

LAYOUT 8/5/03 12 INSP 4 _____
INSP 2 8/11/03 9:30 INSP 5 _____
INSP 3 _____ INSP 6 _____

04-312589

ISSUE DATE: 7/23/03

APPROVAL DATE: 8/11/03

PERMIT INDEXED

P 519024

A 40761

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

Cumberland & Co. Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐
Woodbine MD. 21797

ADDRESS: 16391 A.F. Mullinix Rd PHONE NUMBER: 301-854-6838

SUBDIVISION: Talbot's Last Shift LOT NUMBER: 11A

ADDRESS: 5273 ~~5281~~ Talbot's Landing PROPERTY OWNER: Deborah Swint

SEPTIC TANK CAPACITY (GALLONS): 1000 OUTLET BAFFLE FILTER REQUIRED ☐

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

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 270

LINEAR FEET OF TRENCH REQUIRED: 200 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Starting from the lot corner opposite the driveway entrance, place the distribution box 65' down the left (294.39') lot line and 60' off this same lot line. Run (2) 100' trenches on contour toward driveway entrance.
NOTES:	Maintain 100' between the well and septic tank. <u>T/C to bldr for org const. fencing at well.</u>

PLANS APPROVED: MER DATE: 5/16/03

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

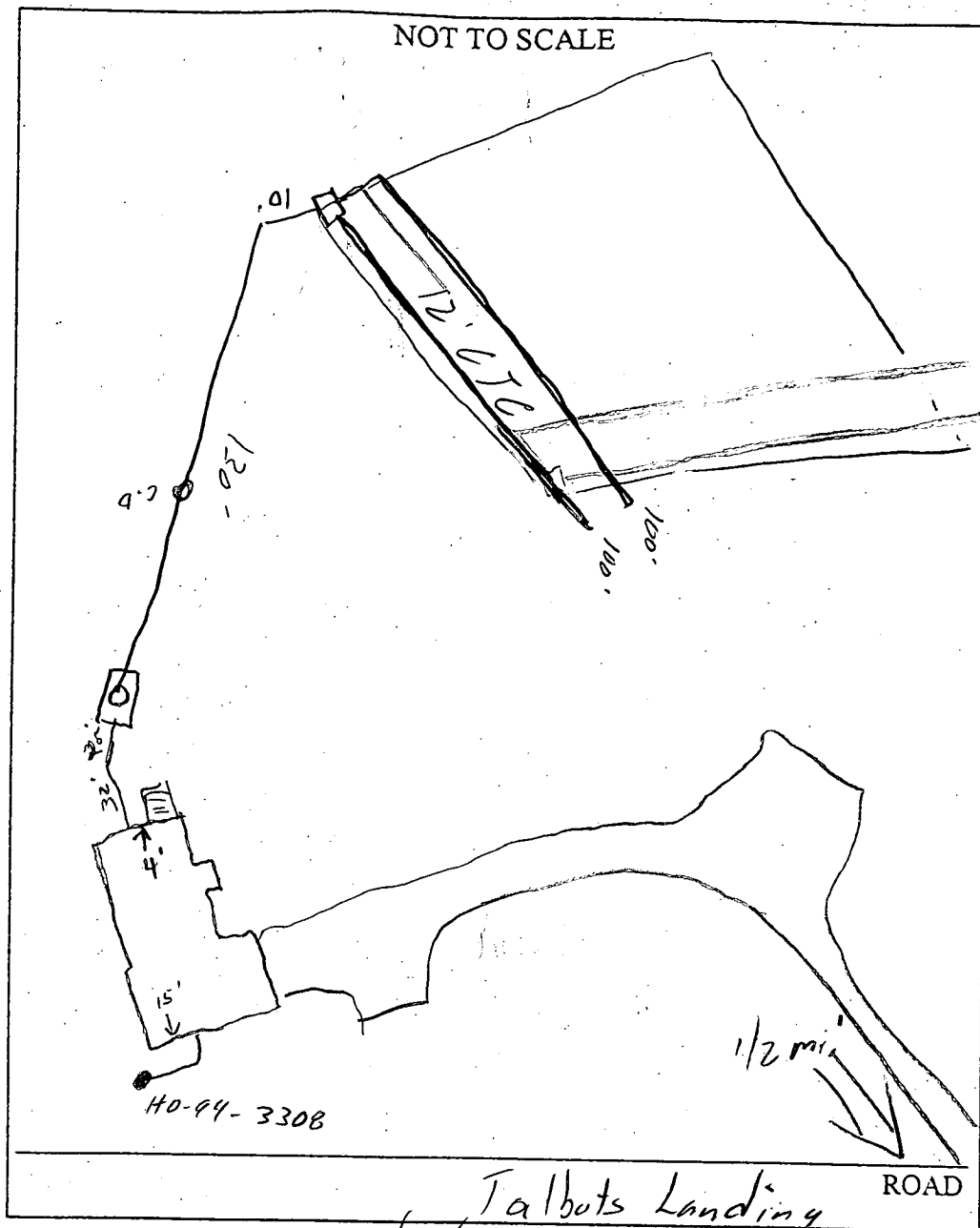
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

BUILDING PERMITS SIGNED AND RETURNED
HAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

11-10-03 BOD 144 844-46 PROPANE TANK

A40761

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4.5'	8.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		200'
ABSORPTION AREA		800 sq ft
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1000 GAL
SEAM LOC	TOP
TANK LID DEPTH	1.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	MA
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 8/5/03 - SRA stated, contour accurate, House conn
hung. Trenches per B.P. (SA)

INSTALLATION 8/11/03 - OK to cover & work (SA)

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

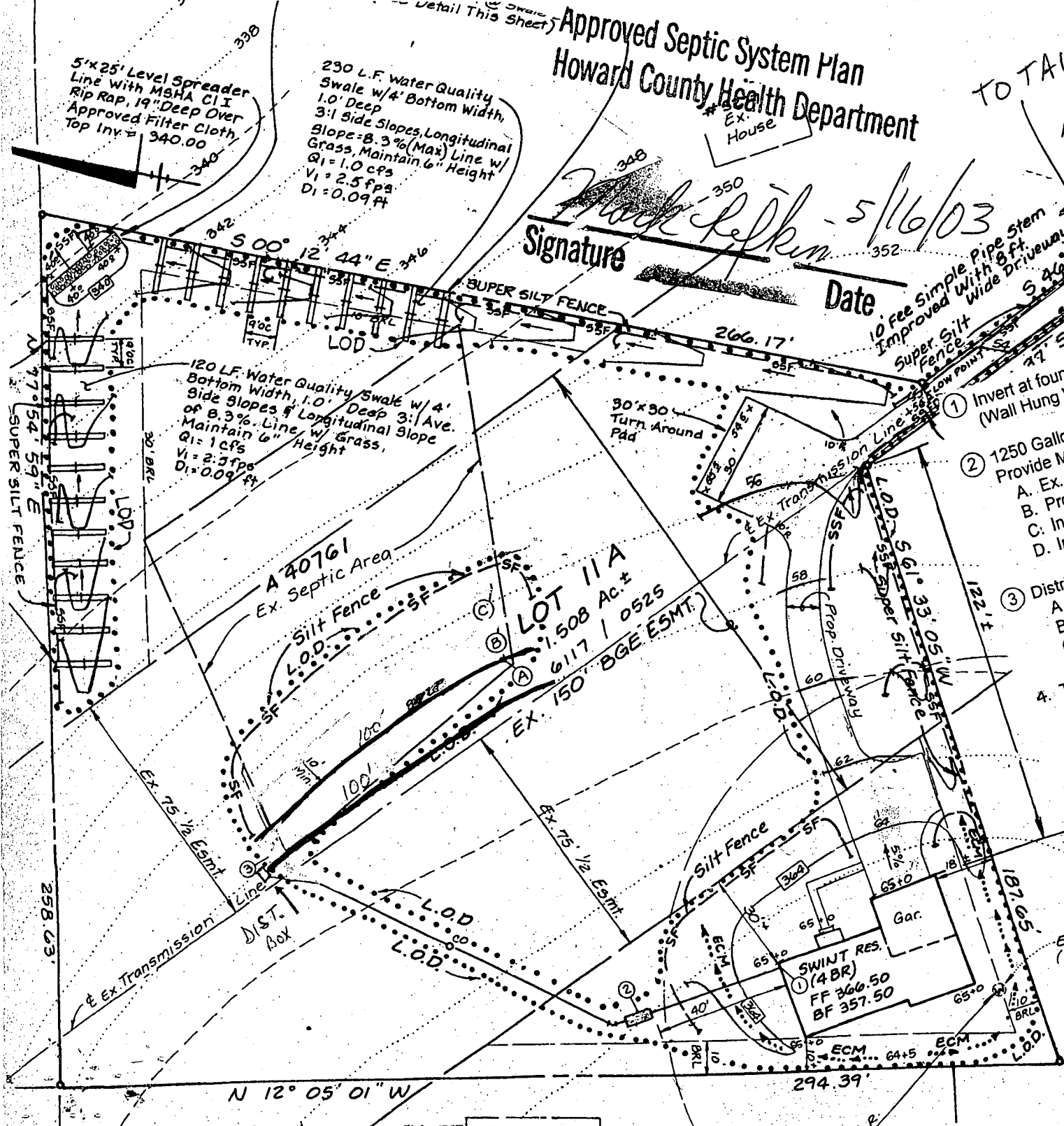
8/11/03

BUILDING PERMIT SIGNED
AND RETURNED

Approved Septic System Plan Howard County Health Department

TO TALBOT'S LANDING
PLAN BY LDE

Signature *Mark Refkin* Date *5/16/03*



- ① Invert at foundation wall: 361.70 First Floor Service Only (Wall Hung With Interior Pump Pit For Basement Service)
- ② 1250 Gallon Septic Tank (4 Bedrooms)
Provide Manhole to Finished Grade
A. Ex. Ground Over Tank: 364.00
B. Prop. Grade Over Tank: 364.00
C. Invert In: 361.30
D. Invert Out: 361.00
- ③ Distribution Box: (Provide 3 Outlets Minimum)
A. Ex. Ground Over Box: 358.00
B. Prop. Grade Over Box: 358.00
C. Invert In: 353.50
- ④ Trench Design: 5' x 15' Bottom x 4' Bedding

	(A)	(B)	(C)
Ex. Ground	357.20	356.40	355.60
Over Trench:	352.70	351.90	351.10
Inv. Trench:	348.70	347.90	347.10
Botm. Trench:	90 Ft.	90 Ft.	90 Ft.
Trench Length:	2 Ft.	2 Ft.	2 Ft.
Trench Width:			

NOTE: TRENCH DESIGN MAY BE REVISED AT INSTALLATION BASED ON SITE CONDITIONS.

5281 Talbots Landing

B00141332

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 843-2455 INSPECTIONS (410) 313-1010 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00141332 <i>MEC</i>
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Building Address <u>5281 Talbots Landing</u> <u>Ellicott City, MD 21043</u>	Property Owner's Name <u>Deborah J. Swint</u>
Suite/Apt. #: <u>00101</u> SDP/WP/Petition #: <u>5281-01</u>	Address <u>9190 Carterburg Pkwy</u>
Census Tract <u>00101</u> Subdivision <u>Talbots Landing</u>	City <u>Lanham</u> State <u>MD</u> Zip Code <u>20723</u>
Section <u>1</u> Area <u>1</u> Lot <u>11A</u>	Home Phone <u>301-440-3643</u> Work Phone <u>410-696-3044</u>
Tax Map <u>31</u> Parcel <u>701</u> Grid <u>22</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>R20</u> Map Coordinates <u>16.14</u> Lot size	Phone Fax
Existing Use <u>Vacant Lot</u>	Contractor Company <u>Camberland Group Corp</u>
Proposed Use <u>New home SFD</u>	Contact Person <u>Curtis Camberland</u>
Estimated Construction Cost \$ <u>2,14,000.00</u>	Address <u>16391 A.E. Mulholland Rd</u>
Description of Work <u>New construction, Two</u>	City <u>Woodbridge</u> State <u>MD</u> Zip Code <u>21797</u>
<u>bedrooms, full bathroom, fireplace</u>	License No. <u>7042</u>
Occupant or Tenant <u>Deborah Swint</u>	Phone <u>301-454-6132</u> Fax <u>301-854-6325</u>
Contact Name <u>Deborah Swint</u>	Engineer or Architect Company <u>Thompson Associates</u>
Address <u>9190 Carterburg Pkwy</u>	Contact Person <u>Ron Johnson</u>
City <u>Lanham</u> State <u>MD</u> Zip Code <u>20723</u>	Address
Phone <u>410-648-3044</u> Fax <u>410-696-3350</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code
	Phone Fax

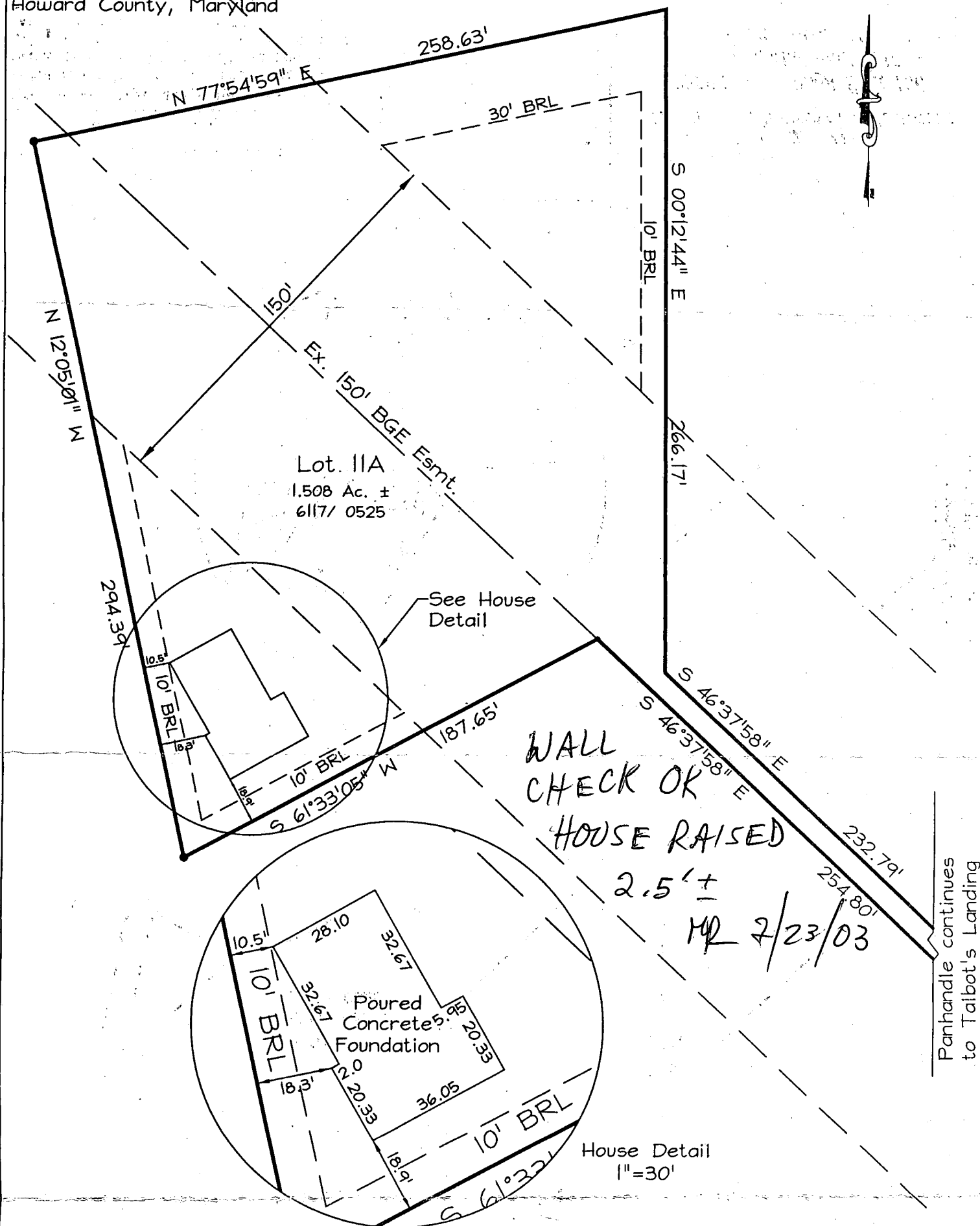
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply:	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply:
No. of stories: <u>3</u> including basement	<u>Public</u>	Depth Width	<u>Public</u>
Gross area, sq. ft. per floor: <u>1100</u>	<u>Private</u>	1st floor: <u>34</u> <u>53</u>	<u>Private</u>
Use group:	Sewage Disposal:	2nd floor: <u>21</u> <u>53</u>	Sewage Disposal:
Construction type:	<u>Public</u>	Basement: <u>74</u> <u>32</u>	<u>Public</u>
<u>Reinforced Concrete</u>	<u>Private</u>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	<u>Private</u>
<u>Structural Steel</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Masonry</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No. of Bedrooms <u>3</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Wood Frame</u>	Heating System:	Multi-family dwellings:	Heating System:
State Certified Modular	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units:	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 1 BR units:	Natural Gas <input type="checkbox"/>
	Propane Gas <input checked="" type="checkbox"/>	No. of 2 BR units:	Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of 3 BR units:	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full	Other Structure:	<u>NFPA #13D</u>
	Partial	Dimensions:	<u>NFPA #13R</u>
	Other Suppression	Footings:	Other
	# of Heads	Roof:	
		State Certified Modular	
		Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>Curtis Camberland</u>	Print Name <u>Curtis Camberland</u>
Title/Company <u>From Camberland Group Corp.</u>	Date <u>5-20-03</u>
MR 5/16/03	Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u>
	** PLEASE WRITE NEATLY AND LEGIBLY **
	FOR OFFICE USE ONLY
AGENCY	DATE
SIGNATURE	PROVAL
DPZ SETBACK INFORMATION	PROPERTY ID# <u>57999</u>

Property Known As:
 Lot 11A
 Talbot's Last Shift
 Liber 6117 Folio 0525
 1st Election District
 Howard County, Maryland

This plat can not be used to establish
 property lines or corners.



Foundation Location Drawing

Top of Wall = 368.1

Certification	Seal	Scale 1" = 50'	Date 07/03/03
<p>This is to certify that I have surveyed the property known as: 5281 Talbot's Landing</p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p>		<p>LDE Inc. Engineers, Surveyors, Planners 9250 Rumsey Road, Suite 106 Columbia, Maryland - 21045 (410)715-1070 - (410)715-9540 Fax</p>	

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

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

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

Company Name: Cumberland & Co. Telephone #: 301 854 6838
Address: 16391 A.E. Mulliken Rd
Woodbine MD 21797

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

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

Name (Print): Curtis Cumberland

License# 61417

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

Name of Property Owner: Debbie Swint

Telephone #: 410 486 4731

Subdivision: Talbot Shift

Lot #: 11A Well Tag #: HO-94-3308

Site Address: 5733 Talbot Landing
Ellicott City, MD

Submersible Pump Data

Make: 1/2 HP Myers

Model #: 25T52-8

Pump Capacity 5 GPM

Well Yield: 12 GPM

Depth of well encountered at time of pump installation: 198 (feet)

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

Torque arrestors, Cable guards, or other acceptable method used. Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: Campbell

Model#: 12

Depth: 4' (36" min)

NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: ✓

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 18" B.G.: ✓

Conduit secured to well cap: ✓

Piping to house

Type: 1" 200 PSI

PSI: 7 (160 psi min)

Depth of supply line: 4' (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 6'

Sleeve caulked and sealed properly: ✓

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

Signature of company representative responsible for installation

date

12/3/03

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

Date Insp. Requested: 8/12/03 Date Insp. Approved: 8/12/03 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

Elec. conduit extends at least 18" below grade/attached to cap properly ✓

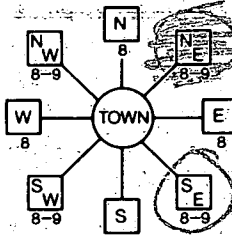
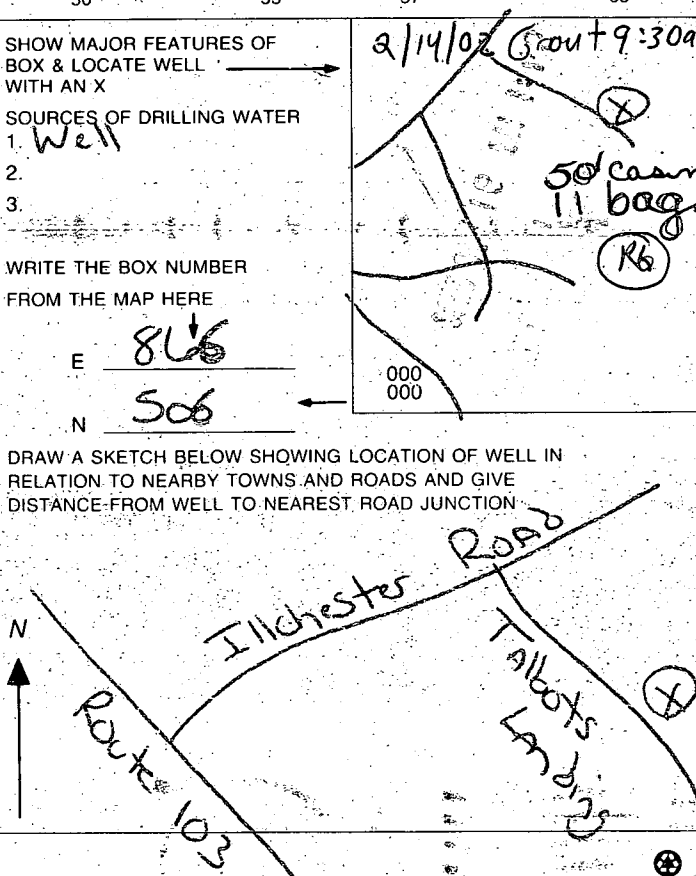
Safety rope not seen outside of well cap/casing ✓

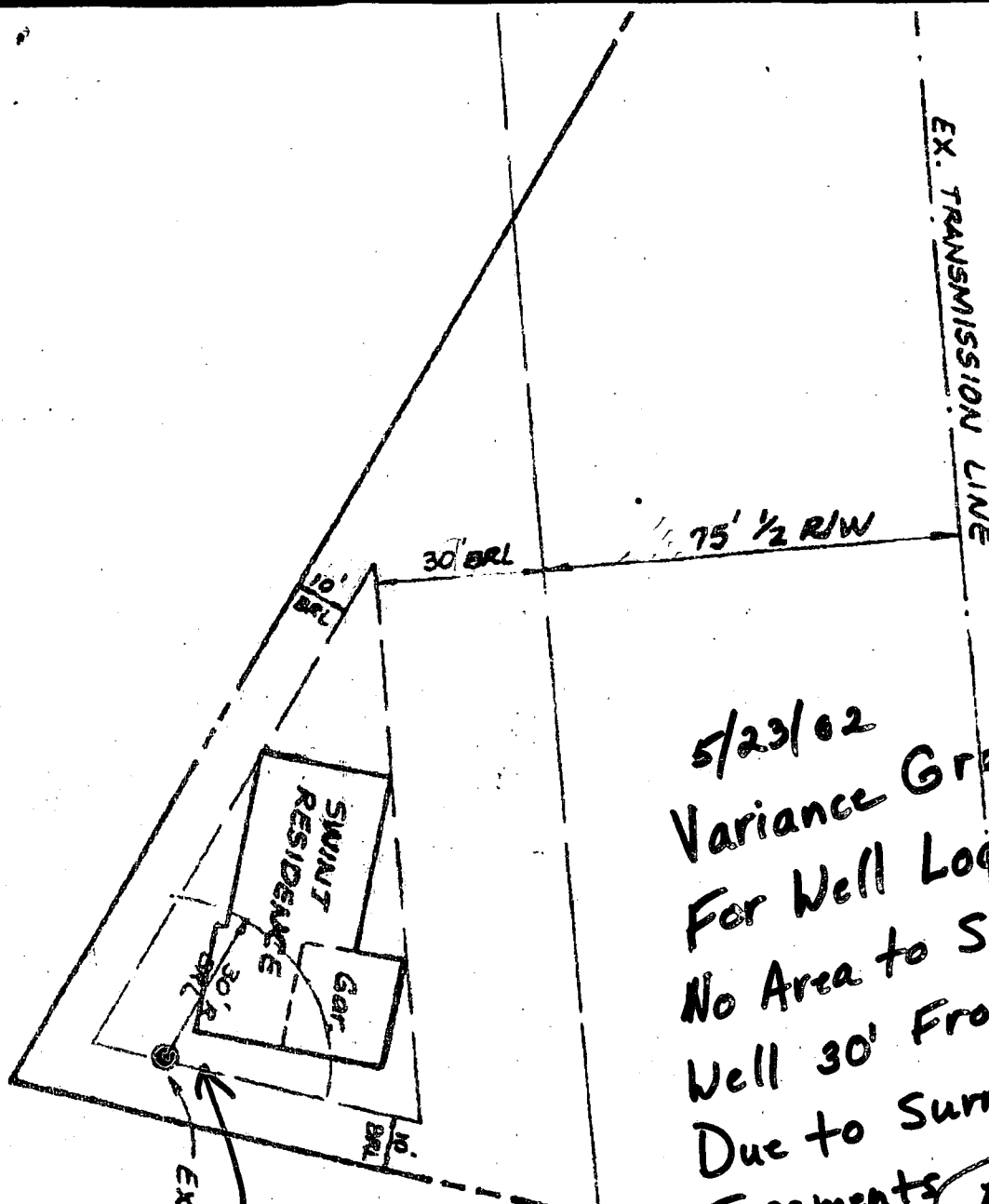
Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate ground observed below pitless adapter ✓

C1 0584		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 02 15 2002		DATE WELL COMPLETED MM DD YY 02 15 2002		COUNTY NUMBER # 40761 (13)	
ST/CO USE ONLY DATE RECEIVED MM DD YY 02 15 2002		DATE WELL COMPLETED MM DD YY 02 15 2002		Depth of Well 22 200 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 5/23/02 OK BB 40-94-3308	
OWNER Harold G. Smith SWINT		STREET OR RFD TALBOTS LANDING		TOWN Ellicott City		LOT 11A	
SUBDIVISION TALBOTS LAST SHIRT		SECTION		LOT 11A			
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS 45 11 NO. OF POUNDS 45 1100 GALLONS OF WATER 46 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 44 ft. (enter 0 if from surface)		C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.00 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 97 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO 0 45 45 200 check if water bearing x		Casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 50		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47	
water at 75'				OTHER CASING (if used) EACH CASING diameter depth (feet) inch from to		C2 1 2 DEPTH (nearest ft.) 1 40 5249 200 E 8 9 11 15 17 21 A 23 24 26 30 32 36 S 38 39 41 45 47 51 R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to	
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER		C2 1 2 DEPTH (nearest ft.) 1 40 5249 200 E 8 9 11 15 17 21 A 23 24 26 30 32 36 S 38 39 41 45 47 51 R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to	
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DRILLER'S LIC. NO. M D 399 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M D 049 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 10' 28' property line	
DRILLER'S LIC. NO. M D 399		DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		LIC. NO. M D 049		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA	

B 1 4769 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type W516472	STATE PERMIT NUMBER HD-94-3308 <small>70 fill in this form completely 79</small>
Date Received (APA) 06 10 02 <small>8 MM DD YY 13</small> OWNER INFORMATION 15 Swint Deborah 34 <small>Last Name Owner First Name</small> 36 9190 Canterbury Riding 55 <small>Street or RFD</small> 57 Laurel MD 20723 76 <small>Town State Zip</small>		B 3 Howard LOCATION OF WELL 8 COUNTY Talbots Last Shift 21 23 SUBDIVISION SECTION 11A LOT 11A <small>44 46 48 50</small> 52 NEAREST TOWN Columbia Ellicott City 71 MILES FROM TOWN (enter 0 if in town) 3 <small>73 76 77 78</small>	
DRILLER INFORMATION Driller's Name Paul M. Fabiszak 76 M W D 3 9 9 81 <small>Firm Name</small> G. Edgar Harr Sons' Corp. Address 12047 Falls Rd Cockeysville 21030 Signature [Signature] Date 1/10/02		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 3 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 <small>14 20</small>		5273 Talbots Landing NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD 200 FT ENTER FT OR MI Ft TAX MAP 31 BLK 22 PARCEL 701	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A040761 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 2/5/02 Brian Baber 2/5/2003 <small>43 MM DD YY 48</small> CO SIGNATURE EXP DATE NORTH GRID 506 000 EAST GRID 0866 000 <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL 250 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettied & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 866 N 506 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HD-94-3308 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

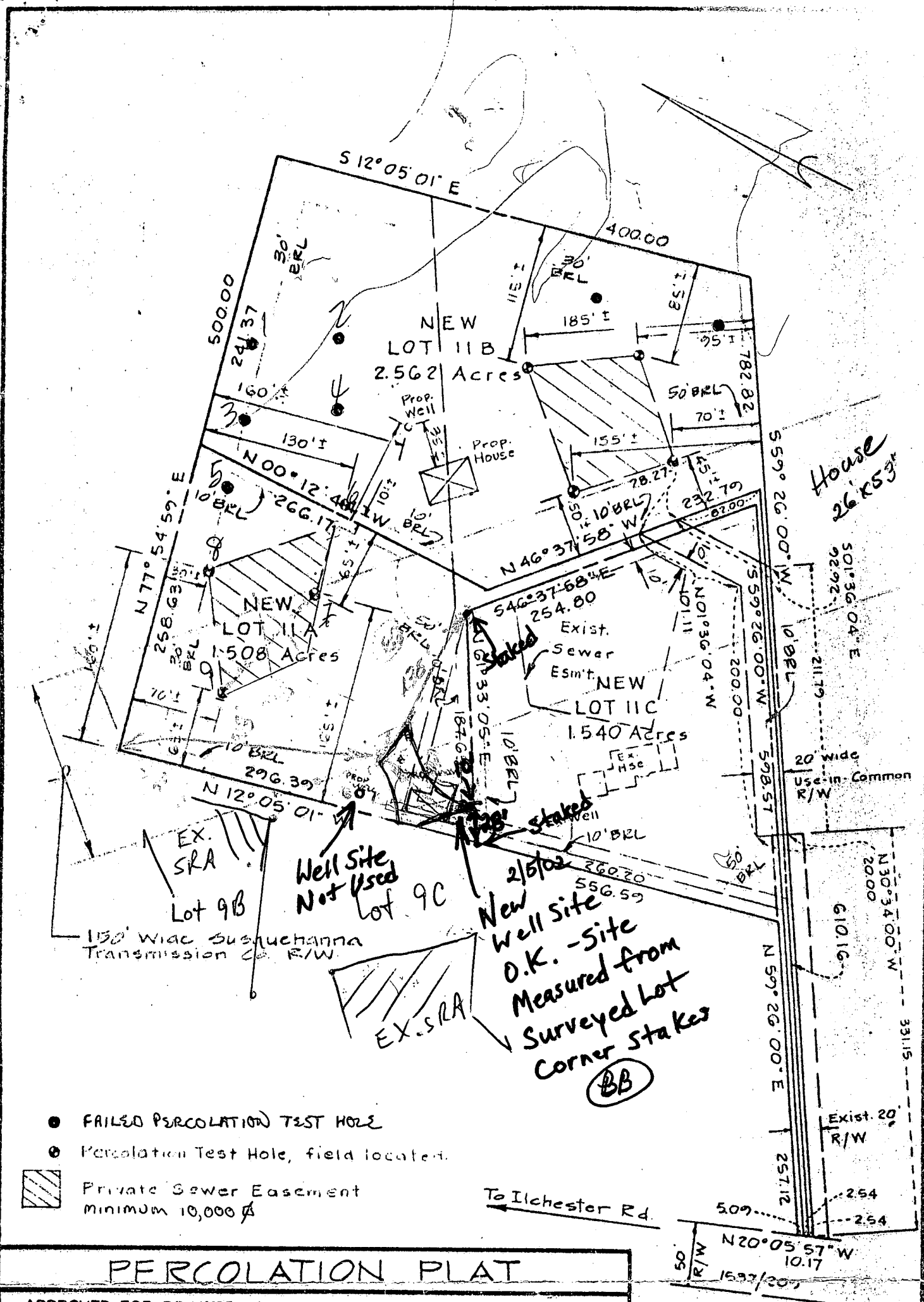


5/23/02
 Variance Granted
 For Well Location—
 No Area to Site
 Well 30' From House
 Due to Surrounding Septic
 Easements **BB**

Builder to
 Put Orange
 Construction
 Fencing Around
 Well To Try to
 Minimize Any
 Damage During
 Construction

SCALE: 1" = 30'

#2



APPLICATION

PERCOLATION TESTING

A 40761

P _____

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

DISTRICT 2ND

DATE 1-7-88

*2/26/88
perc OK'd pending
approved plat
(B)*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER JAMES + CHARLONE GALLON

ADDRESS 5281 TALBOT LANDING, E.C. 21043 PHONE 747-7828

PROSPECTIVE BUYER SAME CHARLONE 730-8890 ✓

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TALBOTS LAST SHIFT LOT NO. 11A

ROAD AND DESCRIPTION TALBOT LANDING

TAX MAP 31 PARCEL # 701

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

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

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING field located holes (good + bad) plus demonstration of house site in upper corner of lot.

THIS IS NOT A PERMIT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/26/88	(1)	3 1/2 - 4'	H ₂ O				
	(2)	6' H ₂ O	(elevation 1" higher than #1)				
	(3)	4' 9" H ₂ O					
	(4)	6 1/2' rock bottom					
	(5)	3 1/2 - 4' S	202	205	205	211	300 ft
		12' D	H ₂ O	11'	(see profile)		
	(6)	4 - 4' S	1242	1255	1255	119	24 min
		12' D	bottom (see profile)				
	7.	4' S	1247	1249	1249	1252	3 min
		12' D	bottom (see profile)				

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER JAMES & CHARLENE GALLON

ADDRESS 5281 TALBOT'S LANDING PHONE 747-7828
ELLICOTT CITY MD 21043

PROSPECTIVE BUYER SAME

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TALBOT'S LAST SHIFT LOT NO. 11A 138 Page 2

ROAD AND DESCRIPTION _____

TAX MAP 31 PARCEL # P. 701

SIZE OF LOT 1.75 ACRES TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

⑥

SOIL PROFILE

0'
chunky brown
yellow orange
clay 4 1/2'
changing to
silty brown
orange brown
w/ orange
scattered
↓
12'D

7

chunky chunky
brown orange
lightly gravelly
clay
4 1/2'

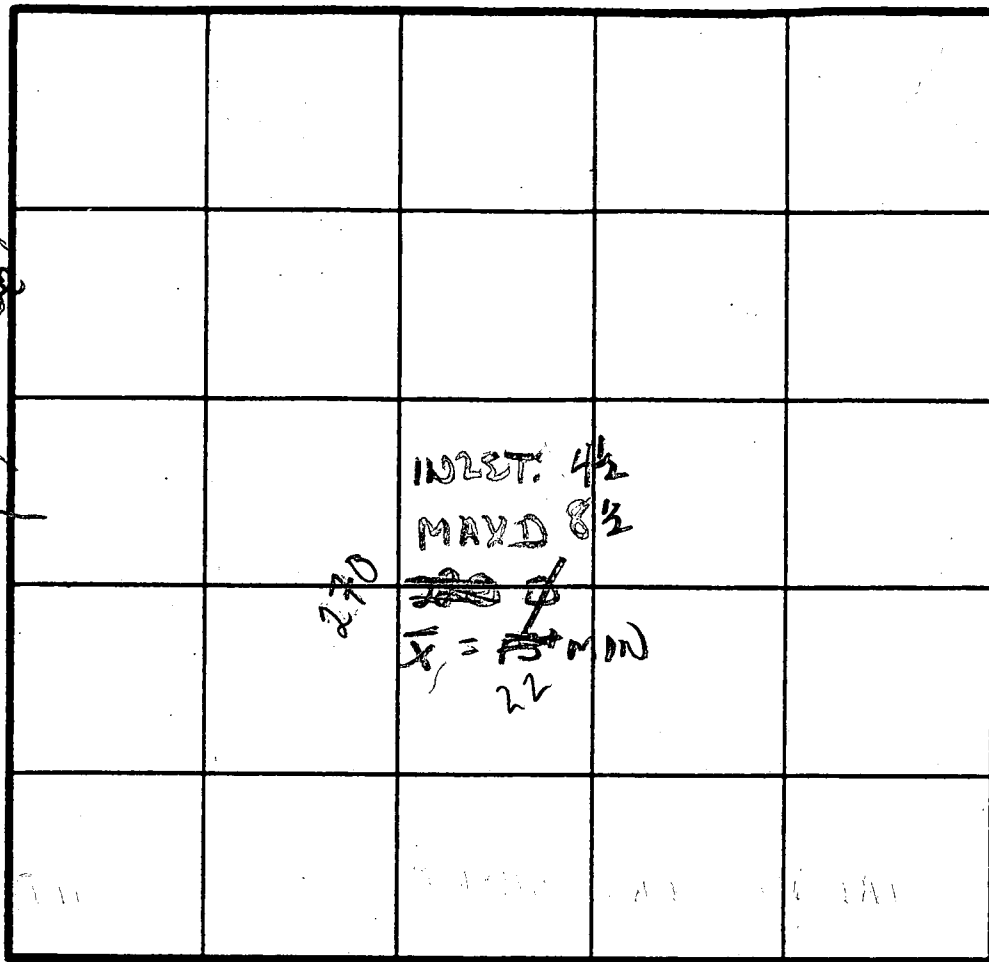
to mostly
gritty orange
silty / to
brown mix

↓
12'D

8

orange/red
chunky chunky
lightly gravelly
brown (clay)

to brown
gritty silty
brown / to brown
12'D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/26/88	9	4'S	213	228	228	300	32min
		12'D	bottom (see profile)				
	8	4 1/2'S	208	222	222	250	28min
		12'D	bottom (see profile)				

soils
up to
5-6'
soils
up to
5-6'

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

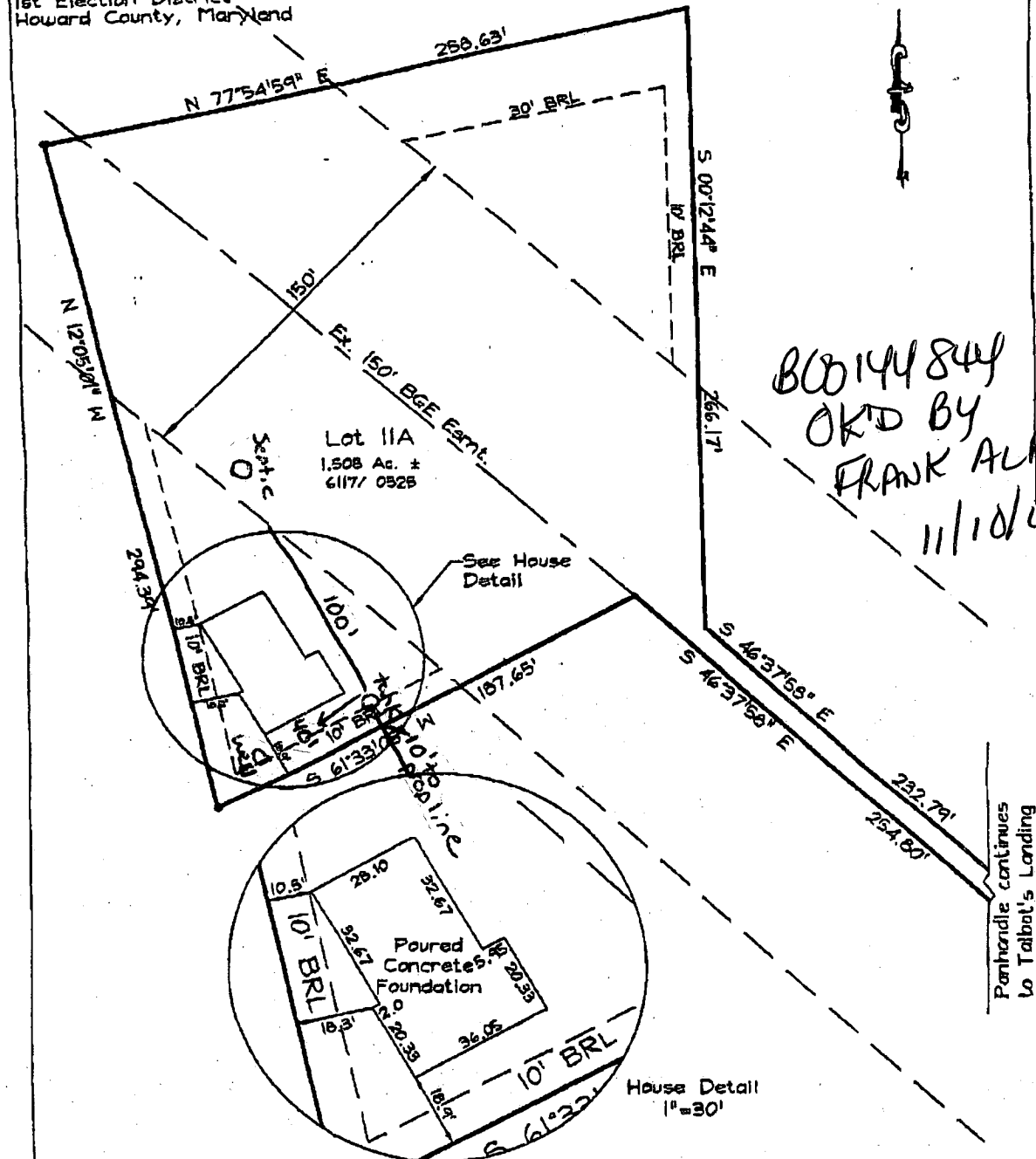
FROM :

PHONE NO.

Aug. 31 2002 02
This plat can not be used to establish
property lines or corners.

Aug. 31 2002 02:06AM P2


Property Known As:
Lot 11A
Tolbot's Last Shift
Liber 6117 Folio 052B
1st Election District
Howard County, Maryland



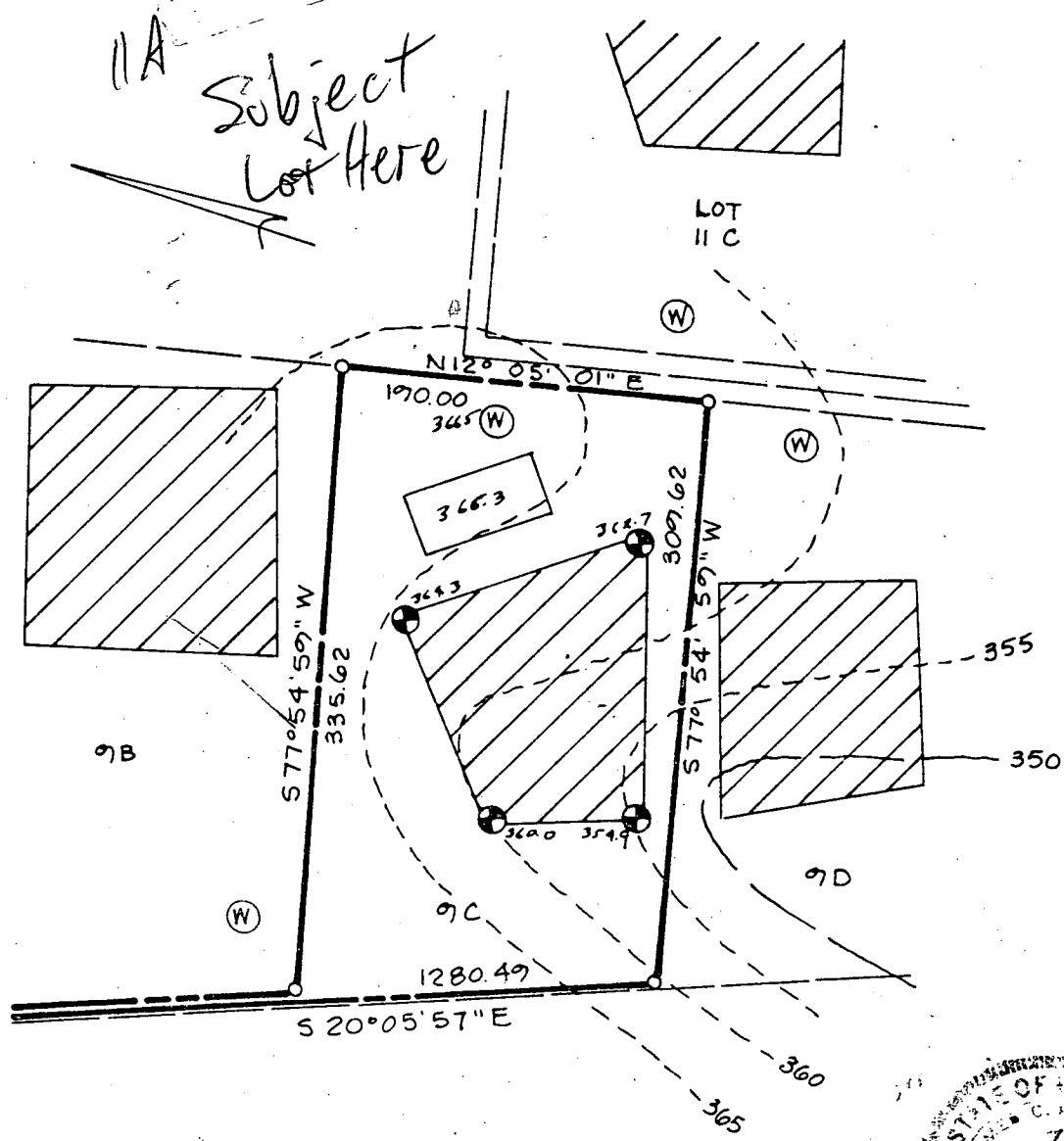
BCB144844
OK'D BY
FRANK ALFONSO
11/10/03

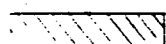
Foundation Location Drawing

Top of Wall = 368.1

Certification	Seal	Scale 1" = 50'	Date 07/03/03
<p>This is to certify that I have surveyed the property known as:</p> <p>5281 Talbot's Landing</p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p>		<p>LDE Inc. <i>Engineers, Surveyors, Planners</i></p> <p>9250 Rumsey Road, Suite 106 Columbia, Maryland - 21043 (410)715-1070 - (410)715-9540 Fax</p>	

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



 This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system. Percolation test holes shown hereon have been field located and shown as "●".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene. Percolation areas and water wells for adjoining lots have been shown where pertinent.

PERCOLATION TEST PLAT
 PARCEL 9C
 TALBOT'S LAST SHIFT
 PROPERTY OF
 HOWARD ASSOCIATES
 ILCHESTER ROAD
 1st Election District
 Howard County Maryland
 Scale: 1"=100' Date: 7-18-80

NTT Associates
 Suite 307
 Clark Bldg.
 Columbia Md. 21044
 321-0307

APPROVED: For Private Water and Private Sewage Systems


 County Health Officer

11-7-80
 Date

FILE INQUIRY FORM

⁹⁸⁰
11/5/03 Called & left message that plan for
proposed propane tank is not to scale.
& need to show dimensions of tank
in drawing. (FA)

11/10/03 Called & left message that plan for
proposed propane tank is not to scale
& need to show dimensions of tank
in drawing. (FA)

11/10/03 Accepted drawing from propane
contractor even though it is not to
scale. Since proposed propane tank is
far enough from septic (100') & well (40')
it does not pose any danger to any
future repairs on septic or well installations.
(FA)

52735 Talbots Landing
Ft. Belvoir City, MD 21843
BP 00144844