

PERMIT

Needs House Connection

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 514233

A 57610-K

DISTRICT _____

DATE 9/7/2000

DATE SYSTEM APPROVED 11/6/00

INSPECTOR DKC

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXX 410-313-2640

INDEXED

04-362829

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

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Spring Hollow LOT 10 ROAD 17112 Spring Hollow Court

PROPERTY OWNER C&P Homes, Inc. JON & BARBARA PEARSON

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

Pump chamber 1250 gal Top Seamed (due to House Connection not deeper than 3 ft)

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 - Begin trenches 165 feet from the front lot line and 50 feet from the right lot line as seen when facing the lot from Spring Hollow Court. Run trenches on contour toward the rear lot line.

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 Amy McMillen OK 12/29/99 SRK DATE 11/24/99

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 WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

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

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

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

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

Bo0133505 12/6/2001 FINISH BASEMENT

A 57610-K

PLEASE INSPECT
ASAP!
Thanks, Rick!

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ROBERT L. FEEZER W.L. Telephone #: 410-781-4655
Address: 6321 BARNETT AVE
SYRACUSE, NY 13214

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): ROBERT L. FEEZER License# 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: CEP HOMES Telephone #: 410-755-1800
Subdivision: SPRING HOLLOW Lot #: 10 Well Tag #: HO-94-2026
Site Address: 17112 SPRING HOLLOW CT.
MOUNT AIRY, NY 12171

Submersible Pump Data

Make: RED JACKET

Model #: 50FAN-8S12

Pump Capacity: 8 GPM

Well Yield: 15 GPM

Depth of well encountered at time of pump installation: 125 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors of cable guards are required - Must circle one no

Safety rope, if used, attached to inside of well casing with eye bolt NA

Pitless Adapter

Make: CHRYSLER

Model #: 94850

Depth: 1 1/2" (36" min)

NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES

Screened, vented well cap: YES

Cap secured to casing: CHRYSLER

Conduit min 18" B.G.: YES

Conduit secured to well cap: YES

Piping to house

Type: POLYETHYLENE

PSI: 160 (160 psi min)

Depth of supply line: 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES

Approximate length of sleeve: 8"

Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

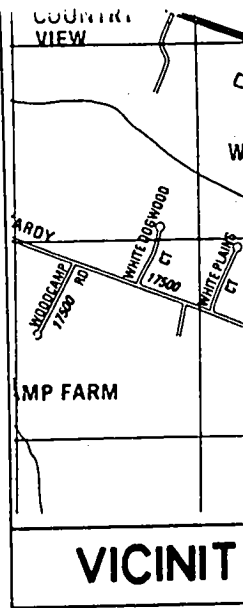
9/8/2020
date

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

Date Insp. Requested: _____ Date Insp. Approved: _____
Inspection Data: Pitless adapter and water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope installed inside of well casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

GENERAL NOTES

1. SEPTIC EASMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 732.33 -
B. BASEMENT ELEVATION: 723.33 -
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 723.00 -
D. INVERT AT SEPTIC TANK: 722.6 -
E. INVERT OUT AT SEPTIC TANK: 722.4 -
F. PROPOSED GRADE OVER SEPTIC TANK: 726.4 -
G. INVERT AT DISTRIBUTION BOX: ~~722.2~~ 722.2
H. EXISTING GROUND OVER DISTRIBUTION BOX: 725.2 -
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.



REVISED

Date: 2-4-00
17112 Spring Hollow Ct
Comments: B0012433

Change house
porch & garage

Standards and Specifications

Construction and Material

- I. Topsoil salvaged from the site that it meets the state specifications. Typical salvaged for a given site representative soil published by USDA-SCS Agricultural Experiment Station.

II. Topsoil Specifications

1. Topsoil shall be a clay loam, loamy sand recommended by an agronomist by the appropriate agency shall not be a mixture shall contain less than 1% slag, coarse fragments, other materials larger than 1/4 inch.

2. Topsoil must be free from weeds, grass, quackgrass, ivy, thistle, or other undesirable plants.

3. Where the subsoil is heavy clays, ground 14 to 8 tons/acre (20 tons/acre) placement of topsoil over designated areas in conjunction with tillage following procedures.

III. For sites having dist

1. Place topsoil (if specified in Vegetation on this sheet.

IV. For sites having dist

V. Topsoil Application

1. When topsoiling, maintain control practices such as structures, earth dikes, traps and basins.

2. Grades on the areas previously established shall be 1/4 inch higher in elevation.

3. Topsoil shall be applied in a layer and lightly compacted. Spreading shall be done by sodding or seeding can soil preparations and surface resulting from be corrected in order to depressions or water ponding.

4. Topsoil shall not be applied in a frozen or muddy excessively wet or in conditions detrimental to proper application.

VI. Alternatives for Permit

Instead of applying the topsoil, fertilizer, composted sludge specified below.

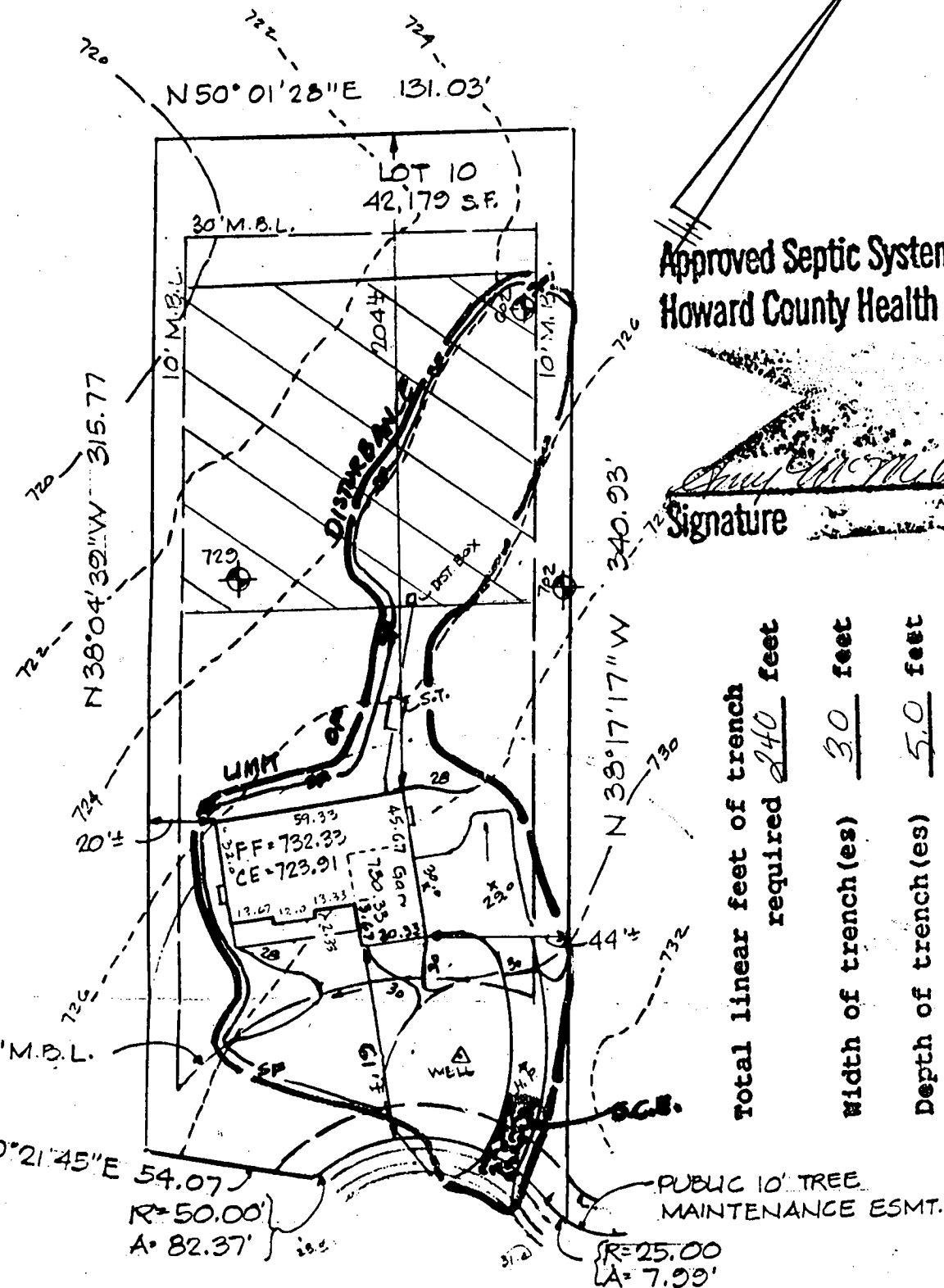
1. Composted sludge for sites having disturbed areas under requirements:

- a. Composted sludge from a person's time of acquisition. Department of Health.

- b. Composted sludge containing 1.5% nitrogen, 1.5% phosphorus and 1.5% potassium and not meet these constituents must be tested prior to use.

- c. Composted sludge 1000/1000 sq ft.

4. Composted sludge fertilizer applied at the normal lime application rate.



Approved Septic System Plan
Howard County Health Department

Signature

Date

Total linear feet of trench required 240 feet
Width of trench(es) 30 feet
Depth of trench(es) 5.0 feet
Depth of stone required below distribution pipe 2.0 feet

SPRING HOLLOW COURT

1"=50'

ENGINEER CLS1

2/2/00 ADD FULL PORCH & MAKE GARAGE 3 CAR. B.D.
11-17-99 add topsoil spec, rev. SF & LOD, rev. Sequence

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

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

PROPERTY OWNER Lambert Cissel CAP HOMES, Inc.

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 10

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

(17112 Spring Hollow Court)

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

SIZE OF LOT 1 Acre TYPE BLDG SFD - 4 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

DO NOT PERMIT SIGNING

AND RETURNED

11-24-88
Sub # B10121933

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

603

dark
orange
red
Sicilm

1gt.
pink
Silm
micaceous
25%
Saprolite

604

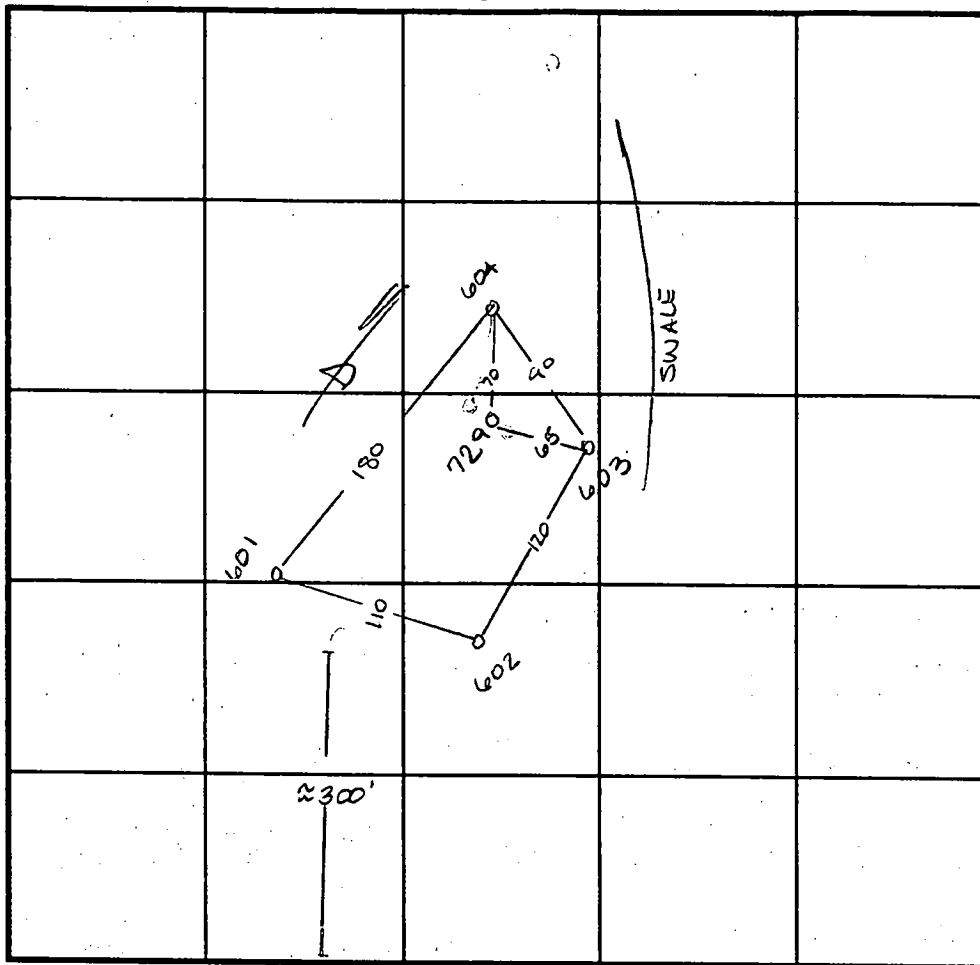
no
distinct
clay
layer
orange
brown
Sicilm
30%
shale
through
out

refusal

602

dark
orange
Sicilm
orange
red
Silm
20%
Shale

pink
Silm
micaceous
15%
Saprolite



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Handu Road

SOIL PROFILE

729

orange
brown
Sicilm.

orange
brown
Silm
15%
Shale

>50%
rock
through
out
refusal
at
6.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-20-96	603	Visual	to 11.0	- see	profile	—	OK
	604	2.5 V10.0	12:08 ³⁰	12:10	12:10	12:13	3min
	602	3.0 V12.5	10:54 ³⁰	10:55 ¹⁵	10:55 ¹⁵	10:56 ⁴⁵	45sec
	602	repour	10:56	10:57 ⁴⁵	10:57 ⁴⁵	10:59 ⁴⁵	2min
	601	Insufficient depth to bedrock					F
		see profile					
3-10-97	729	Visual	to 12.0	- see	profile	—	OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Tim Ferrara

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

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

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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 #

5

SOIL PROFILE

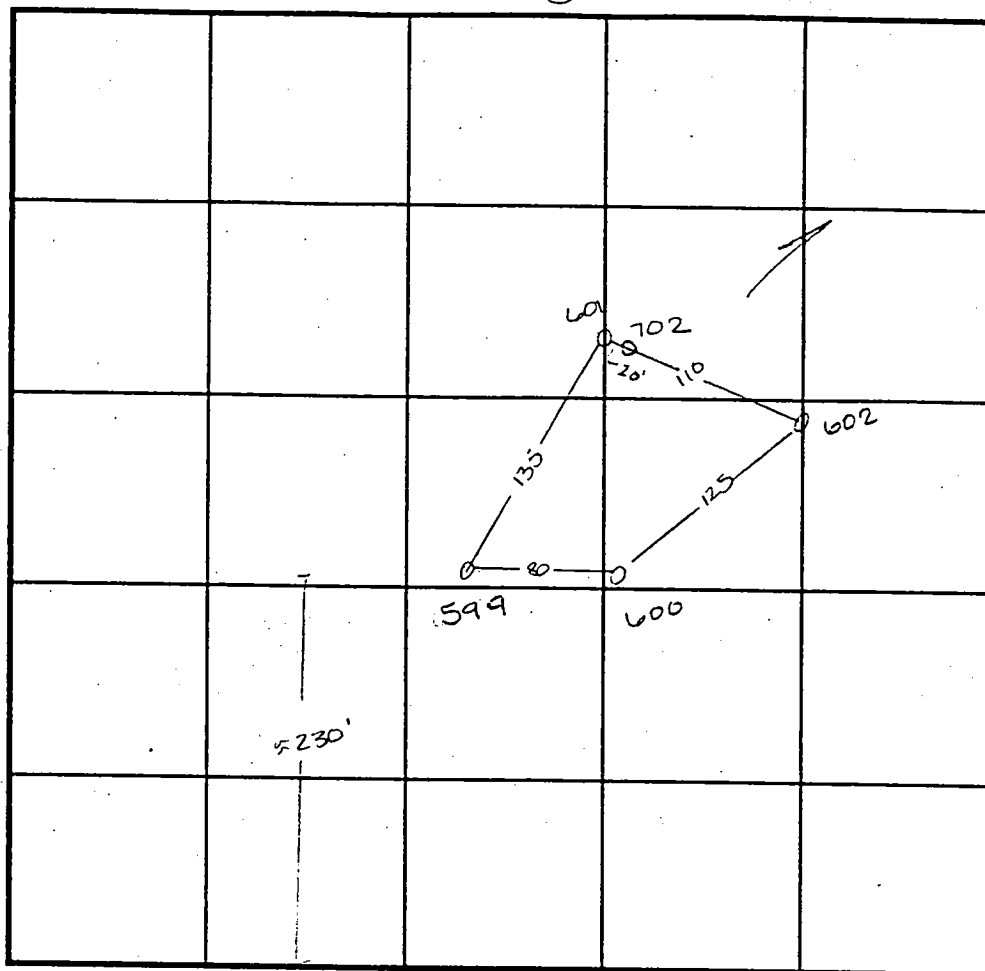
0' 602
 dark
 orange
 silty
 3.0 orange
 red
 silty
 20%
 shale
 8.0 pink
 silty
 micaceous
 15%
 saprolite
 12.5

600

orange
 red
 silty
 10%
 shale
 2.0 1st
 orange
 pink
 silty
 micaceous
 20%
 shale
 11.5 refusal

599

dark
 red
 orange
 silty
 10%
 Rx
 3.0 1st
 brown
 tan
 silty
 20%
 Rx
 7.0 >50%
 rock
 9.0 refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

SOIL PROFILE

0' 702
 dark
 orange
 brown
 silty
 2.5 dark
 pink
 silty
 20%
 rock
 10.0 refusal
 601
 >50%
 rock
 through
 out
 refusal
 at
 6.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-20-96	601	Insufficient depth to bedrock					
		see profile					F
	602	3.0 / 12.5	10:54 ³⁰	10:55 ¹⁵	10:55 ¹⁵	10:56 ⁴⁵	45 sec
		repour	10:56 ⁴⁵	10:57 ⁴⁵	10:57 ⁴⁵	10:59 ⁴⁵	2 min
	600	Visual to 11.5 - see profile -					OK
	599	3.0 / 9.0	11:45 ³⁰	11:47 ³⁰	11:47 ³⁰	11:49 ³⁰	2 min
		insufficient depth to bedrock					F
		fast perc times					
	702	4.0 / 10.0	11:58	12:10	12:10	12:31	21 min

REMARKS

TYPE OF SOIL

TESTED BY

Amy McMillan

ALSO PRESENT

Tim Ferrara

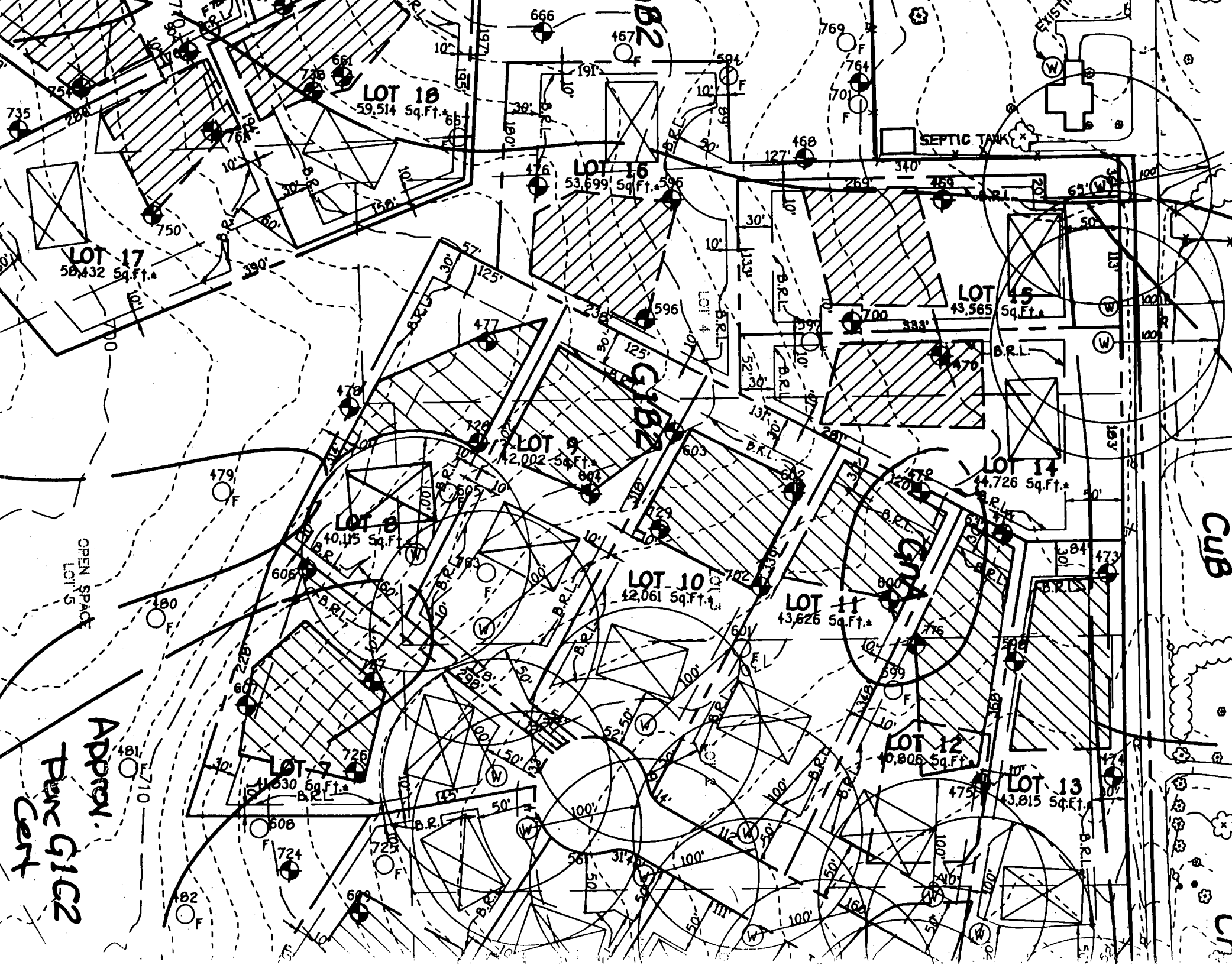
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

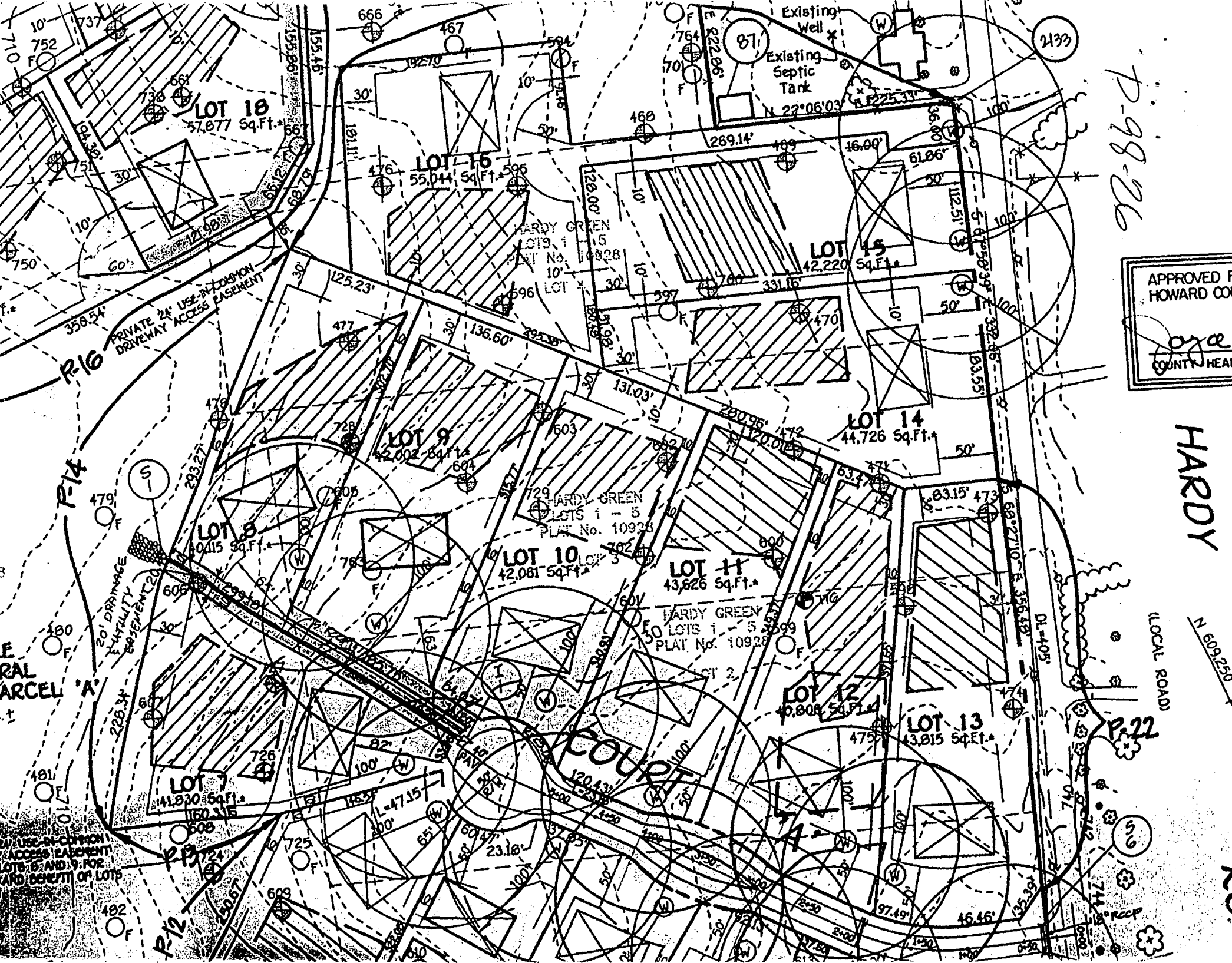
MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



Appendix
Part G1C2
Cert

CUB



APPROVED FOR
HOWARD CO
[Signature]
COUNTY HEAL

HARDY

(LOCAL ROAD)

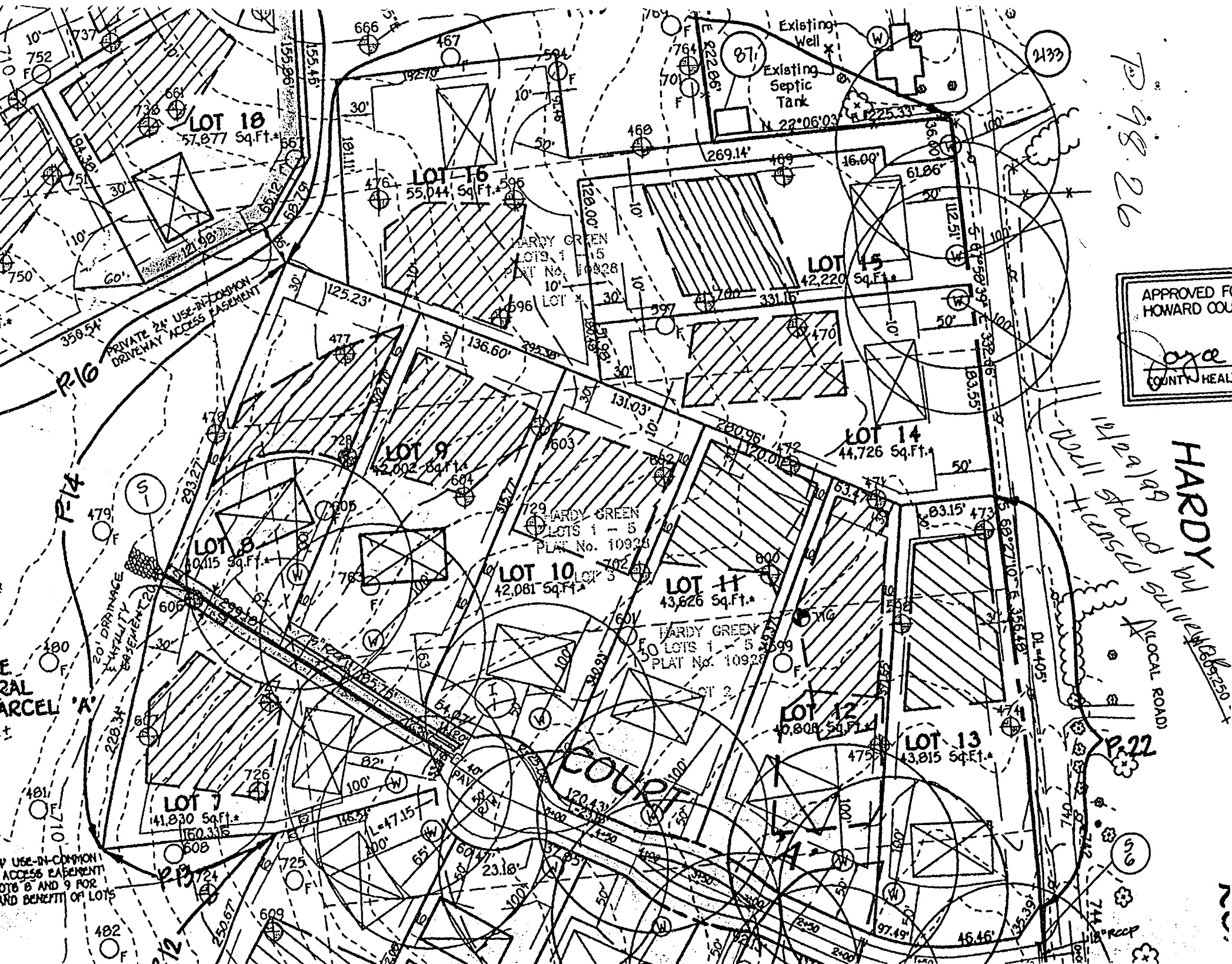
N 60°25'0"

P-98-26

P-22

C 1		9819		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	
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 04 29 99		Depth of Well 22 185 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2026		28 29 30 31 32 33 34 35 36 37	
OWNER last name first name Cissel Lambert		STREET OR RFD Spring Hollow Ct		TOWN Poplar Springs		SUBDIVISION Spring Hollow		SECTION LOT 10	
WELL LOG Not required for driven wells		GRROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 30+ BOTTOM 58 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 51 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		C 2 1 2 DEPTH (nearest ft.) 1 HO 61 185 2 8 9 11 15 17 21 3 23 24 26 30 32 36 4 38 39 41 45 47 51 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		OTHER CASING (if used) diameter inch depth (feet) from to C A S I N G					
DESCRIPTION (Use additional sheets if needed)		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER C 2 1 HO 61 185 2 8 9 11 15 17 21 3 23 24 26 30 32 36 4 38 39 41 45 47 51 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		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) 50 51					
Top Sol 0 2 Brown Shale 2 50 Brown Slate 50 55 Blue Slate 55 95 Brown Slate 95 100 Blue Slate 100 185		MAIN CASING TYPE PL 6 63 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)		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) 50 51					
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes Y no N		C 2 1 HO 61 185 2 8 9 11 15 17 21 3 23 24 26 30 32 36 4 38 39 41 45 47 51 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		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Prop Line 35' 25' well			
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. 1 MSD 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC NO. 1 MSD 116 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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			

B 1	4729	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2026 <small>fill in this form completely</small>
Date Received (APA) 12-13-98 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Last Name CISSEL		Owner CAMBERT		
Street or RFD 3425 HIPSLEY MILL RD.		First Name WOOD BINE		
Town MD. 21287		State MD. 21287		
Zip 21287		Zip 21287		
DRILLER INFORMATION				
Driller's Name Ralph MAYNE		License No. MSD 116		
Firm Name Ralph MAYNE well Drilling		Address 920 Brown Church Rd. Mt Airy		
Signature <i>Ralph Mayne</i>		Date 12-9-98		
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		APPROX. PUMPING RATE (GAL. PER MIN.)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard Co		COUNTY NO. A57610K		
STATE SIGNATURE		INSERT S →		
DATE ISSUED 122998		EXP. DATE 122999		
NORTH GRID 548000		EAST GRID 768000		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. well				
2.				
3.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E 548000				
N 768000				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
<div style="text-align: center;"> </div>				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER				
PERMIT No. HO-94-2026				
SPECIAL CONDITIONS				



APPROVED FOR
HOWARD COU
[Signature]
COUNTY REAL

HARDY

WELL STATED SURVEY
LOCAL ROAD

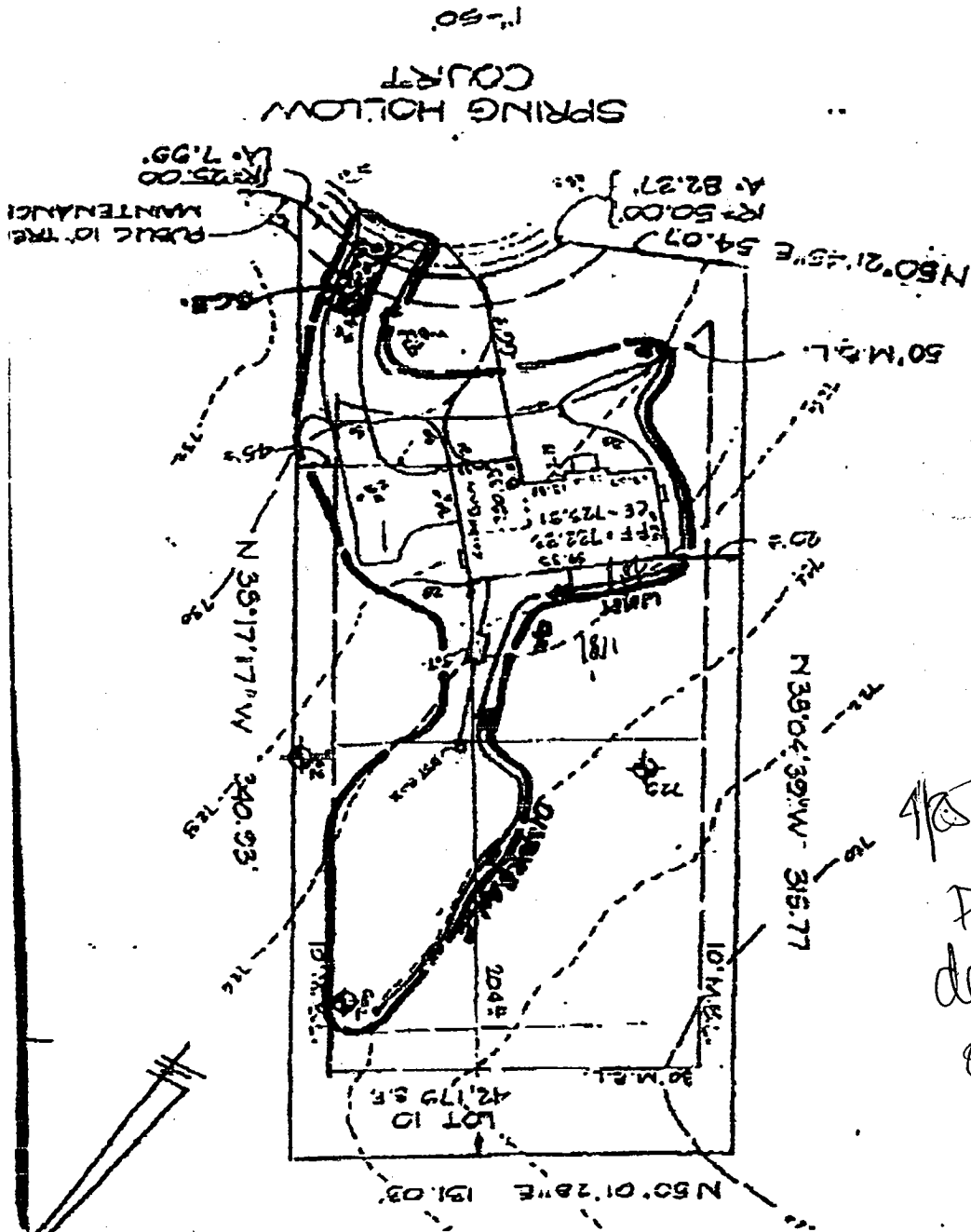
P-22

Well Permit No. HO - 94-2026
Location of property (road) Spring Hollow Ct
Subdivision Spring Hollow Lot 10 Block Plat Sec.
Well Driller Ralph Mayne Owner Lambert Cisse

Depth of well 185 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 46 ft

Time pump started 2:30 Pumping rate 15 GPM
Total time 15 min to reach pumping water level 51 ft. below M.P.

[illegible]



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 <u>B00127805</u>	
Building Address <u>17112 SPRING HOLLOW CT.</u> <u>MT AIRY MD 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>12040</u> Subdivision <u>Spring Hollow</u> Section _____ Area _____ Lot <u>20.10</u> Tax Map <u>7</u> Parcel <u>104</u> Grid <u>8</u> Zoning <u>RCD</u> Map Coordinates <u>2K9</u> Lot size <u>42,179</u>			Property Owner's Name <u>JAN & BARBARA JOHNSON</u> Address <u>17112 SPRING HOLLOW CT.</u> City <u>MT AIRY</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>410 489 5155</u> Work Phone <u>N/A</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____		
Existing Use <u>SED</u> Proposed Use <u>DECK</u> Estimated Construction Cost \$ <u>3000</u> Description of Work <u>Deck with stairs</u> <u>11' x 10'</u>			Contractor Company <u>GREENWOOD BUILDERS</u> Contact Person <u>BRENT JOHNSON</u> Address <u>17112 SPRING HOLLOW CT.</u> City <u>MT AIRY</u> State <u>MD</u> Zip Code <u>21771</u> License No. <u>4456289</u> Phone <u>410 290 8711</u> Fax _____		
Occupant or Tenant <u>SAME</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics 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	Utilities 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input checked="" 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

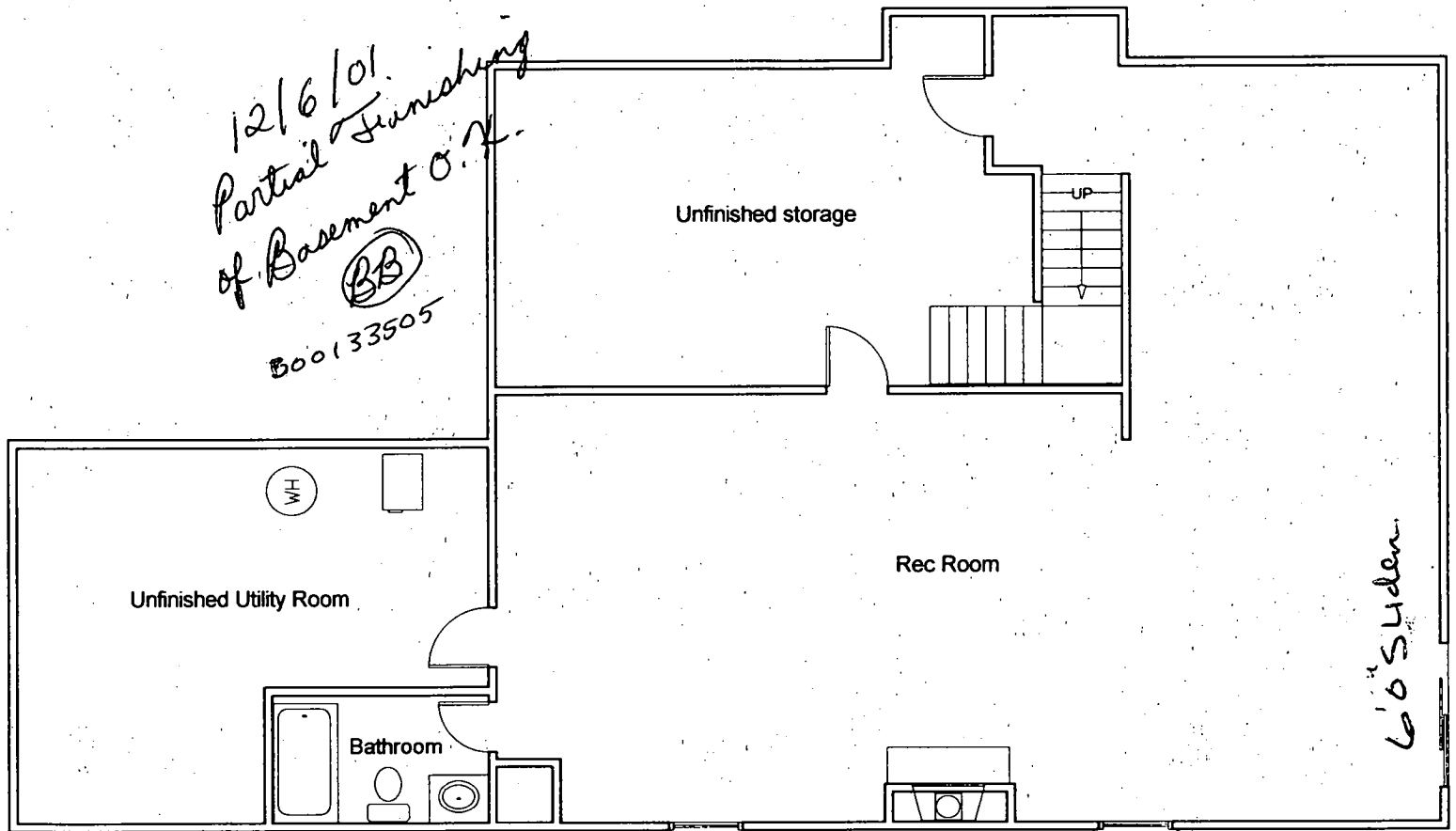
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO, (4) THAT HE/SHE WILL PERFORM ANY WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Brent Johnson Print Name BRENT JOHNSON
JOHNSON / BRENT JOHNSON BUILDERS Date 4-25-01
 Title/Company _____

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

FOR OFFICE USE ONLY			
AGENCY <input checked="" type="checkbox"/> Land Development/DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering/DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection	DATE <u>4/25/01</u>	SIGNATURE APPROVAL <u>BRENT JOHNSON</u>	PROPERTY ID# <u>44015</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l perm. fee \$ _____ TOTAL FEES \$ <u>200.00</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>2000</u> Validation # <u>2000</u> Accepted by _____
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 _____			
CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> Distribution of Copies: White: Building Official, Green: LDD, DPZ, Yellow: DED, DPZ, Pink: Health, Gold: SHA			

12/6/01
Partial Finishing
of Basement O.R.
BB
500133505



LIVING AREA