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7	
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LAYOUT 10 31 0	3-28 INSP 5	11/10/03 3 pm 2/5/24 - 1:36/Pm	1150	-
INSP 3 11503			3410	
ISSUE DATE:	9/30/2003	PERMIT	1	P 5195 93
APPROVAL DATE:	2/5/04	INDEXED		A 47048

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

•	BROS CONSTRUCTION Otic Clean, Inc →INSTALL	€< IS PERMITTED TO INST	ΓALL ⊠ ALTER □
rogies ser	vere dican, the 41001/7222	ISTERVITTED TO ING.	TABLE & ALTER
ADDRESS:	580 Obrecht Rd, Sykesvil	PHONE NUMBER:	410-795-5670
SUBDIVISION:	Scott's Delight	LOT NUMBER:	1
ADDRESS:	1320 St. Michael's Road	PROPERTY OWNER: Ed	lward Knutson
SEPTIC TANK	CAPACITY (GALLONS):	1500 OUTLET BAFFLE FI	LTER REQUIRED
PUMP CHAMBER CAPACITY (GALLONS): NUMBER OF BEDROOMS:		COMPARTMENTED	TANK REQUIRED 🗌
		5	
SQUARE FEET	PER BEDROOM:	180	
LINEAR FEET	OF TRENCH REQUIRED:	300 HOUSE SERVED BY	PUBLIC WATER
TRENCHES:	Trench to be 3.0 feet wide feet below original grade. I stone below distribution pip	. Inlet \$.5 feet below original grade. Bo Effective area begins at 7.5 feet below or pe.	ottom maximum depth 7. riginal grade. 2.0 feet of
LOCATION:		end in the left lot line, place the distribution of the left lot line. Run (4) trenches as shown on tion box.	
NOTES:	Maintain 100' between the	trenches and the well.	
•-			
		4	

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

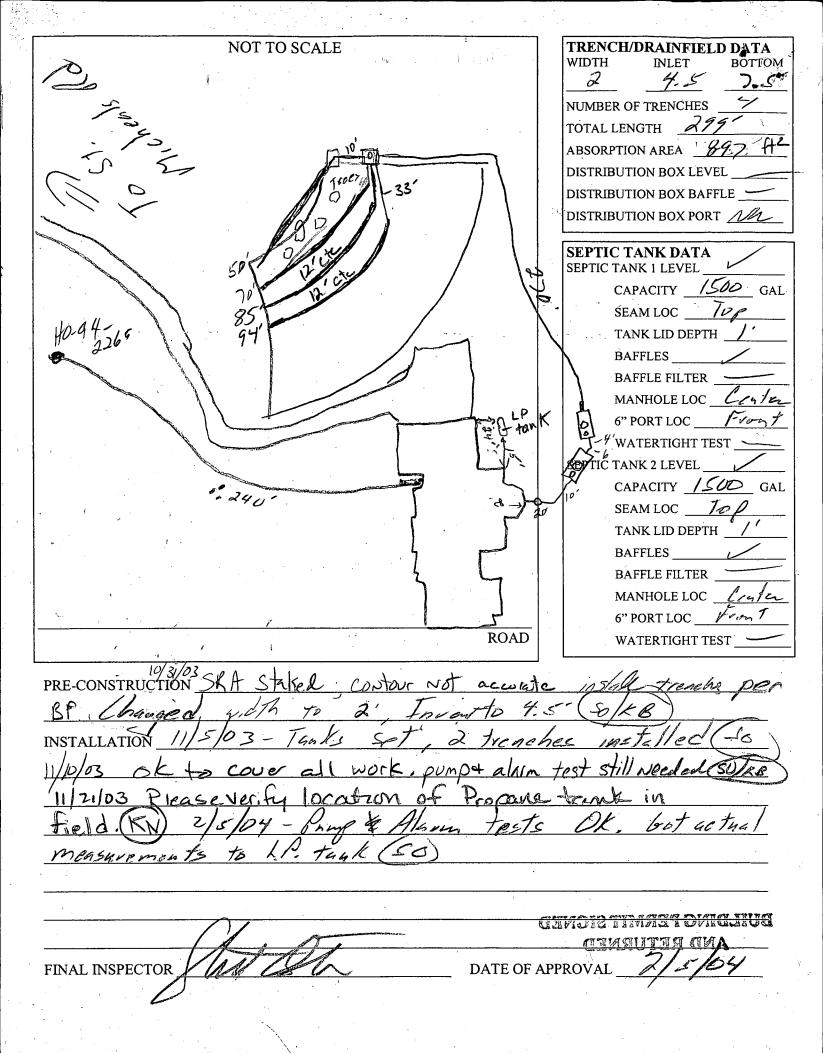
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

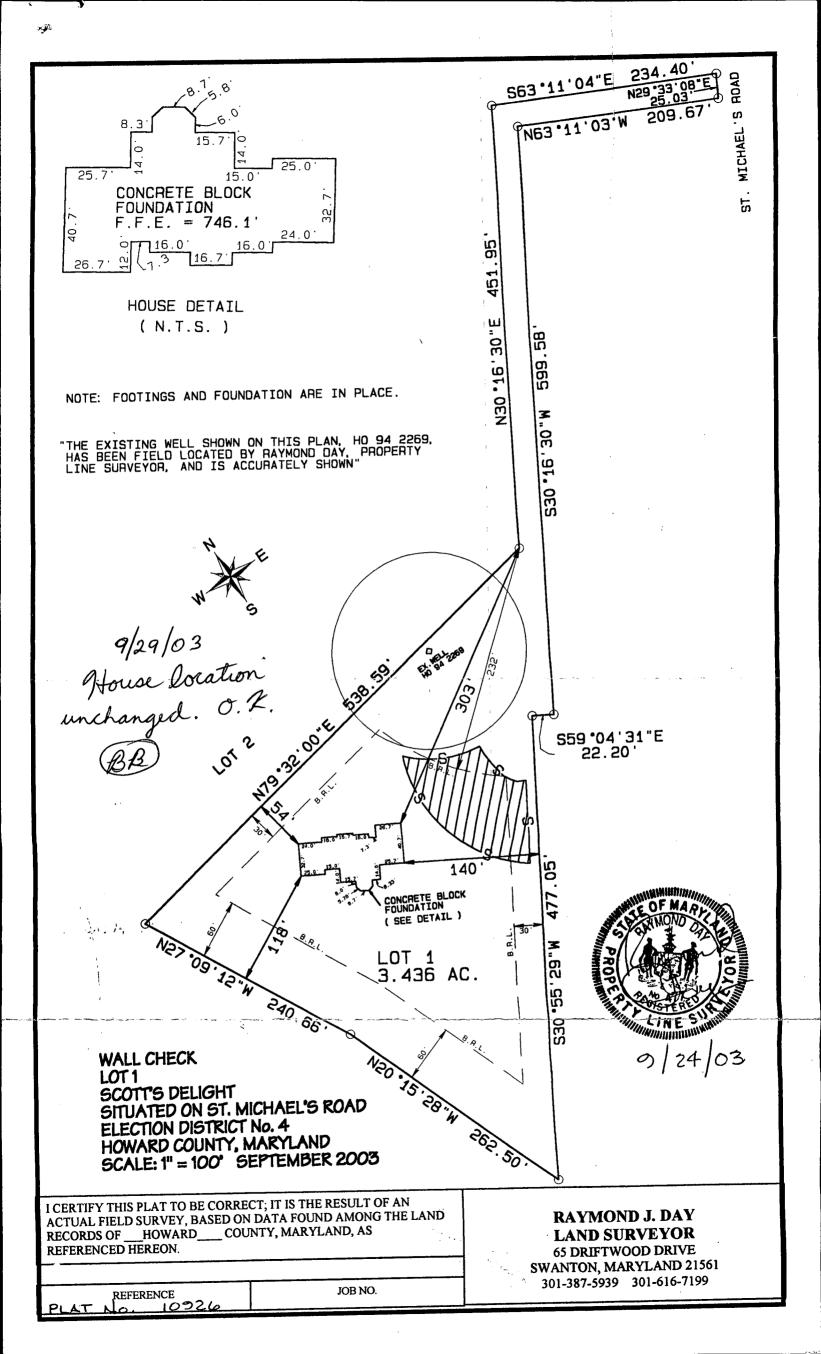
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

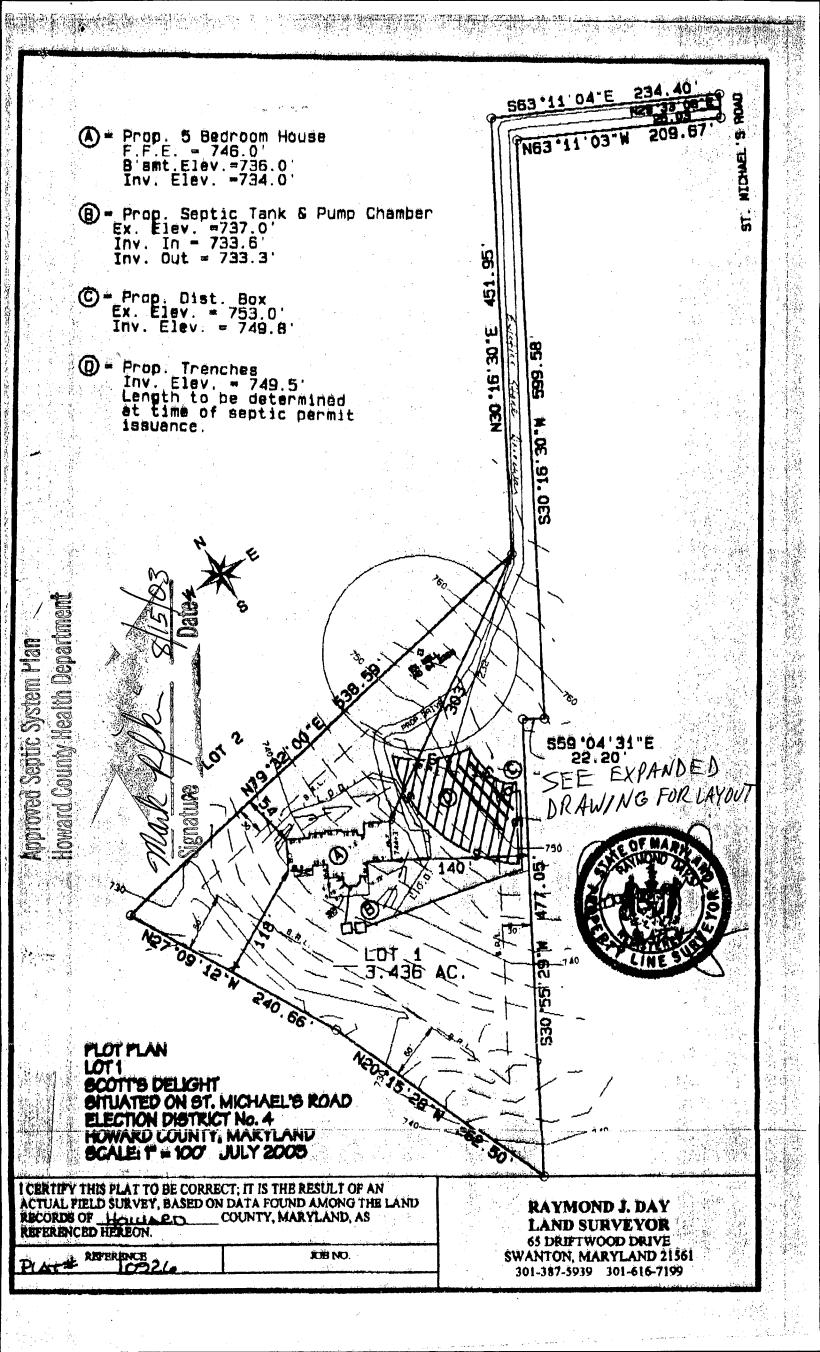
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIPPING PER BE ANY REQUEST FOR INSPECTION ON VOICEMAIL

AND RETURNED
11/21/03 BOO 145144 500 gal UG PROPANE TANK







DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2456 INSPECTIONS (410)313-1810 PERMIT APPLICATION AUTOMATED INFORMATION (410) 313-3800 Building Address Property Owner's Name Address 17.9% City // SDP/WP/Petition #: State /6/1// Zip Code 🙌 / 7 😽 Gensus Tract: 1/2/4/2/ Subdivision Home Phone (1/14) 1/27-572 Work Phone Applicant's Name & Mailing Address, (if other than stated hereon): かん Map Coordinates スペパノ Lot size Phone Existing Use Vacant Contractor Company <u>Borna, Q</u> Proposed Use Contact Person (1001) Estimated Construction Cost き こプタッチの 型 Address 16 100 Britte State MI Zip Code 1779 License No. MARC 101 Phone 1///\\ i/ [\*/- 7////] Engineer or Architect Company Contact Person Address Zip Code State City State \_ Zip Code Fax Phone Fax BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics **Utilities** Building Characteristics **Utilities** Height: Water Supply: SF Dwelling 🖾 SF Townhouse 🛘 Water Supply. Public \_ Public Depth ..... Width No. of stories Private 1st floor ∀ Private Sewage Disposal: Sewage Disposal: 2nd floor Public Private Public Basement: Gross area, sq. ft. per floor Private Finished Basement 
Unfinished Basement Crawl space ☐ Slab on Grade ☐ No of Bedrooms Electric Yes I No I Gas Yes No I Electric Yes I No I Gas Yes I No I Use group: Multi-family dwellings: Heating System: No of efficiency units:
No of 1 BR units:
No of 2 BR units: Heating System: Electric 🗹 Oil 🗆 Natural Gas 🗅 Construction type Electric □ Oil □ Natural Gas □ Reinforced Concrete
Structural Steel No. of 3 BR units: Propane Gas Propane Gas Masonry Sprinkler system: N/A 2 Dimensions: Wood Frame Sprinkler system: N/A NFPA #13D Footings: Full NFPA #13R Roof Partial Other State Certified Modular Other Suppression State Certified Modular # of Heads Manufactured Home DRIZED TO MAKE THIS APPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATION (M. 1) Applicant's Signature Print Name Witness D. W. V. Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\* PROTECTE OF BRIDGINGS 

Jean Répaisais

Kojiški jednostoje

ki salijang kinamagamadi

สารเสียงให้เป็นเป็นเสียงใหม่เลือนให้เ

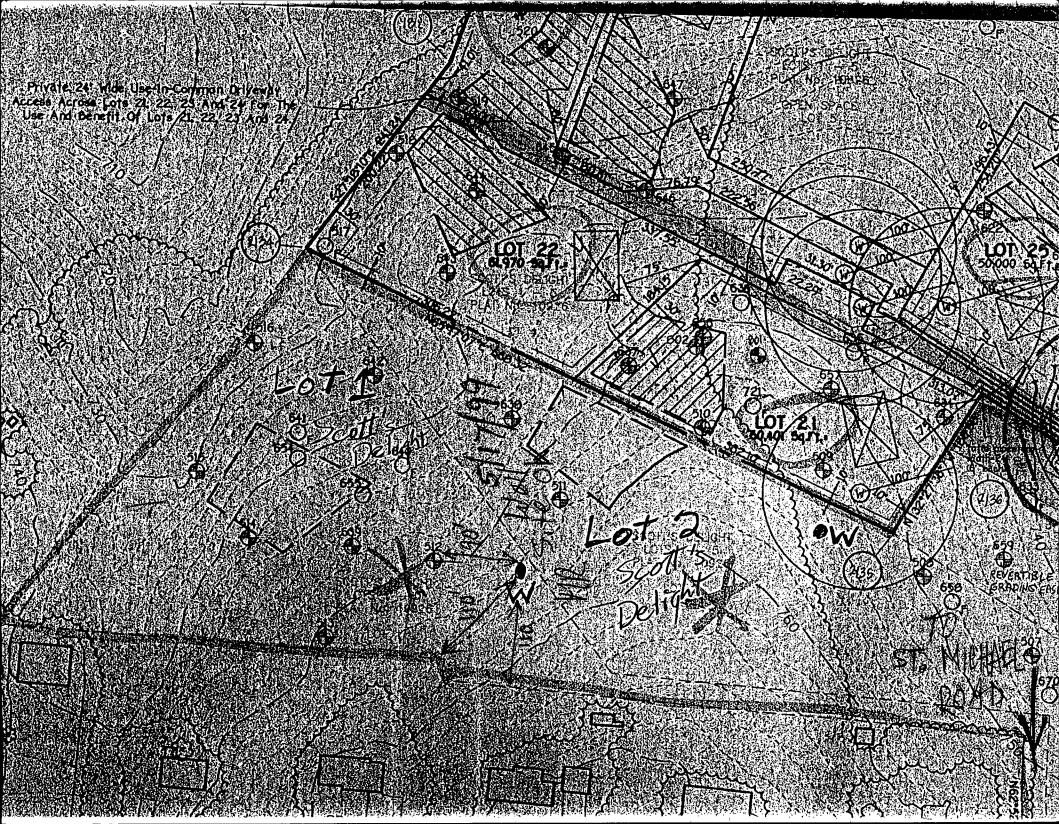
kati (tintiga era kati ja ja

C 1 . 00762	SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND  WELL COMPLETION REPORT	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)			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 47048
SFCO USE ONLY DATE Received	DATE WELL	COMPL	v === 1	PERMIT NO. FROM "PERMIT TO DRILL WELL"
MM DD YY 13	<u>07</u> 2	4 5	\$ 22 <b>\$B\$</b> 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER CLAS	el Lan		- 1 (S (A)   first name (C)	// (78)
V _	dest name St.	Mic	Charles Qd first name TOWN Po	LOT LOT
WELL L	.OG		GROUTING RECORD WELL HAS BEEN GROUTED	2 3
Not required for STATE THE KIND OF FORMATI COLOR, DEPTH, THICKNESS		THEIR	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
DESCRIPTION (Use	FEET	check if water	CEMENT CIM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)	FROM TO	bearing	NO. OF BAGS NO. OF POUNDS SAS AS A	PUMPING RATE (gal. per min.)
Top Soil Brown Shalk Brown Slake	2 15		DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Such
Brown Shalk			from tt. to BOTTOM 58  (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Grown Slate	15 20.		casing CASING RECORD	BEFORE PUMPING $\frac{3}{17}$ ft.
Blue Slate Blue Slate Bown Slate Blue Slate	20 50	<i>j</i> .	types insert appropriate STEEL CONCRETE	WHEN PUMPING $\frac{155}{22}$ ft.
Briver Slate	50 55	B. T.	code below PLASHE OTHER	TYPE OF PUMP USED (for test)
MUE SLADE	55 385		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine
Oran-			TYPE (nearest inch)! (nearest foot)	centrifugal R rotary (describe below)
	٠		60 61 63 64 66 70  E OTHER CASING (if used)	J jet S submersible
			A diameter depth (feet) H inch from to	
			C	PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)
			N	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
		-	screen type or open hole STBR	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
			insert STEEL BRASS OPEN Appropriate BRONZE HOLE	IN BOX 29.  CAPACITY:
			code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) 31 35
			C 2 DEPTH (nearest ft.)	PUMP HORSE POWER  37  41  PUMP COLUMN LENGTH
NUMBER OF UNSUCCESSFU			1 2 40 1 4 350	(nearest ft.) 43 47
WELL HYDROFRACTURED	Y (	no N	E 1 8 9 11 15 17 21 C	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPE			H <sup>2</sup> 23 24 26 30 32 36 S	LAND SURFACE  (nearest)
WHEN THIS WELL WAS C	COMPLETED		C 3 R 38 39 41 45 47 51	below ) (nearest) foot)
P TEST WELL CONVERTED WELL			E E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.04.0- IN CONFORMANCE WITH ALL COND CAPTIONED PERMIT, AND THAT TI	4 "WELL CONSTRUCT	ION" AND LE ABOVE	DIAMETER (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		T OF MY	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 MS D 1 16 1		, ,	GRAVEL PACK IF WELL DRILLED	PODE!
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)			WAS FLOWING WELL INSERT F IN BOX 68 68	
JIC, NO.1 M S D 12		2-	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	
Haffe Frague			. 70 72	and some
SITE SUPERVISOR (sign. of responsible for sitework if diffe			TELESCOPE LOG CASING INDICATOR OTHER DATA	well of
			COUNTY	€

SEQUENCE NO.	STATE OF	MARYLAND		STATE PERMIT NUMBER
(MDE USE ONLY)		DRILL WELL	1110	o all alla
please pr			70	79
*	piease pi	·		ill in this form completely
Date Received (APA)		B 3 Howand	LOCATION	I OF WELL
8 MM DD YY 13	RMATION	8 COUNTY	<u> </u>	21
. CISSEL CAMBORIT	,	Scotts	Dolin	a la sta
15 Last Name Owner	First Name 34	· 23 SUBDIVISION	<u> </u>	42
. 3425 Hasley Mill	P.J.	SECTION L	LOT L	
36 Street or RFD	55	44 46	48	50
Wood Bive MD.	21797	loften	Spring	, S
	72 Zip 76	52 NEAREST TOWN	<del></del>	71
DRILLER INFORMATION		MILES FROM TOWN (ent	er 0 if in town)	L I M I
	M 2 D 1/6	B 4		73 76 77 78
	6 License No. 81	1 2	99	YALEK CH
Firm Name	lling	DIRECTION OF WELL FROM, TOWN (CIRCLE BOX)	11	NEAR WHAT ROAD: 30
GIZE Bours Chunch Nel.	hot brien	N N		NORTH
Address A A A A	10 1119	NW BE		ICH SIDE OF ROAD  E APPROPRIATE BOX)
Je M Musice	12-9-98	8-9 8-9	(002.	<u> </u>
Signature	Date .	(TOWN)—[E]		34 JSO 37 SOUTH
B 2 WELL INFORMATION	5			DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE — (GAL. PER MIN.)	8 (			ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	500	S S S S S S S S S S S S S S S S S S S	TAX MAP:	BLK: B PARCEL 38
(GAL. PER DAY) 14	20	8 NOT T	O DE EU L	ED IN DV DDILLED
USE FOR WATER (CIRCLE AF	PROPRIATE BOX)			ED IN BY DRILLER MENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDER	NTIAL			6 470 W.C.
IRRIGATION FARMING (LIVESTOCK WATERING & AGR	IICULTURAL	COUNTY NAME	· <u></u>	COUNTY NO.
IRRIGATION	COSTONIC	STATE		INSERT S
22   I INDUSTRIAL, COMMERICIAL, DEWATERIN	NG *	SIGNATURE	- A A	P 090 1 41/
P PUBLIC WATER SUPPLY WELL	Q.,	052799	Mark	C. Kellen 5/22/00
T TEST, OBSERVATION, MONITORING	· · · · · · · · · · · · · · · · · · ·	43 MM DD YY 48		NATURE EXP. DATE
G GEO-THERMAL			<u>) 0 0</u> Gr	AST 0767 000
GEO THE MINE		50		1 / 2 6 6 7
150	<b>∍</b>	SHOW MAJOR FEATURE BOX & LOCATE WELL	S OF	7/21/99 Grout 10:00 t
APPROXIMATE DEPTH OF WELL 24	FEET	WITH AN X		
APPROXIMATE DIAMETER OF WELL	NEAREST	SOURCES OF DRILLING	WATER	8
APPROXIMATE DIAMETER OF WELL	INCH	1. Le U		Unable to
METHOD OF DRILLING	(circle one)	3.		attend grouf
BORED (or Augered) JETTED	Jetted & DRIVEN		,	and wald test
AIR-ROTary AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	:R ,	and the Assi
CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	e <sup>mon</sup> o <sup>d</sup>	Vall VI Co
other		536	19	
REPLACEMENT OR DEEPE		E	<u> </u>	000
(CIRCLE APPROPRIATE		. 500	í46 <b>-</b> l	000
THIS WELL WILL NOT REPLACE AN EXIST		NN	A CHOMING I	OCATION OF WELL IN
THIS WELL WILL REPLACE A WELL THAT ABANDONED AND SEALED	WILL BE	DRAW A SKETCH BELOW RELATION TO NEARBY		
THIS WELL WILL REPLACE A WELL THAT	WILL BE USED	DISTANCE FROM WELL		ROAD JUNCTION
39 AS A.STANDBY-CONTACT LOCAL APPROV  FOR POLICY ON STANDBY WELLS	ING AUTHORITY	-A And	9 114	· ·
D THIS WELL WILL DEEPEN AN EXISTING W	ELL			0.
PÉRMIT NUMBER OF WELL TO BE REPLACED O	R DEEPENED	N		5×
(IF AVAILABLE) 41	52			Michon
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)	<b>│</b>		Laceys O. Piets
" 	G A P			
APPROP. PERMIT NUMBER  54	63			0,250.
PERMIT No. HO	-94-2269			D ven
70 71 7	2 73 74 75 76 77 78 79	<u>                                </u>		
SPECIAL CONDITIONS		1977 TA		

DENV-Permit 97

@ COUNTY



Sign of the Court

### APPLICATION

PERCOLATION TESTING

A 47048

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH PO BOX 476 ELLICOTT CITY MARYLAND 21043 TELEPHONE 461-9933 Preview of , 200 ft buffer!

to all streams. Expand DISTRICT 4th

SDA to 10,000 sq ft minimum.

5391 dEN DATE

5/7/91

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							
	I, HEREBY. AI								
PROPE	RTY OWNER	W. Lambert Cissel. Jr.	<del></del>						
	ADDRESS	3425 Hipsley Mill Road, Woodbine, MD 21797	PHON	301-442-2463					
PROSF	ECTIVE BUYE	Same Same							
	ADORESS		PHON	E					
	RTY LOCATION	$\alpha$							
SUGON	/ISION _ <del>\</del>	hon 1400 t St. Frichaels Re	LOT NO						
ROAD	AND DESCRIPT	100 _ 1400 t St. Frichaels Re	d -						
TAX N	IAP	7							
SIZE O	F LOT3.	5 acres ±	_ TYPE BLDG	Single Family Dwelling ISINGLE FAMILY DWELLING OR COMMERCIAL)					
THE S	YSTEM INST	TALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FA	ACILITIES BEC	COME AVAILABLE. I FULLY UNDERSTAND THE					
FEE (	ONNECTED	WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE	UNDER ANY	CIRCUMSTANCES. I ALSO AGREE TO COMPLY					
WITH	ALL MO.S.F	H.A. REQUIREMENTS IN TESTING THIS LOT Christine	a. K	echards)					
				DF APPLICANT)					
APPRO	VED BY	FOR		DATE					
REJEC	TED 8Y	FOR		DATE					
HOLD (	PENDING FURT	THER TESTS		DATE					
REASO	NS FOR REJEC	CTION OR HOLDING PERC OK -HOLD FOR P	LAT	6/91					
				•					

## THIS IS NOT A PERMIT

D-216

Lot1 A47048 red sa clay lookin 10% Frags red -0 sandiloan: Lot3 X=13, 240 p BR Polet 4 Bottom 7 5-20% 17095 1 L.D.S. ST. MICHAEL INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. brn sa cl. loan TEST - 1" DROP 2:34 red brn Send loanh 20-259. VERY LITTLE PERC halefrags Saloam 30-352 Shale Frags 12-13 3:26:303:27:30 3:27:30 7:31:00 32 REMARKS HOLESS PER PLAN, IN WORDS TYPE OF SOIL M. Rifkin

ALSO PRESENT

TESTED BY

#### APPLICATION

PERCOLATION TESTING

P\_\_\_\_\_
DISTRICT\_\_\_\_\_
DATE

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY, MARYLAND I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER \_ PHONE. ADDRESS AGENT OR PROSPECTIVE BUYER \_ ADDRESS PHONE PROPERTY LOCATION: ROAD AND DESCRIPTION \_\_\_\_\_PARCEL#\_\_ SIZE OF LOT \_\_\_\_ (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 INTESTING THIS LOT. \_ (SIGNATURE OF APPLICANT) APPROVED BY \_\_\_\_\_ \_\_\_\_ FOR \_\_\_ DISAPPROVED BY HOLD PENDING FURTHER TESTS \_\_\_ REASONS FOR REJECTION OR HOLDING \_\_\_ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #

# THIS IS NOT A PERMIT

HD-216 (3/92)

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_

