

5/25/00
Septic C.O.
12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513349

A 57610-C

DISTRICT _____

DATE 3/28/00

DATE SYSTEM APPROVED 5/25/00

INSPECTOR BB

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

Global Equipment _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS p.O. Box 3595 Frederick, MD 21705 PHONE (301) 261-4885

SUBDIVISION Spring Hollow LOT 3 ROAD 17109 Spring Hollow Court

PROPERTY OWNER W. Lambert & Margorie Cissel BILL BURKHOLDER

ADDRESS _____

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 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet down the left lot line and 15 feet off this same lot line as seen from Spring Hollow Court. Run first two trenches along contour towards the rear of the lot; run all other trenches along 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.

PLANS APPROVED BY Donna K. Soe ON 1/4/2000 SRH DATE 12-15-99

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 VISIBLE WATER (I.E. RIVERS, LAKES, ETC.) UNLESS OTHERWISE AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 10/3/2002 800138746 DECK

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

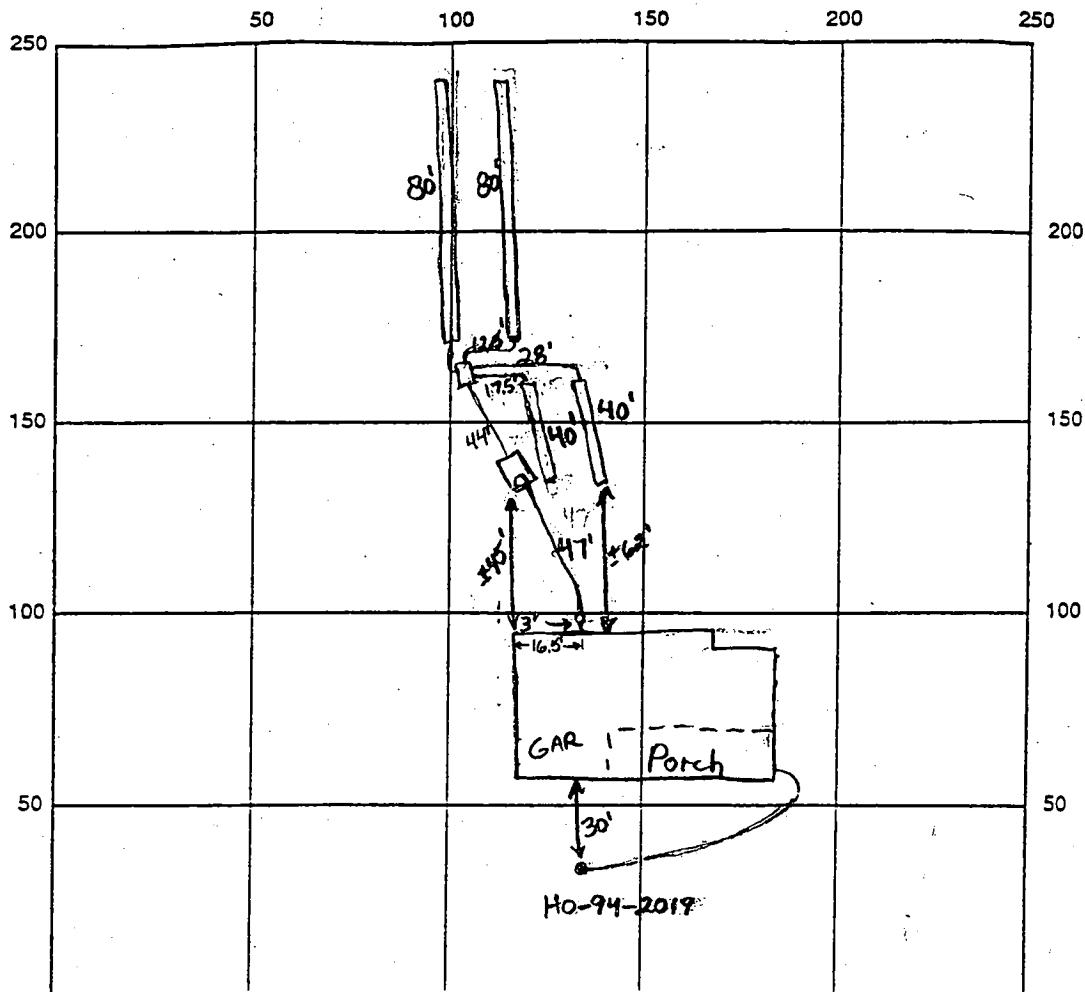
PERMIT VOID AFTER TWO YEARS

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

57610-C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 TSeam CLEANOUTS 4" House, 6" Tank

DISTRIBUTION BOX LEVEL Levelers and Baffle -OK

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDE~~ BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER ✓ FT. EFFECTIVE DEPTH BELOW INLET ✓ FT.

ABSORBENT AREA ✓ SQ. FT.

REMARKS: 5/25/00 House connection made. Everything looks satisfactory. O.K.
to cover. BB

* House connection for well O.K. Pump not installed yet. Pitless adapter 4' below grade. Grout good. Casing 18" above grade.*

DATE SYSTEM APPROVED 5/25/00 INSPECTOR B. Baker

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Lambert Cissel W. LAMBERT & MARGUERITE CISSEL

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO 1

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

(17109 Spring Hollow Court)

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre 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. Willis Lambert Cissel JR

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

489

red
orange
Siltm
35%
Rx

40%
Rx
orange
brown
Siltm

refusal

614

beigh
to
orange
Siltm
10% Rx

1gt
orange
Siltm
10% Rx

packet
10%
rock

1gt orang
Siltm 10%

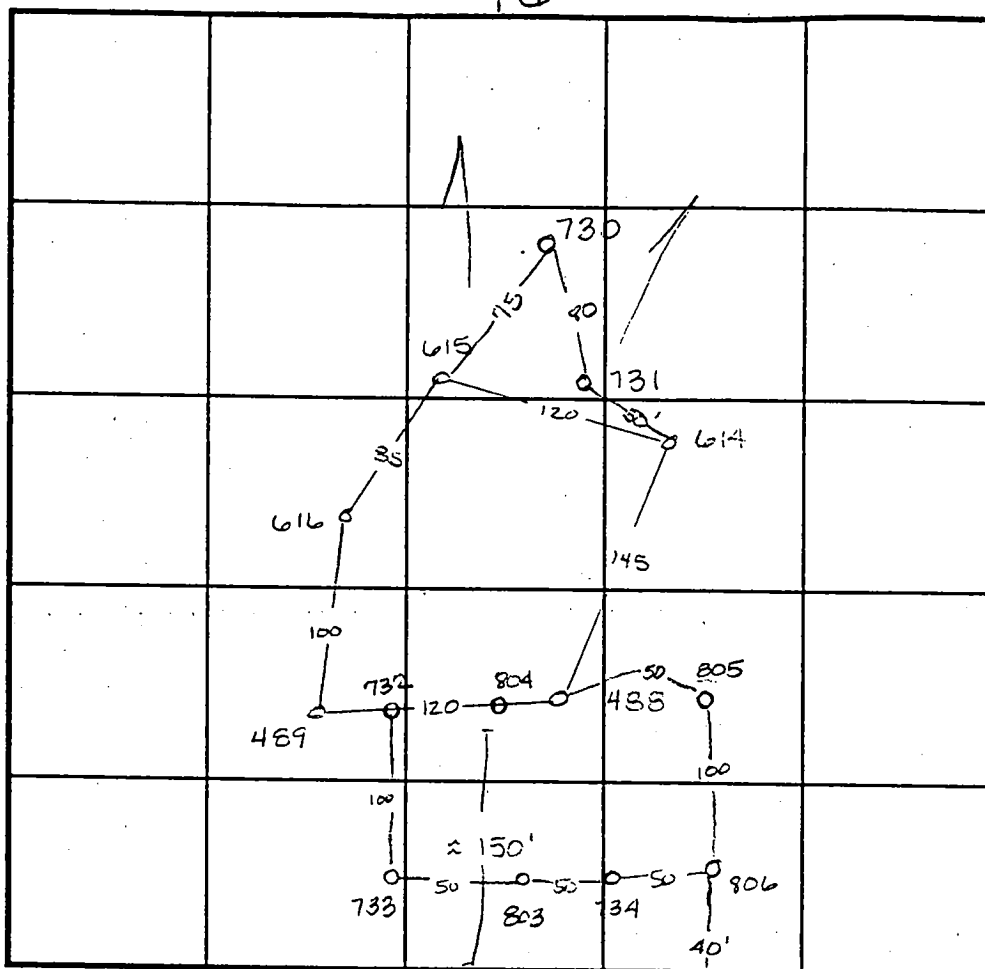
488

30%
Shale
beigh
Siltm

dark
orange
red
Siltm
30%
Shale

40% Rx
dark
orange
Siltm

16



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

SOIL PROFILE

731 730

1gt
brn
Siltm

pink
Siltm
20%
Shale

dark
orange
Siltm
25-30%
Shale
through
out

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-21-96	489	3.5 √ 9.0	7:37	7:51 ³⁰	>30 min	—	
	489	insufficient	depth to bedrock				F
	616	3.5 √ 10.0	7:44 ³⁰	8:01 ³⁰	8:01	8:16	14 1/2 min
	615	3.0 √ 11.0	8:46 ³⁰	8:53 ³⁰	>30 min	—	slow
	615	6.5 √ 11.0	8:48 ³⁰	8:10 ³⁰	>30 min	—	slow
	614	3.5 √ 11.0	7:41 ³⁰	7:50 ³⁰	7:50 ³⁰	8:02	11 1/2 min
	488	3.0 √ 9.0	7:36	7:37 ³⁰	7:37 ³⁰	7:38 ³⁰	1 1/2 min
3-10-97	730	Visual	to 12.0 - see profile				OK
	731	Visual	to 12.0 - see profile				OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH 3.0

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO 3

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

COUNTY #

14

SOIL PROFILE

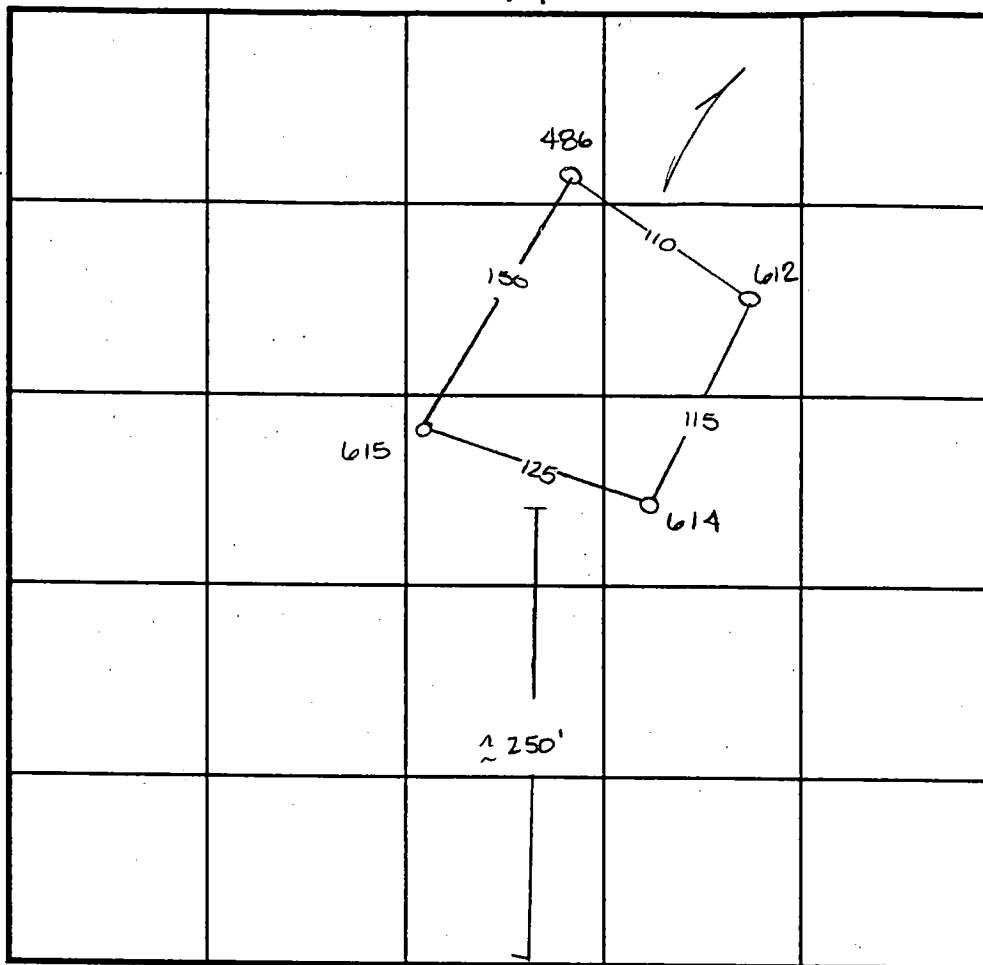
0' **614**
 bigh
 to
 orange
 SiCLM
 3.0
 lgt orange
 SiCLM
 10% Rx
 7.0
 pocket of
 40% Rx
 8.0
 orange
 SiCLM
 10% Rx
 11.0

615
 dark
 orange
 SiCLM
 25-30%
 Shale
 through
 out

612
 dark
 brown
 red
 SiCLM
 30%
 Shale
 3.5
 red SiCLM
 20%
 Shale
 7.0
 yellow
 tan
 SiCLM
 20%
 Shale
 11.0

SOIL PROFILE

0' **486**
 lgt
 orange
 SiCLM
 15% Rx
 3.0
 lgt
 orange
 SiCLM
 25-30%
 Shale
 Saprolite
 mix
 12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-21-96	614	3.5 V11.0	7:41 ³⁰	7:50 ³⁰	7:50 ³⁰	8:02	11 1/2 min
	615	3.0 V11.0	8:46 ³⁰	8:53 ³⁰	> 30	min	slow
	615	6.5 V11.0	8:48 ³⁰	8:10 ³⁰	> 30	min	slow
8-20-96	612	3.0 V11.0	2:44 ³⁰	2:46 ³⁰	2:46 ³⁰	2:50	3 1/2 min
	486	3.0 V12.0	8:49 ³⁰	8:50 ³⁰	8:50 ³⁰	8:52	2 min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMcMillen

ALSO PRESENT Tim Feaga

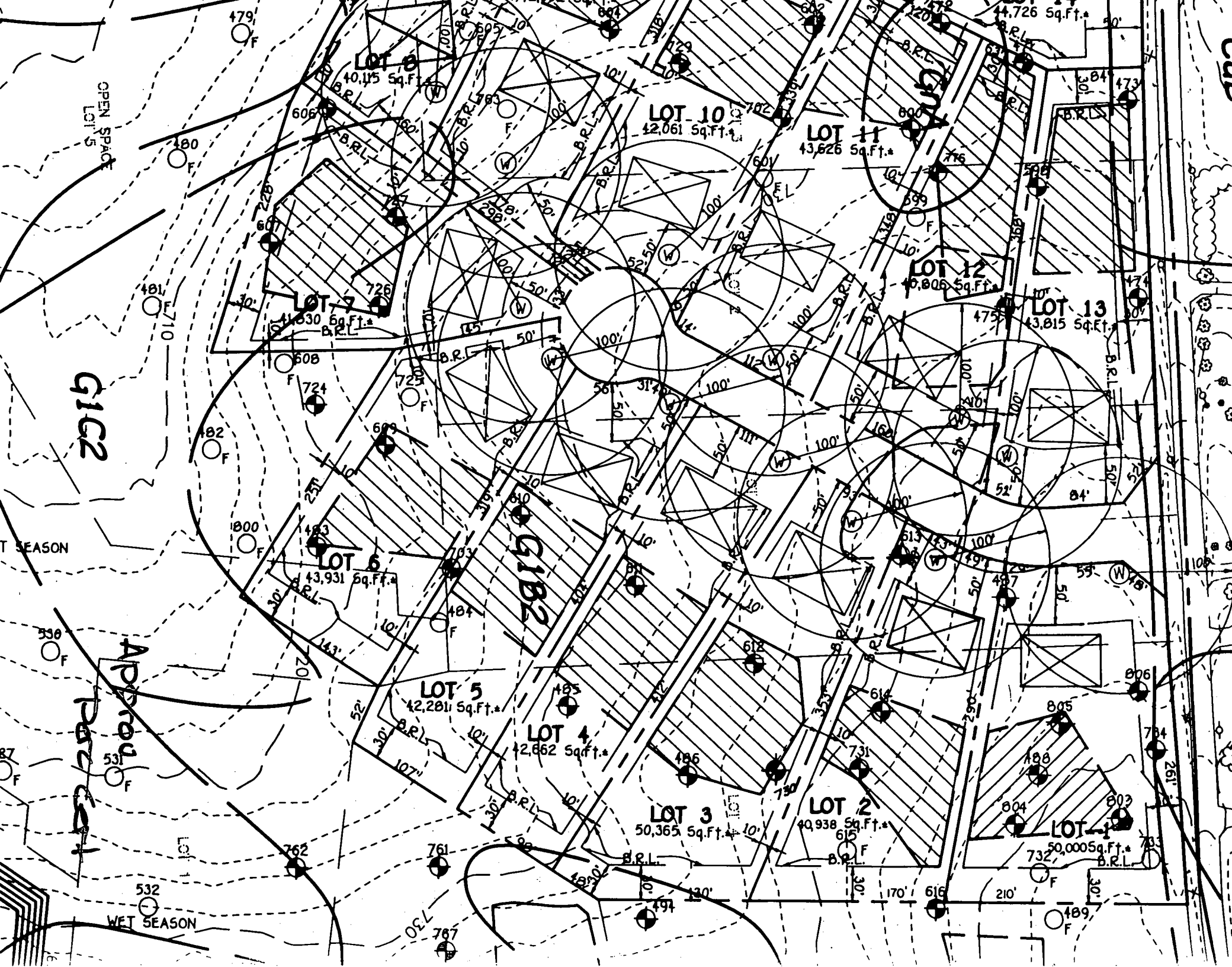
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

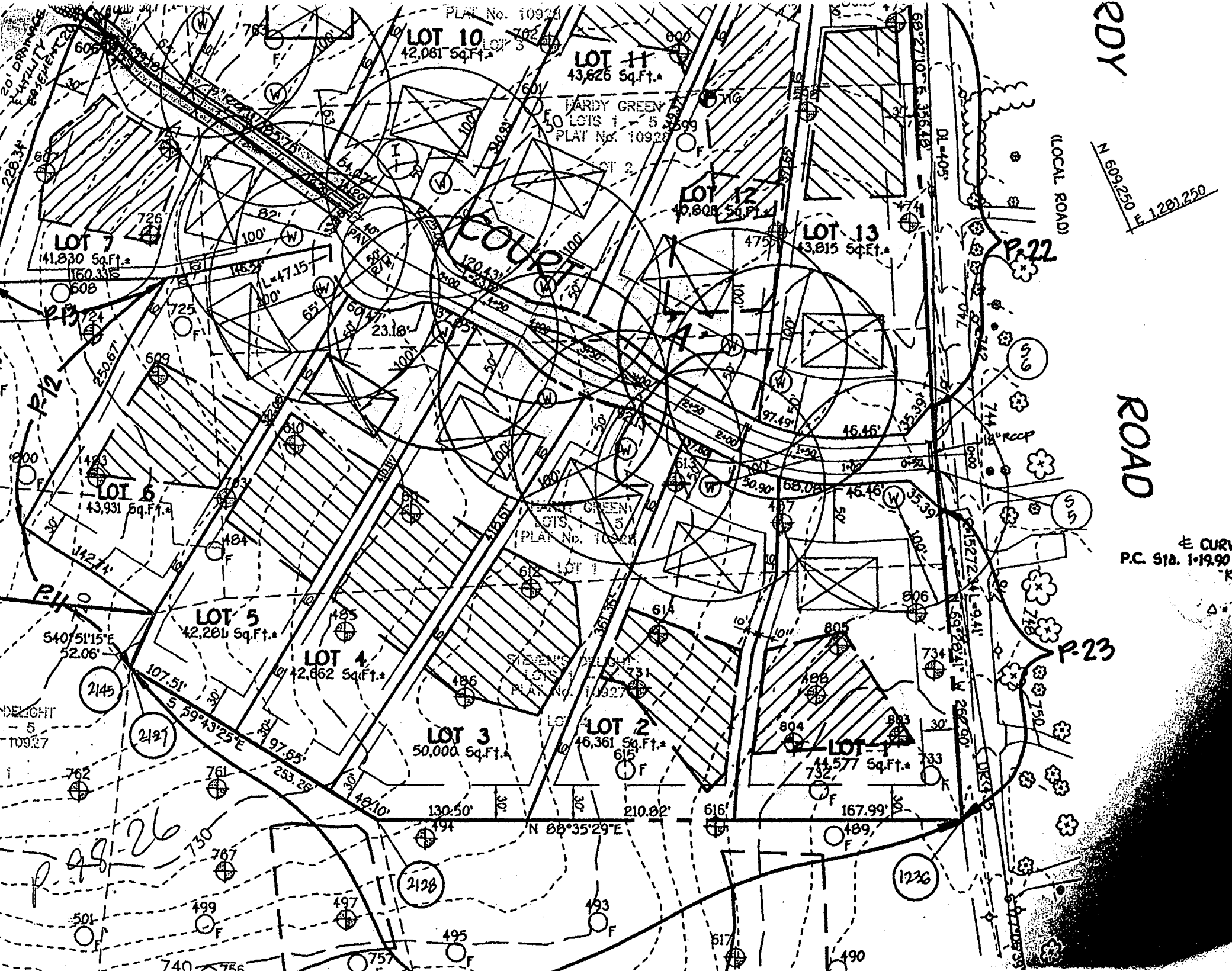
SQ. FT./BEDROOM



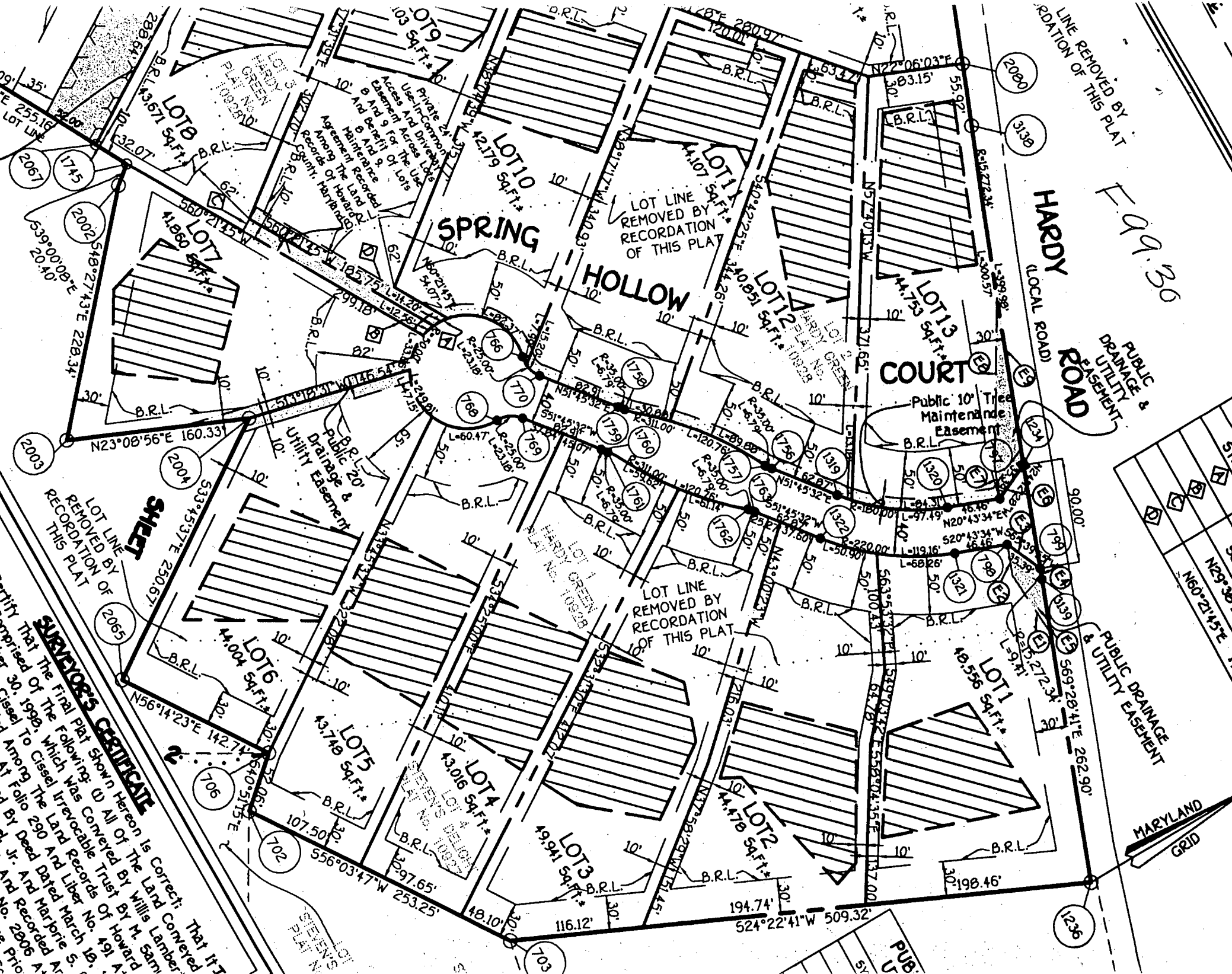
N 609.250
E 1201.250

ROAD

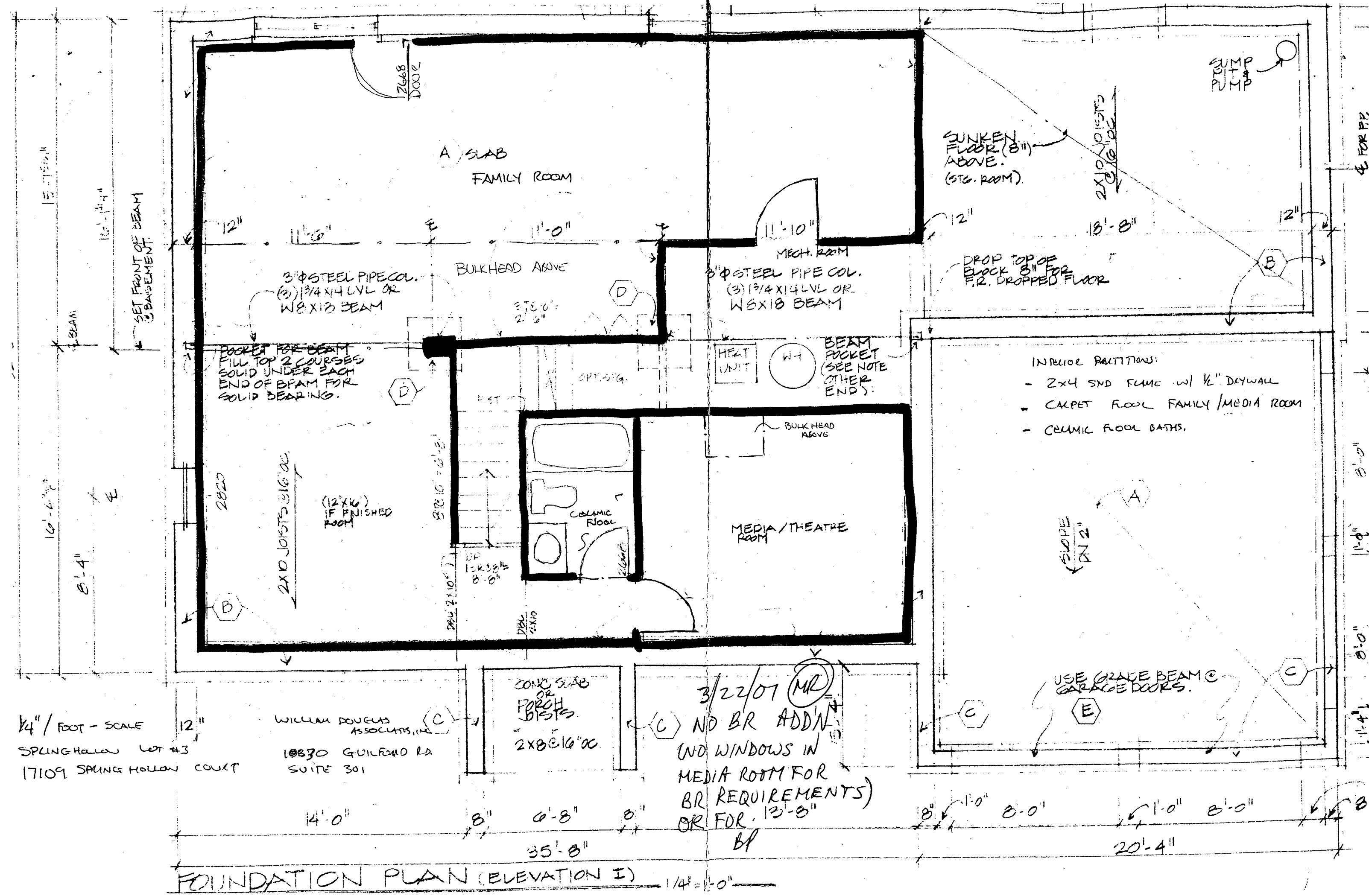
P.C. 51a. 1-19-90



MARYLAND
GRID



SURVEYOR'S CERTIFICATE



200121403

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00129132
---	-------------------------------------	----------------------------

Building Address <u>17101 Spring House Court</u> <u>Woodbine MD 21797</u>	Property Owner's Name <u>WPA DOUGLAS ASSOCIATES</u>
Suite/Apt. #: <u>-</u> SDP/WP/Petition #: <u>-</u>	Address <u>10820 Guilford Road</u> Suite <u>301</u>
Census Tract <u>6044</u> Subdivision <u>Spring House</u>	City <u>Annapolis</u> State <u>MD</u> Zip Code <u>20701</u>
Section <u>-</u> Area <u>-</u> Lot <u>3</u>	Home Phone <u>301-362-3500</u> Work Phone <u>-</u>
Tax Map <u>7</u> Parcel <u>144</u> Grid <u>S</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RC-DEP</u> Map Coordinates <u>217</u> Lot size <u>-</u>	Phone <u>-</u> Fax <u>-</u>
Existing Use <u>RESIDENTIAL SF Home</u>	Contractor Company <u>WILLIAM DOUGLAS ASSOCIATES, INC.</u>
Proposed Use <u>RESIDENTIAL Single-Family Home</u>	Contact Person <u>BILL METTNE</u>
Estimated Construction Cost \$ <u>10,000</u>	Address <u>10820 Guilford Road</u> Suite <u>301</u>
Description of Work <u>ADD FINISH BASEMENT FULL</u> <u>MEDIA ROOM & FAMILY ROOM</u>	City <u>Annapolis</u> State <u>MD</u> Zip Code <u>20701</u>
Occupant or Tenant <u>-</u>	License No. <u>120439</u>
Contact Name <u>-</u>	Phone <u>301-362-3500</u> Fax <u>301-362-3536</u>
Address <u>-</u>	Engineer or Architect Company <u>-</u>
City <u>-</u> State <u>-</u> Zip Code <u>-</u>	Contact Person <u>-</u>
Phone <u>-</u> Fax <u>-</u>	Address <u>-</u>
	City <u>-</u> State <u>-</u> Zip Code <u>-</u>
	Phone <u>-</u> Fax <u>-</u>

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>-</u>	Water Supply: <u>-</u> Public <u>-</u> Private <u>-</u>	SF Dwelling ☒ SF Townhouse ☐	Water Supply: <u>-</u> Public <u>-</u> Private <u>-</u>
No. of stories: <u>-</u>	Sewage Disposal: <u>-</u> Public <u>-</u> Private <u>-</u>	1st floor: <u>-</u> 2nd floor: <u>-</u>	Sewage Disposal: <u>-</u> Public <u>-</u> Private <u>-</u>
Gross area, sq. ft. per floor: <u>-</u>	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	Basement: <u>32</u> <u>36</u>	Electric Yes ☒ No ☐ Gas Yes ☒ No ☐
Use group: <u>-</u>	Heating System: <u>-</u> Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Finished Basement ☒ Unfinished Basement ☐	Heating System: <u>-</u> Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒
Construction type: <u>-</u> Reinforced Concrete <u>-</u> Structural Steel <u>-</u> Masonry <u>-</u> Wood Frame <u>-</u>	Sprinkler system: <u>N/A</u> ☐ Full <u>-</u> Partial <u>-</u> Other Suppression <u>-</u> # of Heads <u>-</u>	Multi-family dwellings: <u>-</u> No. of efficiency units: <u>-</u> No. of 1 BR units: <u>-</u> No. of 2 BR units: <u>-</u> No. of 3 BR units: <u>-</u>	Sprinkler system: <u>N/A</u> ☐ NFPA #13D <u>-</u> NFPA #13K <u>-</u> Other: <u>-</u>
<u>-</u> State Certified Modular		Other Structure: <u>-</u> Dimensions: <u>-</u> Footings: <u>-</u> Roof: <u>-</u>	
		<u>-</u> State Certified Modular <u>-</u> 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 WPA DOUGLAS Title/Company Vice President Print Name D. DOUGLAS Date 3/22/01

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: <u>-</u>	44097
State Highways			Rear: <u>-</u>	Filing fee \$ <u>-</u>
X Building Official			Side: <u>-</u>	Permit fee \$ <u>7.00</u>
Dev. Engineering, DPZ			Side St.: <u>-</u>	Excise tax \$ <u>-</u>
X Health	3/22/01	Mark R. R. R.	All minimum setbacks met? YES ☐ NO ☐	Add'l per. fee \$ <u>-</u>
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES \$ <u>-</u>
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	Sub-total paid \$ <u>-</u>
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for NewTown Zone <u>-</u>	Balance due \$ <u>-</u>
ONE STOP SHOP: ☐			SDP/Red-line approval date <u>-</u>	Check # <u>11851</u>
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>4797241</u>
T:\forms\PERMIT.FRM				Accepted by <u>42</u>
				Rev. 5/17/00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer Walter W. King Plumbing + Heating, Inc.

Telephone 301-442-1090

License Number 2217

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner William Douglas Homes

Telephone 410-320-7334

Subdivision Spring Hollow

Lot # 3

Well Tag # 170-94-2019

Site Address 17109 Spring Hollow Court, Woodbine, MD 21797

Pump

1. Type

a. Deep well jet _____

b. Shallow well jet _____

c. Submersible ☒

2. Make Sta-Rite

3. Model # 5SP4D02HL

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes ☒ No _____

6. If Yes, is low pressure cutoff switch installed? Yes ☒ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards ☒ Other _____

Motor

1. Horsepower 3/4

2. RPM 3450

3. Voltage _____

a. 110 _____

b. 220 ☒

Pitless Adapter

1. Make Bochart

2. Model # P-100-4

3. Depth 42"

Tank

1. Capacity 86 Gal.

2. Pressure relief valve? Yes

Piping

1. Type 100 PSI Plastic

2. Size 1"

3. NSF and/or BOCA Code approved Yes

4. Depth of supply line 42"

Well data

1. Depth 225 ft.

2. Yield 5 GPM

3. Static water level 195 ft.

4. Will water supply be disinfected by installer? Yes

COMPLETED
5/25/00 BY BB

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

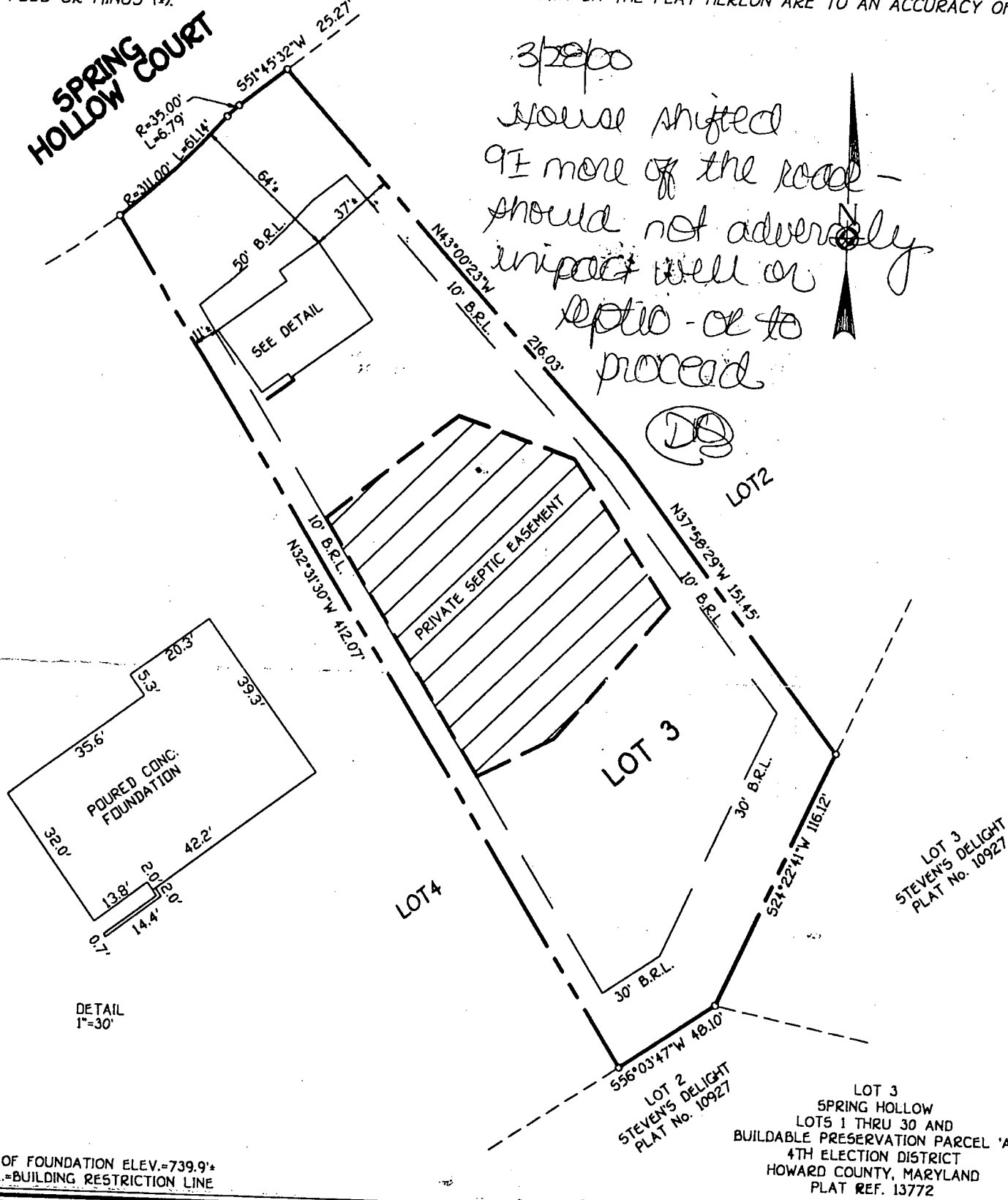
Signature of Applicant: [Signature]

Date: 1-18-00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

GENERAL NOTES:

- 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.
- 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 0007, EFFECTIVE DATE: DEC. 4, 1986.
- THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 0.5' PLUS OR MINUS (+).



3/28/00
 House shifted
 9' more off the road -
 should not adversely
 impact well or
 Septic - or to
 proceed

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



Charles J. Crow
 PROFESSIONAL LAND SURVEYOR
 REG. #10763
 11/10/00 DATE

HOUSE LOCATION DRAWING

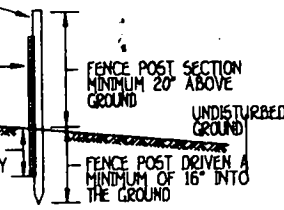
FOUNDATION LOCATION: 1/10/00
 FINAL LOCATION:
 BOUNDARY SURVEY:
 SCALE: 1"=60'
 DATE: 1/10/00
 DRAWN BY: T.P.E.
 CHECKED BY: C.C.
 PROJECT No.: 61434

applying the full amounts of lime
adments may be Applied as specified below:
ditioner for sites having disturbed
imendments and for sites having disturbed
ng requirements:
riginate from, a person or persons that are
compost) by the Maryland Department of the

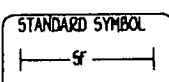
percent Nitrogen, 1.5 percent Phosphorus, and 0.2
0.0. If compost does not meet these requirements,
to meet the requirements prior to use.
e of 1 ton/1,000 Sq. Ft.
sium Fertilizer applied at the rate of 4 lb./1,000

MINIMUM LENGTH FENCE POST,
A MINIMUM OF 16" INTO

16" MINIMUM HEIGHT OF
GEOTEXTILE CLASS F
8" MINIMUM DEPTH IN
GROUND



ROSS SECTION



on 16" minimum into the
imum) cut, or 1 3/4" diameter
dwood. Steel posts will be
00 pond per linear foot.

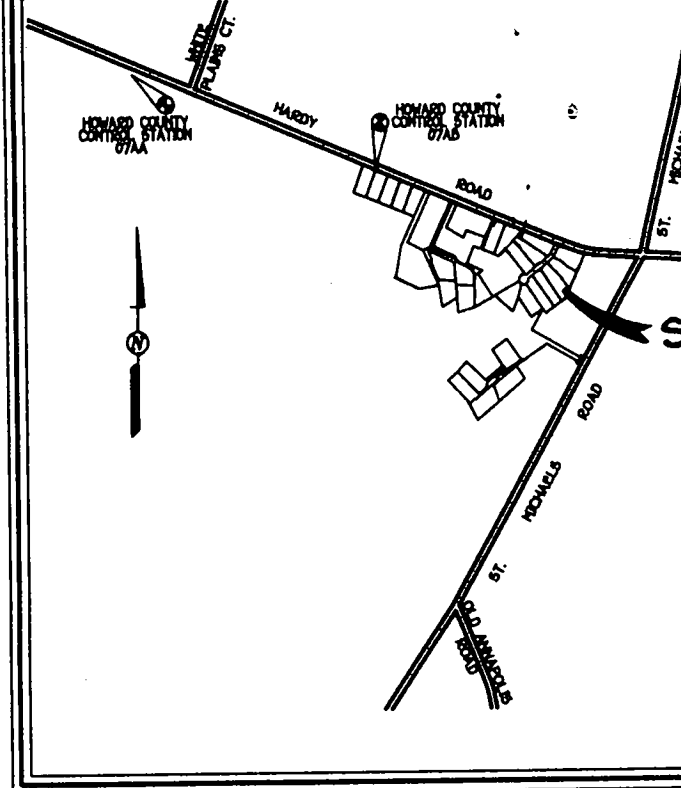
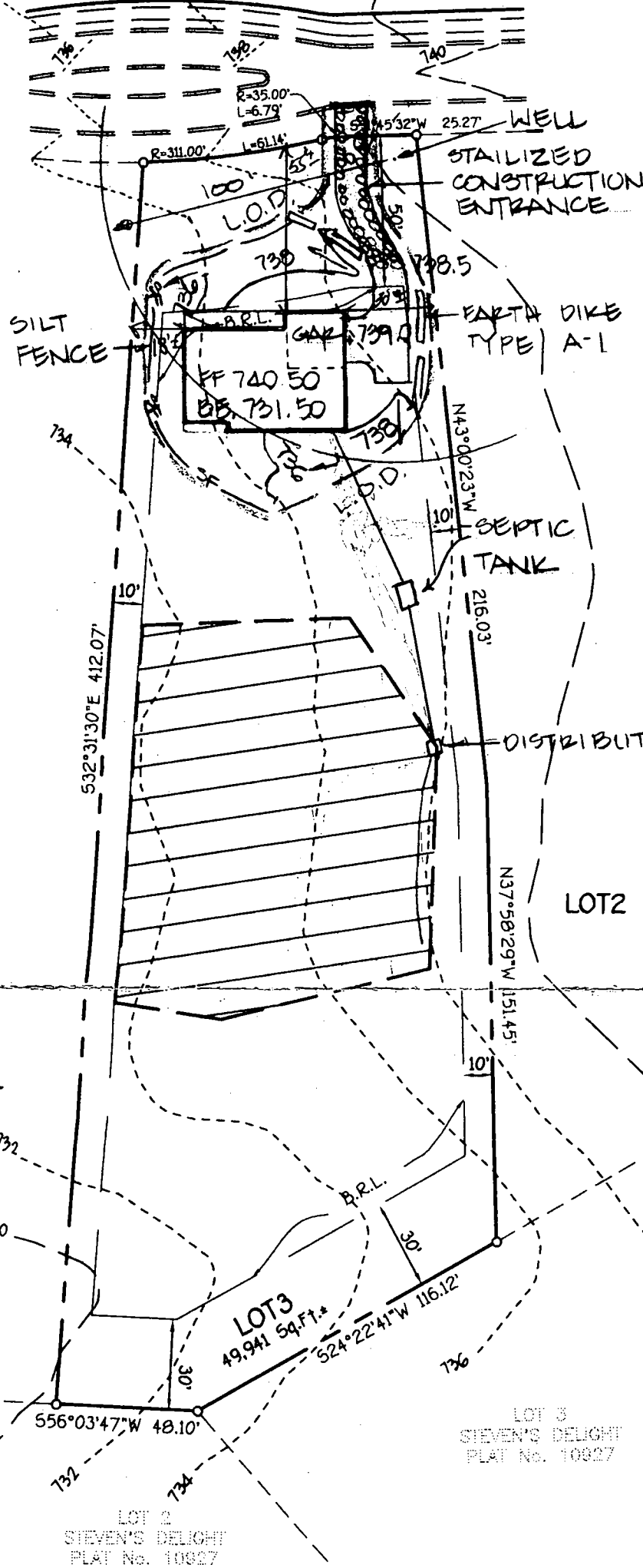
ence post with wire ties
the following requirements

Test: MSMT 509
Test: MSMT 509
(max.) Test: MSMT 322
Test: MSMT 322

they shall be overlapped,

event and maintained when
d 50% of the fabric height.

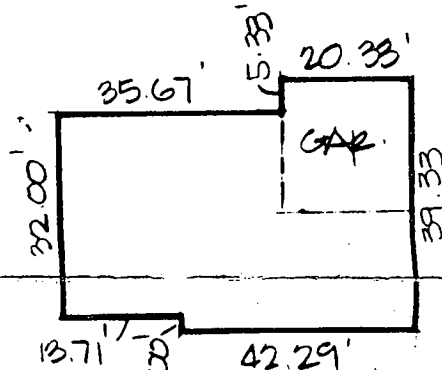
SPRING HOLLOW COURT



VICINITY MAP
SCALE: 1"=1200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 740.50
B. BASEMENT ELEVATION: 731.50
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 736.90
D. INVERT IN AT SEPTIC TANK: 735.80
E. INVERT OUT AT SEPTIC TANK: 735.50
F. PROPOSED GRADE OVER SEPTIC TANK: 735.20
G. INVERT AT DISTRIBUTION BOX: 735.20
H. EXISTING GROUND OVER DISTRIBUTION BOX: 728.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGIN ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



Approved Septic System Plan
Howard County Health Department

Signature: *[Signature]* Date: 12/15/99

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

LOT 3

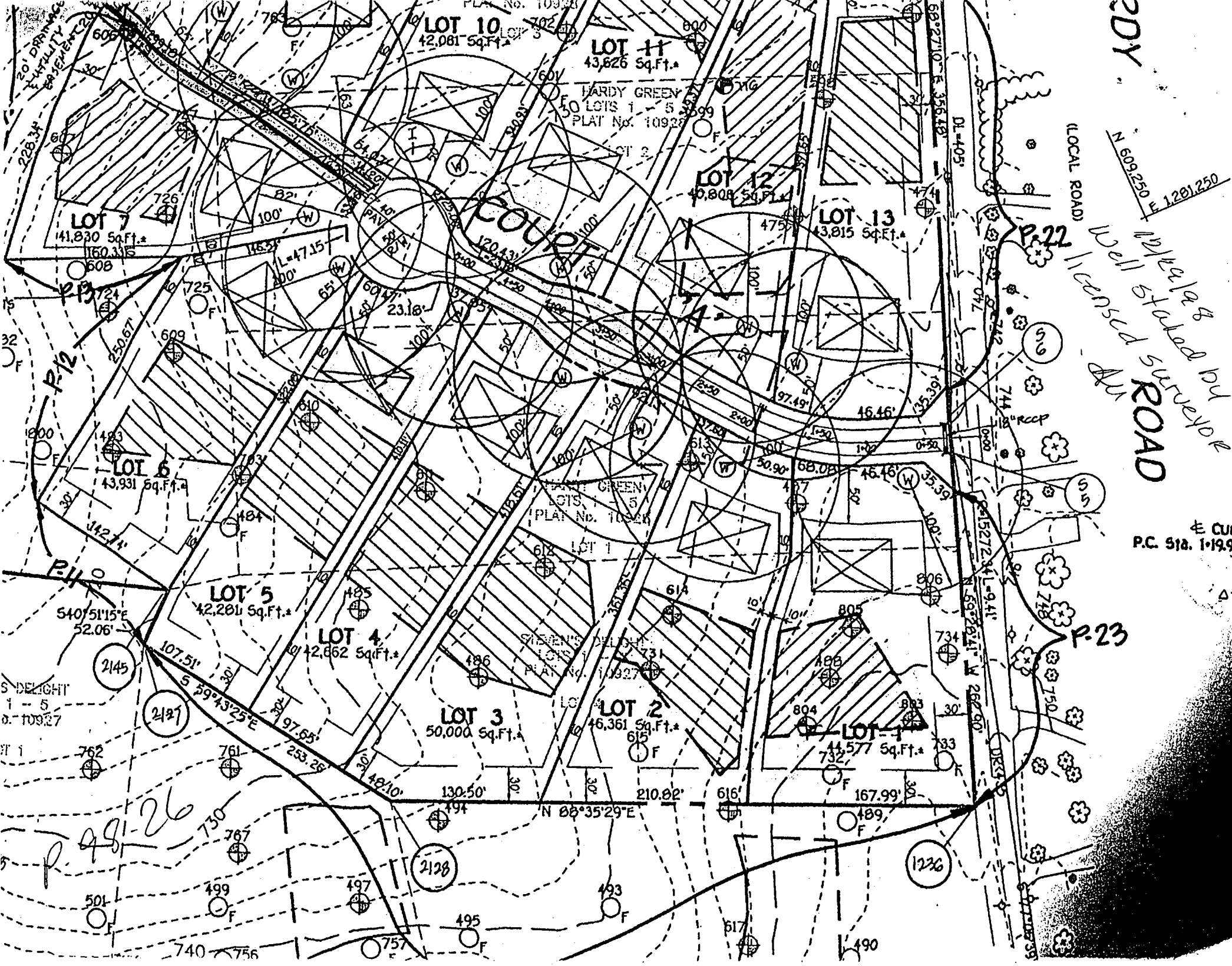
SPRING HOLLOW

LOTS 1 THRU 30 AND
BUILDABLE PRESERVATION PARCEL 'A'
ZONED: RC-DEO

Tax Map No. 7 Parcel Nos. 38, 144, 341, 394 And 5
Fourth Election District Howard County, Maryland
SCALE: 1"=50' DATE: NOVEMBER, 1999

[Signature]

C 1		9812		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE				THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓									
1 2 3 6										COUNTY NUMBER A57610C									
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 04 16 99				Depth of Well 22 225 26 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2019 28 29 30 31 32 33 34 35 36 37									
OWNER Cissel Lambert last name										STREET OR RFD Spring Hollow Ct first name									
SUBDIVISION Spring Hollow										TOWN Poplar Springs									
SECTION										LOT 3									
WELL LOG Not required for driven wells						GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes no (Y) (N) 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 2000 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 30+ 54 BOTTOM 58 ft. (enter 0 if from surface)						C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 5 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. 17 20 WHEN PUMPING 118 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							
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING						CASING RECORD casing types insert appropriate code below (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 83 60 61 63 64 66 70 OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G						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: 0						C 2 1 2 DEPTH (nearest ft.) 1 HO 81 225 2 8 9 11 15 17 21 3 23 24 26 30 32 36 4 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to						SCREEN RECORD screen type or open hole (insert appropriate code below) (S) STEEL (B) BRASS (H) OPEN HOLE (P) PLASTIC (O) OTHER GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR							
WELL HYDROFRACTURED yes no (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.						LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Driveline 20' 50' well							
DRILLERS LIC. NO. MSD116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MSD112 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)																			



Well Permit No. HO - 94-2019
Location of property (road) Spring Hollow Ct
Subdivision Spring Hollow Lot 3 Block Plat Sec.
Well Driller Ralph Mayne Owner Lambert Cisse

Depth of well 225 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 50 ft

Time pump started 8:30 Pumping rate 126 gpm
Total time 15 min to reach pumping water level 118 ft. below M.P.

[illegible]

83 ft casing 301 open 20 bags

B 1 <u>4723</u> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2019</u> fill in this form completely
Date Received (APA) <u>12/18/98</u> 8 MM DD YY 13 OWNER INFORMATION 15 <u>CISSEL</u> <u>LAMBERT</u> 34 Last Name Owner First Name 36 <u>3425 Hip Sley Mill Rd.</u> 55 Street or RFD 57 <u>Woodbine</u> <u>MD.</u> <u>21797</u> 76 Town State Zip		B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY <u>Spring Hollow</u> 21 23 SUBDIVISION SECTION <u>44</u> <u>46</u> LOT <u>3</u> 50 52 <u>Poplar Springs</u> 71 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) <u>I</u> M <u>I</u> 73 76 77 78	
DRILLER INFORMATION 76 <u>Ralph MAYNE</u> 81 <u>MSD 116</u> Driller's Name License No. 76 <u>Ralph MAYNE well Drilling</u> Firm Name 76 <u>9120 Brown Church Rd. Mt Airy</u> Address 76 <u>Ralph Mayne</u> <u>12-5-98</u> Signature Date		B 4 <u>Spring Hollow Ct.</u> 11 <u>Stevens Detright</u> 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>20</u> 37 DISTANCE FROM ROAD <u>1/4</u> ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 <u>5</u> 12 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		B 4 <u>Spring Hollow Ct.</u> 11 <u>Stevens Detright</u> 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>20</u> 37 DISTANCE FROM ROAD <u>1/4</u> ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST, OBSERVATION, MONITORING ☐ GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard Co</u> <u>A57610C</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>122998</u> <u>A McMill</u> <u>122999</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>548 000</u> EAST GRID <u>768 000</u> 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>768</u> N <u>548</u> 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>Handy Rd</u> <u>Stevens Detright</u> <u>2d well</u> <u>Spring Hollow Ct</u> <u>St. Michaels Rd.</u>	
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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G A P _____ 54 63 PERMIT No. <u>HO-94-2019</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

TOTAL P. 01