

LAYOUT 9/3/04 12-1pm INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/2/04

PERMIT

P 520860

APPROVAL DATE: 10/1/04

A 26934

04-339096

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

Cumberland Development IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 16391 A E Mullinix Road, Woodbine PHONE NUMBER: _____

SUBDIVISION: Greve Subdivision LOT NUMBER: 3

ADDRESS: 2501 Mullinix Mill Road PROPERTY OWNER: Cumberland Development

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180 HOUSE SERVED BY PUBLIC WATER ☐

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 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest easement close to the road. Run (4) trenches on contour toward house as shown on plan.
NOTES:	Maintain at least 100' to the well.

PLANS APPROVED: MER DATE: 6/28/04

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

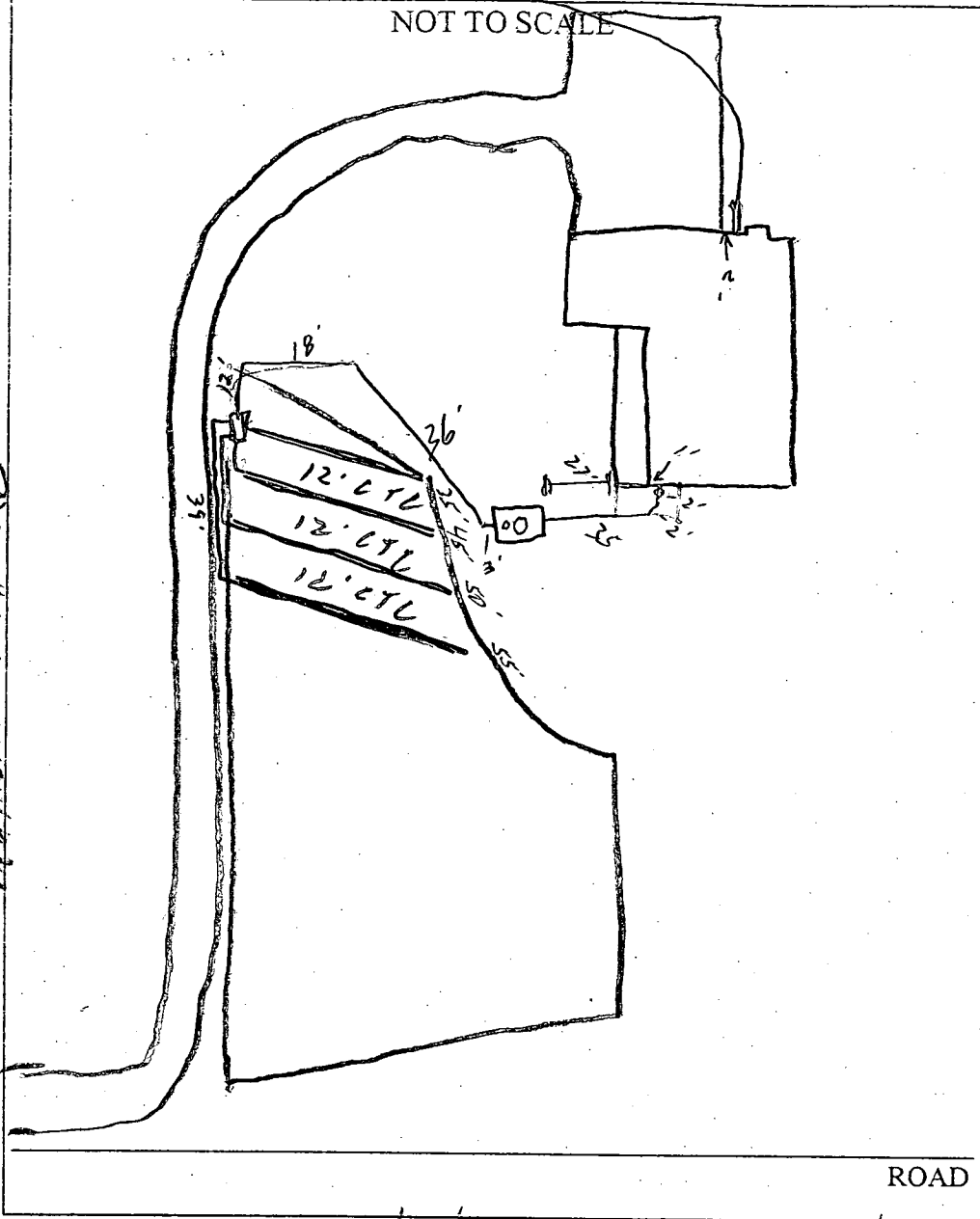
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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

**NEITHER THE HOWARD COUNTY COUNCIL OR 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
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

40.94-3866

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES	4	
TOTAL LENGTH	185'	
ABSORPTION AREA	555 sq ft	
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	1.5'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	N/A
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 9/3/04 - SRA staked, contours accurate, install per B.P. (SC)

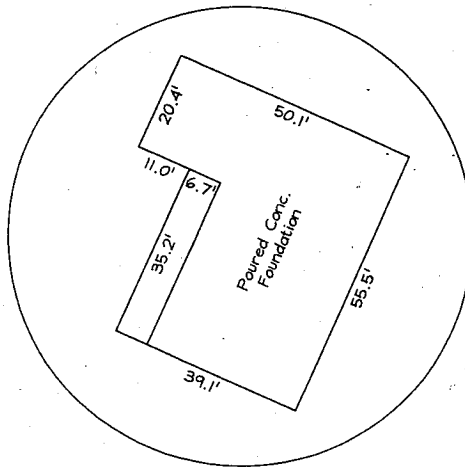
INSTALLATION 10/15/04 - Complete system installed OK to cover all work (SC)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 10/15/04

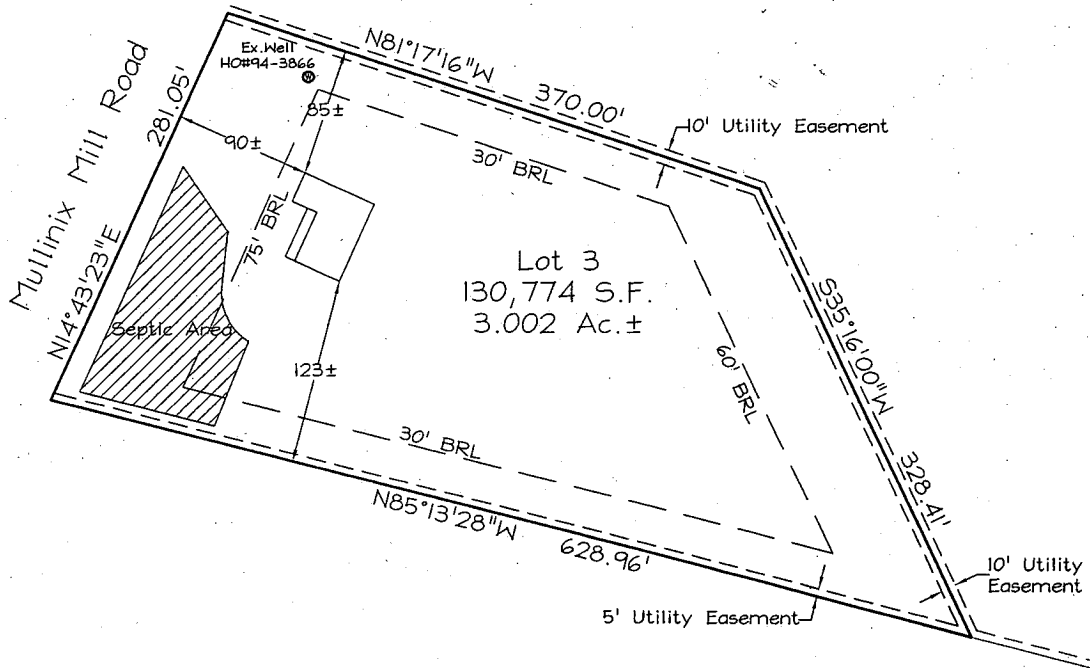
PROPERTY KNOWN AS:
 Lot 3
 Greve Subdivision
 Tax Map 12, Block 13, Parcel 41
 4th Election District
 Mount Airy, Maryland
 Plat No. 3453

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

8/2/04
 Wall check O.K.



Scale: 1"=30'



LOCATION DRAWING

Top Wall Elev: 684.82'

CERTIFICATION

SEAL

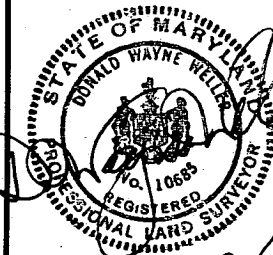
SCALE: 1"=100'

DATE: 8/2004

This is to certify that I have surveyed the property known as:

Lot 3

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.
 Engineers, Surveyors, Planners

9250 Rumsey Road, Suite 106
 Columbia, Maryland - 21045
 (410) 715-1070 - (410) 715-9540 Fax

Plot # 3953

58927

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00148713 <i>mer</i>
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Building Address <u>2501 Mullins Mill Rd</u> <u>MDA, MD 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>601001</u> Subdivisor <u>Greeve Sub</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>12</u> Parcel <u>41</u> Grid <u>11</u> Zoning <u>RDD</u> Map Coordinates <u>7E4</u> Lot size <u>3</u> Existing Use <u>Vacant</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>225,000</u> Description of Work <u>New SFD</u> <u>3 full bath Front porch</u> <u>1st floor</u> <u>1st floor</u> Occupant or Tenant _____ Contact Name _____ Address _____ City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>301-252-1182</u> Fax <u>301-252-1182</u>	Property Owner's Name <u>Cumbarland Drap</u> Address <u>16391 A.E. Mullins Rd</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>301-854-6838</u> Work Phone <u>301-252-1122</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax <u>301-854-6325</u> Contractor Company <u>Cumbarland Drap</u> Contact Person <u>Curtis Cumbarland</u> Address <u>16391 A.E. Mullins Rd</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> License No. _____ Phone <u>301-854-6838</u> Fax <u>301-252-1122</u> Engineer or Architect Company <u>Ron Johnson Assoc.</u> Contact Person <u>Ron Johnson</u> Address _____ City <u>Ellicott City</u> State <u>MD</u> Zip Code _____ Phone <u>410-442-3447</u> Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: <u>28'</u> No. of stories: <u>2</u> 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 checked="" type="checkbox"/> Wood frame State Certified Modular _____	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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input 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: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial Other Suppression _____ # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 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: _____ State Certified Modular _____ 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input 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: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 HERETO; (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 <u>Curtis Cumbarland</u> Title <u>Owner</u>	Print Name <u>Curtis Cumbarland</u> Date <u>6/3/04</u>
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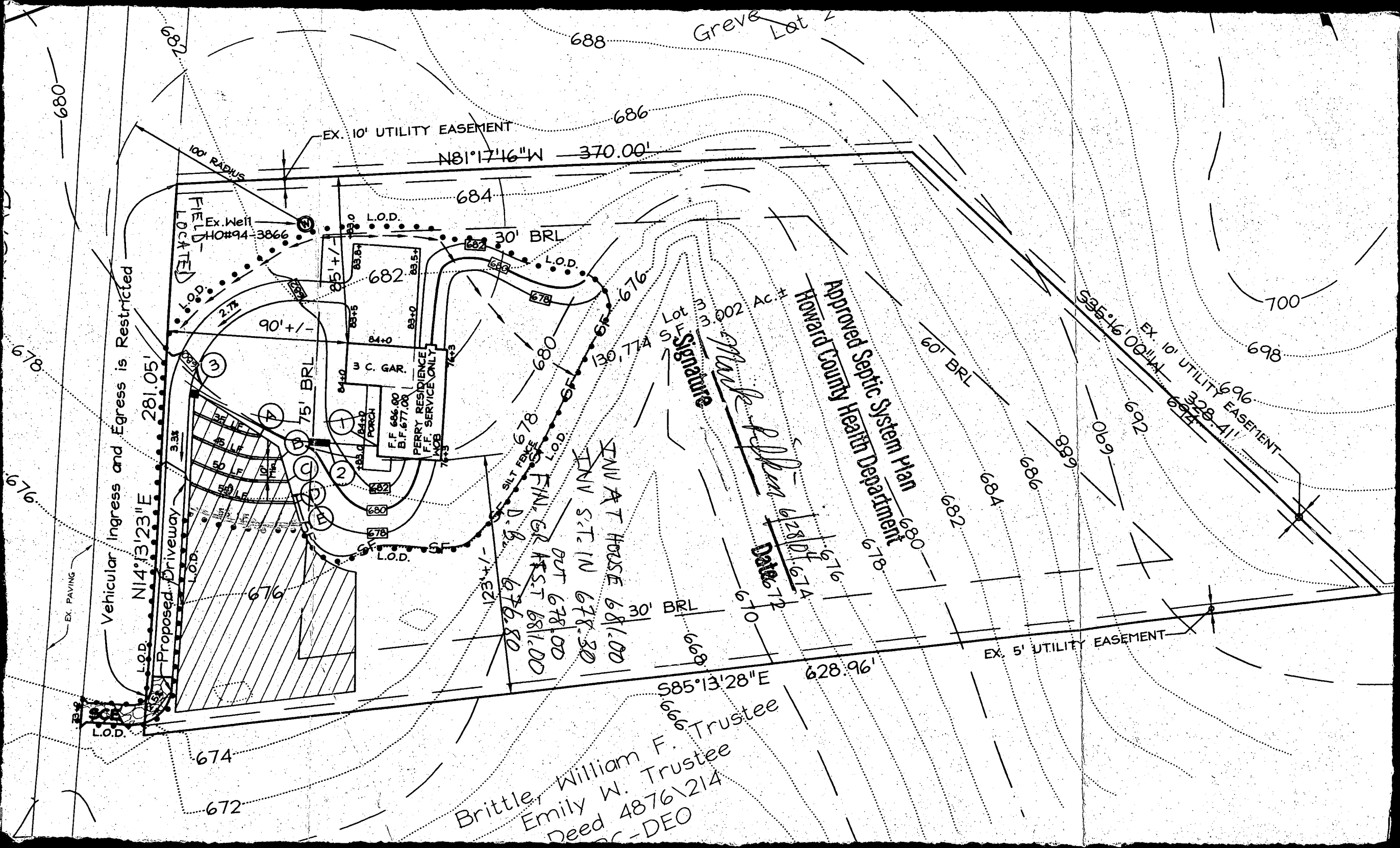
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
and Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/28/04</u>	<u>Mark</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 _____

PROPERTY ID#
<u>62344</u>
Filing fee \$ <u>10</u>
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # <u>2749</u>
Validation # <u>47129</u>
Accepted by <u>DR</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3896		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.			
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER A26934			
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 02 09 04		Depth of Well 22 385 26 (TO NEAREST FOOT) 0.1K BB				PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3866			
OWNER Cumberland Development		STREET OR RFD Greene Sub		TOWN Florence				LOT 3			
WELL LOG Not required for driven wells		STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS 28 NO. OF POUNDS 3600 GALLONS OF WATER 168 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 304 ft. (enter 0 if from surface)				C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.7 METHOD USED TO MEASURE PUMPING RATE Buck WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 130 ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input checked="" type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input checked="" type="checkbox"/> submersible			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		Casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80 OTHER CASING (if used) diameter inch depth (feet) from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 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) <input checked="" type="checkbox"/> above <input type="checkbox"/> below 2 (nearest foot)			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SCREEN RECORD screen type or open hole <input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO STEEL BRASS OPEN BRONZE PLASTIC <input type="checkbox"/> PL <input type="checkbox"/> OT OTHER				C 2 1 2 DEPTH (nearest ft.) 78 385 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 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
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. MSD 1117 DRILLERS SIGNATURE John E. Morgan (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D				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 CASING LOG INDICATOR OTHER DATA			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)								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) Prop Line 80' 120' Loc. NOT AS APPROVED @ PERMIT BUT NOT OBJECTIONABLE MR 6/28/04			

**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: Cumberland Co Telephone #: 301 854 6838
Address: 16391 A.E. Mullins Rd
Woodlawn MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: _____ License# _____
Name (Print): Kelly Cumberland
*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: Jeff Helmen Telephone #: _____
Subdivision: Greenville Lot #: _____ Well Tag #: HO-443866
Site Address: 2501 Mullins Mill Rd
Mt. Airy MD 21771

Submersible Pump Data
Make: Meyers
Model #: 2445079004
Pump Capacity: 7 GPM
Well Yield: 12 GPM

Pitless Adapter
Make: _____
Model #: _____
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: ✓

Depth of well encountered at time of pump installation: _____ (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 ✓

Piping to house
Type: Plastic
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 5'
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: [Signature] date: 12/27/04

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

Date Insp. Requested: _____ Date Insp. Approved: 10/15/04 (50)
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ BB
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 ✓

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3866 Mullinix Mill Rd
Location of property (road)
Subdivision GREVE SUB Lot 3 Block _____ Plat _____ Sec. _____
Well Driller R R Hayne Owner Cumberland Dev

Depth of well 385'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 44 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 GPM
Total time 30 min to reach pumping water level 130 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	44 ft.	5 Sec		12 GPM
			Test Started	
8:00	130 ft.	35 Sec		1.7 GPM
9:15	130 ft.	35 Sec		1.7 GPM
9:30	130 ft.	35 Sec		1.7 GPM
9:45	130 "	35 "		1.7 "
10:00	130 "	35 "		1.7 "
10:15	130 "	35 "		1.7 "
10:30	130 ft.	35 Sec		1.7 GPM
10:45	130 ft.	35 Sec		1.7 GPM
11:00	130 ft.	35 Sec		1.7 GPM
11:15	130 "	35 "		1.7 "
11:30	130 "	35 "		1.7 "
11:45	130 "	35 "		1.7 "
12:00	130 ft.	35 Sec		1.7 GPM
12:15	130 ft.	35 Sec		1.7 GPM
12:30	130 ft.	35 Sec		1.7 GPM
12:45	130 "	35 "		1.7 "
1:00	130 "	35 "		1.7 "
1:15	130 "	35 "		1.7 "
1:30	130 ft.	35 Sec		1.7 GPM
1:45	130 ft.	35 Sec		1.7 GPM
2:00	130 ft.	35 Sec		1.7 GPM
2:15	130 "	35 "		1.7 "
HD-224 2:30	130 "	35 "		1.7 "
2:45	130 ft.	35 Sec		1.7 GPM
3:00	130 ft.	35 Sec		1.7 GPM

B 1	5751	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 519673 please print or type	STATE PERMIT NUMBER 40-94-3866 <small>fill in this form completely</small>
Date Received (APA) 11 20 03		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
		36 Street or RFD 55		
57 Town 70 State 72 Zip 76				
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name Ralph E. Mayne MS D 117		8 COUNTY Howard 21		
Firm Name Ralph E. Mayne Inc		23 SUBDIVISION GREUE Sub 42		
Address 17024 Hardy Road Mt. Airy MD 21771		SECTION - 44 46 LOT 3 48 50		
Signature Ralph E. Mayne Date 11-20-03		52 NEAREST TOWN FLORENCE 71		
B 2 WELL INFORMATION		MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78		
APPROX. PUMPING RATE (GAL. PER MIN.) 5		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		TAX MAP: 12 BLK: 11 PARCEL 70		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<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		COUNTY NAME Howard COUNTY NO. A26934 STATE SIGNATURE Mark E. Ripkin INSERT S → DATE ISSUED 01 09 04 EXP. DATE 11/9/05 NORTH GRID 534 000 EAST GRID 0760 000 50 55 57 63		
APPROXIMATE DEPTH OF WELL 150 FEET 24 28		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SOURCES OF DRILLING WATER		
METHOD OF DRILLING (circle one)		1. well		
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic, Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____		2. _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		3. _____		
<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		WRITE THE BOX NUMBER FROM THE MAP HERE		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		E 5554760 N 166534 000 000		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
APPROX. PERMIT NUMBER 54 _____ 63		Florence Cherry Branch rd. Mullinix Mill Rd. well		
PERMIT No. 40-94-3866 70 71 72 73 74 75 76 77 78 79		N 		
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

MULLINIX ROAD

Vehicle Ingress and Egress is Restricted

10,000 S.F. Septic Area

Prop. Dwelling

N81°17'16"W 370.00'

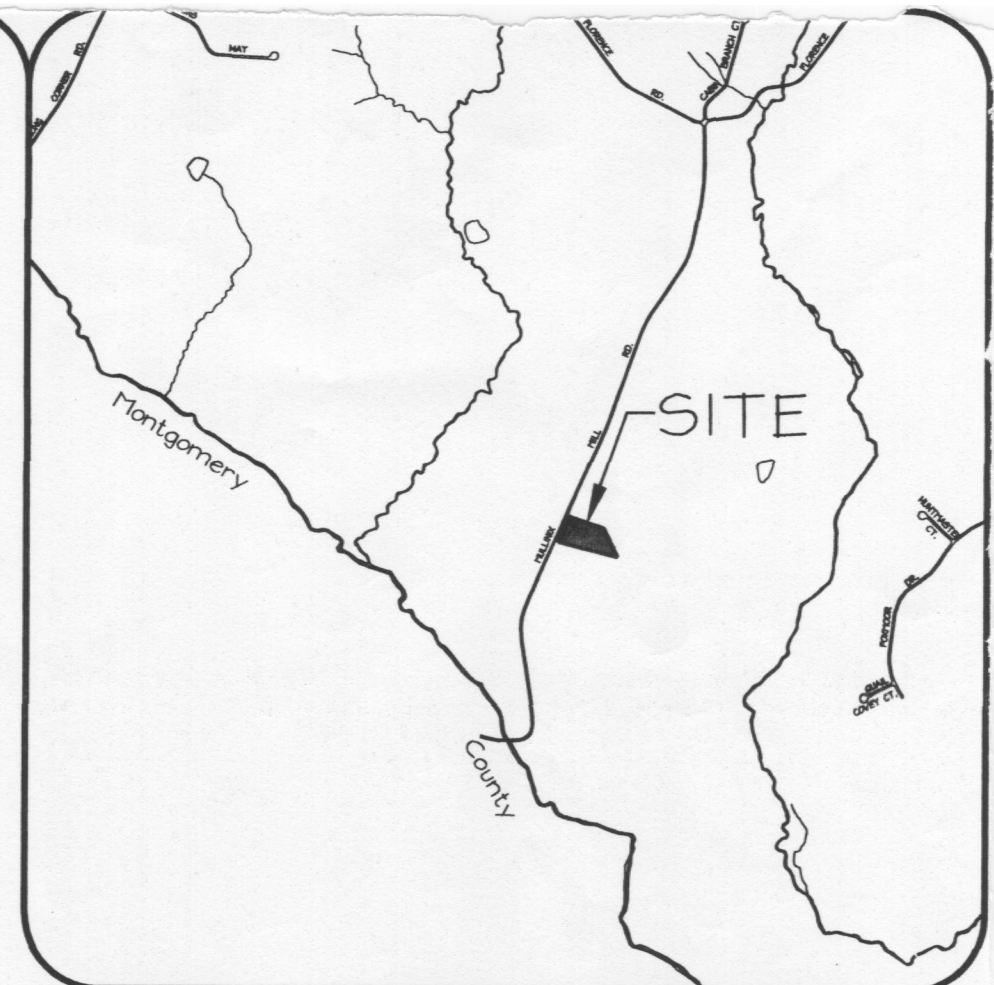
Well Site
Staked by E&G
30' BRL
NO INSP
1/9/04 MR

Lot 3
130,774 S.F. 3.002 Ac.±

30' BRL
668
670
672
674
676
678
680
682
684
686
688
689
692
694
696
698
700

Brittle, William F. Trustee
Emily W. Trustee
Deed 4876\214
RC-DEO

Greve Subdivision
Est. 2



VICINITY MAP

1" = 2000'

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

LEGEND

- #2 P PERC HOLE LOCATION (PASSED)
- #2 F PERC HOLE LOCATION (FAILED)
- #2 M PERC HOLE LOCATION (MARGINAL)

— 436 — EXISTING CONTOUR

PLATTED SEWAGE DISPOSAL EASEMENT

PROPOSED SEWAGE DISPOSAL EASEMENT

PROPOSED WELL

NOTES:

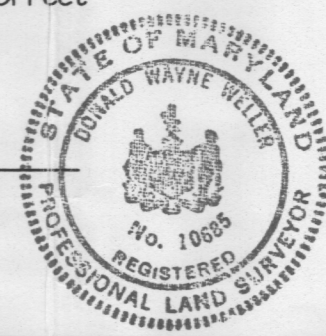
- EXISTING ZONING:
- PLAT REFERENCE: PLAT #3953
- TOTAL AREA OF LOTS: 3.002 Ac.±
- THE LOT SHOWN COMPLIES WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- ALL EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF THE LOT WHICH MAY EFFECT THIS PROPOSAL HAVE BEEN SHOWN.
- THE TOPOGRAPHY SHOWN IS TAKEN FROM HOWARD COUNTY AERIAL PHOTOGRAPHY AND THE AREA WITHIN THE SEWAGE DISPOSAL AREA HAS BEEN FIELD VERIFIED.

PERC CERTIFICATION:

I certify that the locations shown hereon are based on field locations done under my supervision and are correct to the best of my professional knowledge and belief.

D. Wayne Weller

D. Wayne Weller, Professional Land Surveyor
Date
MD Reg. No. 10685



LDE, Inc.

9250 Rumsey Road, Suite 106, Columbia, MD. 21045
(410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)

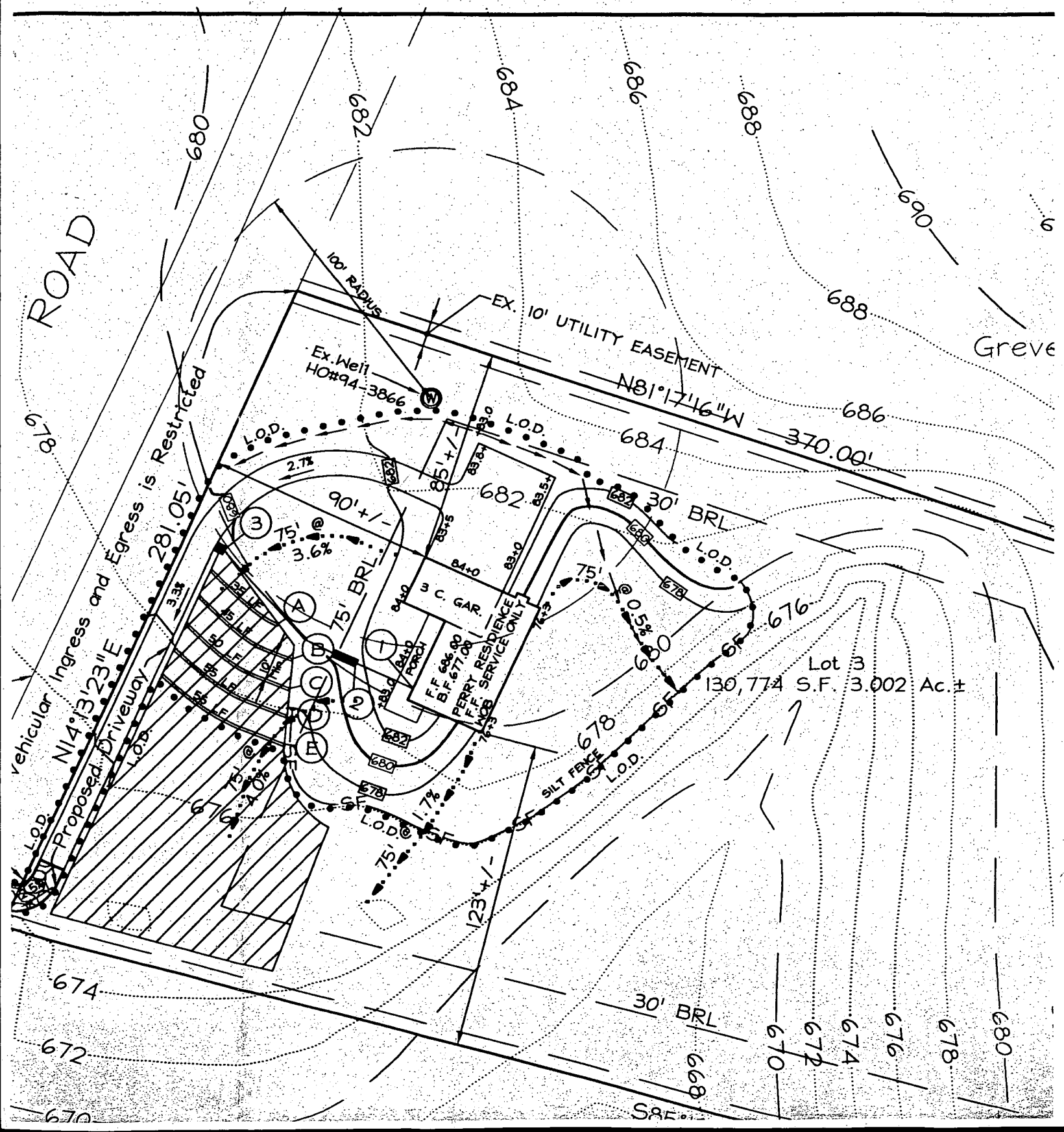
Designed D.W.W.	Percolation Certification Plat Mullinix Mill Rd. Lot 3 Greve Property Tax Map 12, Block 13, Parcels 41 4th Election District Mount Airy, Maryland PC26934	Scale 1"=50'
Drawn J.D.R.		Drawing 1 of 1
Checked D.W.W.		Job No. 03-057
Date 1/2004		File No. Cumberland Development Corporation 16391 AE Mullinix Road Woodbine, MD 21797

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE
HOWARD COUNTY HEALTH DEPARTMENT
Deanna Borenstein
HOWARD COUNTY HEALTH OFFICER MR
DATE 1-13-04

6/28/04 Kurtus Cumberland dropped this off
 showing well is > 30' from well
 Highlighted = driveway

(KN)

Lot 3 Greve Subdiv
 2501 Mullinix Mill Rd.





Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 8/22/03

TEST TIME _____

AP 110 FEE

AGENCY REVIEW: RE-TEST FOR SYSTEM DESIGN,
HOUSE + DRIVEWAY PLACEMENT

DATE 7/31/03

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☒ CONSTRUCT NEW SEPTIC SYSTEM(S)
☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK ONE:

- ☒ CREATE NEW LOT(S)
☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
☐ BUILD ON AN EXISTING PARCEL OF RECORD

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH 4 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)
☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)
☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

CHECK AS NEEDED:

- ☒ NEW STRUCTURE(S)
☐ ADDITION TO AN EXISTING STRUCTURE
☐ REPLACE AN EXISTING STRUCTURE

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
☐ NO

PROPERTY OWNER(S)	<u>Mary Greve</u>			
DAYTIME PHONE	CELL	FAX		
MAILING ADDRESS				
STREET		CITY/TOWN	STATE	ZIP
APPLICANT	<u>Cumberland Development Corp.</u>			
DAYTIME PHONE	CELL	FAX		
MAILING ADDRESS	STREET		CITY/TOWN	STATE ZIP
STREET		CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE	<input checked="" type="checkbox"/> DEVELOPER	<input type="checkbox"/> BUILDER	<input type="checkbox"/> BUYER	<input type="checkbox"/> RELATIVE/FRIEND
PROPERTY LOCATION	<input type="checkbox"/> REALTOR <input type="checkbox"/> CONSULTANT			
SUBDIVISION NAME	<u>Greve Subdivision</u>			
PROPERTY ADDRESS	STREET		TOWN/POST OFFICE	ZIP
STREET		TOWN/POST OFFICE	ZIP	
TAX MAP PAGE(S)	<u>12</u>	GRID	<u>11</u>	PARCEL(S)
PROPOSED LOT SIZE		<u>3.002 acres</u>		

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

Curtis Cumberland
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

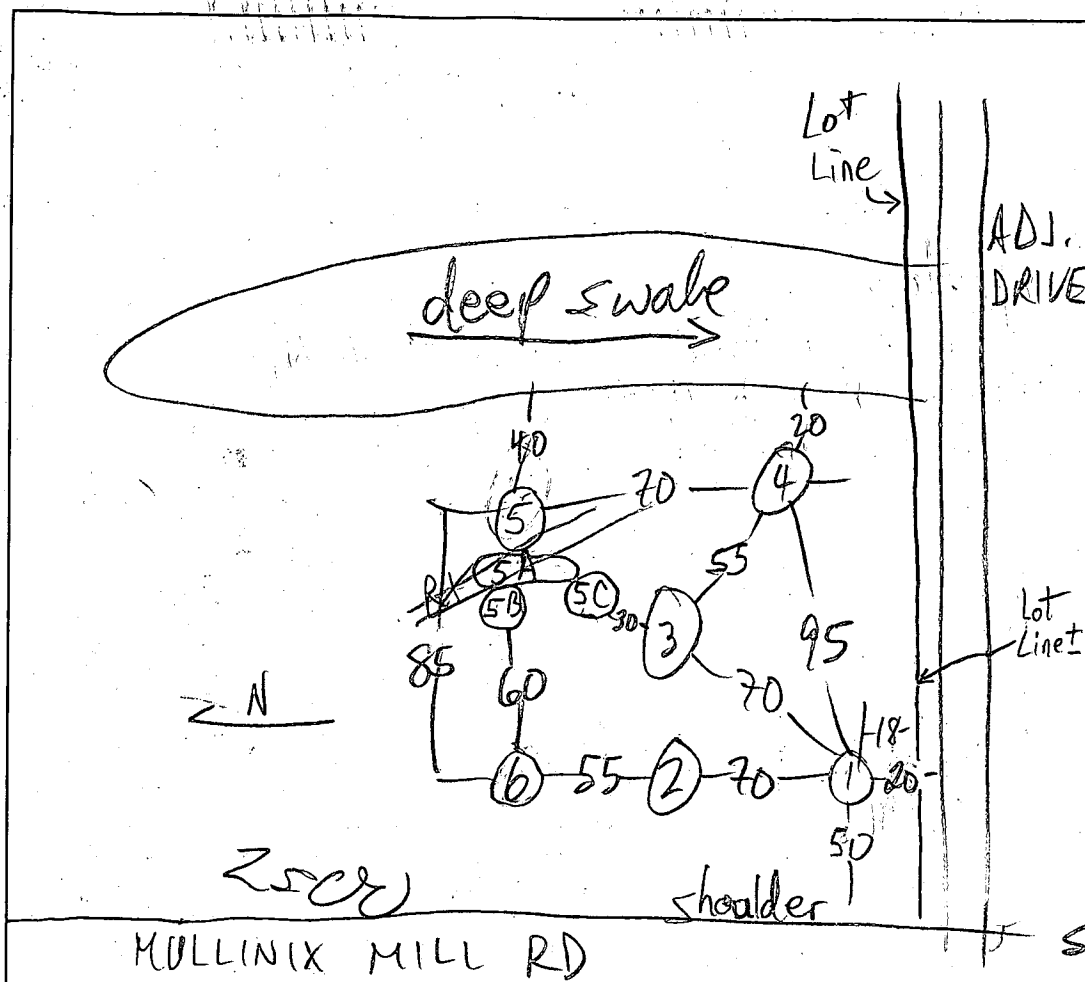
A/P

① ② ③
brn
orge
hvy lm

tan gray
beige
lt. brn
sa lm
10-15%
frags

③
orge brn
yel
hvy lm
brn
lt. brn
red purp
sa lm
10-25%
frags

④
brn orge
hvy lm
red brn
yel
sa lm
30-40%
shale



⑤
orge brn
red
hvy lm

4
brn lt. brn
purp yel
sisalm
20-10%
W 35% shale E

5B
brn orge
hvy lm

3-3 1/2
lt. brn
pink yel
sa lm

10-20
15-25%
W 40% shale E

5C
brn orge
hvy lm

3 1/2
lt. brn
pink
sa lm

15-40-
25% 50%
R 40% shale

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/27/03	1 S	5	1:13	1:16	1:22	6	P
	2 S	4 1/4"	1:24	1:29	1:39	10	P
	3 M	8	1:50	2:00	2:11	11	P
	4 M	9	1:35:40	1:37:50	1:41:50	4	M
	5 S	4 1/2	2:03	2:08	2:22	14	P
	5A	6	30-70%	Rx			F
	5B	9					P
	5C	10					M
	6	9	sim to ① & ②	w/a 25% R & packet			10 HARD BOT

REMARKS

SANITARIAN

BACKHOE

OTHERS

TEST HOLES USED IN SDA

1, 2, 3, 5B, 5C, 6

AVG. PERC TIME

SQ. FT/BR

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH

EFFECTIVE S/W

APPLICATION

A 26934

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4DATE Sept 20, 1977HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356*Shallow trench*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 ✓ Karl A. and Mary E. GreveADDRESS ✓ 18537 Bay Leaf Way - Germantown, Md. 20767 PHONE ✓ 972-0128

PROPERTY LOCATION:

SUBDIVISION ✓ Greve SubdivisionLOT NO. ✓ 3ROAD AND DESCRIPTION ✓ Beginning at the SW corner of the Greve Subdivision and running east 294.84', north 150', west 294.84', then south on Mullinix Mill Road for 150'SIZE OF LOT ✓ 1 acre (43,561 sq ft)TYPE BLDG. ✓ 3 bedroom home

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT ✓ Karl A. Greve Mary E. GreveAPPROVED BY Dy04 FOR Dry Well + Trench DATE 10/29/77

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

[illegible]

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Mulliken, Ruth A.

HOWARD
HEALTH DEPT
ELLIOTT CITY

SEP 26 9 29 AM '77

SECRET

REMARKS ① Silty soil some soft shale + sand

TYPE OF SOIL 3 Rocky - use last

TESTED BY _____ ALSO PRESENT: _____

ALSO PRESENT:

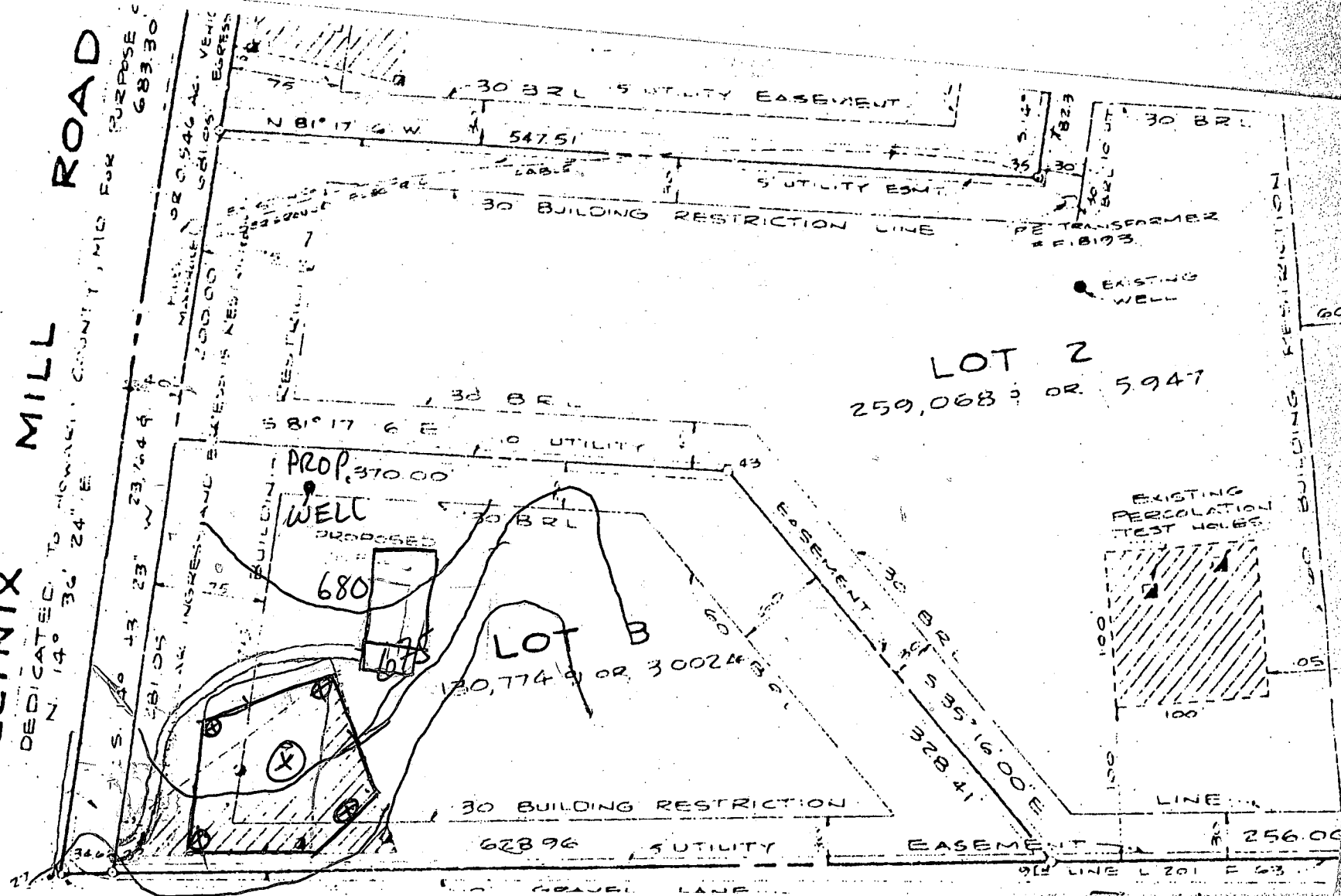
100/-1

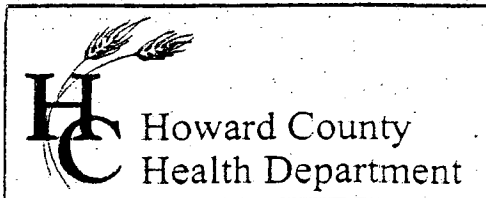
SIGNED PLAT

MULLINIX

MILL ROAD

DEDICATED TO HOWARD COUNTY, MD FOR PURPOSE OF
N 14° 36' 24" E
S 10° 13' 23" W 23,144.4
S 81° 05' 13" W 28,105.5
OR 0.546 AC. VEHIC. EGRESS
200.00 FT. EGRESS
683.30





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

September 23, 2003

Cumberland Development Corp.
16391 AE Mullinix Road
Woodbine, MD 21797

RE: Percolation Test Results – A 26934
Greve Property, Lot 3, Mullinix Mill Road
Confirmation of Platted Easement

Dear Mr. Cumberland:

Percolation testing conducted August 27, 2003 on the referenced property indicated limited satisfactory soil conditions. The primary limiting factor is shallow bedrock at the rear of the platted easement. Copies of the test results are enclosed. Due to observed soil conditions, the proposed reserve area should be pulled to the front of the lot as much as possible.

Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

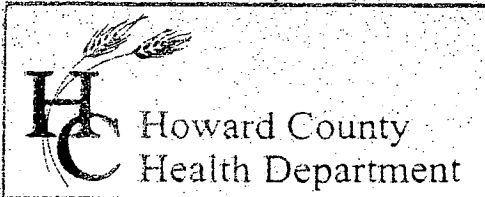
- 1) actual locations of all excavated test holes with field-verified topography
- 2) the existing platted sewage easement
- 3) proposed sewage reserve area
- 4) proposed house and well site
- 5) a note certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown; the location of the well serving the dwelling at 2500 Mullinix Mill Road could not be verified from Health Dept. records
- 6) a note indicating that depicted topography reflects field-verified information
- 7) the plan identification number (PC 26934) in the title block

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-2640.

Very truly yours,

Mark E. Rifkin, R.S.
Water and Sewerage Program

MR
Enclosures
cc: File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

July 10, 2003

Chuck Zepp
Heritage Land Development
3600 Washington Blvd.
Glenwood, MD 21738

RE: Percolation test results: A 26934
Greve Subdivision Lot 3
Mullinix Mill Road

Dear Mr. Zepp:

This is in response to your question regarding the status of the percolation approval for the above referenced lot.

Although perc tests were conducted in 1977 on the above referenced lot, the results contain no soil descriptions and are marginal at best. This lot would require a re-evaluation, which would include additional percolation tests/site evaluation and submittal/signature of a percolation certification plan to be considered to be approved.

If you have any further questions, please contact me at (410) 313-2640.

Respectfully,

Steven R. Krieg

Steven R. Krieg

Registered Environmental Sanitarian

Supervisor, Groundwater Management Section

Howard County Bureau of Environmental Health

Well and Septic Program

cc: file ✓



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

December 28, 2004

Cumberland Development
16391 A. E. Mullinix Road
Woodbine, MD 21797

SENT VIA FACSIMILE 301-854-6325

RE: Greve, Lot 3
2501 Mullinix Mill Road
Mt. Airy, MD 21771
BP #: B00148713
Well Permit # HO-94-3866

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/15/2004. Final approval of the well line connection to the dwelling was approved on 10/15/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3866. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 12/23/2004
Date of Well Completion: 02/09/2004

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File