

LAYOUT 4/24/02 11:00 INSP 4 _____
INSP 2 5/8/02 PM INSP 5 _____
INSP 3 7/9/02 10:00 INSP 6 _____

ISSUE DATE: 4/16/2002

APPROVAL DATE: 7/9/02

**PERMIT
INDEXED**

P 516931

A 58096

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Cumberland & Company

IS PERMITTED TO

INSTALL ☒ ALTER ☐

ADDRESS: 16391 A.E. Mullinix Rd., 21797

PHONE NUMBER: 301-854-6838

SUBDIVISION: Stirn Farm

LOT NUMBER: 4

ADDRESS: 689 W. Watersville Road

PROPERTY OWNER: Perry

SEPTIC TANK CAPACITY (GALLONS): 1250

OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1250

COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 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 s shown on the approved site plan. Run trenches on contour.
NOTES:	

PLANS APPROVED: Steven R. Krieg OK SRK 4/16/02 DATE: 4/16/2002

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

BUILDING PERMIT SIGNED

AND RETURNED

5-28-02
800136209 - UG PROpane TANK

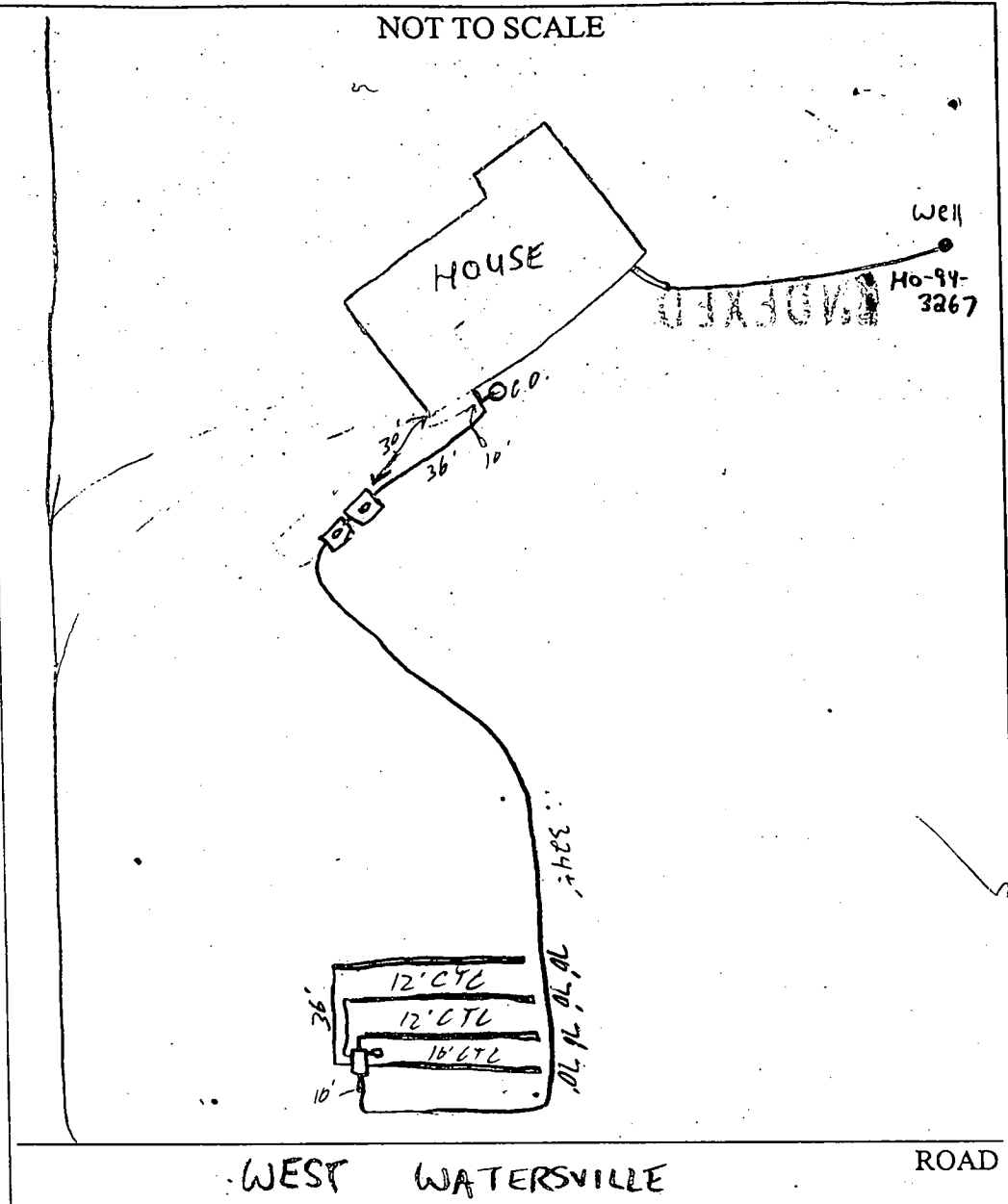
BUILDING PERMIT SIGNED

AND RETURNED

9-16-02
800138429 - DECK

458096

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3	2.5	4.5
NUMBER OF TRENCHES		4
TOTAL LENGTH		286'
ABSORPTION AREA		840'
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL		✓
CAPACITY	1250	GAL
SEAM LOC	Top	
TANK LID DEPTH	3'	
BAFFLES	yes	
BAFFLE FILTER	—	
MANHOLE LOC	Center	
6" PORT LOC	—	
WATERTIGHT TEST		—
SEPTIC TANK 2 LEVEL		✓
CAPACITY	1250	GAL
SEAM LOC	Top	
TANK LID DEPTH	3'	
BAFFLES	yes	
BAFFLE FILTER	—	
MANHOLE LOC	Center	
6" PORT LOC	—	
WATERTIGHT TEST		—

PRE-CONSTRUCTION 7/24/02 - LAYOUT PER BP PLAN, OK TO BEGIN (SRM)

INSTALLATION 5/8/02 - OK to work all work (SO) Alarm & Pump tests needed (SO) 7/9/02 Pump & Alarm tests OK (SO)

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

BUILDING PERMIT SIGNED

AND RETURNED

DATE RETURNED

LEGEND

- 720 --- EXISTING GROUND
- 720 --- PROPOSED GRADE
- ⊙ EXISTING WELL
- DRAINAGE FLOW
- SSF --- SUPER SILT FENCE
- LIMIT OF DISTURBANCE
- SF --- SILT FENCE
- ⊙ EX. TREE TO REMAIN
- SCE --- STABILIZED CONSTRUCTION ENTRANCE
- ECM --- EROSION CONTROL MATTING

NOTES:

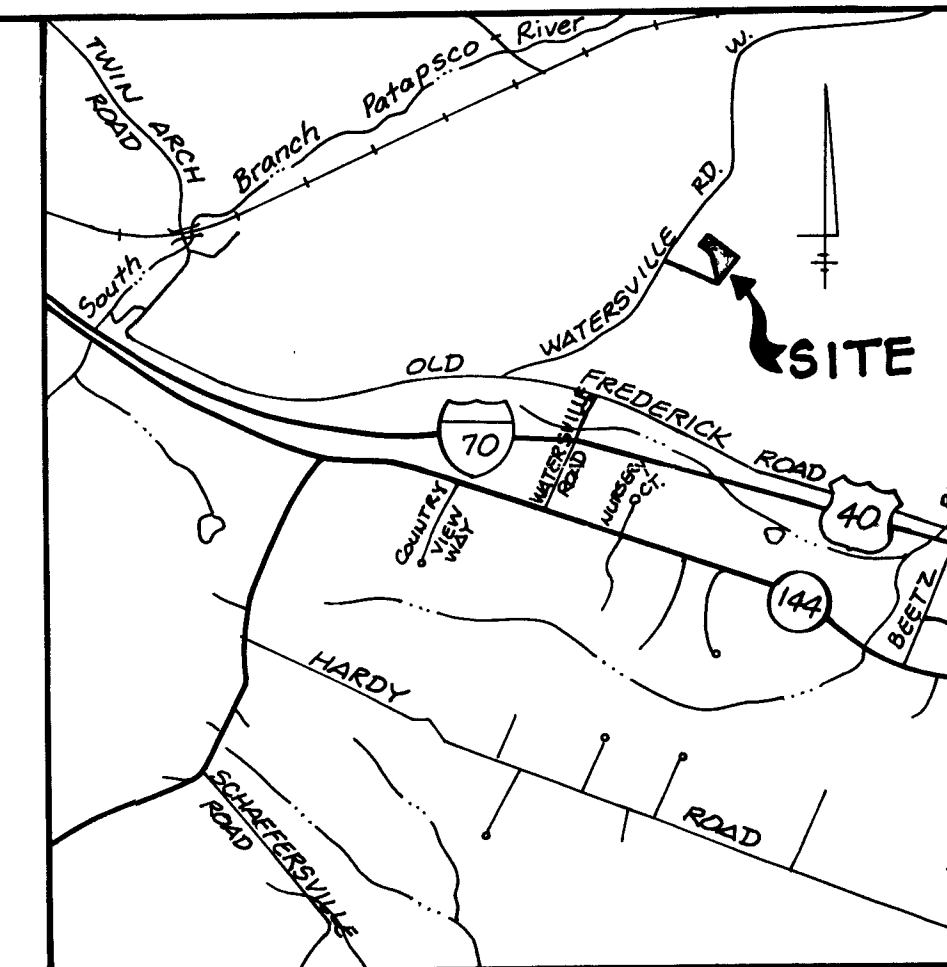
- THE PROPOSED SEPTIC SYSTEM FOR THIS LOT REQUIRES A PUMP.
- PUMP CHAMBER TO BE A MINIMUM 1000 GALLON TOP SEALED PUMP PIT WITH SINGLE EFFLUENT PUMP. PUMP SHALL BE EQUIPPED WITH AUDIBLE AND VISUAL ALARM SYSTEM FOR HIGH WATER AND PUMP MALFUNCTION. ALARM SYSTEM SHALL BE INSTALLED ON A SEPARATE ELECTRICAL CIRCUIT. INSTALL CHECK VALVES AS REQUIRED.
- PROVIDE MANHOLE CLEAMOUT TO FINISHED GRADE AT PROPOSED SEPTIC TANK AND THE PUMP CHAMBER.
- DETAILS AND SPECIFICATIONS OF THE PROPOSED PUMP WITHIN THE PUMP PIT TO BE SUPPLIED BY THE CONTRACTOR FOR REVIEW AND APPROVAL BY THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO ISSUANCE OF A SEPTIC PERMIT.

SEWAGE SYSTEM DESIGN DATA:

- Invert at foundation wall: 740.00 First Floor Service Only
- 1250 Gallon Septic Tank (4 Bedrooms)
Provide Manhole to Finished Grade
A. Ex. Ground Over Tank: 744.50
B. Prop. Grade Over Tank: 742.40
C. Invert In: 739.70
D. Invert Out: 739.40
- 1000 Gallon Pump Pit **
A. Ex. Ground over Pit: 744.20
B. Prop. Grade over Pit: 741.50
C. Invert In: 738.00
D. Invert Out: 738.50
- Distribution Box: (Provide 4 Outlets Minimum)
A. Ex. Ground Over Box: ~~745.00~~ 750
B. Prop. Grade Over Box: ~~745.00~~ 750
C. Invert In: ~~741.00~~ 747.5
- Trench Design: 60 LF/Bedrm. X 4 Bedrm. = 240 LF

	(A)	(B)
Ex. Gr. Over Trench:	746.00	745.30
Invert Trench:	742.00	741.30
Bottom Trench:	740.00	739.30
Trench Length:	60 LF	60 LF
Trench Width:	3 Ft.	3 Ft.

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS AND THE OFFICE REVIEW OF THE HEALTH DEPARTMENT. AT THE TIME OF SUBMISSION OF THIS PERMIT DRAWING, SEPTIC SYSTEM SPECIFICATIONS WERE UNAVAILABLE.



VICINITY MAP
Scale: 1" = 2000'

NOTES:

- EXISTING ZONING: RC (RURAL CONSERVATION)
- DEED REFERENCE: LIBER 4252 / FOLIO 0278
- LIMIT OF DISTURBANCE: 29,700 S.F. +/-
- THE PROPOSED DRIVEWAY FOR THIS LOT SHALL BE A MINIMUM OF 10 FEET WIDE, 6" CRUSHER RUN WITH 2 1/2" MACADAM SURFACE.
- THE TOPOGRAPHY SHOWN IS TAKEN FROM THE HOWARD COUNTY AERIAL TOPOGRAPHY.
- SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS.

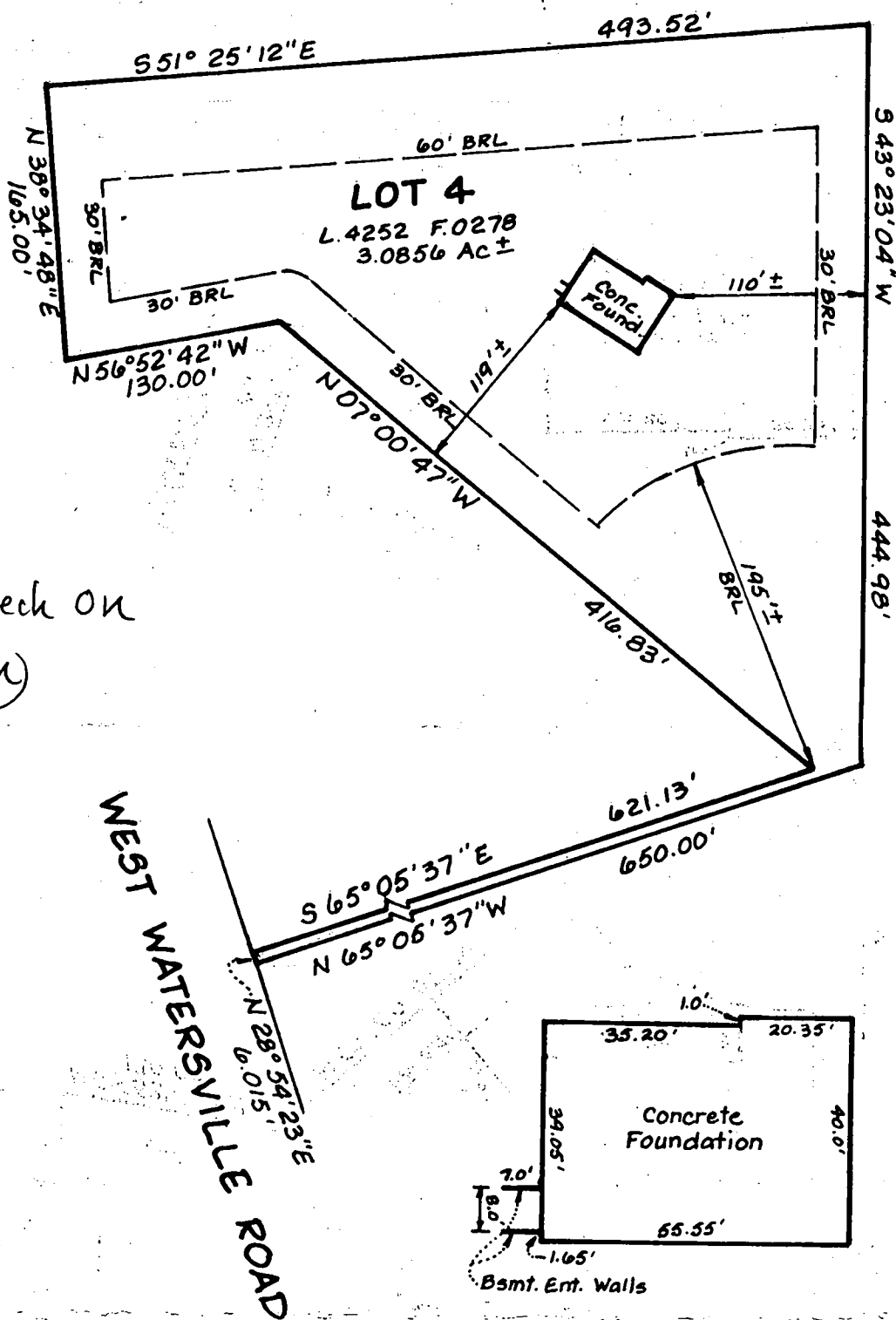
NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS AND THE OFFICE REVIEW OF THE HEALTH DEPARTMENT. AT THE TIME OF SUBMISSION OF THIS PERMIT DRAWING, SEPTIC SYSTEM SPECIFICATIONS WERE UNAVAILABLE.

Owner:
Richard + Diana Perry
6038 Riverbush Ct
Hanover, MD 21076

LDE, INC. 9250 Rumsey Road, Suite 106, Columbia, MD. 21045 (410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)		
DESIGNED: BDB	PLOT PLAN SHARP PROPERTY LOT 4 TAX MAP 2 PARCEL 244 4th ELECTION DISTRICT HOWARD COUNTY, MD	SCALE: 1" = 30' DRAWING: 1 OF 1 JOB No. 02-001 FILE No.
DRAWN: KBW	CHECKED: BDB	DATE: 1/2002
BUILDER: CUMBERLAND AND CO., INC. 16391 A.E. Mullinix Road Woodbine, MD 21797		

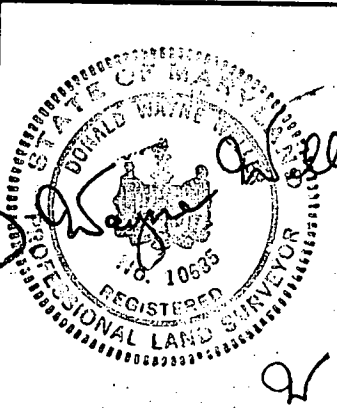
THIS PLAT CAN NOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.

STIRN FARM



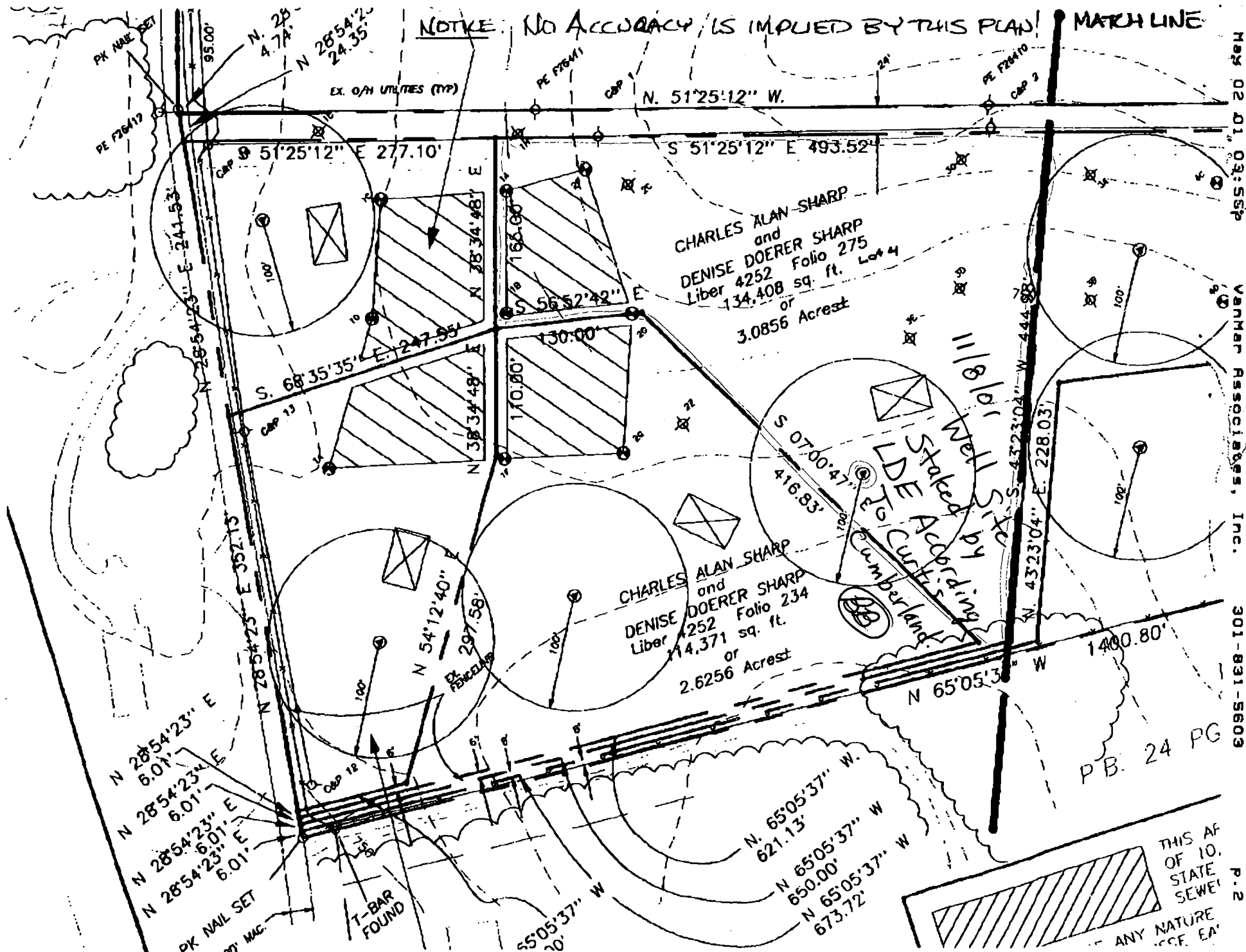
HOUSE DETAIL
1" = 30'

LOCATION DRAWING

CERTIFICATION	SEAL	SCALE 1"=100'	DATE 3-15-01
This is to certify that I have surveyed the property known as: <u>SHARP PROPERTY</u> <u>WEST WATERSVILLE ROAD</u> The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.		LDE Inc. 9250 Rumsey Road Suite 106 Columbia, Maryland 21045 (410) 715-1070 (Balt.) (301) 596-3424 (Wash.) (410) 715-9540 (Fax)	

C1 0537 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																						
ST/CO USE ONLY DATE Received <u>MM</u> <u>DD</u> <u>YY</u> 8 13		COUNTY NUMBER (13) A58096 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3267 28 29 30 31 32 33 34 35 36 37																							
DATE WELL COMPLETED <u>11</u> <u>14</u> <u>2001</u> 15 20		Depth of Well 22 <u>300</u> 26 (TO NEAREST FOOT)																							
OWNER <u>Cumberland Development</u> STREET OR RFD <u>West Watersville Road</u> TOWN <u>Mt. Airy</u> SUBDIVISION <u>Hay Meadow / Stirn Farm</u> SECTION <u> </u> LOT <u>4</u>																									
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Overburden</td> <td>0</td> <td>45</td> <td></td> </tr> <tr> <td>Blue Slate</td> <td>45</td> <td>300</td> <td>X</td> </tr> <tr> <td colspan="4">water at 90' & 130'</td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Overburden	0	45		Blue Slate	45	300	X	water at 90' & 130'				GROUTING RECORD yes ☒ no ☐ WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS <u>45</u> <u>10</u> NO. OF POUNDS <u>45</u> <u>1000</u> GALLONS OF WATER <u>60</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>42</u> ft. to <u>42</u> BOTTOM <u>58</u> ft. (enter 0 if from surface) CASING RECORD casing types insert appropriate code below <table style="width:100%;"> <tr> <td>(ST) STEEL</td> <td>(CO) CONCRETE</td> </tr> <tr> <td>(PL) PLASTIC</td> <td>(OT) OTHER</td> </tr> </table> MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>50</u> 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 _____		(ST) STEEL	(CO) CONCRETE	(PL) PLASTIC	(OT) OTHER
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																						
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water at 90' & 130'																									
(ST) STEEL	(CO) CONCRETE																								
(PL) PLASTIC	(OT) OTHER																								
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED yes ☒ no ☐ 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.		SCREEN RECORD screen type or open hole ☒ insert appropriate code below <table style="width:100%;"> <tr> <td>(ST) STEEL</td> <td>(BR) BRASS</td> <td>(HO) OPEN HOLE</td> </tr> <tr> <td>(PL) PLASTIC</td> <td>(OT) OTHER</td> <td></td> </tr> </table> DEPTH (nearest ft.) 1 2 <u>HO</u> <u>50</u> <u>300</u> E A C H C A S I N G 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 S L O T S I Z E 1 2 3 D I A M E T E R O F S C R E E N (NEAREST INCH) 56 60 from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		(ST) STEEL	(BR) BRASS	(HO) OPEN HOLE	(PL) PLASTIC	(OT) OTHER																	
(ST) STEEL	(BR) BRASS	(HO) OPEN HOLE																							
(PL) PLASTIC	(OT) OTHER																								
DRILLER'S LIC. NO. <u>MWD 399</u> DRILLER'S SIGNATURE <u>Mathy Dren</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>MSD 048</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		PUMPING TEST C3 1 2 HOURS PUMPED (nearest hour) <u>3</u> 8 9 PUMPING RATE (gal. per min.) <u>4.69</u> 11 15 METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>52</u> ft. 17 20 WHEN PUMPING <u>265</u> 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. <u>29</u> 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 <u>1</u> (nearest foot) 49 50 51 (-) below 49 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) 																							

FROM :



P. 2

Chuck Lepp.

From: Denise Shaw
Please, phone me

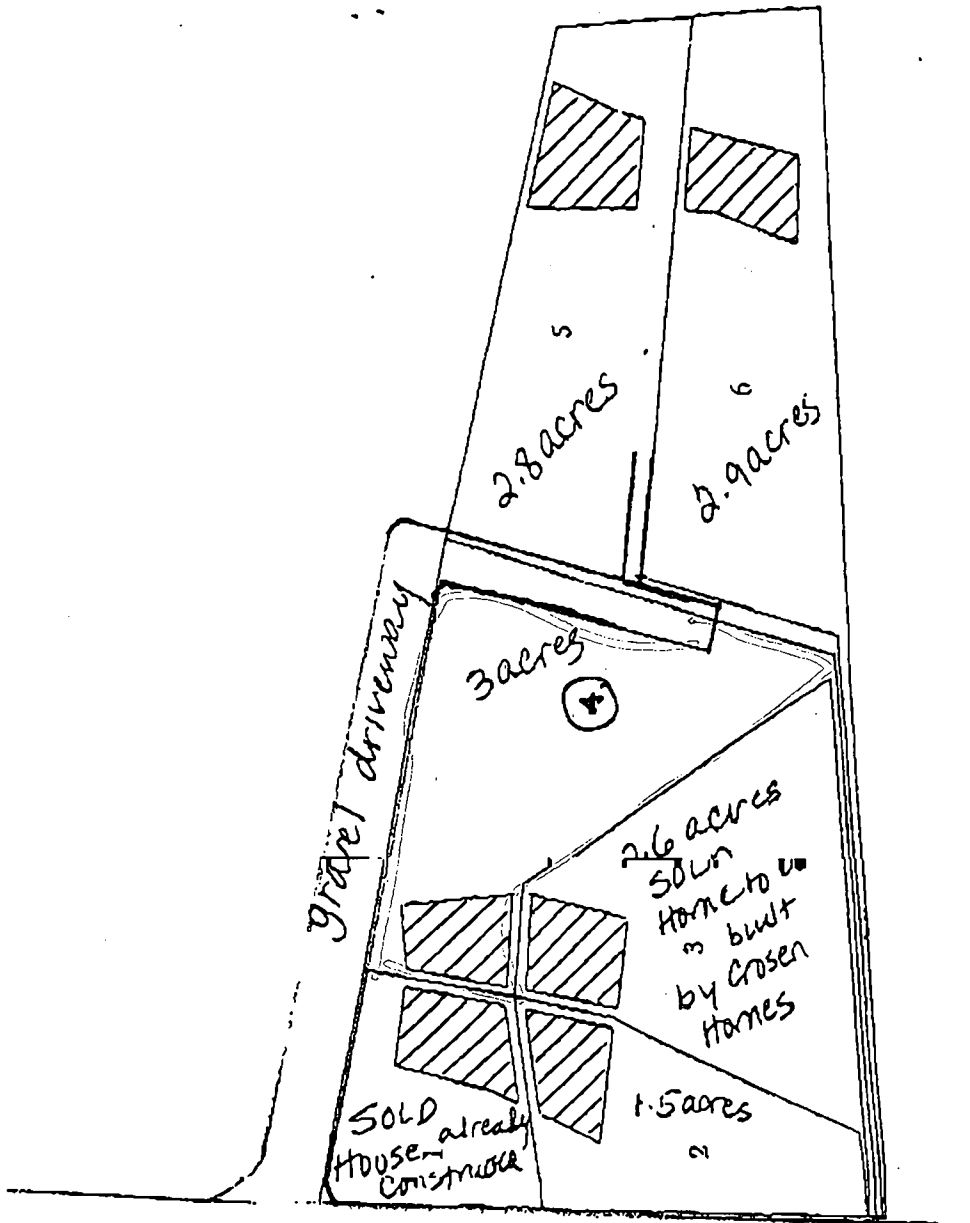
410-489-

Hay Meadow

In Howard County

On West Watersville Road, Mt. Airy, Maryland

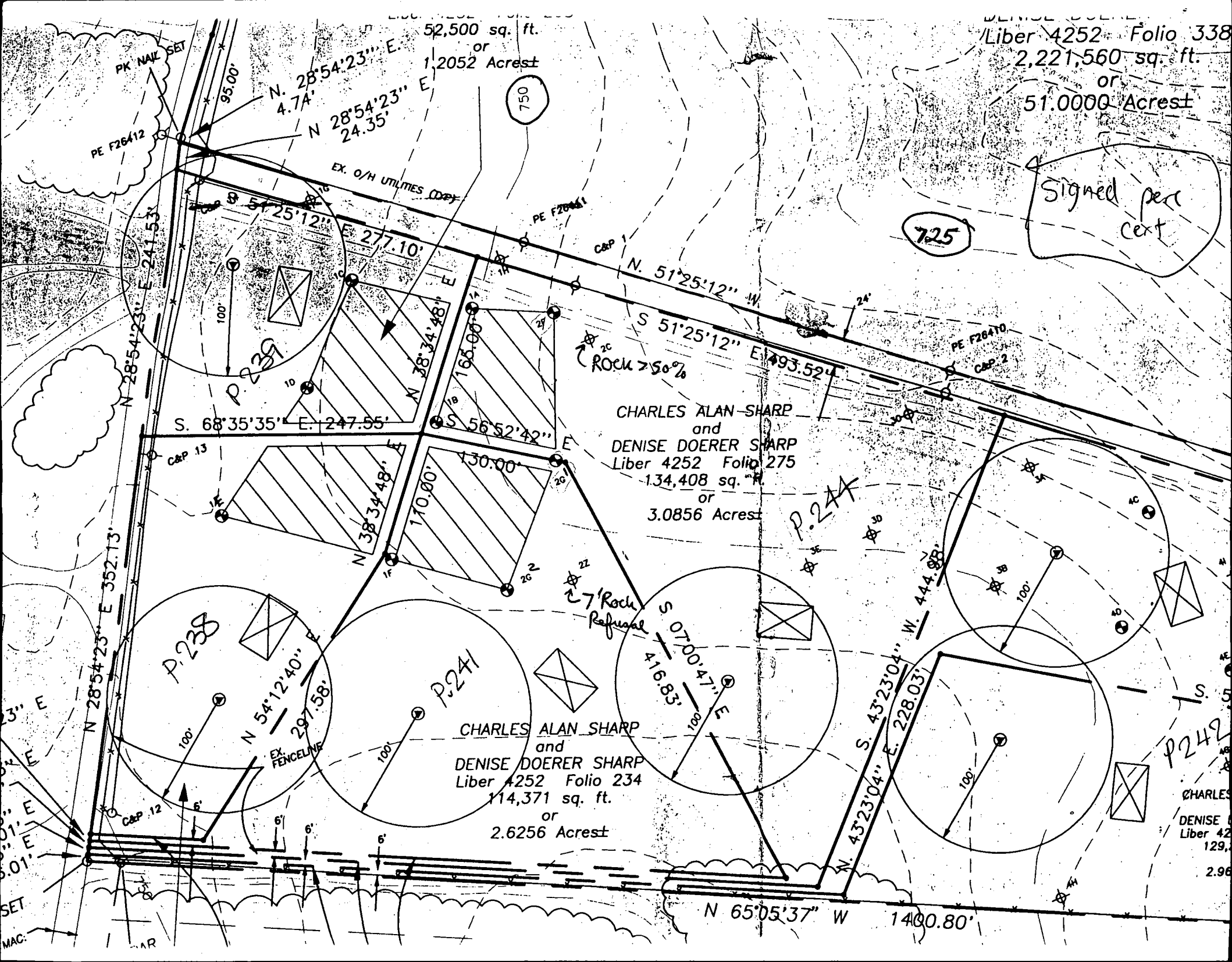
Cumberland Dev. Corp. has Lot 4.



West Watersville Rd

Chuck will phone you concerning
Covenants — Friday he will be back — Denise

Ycr 10/09/98



APPLICATION

PERCOLATION TESTING

A 58096

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

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

PREVIEW OK -
PROPOSED RECONFIGURATION
OF MULTIPLE PARCEL FARM
TRACT AS SUBDIVISION;
POST-TEST REVIEW SHOULD
INCLUDE CONSIDERATION
OF PREVIOUS (1976?)
TEST HISTORY ON THIS FARM (CW)

DISTRICT _____

DATE _____

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

PROPERTY OWNER D. Stern

ADDRESS West Waterville

PHONE _____

AGENT OR PROSPECTIVE BUYER C. Shamp

ADDRESS 3779 Shamp Rd Glenwood

PHONE 410 4894630

PROPERTY LOCATION:

SUBDIVISION STIRN

LOT NO. (2)

ROAD AND DESCRIPTION Old Freshmead Rd.

TAX MAP 2

PARCEL # 180

SIZE OF LOT 1.21 To 3 acs

TYPE BLDG. _____

(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. Charles C. Shamp

(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

58096

COUNTY #

SOIL PROFILE

2 (C)

topsoil

org red

brn

cl 1m

org brn

si 1m

w/

>50%

shale

frags

11'

26'

topsoil

org brn

cl 1m

3'

red brn

to

14 org

brn

si 1m

10'

25%

shale

frags

2F

topsoil

red org

brn

cl 1m

2.5'

14 org

brn

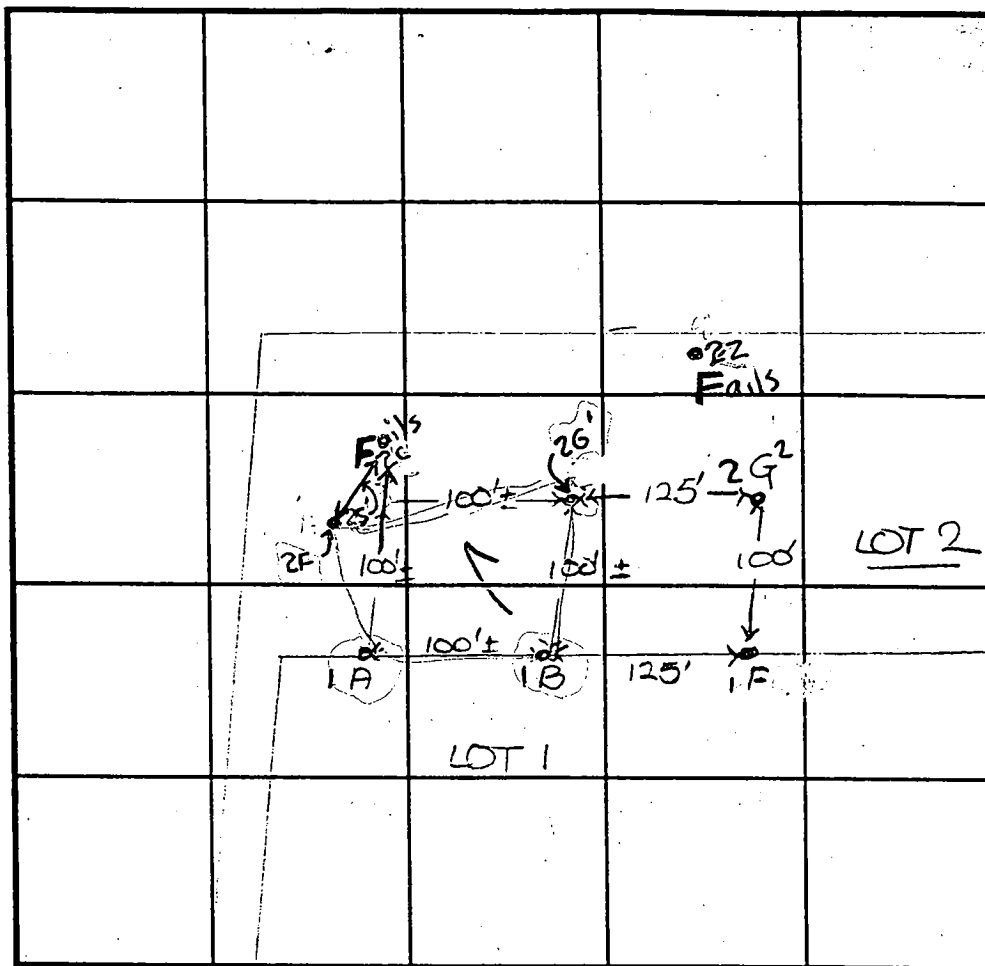
si 1m

9'

>50%

frags

10'



SOIL PROFILE

2G

topsoil

red org

brn

cl 1m

pale

org brn

si 1m

2'

>50%

R_x

9.5'

10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

West Waterville Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-2-97	2C	3'8"S	11:14 ₃	11:19	11:19	11:27	8
		11.0'D	See profile				
	26'	3'2"S	11:31	11:35 ₂	11:35 ₂	11:44	9
		10.0'D	Visual OK				
	2F	2.5'S	11:20	11:21	11:21	11:23	2
		10.0'D	Visual OK				
	2Z	7.0'D	Refusal				F
6-4-97	2G ²	3.0'S	11:13	11:15	11:15	11:18	3
		10.0'D	Visual OK				

REMARKS: Holes tested as stated

TYPE OF SOIL

TESTED BY: D. Roe

ALSO PRESENT: C. Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5

TRENCH WIDTH 3'

INLET DEPTH 2.0

MAXIMUM BOTTOM DEPTH 4.0

SQ. FT/BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 58096

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

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

PREVIOUS OK -
PROPOSED RECONFIGURATION
OF MULTIPLE PARCEL FARM
THAT AS SUBDIVISION
POST-TEST REVIEW SHOULD
INCLUDE CONSIDERATION
OF PREVIOUS (1976?)
TEST HISTORY ON THIS FARM (CW)

P _____

DISTRICT _____

DATE _____

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

PROPERTY OWNER D. Storn

ADDRESS West Waterville PHONE _____

AGENT OR PROSPECTIVE BUYER C. Shamp

ADDRESS 3779 Shamp Rd Glenwood PHONE 410 4894630
21738

PROPERTY LOCATION:

SUBDIVISION STIRN LOT NO. (1)

ROAD AND DESCRIPTION Old Freeland Rd.

TAX MAP 2 PARCEL # 180 (B parcel)

SIZE OF LOT 1.21 To 3 ac. TYPE BLDG. _____

(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: Charles Shamp

(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

58096

COUNTY #

SOIL PROFILE

1 (E)

top soil

org brn

cl 1m

pale

org brn

to 1+

org wh

si sa 1m

Rx patch

15-20%

Rx

1 (F)

top soil

org brn

cl 1m

pale

org brn

si sa

1m

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

Rx

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-4-97	1 E	4.0'S	10:58 ₃	11:00	11:00	11:03	3
		11.5'D	Visual	OK			
	1 F	3.5'S	11:07 ₃	11:09	11:09	11:11	2
		11.0'D	Visual	OK			
	1 G	10'8"D	Insuff depth to bedrock				F
	1 H	10.0'D	"	"	"	"	F

REMARKS

TYPE OF SOIL

TESTED BY D. Soc

ALSO PRESENT C Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT. BEDROOM

APPLICATION

PERCOLATION TESTING

A 58096

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

PREVIOUS OK -
PROPOSED RECONFIGURATION
OF MULTIPLE PARCEL FARM
THAT AS SUBDIVISION
POST-TEST REVIEW SHOULD
INCLUDE CONSIDERATION
OF PREVIOUS (1976?)
TESTING ON THIS FARM (CW)

P _____

DISTRICT _____

DATE _____

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 D. Stern

ADDRESS West Waterville PHONE _____

AGENT OR PROSPECTIVE BUYER C. Sharp

ADDRESS 3779 Sharp Rd Glenwood PHONE 410 4894630
21738

PROPERTY LOCATION:

SUBDIVISION STIRN LOT NO. (1)

ROAD AND DESCRIPTION Old Frederick Rd.

TAX MAP 2 PARCEL # 180 (B parcel)

SIZE OF LOT 1.21 To 3 ac. TYPE BLDG. _____

(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. Charles C. Sharp

(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

58096

COUNTY #

SOIL PROFILE

1(A)

topsoil

red org
brn
cl 1m14 org
brn
to tan
si 1m30%
shale
frag

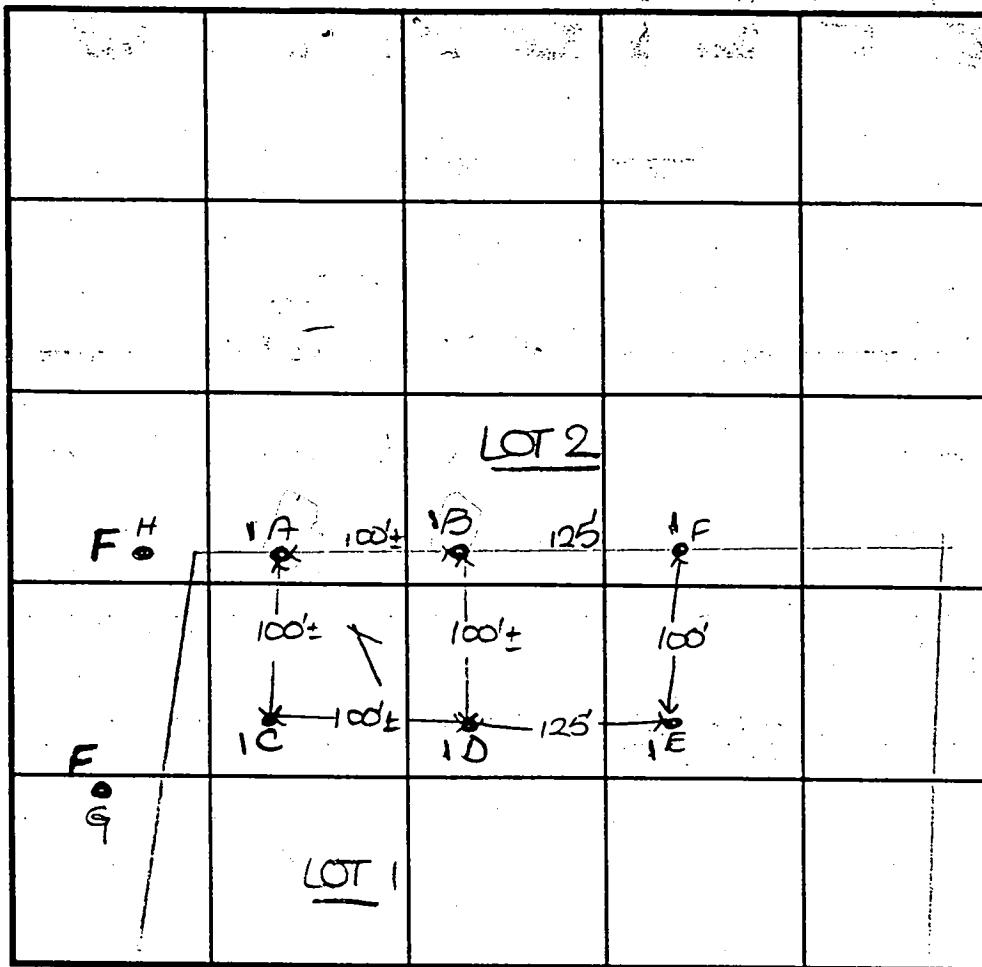
1(B)

topsoil

org brn
cl 1m14 org
brn
si 1m25%
frag

1(C)

topsoil

org brn
cl 1m14 org
brn
to beige
si 1m20%
frag

SOIL PROFILE

1(D)

topsoil

red org
brn
cl 1mmed red
brn
si 1m20%
frag

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

West Water'sville Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-2-97	1A	3'4" S	10:40 ₃	10:41 ₃	10:41 ₃	10:43 ₃	2
		7.5' M	10:44	11:04	11:04	11:27	23
		12.0' D	Visual	OK			
	1B	3'4" S	10:52 ₃	10:53 ₃	10:53 ₃	10:55	~2
		10.0' D	Visual	OK			
	1C	5.0' S	11:02	11:12	11:12	11:28	16
		12.5' D	Visual	OK			
	1D	4'2" S	10:57 ₃	10:59	10:59	11:01	2
		11.5' D	Visual	OK			

REMARKS holes tested as staked

TYPE OF SOIL

TESTED BY D. See

ALSO PRESENT C. Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

9

TRENCH WIDTH

3

INLET DEPTH

2.5

MAXIMUM BOTTOM DEPTH

4.5

SQ. FT./BEDROOM

210

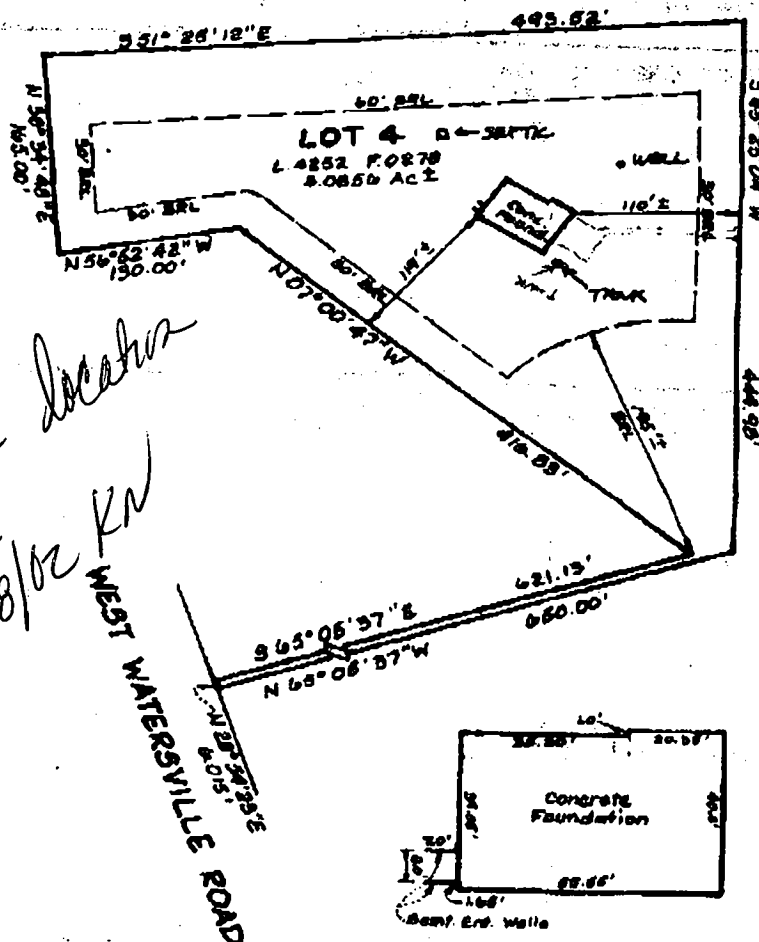
FROM :

PHONE NO.

Mar. 17 2001 09:57PM P1

PROPERTY KNOWN AS: LOT 4
SHARP PROPERTY
TAX MAP 2, PARCEL 244
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
L.4252 E.0378

THIS PLAT CAN NOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.



LOCATION DRAWING

CERTIFICATION

This is to certify that I have surveyed
the property known as: SHARP PROPERTY
WEST WATERSVILLE ROAD

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.

SEAL



SCALE 1"=100'

DATE 9-16-01

LDE Inc.

9250 Rumsey Road Suite 106
Columbia, Maryland 21045

(410) 715-1070 (Balt.)
(301) 596-3424 (Wash)
(410) 715-9540 (Fax)

689 W. WATERSVILLE RD.

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 B00138429
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Building Address <u>671 W. Watersville Rd.</u> <u>MT. Airy, MD 21771</u>	Property Owner's Name <u>MIKE & KAREN DuBois</u> Address <u>671 W. Watersville Rd</u> City <u>MT. Airy</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>301-8294079</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>2</u> Parcel <u>239</u> Grid <u>13</u> Zoning <u>RCDED</u> Map Coordinates <u>055</u> Lot size _____	Contractor Company <u>JJ's Home Improvements</u> Contact Person <u>John Poole</u> Address <u>616 W. Old Liberty Rd</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21781</u> License No. <u>65154</u> Phone <u>410-781-4236</u> Fax _____
Existing Use <u>SFH</u> Proposed Use <u>14x30 Deck For JAMF</u> Estimated Construction Cost \$ <u>7,000.00</u> Description of Work <u>14x30 pressure treated deck on Rear of home.</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Occupant or Tenant <u>See 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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame ____ State Certified Modular	Utilities Water Supply: ____ Public ____ Private Sewage Disposal: ____ Public ____ Private Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ____ Full ____ Partial ____ Other Suppression # of Heads _____	Building Characteristics SF Dwelling ☐ SF Townhouse ☐ Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ 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: _____ ____ State Certified Modular ____ Manufactured Home	Utilities Water Supply: ____ Public ☒ Private Sewage Disposal: ____ Public ☒ Private Electric Yes ☒ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ____ NFPA #13D ____ NFPA #13R ____ 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>John T. Poole, Jr.</u> Applicant's Signature <u>OWNER JJ's Home Improvements</u> Title/Company	<u>John T. Poole, Jr.</u> Print Name <u>9/13/02</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **
- FOR OFFICE USE ONLY -

AGENCY ☒ Land Development, DPZ ☒ State Highways ☒ Building Official ☒ Dev. Engineering, DPZ ☒ Health ☒ Fire Protection Is Sediment Control approval required prior to issuance? YES ☐ NO ☐ CONTINGENCY CONSTRUCTION START: ☐ ONE STOP SHOP: ☐ Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA	DATE <u>9/16/02</u> SIGNATURE APPROVAL <u>Kacie Roman</u> DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES ☐ NO ☐ Is Entrance Permit required? YES ☐ NO ☐ Historic District? YES ☐ NO ☐ Lot Coverage for New Town Zone _____ S/P/Red-line approval date _____	PROPERTY ID# <u>44606</u> Filing fee \$ <u>50</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ <u>50</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>953</u> Validation # <u>12002</u> Accepted by <u>JP</u>
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