

5-30-95
Dm C/O
5/31/95
House
10 am

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50910

A 50482

DISTRICT _____

DATE 5-25-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 5/31/95

INSPECTOR C.B.

RB #?

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 558)brecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Mid-Atlantic Tree Center LOT _____ ROAD 15773 Frederick Road

PROPERTY OWNER W.Lambert Cissel, Jr.

ADDRESS 3425 Hipsley Mill Road
Woodbine, Maryland 21747

SEPTIC TANK CAPACITY 1000 GALLONS TENANT TRAILER

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at 4½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench approximately 50 feet off the existing barn and 250 feet off the rear most left lot corner (at the end of the fence). Run trenches on contour toward left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/22/95 DKS

PLANS APPROVED BY Mark Rifkin DATE 03/21/95

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

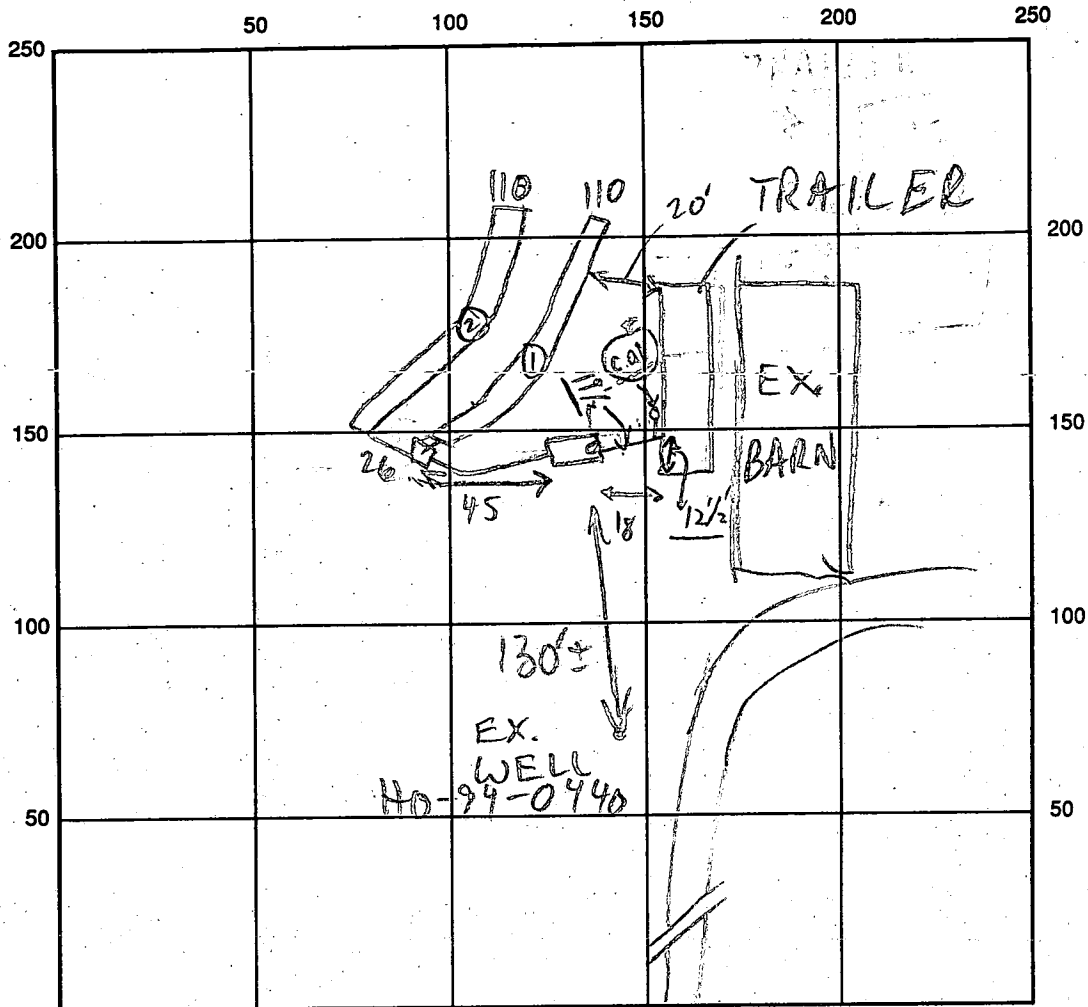
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A
50482



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

RT. 144

SEPTIC TANK LEVEL 1600 GAL - OK

CLEANOUTS S.T. - OK / CO. 1 w/ 10' trailer
OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 1 1/2 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT.

TOTAL LENGTH 2 @ 110' FT.

NUMBER OF TRENCHES 2

~~ONE SIDEWALL~~ / BOTTOM AREA 2 @ 330' SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 660 SQ. FT.

REMARKS: 5/30/95 TRENCHES OK TO COVER; HOLD FOR TRAILER CONNECTION MR 5/31/95 Finish house trailer connection - complete; CBS

5/31/95 No W.P.I. - not ready; CBS

DATE SYSTEM APPROVED 5/31/95 INSPECTOR Charles Rayson Stecker

APPLICATION

PERCOLATION TESTING

A 50482

P _____

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

*PREVIOUS OK,
TENANT TRAILER.
CHECK CONDITION OF
EXISTING WELLS/SEPTICS
ELSEWHERE ON
PROPERTY. (CW)*

DISTRICT _____

DATE 1/17/95

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 Kimberly Turf Farms - W. Lambert Cissel Jr.

ADDRESS 3425 Hipsley Mill Rd. Woodbine MD 21797 PHONE 410-442-5671

AGENT OR PROSPECTIVE BUYER Steven P. Cissel - Tree Center Inc. 2598 RT 94 WOODBINE MD 21797

ADDRESS 3423 Hipsley Mill Rd. Woodbine MD 21797 PHONE 410-442-1041

PROPERTY LOCATION: Kimberly Turf Farm

**BLDG. PERMIT SIGNED
AND RETURNED 5/5/95**

SUBDIVISION _____ LOT NO. Serial # 59407 - mobile home

ROAD AND DESCRIPTION Rt. 144 + Daisy Rd. - no mail address

TAX MAP 2 PARCEL # 5

SIZE OF LOT 176.32 Acres TYPE BLDG. tenant farm trailer
(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. Steven P. Cissel
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC HOLES OK, HOLD FOR PLAT MR 2/9/95

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

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

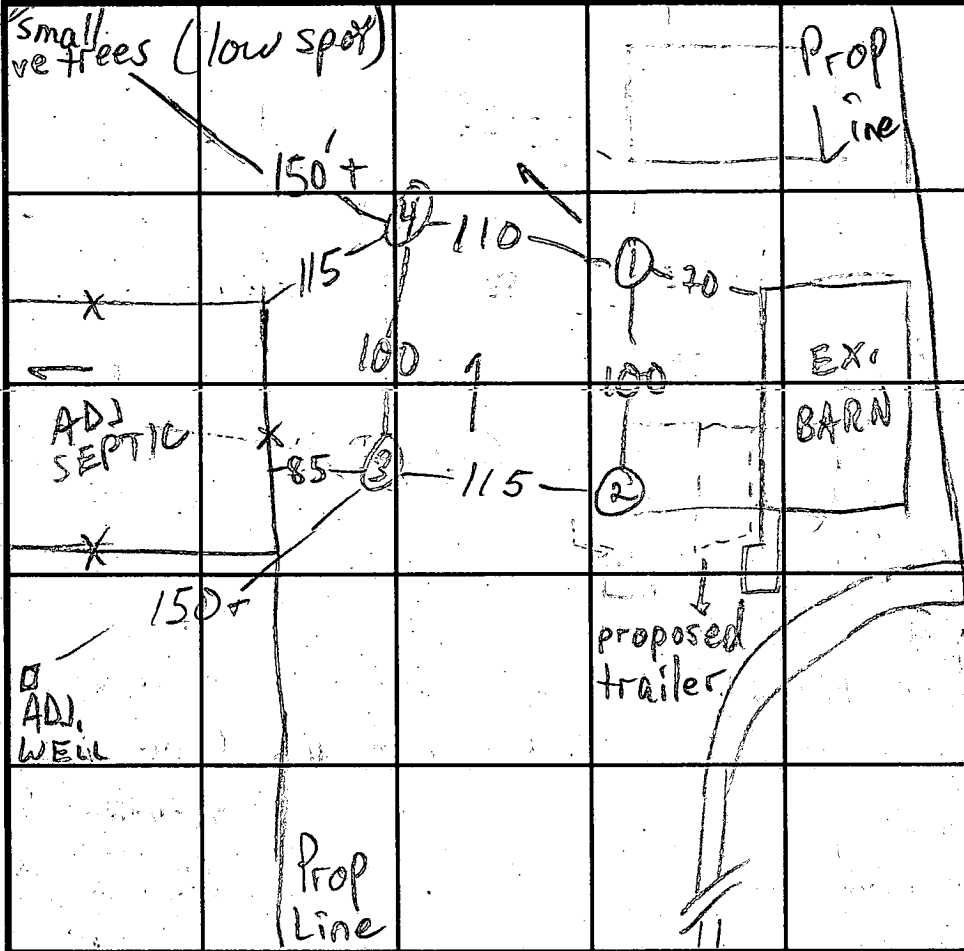
THIS IS NOT A PERMIT

A50482

broadswale

COUNTY #

SOIL PROFILE



SOIL PROFILE

0' 1

org si
cl lm

5 1/2

tan brn
si lm
20% shale
saprolite

11' 9"

2 3

org sa
cl lm

5 5

tan brn
sa lm
15-20%
saprolite

12-12 1/2

4

org sa
cl lm

5

tan brn
sa lm
20% shale
frags

10

brn sa lm
25-35%

12

shale

RT. 144

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TO LISBON

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/10/95	1 S	5	10:54	11:14	< 1/4"		7
	1 S ₂	8 1/2	10:56	10:57	10:57	11:04	7
	1 V	5' 9"	11:25	11:34	11:34	11:50	16
	2 S	5 1/2	11:57	12:07	< 1/4"		13
	2 S ₂	5 1/2	11:56	12:07	12:07	12:20	13
	2 V	12	12:10	12:18	12:18	12:32	14
	3 V	12 1/2	sim to	profile	more	same	9
	4 S	6	12:34	12:36	12:36	12:38	2
	4 M	9 1/2	12:27	12:33	12:33	12:43	10
	4 V	12					

REMARKS HOLES CLOSE TO PLAN

TYPE OF SOIL _____

TESTED BY M. Ripkin ALSO PRESENT Fogle crew, owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 TRENCH WIDTH 3

INLET DEPTH 4 1/2 MAXIMUM BOTTOM DEPTH 6 1/2 SQ. FT./BEDROOM 210

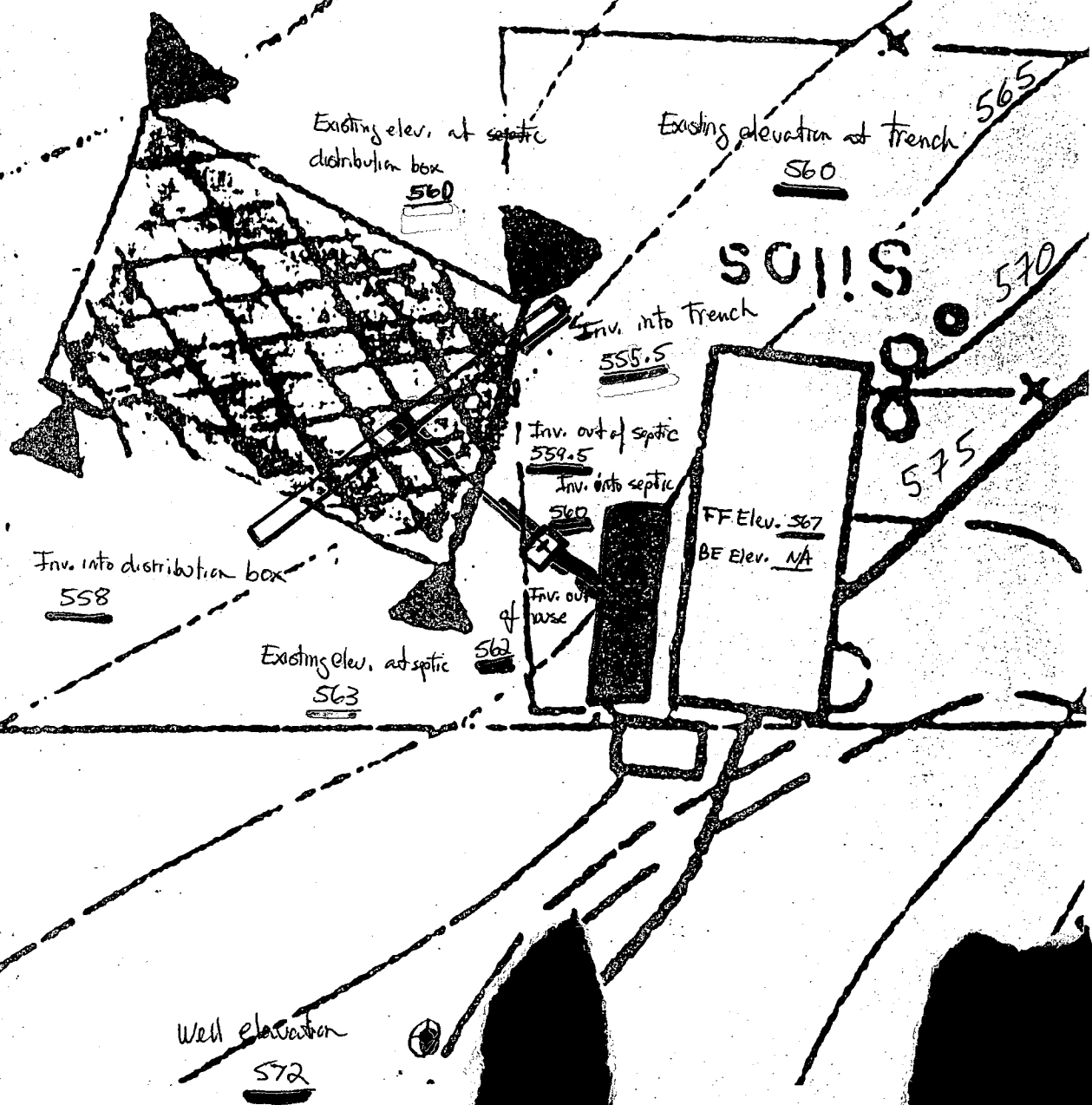
I certify that the measurements are actual and correct for this property.
Steve P. Crisp

1" = 50'

DATE

Approved Septic System Plan Howard County Health Department

Mark E. Wilkin 5/5/95
Signature Date



- ① Perk test location (Successful) ▽
- ② Existing well ●●
- ③ Existing septic [hatched box]
- ④ Proposed septic [cross-hatched box]
- ⑤ Proposed trailer [solid black box]
- ⑥ All wells and septic within 100ft of the property lines have been shown
- ⑦ Proposed well ●●
- ⑧ Property line ○

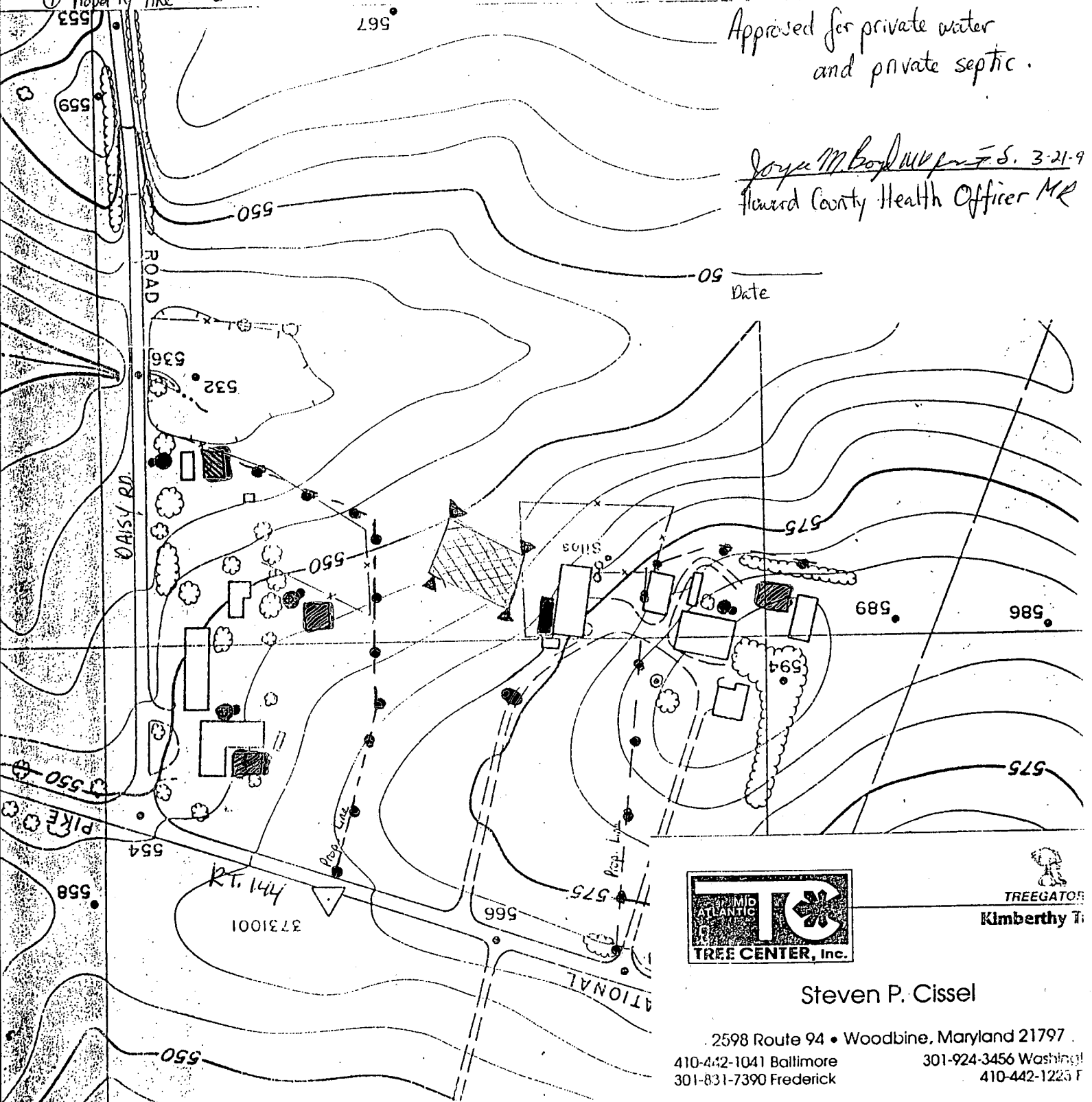
1" = 200'

- This area [cross-hatched box] designates a private sewage easement of 10,000 sq. ft. as required by the Md. State Dept. of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This easement shall become null and void upon connection to a public sewer system. The county health officer shall have the authority to grant variances for encroachments into the private sewage area. Recordation of a modified sewage easement shall not be necessary.

Approved for private water and private septic.

Joyce M. Boyd M.P.H. 3-21-9
Howard County Health Officer M.R.

Date



Steven P. Cissel

2598 Route 94 • Woodbine, Maryland 21797
 410-442-1041 Ballimore 301-924-3456 Washington
 301-831-7390 Frederick 410-442-1225 F

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Division of Community Services
 4201 Patterson Avenue
 Baltimore, MD 21215

6 St. Paul St. Suite 1501
 21202-1608

INSPECTION REPORT

ESTABLISHMENT NAME Tree Center Inc.	DATE INSPECTED April 13, 1995	CAPACITY 5
STREET ADDRESS 2598 Rt 94	TYPE OF ESTABLISHMENT Migratory Labor Camp	
CITY AND STATE Woodbine, Maryland	ZIP CODE 21797	TYPE OF INSPECTION Temporary housing
NAME OF OWNER Steven P. Cissel		PHONE NUMBER (410) 442-1041

THIS REPORT IS OFFICIAL NOTICE OF VIOLATIONS OBSERVED DURING THIS INSPECTION.

Mr. Cissel, owner of Tree Center Inc. applied for a Migratory Labor Camp permit on March 16, 1995. He is in the process of placing a trailer to house 5 migrant workers on a farm in Lubba, Maryland.

He has been working with the Howard County Environmental Health Department on getting permits to drill a well and install a private sewerage disposal system. Plans are to have the well and sewer system work completed by the end of April - at which time the migrant workers will come into the trailer.

In the interim, the workers have arrived and are presently housed in a camping trailer at the Tree Center at 2598 Rt 94 Woodbine, Maryland. The trailer is heated, provided with hot and cold running water, has 4 bunk beds, a toilet and shower, refrigerator, a freezer, a microwave oven, a stove and a dining area. Windows are screened. A First Aid kit and Fire Extinguisher are provided.

This temporary housing is approved until the trailer is in place and livable on the Lubba Farm.

When the migrant workers move into the trailer, please call this office at 410 767 8420 for an inspection. You are expected to receive all applicable approvals from Howard County prior to moving the workers into the trailer.

This office appreciates your cooperation during this permitting procedure.

CORRECTIVE ACTION PROPOSAL

COPY OF THIS REPORT RECEIVED BY

SANTARIAN

J.D. Naylor, R.S.

DHMH 1904

Steven P. Cissel

410 767 8420

TITLE

INSPECTING AGENCY

B 1 **1293**
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(DP USE ONLY)

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

STATE PERMIT NUMBER
#10-94-0440
70 fill in this form completely 78

Date Received (APA)
040495
8 13
OWNER INFORMATION
MID ATLANTIC Free
15 Last Name 21 Owner 27 First Name 34
2598 Rt 94
36 Street or RFD 55
WOODBINE MD 21792
57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD
Ralph MAYNE **116**
Driller's Name 77 License No. 80
Ralph MAYNE well Drilling
Firm Name
9120 Brown Church Rd. Mt Airy
Address
Ralph Mayne **3/30/95**
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)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **150** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6"** INCH
NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) **JETTED** **Jettied & DRIVEN**
 AIR-ROtary **AIR-PERcussion** **ROtARY** (Hydraulic Rotary)
 CABLE **REVerse-ROtary** **DRive-POINT**
other _____

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED.
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER _____ **G A P** _____
54 63
FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **#10-94-0440**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =
COUNTY

B 3 **LOCATION OF WELL**
HOWARD
8 COUNTY 21
NONE
23 SUBDIVISION 42
SECTION **+** 44 46 LOT **+** 48 50
1530N
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **0** **M I**
73 76 77 78

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

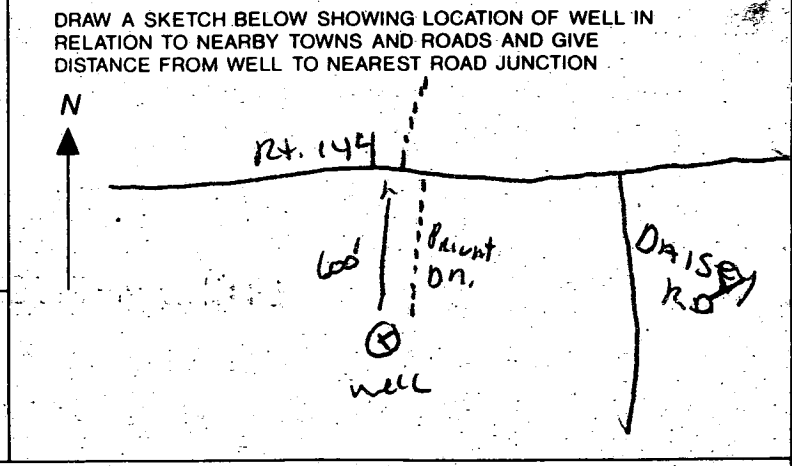
NEAR WHAT ROAD **MO Rt. 144** 11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **600** 34 37
ENTER FT OR MI **FT** 38 39
TAX MAP: **8** BLK: **12** PARCEL **5**

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard **A50482**
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED INSERT S
Mark E. Ralpin **4/12/96**
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **546000** EAST GRID **0782000**
50 55 57 63

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 3689

SEQUENCE NO. (DENV 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)

COUNTY NUMBER A50482

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 041995

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0990

OWNER Cisset Steve last name first name TOWN Woodbine Map 8, Par. 5

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT BENTONITE-CLAY, NO. OF BAGS 28, NO. OF POUNDS 2800.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE PL, Nominal diameter 6, Total depth 60.

SCREEN RECORD: screen type or open hole insert appropriate code below, HO, DEPTH (nearest ft.) 58, 305.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 116

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

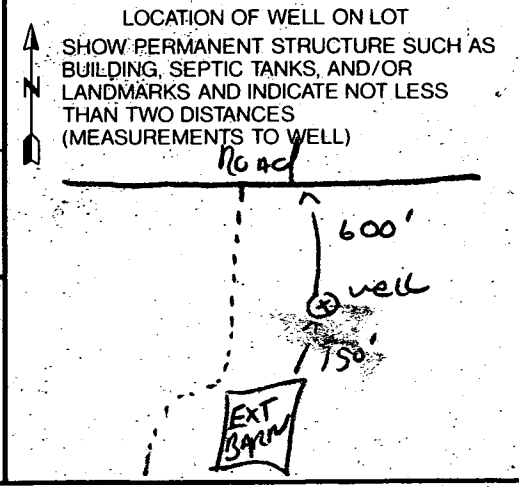
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

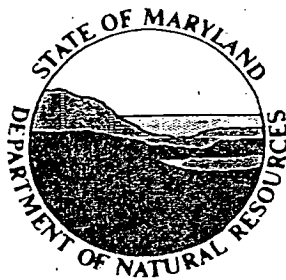
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 9, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 36, WHEN PUMPING 104, 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 EXCEPT HOME USE. CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height) above below, LAND SURFACE (nearest foot) 2.





Parris N. Glendening
Governor

Maryland Department of Natural Resources
Water Resources Administration
Tawes State Office Building
Annapolis, Maryland 21401

John R. Griffin
Secretary

Ronald N. Young
Deputy Secretary

"A Commitment to Excellence in Managing Maryland's Water Resources"

April 19, 1995

TREE CENTER, INC.
2598 ROUTE 94
WOODBINE, MD 21797

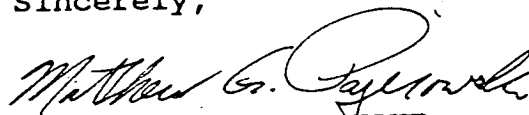
RE: State Water Appropriation
Permit No. H095G006(01)
First Permit

Dear Permittee:

Enclosed is your State Water Appropriation Permit. The permittee is responsible for complying with all permit conditions. Accordingly, you are advised to carefully read the Permit and become thoroughly familiar with its requirements. PLEASE NOTE THAT IF THE WATER IS NOT PUT TO USE WITHIN TWO (2) YEARS, THE PERMIT WILL EXPIRE.

If you have any questions, please contact this office at (410) 974-2456.

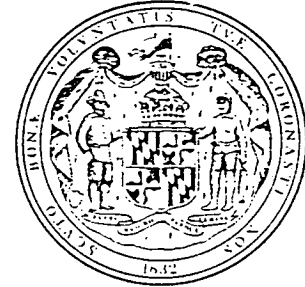
Sincerely,


MATTHEW G. PAJEROWSKI
Water Rights Division

cc: HOWARD COUNTY HEALTH DEPARTMENT

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION

WATER APPROPRIATION AND USE PERMIT



PERMIT NUMBER: HO95G006(01)

EFFECTIVE DATE: APRIL 1, 1995

EXPIRATION DATE: APRIL 1, 2007

FIRST APPROPRIATION: APRIL 1, 1995

TREE CENTER, INC.

HEREINAFTER REFERRED TO AS THE "PERMITTEE", IS AUTHORIZED BY THE WATER RESOURCES ADMINISTRATION, HEREINAFTER REFERRED TO AS THE "ADMINISTRATION" PURSUANT TO THE PROVISIONS OF TITLE 8 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND (1990 REPLACEMENT VOLUME) AS AMENDED, TO APPROPRIATE AND USE WATERS OF THE STATE SUBJECT TO THE FOLLOWING CONDITIONS:

1. ALLOCATION - THE WATER WITHDRAWAL GRANTED BY THIS PERMIT IS LIMITED TO:
A DAILY AVERAGE OF 100 GALLONS ON A YEARLY BASIS AND
A DAILY AVERAGE OF 400 GALLONS FOR THE MONTH OF MAXIMUM USE.
2. USE - THE WATER IS TO BE USED FOR A POTABLE SUPPLY AND SANITARY FACILITIES AT A MIGRANT LABOR CAMP AT THE TREE CENTER KIMBERTHY TREE AND TURF FARM.
3. SOURCE - THE WATER SHALL BE TAKEN FROM ONE WELL IN THE ALBITE-CHLORITE SCHIST OF THE WISSAHICKON FORMATION.
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED 0.1 MILE SOUTH OF MD ROUTE 144, 0.1 MILE WEST OF DAISY ROAD, 0.5 MILE SOUTHEAST OF LISBON, HOWARD COUNTY, MARYLAND.

CONTINUED ON PAGE 2

PERMIT NUMBER: HO95G006(01)
PAGE NUMBER TWO

5. RIGHT OF ENTRY - THE PERMITTEE SHALL ALLOW AUTHORIZED REPRESENTATIVES OF THE ADMINISTRATION ACCESS TO THE PERMITTEE'S FACILITY TO CONDUCT INSPECTIONS AND EVALUATIONS NECESSARY TO ASSURE COMPLIANCE WITH THE CONDITIONS OF THIS PERMIT. THE PERMITTEE SHALL PROVIDE SUCH ASSISTANCE AS MAY BE NECESSARY TO EFFECTIVELY AND SAFELY CONDUCT SUCH INSPECTIONS AND EVALUATIONS.
6. PERMIT REVIEW - THE PERMITTEE WILL BE QUERIED EVERY THREE YEARS (TRIENNIAL REVIEW) REGARDING WATER USE UNDER THE TERMS AND CONDITIONS OF THIS PERMIT. FAILURE TO RETURN THE TRIENNIAL REVIEW QUERY WILL RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT.
7. PERMIT RENEWAL - THIS PERMIT WILL EXPIRE ON THE DATE INDICATED ON THE FIRST PAGE OF THIS PERMIT. IN ORDER TO RENEW THE PERMIT THE PERMITTEE SHALL FILE A RENEWAL APPLICATION WITH THE ADMINISTRATION NO LATER THAN 45 DAYS PRIOR TO THE EXPIRATION.
8. PERMIT SUSPENSION OR REVOCATION - THIS PERMIT MAY BE SUSPENDED OR REVOKED BY THE ADMINISTRATION UPON VIOLATION OF THE CONDITIONS OF THIS PERMIT, OR UPON VIOLATION OF ANY REGULATION PROMULGATED PURSUANT TO TITLE 8 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND (1990 REPLACEMENT VOLUME) AS AMENDED.
9. CHANGE OF OPERATIONS - ANY ANTICIPATED CHANGE IN APPROPRIATION WHICH MAY RESULT IN A NEW OR DIFFERENT USE, QUANTITY, SOURCE, OR PLACE OF USE OF WATER SHALL BE REPORTED TO THE ADMINISTRATION BY THE PERMITTEE BY SUBMISSION OF A NEW APPLICATION.
10. ADDITIONAL PERMIT CONDITIONS - THE ADMINISTRATION MAY AT ANYTIME (INCLUDING TRIENNIAL PERMIT REVIEW OR WHEN A CHANGE APPLICATION IS SUBMITTED) REVISE ANY CONDITION OF THIS PERMIT OR ADD ADDITIONAL CONDITIONS CONCERNING THE CHARACTER, AMOUNT, MEANS AND MANNER OF THE APPROPRIATION OR USE, WHICH MAY BE NECESSARY TO PROPERLY PROTECT, CONTROL AND MANAGE THE WATER RESOURCES OF THE STATE. CONDITION REVISIONS AND ADDITIONS WILL BE ACCOMPLISHED BY ISSUANCE OF A REVISED PERMIT.

CONTINUED ON PAGE 3

11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.

12. *****
* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE*
* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE*
* USES SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS *
* PERMIT SHALL EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED *
* WITHIN TWO YEARS AFTER THE EFFECTIVE DATE OF THIS PERMIT *
* EXCEPT THAT UPON WRITTEN REQUEST TO THE ADMINISTRATION *
* PRIOR TO THE EXPIRATION OF THE TWO YEAR PERIOD, THE TIME *
* LIMIT MAY BE EXTENDED FOR GOOD CAUSE, AT THE DISCRETION *
* OF THE ADMINISTRATION. *

13. WATER LEVEL MEASUREMENTS - FOR ALL THE APPLICANT'S WELLS FOUR (4) INCHES IN DIAMETER OR LARGER, PUMPING EQUIPMENT SHALL BE INSTALLED SO THAT WATER LEVELS CAN BE MEASURED DURING PUMPING AND NONPUMPING PERIODS WITHOUT DISMANTLING ANY EQUIPMENT. ANY OPENING FOR TAPE MEASUREMENTS OF WATER LEVELS SHALL HAVE A MINIMUM INSIDE DIAMETER OF 0.5 INCHES AND BE SEALED BY A REMOVABLE CAP OR PLUG. THE PERMITTEE SHALL PROVIDE A TAP FOR TAKING RAW WATER SAMPLES BEFORE WATER ENTERS A TREATMENT FACILITY, PRESSURE TANK, OR STORAGE TANK.

BY AUTHORITY OF THE DIRECTOR
WATER RESOURCES ADMINISTRATION

Terrance W. Clark 4/19/95
for TERRANCE W. CLARK CHIEF
WATER RIGHTS DIVISION
Pkt

8/3/95

Craig
Please Handle

Frank



OFFICE OF FOOD PROTECTION AND CONSUMER HEALTH SERVICES
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
6 ST. PAUL STREET • BALTIMORE, MARYLAND 21202 • Area Code 410 • 767

Parris N. Glendening, Governor

Diane L. Matuszak, M.D., M.P.H.
Director

Martin P. Wasserman, M.D., J.D.
Secretary

July 31, 1995

Mr. Frank Skinner, Director
Howard County Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043

RE: Tree Center, Inc. - Proposed Migratory Labor Camp
2598 Route 94
Woodbine, Maryland 21043

Dear Mr. Skinner:

Mr. Steven P. Cissell of Tree Center, Inc. is examining the possibilities of housing migratory workers in an old farmhouse at the above-referenced address. I visited the property with Mr. Cissell on July 24, 1995 for a preliminary inspection. Due to the age of the farmhouse, I am requesting that your Office evaluate the sewage disposal system to determine its feasibility for use for 5 to 8 people.

The water supply serving the house is a spring, which is not acceptable for a migratory labor camp. Mr. Cissell is investigating alternative methods for providing potable water. I have, by separate letter, requested that the Howard County Department of Licenses and Permits evaluate the structural, plumbing and electrical conditions.

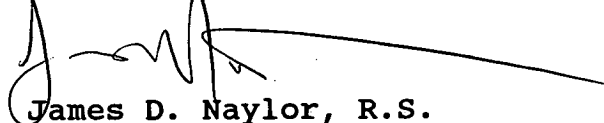
Please forward the results of your evaluation to me. If you have any questions, please call me at (410) 767-8416. NO RESPONSE MADE!

12/5/95 - KENDALL REPORTS NO INTEREST IN THIS PROPOSAL AT THIS TIME - HAS PLACED MIGRANT WORKERS IN NOW (PERMITTED) TRAILER.
HE MAY RETURN TO THE QUESTION OF USE OF THE FARMHOUSE IN THE NEAR FUTURE. I DESCRIBED THAT TAKING OUT A SEWAGE REPAIR PERMIT AND INSTALLING A NEW SYSTEM SEEMED MORE PRACTICAL THAN TRYING TO PATCH THE ALLEGEDLY VERY OLD SYSTEM AT THE FARMHOUSE (CW)

Mr. Frank Skinner
July 31, 1995
Page 2

Mr. Cissell can be reached Monday through Friday from 6:00 a.m. to 6:00 p.m. at (410) 442-1041 to set-up an appointment.

Sincerely,

A handwritten signature in black ink, appearing to read 'James D. Naylor', with a long horizontal flourish extending to the right.

James D. Naylor, R.S.
Section Head
Division of Community Services

JDN:sjMcD

cc: Mr. Steven P. Cissell



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Secretary

July 31, 1995

Mr. David Hammerman, P.E., Director
Howard County Department of Licenses and Permits
3430 Court House Drive
Ellicott City, Maryland 21043

RE: Tree Center, Inc. - Proposed Migratory Labor Camp
2598 Route 94
Woodbine, Maryland 21797

Dear Mr. Hammerman:

Mr. Steven P. Cissell of Tree Center, Inc. is examining the possibilities of housing migratory workers in an old farmhouse at the above referenced address. I visited the property with Mr. Cissell on July 24, 1995, since this Office issues operating permits to growers who provide housing to migratory workers.

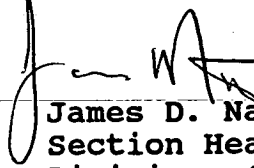
Due to the age of the farmhouse, I am requesting that your Office inspect the house for it's structural integrity and it's compliance with applicable BOCA codes, National Electrical Codes and Plumbing Codes. I am requesting by separate letter that the Howard County Environmental Health Department evaluate the sewerage disposal system. Mr. Cissell is requesting an inspection by the Fire Marshall's Office.

Please forward the results of your inspections to me. If you have any questions, I can be reached at (410) 767-8416. Mr. Cissell can be reached Monday through Friday from 6:00 a.m. to 6:00 p.m. at (410) 442-1041 to set up appointments for inspections.

Mr. David Hammerman, P.E.
July 31, 1995
Page 2

Thank you in advance for your cooperation and assistance.

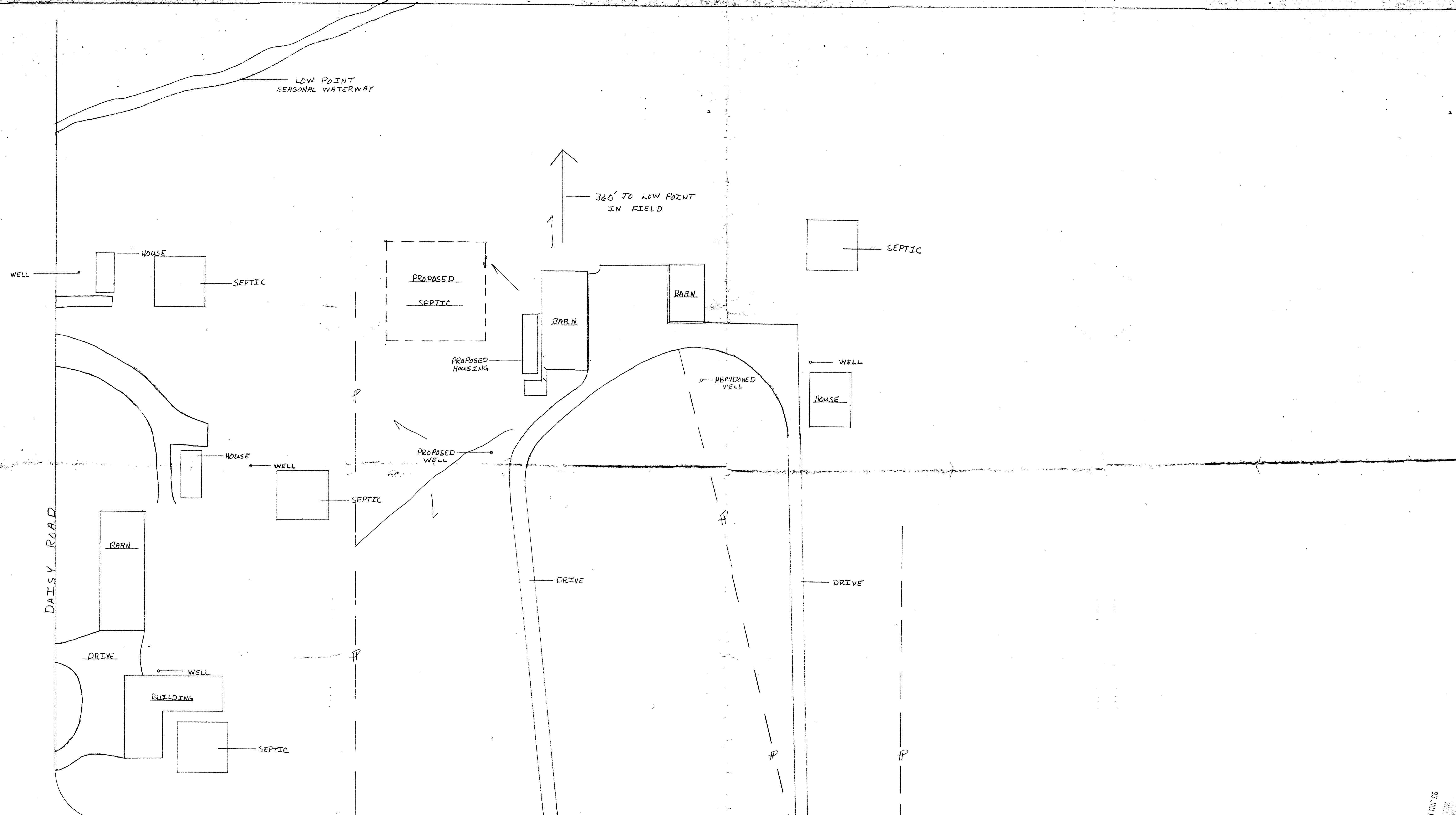
Sincerely,



James D. Naylor, R.S.
Section Head
Division of Community Services

JDN:sjMcD

cc: Mr. Steven P. Cissell
Mr. Frank Skinner, Director
Howard Co. Bureau of Environmental Health



55 JUN 17 PM 12:07

MID ATLANTIC TREE CENTER INC.
 2598 RT 94
 WOODBINE, MARYLAND 21797
 410-442-1041
 SCALE 1" = 40'
 DRAWN BY PATRICK J. MURPHY
 FOR
 SEPTIC + WELL PERMIT PURPOSES