

10/17/01 10/18/01
1:00 PM
Layout

10/19/01 P.M. Final
11/15/02 Pump test 11:30 am

ISSUE DATE: 10/11/2001

APPROVAL DATE: 11/15/02

PERMIT

P 516066

A 513397

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

04-352890

Hatfield's Equipment IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Cattail Creek Country Club LOT NUMBER: 42

ADDRESS: 3655 Sycamore Valley Run PROPERTY OWNER: Miller

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300

TRENCHES:	Trench to be 3.0 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' from the existing well and 60' off the rear (435.92') lot line. Run (4) trenches on contour toward rear lot line as shown on plan.
NOTES:	

PLANS APPROVED: MER OK MR 10/3/01 DATE: 10/3/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

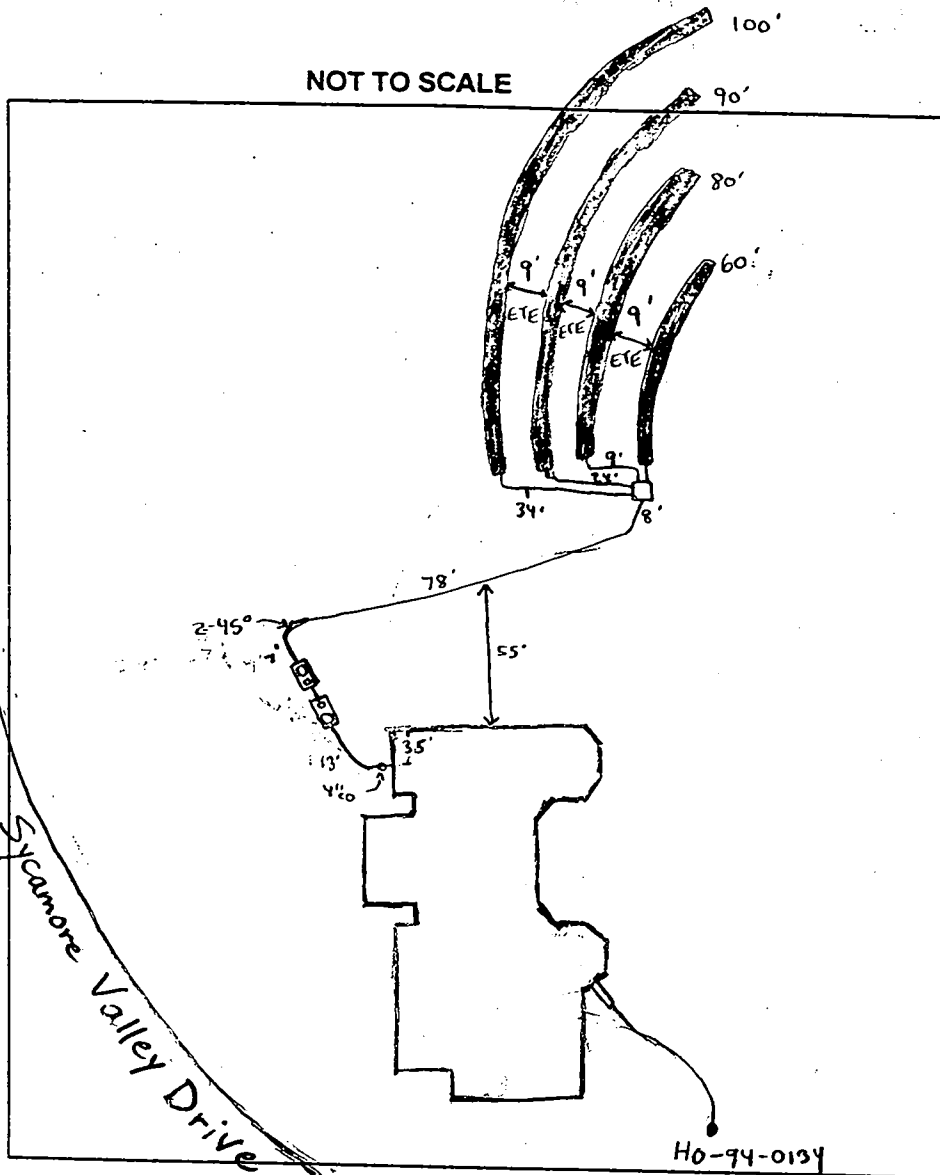
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

B00138216 9/5/2002 LG PROPANE TANK
B00132700 10/15/01 RETAIN W/AL

A513397

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 330'
 ABSORBENT AREA 990 ft²
 DISTRIBUTION BOX LEVEL ✓
 BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER on front
 6 INCH INSPECTION PORT on rear

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 TS
 MANHOLE RISER on rear
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 10/17/01 To set tanks out of swale below house.

Top 2 trenches to be moved 20' away from grading done near

INSPECTION COMMENTS: outside of easement. Trenches may extend
outside of easement towards lot line if extra area is needed. (BB)

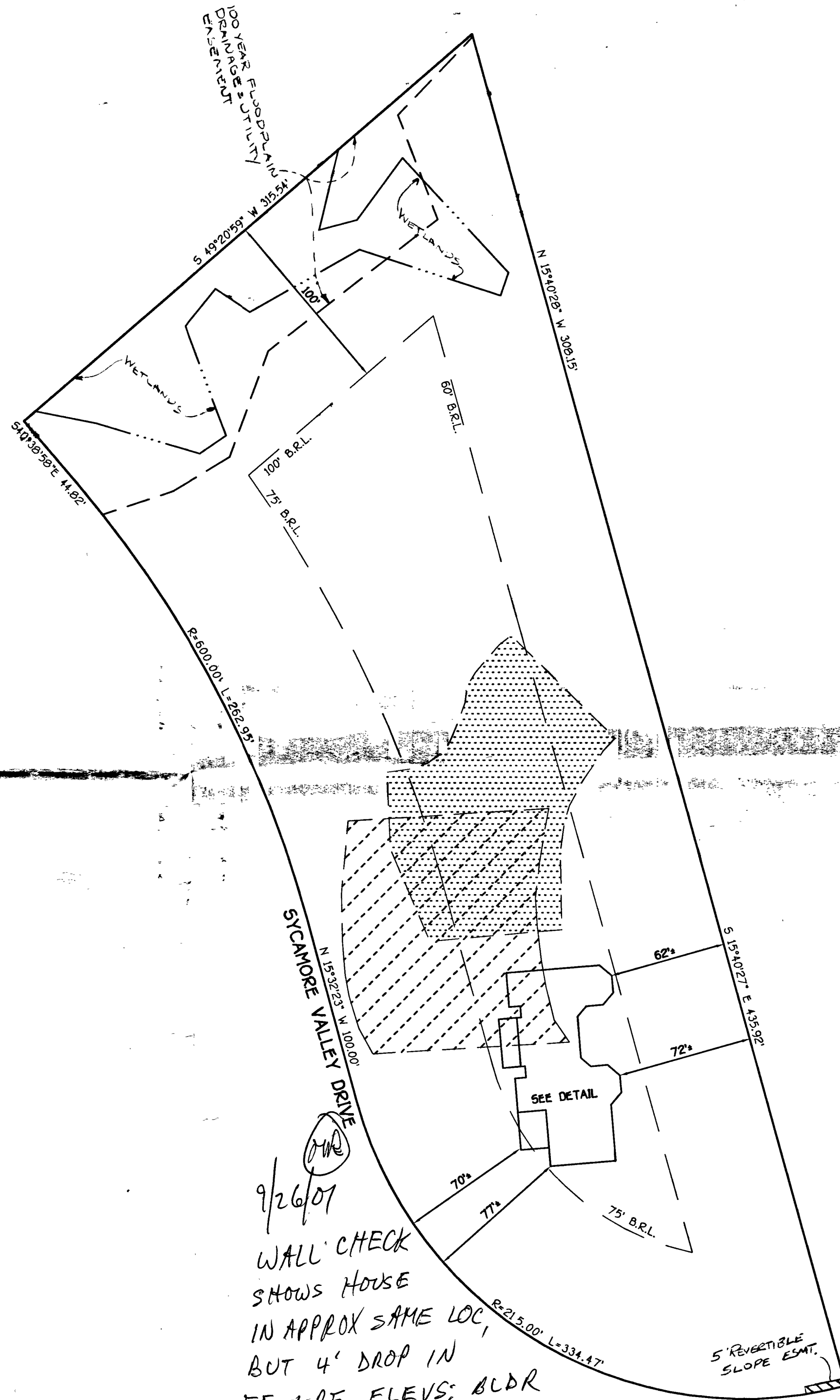
10/19/01 - OK TO COVER ALL WORK, PUMP TEST STILL NEEDED (SRK/KG)

11/15/02 Pump and alarm working. (BB)

INSPECTOR 11/15/02

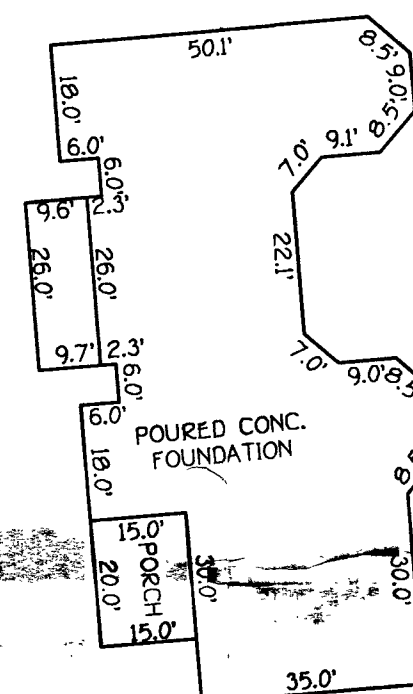
DATE SYSTEM APPROVED

B. Baker
 BUILDING DEPARTMENT



GENERAL NOTES:

- 1) THIS LOCATION DRAWING 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 COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING 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 LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR 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 00202 EFFECTIVE 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 1' (4)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



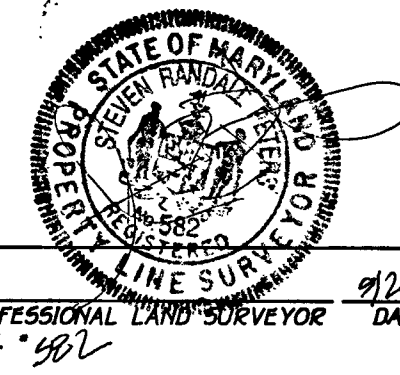
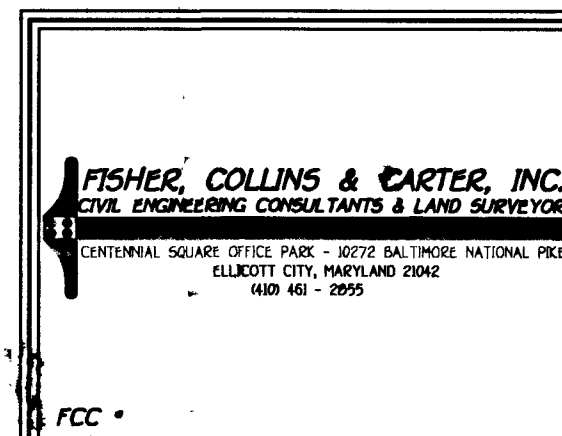
DETAIL
1"=30'

9/26/01
WALL CHECK
SHOWS HOUSE
IN APPROX SAME LOC,
BUT 4' DROP IN
FF & BE ELEV'S; BLDR
TO SUBMIT REVISION W/
NEW GRADING PRIOR
TO SEPTIC PERMIT ISSUANCE
10/2/01 OK TO ISSUE
SEPTIC PERMIT

TOP OF FOUNDATION ELEV. 515.4'
B.R.L. = BUILDING RESTRICTION
[Hatched Box] = APPROVED PERC AREA PER RECORD PLAT
[Dotted Box] = APPROVED PERC AREA FROM HOWARD COUNTY
HEALTH DEPARTMENT. A513397

LOT 42
CATTAIL CREEK COUNTRY CLUB
LOTS 37-47
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 10066

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2995



**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 9/21/01
FINAL LOCATION: _____
BOUNDARY SURVEY: _____
SCALE: 1"=50'
DATE: 9/24/01
DRAWN BY: T.B.F.
CHECKED BY: S.R.P.
PROJECT No.: 61520

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION 516.50
B. BASEMENT ELEVATION 507.50
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 510.7
D. INVERT IN AT SEPTIC TANK: 510.5
E. INVERT OUT AT SEPTIC TANK: 510.2
F. PROPOSED GRADE OVER SEPTIC TANK: 514.0
G. INVERT AT DISTRIBUTION BOX: 516.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 519.0
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.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
7. Pump Tank
Inv. in. 510.0
8. Linear Feet of trench required 300 lf

1:60
PLAN BY
FCC

REVISED

Approved Septic System Plan
Howard County Health Department

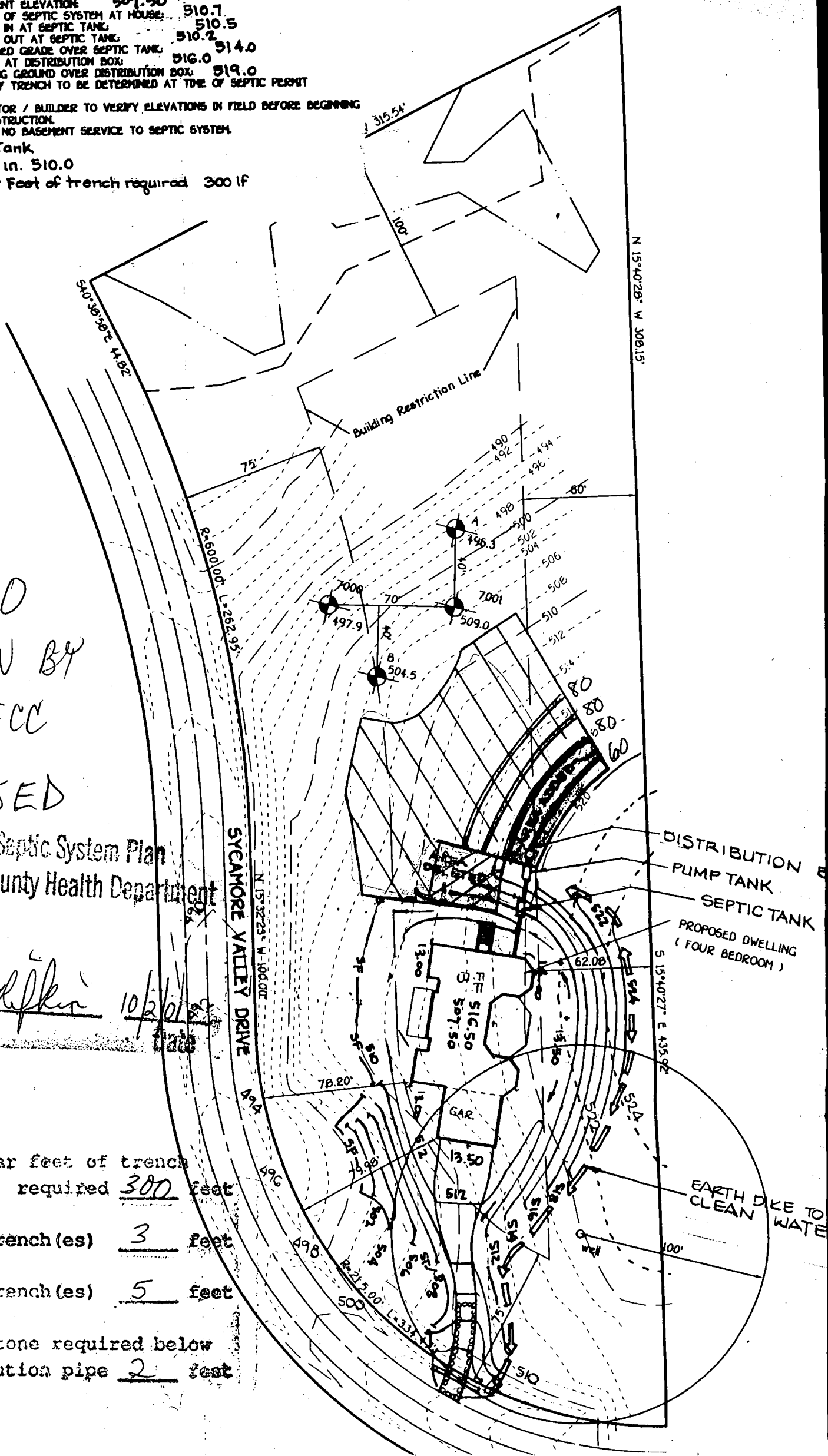
Mark Hefner 10/20/83
Signature Date

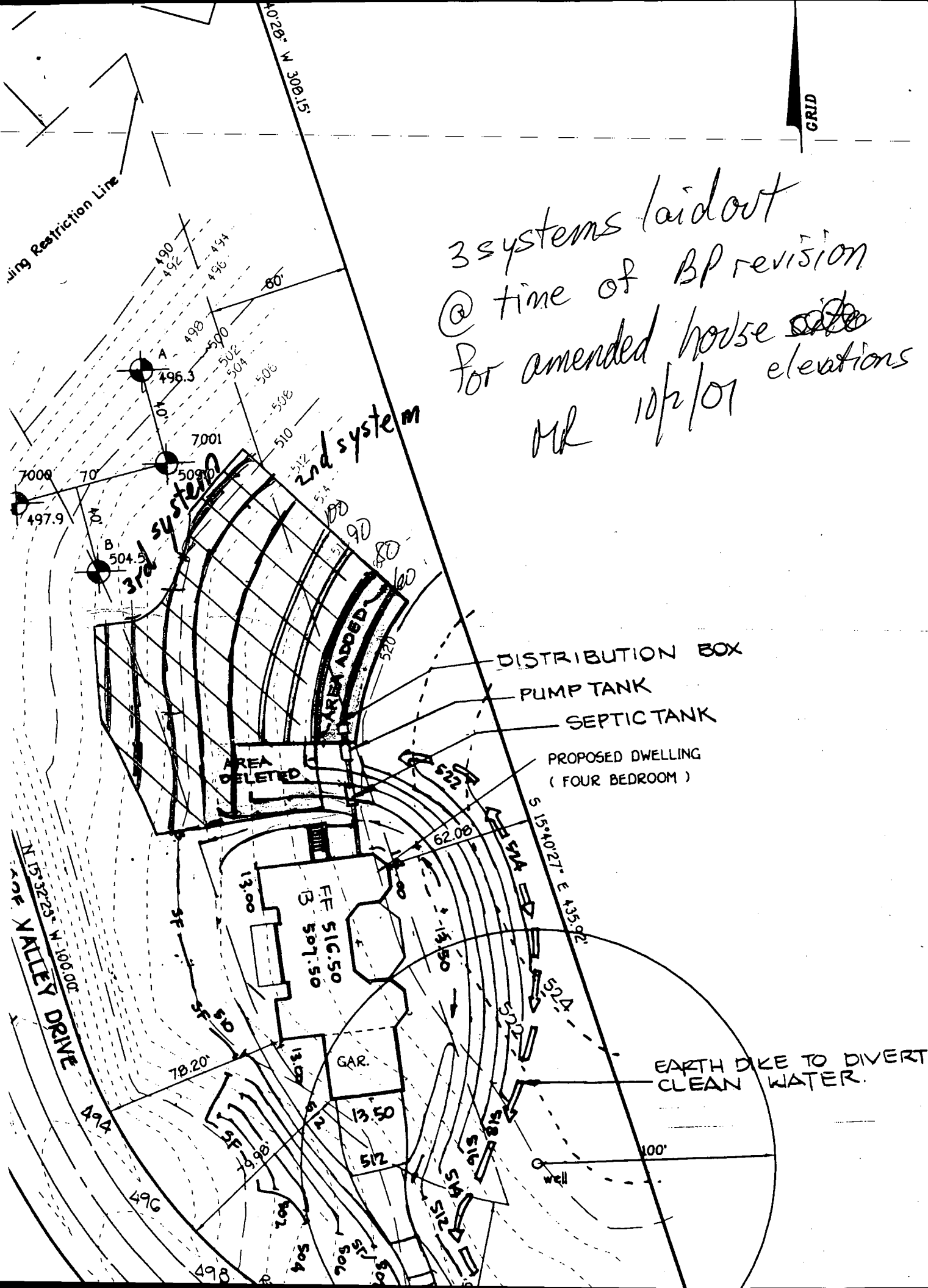
Total linear feet of trench
required 300 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet





2643
Brim Baker

**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: Stan's Well Drilling Telephone #: 410-896-6952
Address: PO Box 2035
Westminster Md. 21157

(Must circle one) Licensed Plumber Licensed Well Driller
License # and name of individual responsible for the field installation:

Name (Print): Stanley Bollinger

License# 1950081

*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: Michael & Judi Miller Telephone #: (410) 961-9002
Subdivision: Cattail Creek Lot #: 42 Well Tag #: HO-94-0134
Site Address: 3659 Sycamore Valley Run
Glenwood, MD 21738

Submersible Pump Data

Make: Red Jacket Grizzly

Model #: 50F211126

Pump Capacity: 8 GPM

Well Yield: 14 GPM

Depth of well encountered at time of pump installation: 174 (feet)

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

Torque arrestors or Cable guards are required - Must circle one

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

Pitless Adapter

Make: BII Bronze

Model#: PA-100

Depth: 42 (36" min)

NSF approved: ☒

Well Cap and Electric Conduit

Two piece watertight cap: ☐

Screened, vented well cap: ☒

Cap secured to casing: ☒

Conduit min 18" B.G.: ☒

Conduit secured to well cap: ☒

Conduit secured to well cap: ☒

Piping to house

Type: 1" Plastic Coil pipe

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒

Approximate length of sleeve: 4'

Sleeve caulked and sealed properly: ☒

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: Stanley Bollinger

12/2/02
date

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

Date Insp. Requested: _____

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

Date Insp. Approved: 11/1/01

(SRK/KG)

C1	5141	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER				
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well		
8 13		15 20		22 26 (TO NEAREST FOOT)		
		PERMIT NO.		FROM "PERMIT TO DRILL WELL"		
		40-74-0134		28 29 30 31 32 33 34 35 36 37		

OWNER SYCAMORE VALLEY PROPERTY
last name SYCAMORE VALLEY first name PROPERTY TOWN CLEVELAND
STREET OR RFD CATTAIL CREEK SUBDIVISION SECTION LOT 42

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 FROM TO	Check if water bearing
Overburden	0 10	
Soft Shale	10 27	
Granite	27 175	X

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="radio"/> Y <input type="radio"/> N	
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="radio"/> CM	BENTONITE CLAY <input type="radio"/> BC
NO. OF BAGS <u>8</u>	NO. OF POUNDS <u>800</u>
GALLONS OF WATER <u>48</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>31</u> ft.	
TOP (enter 0 if from surface) BOTTOM	
CASING RECORD	
casing types insert appropriate code below	
STEEL <input checked="" type="radio"/> ST CONCRETE <input type="radio"/> CO	
PLASTIC <input type="radio"/> PL OTHER <input type="radio"/> OT	
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)	
<u>PL</u> <u>6</u> <u>31</u>	
OTHER CASING (if used)	
diameter inch depth (feet) from to	
screen type or open hole	
insert appropriate code below	
STEEL <input type="radio"/> ST BRASS <input type="radio"/> BR OPEN HOLE <input type="radio"/> HO	
BRONZE <input type="radio"/> PL PLASTIC <input type="radio"/> PL OTHER <input type="radio"/> OT	

PUMPING TEST	
HOURS PUMPED (nearest hour) <u>3</u>	
PUMPING RATE (gal. per min. to nearest gal.) <u>14</u>	
METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u>	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING <u>36</u>	
WHEN PUMPING <u>75</u>	
TYPE OF PUMP USED (for test)	
<input checked="" type="radio"/> A air <input type="radio"/> P piston <input type="radio"/> T turbine	
<input type="radio"/> C centrifugal <input type="radio"/> R rotary <input type="radio"/> O other (describe below)	
<input type="radio"/> J jet <input checked="" type="radio"/> S submersible	

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 IDENT. NO. <u>399</u>	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Marty Dixon</u>	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

SCREEN RECORD	
DEPTH (nearest ft.)	
1 <u>HO</u> <u>31</u> <u>175</u>	
2	
3	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
OEP 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	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES <input checked="" type="radio"/> NO <input type="radio"/>	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: <u>29</u>	
CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u>	
PUMP HORSE POWER <u>37</u> <u>41</u>	
PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u>	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="radio"/> + above <input type="radio"/> - below	
LAND SURFACE <u>1</u> (nearest foot) <u>50</u> <u>51</u>	
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)	
N/A	

COUNTY

Well Permit No. HO - 94 - 6134
Location of property (road) SYCAMORE VALLEY RUN
Subdivision CATTAIL CREEK Lot 42 Block Plat Sec.
Well Driller G.E. HARR CONS Owner SYCAMORE VALLEY PROPERTY

Depth of well 175'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 36'

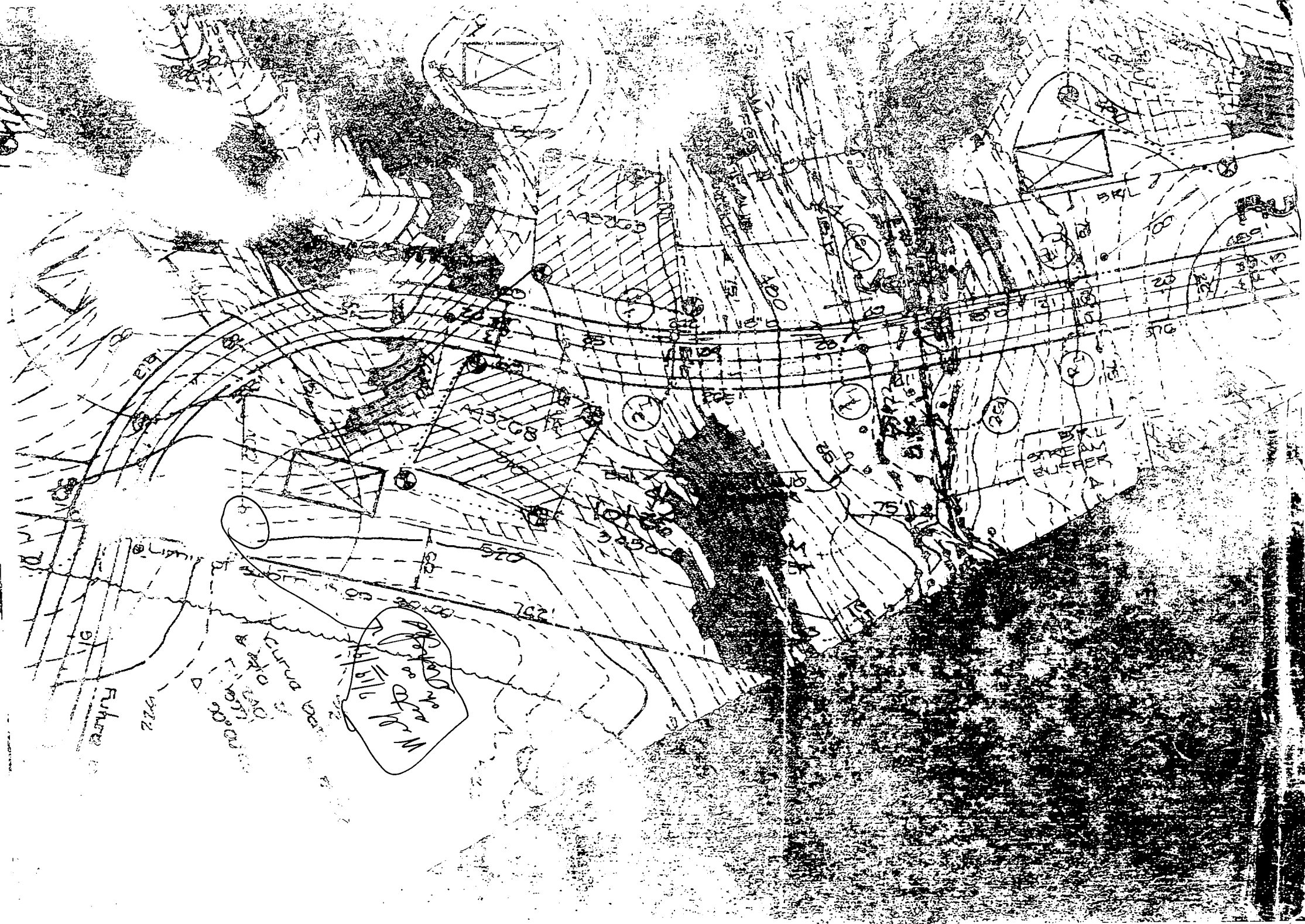
Time pump started 1045 Pumping rate 16.67
Total time 15 min to reach pumping water level 75' ft. below M.P.

[illegible]

Review

[illegible]

B 1 08034 <small>(THIS NUMBER IS TO BE PUNCHED IN-COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0134 <small>fill in this form completely</small>
B 2 062494 OWNER INFORMATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Sycamore Valley Pctd <small>15 Last Name</small> 10805 Hickory Ridge <small>36 Street or RFD</small> Columbia <small>57 Town</small> </div> <div style="width: 45%;"> Owner First Name MD21044 <small>70 State 72 Zip 76</small> </div> </div>		B 3 LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Howard <small>8 COUNTY</small> Cattail Creek <small>23 SUBDIVISION</small> SECTION 44 LOT 42 <small>44 46 48 50</small> Glenely <small>52 NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) 3 MI <small>73 76 77 78</small> </div> <div style="width: 45%;"> NEAR WHAT ROAD Sycamore Valley Run <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NORTH N WEST W SOUTH S EAST E </div> <div style="text-align: center;"> TOWN </div> </div> </div> </div>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 730 <small>14 20</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>43268</u> STATE SIGNATURE _____ INSERT S <input type="checkbox"/> DATE ISSUED <u>072094</u> CO SIGNATURE <u>Charles K...</u> EXP. DATE <u>12/95</u> <small>43 48 57 63</small> NORTH GRID 522000 EAST GRID 0791000 <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> E 78091 N 52091 </div> <div style="text-align: center;"> tag checked location OK DKS </div> </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 37</small> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> 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 <div style="text-align: center;"> N </div>	
REPLACEMENT OR DEEPEENED 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 <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX <input type="checkbox"/> PERMIT No. 40-94-0134 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS			



APPLICATION

PERCOLATION TESTING

A 513397

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

PERCOLATION OK
PROPOSED ADJUSTMENT
TO SEPTIC AREA
C.W.

P _____

DISTRICT _____

DATE 4/19/00

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 JUDY : MICHAEL MILLER

ADDRESS 114 E. RANDALL ST PHONE (W) 410-277-8710

AGENT OR PROSPECTIVE BUYER BART MD 21230

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CATTAIL CREEK LOT NO. 42

ROAD AND DESCRIPTION SYCAMORE VALLEY RUN

TAX MAP _____ PARCEL # _____

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

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

COUNTY #

NOT TO SCALE

SOIL PROFILE

7500

0'

6

31

13

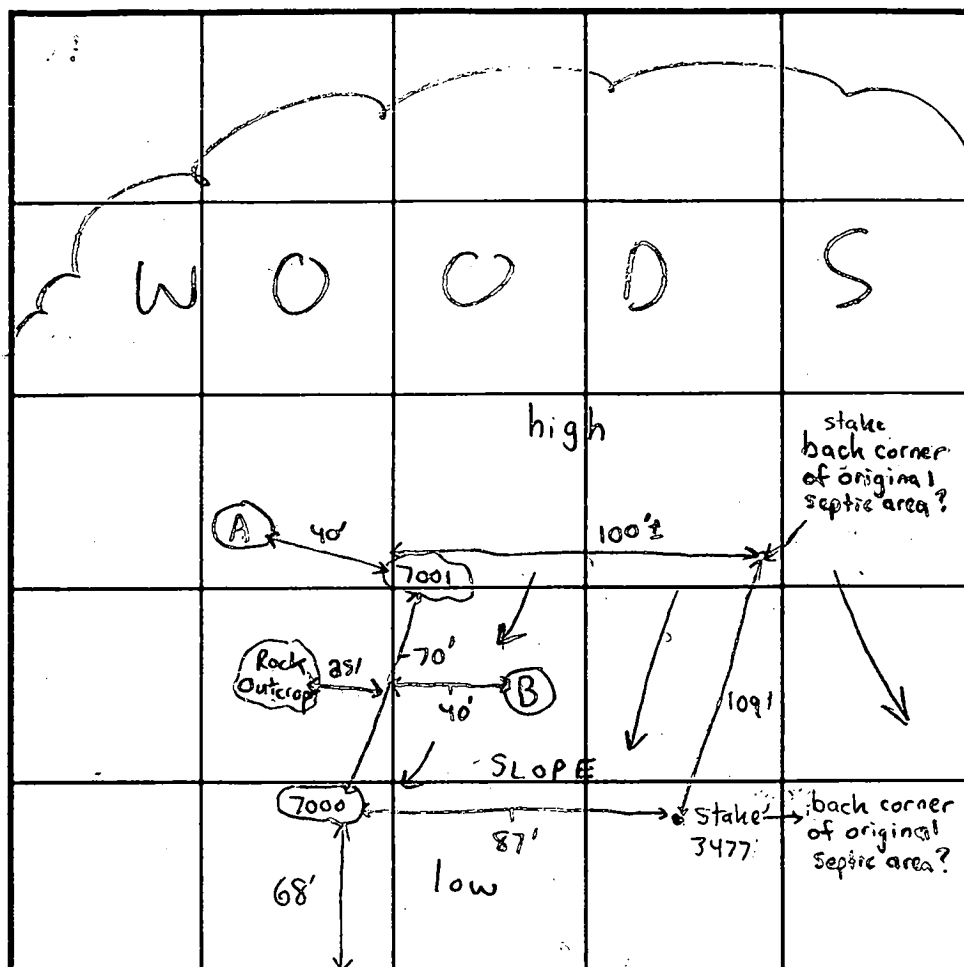
6

3.5"

13'

 α'

3'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SYCAMORE VALLEY: RUN

SOIL PROFILE



0

6

3'

12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-13-00	7000	4'S	10:37	10:40	10:40	10:43	3min
↓		13'V	(OK	SEE	SOIL	PROFI	LE)
	7001	4'S	11:00	11:05	11:05	11:10	5min
		13'V	(OK	SEE	SOIL	PROFI	LE)
	A	FAILS	>50%	ROCK	FRAG	MENTS	FAILS
	B	12'V	(OK	SEE	SOIL	PROFI	LE)

REMARKS Measurements to holes are approximate. Tests performed in dense woods

TYPE OF SOIL

TESTED BY Steven R. Krieg

ALSO PRESENT Jeff (Hartfield)
Mike Miller (Owner/Builder)

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min

TRENCH WIDTH 3'

INLET DEPTH 3

MAXIMUM BOTTOM DEPTH 5'

SQ. FT./BEDROOM 180

DO

NOT

DISCARD

3/5/01 - After submission of revised perc cert. plan, it was discovered that holes 7000, 7001 & B were less than 25' from slopes $>$ than 25%. These holes therefore can not be used. Adjustment of SDA further uphill should be on w/o an additional hole dug.

- (SRN) Perc ~~cert~~ ~~and~~ ~~perc~~ cert ~~were~~ was ammended to speak to this issue.

APPLICATION

PERCOLATION TESTING

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

A 43208

P _____

DISTRICT 4

DATE 12/9/88

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 Egwood Farm Inc C/o Land Design + Development

ADDRESS 8307 Main St PHONE 461-4620

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Clark Sugarwood Valley LOT NO. 21 New # 25

ROAD AND DESCRIPTION Roxbury + Dorsey Mill Final lot 92

TAX MAP 21 PARCEL # 6

SIZE OF LOT 5.15 AC. TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

Mal D. Rea
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A 43268

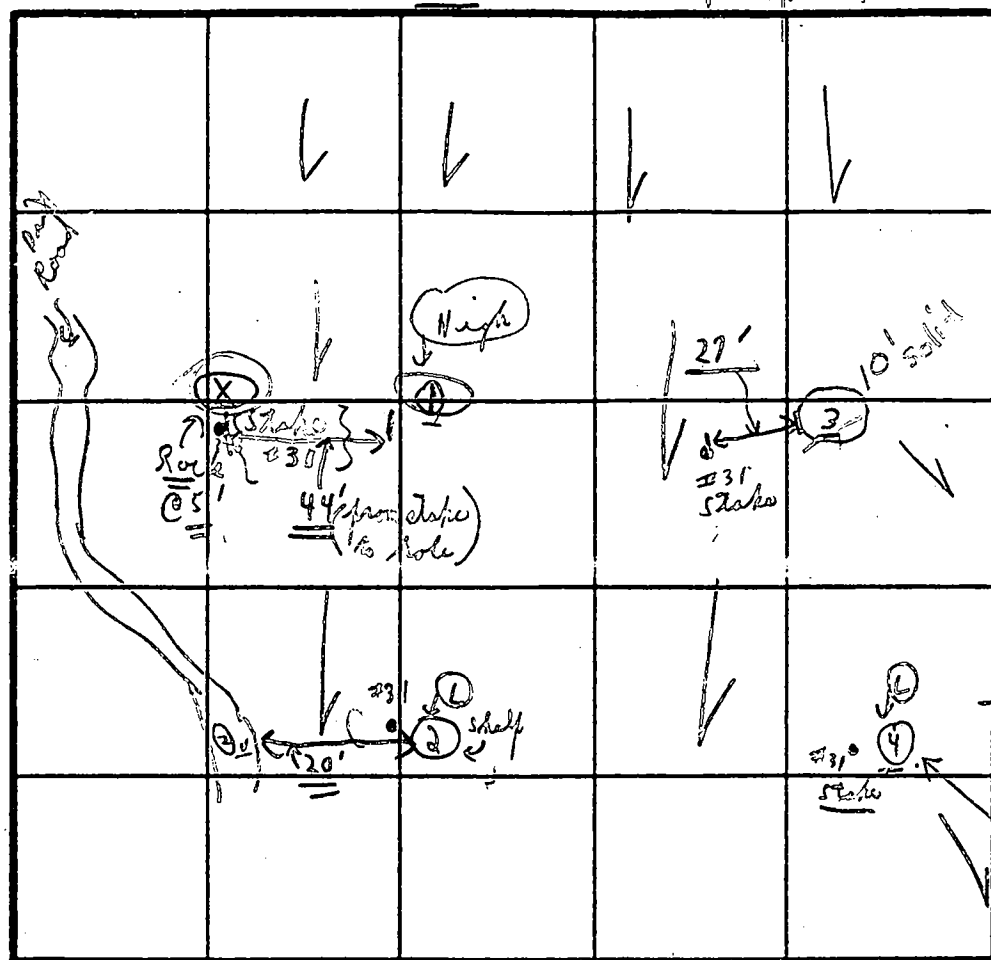
#31

New # 25

Open field

SOIL PROFILE

CLAY

SANDY
LOAM(ALL
HOLES)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/19	①	4 1/2'	10:04	10:05	10:05	10:07	2 min
1/19	①	8'	10:02	10:04	10:04	10:08	4 min
1/19	②	4 1/2'	10:35	10:37	10:37	10:39	2 1/2 min
1/19	③	(2V) 12'-8"	Vesicular		Loam below clay		
1/19	④		4 1/2' to 10'		LOAM		
1/19	⑤	10'	Vesicular		10' solid		
1/19	⑥	4'	10:18	10:20	10:20	10:26	6 min
1/19	⑦	11'	Sandy loam				

REMARKS

1/19 Tests in woods; tests near stakes on as noted

TYPE OF SOIL

C. B. A.

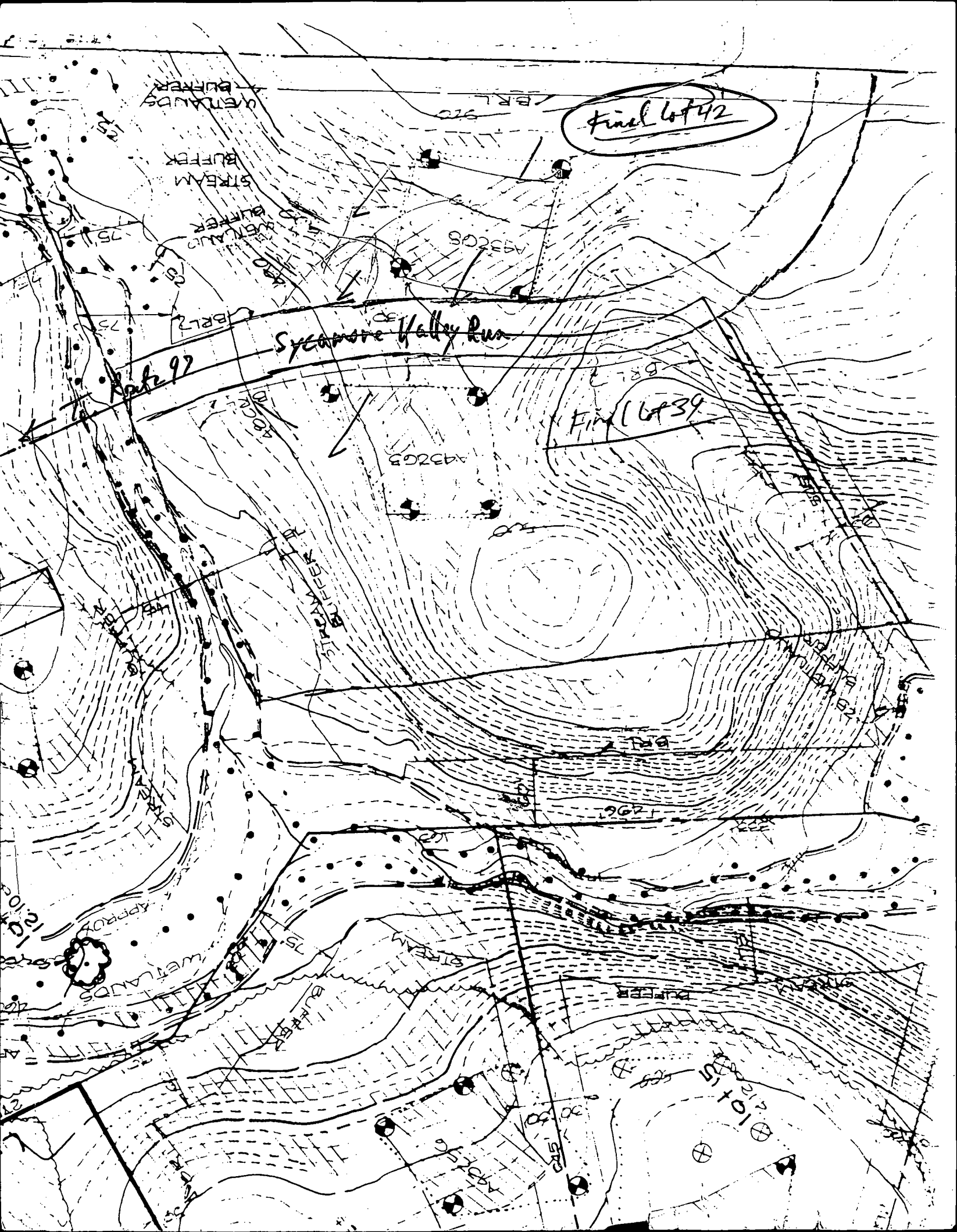
TESTED BY

ALSO PRESENT

 Tim Fray
 Katherine
 + 1 other

1'-4' = clay
 4 1/2' - 10'-8" LOAM
 1'-4 1/2' = clay
 4 1/2' - 12'-8" LOAM
 4 1/2' to 10' LOAM
 10' SOLID
 1'-4' clay
 4'-11' LOAM

clay
 4 1/2'
 average
 6 min. tested



PLATS NO. 4780 & 4783

(182)

S 15° 40' 28" E,

1641.70'

(110)

(71)

(110)

(71)

(110)

(71)

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LOT 42

3.338 AC ±

SYCAMORE

VALLEY

RUN

LOT 40

3.370 AC ±

LOT 39

3.622 AC ±

OPEN SPACE LOT 36
CATTAIL CREEK COUNTRY CLUB
PLAT NO. 9517

SEE

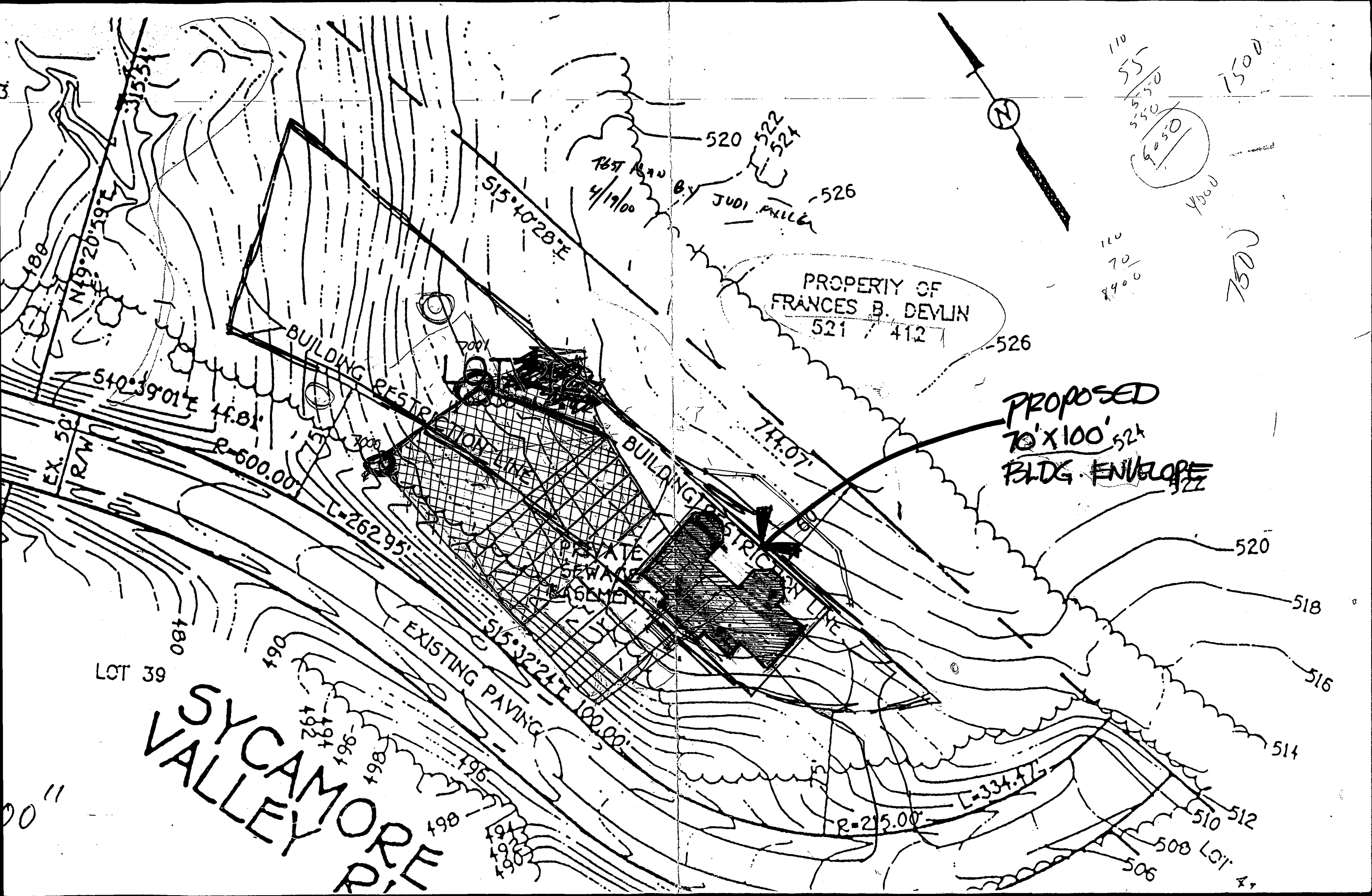
SHEET

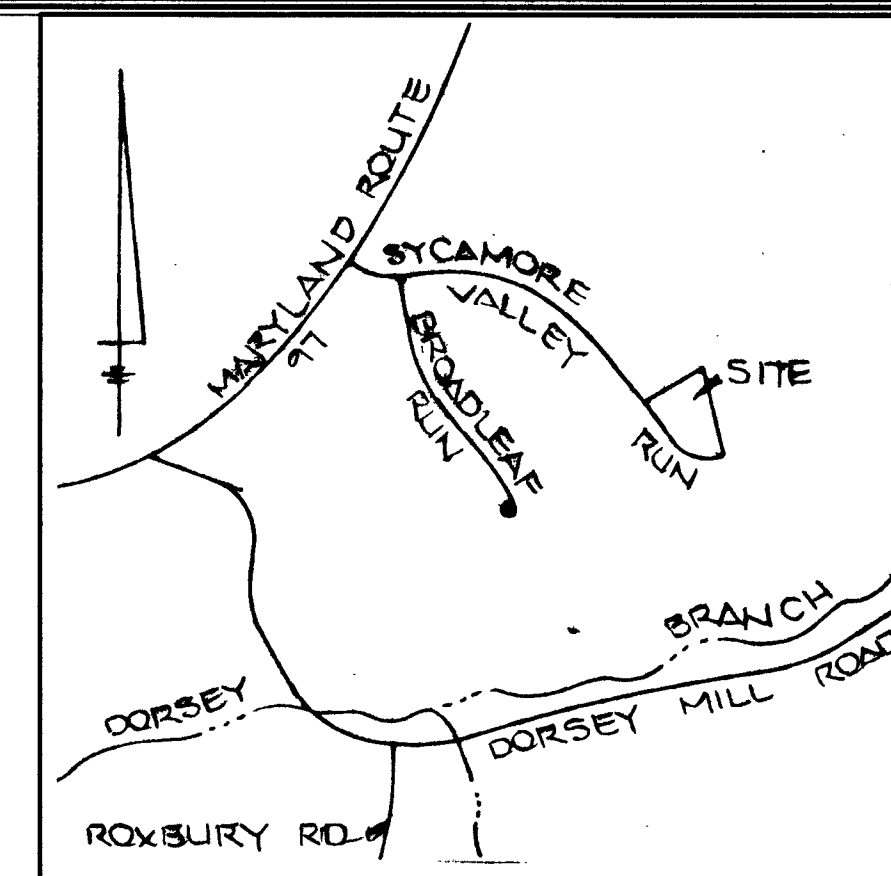
2 OF 3

UTILITY

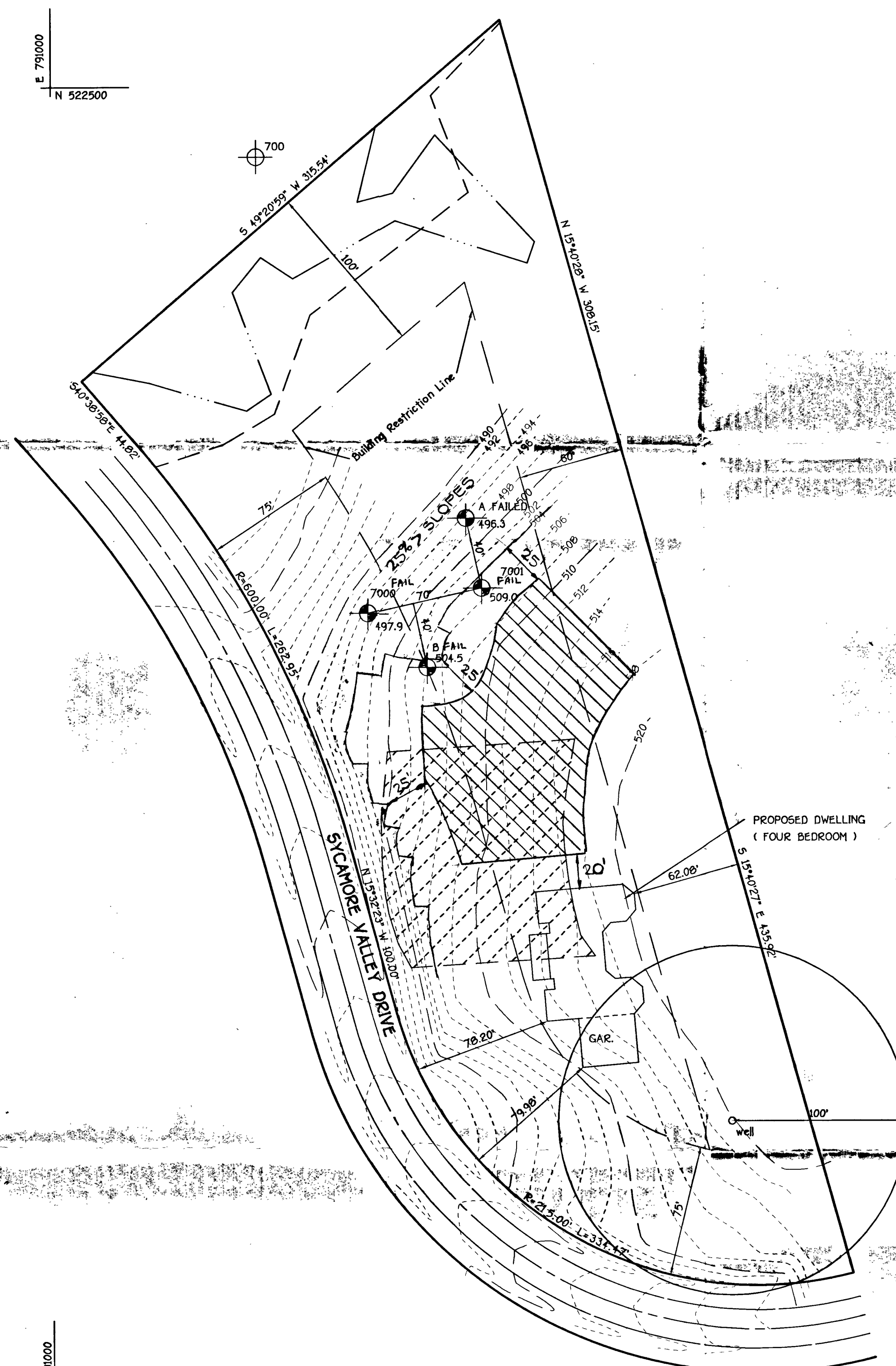
TANCE

43.78'
76.77'
107.28'
12.22'
69.00'
44.81'
44.81'
60'
40.00'
113.00'
60.00'
145'
19.27'
17.78'
1.48'





VICINITY MAP
SCALE: 1" = 1200'



GENERAL NOTES:

- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- THIS AREA DESIGNATES AN EXISTING PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS PER RECORD PLAT NO. THIS EASEMENT IS TO BE ABANDONED.
- THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- THE PURPOSE OF THIS PLAT IS TO REVISE THE EXISTING PRIVATE SEWERAGE EASEMENT RECORDED IN PLAT NO. 100 66 TO THE LOCATION SHOWN HEREON.
- ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
- ⊙ DENOTES WELL LOCATION.
- ⊙ DENOTES PERC HOLE LOCATION.
- OWNER & DEVELOPER:

MICHAEL MILLER
114 EAST PRATT STREET
BALTIMORE MD. 21230

Pen detail done by SRK w/Engineer's permission
See attachment to perc. notes

PERC CERTIFICATION

I CERTIFY THAT THE LOCATIONS SHOWN HEREON ARE BASED ON FIELD LOCATIONS DONE UNDER MY DIRECT SUPERVISION AND ARE CORRECT TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.

SIGNATURE: *[Signature]* DATE: 3/5/01

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
COUNTY HEALTH OFFICER: *[Signature]* DATE: 3/14/01

SRK 3/6/2001



CALL COM, SKV

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 B00132700
---	---	--

Building Address <u>3655 SYCAMORE VALLEY RD</u> <u>GLENWOOD, MD 21238</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>CANAL CREEK</u> Section _____ Area _____ Lot <u>42</u> Tax Map <u>21</u> Parcel <u>6</u> Grid <u>10</u> Zoning <u>RPOEP</u> Map Coordinates <u>9B9</u> Lot size _____	Property Owner's Name <u>MICHAEL & JUDITH MILLER</u> Address <u>1244 HULL ST</u> City <u>BALT</u> State <u>MD</u> Zip Code <u>21230</u> Home Phone <u>410-961-9002</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use <u>STD</u> Proposed Use <u>STD</u> Estimated Construction Cost \$ <u>26,000</u> Description of Work <u>BUILD 2 RETAINING</u> <u>WALLS #1 10' X 60</u> <u>#2 5' X 140</u> <u>OCCUPANT</u>	Contractor Company <u>HARBOR TOWN, RED EYEPORT</u> Contact Person <u>MICHAEL MILLER</u> Address <u>1244 HULL ST</u> City <u>BALT</u> State <u>MD</u> Zip Code <u>21230</u> License No. <u>43206</u> Phone <u>410-961-9002</u> Fax <u>410-576-0190</u>
Occupant or Tenant _____ Contact Name <u>MICHAEL & JUDITH MILLER</u> Address <u>1244 HULL ST</u> City <u>BALT</u> State <u>MD</u> Zip Code <u>21230</u> Phone <u>410-961-9002</u> Fax <u>410-576-0190</u>	Engineer or Architect Company <u>RYAN ASSOCIATES</u> Contact Person <u>DOUG STATION</u> Address <u>2412 WYNTFIELD CT. BOX 1268</u> City <u>FREDRICK</u> State <u>MD</u> Zip Code <u>21702</u> Phone <u>301-693-2642</u> Fax <u>301-668-5936</u>

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"/> Depth Width 1st floor: <u>301</u> <u>801</u> 2nd floor: <u>301</u> <u>801</u> Basement: <u>301</u> <u>801</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> 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 checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input checked="" 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 NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER INTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

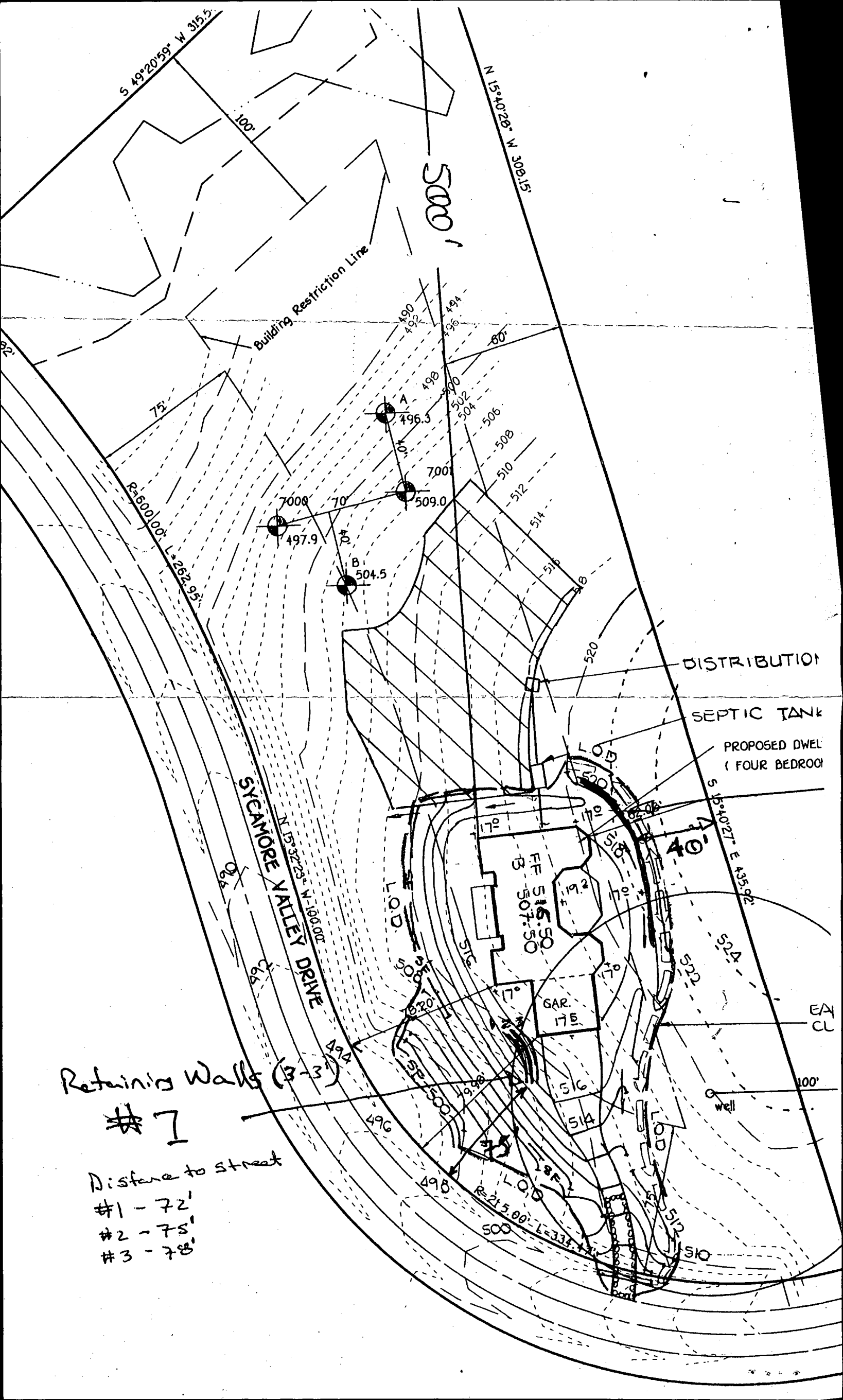
ANTHON PASSWATER
 Applicant's Signature
AGENT FOR OWNER
 Title/Company

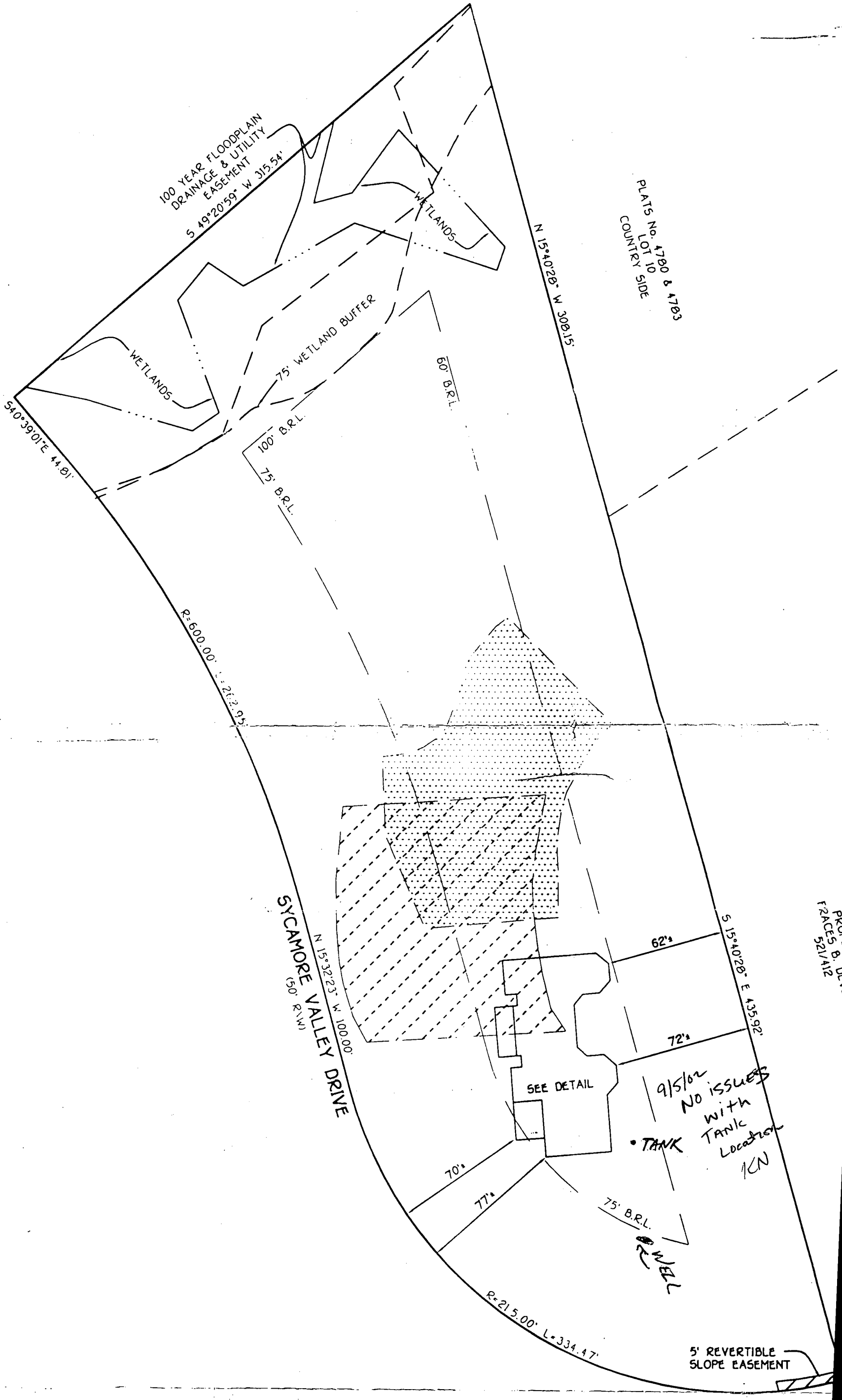
ANTHON PASSWATER
 Print Name
10/4/01
 Date

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

FOR OFFICE USE ONLY		PROPERTY ID# <u>50531</u>	
AGENCY <input checked="" type="checkbox"/> Planning and Development, DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>	DATE <u>10/15/01</u> SIGNATURE APPROVAL <u>Steven R. Levey</u>	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 Newtown Zoning _____ SDP/Red-line approval date _____	Filling fee: \$ <u>50.00</u> Permit fee: \$ _____ Excise tax: \$ _____ Add'l per fee: \$ _____ TOTAL FEES: \$ <u>4342</u> Sub-total paid: \$ _____ Balance due: \$ _____ Check # <u>4342</u> Valuation: _____ Accepted by <u>[Signature]</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T: Forms/PERMIT FRM Rev: 5/17/00





100 YEAR FLOODPLAIN
DRAINAGE & UTILITY
EASEMENT
S 49°20'59" W 315.54'

PLATS No. 4780 & 4783
LOT 10
COUNTRY SIDE

S 40°39'01" E 44.81'

N 15°40'28" W 308.15'

WETLANDS

WETLANDS

75' WETLAND BUFFER

60' B.R.L.

100' B.R.L.

75' B.R.L.

R=600.00' L=213.95'

SYCAMORE VALLEY DRIVE
(50' R.W.)
N 15°32'23" W 100.00'

S 15°40'28" E 435.92'

62'

72'

SEE DETAIL

9/5/02
NO ISSUES
WITH
TANK
LOCATION
1CN

TANK

70'

77'

75' B.R.L.

WELL

R=215.00' L=334.47'

5' REVERTIBLE
SLOPE EASEMENT

PROPERTY
LINES
521/412

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE HAS READ AND UNDERSTANDS THE INFORMATION REQUIRED 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 PERMIT ACCESS TO 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.

Title/Company

Date _____

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

**** PLEASE WRITE NEATLY AND LEGIBLY ****

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front	3-0251
State Highways			Rear	
Building Official			Side	
City Engineering DPZ			Side St	
Health	9/11/02	Korina Roman	All minimum setbacks met?	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sediment Control Approval (required prior to issuance)			Is Entrance Permit required?	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	
ON SITE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date	
				Accepted by
Blue: Division of Appeals	White: Building Official	Green: EDD/DPZ	Yellow: DED/DPZ	Pink: Health
				Gold: SHA

Rev 5/17/00