

PERMIT

P 30220

A16125

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 422

DATE 9/28/78

04-314271

~~Jack Pynch~~ Mr. Pickett IS PERMITTED TO INSTALL ALTER

ADDRESS Glenn, Md.

SUBDIVISION Daisy Hill Estates ROAD 15746 Union Chapel Road LOT Parcel C

PROPERTY OWNER Dave Earle

ADDRESS 16449 Ed Warfield Road, Woodbine, Md.

SPECIFICATIONS 2 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE WALL AREA 360 SQ. FT. in dry well.

INLET PIPE 4 FT BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Place the dry well 157 ft. from the lot line which runs N22° 29'00E and is 405.12 ft long, and 115 ft. from the lot line which is 200 ft. long.

PLANS APPROVED BY Raymond Hodges DATE 9/16/78

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 IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 16 FOOT IN DIAMETER.

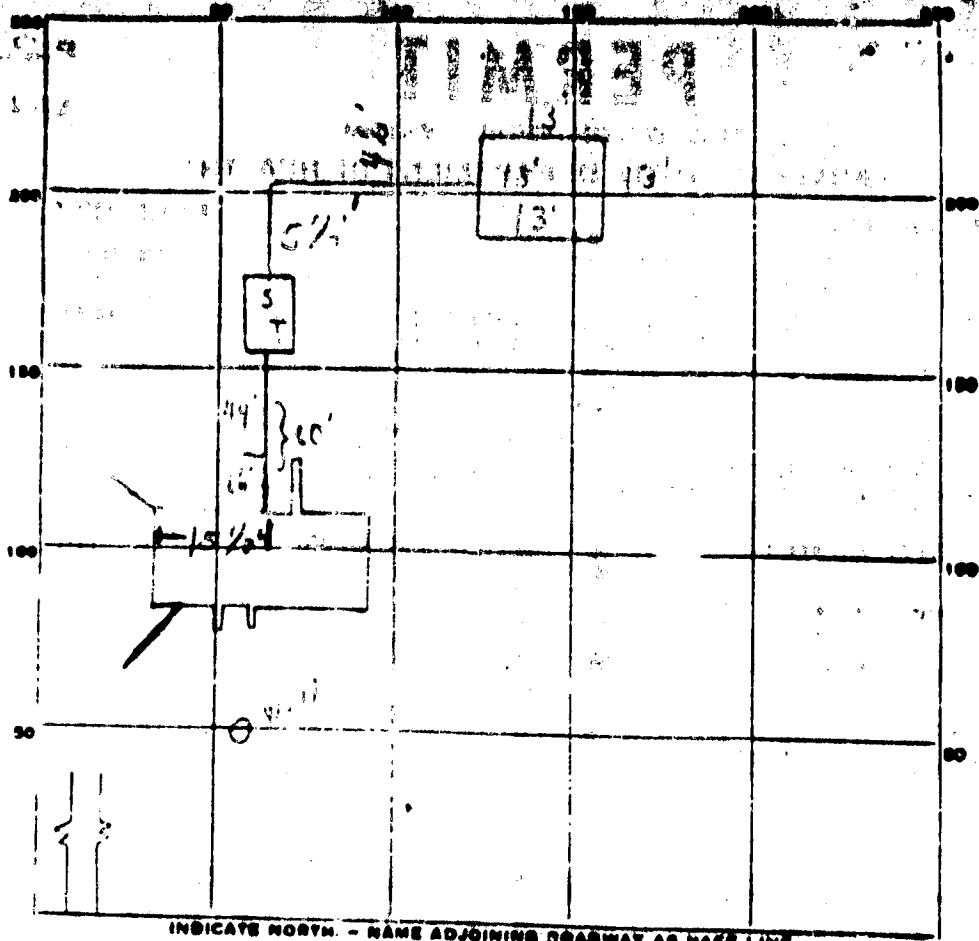
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VALID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED

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

P30220



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 16 1/2 SQ. FT.

REMARKS
 1. 11' x 11' CHES. T. TANK - 11' x 11' x 3' DEPT. FRO. T. M.
 2. 15' x 4' D.B. - 15' x 4' x 3' DEPT. FRO. T. M.
 3. 15' x 13' S/T - 15' x 13' x 3' DEPT. FRO. T. M.
 4. 15' x 4' D.B. - 15' x 4' x 3' DEPT. FRO. T. M.
 5. 15' x 13' S/T - 15' x 13' x 3' DEPT. FRO. T. M.

DATE SYSTEM APPROVED 4/15/70 INSPECTOR [Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

A FILE
P _____

ELLICOTT CITY

DISTRICT _____

DATE 9/2/71

TO THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Daisy Hill, Joint Venture

ADDRESS 1131 Univ. Blvd. W., Silver Spring, Md. PHONE 649-1500

PROPERTY LOCATION:

SUBDIVISION Daisy Hill Estates LOT NO. Parcel C

ROAD AND DESCRIPTION Union Chapel Road, 350' east of Daisy Road

OCCUPANT none PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 8.7443 acres TYPE BLDG three
NUMBER OF SECTIONS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Daisy Hill, Joint Venture, by *James Rosubay* Partner

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

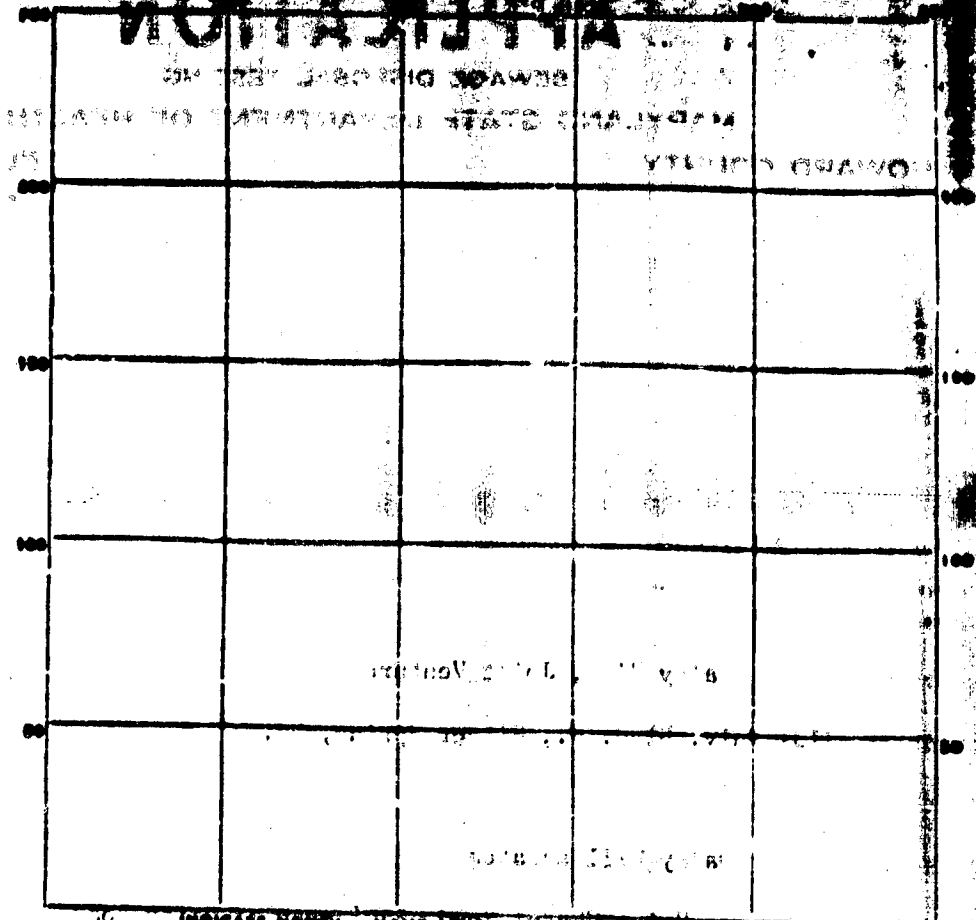
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION



DATE	TEST NO.	DEPTH	PRO. WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/18/71	1	11	1118	1121	1119	1121	1
7/18/71	2	30	1119	1125	1125	1135	10
1	3	11 1/2	1121	1125	1123	1129	6
	4	CH	1123	1125	1127	1130	1
2/28/78	13	VISUAL					

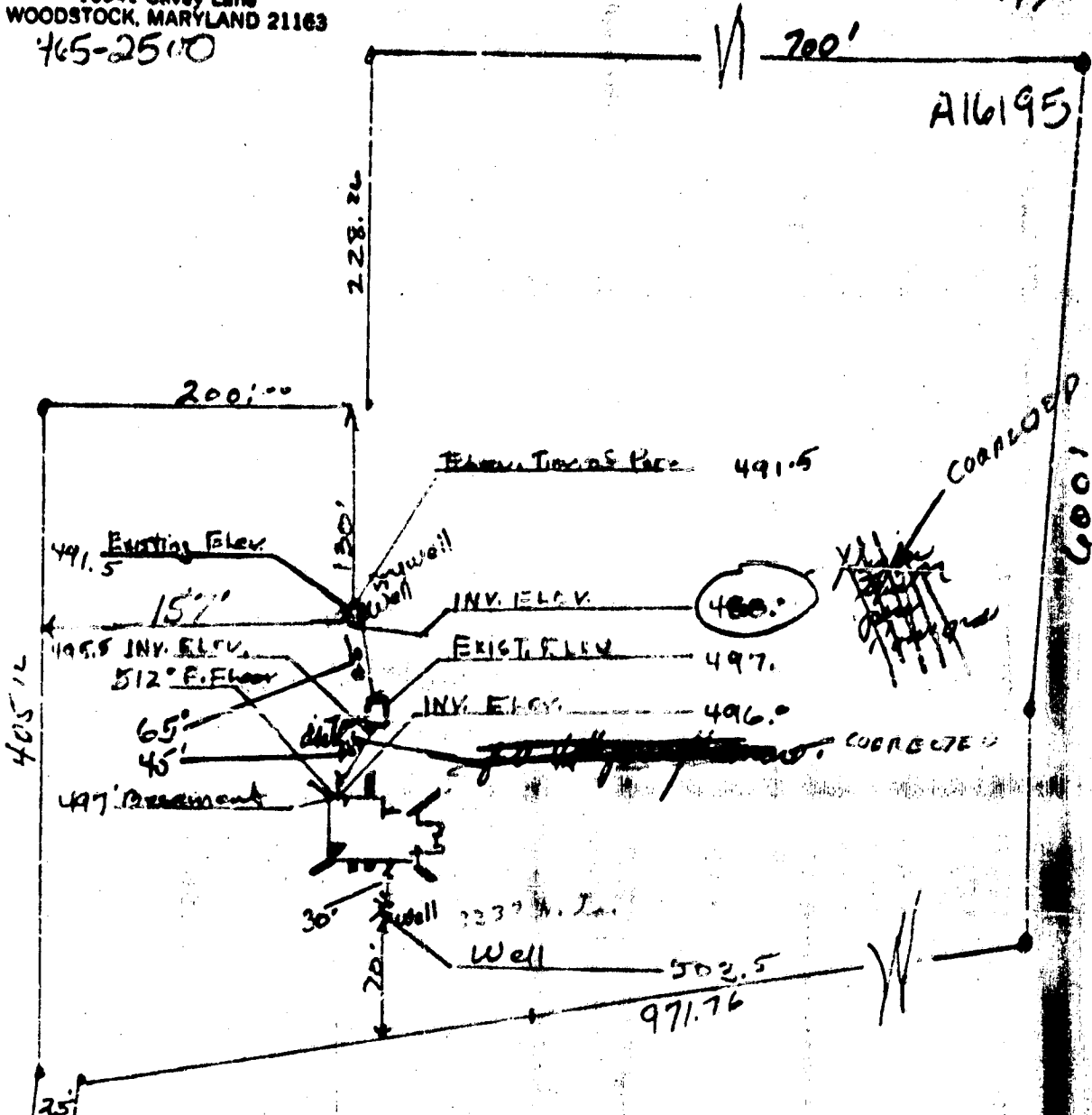
SOIL AUGER FINDING _____

TESTED BY Raymond T. Dodge 12/12/78 J.S.

REMARKS Soil Auger Log 7019 ST J.S.

Jack Fisher
 Builder
 Fisher Products Corporation
 10341 Cayey Lane
 WOODSTOCK, MARYLAND 21163
 465-2510

Property: David + Tom Earte
 Parcel - Blk 13
 Daisy Hill Estates, Woodbine, MD
 21797



I certify the above measurements
 and elevations are actual + correct
 for this property:
 9/19/79
 RE: 200 PLANS OF R14
 Phone 465-2500

Jack Fisher
 Fisher Products Corp

910'

405' 12

25'

228.26

200' 00

700'

A16195

Elev. Times 5 Pice 491.5

491.5 Existing Elev

495.8 INV. ELEV.
 512° F. Elev

497' Basement

INV. ELEV.

488.0

EXIST. ELEV.

497.

INV. ELEV.

496.0

237 W. Well

Well

502.5

971.76

COARCE
 600'

CORRECTED

6255

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TOWNSHIP OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT **A11195**

FILL IN THIS FORM COMPLETELY
COUNTY **Wicomico**
PERMIT NO. FROM "PERMIT TO DRILL WELL"
H10-73-31237

DATE RECEIVED (WRA USE ONLY)
6 13 79
DATE WELL COMPLETED
6 13 79

DEPTH OF WELL
80
(TO NEAREST FOOT)

DRILLER'S IDENTIFICATION NO. **221**

OWNER **Eagle DAVE**
STREET OR RFD. _____ POST OFFICE _____

WELL LOG

STATE THE KIND OF FORMATION PENETRATED, THEIR COLOR, GRAIN, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	TO	CHECKED BY
Shale	0	32	
Gray Blue Rock	32	80	

GRouting RECORD

WELLS HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT M BC
SAND/CLAY SL CL

NO. OF BAGS _____ NO. OF POUNDS _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **45** FT. TO **54** FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CO CONCRETE
PLASTIC OT OTHER

MAIN CASING TYPE _____ NOMINAL DIAMETER (MEANS) INCH _____ TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **41**

NO. _____ DI. _____ DEPT. _____

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BR OR BRONZE O OPEN HOLE
PLASTIC PL OT OTHER

DEPTH

DEPTH (NEAREST WHOLE FOOT)

41 **80**

SCREEN NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DIAMETER OF SCREEN _____ (NEAREST INCH)

SPRINKL PAPER _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **10+**

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING _____ FEET
DURING PUMPING _____ FEET
WHEN PUMPING _____ FEET

TYPE OF PUMP USED (CIRCLE APPROPRIATE LETTER)

A AIR P PISTON T TURBINE
C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE)
J JET S SUBMERSIBLE S

PUMP INSTALLED

TYPE OF PUMP (CIRCLE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: _____ GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)
- BELOW } **48** **50** **51**

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Daisy Rd
Union Chapel
2106'
DISHED

CIRCLE APPROPRIATE BOXES

A WELL ABANDONED AND SEALED WHEN THIS REPORT IS MADE

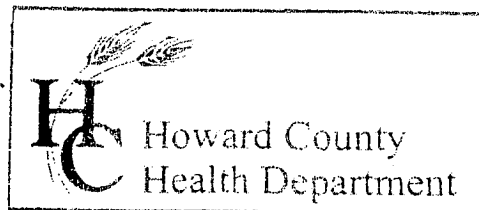
B WELL NOT OBTAINED

C TEST WELL CONVERTED TO PRODUCTION WELL

NEAREST CERTIFY THAT I HAVE COMPLIED WITH ALL REGULATIONS AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME _____

DRILLER'S SIGNATURE **Charles Campbell**




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

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

October 29, 2003

TO: Cindy Hamilton, Chief
Division of Land Development

FROM: Mark Rifkin 
Well and Septic Program

RE: File Number: WP-04-049
Title: Earle Properties

The Health Department recommends denial of the requested waiver. According to COMAR 26.04.03, the proposal constitutes a subdivision, as it may affect the sewage capacity of the existing house as well as the proposed three-acre parcel (currently vacant). Because percolation test information is limited, the adequacy of suitable soils to support sufficient sewage reserve area for two parcels (two 10,000 ft² areas) is uncertain.

The existing house was built subsequent to percolation testing originally conducted and approved in 1971, prior to regulations mandating 10,000 ft² of sewage area per buildable unit. Although this testing was in compliance with the standards at the time, agency experience reveals such older parcels frequently include unexpectedly poor soils.

Creation of a buildable three-acre parcel without percolation testing is unacceptable under any circumstance. The submitted topography suggests areas of approvable soils on the proposed three-acre parcel are not unlimited, and development on this proposed parcel may be impacted by existing wells and septic systems on adjacent properties.

While some of these issues may be addressed through review and approval of direct submissions to the Health Department, such review will not address other issues which may be of concern to other agencies.

MR
cc: File

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
Division of Land Development

DATE: 10/07/03

P&Z File No. WP-04-049

Department of Planning and Zoning

- Transportation Planning
- Historic Preservation
- Comprehensive Planning and Zoning Administration
- Research
- Address Coordinator

- Agricultural Preservation
- Development Engineering Division
- Forest Conservation Planner
- File

Agencies

- Soil Conservation District
- Department of Inspections, Licenses & Permits
- Department of Fire and Rescue Services
- State Highway Administration
- Bureau of Environmental Health
- Board of Education
- Recreation and Parks

- Tax Assessment
- Bell Atlantic Telephone
- BG&E
- Cable TV
- Police
- MTA
- Finance
- DPW, Real Estate Services
- DPW, Construction and Inspection
- DPW, Bureau of Utilities

RE: Earle Properties

ENCLOSED FOR YOUR THE ENCLOSED → Signature Approval Review & Comments Files
 → Original

<u>Plans</u>	<u># of Sheets</u>	<u>Supplemental Documents</u>
<input type="checkbox"/> Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Wetlands Report
<input type="checkbox"/> Prel Equiv Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Soils/Topo Map/Drain Area Map
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input type="checkbox"/> FSD/FCP/Worksheet and Application
<input type="checkbox"/> Final Plat	<input type="checkbox"/>	<input type="checkbox"/> Declaration of Intent
<input type="checkbox"/> Final Constr Plans (RDS)	<input type="checkbox"/>	<input type="checkbox"/> Drainage and/or Computation/Pond Safety Comps
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Preliminary Road Profiles
<input type="checkbox"/> Site Development Plan	<input type="checkbox"/>	<input type="checkbox"/> APFO Roads Test/Mitigation Plan
<input type="checkbox"/> Landscape Plan	<input type="checkbox"/>	<input type="checkbox"/> Traffic Study/Noise Study
<input type="checkbox"/> Grading Plan	<input type="checkbox"/>	<input type="checkbox"/> Sight Distance Analysis
<input type="checkbox"/> House Type Revision Plan	<input type="checkbox"/>	<input type="checkbox"/> Floodplain Study
<input type="checkbox"/> Water and Sewer Plan	<input type="checkbox"/>	<input type="checkbox"/> Stormwater Management Comps.
<u>Applications</u>		<input type="checkbox"/> Industrial Waste Survey (DPW)
<input checked="" type="checkbox"/> Waiver Petition Applic/Exhibit	<u>142</u>	<input type="checkbox"/> Road Poster Form Letter
<input type="checkbox"/> Planning Board Applic	<input type="checkbox"/>	<input type="checkbox"/> Response Letter
<input type="checkbox"/> ASDP/CSDP Application	<input type="checkbox"/>	<input type="checkbox"/> Perc Plat
<input type="checkbox"/> DED Application/Checklist	<input type="checkbox"/>	<input type="checkbox"/> Scenic Road Exhibits
<input type="checkbox"/> DED Fee Receipt/Deeds/Cost Estimate	<input type="checkbox"/>	

WAS: Received Tentatively Approved
 Received and Revised Approved

Recorded
 On 10/07/03

COMMENTS: _____ SRC/COMMENTS DUE BY: 10/30/03

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

- √ 1. Vicinity map scale 1" = 2,000' indicating and identifying the total boundary of the property, exact site location, vicinity roads and north arrow.
- √ 2. Bearings and distances of property boundary lines for the entire tract and size of tract area.
- √ 3. North arrow and scale of plan.
- √ 4. Location, extent, boundary lines and area of any proposed lots.
- √ 5. Any existing or proposed building(s), structures, points of access, driveways, topography, natural features and other objects and/or uses on the subject and adjacent properties which may be relevant to the petition; i.e. historic structures, cemeteries or environmentally sensitive areas.
- √ 6. Delineation of building setback lines.
- √ 7. Delineation of all existing public road and/or proposed street systems.
- √ 8. Identification and location of all easements.
- √ 9. Approximate delineation of floodplain, wetland and forested areas, if applicable.
- N/A 10. Road profile to evaluate sight distance, if the application includes a request for direct access to a major collector or more restrictive roadway classification.
- N/A 11. Any additional information to allow proper evaluation (e.g. for waivers to wetland buffers an alternative analysis and mitigation proposal are needed; for waivers to SDP requirements where there is no subdivision of land, an APFO Roads Test evaluation may be needed).
- N/A 12. Photographs, perspective sketches or cross-sections as necessary to adequately portray the waiver request.
- √ 13. The exhibit plans should be highlighted to accurately illustrate the requested waiver(s) to allow proper evaluation (i.e. proposed grading, tree clearing or other disturbances within environmentally sensitive areas or buffers).

V. Fees

The Waiver Petition application fee shall be in accordance with the adopted fee schedule. All checks shall be made payable to the *Director of Finance*. **The petition will not be accepted for processing until the fee has been paid. Incomplete, incorrect or missing information may result in the rejection of the application** and could cause additional time to be required to revise the petition for resubmittal and re-review. For more information or questions, contact DPZ at (410) 313-2350.

VI. Owner's/Petitioner's Certification

I/WE the undersigned fee simple owner(s) hereby make application to the Howard County Department of Planning and Zoning to relax the minimum requirements of the Howard County Subdivision and Land Development Regulations. The undersigned hereby certifies the information supplied herewith is correct and complete, confirms that the regulations and policies as referred to in the attached are understood, and authorizes periodic on-site inspections by the Howard County Subdivision Review Committee agencies. ***If the applicant is the owner's agent, written documentation from owner granting that authority is required.**

(Signature of Property Owner) <small>(Fee Simple Owner Only)</small>	(Date)	(Signature of Petition Preparer) *	<u>10/6/03</u> (Date)
(Name of Property Owner)	Security Development, LLC (Name of Petition Preparer, Surveyor/Engineer or Agent/Developer)		
(Address)	P.O. Box 417 (Address)		
(City, State, Zip Code)	Ellicott City, MD 21041 (City, State, Zip Code)		
(E-mail)	<u>SBREEDON@SDC GROUP.COM</u> (E-mail)		
(Telephone)	(410) 465-4244	(410) 750-1947	(Fax)
Contact Person: _____		Contact Person: <u>Steven Breedon</u>	