

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511912

A 50900-A

DISTRICT \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE 5-25-99

DATE SYSTEM APPROVED 6/9/99

INSPECTOR M. Rifkin

## INDEXED

Woodbine Septic Services IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS Jennings Chapel Road, Woodbine, MD 21797 PHONE 410-489-7340

SUBDIVISION Mauck Property LOT 1 ROAD 11241 Old Hopkins Road

PROPERTY OWNER Stancer Enterprises

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 215 feet off the front (96.33') lot line and 50 feet off the right (254.16') lot line as seen when facing the lot from Old Hopkins Road. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 4/23/99 OR AU

PLANS APPROVED BY Amy McMillen/Mark E. Rifkin DATE 4-20-1999

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)

**BUILDING PERMIT SIGNED**

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) **AND RETURNED** 4/24/02

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH BOO 135708-DECK W/STEP

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

PERMIT VOID AFTER TWO YEARS

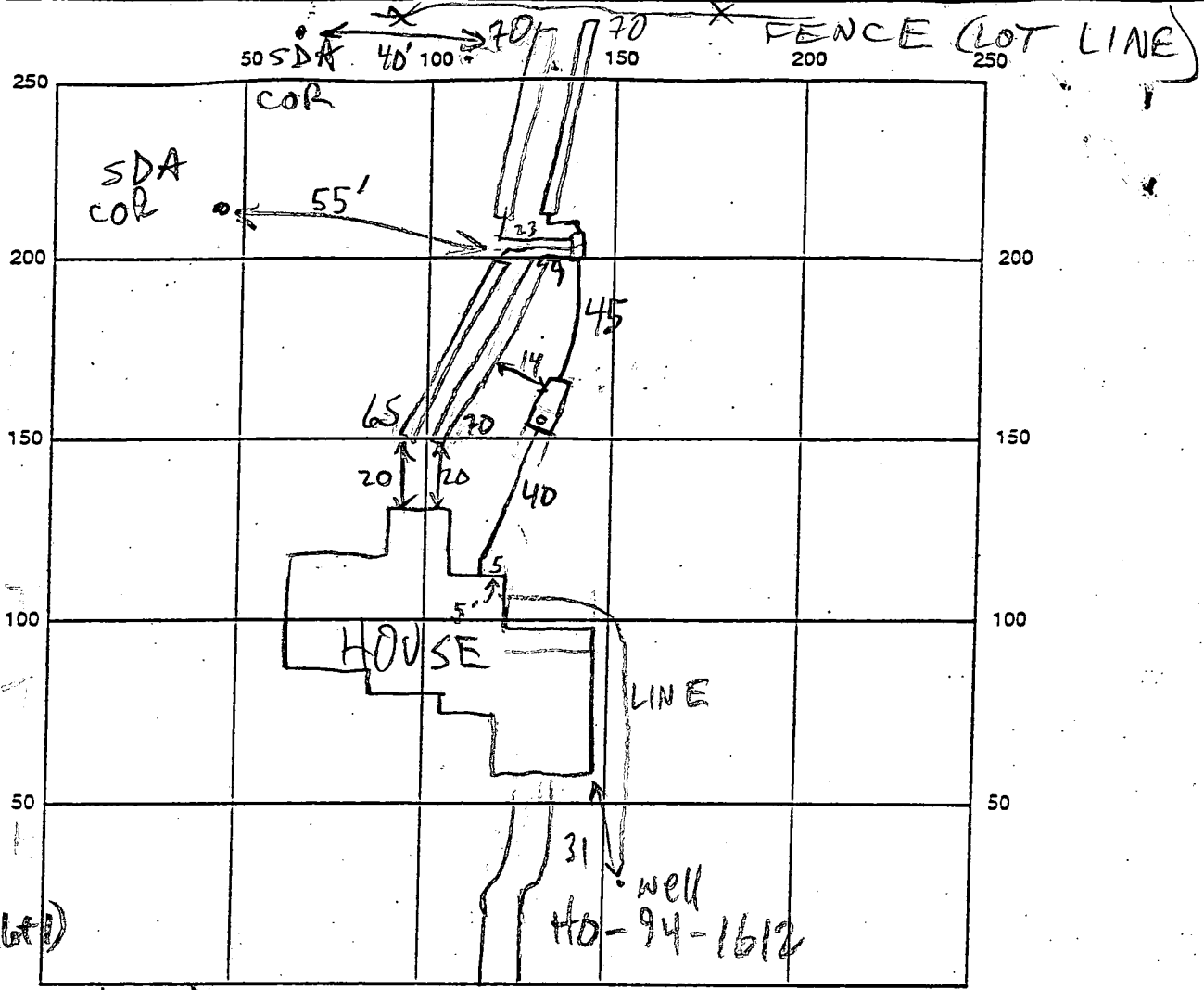
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

(A50900-A)



11241 (check lot #)

OLD HOPKINS RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 275 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~ BOTTOM AREA 825 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 6/8/99 OK TO CONTINUE (MR)

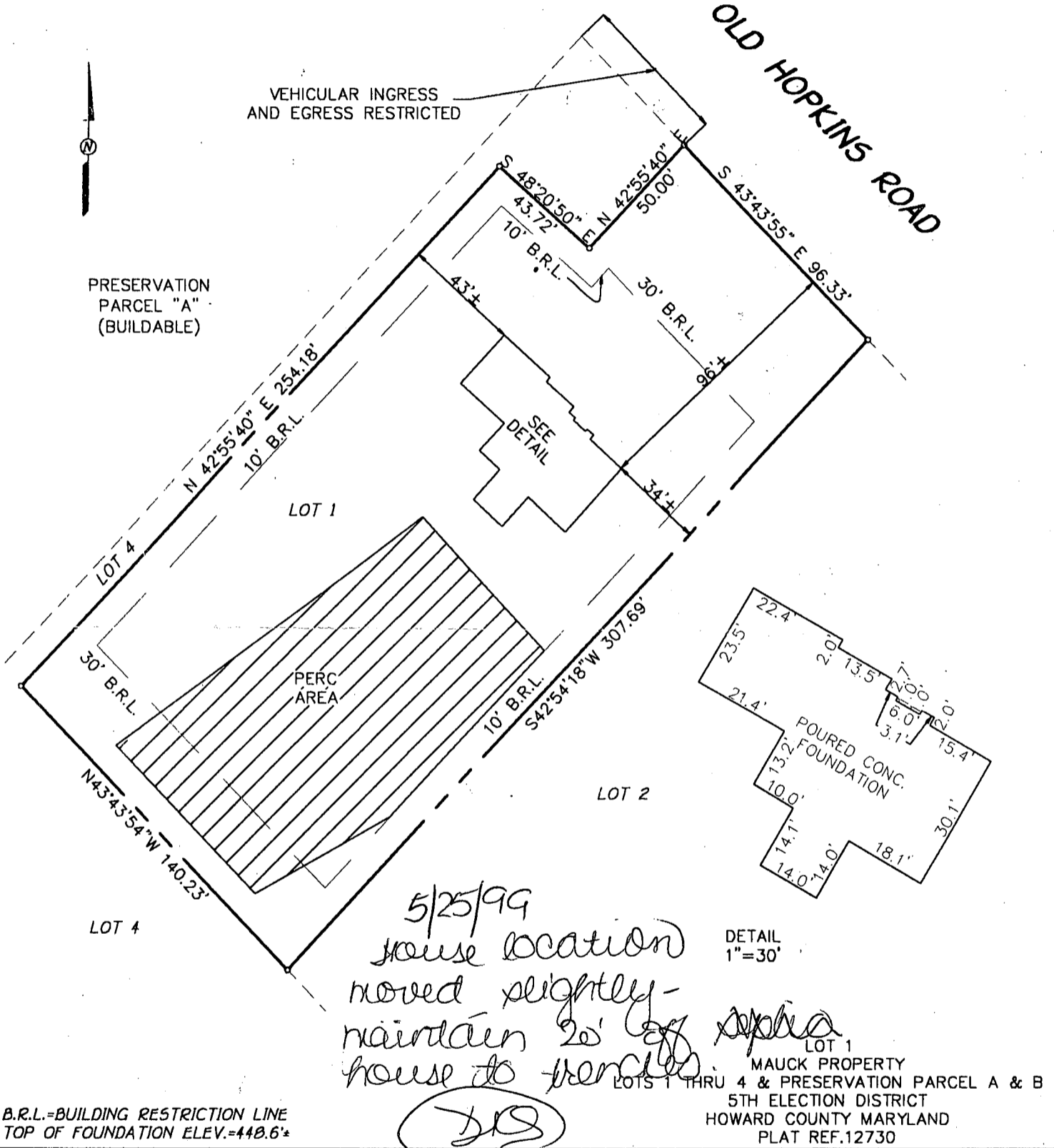
6/11/99 OK TO FINISH & COVER (MR)

AND RETURNED

DATE SYSTEM APPROVED 6/9/99 INSPECTOR McRifkin

**GENERAL NOTES:**

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0030 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (+).



**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855



*Mark L. Robel* 5/10/99  
 PROFESSIONAL LAND SURVEYOR DATE  
 REG. • 339

**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION: 5/6/99  
 FINAL LOCATION: \_\_\_\_\_  
 BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=50'  
 DATE: 5/10/99  
 DRAWN BY: T.P.F.  
 CHECKED BY: M.L.R.  
 PROJECT No.: 61336

**Approved Septic System Plan**  
**Howard County Health Department**

B00117105

*Mark E. Refkin* 4/20/89  
 Signature Date

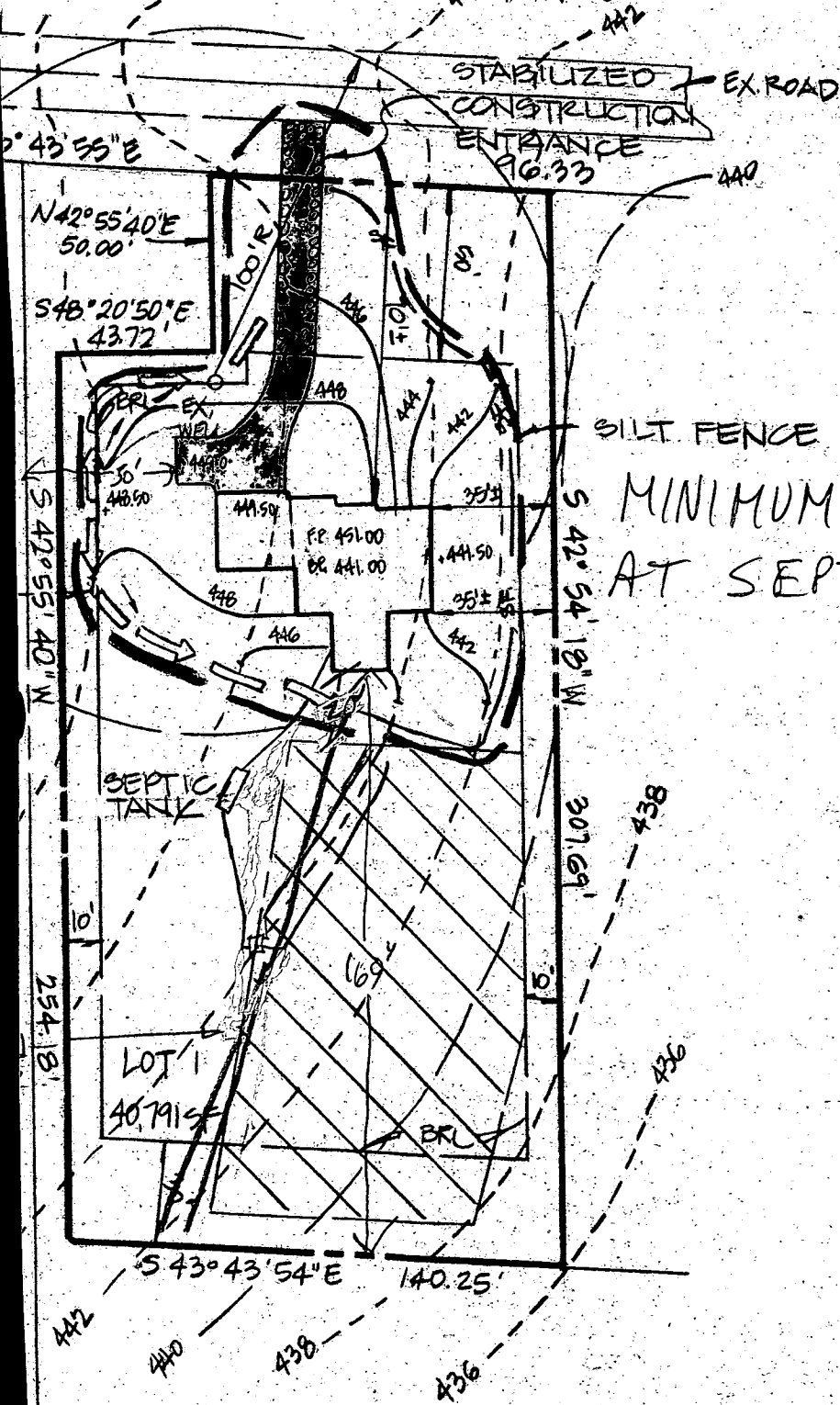
**VICINITY MAP**

SCALE: 1"=2000'

**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 441.00  
 B. BASEMENT ELEVATION: 441.00  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 443.7  
 D. INVERT IN AT SEPTIC TANK: 443.0  
 E. INVERT OUT AT SEPTIC TANK: 442.7  
 F. PROPOSED GRADE OVER SEPTIC TANK: 443.5  
 G. INVERT AT DISTRIBUTION BOX: 442.0  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 444.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

OLD HOPKINS ROAD



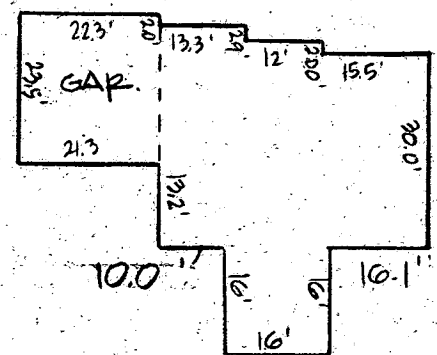
Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2 feet

SILT FENCE  
 MINIMUM 18" COVER  
 AT SEPTIC TANK



HOUSE FOOTPRINT  
 1"=30'

GP-99-170

# 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

*Review OK  
4 new lots in  
addition to  
current 10 lot  
subdivision proposed.*

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

*Mixed on-lot & shared  
(OK TO TEST ADDITIONAL AREA TO  
ALLOW FOR CHANGES IN LOT CONFIG.)* CW

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

PROPERTY OWNER JANVER RD LLC STANIER ENTERPRISES

ADDRESS 10805 Hickory Ridge Rd Col Md PHONE 740 5176

AGENT OR PROSPECTIVE BUYER DONALD R. REWEN, JR.

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

PROPERTY LOCATION:

SUBDIVISION CASH MARK LOT NO. 15

ROAD AND DESCRIPTION 11241 Old JORD HOPKINS ROAD

~~PERMITS~~ PERMIT SIGNATURE

~~PERMITS~~ RETURNED 4-20-99

TAX MAP 41 PARCEL # 121

*Serial # B7011 7105*

SIZE OF LOT 40,000 +/- TYPE BLDG. SFD- 4 Bdr  
(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.

*[Handwritten Signature]*

(SIGNATURE OF APPLICANT)

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

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

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

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

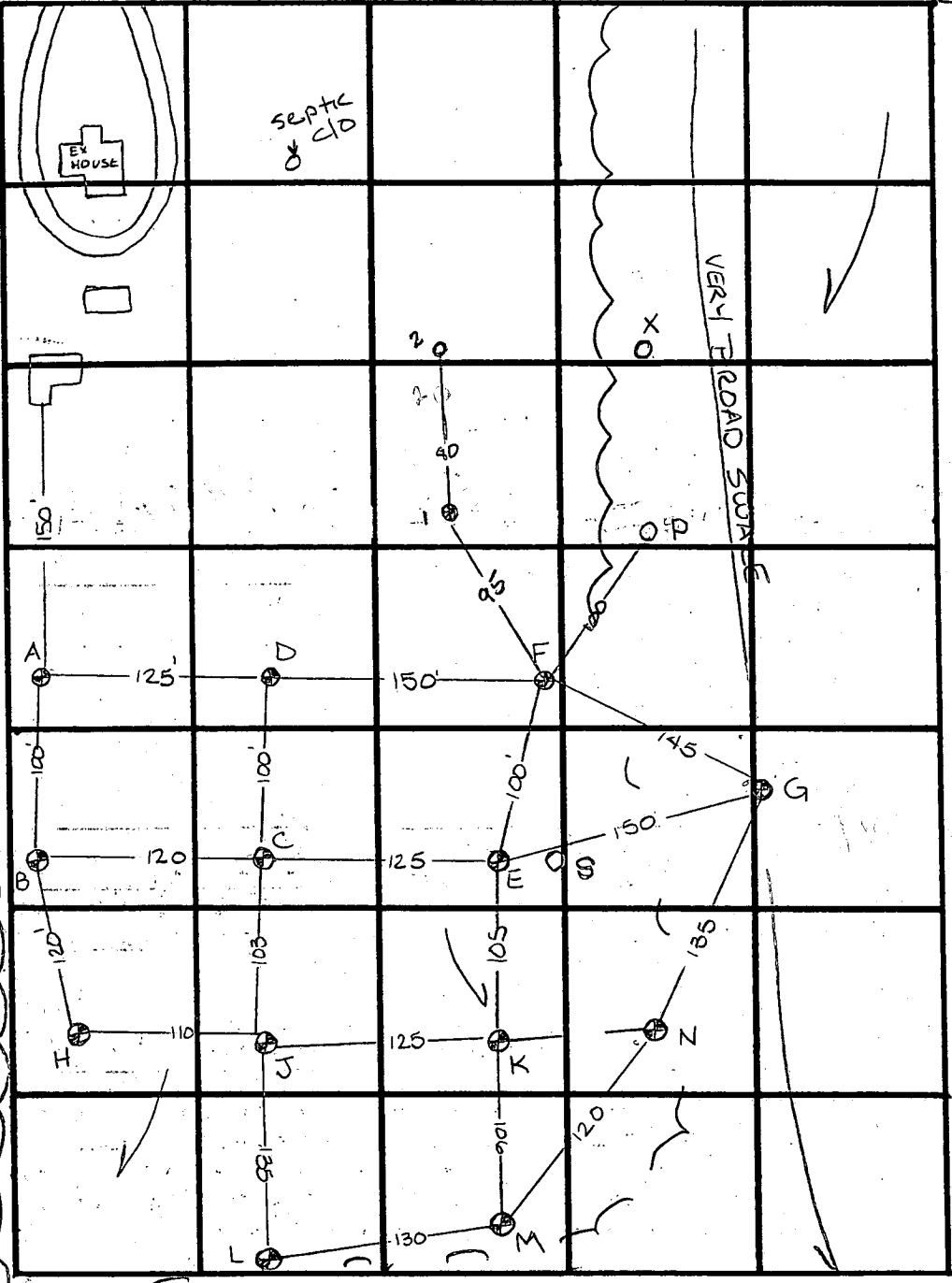
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

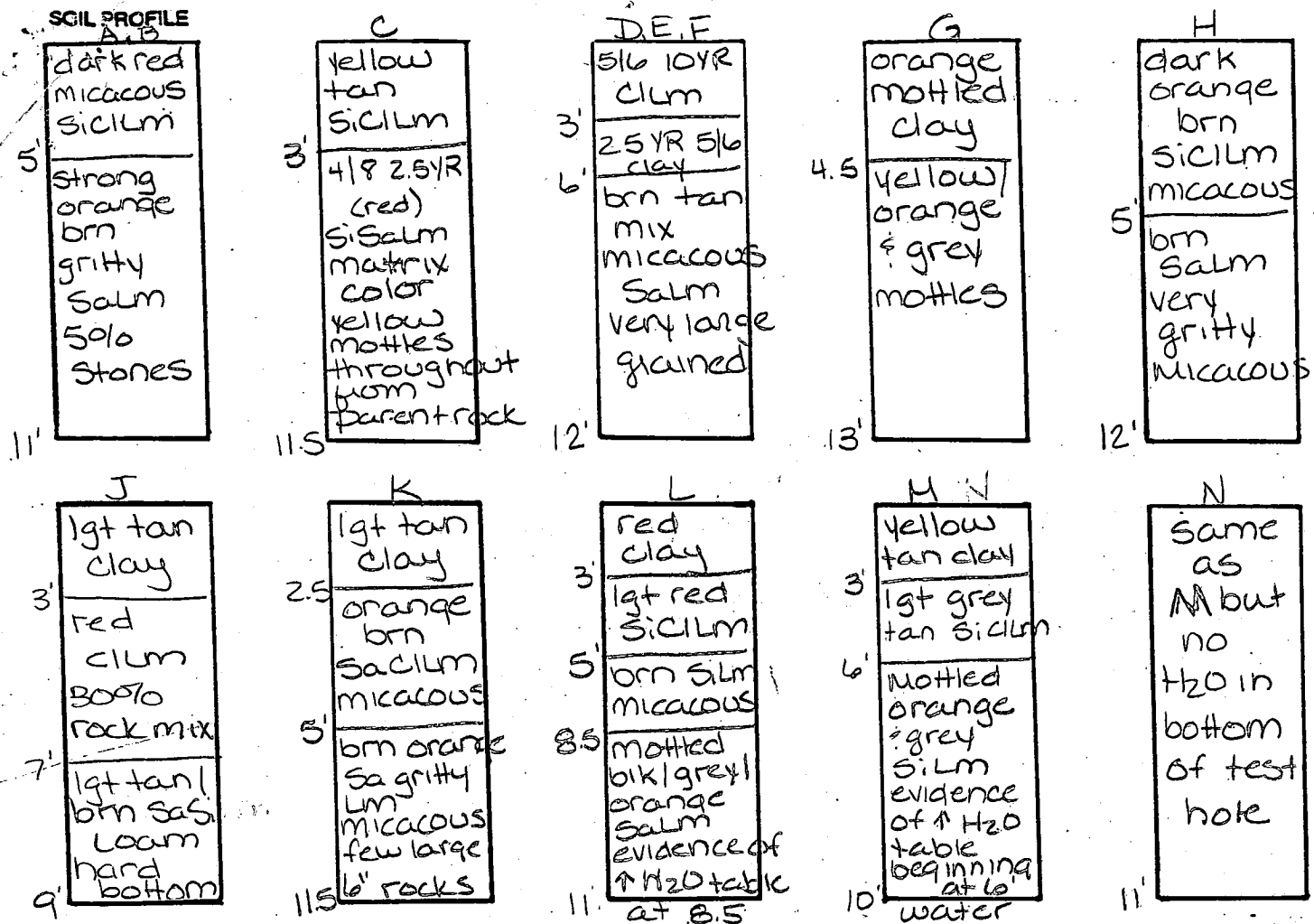
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

OLD HOPKINS ROAD

SANNER ROAD



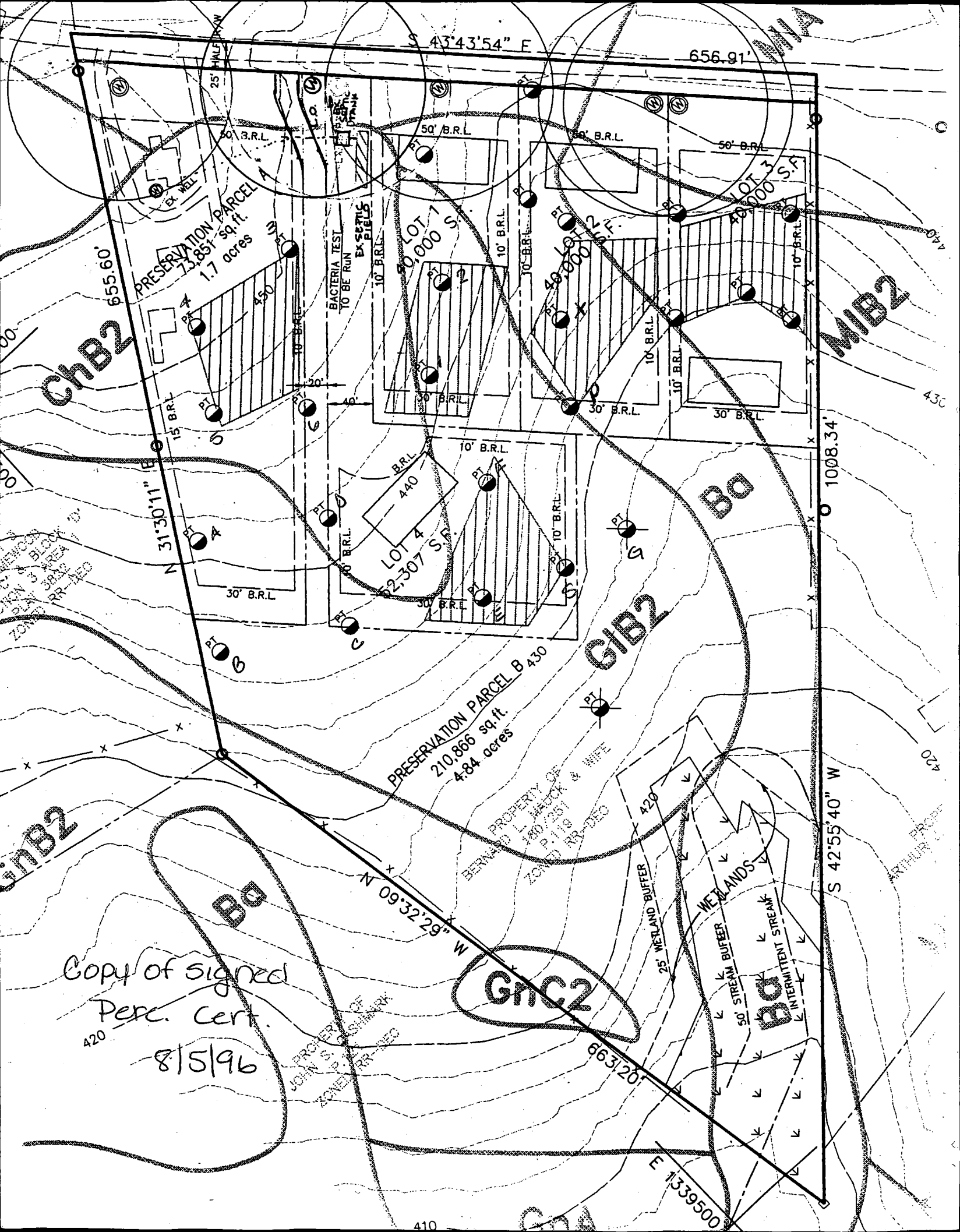


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-11-95	A	4' VII'	10:55	> 30 min			slow
	A	6' VII'	11:29 <sup>15</sup>	11:31	11:31	11:33 <sup>30</sup>	2 1/2 min
	B	6' VI2'	11:12 <sup>30</sup>	11:16 <sup>15</sup>	11:16 <sup>15</sup>	11:25	8 3/4 min
	C	6' VII 1/2'	11:38 <sup>45</sup>	11:48	11:48	12:10	22 min
	D	6' VI2'	11:54 <sup>45</sup>	11:56 <sup>30</sup>	11:56 <sup>30</sup>	12:01 <sup>30</sup>	5 min
	E	7' VI2'	12:04 <sup>45</sup>	12:07	12:07	12:12	15 min
	F	7' VI2'	12:15	12:23	12:23	12:35	12 min
	G	Visual	High H <sub>2</sub> O table		see profile		wet season
	H	5.5' VI2'	12:45	12:50	12:50	1:03	8 min
	J	Visual	Deep clay: hard bottom -				F
	K	6' VII 1/2'	1:09	1:12	1:12	1:17	5 min
	L	Visual	High H <sub>2</sub> O table		see profile		wet season
	M	Visual	High H <sub>2</sub> O table		see profile		wet season
	N	Visual	High H <sub>2</sub> O table		see profile		wet season

TESTED BY Amy McMillen

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





**ChB2**

**MIB2**

**GIB2**

**GIB2**

**Ba**

**GNC2**

**Ba**

Copy of signed  
 Perc. Cert.  
 8/5/96

PRESERVATION PARCEL A  
 73,857 sq. ft.  
 1.7 acres

PRESERVATION PARCEL B 430  
 210,866 sq. ft.  
 4.84 acres

BACTERIA TEST  
 TO BE RUN  
 EX. SPRING  
 PILES

LOT 4  
 62,307 S.F.

LOT 1  
 10,000 S.F.

LOT 2  
 10,000 S.F.

LOT 3  
 10,000 S.F.

25' WETLAND BUFFER

50' STREAM BUFFER

WETLANDS

INTERMITTENT STREAM

PROPERTY OF  
 JOHN S. GILBERT  
 ZONING TRUST

PROPERTY OF  
 BENJAMIN L. JACOB & WIFE  
 ZONING TRUST

420

410

E 1339500

1008.34'

656.91'

S 43°43'54" E

N 31°30'11" E

N 09°32'29" W

S 42°55'40" W

655.60'

15' B.R.L.

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25' WETLAND BUFFER

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C1 **3786** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 2

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. *3/11/99 OKAL*  
 COUNTY NUMBER **A50900-A**

ST/CO USE ONLY DATE Received: *MM DD YY 03 11 99*  
 DATE WELL COMPLETED *MM DD YY 08 06 98* Depth of Well *22 400 26* PERMIT NO. FROM "PERMIT TO DRILL WELL" *HO-94-1612*  
 8 15 20 28 29 30 31 32 33 34 35 36 37

OWNER **LAND DESIGN & DEVELOPMENT**  
 STREET OR RFD *last name OLD HOPKINS ROAD* first name TOWN **SCAGGSVILLE**  
 SUBDIVISION **MAUCK PROP.** SECTION LOT **1**

**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	
BROWN MICA SOIL	0'	77'	
GRAY MICA ROCK	77'	400'	
		95'	✓
		250'	✓
Dry Hole	0	725	
Semi-circular casing rock cuttings			

**GROUTING RECORD** (yes) (no) **(Y) (N)**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **(CM)** BENTONITE CLAY **(BC)**  
 NO. OF BAGS *45 46 25* NO. OF POUNDS *45 46 2,350*  
 GALLONS OF WATER *150*  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from *0* ft. to *80* ft.  
 (enter 0 if from surface)  
 48 TOP 52 54 BOTTOM 58

**CASING RECORD**  
 casing types insert appropriate code below  
**(ST)** STEEL **(CO)** CONCRETE  
**(PL)** PLASTIC **(OT)** OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
**ST** *06* *80*  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to  
 E A C H C A S I N G

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

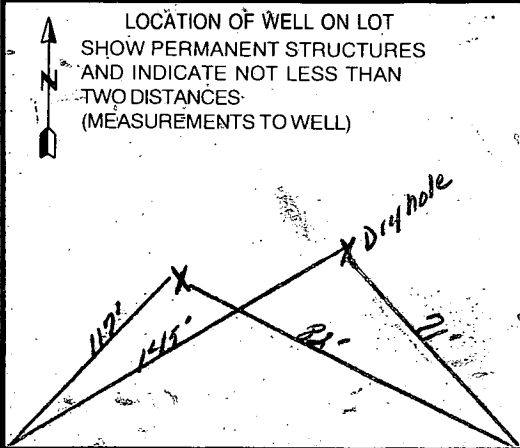
**C 2** DEPTH (nearest ft.)  
 1 2  
 E 1 *NO 80 400*  
 A 8 9 11 15 17 21  
 C 2 23 24 26 30 32 36  
 S 38 39 41 45 47 51  
 R  
 E  
 N  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from 56 to 60

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

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) *6*  
 8 9  
 PUMPING RATE (gal. per min.) *1.9*  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE *WATCH BUCKET*  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING *34* ft.  
 17 20  
 WHEN PUMPING *178* ft.  
 22 25  
 TYPE OF PUMP USED (for test)  
**(A)** air **(P)** piston **(T)** turbine  
 27 27 27  
**(C)** centrifugal **(R)** rotary **(O)** other (describe below)  
 27 27 27  
**(J)** jet **(S)** submersible  
 27 27

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 } LAND SURFACE  
**(-)** below } *2* (nearest foot)  
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: *1*

WELL HYDROFRACTURED **(Y)** **(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.

DRILLERS LIC. NO. **M 6 D B 55**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. **JWD 341**  
**Max S. Jones**  
 SITE SUPERVISOR (Sign. of driller or journeyman responsible for sitework if different from permittee)

Might Prop. Control

B 1 6785 SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

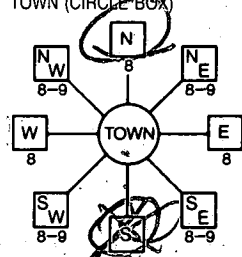
STATE PERMIT NUMBER  
110 - 94 - 1612  
 70 fill in this form completely 79

Date Received (APA) 06 25 98

OWNER INFORMATION  
 8 MM DD YY 13  
Land Design & Development, Inc.  
 15 Last Name Owner First Name 34  
10805 Hickory Ridge Rd. SUT. 215  
 36 Street or RFD 55  
Columbia Md. 21044  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
 8 COUNTY Howard 21  
Maucl Property  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 48 50  
SEAGGSVILLE  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 1 M I  
 73 76 77 78

DRILLER INFORMATION  
Michael Brown MW D 355  
 Driller's Name 76 License No. 81  
Michael Brown New Drilling  
 Firm Name  
912 Fawn Cr. Topps, 21085  
 Address  
[Signature] 6-19-98  
 Signature Date

B 4  
 1. 2. DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 11 Old Hopkins Rd. 30  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 30 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

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

NOT TO BE FILLED IN BY DRILLER  
 HEALTH DEPARTMENT APPROVAL  
Howard Co A50900A  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 06 30 98 A McMiller 06 30 99  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 480 0 0 0 EAST GRID 820 0 0 0  
 50 55 57 63

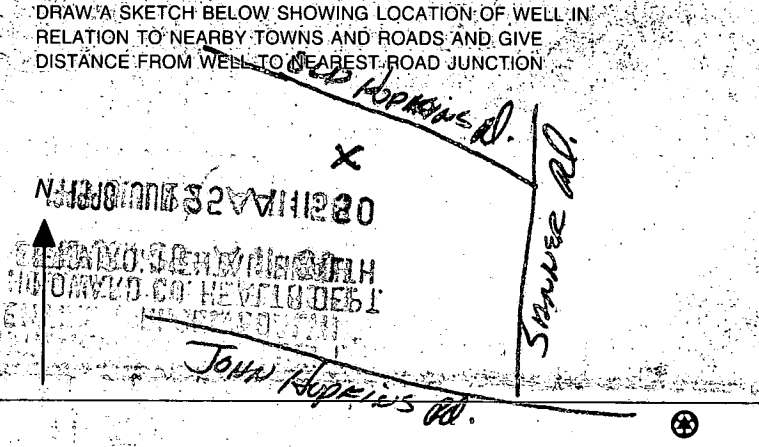
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 22  INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT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

APPROXIMATE DEPTH OF WELL 200 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. 8/6/98 @ 10:30 GROUT  
begin later (not hole @ 11:00)  
 2. #1 hole - dry hole  
 3. #2 site - low yield - May Hydrofract.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 820  
 N 480  
 000  
 000

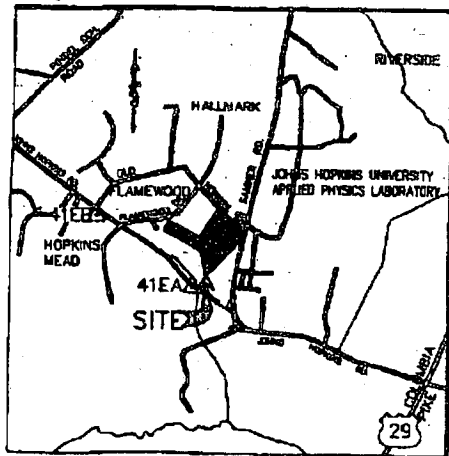
METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)  
 37 CABLE REVERSE-ROTARY DRIVE-POINT  
 other \_\_\_\_\_

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  
 39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
  
Howard Co Health Dept  
John Hopkins Rd.  
Source Rd.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER 54 G A P 63  
 WRITE INITIALS IN BOX PERMIT No. 110 94 1612  
 FORCE AM 67 68 70 71 72 73 74 75 76 77 78 79

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



VICINITY MAP

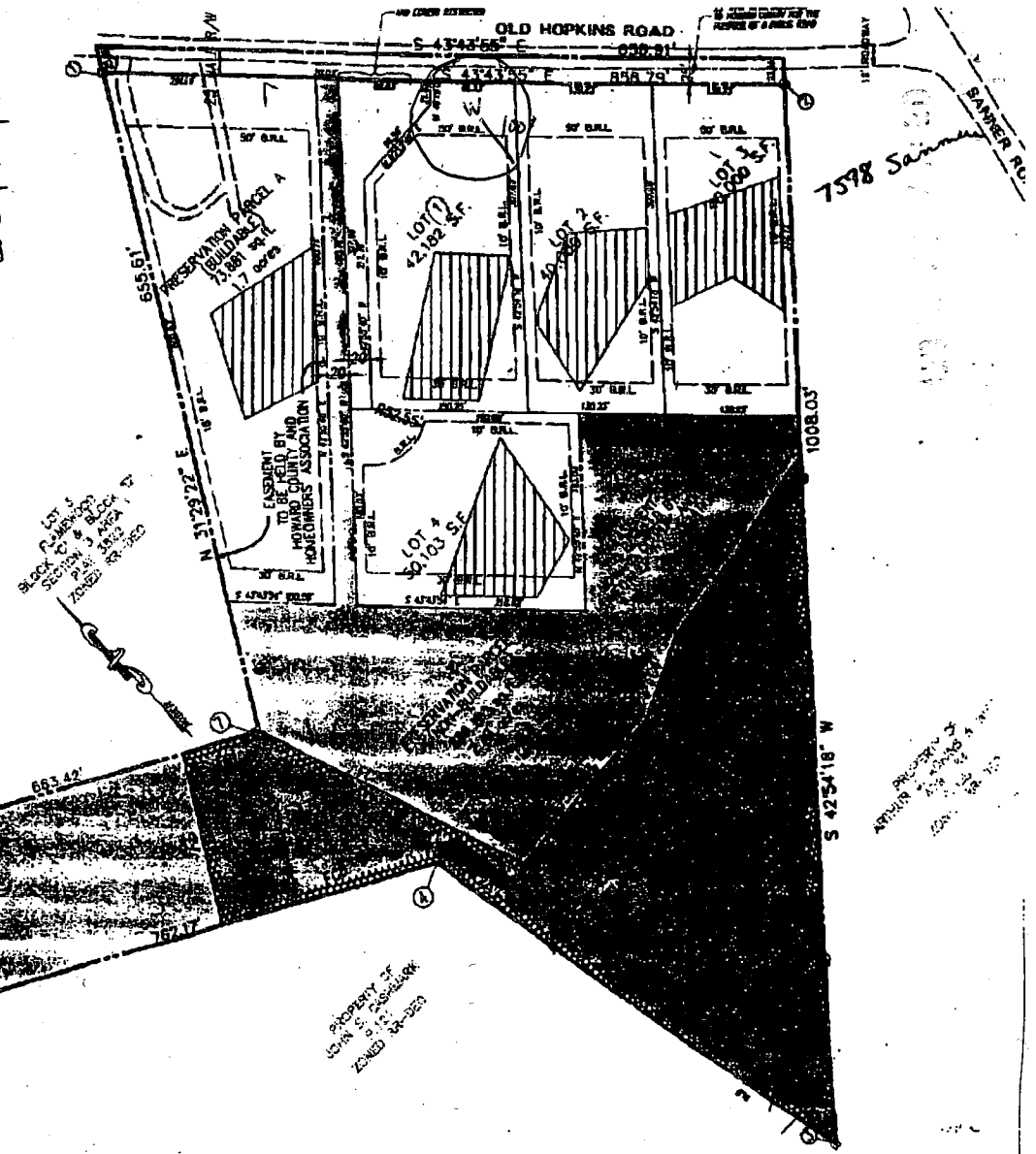
4/30/98  
 UCL SITE OK AS  
 Staked  
 dk

AREA TABULATIONS (TOTAL)

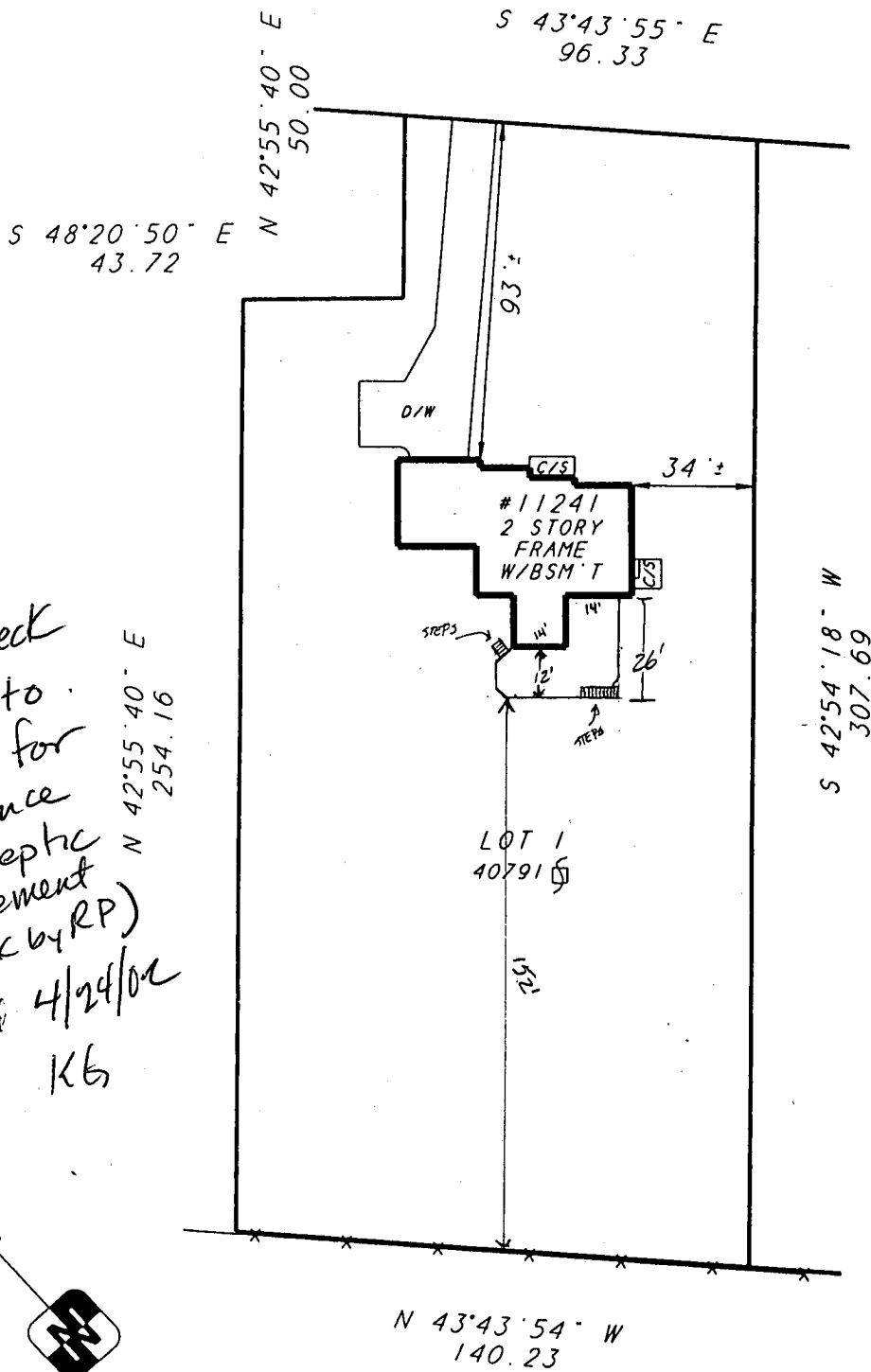
TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED :	4
TOTAL NUMBER OF OPEN SPACE TO BE RECORDED :	0
TOTAL NUMBER OF PRESERVATION PARCEL TO BE RECORDED :	2
TOTAL NUMBER OF LOTS/PARCEL TO BE RECORDED :	2
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED :	3.955 ACRES
TOTAL AREA OF PRESERVATION PARCELS TO BE RECORDED :	2.9 ACRES
TOTAL AREA OF LOTS AND PRESERVATION PARCELS TO BE RECORDED :	13.125 ACRES
TOTAL AREA OF ROADWAY TO RECORDED :	0.376 ACRES
TOTAL AREA OF 100 YR. FLOODPLAIN :	0 ACRES
TOTAL AREA OF SUBDIVISION :	13.501 ACRES

MAUCK PROPERTY

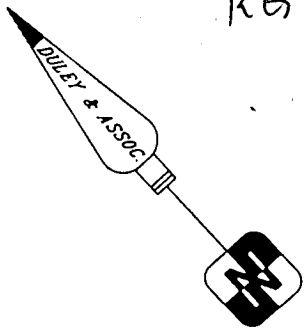
LOTS 1 THRU 4 & PRESERVATION  
 PARCELS A & B  
 HOWARD COUNTY, MARYLAND  
 TM 41, B 16, P 119  
 SCALE 1" = 100'



# OLD HOPKINS ROAD



Cut deck  
back to  
12' w for  
distance  
to septic  
easement  
(8' OK by RP)  
OK'd 4/24/02  
KB



**LOCATION SURVEY OF:**  
**#11241 OLD HOPKINS ROAD**  
 LOT 1  
**MAUCK PROPERTY**  
 5TH ELECTION DISTRICT  
 PLAT BOOK NO. 12730  
 HOWARD COUNTY, MD

SCALE: 1"=50'      DATE: 8-14-01

A LAND SURVEYING AND DESIGN COMPANY



**DULEY  
AND  
ASSOCIATES, INC.**  
SERVING D.C. MD. VA.



HOUSE LOCATION SURVEYS  
 BOUNDARY SURVEYS - ALTA SURVEYS  
 TOPOGRAPHIC SURVEYS - SITE PLANS

9450 PENNSYLVANIA AVE.  
 UPPER MARLBORO, MD. 20772

PHONE: 301-888-1111  
 PHONE: 1-888-88-DULEY

FAX: 301-888-1114  
 FAX: 1-888-55-DULEY

CASE # 307878

FILE # 014333-302

DRAWN BY: B.G.



**SURVEYOR'S CERTIFICATE**

I HEREBY STATE THAT THE EXISTING VISIBLE IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY ACCEPTED METHODS AND THAT THE IMPROVEMENTS APPEAR TO LIE WITHIN FLOOD ZONE C. A FLOOD CERTIFICATION IS RECOMMENDED TO DETERMINE THE EXACT FLOOD ELEVATION AND FLOOD ZONE. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF ANY FENCE, BUILDING, OR OTHER IMPROVEMENTS. 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 SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1'. NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY. SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS MAY NOT BE SHOWN ON THIS SURVEY. IMPROVEMENTS WHICH IN THE SURVEYORS OPINION APPEAR TO BE IN A STATE OF DISREPAIR OR MAY BE CONSIDERED 'TEMPORARY' MAY NOT BE SHOWN.

Building Address 11241 Old Hopkins Rd  
Clarksville, MD 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 605102 Subdivision Mauld Parady  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
 Tax Map 41 Parcel 119 Grid 16  
 Zoning RM-20 Map Coordinates 1902 Lot size \_\_\_\_\_

Property Owner's Name Mrs. Mrs. John A. Nilon  
 Address 11241 Old Hopkins Rd  
 City Clarksville State MD Zip Code 21029  
 Home Phone 301-317-1205 Work Phone 301-570-3216  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use Same w/ Deck  
 Estimated Construction Cost \$ 2000.00  
 Description of Work 6x8 soft Deck with  
Steps - 26" 32" 44" 54"

Contractor Company T+A Contractors, Inc  
 Contact Person Andrew Weinberg  
 Address 4512 Sandy Spring Road  
 City Burkleyville State MD Zip Code 20816  
 License No. 17459  
 Phone 301-924-0111 Fax 301-924-2494

Occupant or Tenant Mrs. Mrs. John A. Nilon  
 Contact Name \_\_\_\_\_  
 Address 11241 Old Hopkins Rd  
 City Clarksville State MD Zip Code 21029  
 Phone 301-317-1205 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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: <u>Deck</u> Dimensions: <u>1.19 sq ft</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.

Applicant's Signature [Signature]  
 Title/Company President of T+A Contractors, Inc.

Print Name ANDREW WEINBERG  
 Date 4-23-02

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

