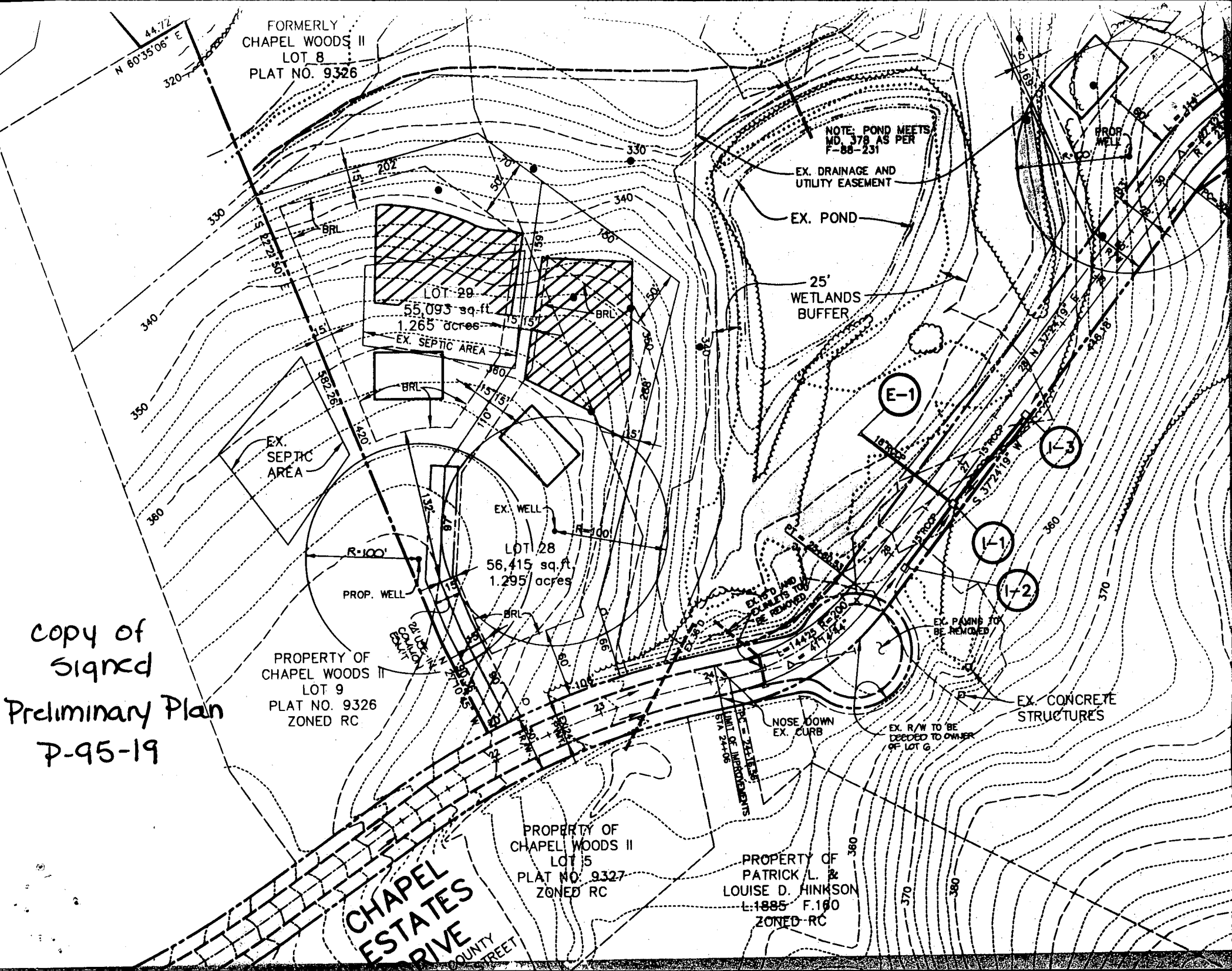


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-7-95	63	4' / VII'	10:32	10:35	10:35	10:41	6min
	63	5' / VIII'	10:42 <sup>15</sup>	10:48	10:48	10:55	7min

REMARKS 63-stay off - evidence of H<sub>2</sub>O table @ 7'  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Amy McMillan ALSO PRESENT \_\_\_\_\_  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

copy of  
signed  
Preliminary Plan  
P-95-19

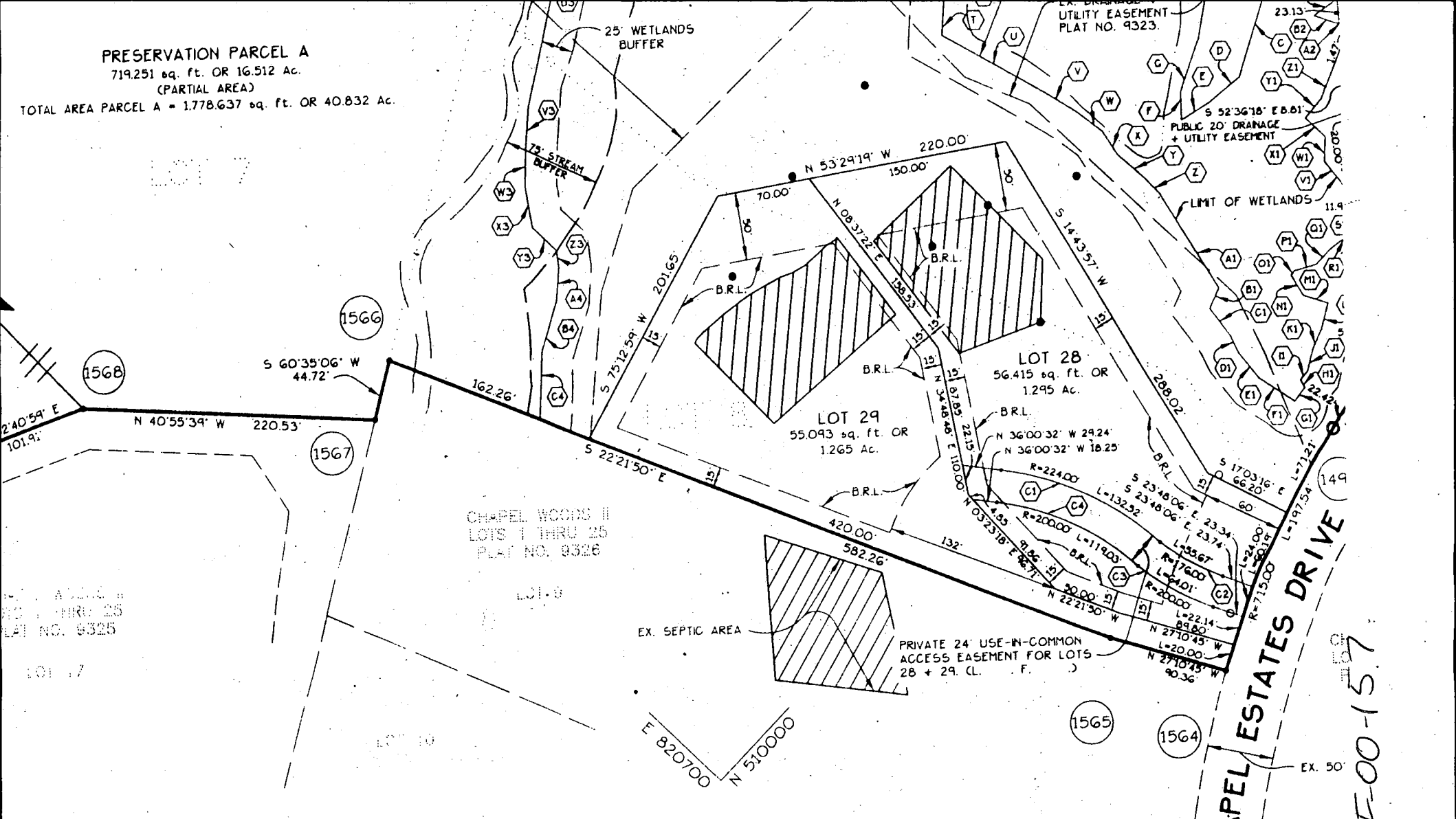


**PRESERVATION PARCEL A**

719,251 sq. ft. OR 16.512 Ac.

(PARTIAL AREA)

TOTAL AREA PARCEL A = 1,778,637 sq. ft. OR 40.832 Ac.



I FURTHER CERTIFY THAT THE REQUIREMENTS OF SECTION 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

ARTHUR E. MUEGGE	#10751	DATE
ERIC JOHN MIKOLASKO		10.31.95
DARLENE SANTOS MIKOLASKO		10.31.95

OWNER  
 ERIC JOHN MIKOLASKO +  
 DARLENE SANTOS MIKOLASKO  
 c/o JJM, INC.  
 5570 STERRETT PLACE  
 SUITE 205  
 COLUMBIA, MARYLAND 21045  
 (410) 740-4466

**LEGEND**

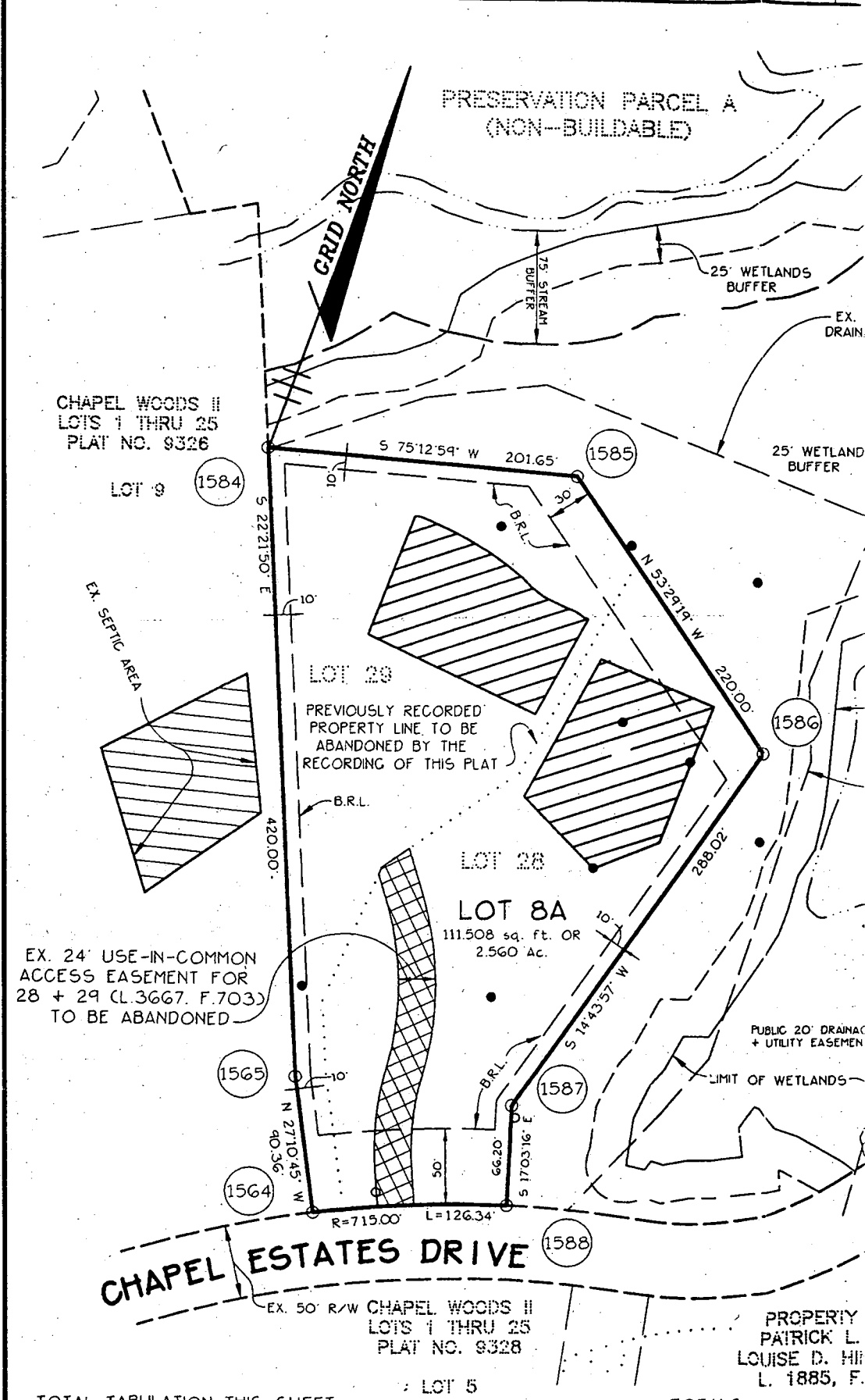
- 4" x 36" CONCRETE MONUMENT.
- 2" Ø IRON PIPE OR PIN SET.
- ASSING PERC TEST

F-00-157

**CURVE DATA**

CURVE	RADIUS	LENGTH	TANGENT	CHORD	BEARING
1550-1562	1975.00'	47.29'	23.65'	47.30'	N 34°40'00" E
1563-1583	225.00'	198.94'	106.50'	192.53'	N 59°18'40" E
1582-1583	20.00'	20.10'	10.99'	19.27'	S 55°50'43" W
1582-1603	50.00'	154.41'	1880.76'	99.96'	S 64°28'26" E
1564-1588	715.00'	126.34'	63.34'	126.18'	N 67°53'00" E

F-00-157  
5/22/00



PROPERTY  
PATRICK L.  
LOUISE D. HIL  
L. 1885, F.

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

**1300/45681**

Building Address **11810 Chapel Estates Drive  
Clarksville, MD 21029**

Property Owner's Name **Wileen + Diana Caplan**  
Address **12310 Carol Drive**

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

City **Fulton** State **MD** Zip Code **20759**

Census Tract **60901** Subdivision **Chapel Estates**

Home Phone **410-651-7150** Work Phone **410-659-1049**

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot **8A**

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

Tax Map **27** Parcel **96** Grid **13**

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Zoning **RM-10** Map Coordinates **1442** Lot size **2.56**

Existing Use **Vacant Lot**

Contractor Company **Whittington Drusen Builders**

Proposed Use **Single Family Home**

Contact Person **Bryan Whittington**

Estimated Construction Cost \$ **1,600,000.00**

Address **6917 Arlington Rd. # 351**

Description of Work **Two story custom home**

City **Bethesda** State **MD** Zip Code **20814**

Occupant or Tenant **Wileen + Diane Caplan**

License No. \_\_\_\_\_

Contact Name **Wileen Caplan**

Phone **301-651-5918** Fax **301-651-1191**

Address **12310 Carol Drive**

Engineer or Architect Company **Michael Elliot Architects**

City **Fulton** State **MD** Zip Code **20759**

Contact Person **Michael Elliot**

Phone **410-651-7150** Fax **410-659-1049**

Address **38 Governor Woodscar +**

City **Towson** State **MD** Zip Code **21286**

City **Towson** State **MD** Zip Code **21286**

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone **410-732-3040** Fax **410-675-2812**

**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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <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 checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of Bedrooms <b>6 + latest</b>	Natural Gas <input type="checkbox"/>
Multi-family dwellings: <b>bedroom</b>	Propane Gas <input type="checkbox"/>
No. of 1 BR units: <b>7 beds</b>	Sprinkler system: N/A <input type="checkbox"/>
No. of 2 BR units: _____	NFPA #13D _____
No. of 3 BR units: _____	NFPA #13R _____
Other Structure: _____	Other: _____
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 THERE TO; (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 THIS WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name **Bryan Whittington**  
Date **1-9-04**

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
Public Health		
Building Official		
Dev. Engineering, DPZ		
Health	<b>3/4/04</b>	<b>JM</b>
Fire Protection		

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_

All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID: **600619**

Filing fee \$	<b>100</b>
Permit fee \$	
Excise tax \$	
Add'l per. fee \$	
TOTAL FEES \$	
Sub-total paid \$	
Balance due \$	
Check #	
Validation #	

Accepted by \_\_\_\_\_

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



## Certificate of Analysis

Acct. No. 4270 - 2

### Field Record

Site visit performed on: Thursday, April 14, 2005 12:40 PM  
 by: Charles Havens State ID No. 8699CH  
 Affiliation: Fredericktowne Labs, Inc.

Property Owner: Mitch Caplan

Property Address: 11810 Chapel Estates Drive  
 Clarksville, MD 21029

Sample Source: Bathtub

Well No.: HO-88-0926

Field pH: 6.1

Res. Cl.: 5.0 mg/l

### Laboratory Report

Sample Received at laboratory: 4/14/05 2:00 PM

#### Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
			9221B	NPV

#### Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	<0.5	mg/l	10	<u>4/14/05</u>	353.2	PH
Turbidity		NTU	10		180.1	NPV
Sand		mg/l	5		0.065mm Filter	NPV

Verified by: M.J. [Signature]  
Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory  
 Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M



## Certificate of Analysis

Acct. No. 4270 - 2.1

### Field Record

Site visit performed on: Thursday, April 21, 2005 11:55 AM  
by: John Straits State ID No. 4729JS  
Affiliation: Fredericktowne Labs, Inc.

Property Owner: Mitch Caplan

Property Address: 11810 Chapel Estates Drive  
Clarksville, MD 21029

Sample Source: Bathroom Sink

Treatment Devices Noted: No Treatment Devices Present

Sample taken after treatment: No

Well No.: HO-88-0926

Field pH: 6.4

Res. Cl.: 0.0 mg/l

### Laboratory Report

Sample Received at laboratory: 4/21/05 3:45 PM

#### Bacteriological results:

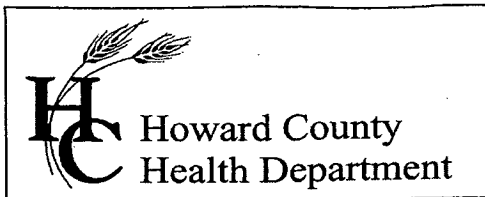
<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
<1	<1	4/21/05 4:30 PM	9221B	KMW

Bacteriological analysis of this sample indicates the water is safe for human consumption.  
Analysis was performed according to the 20th edition of Standard Methods

#### Inorganic Chemical results:

<u>Parameter</u>	<u>Result Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Turbidity	0.2 NTU	10	4/22/05	180.1	SER
Sand	<2 mg/l	5	4/25/05	0.065mm Filter	JD

Verified by: M. J. Miller 4/26/05  
Date



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

May 3, 2005

Mitch & Diane Caplan  
12310 Carol Drive  
Fulton, MD 20759

**SENT VIA FACSIMILE 301-657-1191**

RE: Chapel Woods III, Lot 8A  
11810 Chapel Estates Drive  
Clarksville, MD 21029  
BP #: B00145681  
Well Permit #: HO-88-0926

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/03/2005. Final approval of the well line connection to the dwelling was approved on 05/03/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

**INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-88-0926. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 04/14/2005 & 04/21/2005  
Date of Well Completion: 11/01/1989

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



# LEGEND

4" x 36" CONCRETE MONUMENT  
 1/8" IRON PIPE OR PIN SET  
 BEING PERC TEST

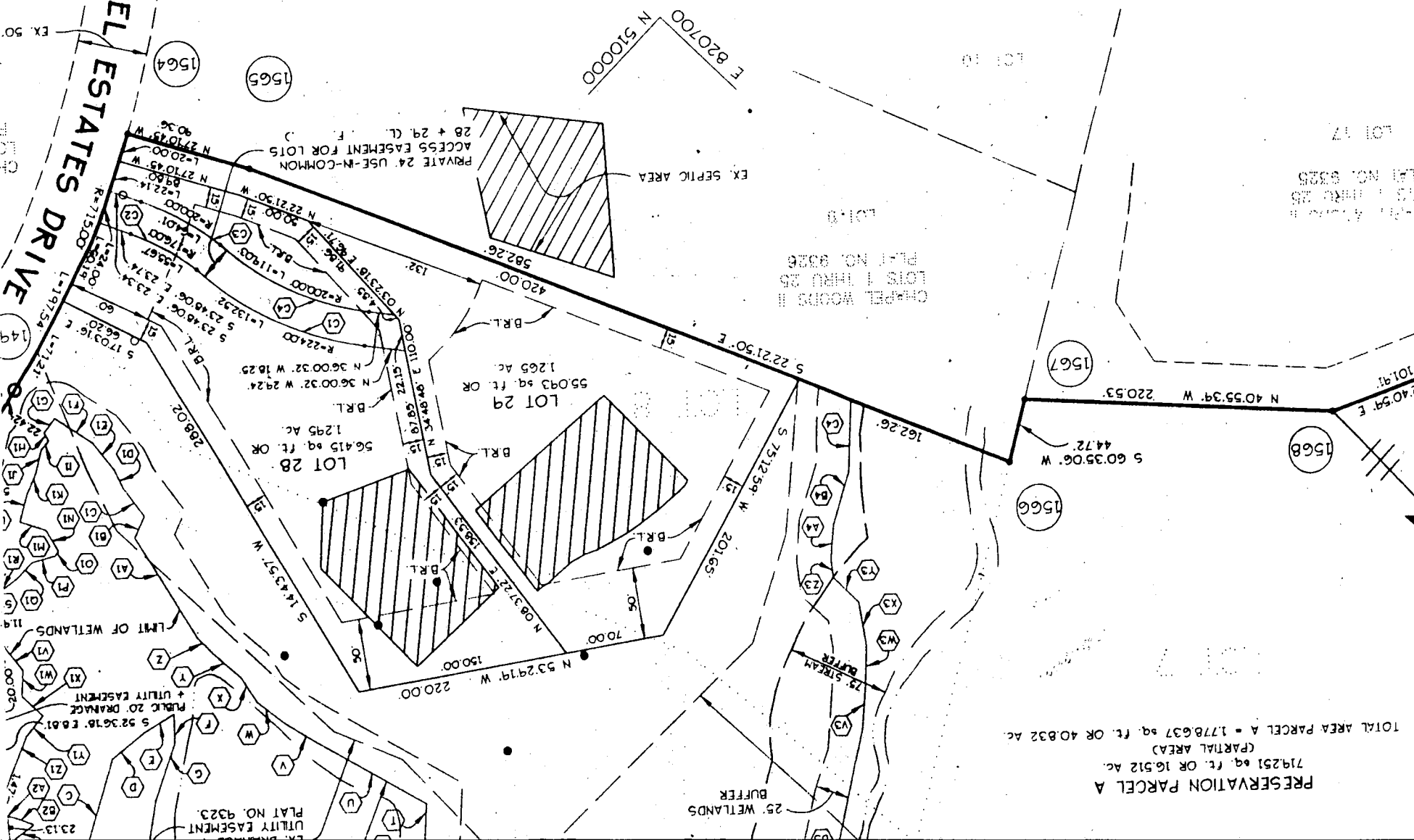
DATE 10/31/95  
 ARTHUR E. MUEGGE #10751  
 DATE 10/31/95  
 ERIC JOHN MIKOLASKO  
 DATE 10/31/95  
 DARLENE SANTOS MIKOLASKO

I FURTHER CERTIFY THAT THE REQUIREMENTS OF SECTION 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988, REPLACEMENT VOLUME (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

OWNER  
 ERIC JOHN MIKOLASKO +  
 DARLENE SANTOS MIKOLASKO  
 c/o J.M. INC.  
 5570 STERRETT PLACE  
 SUITE 205  
 COLUMBIA, MARYLAND 21045  
 (410) 740-4466

F-00-157

CHapel Estates Drive



PRESERVATION PARCEL A  
 71,251 sq. ft. OR 16,512 Ac.  
 (PARTIAL AREA)  
 TOTAL AREA PARCEL A = 177,637 sq. ft. OR 40,832 Ac.

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