

10/5/01
LAYOUT
Noun

10/19/01
Fertil Co.
Fertil 2.400
or anytime?

PERMIT

05-433630

P 516007-C

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

A 50211-G

ISSUE DATE 8/29/2001

APPROVAL DATE 10/9/01

INDEXED

Hatfield's Equipment

IS PERMITTED TO INSTALL ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Chapel Woods III LOT NUMBER 38 ADDRESS 11762 Chapel Estates Drive

PROPERTY OWNER Eric Mikolasko PROPERTY OWNER'S ADDRESS 5485 Harpers Farm Road

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAM TANK #200

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. 2 feet of stone below distribution box pipe

LOCATION: Place the distribution box 80 feet down the right (280') lot line and 10 feet off this same lot line as seen from the road. Run trenches along contour toward the left side of the lot.

BUILDING PERMIT SIGNED

AND RETURNED 3-28-02
TG POOL

BUILDING PERMIT SIGNED
AND RETURNED 800 133182
11-1-01
33433 Deck

PLANS APPROVED Donna K. Clark, R.S. OK SRK 3/2/01 DATE 3/1/2001

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

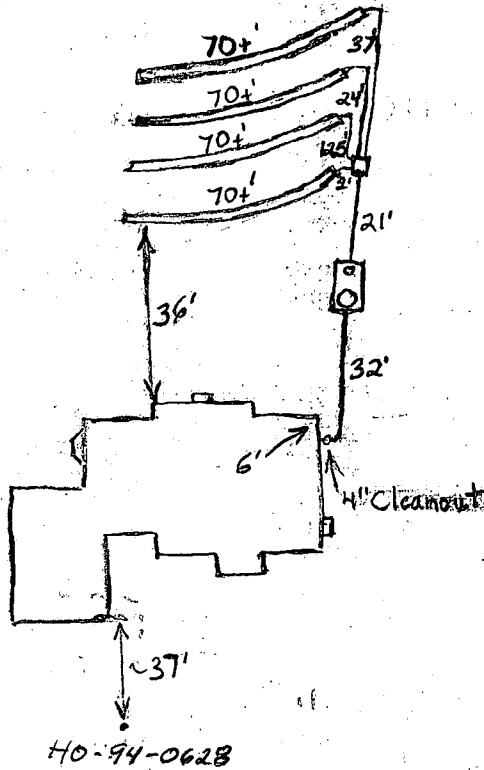
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A50211-G

NOT TO SCALE

INDEXED



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'-4'
 TRENCH BOTTOM DEPTH 5'-6'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 280+'
 ABSORBENT AREA 840+ sq. ft
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

~~PUMP CHAMBER GALLONS N/A~~
~~MANHOLE RISER N/A~~
~~ALARM N/A~~
~~PUMP PERFORMANCE TEST N/A~~

← To Chapel Estates Drive

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 10/9/01 O.K. to cover. Trench depth varies because contour difficult to work with. (BB)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 10/9/01

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: CHARLES A. KLEIN & Sons, Inc. Telephone #: (410) 542-6960
Address: 5220 KLEIN MILL ROAD
SPRINGVILLE, MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print) CHARLES A. KLEIN, JR. License# 6521

* 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: WILLIAMS, GARY Telephone #: (410) 957-8800
Subdivision: CHapel Woods Lot #: 38 Well Tag #: HO-94-0628
Site Address: 11760 CHAPEL ESTATES DRIVE
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACOBS Make: HOWARD Two piece watertight cap:
Model #: 5545-13P-52 Model#: PT-500 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 1.1 GPM NSF approved: Conduit min 1 1/2" E.G.:
Depth of well encountered at time of pump installation: 900 (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

Pipette to house House Connection
Type: FLUOROPOLYMER PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 1 1/2 (160 psi min) Approximate length of sleeve:
Depth of supply line: (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.

Signature of company representative responsible for installation: Charles A. Klein, Jr. date: 6/6/01
CHARLES A. KLEIN, JR.

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

Date Insp. Requested: 10/9/01 Date Insp. Approved: 10/9/01 BB
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 ropes 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 grant observed below pitless adapter

C1 2787 SEQUENCE NO. (MDE 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 A50211-G

ST/CO USE ONLY DATE RECEIVED 07/14/95 DATE WELL COMPLETED 082295 Depth of Well 400 PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-0628

OWNER 4AM Inc. STREET OR RFD Chapel Estates Drive TOWN Clarksville SUBDIVISION Chapel Woods SECTION III LOT 33

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	
Overburden	0	15	
Soft Shale	15	38	
Gray Rock	38	400	x

water was encountered at 310 & 370'

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 8 NO. OF POUNDS 800
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 32 ft.

CASING RECORD
 casing types insert appropriate code below
 (ST) (CO) (PL) (OT)
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch): 6
 Total depth of main casing (nearest foot): 40

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES (Y) NO (N)

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.

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MD017

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
HO								HO								400																																		

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 11.1
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface) BEFORE PUMPING 61 ft. WHEN PUMPING 145 ft.
 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 (CIRCLE) 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) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below LAND SURFACE (nearest foot) 11

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 **1708** 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
40-94-0628
 fill in this form completely

Date Received (APA) **07/14/95**
 OWNER INFORMATION
JJM INC
 15 Last Name Owner First Name 34
5570-205 **STERRETT PI**
 38 Street or RFD 55
COLUMBIA **MD 21044**
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 Paul M. Fabiszak **399**
 Driller's Name 77 License No. 80
 G. Edgar Harr Sons' Corp.
 Firm Name
 12047 Falls Road, Cockeysville 21030
 Address
 Signature *Paul M. Fabiszak* Date **7/14/95**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **250**

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

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **JJM** WRITE INITIALS IN BOX PERMIT No. **40-94-0627**
 67 68 70 71 72 73 74 75 76 77 78 79

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

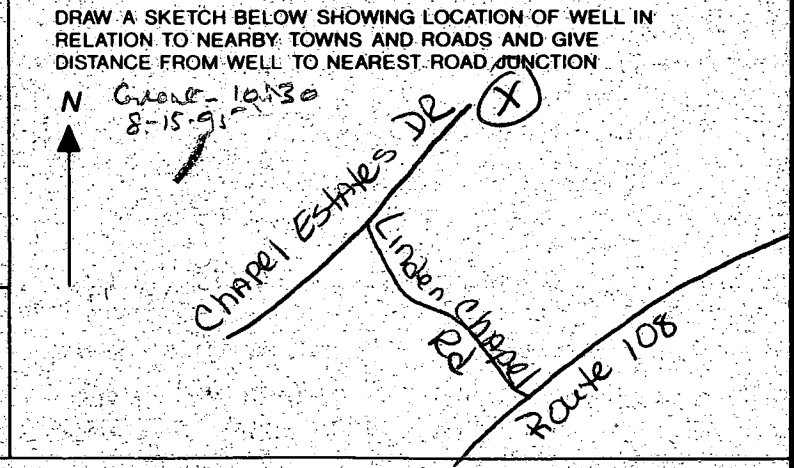
B 3 LOCATION OF WELL
HOWARD COUNTY
CHapel Woods SUBDIVISION
 SECTION **33** LOT **33**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **CHapel Estates Drive**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **200** ENTER FT. OR MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard County A-50211-G
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED INSERT S
A. McMullen **7-25-96**
 NORTH GRID **809000** EAST GRID **0820000**

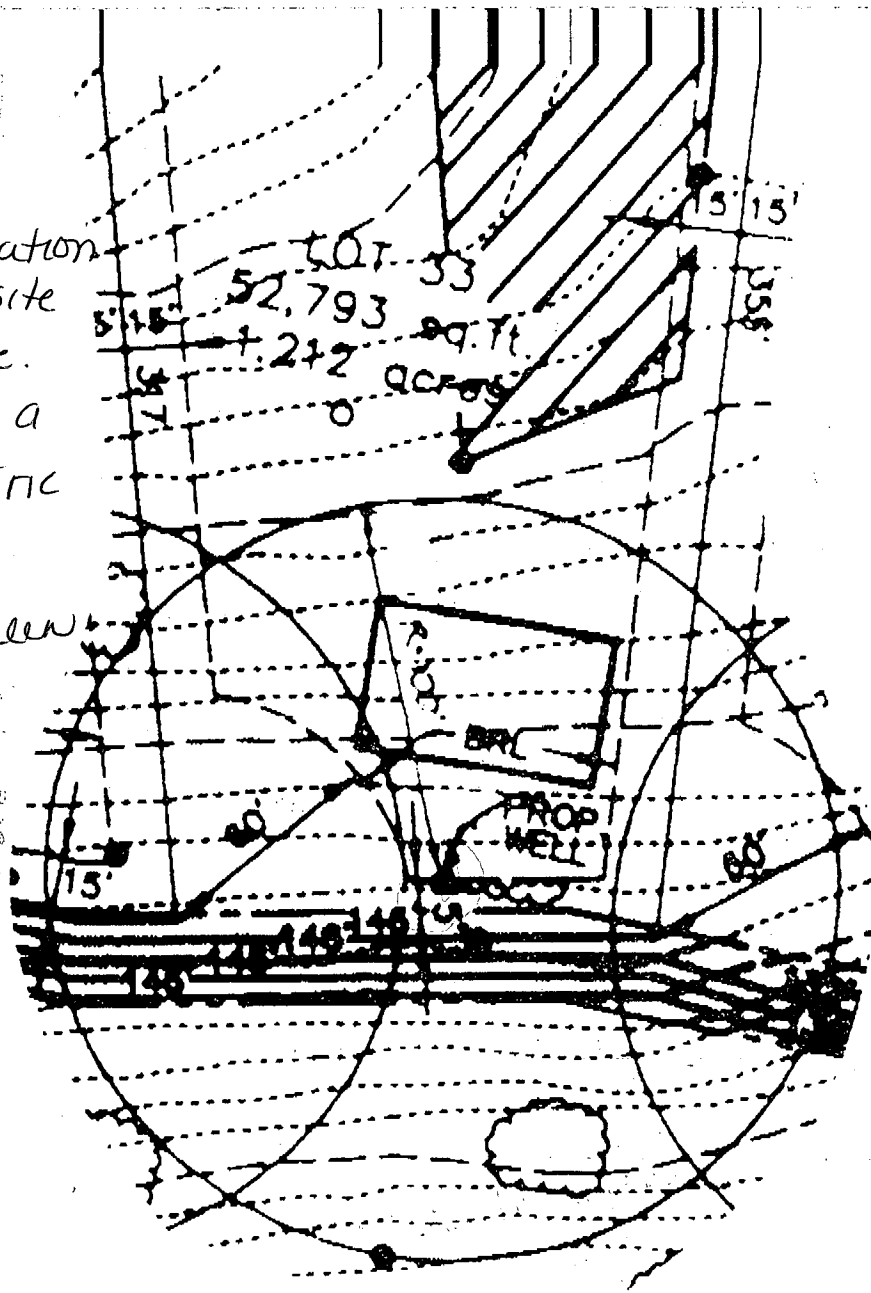
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **WELL WITH 25'**
 2. **WELL WITH 25'**
 3. **WELL WITH 25'**
 WRITE THE BOX NUMBER FROM THE MAP HERE
820
500



7-26-95

Proposed well location
shown. OK. No site
inspection done.
Site staked by a
surveyor per Eric
Mikalasko.

A. McMullen



APPLICATION

PERCOLATION TESTING

A 502119

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. Klaska, c/o Jgm Inc.
5570 Herrett Place, Suite 205
ADDRESS Calverly, MD 21044 PHONE _____

PROSPECTIVE BUYER NA
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Chapel Woods III LOT NO. 33
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 Mueggli

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

APPLICATION

PERCOLATION TESTING

A VI
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 Chapel Woods Sec III LOT NO. 34

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

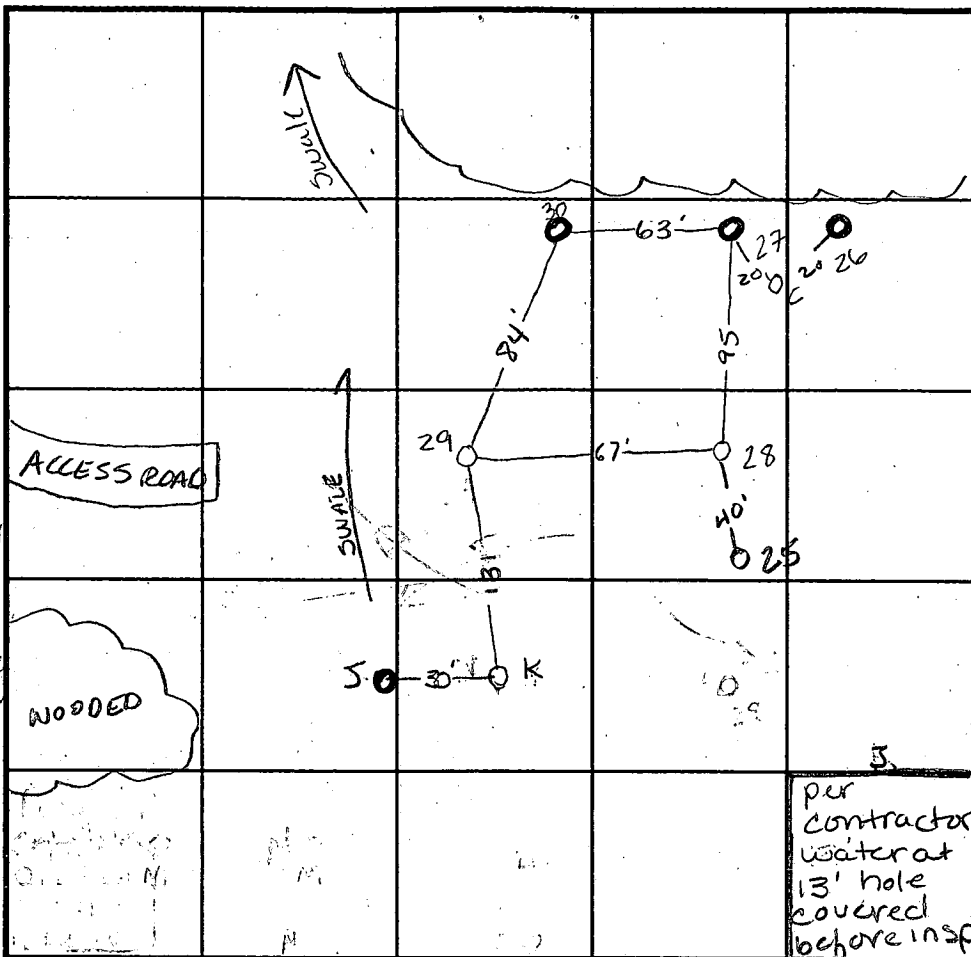
0' 28
orange
brn
C
2' brn w/ some red sil between 5-7' tapering off on inside of hole zone of 3-4" rocks approaching 50% rock
13' 27

Lgt yellow brn C

3' Lgt whitish tan sil
Zone of >50% rock running to bottom of hole
12

30 bright orange CSL

4' Lgt whitish S
interconnected rock; saprolite >50%
12'



SOIL PROFILE

0' C, 219
3' bright red C
5' bright orange sil
12.5' bright tan sand w/ some sil mica 10-15% rock frags
K
3.5' red brn C
6' tan C
12' orange tan sil 15% rock

per contractor water at 13' hole covered before insp

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-26-94	-28	4 1/2' V13	4:43	4:44 ¹⁵	4:44 ¹⁵	4:45 ⁴⁵	1 1/2 min
	-28	13' V13	4:43 ²⁰	4:44 ⁰⁵	4:44 ¹⁵	4:45 ⁴⁰	1 1/2 min
	27	5' V12	6:34 ³⁰	6:35	6:35	6:35 ³⁰	30 sec
	27	3.5' V12	6:35	6:35 ⁴⁵	6:35 ⁴⁵	6:36 ³⁰	45 sec
	30	3' V12	6:47 ⁴⁵	6:48 ⁴⁵	6:48 ⁴⁵	6:50	1 1/4 min
	30	4.5' V12	6:47 ³⁰	6:50 ¹⁵	6:50 ¹⁵	6:54	3 3/4 min
10-27-94	-29	2.5' V12.5	6:44 ³⁰	>30	min		slow
	-29	4.5' V12.5	6:44	6:46	6:46	6:49	3 min
	-K	3' V12	6:54	7:05	7:05	7:30	25 min
	-R	5.5' V12	6:59	>30	min		slow

REMARKS Holes used on Prelim. Plan: 28, 29, K, C, 25

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 _____

WILL PASS AT 6'

APPLICATION

PERCOLATION TESTING

A _____

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 _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

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'

Empty vertical box for soil profile notes.

25

Yellow
brn
cslm

3'

lgt
brn
s/salm

15%
rock:
Saprolite
max

14'

Empty vertical box for soil profile notes.

SOIL PROFILE

0'

Empty vertical box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-27-94	J	Visual to 13'		- water			FAIL OR WET SEASON
10-26-94	-C	Visual to 12'					OK
	-25	4.5 V14	4:53 ¹⁵	4:53 ⁴⁵	4:53 ⁴⁵	4:54 ³⁰	45sec
	-25	3.5 V14	4:53 ¹⁵	4:55	4:55	4:57 ³⁰	2 1/2 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 _____

copy of signed Preliminary Plan P-95-19

EX. 100 YEAR FLOODPLAIN,
DRAINAGE AND UTILITY
EASEMENT

75' STREAM
BUFFER

BRANCH

25' WETLANDS
BUFFER

25' WETLANDS
BUFFER

LIMITS OF
WETLANDS

CLYDES

320
162' 330

235

13' 45"

LOT 32
51,137 sq-ft
1.174 acres

LOT 31
49,056 sq-ft
1.126 acres

LOT 33
52,793 sq-ft
1.212 acres

LOT 34
59,779 sq-ft
1.372 acres

LOT 35
59,878 sq-ft
1.375 acres

LOT 30
49,523 sq-ft
1.137 acres

EX. SEPTIC
AREA

PROP. WELL

PROP. WELL

PROP. WELL

PROP. WELL

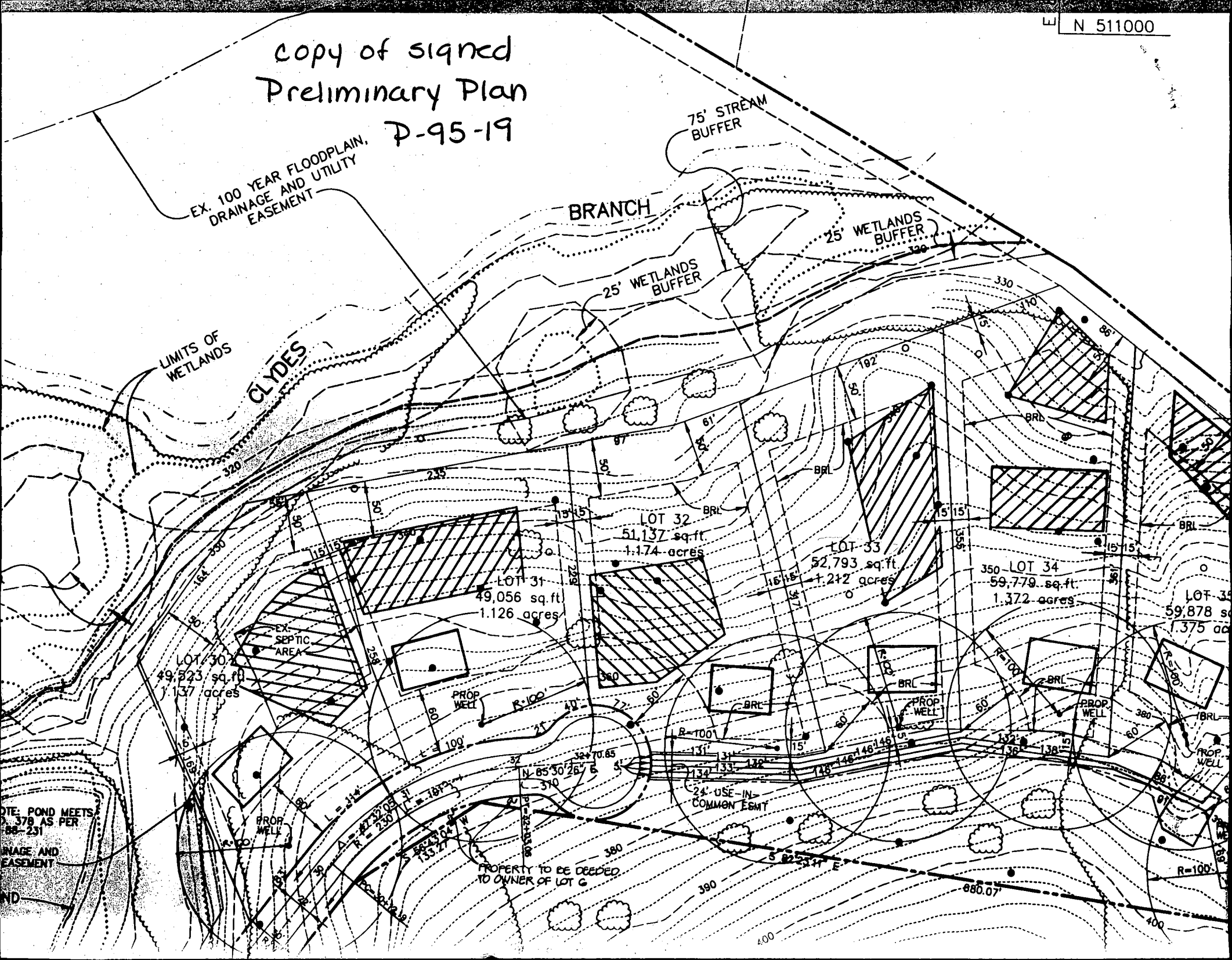
PROP. WELL

NOTE: POND MEETS
D. 378 AS PER
88-231
DRAINAGE AND
EASEMENT

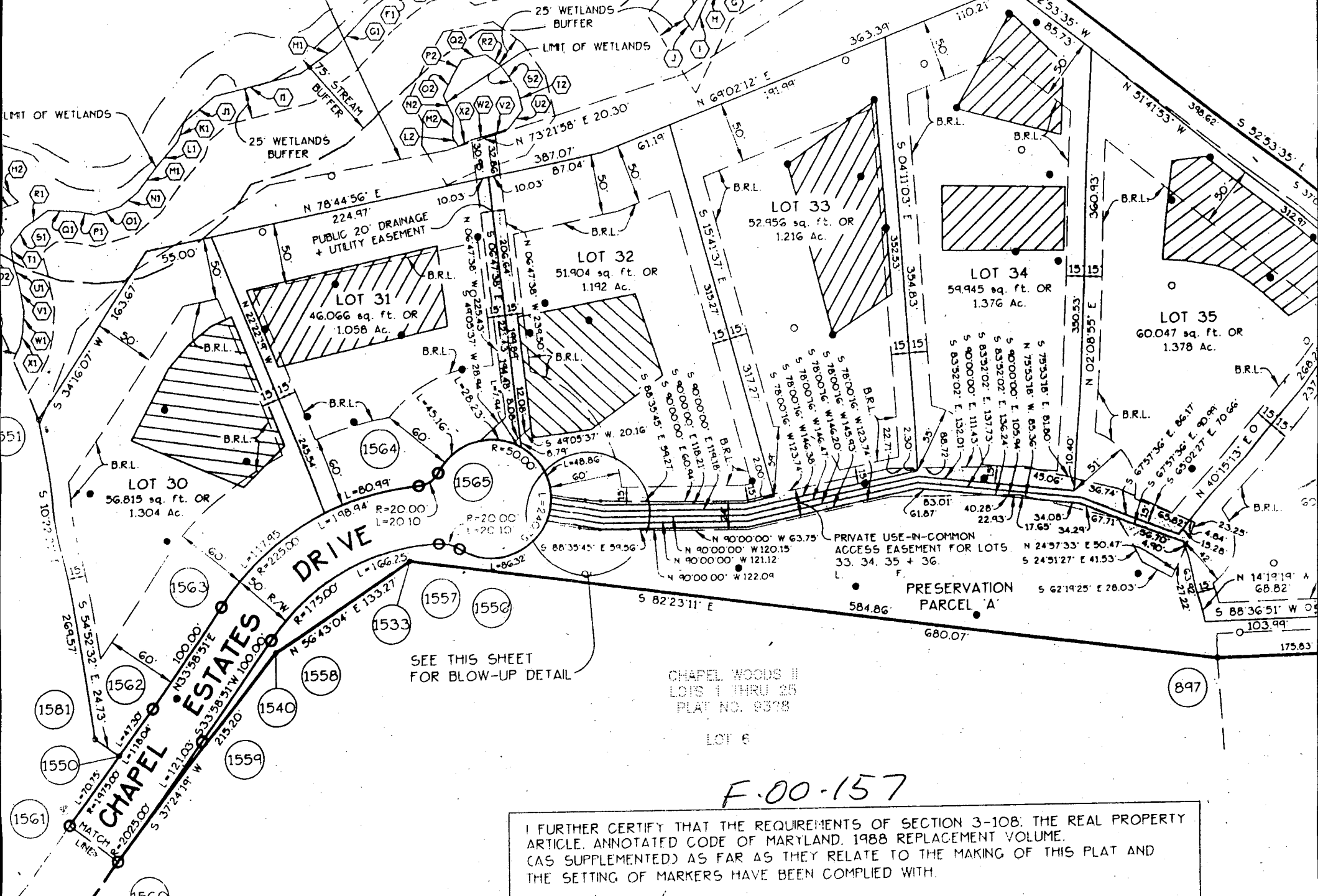
PROPERTY TO BE DECEDED
TO OWNER OF LOT G

24' USE-IN-
COMMON EBM

ND



EX. 100 YEAR FLOODPLAIN,
DRAINAGE + UTILITY EASEMENT
PLAT NO. 9323.



DRIVE

CHAPEL ESTATES DRIVE

SEE THIS SHEET
FOR BLOW-UP DETAIL

CHAPEL WOODS II
LOTS 1 THRU 25
PLAT NO. 9328

LOT 6

F.00-157

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.

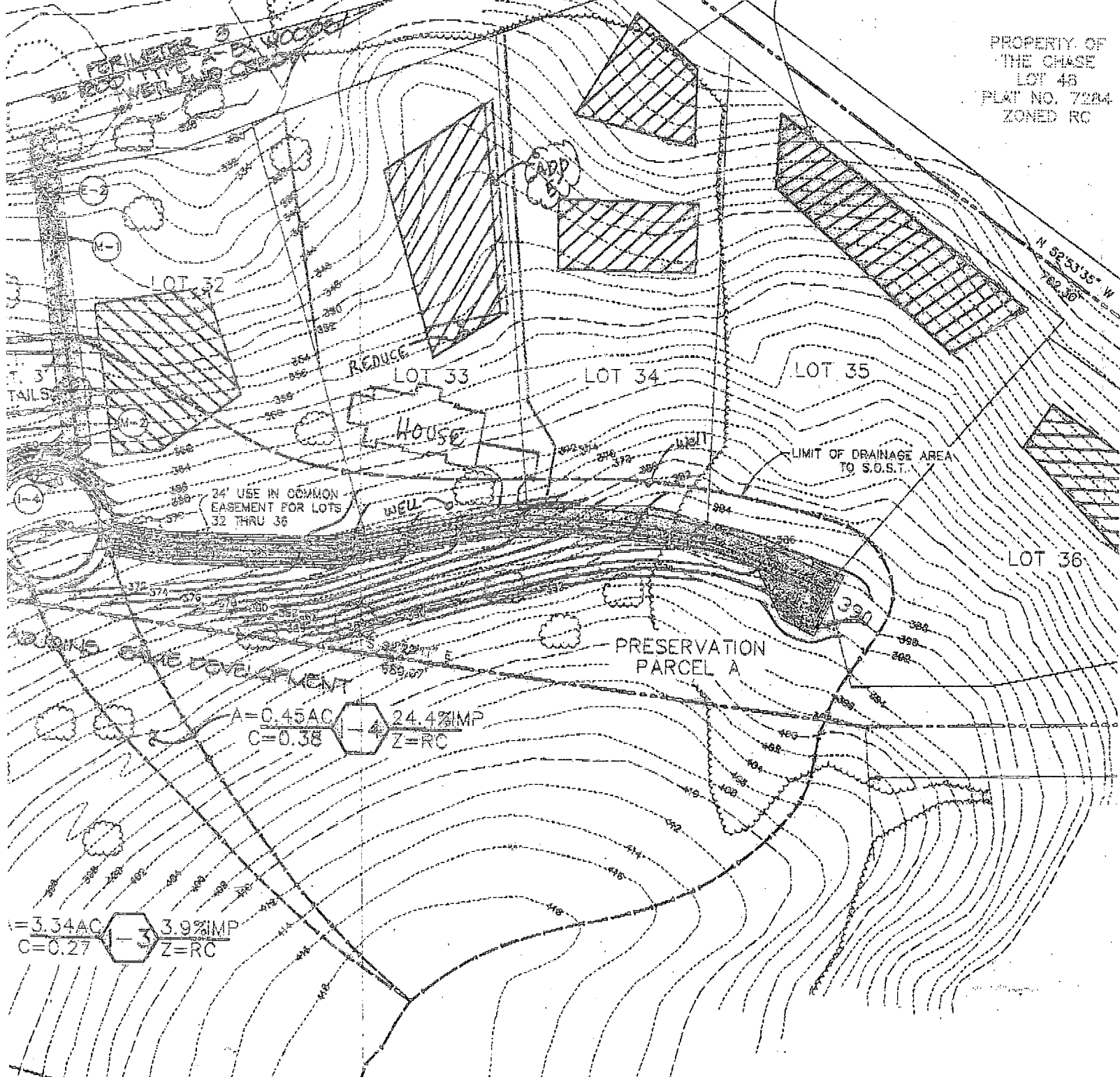
5/8/00 T/C MSG TO CHRIS REID = NO OBJ. TO PROPOSAL, BUT SUGGEST THAT AREA TO BE ~~RE~~ ELIMINATED BE DESIGNED MORE CONSISTENT W/ TOPO (MR)

75' STREAM BUFFER

BRANCH

PERC. AREAS (TYP)

PROPERTY OF THE CHASE LOT 45 PLAT NO. 7284 ZONED RC



24' USE IN COMMON EASEMENT FOR LOTS 32 THRU 36

REDUCE

House

WELL

LIMIT OF DRAINAGE AREA TO S.O.S.T.

PRESERVATION PARCEL A

$$\frac{A=0.45AC}{C=0.38} \quad \frac{24.4\%IMP}{Z=RC}$$

$$\frac{A=3.34AC}{C=0.27} \quad \frac{3.9\%IMP}{Z=RC}$$

Building Address 11762 CHAPEL ST.
CLARKVILLE MD 21029

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

Census Tract 605101 Subdivision Crystal Springs III

Section _____ Area _____ Lot 35

Tax Map 29 Parcel 56 Grid 8

Zoning RCOE Map Coordinates 1463 Lot size _____

Property Owner's Name ERIC M. KESION

Address 11762 CHAPEL ST.

City CLARKVILLE State MD Zip Code 21029

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
KESION
1520A BLACK ANKLE RD.
MT AIRY MD 21771

Phone 301-674-2737 Fax _____

Existing Use None

Proposed Use Deck

Estimated Construction Cost \$ 214,000

Description of Work Deck 33' X 33'
irregular shape

Contractor Company KES CONSTRUCTION

Contact Person KEM LUNA

Address 1520A BLACK ANKLE RD.

City MT AIRY State MD Zip Code 21771

License No. _____

Phone 301-674-2737 Fax 410-635-3890

Occupant or Tenant MIKLASKO

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 [Signature] Title/Company _____

Print Name KEVIN SNEW Date 11-6-2001

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>49755</u>
<input checked="" type="checkbox"/> State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ <u>30</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ <u>30</u> Sub-total paid \$ _____ Balance due \$ _____
<input checked="" type="checkbox"/> Building Official	<u>11/7/01</u>	<u>[Signature]</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1001</u> Validation # <u>25026</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>11/7/01</u>	<u>Mark Riffkin</u>	Lot Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
<input checked="" type="checkbox"/> Health			SDP/Red-line approval date _____	
<input checked="" type="checkbox"/> Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION STARTS: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				

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

T:\forms\PERMIT.FRM Rev. 5/17/00

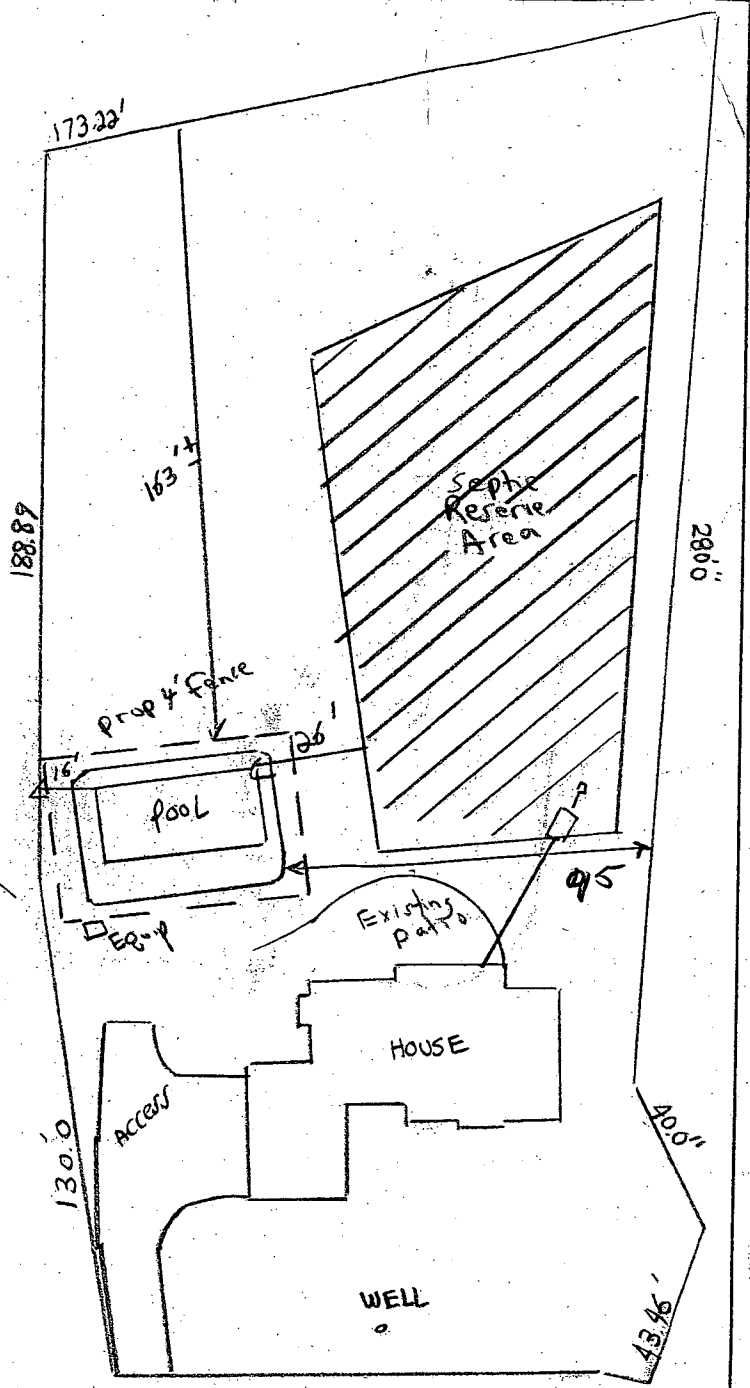
Mikalasko

REVISED

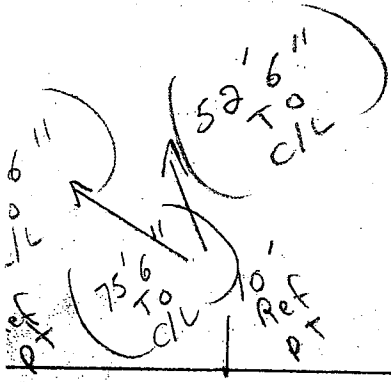
Date: 3/28/02

Comments: D-00134922

B-00134922
11762 Chapel Estates Dr
Chapel Woods lot 38
Pool was moved as shown (6ft)
further from SDA. Reapproved approval
RJP 3/28/02



Existing patio



MUST BE RETAINED AT SALES OFFICE

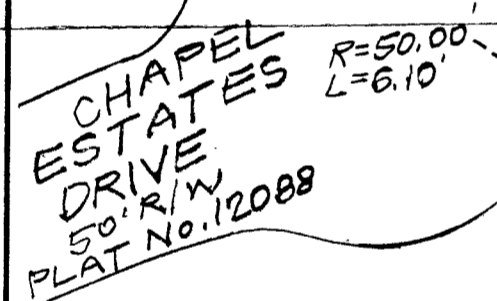
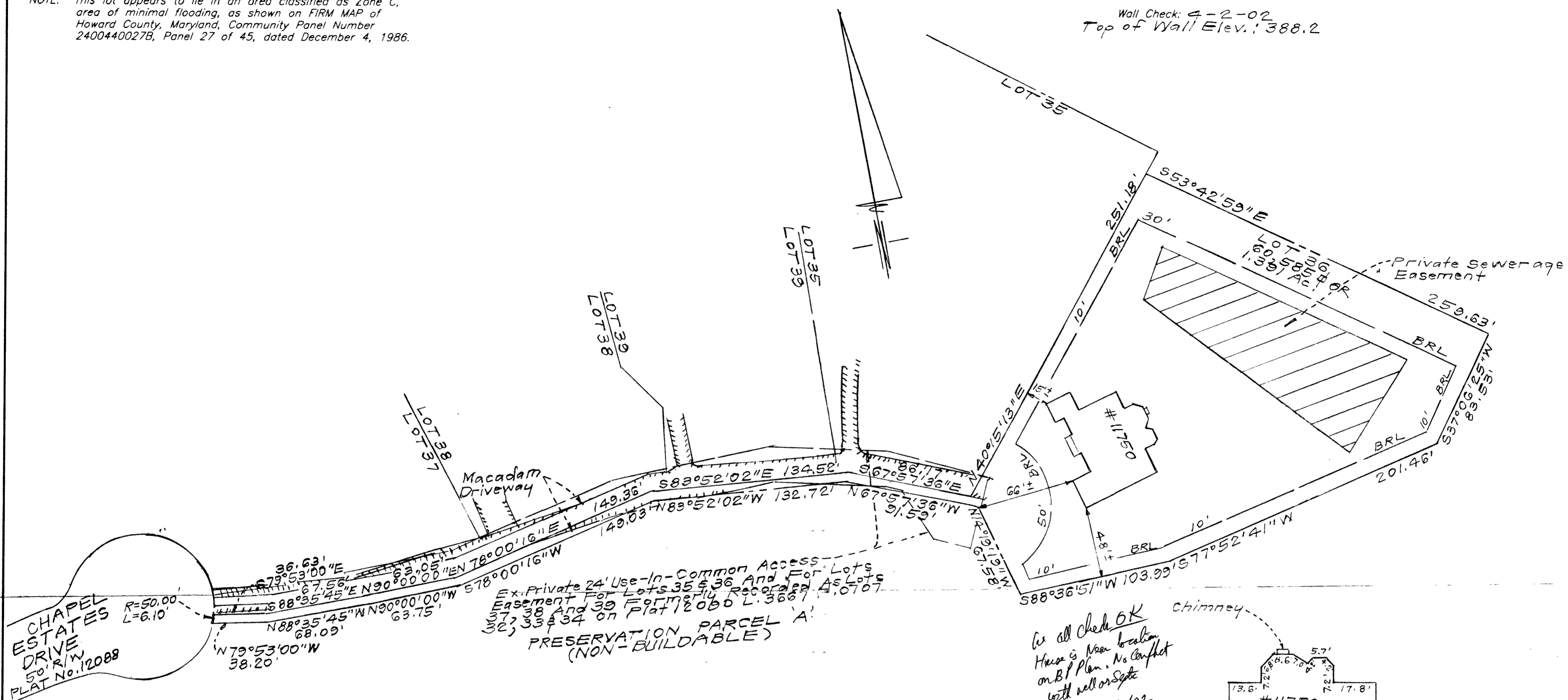
CHAPEL ESTATES DRIVE
SCALE 1"=50'

Mikalasko

E:	PHONE NO.:	DATE:	DWN BY:
		NAVIYE S YUCHINA	

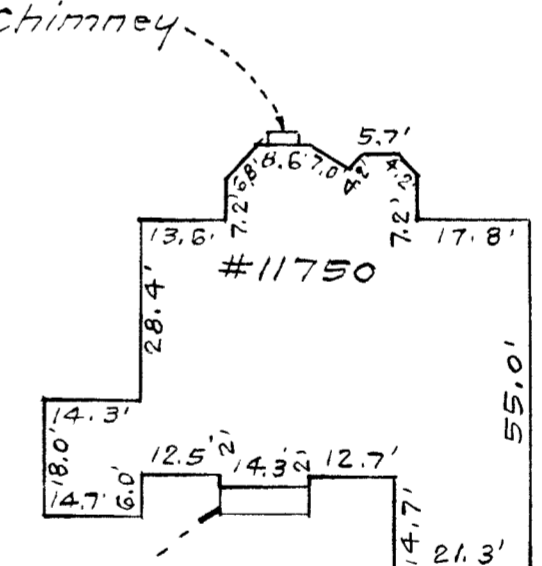
NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440027B, Panel 27 of 45, dated December 4, 1986.

Wall Check: 4-2-02
Top of Wall Elev.: 388.2



Ex. Private 24' Use-in-Common Access Easement For Lots 35 & 36 And For Lots 38 And 39 Formerly Recorded As Lots 32, 33 & 34 on Plat 12088 L. 3667 A. 0707
PRESERVATION PARCEL A (NON-BUILDABLE)

As all checked OK
House is near location on B.P. Plan. No Conflict with well or septic
App 4/12/02



B00134349
Williamsburg Group
SCALE: 1"=30'

CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes.
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures.
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and they are located as shown.

4-4-02
DATE
Raymond S. ...
STATE OF MARYLAND
RAYMOND S. ...
PROPERTY LINE SURVEYOR

- NOTES:
1. The ± setback distance accuracy = 1'.

Plat Reference: 14275

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED	LOCATION DRAWING 11750 CHAPEL ESTATES DRIVE LOT 36	SCALE 1" = 50'
DRAWN	CHAPEL WOODS III LOTS 30, 31, 35, 36, 37, 38 AND 39 AND CHAPEL WOODS II LOT 8A	DRAWING
CHECKED	(A RESUBDIVISION OF LOTS 28 AND 29 AND LOTS 32, 33 AND 34 AS SHOWN ON PREVIOUSLY RECORDED "CHAPEL WOODS III" LOTS 28 THRU 36" AND PARCEL A RECORDED AS PLAT No. 5 12087 THRU 12090) 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB NO.
DATE	4-4-02	FILE NO. 00-090-0