



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 530308

AGENCY REVIEW: _____

DATE 2/18/09

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 AS NEEDED:

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

CHECK ONE:

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

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
- ☐ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH _____ 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)

PROPERTY OWNER(S) DOROTHY MURPHY

DAYTIME PHONE 301-725-5824 CELL _____ FAX _____

MAILING ADDRESS 12021 SCAGGSVILLE RD. FULTON MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT DOUGLAS MURPHY

DAYTIME PHONE 301-725-5824 CELL _____ FAX _____

MAILING ADDRESS 12021 SCAGGSVILLE RD FULTON MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 12021 SCAGGSVILLE RD FULTON
STREET TOWN/POST OFFICE

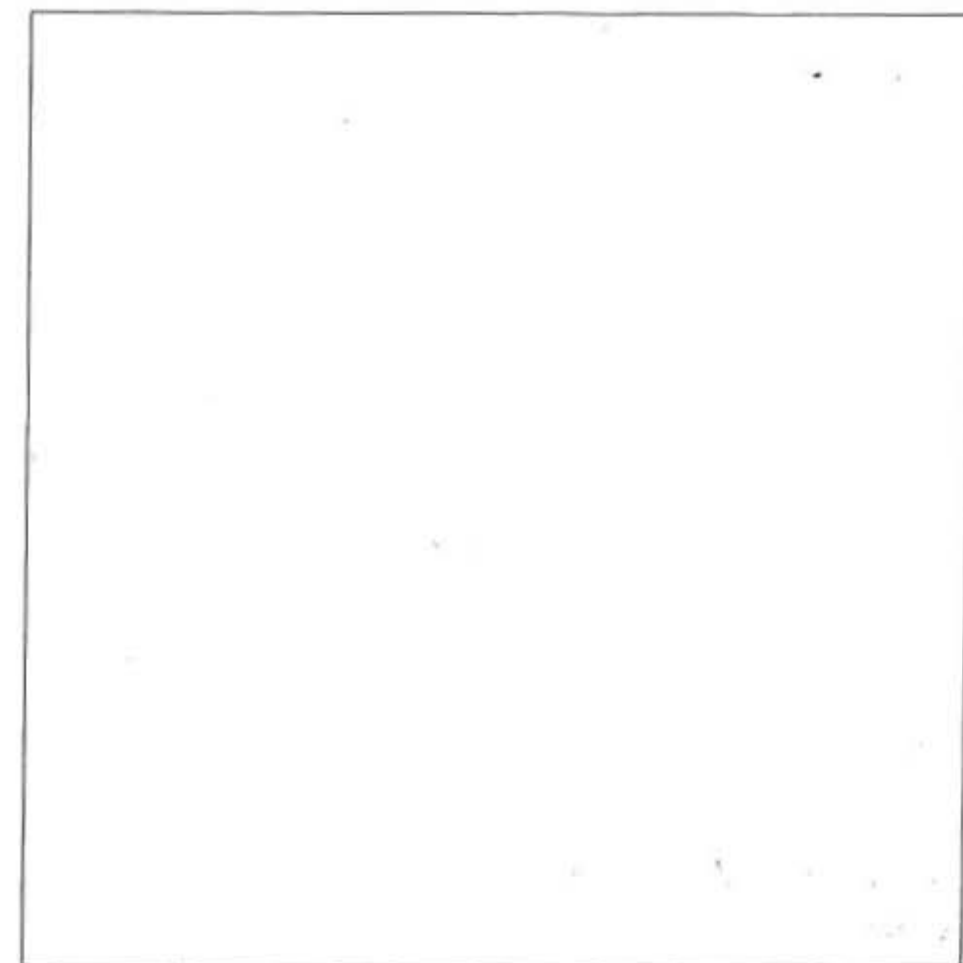
TAX MAP PAGE(S) 41 GRID 19 PARCEL(S) 191 PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE 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.

Douglas E. Murphy
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

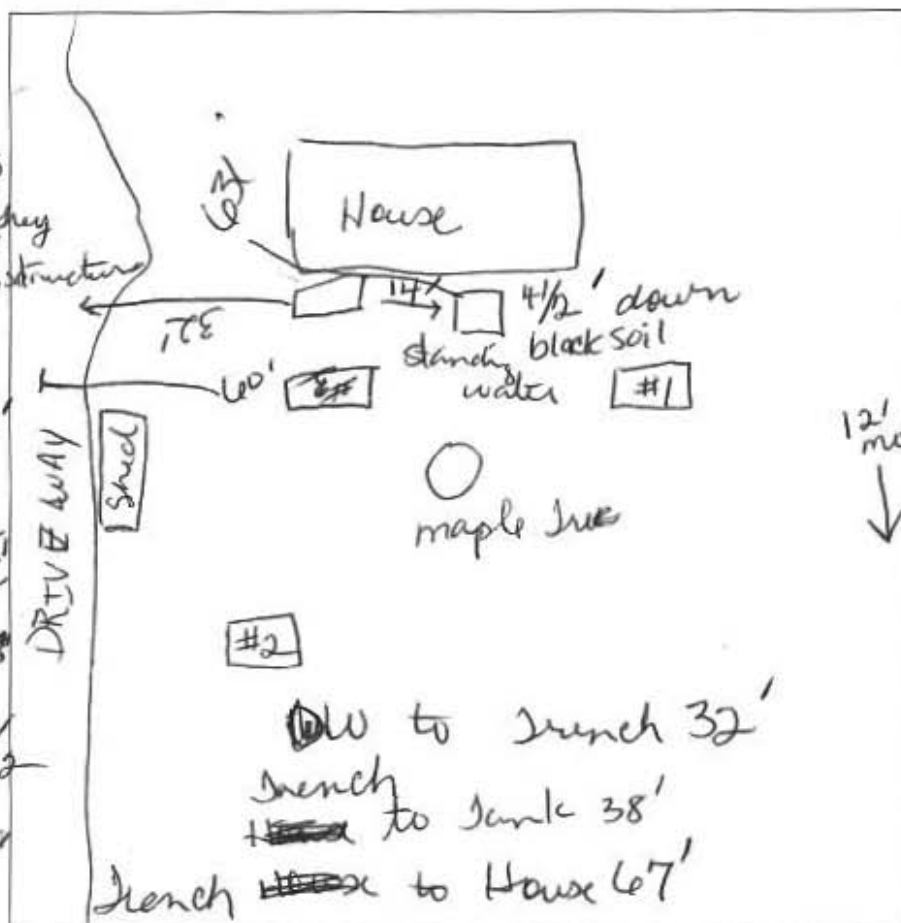
AP

#1s
 SB BScu dm
 medium
 Dense SCL -1.5
 YR m3P
 Due to light shug
 Sh Rd Br
 channels -4'
 Platy structure
 Rd Br Sh
 mica much
 Platy structure -10'
 Rd Br Sh
 mica much
 Rd Brown SL
 Platy structure -13'
 Fe Oxidation
 mica LS

Same
 as
 #1

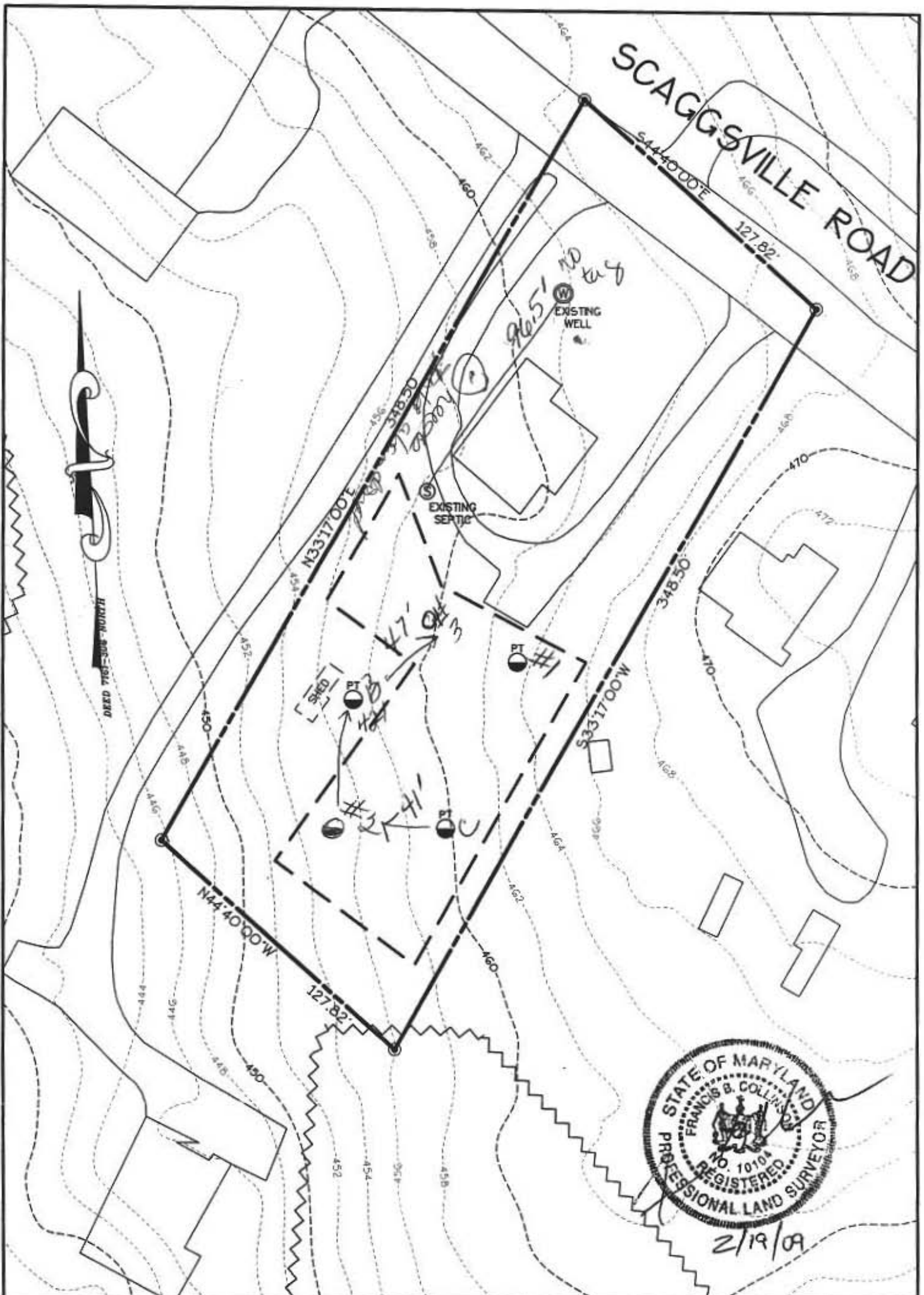
#3
 Rd Br SL -3 1/2'
 ↓
 -5'

B
 Rd Br Sh



(3-5) trench
 #2
 Rd Br HFS 4.5
 Rd Br HFS
 3'
 LS Rd Br
 Few channels
 many mica
 GP channels -7'
 Br much mica
 Man Conting -9'
 rd br much SL
 Strong Platy -13'
 CIP Rd structure
 mica Olive
 Gyr SL -15'

Trench
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NOTE:

1. LOT LINES SHOWN HEREON ARE APPROXIMATE. NO BOUNDARY SURVEY HAS BEEN PERFORMED.
2. NO WELLS WITHIN ONE HUNDRED FEET OF PROPOSED SEPTIC RECOVERY AREA.

12021 SCAGGSVILLE ROAD DEED 7161-306

PERC PLAT - TAX MAP 41 PARCEL 191

MURPHY PROPERTY

FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' JANUARY 2009

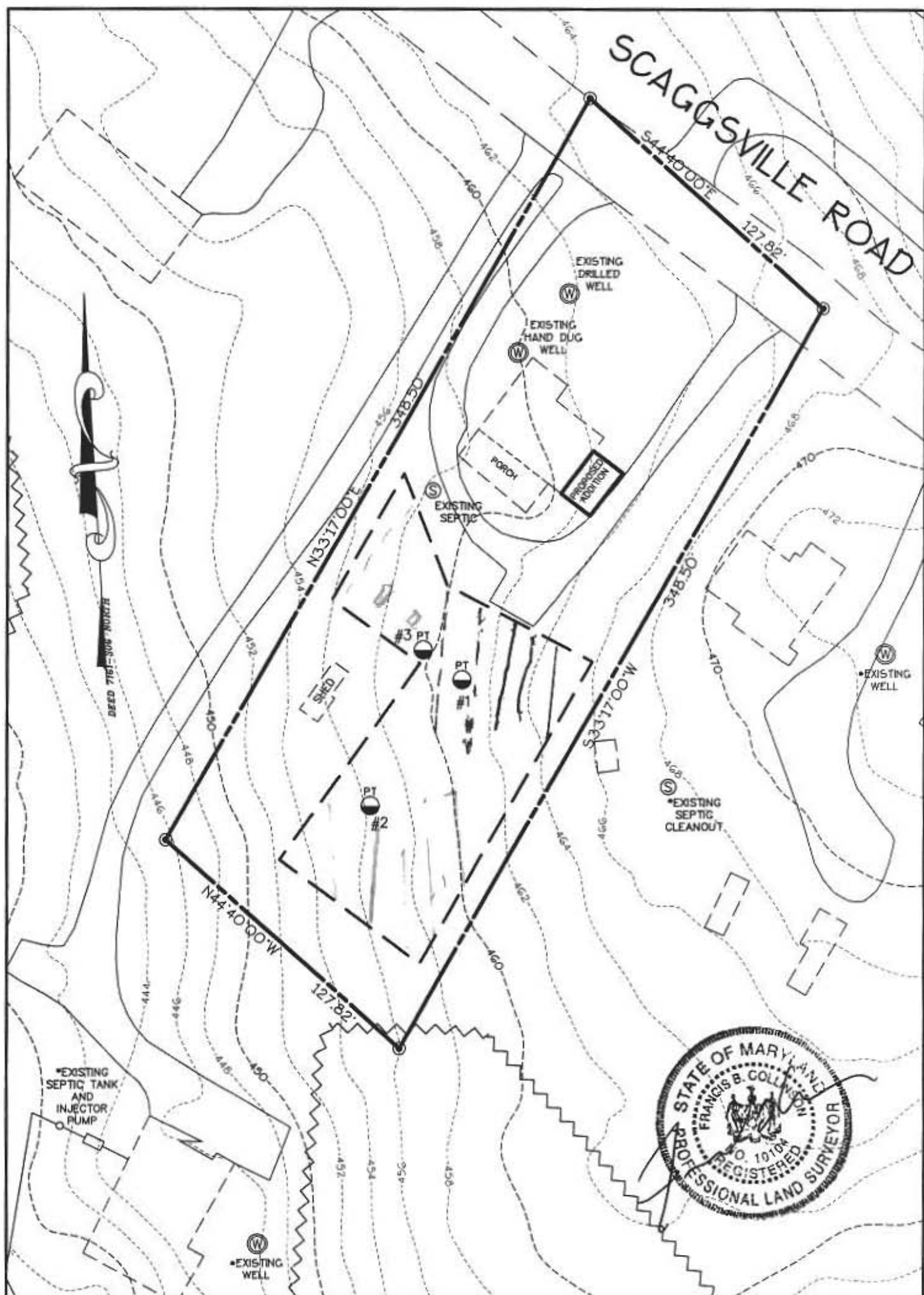
FILE #10 PROJECT #25113
CAD FILENAME: MURPHY\DWG\PERC-PLAT



Established 1975

3140 West Ward Road Suite 103
Dunkirk, Maryland 20754

Ph: 410-286-9712 Fax: 410-286-9716
Toll-Free: 1-800-235-4681



NOTE:

1. *SEPTIC LOCATIONS SHOWN PER HEALTH DEPARTMENT RECORDS.
2. LOT LINES SHOWN HEREON ARE APPROXIMATE. NO BOUNDARY SURVEY HAS BEEN PERFORMED.
3. NO WELLS WITHIN ONE HUNDRED FEET OF PROPOSED SEPTIC RECOVERY AREA, EXCEPT EXISTING HAND DUG WELL AS SHOWN.

12021 SCAGGSVILLE ROAD DEED 7161-306

PERCOLATION CERTIFICATION PLAN - TAX MAP 41 PARCEL 191

MURPHY PROPERTY

FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' APRIL 2009

FILE #HO PROJECT #25590

CAD FILENAME: MURPHY\DWG\PERC-PLAT

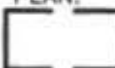
SHEET 2 OF 2







3140 West Ward Road Suite 103
Dunkirk, Maryland 20754

Ph: 410-286-9712 Fax: 410-286-9716
Toll-Free: 1-800-235-4681

GENERAL NOTES:

1. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
2.  THIS AREA DESIGNATES A PRIVATE SEWAGE 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 THE 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 ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT.
3. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
4. TOPOGRAPHY SHOWN IS PER COUNTY TOPOGRAPHY VERIFIED BY ADVANCED SURVEYS INC. ON APRIL 29, 2009.
5. EXISTING WELL AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
6. THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN IS TO ESTABLISH A SEPTIC EASEMENT IN SUPPORT OF A BUILDING PERMIT APPLICATION FOR ADDING A 22'x15' ADDITION WITH BASEMENT TO THE EXISTING DWELLING IN 2009.
7. *APPROXIMATE LOCATIONS OF EXISTING WELLS AND SEPTIC SYSTEMS ON ADJOINING PARCELS PER HEALTH DEPARTMENT SKETCHES.

LEGEND

- PROPERTY LINE
----- EXISTING CONTOURS
~~~~~ EXISTING TREE LINE  
- - - - - EXISTING EDGE OF PAVEMENT  
————— EXISTING DRIVEWAY
-  EXISTING BUILDING
-  EXISTING WELL
-  #91 PT PASSED PERC TEST
-  PRIVATE SEWAGE EASEMENT



APPROVED FOR PRIVATE WATER AND PRIVATE SEWER SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT

*B. N. Coleman for Peter B. Coleman* 6/12/2009  
HOWARD COUNTY HEALTH OFFICER DATE

12021 SCAGGSVILLE ROAD DEED 7161-306

PERCOLATION CERTIFICATION PLAN - TAX MAP 41 PARCEL 191

**MURPHY PROPERTY**

FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' APRIL 2009

FILE #10 PROJECT #25590

CAD FILENAME: MURPHY\DWG\PERC-PLAT

SHEET 1 OF 2



Established 1975

3140 West Ward Road Suite 103  
Dunkirk, Maryland 20754

Ph: 410-286-9712 Fax: 410-286-9716  
Toll-Free: 1-800-235-4681



Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

March 24, 2009

RE: **Percolation Test Results**

Property ID: 12021 Scaggsville Road  
Fulton, Maryland 20759  
Tax Map: 41 Parcel: 191

Dear Mrs. Dorothy Murphy:

Percolation testing was recently conducted March 18, 2009 on the above referenced property, in an effort to establish a sufficient septic reserve area.

Results for the lot indicated satisfactory soil conditions for onsite wastewater disposal and adequate septic reserve area to support the proposed number of bedrooms for a single family dwelling. Field data collected is shown on the Percolation Test Worksheet enclosed with this letter.

A total of 3 test holes were dug and passed. A failing existing septic system was discovered behind the house and a new 10,000 sq.ft. reserve area with an initial area and 2 repairs was established. Acceptable ranges for recommended inlets and trench bottom depths, and usable sidewalls are indicated for the lot may be confirmed at the time of installation.

The following must be completed before building permit B08002846 will be approved. The violations are as follows:

- The failing septic system must be abandoned.
- A new septic system must be installed before approval of building permit.
- Hand dug well on the side of the house must be abandoned and sealed.
- The existing well cap must be secured properly.

The next step in this process is to have your engineer/consultant submit a Percolation Certification Plan. If you have any questions regarding this evaluation or requirements for the Percolation Certification Plan, please contact me at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana L. Bernard, Environmental Sanitarian  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775

DLB

Enclosures

cc: Well & Septic program file

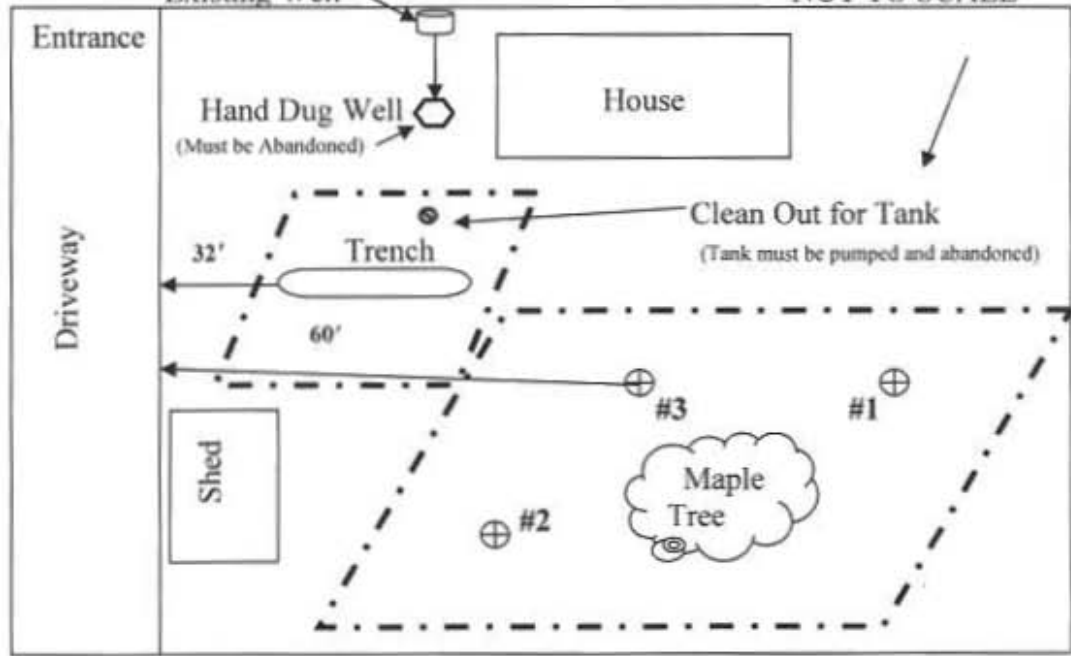
# Perc Information-12021 Scaggsville Road

Existing Well NOT TO SCALE

# 1

sbk Dk.Gry SL  
-----1.5'  
Dense Olive  
to Lt.Gry SCL  
-----4'  
Rd-Brn SL  
Channers  
Much Mica  
-----5'  
Red-Brown  
Course SL  
Much Mica  
-----10'  
Rd-Brn SL  
Much Mica  
-----13'  
Rd-Brn LS  
Platty Fe Ox  
-----15'

# 3



#2

Sbk, Dk GrySL  
-----1.5'  
Rd-Brn HSL  
-----3'  
Red-Brn LS  
Much Mica  
Few  
Channers  
-----7'  
Lt. GryBrn SL  
Channers  
Much Mica  
-----9'  
Mgn Coatings  
Rd Brn SL  
-----13'  
CIP Red SL  
Strong Platty  
-----15'

#

Soil  
Profile

Same  
as

Profile  
#1

| Date    | Test # | Depth    | Start | Break 1" Drop | Break 2" Drop | Time of 2 <sup>nd</sup> Inch | P/F/H |
|---------|--------|----------|-------|---------------|---------------|------------------------------|-------|
| 3-18-09 | 1      | 5 /15    | 9:22  | 9:24          | 9:28          | 4 min.                       | Pass  |
|         |        |          |       |               |               |                              |       |
| 3-18-09 | 2      | 5.5 /1 5 | 10:06 |               |               |                              |       |
|         |        | Repour   | 10:07 | 10:09         |               |                              |       |
|         |        | Repour   | 10:10 | 10:12         | 10:14         | 2 min.                       | Pass  |
|         |        |          |       |               |               |                              |       |
| 3-18-09 | 3      |          |       | Visual        |               |                              | Pass  |

#

#

#

Remarks: \_\_Trench Bottom @ 5 on perc hole \_\_#2.\_\_\_\_\_

Sanitarian \_\_D.Bernard\_\_\_\_\_ Backhoe \_\_ Others\_\_\_\_\_

Test Holes Used in \_\_3 in SDA\_\_ Avg. Perc Time \_\_3min.\_\_ SQ.FT/BR\_\_\_\_\_

Trench Width \_\_3'\_\_ Inlet Depth \_\_4'\_\_ Max Bot.Depth \_\_5'\_\_ Effective S/W\_\_\_\_\_





Howard County  
Health Department

**BUREAU OF ENVIRONMENTAL  
HEALTH**

7178 Columbia Gateway Drive,  
Columbia, MD 21046

Phone (410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

Website: [www.hchealth.org](http://www.hchealth.org)

**FAX**

To: Attention:  
Scott  
Advanced Surveys.

From: Dana Bernard

Fax: (410) 286-9716

Pages: 3

Phone: (410) 286-9712

Date: 4/8/2009

Re: 12021 Scaggsville Road

cc:

**Comments:**

If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Thanks,

*Dana L. Bernard*

Dana L. Bernard, Sanitarian

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

Fax (410) 313-2648

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

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# HP Color LaserJet 2840

HP LASERJET FAX

Apr-8-2009 5:19PM



## Fax Call Report

| Job  | Date      | Time      | Type | Identification | Duration | Pages | Result |
|------|-----------|-----------|------|----------------|----------|-------|--------|
| 5633 | 4/ 8/2009 | 5:17:52PM | Send | 914102869716   | 1:24     | 3     | OK     |



13.75'

165"

77-1/2"

3 feet

soil surface

Discharge  
Out

72-1/4"

57"

51-1/2"

430 Gallons

Water Level

205 Gallons

715 Gallons

180 Gallons

Mid Probe

360 Gallons

220 Gallons

12"

24"

15"

27"

65-1/2"

48-1/2"

**DESIGN DATA & GENERAL NOTES**

- [1] Concrete strength  $f'_c = 4,000$  p.s.i. @ 28 days. Density = 150 pcf.
- [2] Cement - Portland Type VII per ASTM C 150-92.
- [3] Admixtures & plasticizers per ASTM C 260-86 & C 494-92.
- [4] Reinforcing per ASTM A185. Min. 1-1/2" cover.

**Mayer Brothers, Inc.**

6264 Race Road  
Elkridge, Maryland 21075  
Tel. 410.796.1434  
Fax. 410.796.1438

[www.mayerbrosprecast.com](http://www.mayerbrosprecast.com)

**MBI**

**600 GPD BNR SYSTEM  
H-600 ABNR**

**with 750 GALLON PUMP CHAMBER**

Dwg. No. Hoot Form #1

No Scale

March 19, 2009

Please remit all Correspondence  
and payments to:

**Corporate Headquarters**

3140 West Ward Road, Suite 103

Dunkirk, Maryland 20754

800-235-4681 - Toll Free

410-286-9712 - Phone

410-286-9716 - Fax

**FAX TRANSMITTAL**Date: 4/29/09To: HC HDAttn: DanceFax No.: 410-313-2648RE: 12021 Senggsville Rd# of pages including cover: 3

WE ARE SENDING YOU ☒ Attached ☐ Prints ☐ Plans ☐ Samples  
☐ Specifications ☐ Copy of letter ☐ Change order ☐ Other

| Copies | Date | No. | Description |
|--------|------|-----|-------------|
|        |      |     |             |
|        |      |     |             |
|        |      |     |             |
|        |      |     |             |
|        |      |     |             |
|        |      |     |             |

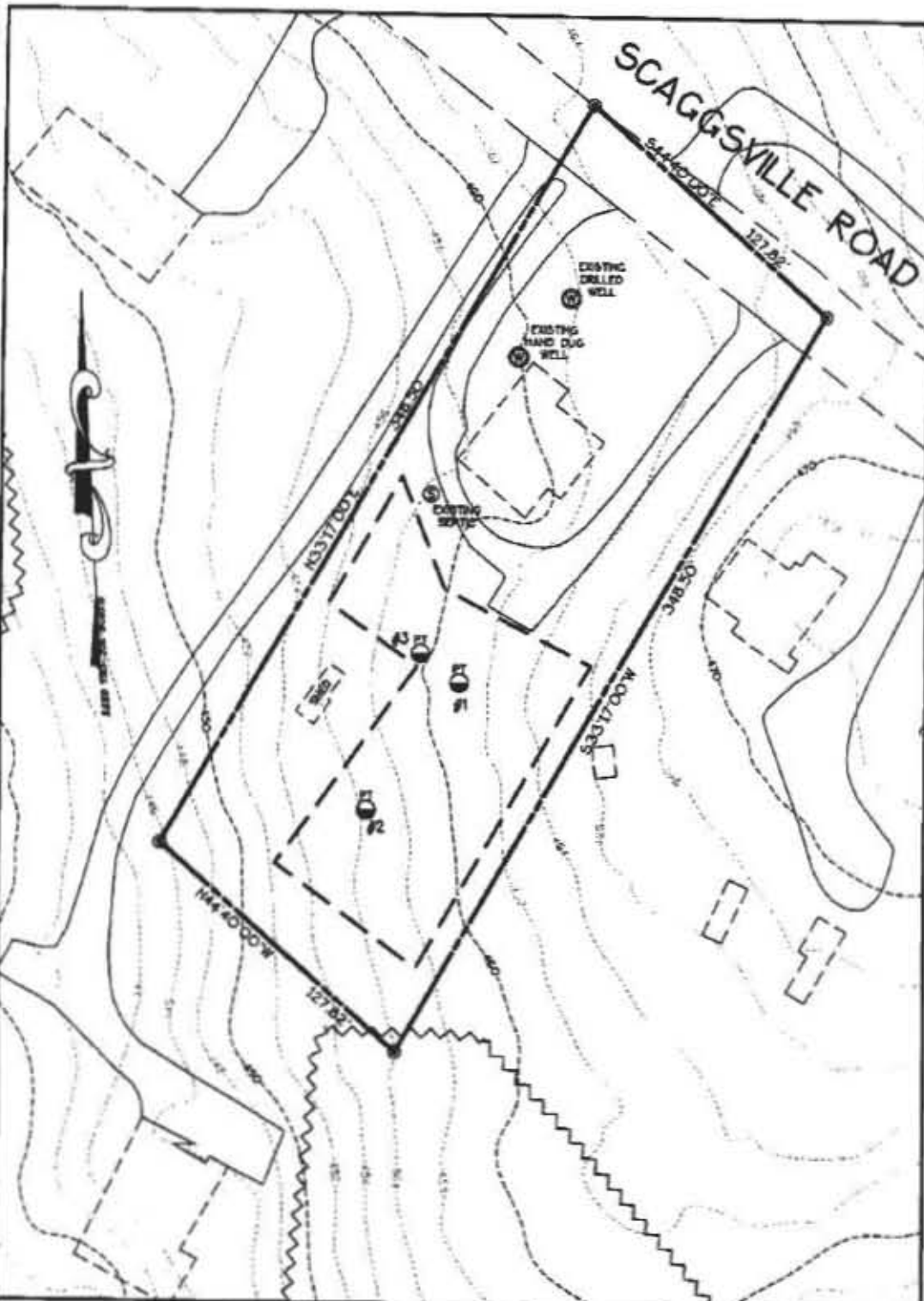
**THESE ARE TRANSMITTED as checked below:**

☐ For approval    ☐ Approved as submitted    ☐ Resubmit    ☐ Copies for approval  
☐ For your use    ☐ Approved as noted    ☐ Submit    ☐ Copies for distribution  
☐ As requested    ☐ Returned for corrections    ☐ Return    ☐ Corrected prints  
☒ For review and comment

REMARKS: PLEASE note: We do not have anything  
that shows sewage easements on neighboring lots.  
SO NOTE 5 should change unless you have something  
thanks - Scott

SIGNED: Scott(410) 286-9712





## NOTE:

1. LOT LINES SHOWN HEREON ARE APPROXIMATE. NO BOUNDARY SURVEY HAS BEEN PERFORMED.
2. NO WELLS WITHIN ONE HUNDRED FEET OF PROPOSED SEPTIC RECOVERY AREA.

12021 SCAGGSVILLE ROAD

DEED 7161-306

PERCOLATION CERTIFICATION PLAN - TAX MAP 43 PARCEL 191

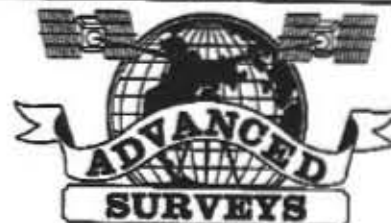
**MURPHY PROPERTY**FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' APRIL 2009

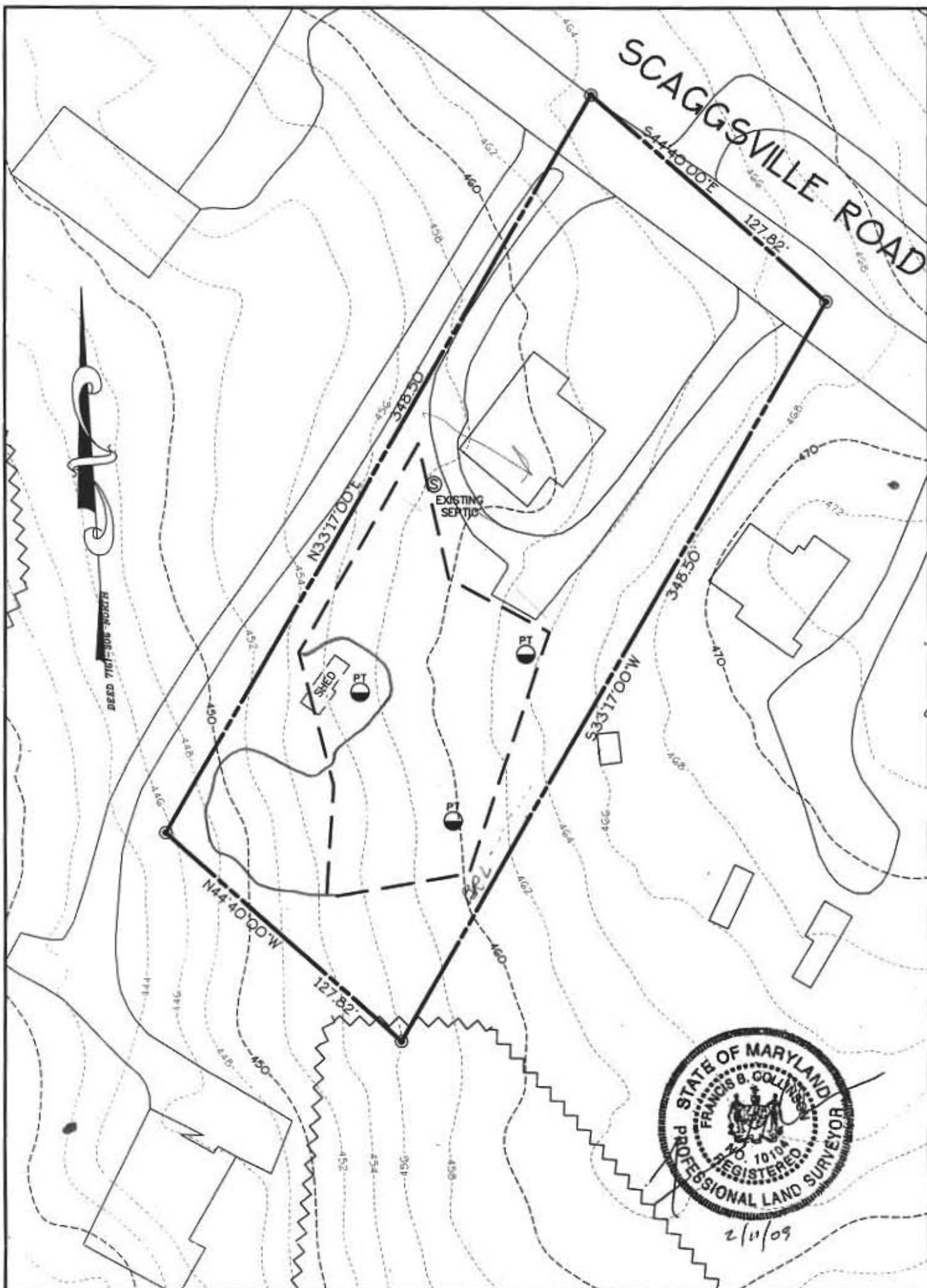
FILE #110 PROJECT #25590

CAD FILENAME: MURPHY.DWG\PERC-PLAT

SHEET 2 OF 2



3140 West Ward Road Suite 103  
Dunkirk, Maryland 20754  
Ph: 410-286-9712 Fax: 410-286-9716  
Toll-Free: 1-800-235-4681



**NOTE:**  
LOT LINES SHOWN HEREON ARE APPROXIMATE. NO BOUNDARY SURVEY HAS BEEN PERFORMED.

12021 SCAGGSVILLE ROAD DEED 7161-306  
PERC PLAT - TAX MAP 41 PARCEL 191

## MURPHY PROPERTY

FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' JANUARY 2009

FILE #10 PROJECT #25113  
CAD FILENAME: MURPHY\DWG\PERC-PLAT



Established 1975  
3140 West Ward Road Suite 103  
Dunkirk, Maryland 20754  
Ph: 410-286-9712 Fax: 410-286-9716  
Toll-Free: 1-800-235-4681

9/26/06 Called Dorothy Murphy 301 725-5824

Need pump testing to establish repair area  
1979 tank replacement 8ft water table  
She was upset & hung up.

M. Dani

10/2/06 12<sup>30</sup> pm T/C to Dorothy Murphy

Moved in house in 1958

Metal tank went bad in 1979; new tank  
installed

Had no septic issues since, but want storage-

joint venture w/ son. She mentioned she is on  
a fixed income.

She insisted that there was plenty of green or if  
we just look at it, we'd see. Explained at length  
that our file lacks sufficient info to make a  
determination & validate the existence of a reserve  
area for future repairs.

She'll decide whether to go forward or drop the idea.



Howard County  
Health Department

**BUREAU OF ENVIRONMENTAL  
HEALTH**

7178 Columbia Gateway Drive,  
Columbia, MD 21046  
Phone (410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323  
Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

**FAX**

|                                              |                    |
|----------------------------------------------|--------------------|
| To: Attention:<br>Scott<br>Advanced Surveys. | From: Dana Bernard |
| Fax: (410) 286-9716                          | Pages: 3           |
| Phone: (410) 286-9712                        | Date: 4/28/2009    |
| Re: 12021 Scaggsville Road                   | cc:                |

**Comments:**

If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Thanks,

*Dana L. Bernard*

Dana L. Bernard, Sanitarian  
Bureau of Environmental Health  
Well and Septic Program

Phone (410) 313-2775

Fax (410) 313-2648

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

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Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)  
Peter L. Beilenson, M.D., M.P.H., Health Officer

April 28, 2009


RE: **Percolation Certification Requirements**  
Property ID: 12021 Scaggsville Road  
Fulton, Maryland 20759  
Tax Map: 41 Parcel: 191

Scott of Advanced Surveys:

Further review is contingent upon submission of a Percolation Certification Plan showing the following:

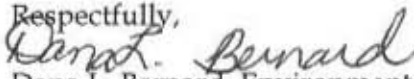
- Show the exact location of existing wells on property, neighboring wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.
- Show legend which includes symbols for wells, easement, passed perc holes, etc....
- Show all structures which are to be abandoned.
- A Health Officer's signature block stating, "Approved for private water and private sewer systems."

General notes on perc certification plan must include the following statements:

1. "Any changes to a private sewage easement shall require a revised perc certification plan."
2.  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 adjustments to the private sewerage easement.
3. Any changes to a private sewerage easement shall require a revised per certification plan.
4. Topography shown is field run or verified by (State the name of surveyor or engineer) on (State the date).
5. Existing well and /or sewerage easements within 100 feet of the property have been shown.
6. The purpose of this Percolation Certification Plan is to establish a septic easement in support of a building permit application for adding a 22 X 15 addition with basement to the existing dwelling in 2009.

If you have any questions regarding these requirements for the Percolation Certification Plan, please contact me at the above address or by telephone at (410) 313-2775.

Respectfully,



Dana L. Bernard, Environmental Sanitarian  
Bureau of Environmental Health,  
Well and Septic Program  
Phone (410) 313-2775  
Fax (410) 313-2648  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)





## MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230  
410-537-3000 • 1-800-633-6101

Martin O'Malley  
Governor

Shari T. Wilson  
Secretary

Anthony G. Brown  
Lieutenant Governor

Robert M. Summers, Ph.D.  
Deputy Secretary

April 30, 2009

Dorothy C. Murphy  
12021 Scaggsville Road  
Fulton, MD 20759

RE: Tax Map 41, Grid 19, Parcel 191

Dear Ms. Murphy:

Your bid package for the Bay Restoration Fund (BRF) Onsite Sewage Disposal System (OSDS) Program has been approved for the use of funds totaling not more than \$13,100.00. The accepted bid amount is for the installation of a Hoot 600 by Garland Brian for your property located at 12021 Scaggsville Road. You may choose to deviate from the selected unit, however the grant award for acceptable reimbursable expenses may not exceed \$13,100.00. All grants awarded through the Maryland Department of the Environment (MDE) are reimbursable. This means that all work done prior to this letter cannot be considered for reimbursement. In order to be eligible for reimbursement you must sign and record a copy in the land records of Howard County the Agreement and Easement for Installation of Best Available Technology Systems with Bay Restoration Funds. You must provide MDE with the following:

- The contractor's and manufacturer's invoice. These invoices should include everything quoted in the bid. All expenditures greater than the bid amount will not be covered.
- A copy of the installation inspection performed by the Howard County Environmental Health program.
- A completed State Grant or Loan Payment Disbursement Request Form
- A copy of the Agreement and Easement for Installation of Best Available Technology Systems with Bay Restoration that shows that it has been recorded in the land records of Howard County.

All submitted documentation would be reviewed for compliance. Once all documentation is submitted, you will receive a payment directly from the State Comptroller's office.

The Maryland Department of the Environment thanks you for participating in this important program. If you have any further questions, please feel free to contact me at 410-537-3678 or 800-633-6101 ext 3678 or email at [jboris@mde.state.md.us](mailto:jboris@mde.state.md.us).

Sincerely,



John A. Boris, Jr., R.S.  
Bay Restoration Fund Project Manager

Enclosure

cc: Jay Prager  
Steve Krieg, Regional Consultant  
Howard County Health Department

cc: L. W. C. H. C.





# MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230

410-537-3000 • 1-800-633-6101

Martin O'Malley  
Governor

Shari T. Wilson  
Secretary

Anthony G. Brown  
Lieutenant Governor

Robert M. Summers, Ph.D.  
Deputy Secretary

April 10, 2009

Douglas Murphy  
12021 Scaggsville Rd,  
Fulton, MD 20759

Dear Douglas Murphy:

Thank you for completing an application for the Bay Restoration Fund (BRF) Onsite Sewage Disposal System (OSDS) Program. The application submitted is for the property located at 12021 Scaggsville Rd, Fulton, MD 20759 and shown on Tax Map 41, Grid 19, Parcel 191. This letter is to notify you of preliminary approval and high priority for funding from the BRF for the installation of best available technology (BAT) for removing nitrogen as part of your on-site sewage disposal system.

This notification letter is intended to assist you through the process of contracting a vendor for the purchase and installation of a BAT, and invoicing procedures to obtain funding from the BRF. The following sections outline the requirements necessary for proceeding with the project.

## ➤ Vendor Selection:

### (Option 1): Applicant Selects a Fixed Price Pre-Approved Vendor:

Maryland Department of the Environment has preselected the following three BAT vendors who will provide and install the technology at a predetermined cost:

- **Hoot Aerobic Systems, Inc. (Hoot BNR®):**

**Distributor: Mayer Brothers, Inc.**

Contact: Nancy Mayer

Phone: (410) 796-1434

Website: [www.hootsystems.com](http://www.hootsystems.com)

Email: [mayerbro@connext.net](mailto:mayerbro@connext.net)

| Region                | Bedrooms | Fixed Price |
|-----------------------|----------|-------------|
| Western <sup>5</sup>  | 3 to 6   | \$14,200    |
| Central <sup>6</sup>  | 3 to 6   | \$13,100    |
| Southern <sup>7</sup> | 3 to 6   | \$13,500    |
| Eastern <sup>8</sup>  | 3 to 6   | \$13,700    |

<sup>5</sup> Allegany, Garrett, Frederick, Washington,

<sup>6</sup> Baltimore, Harford, Howard, Carroll, Montgomery, Anne Arundel, Cecil

<sup>7</sup> Prince George's, Charles, Calvert, St. Mary's

<sup>8</sup> Caroline, , Queen Anne's, Dorchester, Kent, Somerset, Talbot, Wicomico, Worcester

- **Orenco Systems, Inc. (AdvanTex® AX)**

**Distributor:** Atlantic Solutions, Ltd.

**Contact:** Bob Johnson

**Phone:** 1-877-214-9283 **Website:** [www.orenco.com](http://www.orenco.com) **Email:** [bjohnson@septicssystems.net](mailto:bjohnson@septicssystems.net)

| Region   | Bedrooms | Fixed Price |
|----------|----------|-------------|
| Western  | 3 to 4   | \$14,868.40 |
|          | 5        | \$16,606.80 |
|          | 6        | \$20,422.80 |
| Central  | 3 to 4   | \$12,950.40 |
|          | 5        | \$14,464.80 |
|          | 6        | \$18,280.80 |
| Southern | 3 to 4   | \$12,700.40 |
|          | 5        | \$14,264.80 |
|          | 6        | \$18,080.80 |
| Eastern  | 3 to 4   | \$13,068.40 |
|          | 5        | \$14,806.80 |
|          | 6        | \$18,622.80 |

- **Bio-Microbics, Inc. (MicroFast®)**

**Distributor:** Feemire & Associates

**Phone:** (410) 768-8500 **Website:** [www.biomicrobics.com](http://www.biomicrobics.com)

**Email:** [www.freemire.com](http://www.freemire.com)

| Region   | Bedrooms | Fixed Price |
|----------|----------|-------------|
| Western  | 3 to 4   | \$11,625    |
|          | 5 to 6   | \$13,807    |
| Central  | 3 to 4   | \$11,425    |
|          | 5 to 6   | \$14,107    |
| Southern | 3 to 4   | \$11,525    |
|          | 5 to 6   | \$14,507    |
| Eastern  | 3 to 4   | \$10,625    |
|          | 5 to 6   | \$13,807    |

The applicant may choose any of the three pre-approved technologies and must contact the vendor directly. When choosing from the above technologies the applicant may want to request information on the annual cost of power consumption from the vendor. After vendor selection, the homeowner must provide MDE with a signed contract between the homeowner and the vendor. **MDE will provide BRF funding for 100% of the chosen technology.**

(Option 2): Applicant Selects Vendor and Procures Bids

Applicants may also select from other MDE approved BAT vendors, which are listed below. The applicant can procure bids from the other vendors however the grant amount will be limited to the least expensive of the preapproved vendor technologies appropriate for the designated region. Your property is located in the Central region and the total grant allotment is capped based on the following table:

| Region   | Bedrooms | Fixed Price |
|----------|----------|-------------|
| Western  | 3 to 4   | \$11,625    |
|          | 5 to 6   | \$14,200    |
| Central  | 3 to 4   | \$11,425    |
|          | 5 to 6   | \$13,100    |
| Southern | 3 to 4   | \$11,525    |
|          | 5 to 6   | \$13,500    |
| Eastern  | 3 to 4   | \$10,625    |
|          | 5 to 6   | \$13,700    |

**AGREEMENT AND EASEMENT FOR INSTALLATION  
OF BEST AVAILABLE TECHNOLOGY SYSTEMS  
WITH BAY RESTORATION FUNDS.**

THIS AGREEMENT is made this 30th day of April, among Dorothy C. Murphy, hereinafter referred to as "Owner," the Howard County Health Department hereinafter collectively referred to as the "County," and the Department of the Environment, hereinafter referred to as the "Department."

WHEREAS, Owner owns a tract of land located on 12021 Scaggsville Road, in the 5th Election District of Howard County, Maryland, and the deed to same is recorded among the Land Records of Howard County, Maryland, in Ellicott City and in Liber 7161 Folio 306.

WHEREAS, the Bay Restoration Fund (BRF) may provide a grant for the cost attributable to upgrading an onsite sewage disposal system to the Best Available Technology (BAT) for the removal of nitrogen.

WHEREAS, the BRF may also provide a grant for the cost difference between a traditional onsite sewage disposal system and a system that utilizes the BAT for the removal of nitrogen.

WHEREAS, Owner understands that participation in the Bay Restoration Fund is voluntary.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the Department and the County the right to enter upon the property at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data requested and needed by the Department to develop accurate and thorough test results.
- B. Owner acknowledges and agrees that a manufacturer-approved installer will install the BAT system.



- C. Owner acknowledges and agrees the manufacturer will provide for Operation and Maintenance of the BAT for a period of 5 years as a condition of sale of the BAT. After the 5 year period the Operation and Maintenance contract can be further extended at the behest of the property owner. The Department and County encourage the property owner to continuously maintain an Operation and Maintenance contract during the lifetime of the system.
- D. Owner acknowledges and agrees that the manufacturer appointed Operation and Maintenance provider will have access to the BAT system at all times.
- E. Owner acknowledges and agrees that the manufacturer or manufacturers designee will have access to sample the effluent of the BAT system. Owner acknowledges and agrees that the proposed installation of a BAT system funded by the BRF is voluntary. Owner agrees that there shall be no liability on the part of the County or Department to Owner if this BAT system fails, and that the County and the Department do not warrant or guarantee that the BAT system will adequately or properly function.
- F. Owner acknowledges and agrees that neither the County nor the Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
- G. The Owner will devote such care and effort to the maintenance of the BAT system so that any malfunction is not the result of poor maintenance, faulty operation, or neglect.
- H. The Department agrees to grant \$ 13,100.00 toward the cost of installation of the BAT System, and financial responsibility is limited to this amount. Owner will present to the Department a signed contract from the demonstrating the total cost of installation. Operating costs will be at the Owner's expense.

- I. The Owner acknowledges that the BRF grant can only be used for that portion of the OSDS attributable to (BAT) for the removal of nitrogen.
- J. Owner acknowledges in the event the total project cost is greater than \$25,000 the proposal will have to be approved by the Maryland State Board of Public Works.
- K. The Owner agrees to contact both the Water Management Administration, On-Site Systems Division of the Wastewater Permits Program and the County at least forty-eight (48) hours prior to system installation, so that the Department has the opportunity to be present at the time of installation or thereafter for inspection.
- L. The Owner must install BAT system according to the manufacturer recommended plans and specifications approved by the Department.
- M. The Owner agrees and acknowledges that if installation deviates substantially from the approved plans or changes such that performance of the system is compromised or reduced, BRF funding will not be provided.
- N. This agreement shall run with the land and binds the Owner, his heirs, successors, assigns except that the provisions of paragraph A, C, D and E shall be binding for a period of 5 years only after installation of the system and occupation of the home. Owner further agrees that he shall inform in writing any purchaser or lessee of the property that the system may require maintenance or other attention. The Owner agrees to record this agreement in the land records of Howard County.
- O. This agreement shall not be construed to limit any authority of the Department to protect the public health, safety or comfort or to issue any other orders to take any other action that is now or may hereafter be within its authority.
- P. This agreement may be voided at the discretion of the Department if the system construction is not completed within six (6) months of the effective date of this agreement.

Q. This agreement contains the entire agreement and understanding between the County and the Owner and the Department. There are no additional terms other than as contained in this agreement. This agreement may not be modified except in writing signed by each of the parties or by their authorized representatives.

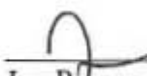
R. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

DATE: 5-18-09

  
Owner

DATE: 5/1/09

  
Jay Prager, Deputy Program Manager  
Wastewater Permits Program  
Maryland Department of the Environment

DATE: 5/18/09

  
Howard County Health Department

The following is the list of other approved technologies:

|                           |                                           |                                                                            |                                                                                      |
|---------------------------|-------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Amphidrome</b>         |                                           |                                                                            |                                                                                      |
| Manufacturer:             | <b>F.R. Mahony &amp; Associates, Inc.</b> | <a href="http://www.frmahony.com">www.frmahony.com</a>                     |                                                                                      |
| Distributor:              | David Kershner                            | (610) 351-0963                                                             | <a href="mailto:d.kershner@ketllc.com">d.kershner@ketllc.com</a>                     |
| <b>Bioclere</b>           |                                           |                                                                            |                                                                                      |
| Manufacturer:             | <b>Aquapoint, Inc.</b>                    | <a href="http://www.aquapoint.com">www.aquapoint.com</a>                   |                                                                                      |
|                           | Robbie Tippet                             | (240) 298-7572                                                             | <a href="mailto:rtipp4@aol.com">rtipp4@aol.com</a>                                   |
|                           | Sam Seymour                               | (585) 473-3300                                                             | <a href="mailto:ss Seymour@aquapoint.com">ss Seymour@aquapoint.com</a>               |
| <b>Ecoflex</b>            |                                           |                                                                            |                                                                                      |
| Manufacturer:             | <b>Premier Tech Environment</b>           |                                                                            |                                                                                      |
|                           | Allison Blodig                            | (785) 250-3215                                                             | <a href="mailto:bloa@premiertech.com">bloa@premiertech.com</a>                       |
| <b>Hoot H-Series, ANR</b> |                                           |                                                                            |                                                                                      |
| Manufacturer:             | <b>Hoot Aerobic Systems, Inc.</b>         | <a href="http://www.hootsystems.com">www.hootsystems.com</a>               |                                                                                      |
| Distributor:              | Nancy Mayer                               | (410) 796-1434                                                             | <a href="mailto:mayerbro@connext.net">mayerbro@connext.net</a>                       |
| <b>Nitrex</b>             |                                           |                                                                            |                                                                                      |
| Manufacturer:             | <b>Lombardo Associates, Inc</b>           | <a href="http://www.lombardoassociates.com">www.lombardoassociates.com</a> |                                                                                      |
|                           | Pio Lombardo                              | (617) 964-2924                                                             | <a href="mailto:pio@lombardoassociates.com">pio@lombardoassociates.com</a>           |
| <b>ReCip RTS</b>          |                                           |                                                                            |                                                                                      |
| Manufacturer:             | <b>Bio-Concepts, Inc.</b>                 | <a href="http://www.bioconceptsinc.com">www.bioconceptsinc.com</a>         |                                                                                      |
|                           | Al Privette                               | (252) 249-7040                                                             | <a href="mailto:alprivette@coastal.net">alprivette@coastal.net</a>                   |
| <b>SeptiTech</b>          |                                           |                                                                            |                                                                                      |
| Manufacturer:             | <b>SeptiTech, Inc.</b>                    | <a href="http://www.septitech.com">www.septitech.com</a>                   |                                                                                      |
| Distributor:              | Bruce Melton                              | (410) 878-2952                                                             | <a href="mailto:rbrmelton@progressiveseptic.com">rbrmelton@progressiveseptic.com</a> |
|                           | Western MD, Scott Everhart                | (304) 676-3823                                                             | <a href="http://www.cseenterprises.net">www.cseenterprises.net</a>                   |
| <b>Singular Model TNT</b> |                                           |                                                                            |                                                                                      |
| Manufacturer:             | <b>Norweco, Inc.</b>                      | <a href="http://www.norweco.com">www.norweco.com</a>                       |                                                                                      |
| Distributor:              | Eastern Shore - John Short                | (443) 786-0594                                                             | <a href="mailto:btowers62@gmail.com">btowers62@gmail.com</a>                         |
|                           | Western Shore - Jeff Earnshaw             | (301) 274-3772                                                             | <a href="mailto:superiortank@olg.com">superiortank@olg.com</a>                       |
| <b>Waterloo Biofilter</b> |                                           |                                                                            |                                                                                      |
| Manufacturer:             | <b>Waterloo BioFilter Systems, Inc.</b>   | <a href="http://www.waterloo-biofilter.com">www.waterloo-biofilter.com</a> |                                                                                      |
| Distributor:              | Jones Pump Service                        | (410) 836-9206                                                             | <a href="mailto:manager@jonespumpservice.com">manager@jonespumpservice.com</a>       |

**If you choose to acquire bids according to this option, you are advised that MDE will provide BRF funding up to the aforementioned dollar amount, and you will have to pay any difference.**

#### Conditions of Financial Assistance Document

By reading and signing this form, you agree to the limitations and conditions set forth in this document. This form must be returned with your submission of bids or vendor contract. Your submission will not be processed if this form does not accompany the bids or vendor contract when you submit them.

#### ➤ **Award of Grant:**

- MDE will review the contract or bids submitted by the applicant. The grant award will be obligated based on the predetermined vendor/technology list or the lowest acceptable bid. The applicant may pay the cost difference of a more expensive bid.
- No change orders will be accepted by MDE.

- The applicant will be notified with an Award Letter with the amount of the grant obligation, Agreement and Easement document and further instructions.
- The award amount is available for reimbursement within 6 months of Department signature on the Agreement and Easement document. Upon request of the applicant, the original 6-month period may be extended at the discretion of the Department.

#### Agreement and Easement Document

The Agreement and Easement you will receive with the award letter must be signed by all parties and recorded in the Land Records of Howard County, Maryland. The cost of recordation is not eligible for BRF funding. A draft copy of the Agreement and Easement is provided to you in this letter for your review. A completed Agreement and Easement will be provided to you after you are notified of the grant approval amount.

#### ➤ Local Permitting Requirements:

- All required local permits must be obtained.
- The County has the right to determine your availability to connect to public sewer. If you have access and your system is failing or your property is in an area that is scheduled to have a public sewer line your request for funds may be denied.
- Contact Howard County Health Department for more information.

#### ➤ Issuance of Funds From the BRF:

After review of the submitted invoice and associated documents, the Office of the Comptroller of the State of Maryland will issue a check to the property owner.

Once again the Department thanks you for participating in this important program. If you have any questions, please feel free to contact me at 410-537-3678 or by email at [jboris@mde.state.md.us](mailto:jboris@mde.state.md.us).

Sincerely,



John Boris  
Bay Restoration Fund Project Manager

Enclosure

cc: Jay Prager  
MDE Regional Sanitarian  
County Health Department or other related department

410-537-3678





Howard County  
Health Department

**BUREAU OF ENVIRONMENTAL  
HEALTH**

7178 Columbia Gateway Drive,  
Columbia, MD 21046

Phone (410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

Website: [www.hchealth.org](http://www.hchealth.org)

# FAX

To: Attention: Scott  
Advanced Surveys

From: Dana Bernard

Fax: (410) 286-9716

Pages: 13

Phone: (410) 286-9712

Date: 5/14/2009

Re: Murphy Property

cc:

**Comments:**

If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Thanks,

*Dana L. Bernard*

Dana L. Bernard, Sanitarian  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
Fax (410) 313-2648

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

**IMPORTANT WARNING:** This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this message in error, please notify the sender immediately and arrange for the return or destruction of these documents.



Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)  
Peter L. Beilenson, M.D., M.P.H., Health Officer

May 14, 2009

RE: **Percolation Certification Requirements**  
Property ID: 12021 Scaggsville Road  
Fulton, Maryland 20759  
Tax Map: 41 Parcel: 191

Scott of Advanced Surveys:

Further review is contingent upon submission of a Percolation Certification Plan showing the following:

- 5/20/09  
Met w/ Dorothy Murphy & son?  
Need these two resolved  
sgo
- Show legend which includes symbols for wells, easement, passed percolation certification holes, etc....  
(Note: Numbers should not be place in legend next to symbols)
  - Show the exact location of existing structures, proposed structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.
  - A description of use and intent designated for each item, e.g. "to remain" or "to remove" must be included.
  - Elevations for the septic system inverts. (i.e. Invert at the house, grade elevations at the house, inverts in and out of septic tank and invert into distribution box.
  - Proposed Addition shall not encroach on regulated setbacks from well and septic system components. Must be shown on percolation certification plan.
- All new

I have also included septic and well information for surrounding properties (Tax Map 41, Parcel 71 and Tax Map 41, Parcel 74). This information must be included on the percolation certification plan.

If you have any questions regarding these requirements for the Percolation Certification Plan, please contact me at the above address or by telephone at (410) 313-2775.

Respectfully,

*Dana L. Bernard*

Dana L. Bernard, Environmental Sanitarian  
Bureau of Environmental Health,  
Well and Septic Program  
Phone (410) 313-2775  
Fax (410) 313-2648  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

6-7-88  
AM ASAP

copy  
of file  
from computer

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT \_\_\_\_\_

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-363977

PUMP  
SYST

INDEXED

P 41155

A REPAIR

DATE 6/01/88

DATE SYSTEM APPROVED

6-8-88

INSPECTOR

JEN

Donald Parlette

IS PERMITTED TO INSTALL

ALTER ☒

ADDRESS 6575 Route 32, Clarksville, Maryland 21029

PHONE 531-2140

SUBDIVISION \_\_\_\_\_ ROAD 12027 Route 216

LOT 498-1055

PROPERTY OWNER Gary Poquette

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO ☒

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

6-2-88 Test hole: 0-3 Rd-br s/c 1m, 3-10 Br mica s/s 1m. Water at 8.0 ft.

6-3-88 3H JEN

6-3-88 10H JEN

2 6-3-88 JEN

1.6:0 sq ft / bedroom, Inlet at 1' 5" ft, Bottom at 3.0 ft maximum, 3 ft wide trench. OK to have 115 ft long trenches. Need distribution box behind tank. Must have 800 sq ft of absorbent area JEN

PLANS APPROVED BY Sid Abel

DATE 6/01/88

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED).

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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

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

PERMIT VOID AFTER TWO YEARS.

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED

AND RETURNED 4/10/92

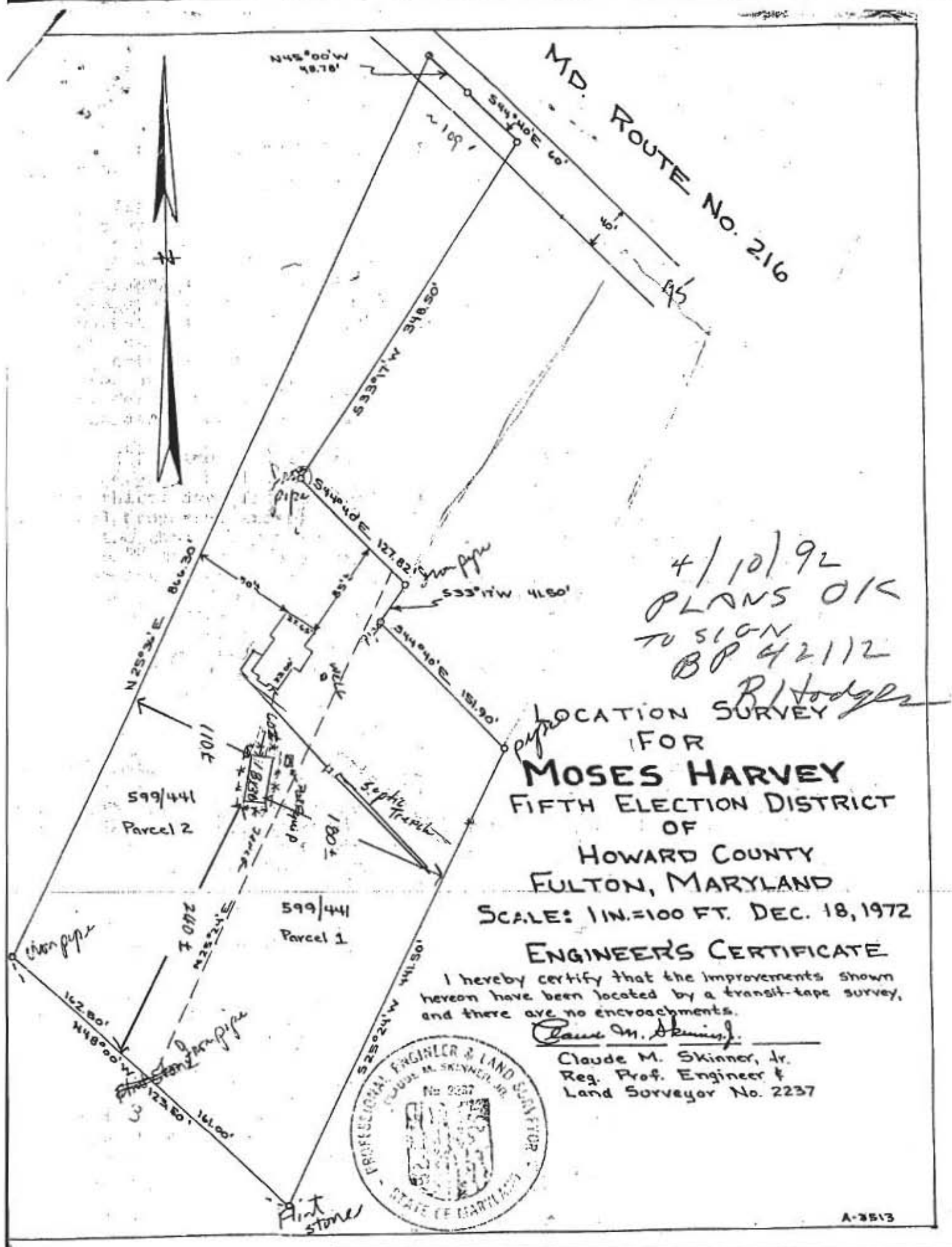
Serial # 42112 - Pool

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

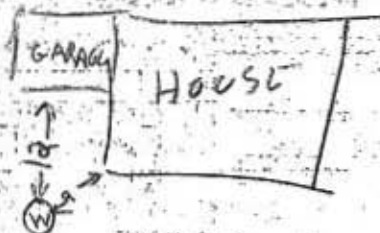
\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1185









Route 216

1/27/70

115 Am arrived  
RH

PINDLE SCHOOL

- ① Siphon System in back yard
- ② Old in back yard to be used as stand
- ③ 17 FT deep annular space in well by working + 20 FT deep according to well driller
- ⑤ 42 FT casing in well
- ⑥ Well 76 FT deep
- ⑦ Water level 30 FT from
- ⑧ Casing 6" Hole diameter 10  
4 bags of cement used today

JAN 19 9 11 AM '70  
 DIVISION OF  
 ENVIRONMENTAL  
 HEALTH  
 HOWARD COUNTY  
 HEALTH DEPT.

|                                                                                            |  |                                                          |  |                                                  |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
|--------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|--------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|--|
| B 1                                                                                        |  | 0463                                                     |  | SEQUENCE NO. (DWR USE ONLY)                      |  | <b>STATE OF MARYLAND</b><br>DEPARTMENT OF WATER RESOURCES<br>STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401<br><b>APPLICATION FOR PERMIT TO DRILL WELL</b>                                                                                                                              |  | APPLICATION MUST BE SUBMITTED<br>AND PERMIT RECEIVED BEFORE<br>DRILLING IS STARTED.<br>FILL IN THIS FORM COMPLETELY |  |
| 1 2 3 (SEQ. NO.) 6                                                                         |  | (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) |  | DATE RECEIVED (DWR USE ONLY)                     |  | OWNER: <u>BROWN</u>                                                                                                                                                                                                                                                                    |  | VERNON                                                                                                              |  |
| STREET OR RFD                                                                              |  | COL 36                                                   |  | POST OFFICE                                      |  | COL 57                                                                                                                                                                                                                                                                                 |  | COL 80                                                                                                              |  |
| B 2                                                                                        |  | DRILLER INFORMATION                                      |  | B 4                                              |  | LOCATION OF WELL                                                                                                                                                                                                                                                                       |  |                                                                                                                     |  |
| 1 2 3 (SEQ. NO.) 6                                                                         |  | FIRST NAME: <u>DWAYNE</u>                                |  | LAST NAME: <u>BROWN</u>                          |  | COUNTY: <u>Howard</u>                                                                                                                                                                                                                                                                  |  | ID. NO. (ABBREVIATE COUNTY NAME)                                                                                    |  |
| 34                                                                                         |  | STREET OR RFD: <u>Route 3</u>                            |  | 53                                               |  | SUBDIVISION                                                                                                                                                                                                                                                                            |  | 42                                                                                                                  |  |
| 55                                                                                         |  | MT. AIRY, Maryland                                       |  | 21774                                            |  | SECTION: <u>44</u>                                                                                                                                                                                                                                                                     |  | LOT: <u>48</u>                                                                                                      |  |
| DATE OF APPLICATION: <u>December 17, 1968</u>                                              |  | 21P CODE                                                 |  | 50                                               |  | NEAREST TOWN: <u>Fulton</u>                                                                                                                                                                                                                                                            |  | 71                                                                                                                  |  |
| B 3                                                                                        |  | WELL INFORMATION                                         |  | B 5                                              |  | DIRECTION FROM TOWN                                                                                                                                                                                                                                                                    |  |                                                                                                                     |  |
| 1 2 3 (SEQ. NO.) 6                                                                         |  | MAXIMUM PUMPING RATE (GALLONS PER MINUTE)                |  | 4                                                |  | 1 2 3 (SEQ. NO.) 6                                                                                                                                                                                                                                                                     |  | DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)                                                                        |  |
| AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)                                            |  | 1,000                                                    |  | 10                                               |  | N NORTH                                                                                                                                                                                                                                                                                |  | E EAST                                                                                                              |  |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)                                                     |  |                                                          |  |                                                  |  | NE NORTHEAST                                                                                                                                                                                                                                                                           |  | SE SOUTHEAST                                                                                                        |  |
| <input checked="" type="checkbox"/> DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  |  |                                                          |  |                                                  |  | S SOUTH                                                                                                                                                                                                                                                                                |  | W WEST                                                                                                              |  |
| <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION                                  |  |                                                          |  |                                                  |  | NW NORTHWEST                                                                                                                                                                                                                                                                           |  | SW SOUTHWEST                                                                                                        |  |
| <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT              |  |                                                          |  |                                                  |  | NEAR WHAT ROAD: <u>Route 216</u>                                                                                                                                                                                                                                                       |  | 30                                                                                                                  |  |
| <input type="checkbox"/> MUNICIPAL WATER SUPPLY                                            |  |                                                          |  |                                                  |  | ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)                                                                                                                                                                                                                                         |  | N NORTH                                                                                                             |  |
| <input type="checkbox"/> PRIVATE WATER COMPANY                                             |  |                                                          |  |                                                  |  | S SOUTH                                                                                                                                                                                                                                                                                |  | E EAST                                                                                                              |  |
| <input type="checkbox"/> TEST                                                              |  |                                                          |  |                                                  |  | W WEST                                                                                                                                                                                                                                                                                 |  | NE NE                                                                                                               |  |
| APPROXIMATE DEPTH OF WELL: <u>100</u>                                                      |  | FEET                                                     |  | 34                                               |  | DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)                                                                                                                                                                                                                         |  | 60                                                                                                                  |  |
| METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)                                        |  |                                                          |  |                                                  |  | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. DISTANCE MAY BE APPROXIMATE, BUT MUST BE INDICATED. |  |                                                                                                                     |  |
| <input checked="" type="checkbox"/> BORED (OR AUGERED)                                     |  | <input type="checkbox"/> JETTED                          |  | <input type="checkbox"/> DRIVEN                  |  | N                                                                                                                                                                                                                                                                                      |  |                                                                                                                     |  |
| <input type="checkbox"/> AIR-ROTARY                                                        |  | <input type="checkbox"/> AIR-PERCUSSION                  |  | <input type="checkbox"/> ROTARY HYDRAULIC ROTARY |  | Sketch showing location of well in relation to nearby towns, roads and streams.                                                                                                                                                                                                        |  |                                                                                                                     |  |
| <input type="checkbox"/> CABLE                                                             |  | <input type="checkbox"/> REVERSE ROTARY                  |  | <input type="checkbox"/> OTHER (DESCRIBE)        |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
| REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)                                     |  |                                                          |  |                                                  |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
| <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL                     |  |                                                          |  |                                                  |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
| <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED |  |                                                          |  |                                                  |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
| <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY    |  |                                                          |  |                                                  |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
| <input type="checkbox"/> D THIS WELL WILL DEEPEAN AN EXISTING WELL                         |  |                                                          |  |                                                  |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
| NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)                                              |  |                                                          |  |                                                  |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
| APPROPRIATION PERMIT NUMBER                                                                |  | 64                                                       |  | 63                                               |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
| ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX)                                                |  | 65                                                       |  | FORCE                                            |  | 67                                                                                                                                                                                                                                                                                     |  | 68                                                                                                                  |  |
| A E N S G W O                                                                              |  |                                                          |  |                                                  |  |                                                                                                                                                                                                                                                                                        |  |                                                                                                                     |  |
| CONDITIONS                                                                                 |  | 69                                                       |  | 70                                               |  | 71                                                                                                                                                                                                                                                                                     |  | 72                                                                                                                  |  |
| 73                                                                                         |  | 74                                                       |  | 75                                               |  | 76                                                                                                                                                                                                                                                                                     |  | 77                                                                                                                  |  |
| 78                                                                                         |  | 79                                                       |  | 80                                               |  | 81                                                                                                                                                                                                                                                                                     |  | 82                                                                                                                  |  |
| B 5                                                                                        |  | CONTINUED                                                |  | B 6                                              |  | SPECIAL CONDITIONS (DWR USE ONLY)                                                                                                                                                                                                                                                      |  |                                                                                                                     |  |
| 1 2 3 (SEQ. NO.) 6                                                                         |  | STATE DEPARTMENT OF HEALTH                               |  | COUNTY DEPT. OF HEALTH                           |  | LATITUDE                                                                                                                                                                                                                                                                               |  | 3 9 5 3 0                                                                                                           |  |
| 41                                                                                         |  | Howard                                                   |  | COUNTY DEPT. OF HEALTH                           |  | DEC MIN SEC                                                                                                                                                                                                                                                                            |  | 50 51 52 53 54                                                                                                      |  |
| DATE                                                                                       |  | 12 22 69                                                 |  | APPROVED BY                                      |  | TITLE                                                                                                                                                                                                                                                                                  |  | Director                                                                                                            |  |
| B 6                                                                                        |  | SPECIAL CONDITIONS (DWR USE ONLY)                        |  |                                                  |  | LONGITUDE                                                                                                                                                                                                                                                                              |  | 0 7 6 5 0 0 0                                                                                                       |  |
| 1 2 3 (SEQ. NO.) 6                                                                         |  |                                                          |  |                                                  |  | 57 58 59 60 61 62 63                                                                                                                                                                                                                                                                   |  | ELEVATION AT WELL HEAD (FEET)                                                                                       |  |
|                                                                                            |  |                                                          |  |                                                  |  |                                                                                                                                                                                                                                                                                        |  | 85 86 87 88                                                                                                         |  |



**Maryland Department of Assessments and Taxation**  
**HOWARD COUNTY**  
**Real Property Data Search (2007 vw4.3)**

[Go Back](#)  
[View Map](#)  
[New Search](#)

Account Identifier: District - 05 Account Number - 365910

**Owner Information**

Owner Name: SCHOOLEY DOUGLAS W & WF Use: RESIDENTIAL  
 Principal Residence: YES  
 Mailing Address: 12011 ROUTE 216 Deed Reference: 1) / 424/ 283  
 FULTON MD 20759-2401 2)

**Location & Structure Information**

Premises Address: 12011 ROUTE 216  
 FULTON 20759  
 Legal Description: 1.08 A  
 12011 ROUTE 216  
 FULTON

| Map | Grid | Parcel | Sub District | Subdivision | Section | Block | Lot | Assessment Area | Plat No:<br>Plat Ref: |
|-----|------|--------|--------------|-------------|---------|-------|-----|-----------------|-----------------------|
| 41  | 19   | 74     |              |             |         |       |     | 2               |                       |

Special Tax Areas: Town Ad Valorem Tax Class NO A/V, RURAL FIRE TAX

| Primary Structure Built | Enclosed Area | Property Land Area | County Use |
|-------------------------|---------------|--------------------|------------|
| 1954                    | 1,210 SF      | 1.08 AC            |            |
| Stories                 | Basement      | Type               | Exterior   |
| 1                       | YES           | STANDARD UNIT      | BRICK      |

**Value Information**

|                    | Base Value     | Value As Of 01/01/2008 | Phase-in Assessments As Of 07/01/2008 | As Of 07/01/2009 |
|--------------------|----------------|------------------------|---------------------------------------|------------------|
| Land               | 280,800        | 338,300                |                                       |                  |
| Improvements:      | 97,400         | 100,490                |                                       |                  |
| <b>Total:</b>      | <b>378,200</b> | <b>438,790</b>         | <b>398,396</b>                        | <b>418,592</b>   |
| Preferential Land: | 0              | 0                      | 0                                     | 0                |

**Transfer Information**

| Seller: | Date:  | Price: |
|---------|--------|--------|
| Type:   | Deed1: | Deed2: |
| Seller: | Date:  | Price: |
| Type:   | Deed1: | Deed2: |
| Seller: | Date:  | Price: |
| Type:   | Deed1: | Deed2: |

**Exemption Information**

| Partial Exempt Assessments | Class | 07/01/2008 | 07/01/2009 |
|----------------------------|-------|------------|------------|
| County                     | 000   | 0          | 0          |
| State                      | 000   | 0          | 0          |
| Municipal                  | 000   | 0          | 0          |

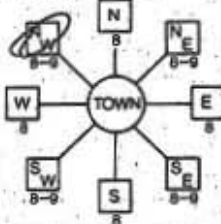
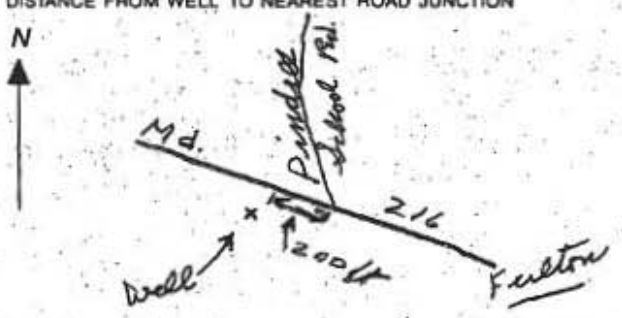
Tax Exempt: NO  
 Exempt Class:

Special Tax Recapture:  
 \* NONE \*



PARCEL 74 NOT IN RPS. RPS # ?

12011 DOES NOT EXIST

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>B 1</b><br><b>4430</b><br><small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SEQUENCE NO.<br><small>(DP USE ONLY)</small><br>4430 | STATE OF MARYLAND<br>APPLICATION FOR PERMIT TO DRILL WELL<br>please print or type<br><b>INDEXED</b>                                                                                                                                                                                                                                                                                                                                         | STATE PERMIT NUMBER<br><b>46-94-0598</b><br><small>fill in this form completely</small> |
| <b>OWNER INFORMATION</b><br>Date Received (APA) <b>06/23/95</b><br>Last Name <b>Schooley</b> Owner First Name <b>DOUGLAS</b><br>Street or RFD <b>1201V SCAGGSVILLE RD</b><br>Town <b>FULTON</b> MD State 72 Zip <b>21059</b>                                                                                                                                                                                                                                                                                                                                       |                                                      | <b>LOCATION OF WELL</b><br>COUNTY <b>HOWARD</b><br>SUBDIVISION _____<br>SECTION _____ LOT _____<br>NEAREST TOWN <b>FULTON</b><br>MILES FROM TOWN (enter 0 if in town) <b>1/2</b> MI                                                                                                                                                                                                                                                         |                                                                                         |
| <b>DRILLER INFORMATION</b><br>Driller's Name <b>Joseph L. Mayne</b> MSD/MDG/MWD <b>24</b><br>License No. <b>80</b><br>Firm Name <b>Joseph L. Mayne Well Drilling</b><br>Address <b>5512 Ridge Rd. Mt. Airy, Md. 21771</b><br>Signature <b>Joseph L. Mayne</b> Date <b>6/23/95</b>                                                                                                                                                                                                                                                                                  |                                                      | <b>B 4</b><br>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/><br>DISTANCE FROM ROAD <b>50</b> FT<br>ENTER FT OR MI <b>FT</b><br>TAX MAP <b>41</b> BLK <b>19</b> PARCEL <b>74</b> |                                                                                         |
| <b>B 2</b><br><b>WELL INFORMATION</b><br>APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b><br>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      | NOT TO BE FILLED IN BY DRILLER<br>HEALTH DEPARTMENT APPROVAL<br><b>Howard</b> <b>RW 50747</b><br>COUNTY NAME COUNTY NO.<br>STATE SIGNATURE <b>Mark E. Riffen</b> DATE ISSUED <b>7/5/96</b><br>CO SIGNATURE _____ EXP. DATE _____<br>NORTH GRID <b>48E000</b> EAST GRID <b>0820000</b>                                                                                                                                                       |                                                                                         |
| <b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b><br><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)<br><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) |                                                      | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1. <b>WELL</b><br>2. _____<br>3. _____<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br><b>820</b><br><b>48X2</b>                                                                                                                                                                                                                                            |                                                                                         |
| APPROXIMATE DEPTH OF WELL <b>240</b> FEET<br>APPROXIMATE DIAMETER OF WELL <b>6</b> INCH<br><b>METHOD OF DRILLING (circle one)</b><br>BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/><br>AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/><br>CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/><br>other _____                               |                                                      | 7/7/96 9:30 a.m. <b>DO NOT OBSERVE LOCATION OF TAP ON WELL</b><br>88                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |
| <b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b><br><input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br><input checked="" type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="checkbox"/> D THIS WELL WILL DEEPMEN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____           |                                                      | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>                                                                                                                                                                                                             |                                                                                         |
| Not to be filled in by driller (OEP USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |
| APPROP. PERMIT NUMBER _____<br>FORCE <b>MIR</b> WRITE INITIALS IN BOX PERMIT No. <b>46-94-0598</b><br>SPECIAL CONDITIONS _____<br>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |

COUNTY

|                                                            |  |                                   |  |                                                                                                                   |  |                                                                         |  |
|------------------------------------------------------------|--|-----------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|
| <b>CT</b> 27572 (4)                                        |  | (SEQUENCE NOT MADE USE ONLY)      |  | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE PRINT OR TYPE |  | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED |  |
| (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS) |  |                                   |  | COUNTY NUMBER <b>RW 50742</b>                                                                                     |  | PERMIT NO. <b>H0-94-0598</b>                                            |  |
| ST/CO USE ONLY<br>DATE RECEIVED <b>070995</b>              |  | DATE WELL COMPLETED <b>070995</b> |  | Depth of Well <b>220</b> (TO NEAREST FOOT)                                                                        |  | FROM "PERMIT TO DRILL WELL"                                             |  |
| OWNER <b>Schooley Mary / Douglas</b>                       |  |                                   |  | STREET OR RFD <b>15014 Seagoville</b>                                                                             |  | TOWN <b>Fulton</b>                                                      |  |
| SUBDIVISION _____                                          |  |                                   |  | SECTION _____                                                                                                     |  | LOT <b>Map 41 Par 74</b>                                                |  |

|                                                                                                                                                       |  |  |                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>WELL LOG</b><br>Not required for driven wells<br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING       |  |  | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b><br>TYPE OF GROUTING MATERIAL (Circle one)<br>CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b><br>NO. OF BAGS <b>78</b> NO. OF POUNDS <b>1692</b><br>GALLONS OF WATER <b>108</b><br>DEPTH OF GROUT SEAL (to nearest foot)<br>from <b>0</b> ft. to <b>30</b> ft.<br>(enter 0 if from surface) |  |  | <b>C 3</b><br><b>PUMPING TEST</b><br>HOURS PUMPED (nearest hour) <b>3</b><br>PUMPING RATE (gal. per min.) <b>8</b><br>METHOD USED TO MEASURE PUMPING RATE <b>Hand</b><br>WATER LEVEL (distance from land surface)<br>BEFORE PUMPING <b>4.8</b> ft.<br>WHEN PUMPING <b>180</b> ft.<br>TYPE OF PUMP USED (for test)<br><b>A</b> air <b>P</b> piston <b>T</b> turbine<br><b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)<br><b>J</b> jet <b>S</b> submersible |  |  |
| DESCRIPTION (Use additional sheets if needed)                                                                                                         |  |  | FEET FROM TO check if water bearing                                                                                                                                                                                                                                                                                                                                             |  |  | <b>CASING RECORD</b><br>casing types insert appropriate code below<br><b>ST</b> STEEL <b>CO</b> CONCRETE<br><b>PL</b> PLASTIC <b>OT</b> OTHER<br>MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>55</b><br><b>OTHER CASING (if used)</b><br>diameter inch depth (feet) from to                                                                                                               |  |  |
| SAND<br>GRAY Mica Rock                                                                                                                                |  |  | 0 50<br>50 220 ✓                                                                                                                                                                                                                                                                                                                                                                |  |  | SCREEN RECORD<br>screen type or open hole insert appropriate code below<br><b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE<br><b>PL</b> PLASTIC <b>OT</b> OTHER                                                                                                                                                                                                                                                                                                             |  |  |
| NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>                                                                                                                |  |  | <b>WELL HYDROFRACTURED</b> <b>Y</b> <b>N</b>                                                                                                                                                                                                                                                                                                                                    |  |  | <b>C 2</b><br>DEPTH (nearest ft.)<br><b>H0</b> <b>53</b> <b>220</b><br>SLOT SIZE 1 _____ 2 _____ 3 _____<br>DIAMETER OF SCREEN _____ (NEAREST INCH)<br>GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68                                                                                                                                                                                                                                                          |  |  |
| TYPE: MWD/MSD/MGD <b>24</b><br>DRILLERS LIC. NO. <b>Joseph E. Mayre</b><br>DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)<br>LIC. NO. _____ |  |  | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)<br><b>70</b> <b>72</b> <b>74</b> <b>75</b> <b>76</b><br>TELESCOPE CASING LOG INDICATOR OTHER DATA                                                                                                                                                                                                                      |  |  | LOCATION OF WELL ON LOT<br>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)<br><b>7160W</b><br>                                                                                                                                                                                                                                                                                       |  |  |

# SITE INSPECTION SHEET

OWNER: Douglas/Mary Schooley

DATE REQUESTED: \_\_\_\_\_

PHONE #: 301-725-3855

CONTRACTOR: \_\_\_\_\_

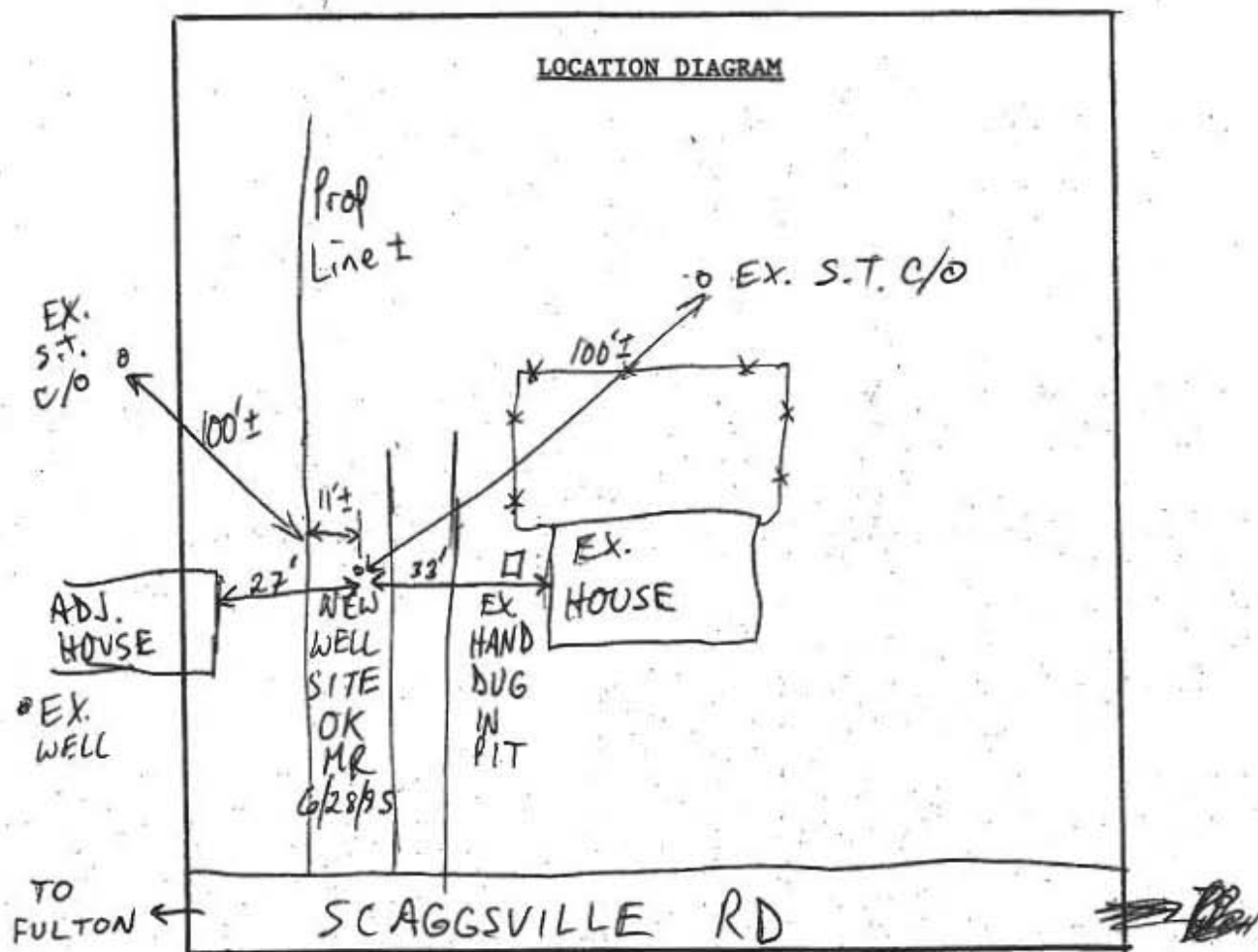
ADDRESS: 12011 Scaggsville Rd

WELL TAG #: \_\_\_\_\_

COUNTY #: \_\_\_\_\_

PROPOSAL: replacement well requested; ex. hand dug nearly out of water

## LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_



7/27/95  
~12:00

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_  
Replacement \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Date \_\_\_\_\_  
Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_  
License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
Name of Property Owner Douglas Schooley Telephone \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # HO-94-0598  
Site Address 15011 Scaggsville Rd.

Pump Motor Pitless Adapter  
1. Type 1. Horsepower \_\_\_\_\_ 1. Make \_\_\_\_\_  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth \_\_\_\_\_  
c. Submersible \_\_\_\_\_ a. 110 \_\_\_\_\_  
2. Make \_\_\_\_\_ b. 220 \_\_\_\_\_  
3. Model # \_\_\_\_\_  
4. Capacity \_\_\_\_\_ GPM  
5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_  
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Tank Piping Well data  
1. Capacity \_\_\_\_\_ 1. Type \_\_\_\_\_ 1. Depth \_\_\_\_\_ ft.  
2. Pressure relief valve? \_\_\_\_\_ 2. Size \_\_\_\_\_ 2. Yield \_\_\_\_\_ GPM  
3. NSF and/or BOCA Code approved \_\_\_\_\_ 3. Static water level \_\_\_\_\_ ft.  
4. Depth of supply line \_\_\_\_\_ 4. Will water supply be disinfected by installer? \_\_\_\_\_

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

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

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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

7-27-95  
WPI OR to  
cover - 45" below  
grade  
Amm

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # -0-  
Date 7/12/95

Name of Installer ALLEN M. VAN ANT INC.

Telephone 410-942-2221

License Number #6501

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☐

Name of Property Owner MR. SCHROEDER

Telephone 301-775-3855

Subdivision 12011 SCARLETT RD. Lot #        Well Tag # HC-94-05913

Site Address 12011 SCARLETT RD.

Pump

1. Type
  - a. Deep well jet ☐
  - b. Shallow well jet ☐
  - c. Submersible ☒
2. Make COLEMAN
3. Model # 56505412
4. Capacity 25 GPM
5. Pump exceeds well capacity Yes ☐ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☒
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other SLEEVE

Motor

1. Horsepower 1/4
2. RPM
3. Voltage 220V
  - a. 110 ☐
  - b. 220 ☒

Pitless Adapter

1. Make HARVARD
2. Model # DP-10X
3. Depth 36"

Tank

1. Capacity 80
2. Pressure relief valve? YES 7500

Piping

1. Type PVC
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 36"

Well data

1. Depth 220 ft.
2. Yield        GPM
3. Static water level        ft.
4. Will water supply be disinfected by installer? YES

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

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

Signature of Applicant: Michael J. [Signature]

Date: 7/12/95

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

# HP Color LaserJet 2840

HP LASERJET FAX

May-14-2009 10:35AM



## Fax Call Report

| Job  | Date      | Time       | Type | Identification | Duration | Pages | Result |
|------|-----------|------------|------|----------------|----------|-------|--------|
| 6275 | 5/14/2009 | 10:29:50AM | Send | 914102869716   | 5:24     | 14    | OK     |

# Mayer Bros., Inc.

Manufacturers of

----- PRECAST CONCRETE PRODUCTS -----

6264 Race Road

Elkridge, MD 21075

Phone: (410) 796-1434

Fax: (410) 796-1438

www.mayerbrosprecast.com

E-MAIL: mayerbro@connext.net

## Proposal For Bay Restoration Fund Septic Upgrade

|                                                     |                                                       |                          |
|-----------------------------------------------------|-------------------------------------------------------|--------------------------|
| Submitted To:<br><b>Dorothy Murphy</b>              | Installer:<br><b>Garland Brian Sr. LLC</b>            | Date:<br><b>4/3/09</b>   |
| Street:<br><b>12021 Scaggsville Rd</b>              | Street:<br><b>12871 Highland Rd.</b>                  | County:<br><b>Howard</b> |
| City, State, & Zip Code:<br><b>Fulton, MD 20759</b> | City, State, & Zip Code:<br><b>Highland, MD 20777</b> | Permit No.:              |
| Site Address:<br><b>Same</b>                        | Contact:<br><b>Garland Brian</b>                      | MDE Contact:             |
| Phone:<br><b>301-725-5824</b>                       | Phone:<br><b>301-854-2161</b>                         | MDE phone:               |
| Cell:<br><b></b>                                    | Fax:<br><b>301-854-3603</b>                           | MDE email:               |
| Email:<br><b>murphyde1@msn.com</b>                  | Email:                                                |                          |

We hereby submit specifications and estimate for the following:

**MDE Pre-Bid Central Region**

**Installation of Hoot 600 BNR Unit, 5 year warranty, Operations & Maintenance \$13,100.00**

### HOMEOWNER RESPONSIBLE FOR:

- Completing MDE Conditions of Financial Assistance Form; Completing Easement Form, and filing with County;
- Filing all completed paperwork for reimbursement; Final transfer of payment to Mayer Bros., Inc.

### INSTALLER RESPONSIBLE FOR:

- Site visit to evaluate scope and feasibility, Installation Permits, and Miss Utility Notification
- Safe Abandonment of existing septic system, Electrical supply to Hoot System, external disconnect
- Installation and Hook up of Hoot System according to Installation Instructions, Water Supply to start up system
- Coordinating inspection and obtaining final approval from local health department.
- Final grading, seed and straw, one site visit as needed to address any settling that may occur.

### MAYER BROS., INC. RESPONSIBLE FOR:

- Supplying Hoot 600 BNR, Setting in excavation, Start up inspection and approval
- Homeowner review of 5 year Warranty, Registration and Service Policy (5 yr Operations and Maintenance)
- Final payment to installation Contractor

Tax included in above (\$363.00)

**TOTAL \$13,100.00**

**\* NOTE: NO work will be scheduled until easement is recorded and permits have been issued.**

**TOTAL PRICE: \$13,100.00 Delivered with MBI Truck Crane to Set**  
**Payment To Be Made As Follows: Reimbursement from MDE, Homeowner to transfer immediately to MBI**

While extreme caution is exercised during excavation activities, we can not be responsible for any underground utilities which are not marked by Miss Utility. We will take all reasonable precautions, but private utilities such as sprinkler systems or electrical service to outbuildings are the homeowners responsibility.  
 Driveways and sidewalks will be protected and avoided as much as possible, but we are not responsible for damage.

Authorized Signature: \_\_\_\_\_  
**Nancy J. Mayer - Mayer Bros., Inc.**

We warrant all work to meet standards of and to be acceptable to inspection and governmental agencies. Work is considered to be completed when accepted by appropriate county inspection agency and Hoot licensed representative.

Acceptance  
of  
Proposal

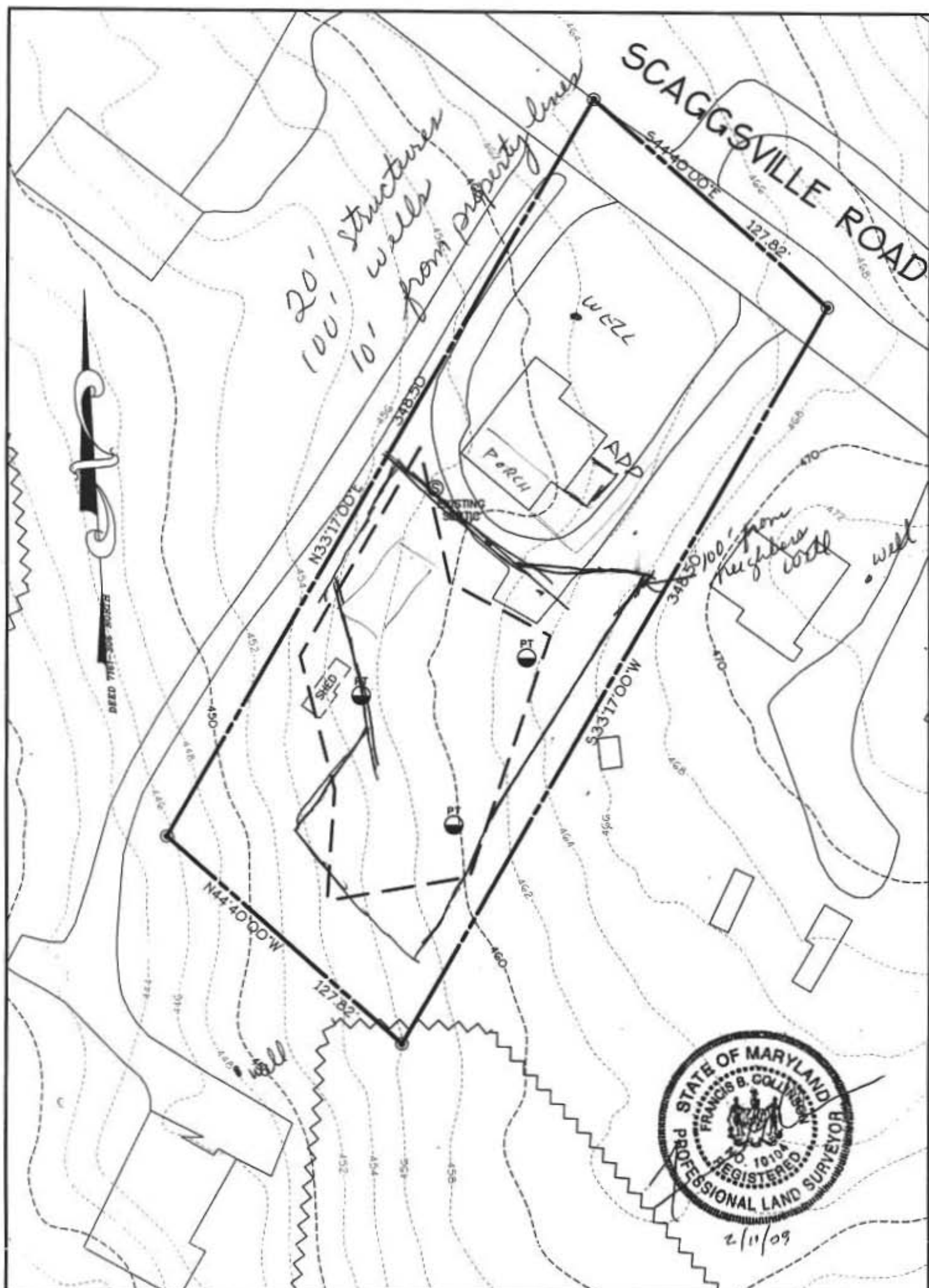
The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

**\*\*\* No work will begin until receipt of signed proposal and MDE Approval \*\*\***

Accepted: Dorothy C. Murphy  
 Homeowner

Garland L. Brian SR  
 Installer

4-15-09  
 Date



**NOTE:**  
LOT LINES SHOWN HEREON ARE APPROXIMATE. NO BOUNDARY SURVEY HAS BEEN PERFORMED.

12021 SCAGGSVILLE ROAD DEED 7161-306

PERC PLAT - TAX MAP 41 PARCEL 191

## MURPHY PROPERTY

FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' JANUARY 2009

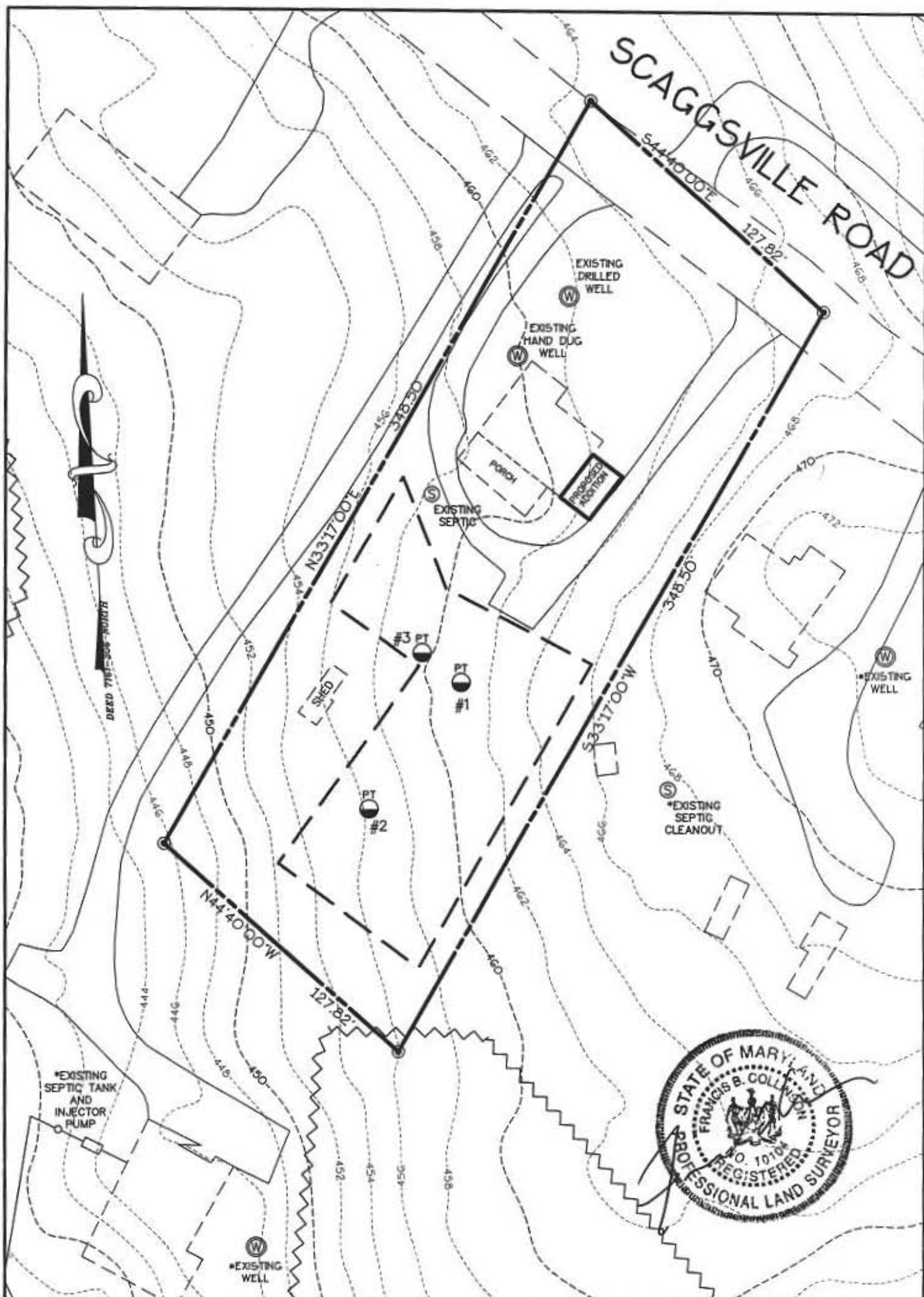
FILE #10 PROJECT #25113  
CAD FILENAME: MURPHY\DWG\PERC-PLAT



3140 West Ward Road Suite 103  
Dunkirk, Maryland 20754

Ph: 410-286-9712 Fax: 410-286-9716  
Toll-Free: 1-800-235-4681





**NOTE:**

1. \*SEPTIC LOCATIONS SHOWN PER HEALTH DEPARTMENT RECORDS.
2. LOT LINES SHOWN HEREON ARE APPROXIMATE. NO BOUNDARY SURVEY HAS BEEN PERFORMED.
3. NO WELLS WITHIN ONE HUNDRED FEET OF PROPOSED SEPTIC RECOVERY AREA, EXCEPT EXISTING HAND DUG WELL AS SHOWN.

12021 SCAGGSVILLE ROAD DEED 7161-306

PERCOLATION CERTIFICATION PLAN - TAX MAP 41 PARCEL 191

**MURPHY PROPERTY**

FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' APRIL 2009

FILE #HO

PROJECT #25590

CAD FILENAME: MURPHY\DWG\PERC-PLAT

SHEET 2 OF 2



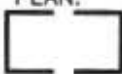
Established 1975

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Dunkirk, Maryland 20754









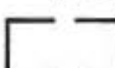
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# GENERAL NOTES:

1. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
2.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THE 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 ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT.
3. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
4. TOPOGRAPHY SHOWN IS PER COUNTY TOPOGRAPHY VERIFIED BY ADVANCED SURVEYS INC. ON APRIL 29, 2009.
5. EXISTING WELL AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
6. THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN IS TO ESTABLISH A SEPTIC EASEMENT IN SUPPORT OF A BUILDING PERMIT APPLICATION FOR ADDING A 22'x15' ADDITION WITH BASEMENT TO THE EXISTING DWELLING IN 2009.
7. \*APPROXIMATE LOCATIONS OF EXISTING WELLS AND SEPTIC SYSTEMS ON ADJOINING PARCELS PER HEALTH DEPARTMENT SKETCHES.

## LEGEND

-  PROPERTY LINE
-  EXISTING CONTOURS
-  EXISTING TREE LINE
-  EXISTING EDGE OF PAVEMENT
-  EXISTING DRIVEWAY
-  EXISTING BUILDING
-  EXISTING WELL
-  #91 PASSED PERC TEST
-  PRIVATE SEWAGE EASEMENT



APPROVED FOR PRIVATE WATER AND PRIVATE SEWER SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT

*B. Nye for Peter Brileman* 6/24/2009  
HOWARD COUNTY HEALTH OFFICER *mjd* DATE

12021 SCAGGSVILLE ROAD DEED 7161-306  
PERCOLATION CERTIFICATION PLAN - TAX MAP 41 PARCEL 191

## MURPHY PROPERTY

FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' APRIL 2009

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SHEET 1 OF 2



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