

8.13.98  
12:00 C.O.

# PERMIT

04-358635

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510186-B

A 50563-B

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~PHONE~~ 410-313-2640

6.5.98 180. GEE  
PAID BY CHECK  
#8500

DISTRICT \_\_\_\_\_

DATE 6.8.98

DATE SYSTEM APPROVED 8.13.98

INSPECTOR KM

Arnold Backhoe & Septic Services

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS P.O. Box 15, Woodbine, MD 21797

PHONE 410-797-7873

SUBDIVISION Bridlewood LOT 1 ROAD 16816 Hardy Road

PROPERTY OWNER Trinity Homes

ADDRESS 6212 Devon Drive, Columbia, MD 21044

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3' wide. Inlet 3 1/2' below original grade. Bottom maximum depth 5 1/2' below original grade. Effective area begins at 3 1/2' below original grade. 2' of stone below distribution pipe.

LOCATION - From the junction of the 150.00' and 398.42' lot lines place the distribution box 170' down the 398.42' lot line and 10' off that same lot line. Run trenches along contour towards the 158.34' lot line.

NOTES - No trench to exceed 100' in length. Provide 6"-8" diameter cleanout and cap to grade or above on septic tank, and ~~dry well~~. MAINTAIN A MINIMUM 100' SEPARATION DISTANCE BETWEEN WATER WELL AND ALL PARTS OF THE SEPTIC SYSTEM. (SEE REVISED S.D.E. PLAN APPROVED ON JUNE 5, 1998. *ok [signature] 6.5.98*)

PLANS APPROVED BY Glen Savage/Mark Rifkin (Revised)/Ron Pinkley (Revised) DATE June 5, 1998

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 OR SCHEDULE 40 PIPES OR 6" 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**

HD-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

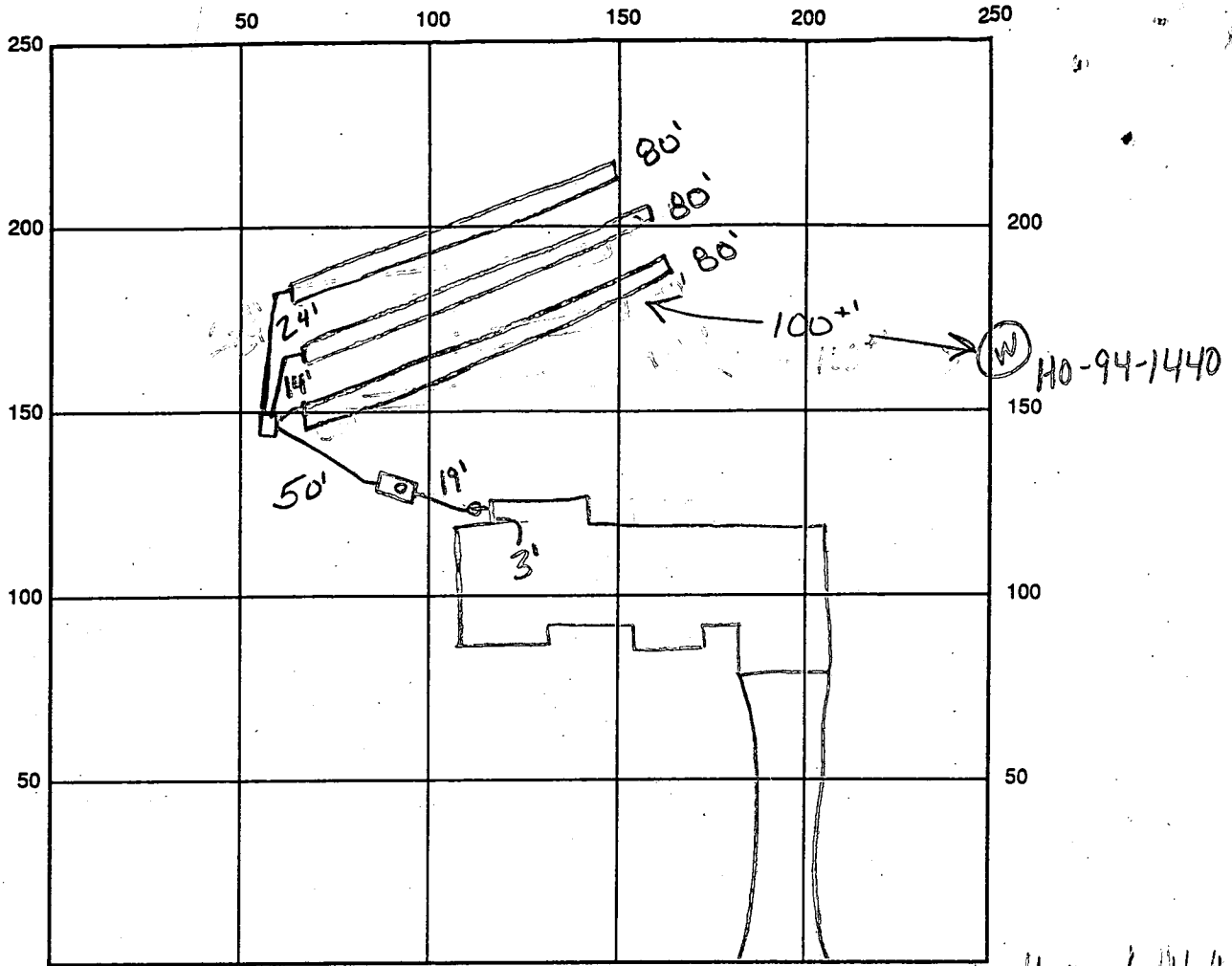
**BUILDING PERMIT SIGNED**

**AND RETURNED 4402**  
B00135300 - DETACHED GARAGE

**BUILDING PERMIT SIGNED**

**AND RETURNED**  
B00124248 - INGROUND POOL

A 50563B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE private drive to Hardy Rd.

SEPTIC TANK LEVEL ok, 1250 gallons CLEANOUTS 1 on tank, 1 at house  
 DISTRIBUTION BOX LEVEL ok, baffle in  
 DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.  
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 80 x 3 FT. → 240'  
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS: 8.13.98 WPI ok to cover, line skewed out of house p.A. 3' below  
grade has 2 piece cap (km)  
8.13.98 Has house connection, ok to stone last trench and cover  
all work (km)

**BUILDING PERMIT SIGNED AND RETURNED**

DATE SYSTEM APPROVED 8.13.98 INSPECTOR Kimberly Maisto

C1 05159

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A50563A

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED 3-29-98

MM 03 DD 16 YY 98

22 177 26 (TO NEAREST FOOT)

HO-94-1440

OWNER STANCER CHARLES last name first name STREET OR RFD HAROY TOWN LISBON SUBDIVISION BRIDLEWOOD SECTION LOT 1

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 include Dirt, Soft Br. Shale, Hard Br. Sandstone, Hard Blue Sandstone, Hard Blue Shale, Hard Blue Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 16 NO. OF POUNDS 1504

GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 57 ft

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch) 3 Total depth of main casing (nearest foot) 58

OTHER CASING (if used)

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

screen type or open hole

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 4

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...

DRILLERS LIC. NO. 1 M W D 2 5 6

Dana Kyker Jr II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M W D 3 3 4

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

C 2 DEPTH (nearest ft.)

Table with columns: 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, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft

WHEN PUMPING 53 ft

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet 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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 49 below 1 (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)

Handwritten notes: HARDY ROAD, DRY DRY





\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: March 16, 1998 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

HO — 94 — 1440

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Dana Kyker Jr II

WELL DRILLERS LICENSE NUMBER: MWD256

\* OWNER'S NAME: Charles Stancer

CIRCLE MWD/MSD/MGD

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Lisbon  
 TAX MAP 7 BLOCK 3 PARCEL 337  
 SUBDIVISION: Bridlewood  
 SECTION: \_\_\_\_\_ LOT: 1  
 NEAREST ROAD: Hardy Road

0 0 0	
0 0 0	

SHOW WELL LOCATION  
 BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER  
 E 772  
 N 550

Dry Well #1

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) None

\* SIZE OF CASING: n/a INCHES IN DIAMETER

\* DEPTH OF WELL: 202 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (564 lbs)	0	24
Well Cuttings	24	202

SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN  
Dana Kyker Jr II

MWD256  
 LICENSE #

MWD/MSD/MGD  
 CIRCLE ONE

3/16/98  
 DATE

OK KM 3-26-98

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT SEALING REPORT FORM  
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- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: March 16, 1998 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) HO — 94 — 1440

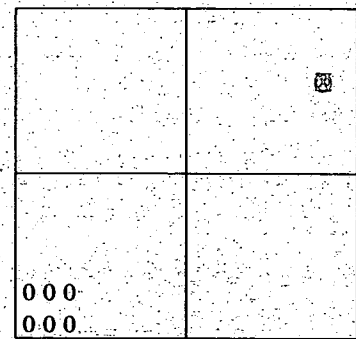
\* PERMIT NUMBER OF REPLACEMENT WELL — —

\* PERSON ABANDONING WELL: Dana Kyker Jr II WELL DRILLERS LICENSE NUMBER: MWD256  
CIRCLE MWD/MSD/MGD

\* OWNER'S NAME: Charles Stancer

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Lisbon  
TAX MAP 7 BLOCK 3 PARCEL 337  
SUBDIVISION: Bridlewood  
SECTION: \_\_\_\_\_ LOT: 1  
NEAREST ROAD: Hardy Road

Dry Well #2  
MARYLAND GRID COORDINATES  
E 772  
BOX NUMBER 550 < \_\_\_\_\_  
N \_\_\_\_\_



SHOW WELL LOCATION BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:  
X DRILLED \_\_\_\_\_ JETTED  
\_\_\_\_\_ BORED/AUGURED \_\_\_\_\_ HAND DUG  
\_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:  
X DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
\_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
\_\_\_\_\_ TEST/OBSERVATION

\* TYPE OF CASING:  
\_\_\_\_\_ STEEL \_\_\_\_\_ PLASTIC  
\_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify)  
NONE

\* SIZE OF CASING: n/a INCHES IN DIAMETER

\* DEPTH OF WELL: 200 FEET DEEP

\* WAS ANY CASING REMOVED? \_\_\_\_\_ YES X NO  
if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES X NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (658lbs)	0	28
Well Cuttings	28	200

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN  
Dana Kyker Jr II

LICENSE # MWD256 CIRCLE ONE MWD/MSD/MGD

DATE 3/21/98

OK KM 3 361

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: March 16, 1998 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

HO — 94 — 1440

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Dana Kyker Jr II

WELL DRILLERS LICENSE NUMBER: MWD256

\* OWNER'S NAME: Charles Stancer

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Lisbon  
 TAX MAP 7 BLOCK 3 PARCEL 337  
 SUBDIVISION: Bridlewood  
 SECTION: \_\_\_\_\_ LOT: 1  
 NEAREST ROAD: Hardy Road  
Dry Well #3

	⊗

0 0 0  
 0 0 0

SHOW WELL LOCATION  
 BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 772  
 N 550

\* TYPE OF WELL BEING ABANDONED:

DRILLED  JETTED  
 BORED/AUGURED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (658 lbs)	0	28
Well Cuttings	28	203

\* USE CODE:

DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION

\* TYPE OF CASING:

STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_  
NONE

\* SIZE OF CASING: n/a INCHES IN DIAMETER

\* DEPTH OF WELL: 203 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

Dana Kyker Jr II  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

MWD256

LICENSE #

CIRCLE ONE

3/21/98  
 DATE



\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: March 16, 1998 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any):

HO — 94 — 1440

\* PERMIT NUMBER OF REPLACEMENT WELL:

\* PERSON ABANDONING WELL: Dana Kyker Jr II

WELL DRILLERS LICENSE NUMBER: MWD 256

CIRCLE MWD/MSD/MGD

\* OWNER'S NAME: Charles Stancer

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Lisbon  
 TAX MAP 7 BLOCK 3 PARCEL 337  
 SUBDIVISION: Bridlewood  
 SECTION: \_\_\_\_\_ LOT: 1  
 NEAREST ROAD: Hardy Road

Dry Well #4

MARYLAND GRID COORDINATES

E 772  
 BOX NUMBER 550  
 N \_\_\_\_\_


SHOW WELL LOCATION  
 BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:

DRILLED \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED/AUGURED \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:

DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ TEST/OBSERVATION

\* TYPE OF CASING:

\_\_\_\_\_ STEEL \_\_\_\_\_ PLASTIC  
 \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify)  
 \_\_\_\_\_ NONE

\* SIZE OF CASING: na INCHES IN DIAMETER

\* DEPTH OF WELL: 280 FEET DEEP

\* WAS ANY CASING REMOVED? \_\_\_\_\_ YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (658 lbs)	0	27
Well Cuttings	27	280

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

*Dana Kyker II*

MWD 256

LICENSE #

MWD/MSD/MGD

CIRCLE ONE

3/21/98

DATE

3 DRY HOLES

3/16/98  
600 Well

WST  
OK

3/12 5TH LOC chosen  
By owner upon  
AT HIS RISK OK  
Ch, will

3/9/98  
ALTERNATE WELL SITE (4TH)  
OK 60' DOWN 568, 15' LOT LINE  
AND 20' OFF THAT SAME LOT LINE

3/6/98 (pm)  
Spoke with Mr. Stancer  
another dry hole was  
hit would like to move  
well location again but  
would infringe on septic  
area. Will wait to drill until  
Monday and will meet  
inspector in field at 11am  
3/9/98 pm

3/5/98  
Spoke to Mr. Stancer,  
he requested to relocate  
well (i.e., dry hole at  
original site). He  
requested to move 30'  
north of first site.  
I approved over  
the phone. **(DKS)**

3/6/98  
Spoke with Mr. Stancer,  
he requested to relocate well  
another 30' north from dry  
hole hit yesterday. I told  
him ok over the phone as long  
as he maintained 100' from  
Septic and remained uphill.  
KML

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREOF IS CORRECT;  
AND THAT IT IS A SUBDIVISION OF ALL THE LANDS CONVEYED BY WILSON

MR. CHARLES A. STANCER  
AND DESCRIBED HEREON.  
AND OPERATE IN THE ACCORDANCE



FOR CONTINUATION  
SEE SHEET 1224

1224 1225

# APPLICATION

PERCOLATION TESTING

A 50563-A, C

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 5/9/95

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 CHARLES STAYER

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

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS 16220 HARDY RD MARY PHONE 410-789-7340

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 1, X

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP 7 PARCEL # 337

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

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

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

# THIS IS NOT A PERMIT



# APPLICATION

PERCOLATION TESTING

A 50563, A-8

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 8/9/95

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 CHARLES STANCER

ADDRESS 16920 HARDY ROAD PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 1

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP 7 PARCEL # 337

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

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

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

# THIS IS NOT A PERMIT

50563 - A

COUNTY #

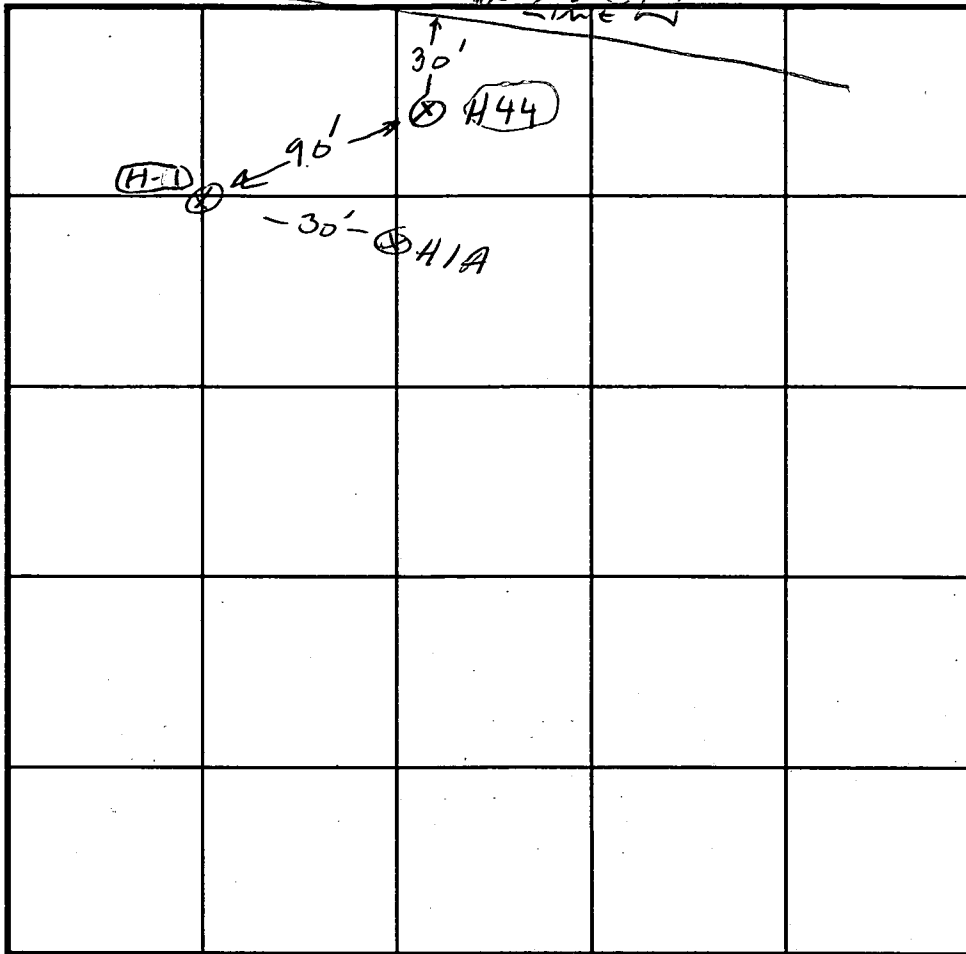
SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

H 44

0'

1'

TOPSOIL

MED BROWN CLAY LOAM

LIGHT ORANGE SSL

7'

STIMILAR TO ABOVE WITH 20% SAPROLITE

10'

1'

HARD ERAS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/95	H 44	3' 3"	1:58	2:00	2:05	2:12	9 MW
		7' 9"	1:59	2:00	2:01	STOP	
	REPAIR	7' 9"	2:03	2:04	2:04	2:06	2 MW

REMARKS LOT 1 ON WERC CERT.

TYPE OF SOIL

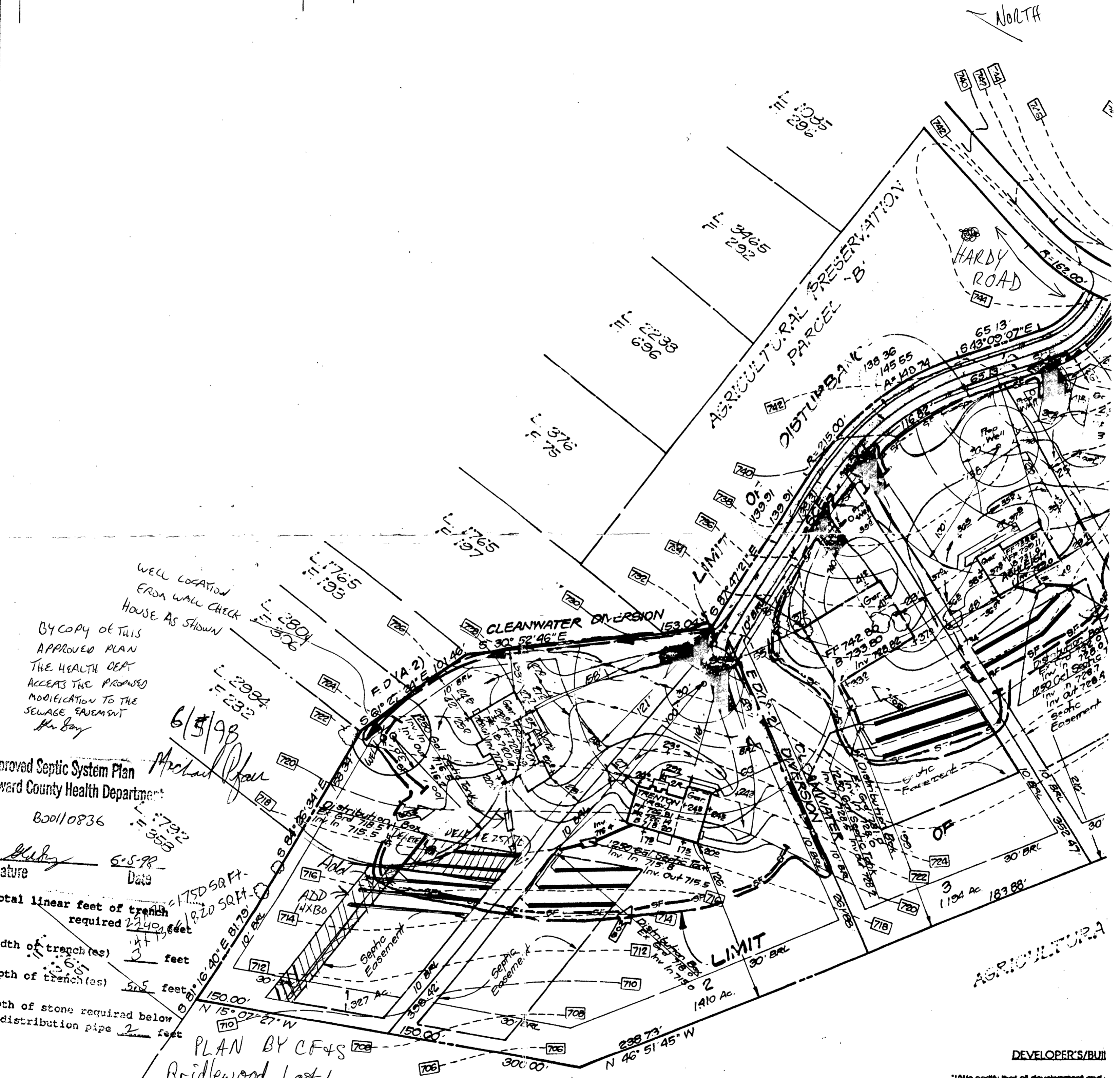
TESTED BY GLEN SAVAGE ALSO PRESENT WILL HOPKINS CHARLES STANLER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM



No.	REVISIONS	DATE
1	Rev. hse. & grad. lot 4 from Generic to Ashleigh	2-14-97
2	Rev. Septic System per Ho. Co. Health Dept. Comments & Well Location	2-26-97
3	Rev. hse. & grad. lot 6 from Gen. to Calomis Res.	6-4-97
4	Rev. hse. & grad. lot 8 from Box to Trenton w/ 3 car Gar.	12-18-97
5	Rev. hse. & grad. lot 1 from Gen. to Trenton	3-30-97
6	Rotate hse. lot 12 Rev. grad.	4-1-98



BY COPY OF THIS APPROVED PLAN THE HEALTH DEPT. ACCEPTS THE PROPOSED MODIFICATION TO THE SEWAGE EASEMENT  
 Mr. Bay  
 6/5/98

Approved Septic System Plan  
 Howard County Health Department

800110836  
 Signature: *Huber*  
 Date: 6-5-98

Total linear feet of trench required 2240 feet  
 Width of trench (as) 3 feet  
 Depth of trench (as) 5.5 feet  
 Depth of stone required below distribution pipe 2 feet

PLAN BY CF+S  
 Bridlewood Lot 1

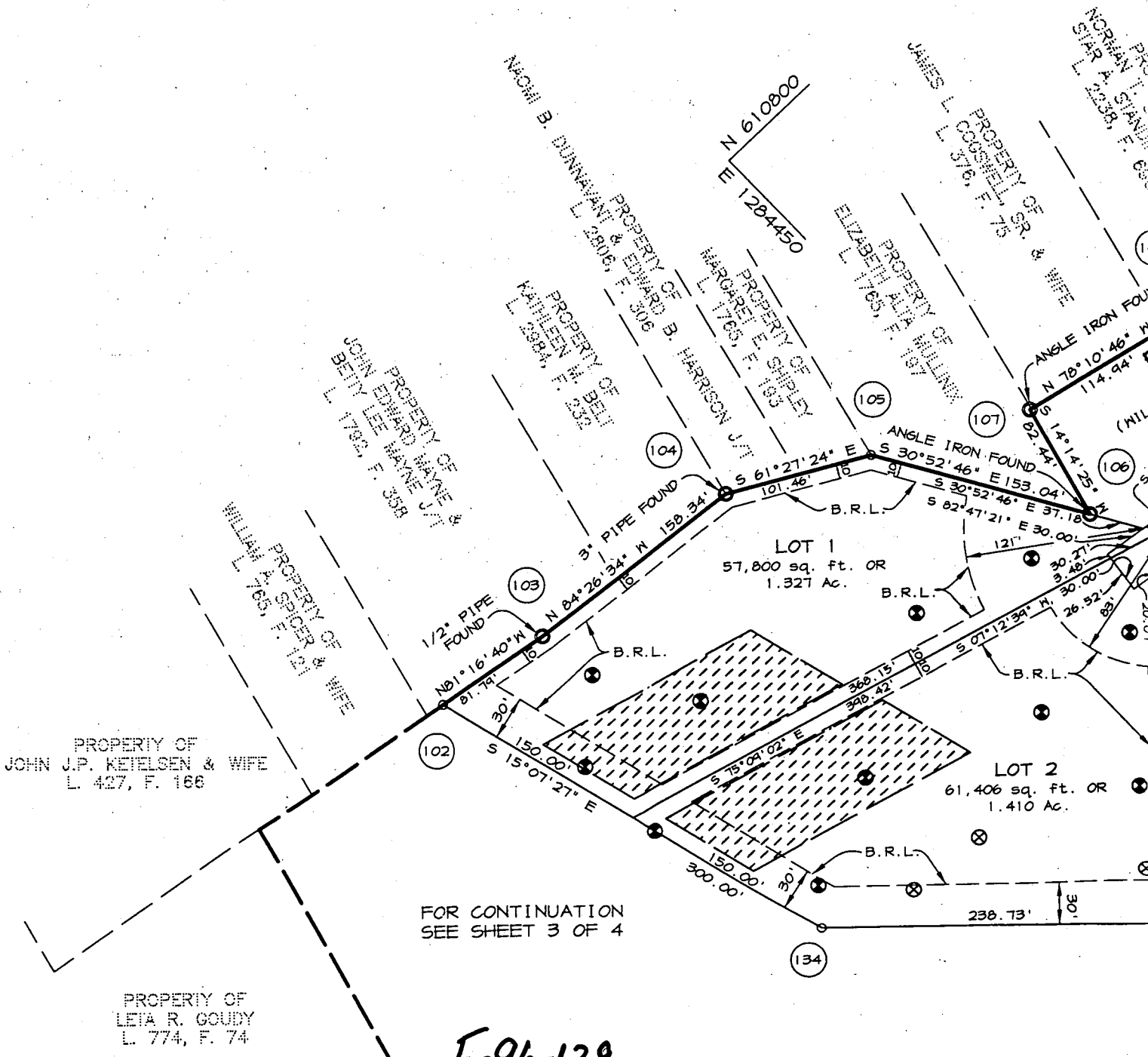
Reviewed for HOWARD S.C.D. and meets Technical Requirements  
*J. W. Waffel* 8/6/98  
 Signature Date  
 U.S. Natural Resources Conservation Service

This Development Plan is Approved For Soil Erosion and Sediment Control By The Howard Soil Conservation District  
*John R. Robertson* 8/6/98  
 Approved Date

DEVELOPER'S/BUILD  
 "I/We certify that all development and according to this plan of development control and that all responsible persons project will have a Certificate of Attendance Approved Training Program for the beginning the project. I also authorize Howard Soil Conservation District or their necessary"

*Michael Pfa*  
 Signature of Developer/Builder

150-151	384.57'	93.61'	47.04'	43.38'	N 19° 10' 00" W	13° 56' 48"
151-152	162.00'	48.83'	51.01'	97.31'	S 05° 16' 29" W	34° 57' 17"
C1	90.00'	73.87'	39.16'	71.81'	S 66° 39' 55" E	47° 01' 37"
C2	82.50'	66.91'	35.42'	65.09'	S 66° 23' 12" E	46° 28' 10"
C3	75.00'	60.30'	31.89'	58.69'	S 66° 11' 11" E	46° 04' 08"
C4	67.50'	54.05'	28.57'	52.61'	S 66° 05' 22" E	45° 52' 31"
C5	60.00'	48.13'	25.45'	46.85'	S 66° 08' 03" E	45° 57' 54"
C6	215.00'	148.74'	77.48'	145.79'	S 62° 58' 14" E	39° 38' 14"
C7	207.50'	143.55'	74.78'	140.70'	S 62° 58' 14" E	39° 38' 14"
C8	200.00'	138.36'	72.08'	135.62'	N 62° 58' 14" W	39° 38' 14"
C9	192.50'	116.82'	60.27'	115.04'	N 60° 32' 15" W	34° 46' 17"
C10	185.00'	127.98'	66.67'	125.45'	N 62° 58' 14" W	39° 38' 14"
C11	50.00'	10.02'	5.03'	10.00'	N 84° 09' 37" W	11° 28' 45"
C12	172.00'	10.06'	5.03'	10.06'	S 04° 50' 48" W	03° 21' 03"
C13	172.00'	10.32'	5.16'	10.32'	S 08° 42' 38" E	03° 26' 13"
C14	100.00'	10.25'	5.13'	10.25'	S 88° 10' 18" E	05° 52' 28"



F-96-129

Copy of signed final

TOTAL TABULATION THIS SHEET TOTALS

1. TOTAL NUMBER OF LOTS/PARCELS TO BE RECORDED:	
BUILDABLE LOTS/PARCELS	8
NON-BUILDABLE LOTS/PARCELS	1
OPEN SPACE	N/A
2. TOTAL AREA OF LOTS/PARCELS:	
	9.278 AC

I FURTHER CERTIFY THAT THIS SURVEY IS IN ACCORDANCE WITH THE ARTICLES, ANNOTATED (AS SUPPLEMENTED) AS THE SETTING OF MARKERS.

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

525.00  
41

1300110836

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
16816 HARDY RD  
MT. AIRY 21771 35072

GRADING/SEDIMENT CONTROL  YES  NO  
SDP #

DESCRIPTION OF WORK AUTHORIZED  
CUSTOM TRENTON W/CHANGES  
2 STORY, FULL BEMT, 10R,  
2 FB, 1 HB, FP GARAGE (4BR)  
BEMT BASKETBALL COURT

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
1	337	1		3	-	-

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
BRIDLEWOOD	RC 2	7	4	6040

OWNER NAME AND ADDRESS  
TRINITY BUILDERS  
6212 DEVON DR  
COLUMBIA MD 21044  
PHONE NO. 410-313-8722

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS  
N/A  
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
SAME  
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS  
SAME  
PHONE NO.

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				FHA

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with; whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EXISTING USE  
VACANT LOT  
PROPOSED USE  
S.F.D

*Darryl J. Hodge*  
SIGNATURE  
VP, Operations  
TITLE  
4/12/98  
DATE

EST. CONSTRUCTION COST  
100,000  
LICENSE NUMBER  
397481  
PERMIT FEE

### W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE  
SIDE YARD  
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)  
TO SIDE BUILDING LINE  
DISTANCE IN FEET, REAR YD. REQUIRING SET  
BACK (CORNER LOT ONLY)  
SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER	X	
HEALTH DEPT.	4/8/98	<i>C. W. Hill</i>
FIRE PROTECTION	X	
STORM WATER MGM.	X	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**CAUTION**  
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.  
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

LP-69-591

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

**B00135300**

Building Address 16816 Hardy Road  
Mt. Airy MD 21771

Property Owner's Name Michael Carpenter  
Address 16816 Hardy Rd.

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

City Mt. Airy State MD Zip Code 21771

Census Tract 6040 Subdivision Bridlewood

Home Phone 410 489-2498 Work Phone 410 746-7979

Section 1 Area - Lot 1

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

Tax Map 7 Parcel 337 Grid 3

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

Zoning RC-DEO Map Coordinates 3B9 Lot size \_\_\_\_\_

Existing Use \_\_\_\_\_

Contractor Company STURDY BUILT

Proposed Use Storage

Contact Person P.O. Box 157 Elmwood PA

Estimated Construction Cost \$ 22,000

Address \_\_\_\_\_

Description of Work 22x24 Garage detached for storage

City \_\_\_\_\_ State 16877 Zip Code \_\_\_\_\_

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Same as Owner

Engineer or Architect Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: <u>Garage</u>	
Dimensions: <u>22x24</u>	
Footings: _____	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION (2) THAT THE INFORMATION IS CORRECT (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Michael Carpenter  
Applicant's Signature

Michael Carpenter  
Print Name

Title/Company \_\_\_\_\_

3/4/02 4-4-02  
Date

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	<u>4/1/02</u>	<u>[Signature]</u>
State Highways		
Building Official	<u>4/4/02</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>7/4/02</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START:	<input type="checkbox"/>	
ONE STOP SHOP:	<input type="checkbox"/>	

DPZ SETBACK INFORMATION
Front: <u>121 FT</u>
Rear: <u>30 FT</u>
Side: <u>10 FT</u>
Side St.: <u>NA</u>
All minimum setbacks met?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Historic District?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lot Coverage for New Town Zone
SDP/Red-line approval date _____

PROPERTY ID#	<u>35072</u>
Filing fee	\$ <u>75</u>
Permit fee	\$ <u>763</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>188</u>
Check #	<u>62527</u>
Validation #	<u>62527</u>
Accepted by	<u>[Signature]</u>

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





IND6X A50563B

NOT LOCATED

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21042 PERMITS (410)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> 300124248 ✓
---	---	-------------------------------------

Building Address: <u>16816 Hardy Road</u> <u>Mt. Airy Md. 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract: <u>6040</u> Subdivision: <u>Berlinwood</u> Section: <u>1</u> Area: _____ Lot: <u>1</u> Tax Map: <u>7</u> Parcel: <u>337</u> Grid: <u>3</u> Zoning: <u>L-DEU</u> Map Coordinates: <u>339</u> Lot size: _____	Property Owner's Name: <u>Michael Carpenter</u> Address: <u>16816 Hardy Road</u> City: <u>Mt Airy</u> State: <u>MD</u> Zip Code: <u>21771</u> Home Phone: <u>(410) 489-2498</u> Work Phone: <u>410 746-7979</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone: _____ Fax: _____
--	---

Existing Use: _____ Proposed Use: <u>Swim Pool</u> Estimated Construction Cost: \$ <u>20,000.00</u> Description of Work: <u>Install inground</u> <u>Pool 48' x 16'</u> <u>fence per code 3 1/2' to 8' deep</u>	Contractor Company: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ License No.: _____ Phone: _____ Fax: _____
---	---

Occupant or Tenant: <u>Same as Owner</u> 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 DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Inground Pool</u> Dimensions: <u>16 x 43</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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.

<u>Michael Carpenter</u> Applicant's Signature	<u>Michael Carpenter</u> Print Name
Title/Company	Date

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

AGENCY DATE SIGNATURE APPROVAL <u>Land Development DPZ</u> ✓ <u>State Highways</u> <u>Building Official</u> <u>5/10/00</u> <u>Joe [Signature]</u> <u>Dev. Engineering DPZ</u> ✓ <u>Health</u> <u>5/12/00</u> <u>Cy [Signature]</u> <u>Fire Protection</u> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>35072</u> Filing fee \$ _____ Permit fee \$ <u>125</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>125</u> Balance due \$ _____ Check # <u>1032</u> Validation # <u>110</u> Accepted by <u>[Signature]</u> <u>124 FT</u>	CONTINGENCY CONSTRUCTION START: <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

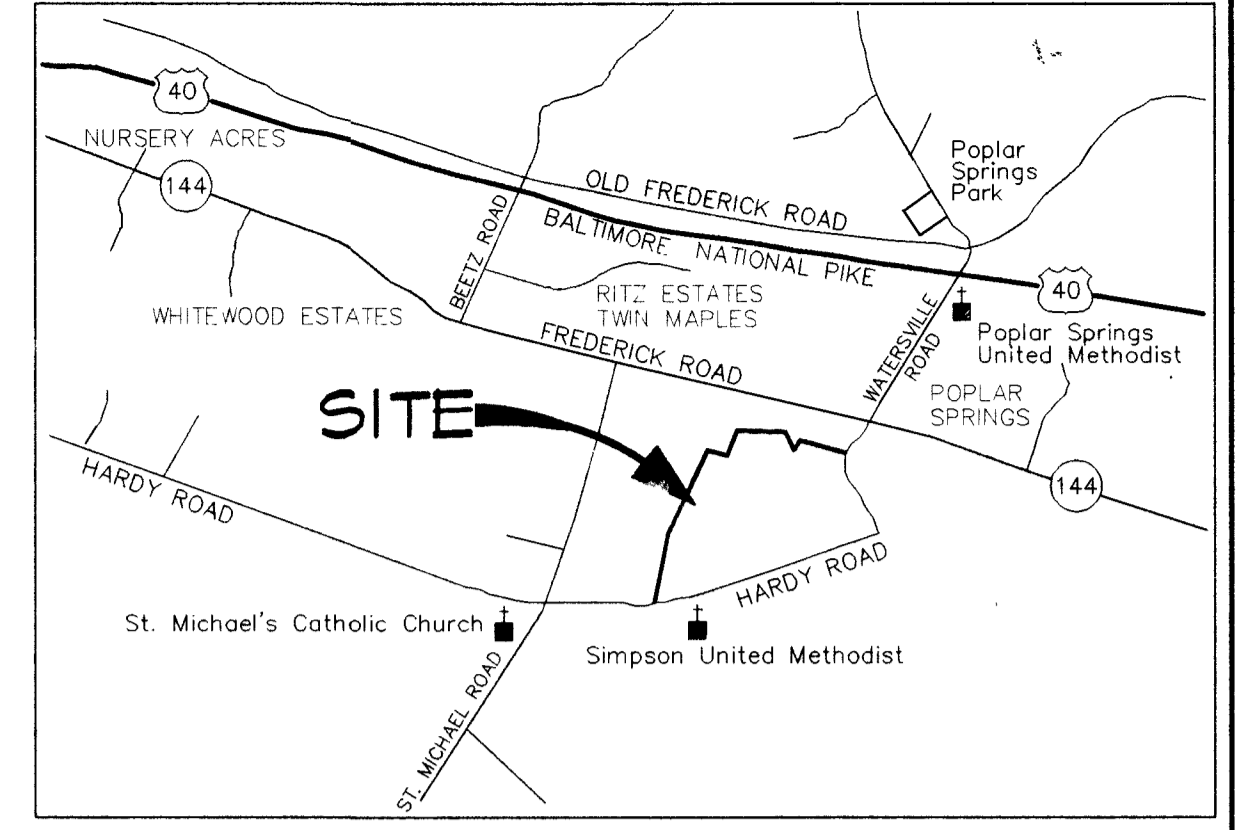
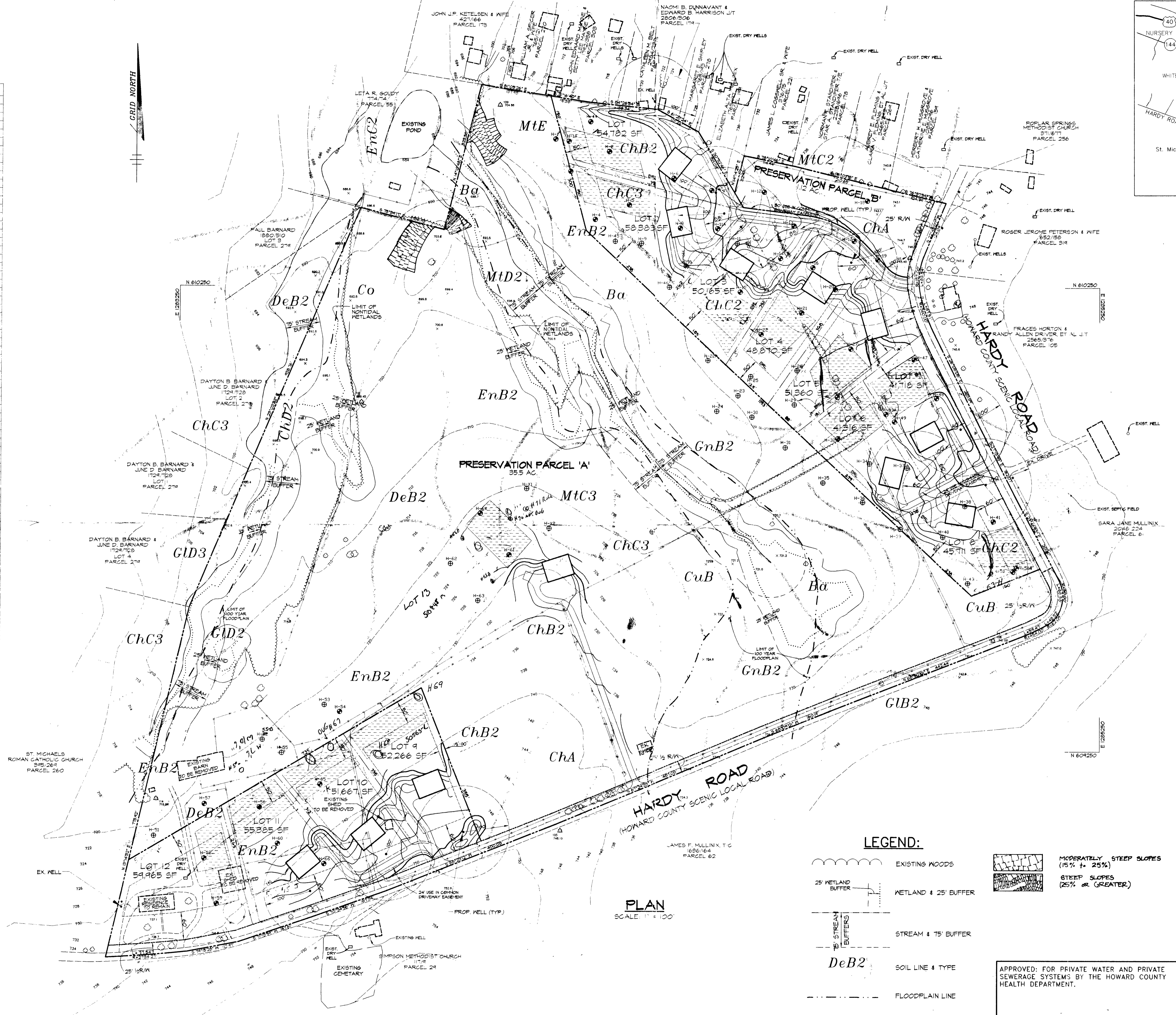
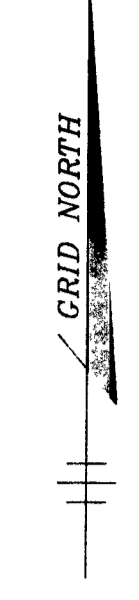
A50563-B

A50563-B



**PERCOLATION TABLE**

WELL NUMBER	ELEVATION	DESCRIPTION
1	708.95	PASS
1A	710.07	PASS
2	715.73	PASS
3	704.24	PASS
4	707.52	PASS
5	713.45	PASS
6	722.83	PASS
7	727.51	PASS
8	720.87	PASS
9	714.17	FAIL
10	720.83	PASS
11	732.17	FAIL
11A	727.84	PASS
12	734.74	PASS
13	734.41	PASS
14	737.23	PASS
15	731.01	PASS
16	738.55	PASS
17	742.26	PASS
18	743.57	PASS
19	742.54	PASS
20	738.67	PASS
21	738.55	PASS
22	727.64	PASS
22A	723.03	FAIL
23	721.07	FAIL
24	718.65	FAIL
25	723.34	FAIL
26	726.33	FAIL
27	733.43	PASS
28	730.83	PASS
29	723.71	FAIL
30	720.71	FAIL
31	722.10	FAIL
32	730.67	PASS
33	734.57	FAIL
33A	735.34	PASS
34	731.82	FAIL
35	727.52	FAIL
36	727.44	FAIL
37	733.47	FAIL
38	735.71	FAIL
39	730.12	FAIL
40	733.33	FAIL
41	738.37	PASS
42	738.36	PASS
43	734.84	FAIL
44	713.88	PASS
45	704.08	FAIL
46	717.56	FAIL
47	740.18	PASS
48	741.28	PASS
49	735.47	PASS
50	736.92	PASS
50A	738.48	PASS
51	721.43	FAIL
52	720.74	FAIL
53	722.57	FAIL
54	723.34	PASS
55	724.14	FAIL
56	724.04	PASS
57	723.34	PASS
58	724.42	PASS
59	735.84	PASS
60	728.25	PASS
61	722.18	PASS
62	722.18	FAIL
63	728.33	FAIL
64	721.48	PASS
65	732.35	PASS
66	743.17	PASS
X1	720.73	FAIL
X2	725.07	FAIL
X3	718.23	FAIL



**SOILS CLASSIFICATION TABLE**

- Ba BAILE SILT LOAM \*
- ChA CHESTER SILT LOAM, 0 TO 3 PERCENT SLOPES, MODERATELY ERODED
- ChB CHESTER SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED
- ChC CHESTER SILT LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED
- ChD CHESTER SILT LOAM, 8 TO 15 PERCENT SLOPES, SEVERELY ERODED
- ChE CHESTER SILT LOAM
- Co CODORUS SILT LOAM \*
- DeB2 DELANCO SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED \*
- EnB2 ELSINBORO LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED
- GIB2 GLENVILLE SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED \*
- GIB3 GLENVILLE SILT LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED
- GIB4 GLENVILLE SILT LOAM, 8 TO 15 PERCENT SLOPES, SEVERELY ERODED \*
- M2C2 MT. AIRY CHANNERY LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED
- M2C3 MT. AIRY CHANNERY LOAM, 3 TO 8 PERCENT SLOPES, SEVERELY ERODED
- M2D2 MT. AIRY CHANNERY LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED
- M2E2 MT. AIRY CHANNERY LOAM, 25 PERCENT SLOPES

**GENERAL NOTES**

1. THIS AREA DESIGNATED A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
2. PERC TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED BY RIEMER MUEGGE & ASSOCIATES, INC.
3. ⊕ DENOTES PASSING PERC TEST.
4. ⊖ DENOTES FAILED PERC TEST.
5. SUBJECT PROPERTY IS ZONED RC.
6. WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY BOUNDARY HAVE BEEN SHOWN TO THE BEST OF OUR KNOWLEDGE AND INFORMATION.
7. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
8. TRENCH DESIGN LOADING RATE IS 1.0 GAL. / SQ. FT. / DAY.
9. TOPO TAKEN FROM AERIAL PHOTOGRAPHY BY NINGS AERIAL MAPPING, INC. DATED FEB. 1995 FOR RIEMER MUEGGE & ASSOCIATES, INC.
10. APPLICATION # AS0563 A-L.
11. GROUNDWATER APPROPRIATION PERMIT REQUIRED PRIOR TO RECORD PLAT APPROVAL.

**LEGEND:**

- EXISTING WOODS
- WETLAND & 25' BUFFER
- STREAM & 75' BUFFER
- 25' WETLAND BUFFER
- STREAM BUFFERS
- SOIL LINE & TYPE
- FLOODPLAIN LINE
- PERC LOCATION - PASSED
- PERC LOCATION - FAILED
- MODERATELY STEEP SLOPES (15% TO 25%)
- STEEP SLOPES (25% OR GREATER)

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS BY THE HOWARD COUNTY HEALTH DEPARTMENT.

HOWARD COUNTY HEALTH OFFICER DATE

DATE	NO.	REVISION

OWNER / DEVELOPER  
CHARLES STANCER  
16920 HARDY ROAD  
MT. AIRY, MARYLAND 21171  
PH. (410) 484-7340

PROJECT	<b>STANCER PROPERTY</b> A CLUSTER SUBDIVISION
AREA	TAX MAP 7 PARCEL 337 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
TITLE	<b>PERCOLATION</b> <b>CERTIFICATION PLAN</b>

**RIEMER MUEGGE & ASSOCIATES, INC.**  
Planners • Engineers • Surveyors  
8818 Centre Park Drive • Suite 200 • Columbia, MD 21045  
410-997-8900 FAX: 410-997-9282

11.30.95  
DATE

DESIGNED BY: L.O.H./M.S.L.  
DRAWN BY: M.S.L.  
PROJECT NO: 95P106401  
DATE: NOVEMBER 30, 1995  
SCALE: 1" = 100'  
DRAWING NO. 1 OF 1

**PLAN**  
SCALE: 1" = 100'