

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 02/09/2005

APPROVAL DATE: 5/3/05

PERMIT

INDEXED
TAX ID #03315274

P 521981

A 41365

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 4410 Salem Bottom Road, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Twigg Property LOT NUMBER: 1

ADDRESS: 12640 Triadelphia Road PROPERTY OWNER: Carol L. Smith

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

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 150 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation in the approved SDA as shown on the approved building permit plan. Run 3-50' long trenches on contour to end of the SDA. Trenches 12' center to center. Cleanouts needed every 70' from Septic Tank to Dbox.
NOTES:	No basement gravity service. Ensure SDA is staked prior to installation.

PLANS APPROVED: Kacie Noonan Reviewed by: _____ DATE: 12/8/04

NOTES: PERMIT VOID AFTER 2 YEARS

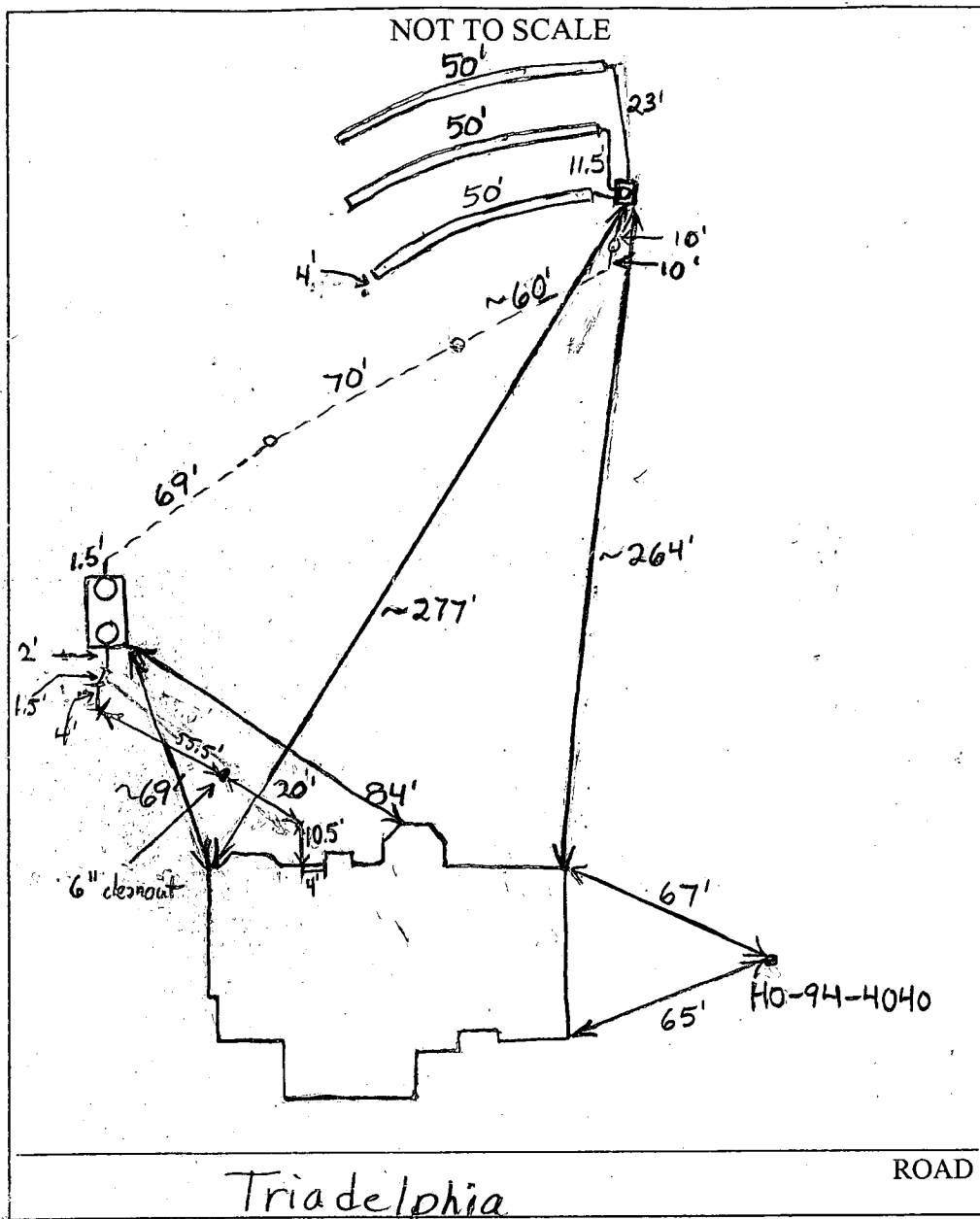
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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

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

441365



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	5'	7'
NUMBER OF TRENCHES 3		
TOTAL LENGTH 150'		
ABSORPTION AREA 450' + Sidewall		
DISTRIBUTION BOX LEVEL Levelers		
DISTRIBUTION BOX BAFFLE Yes		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-3'
BAFFLES	Need Front
BAFFLE FILTER	No
MANHOLE LOC	Front + Back
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 3/23/05 Excement staked. To install as per plan.
Cleanouts every 70'. (BB)

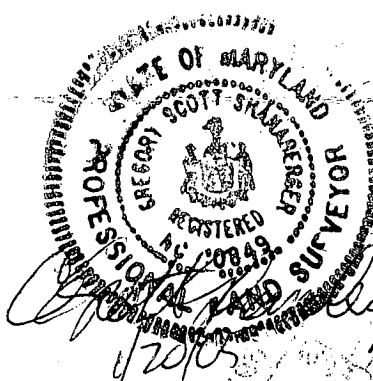
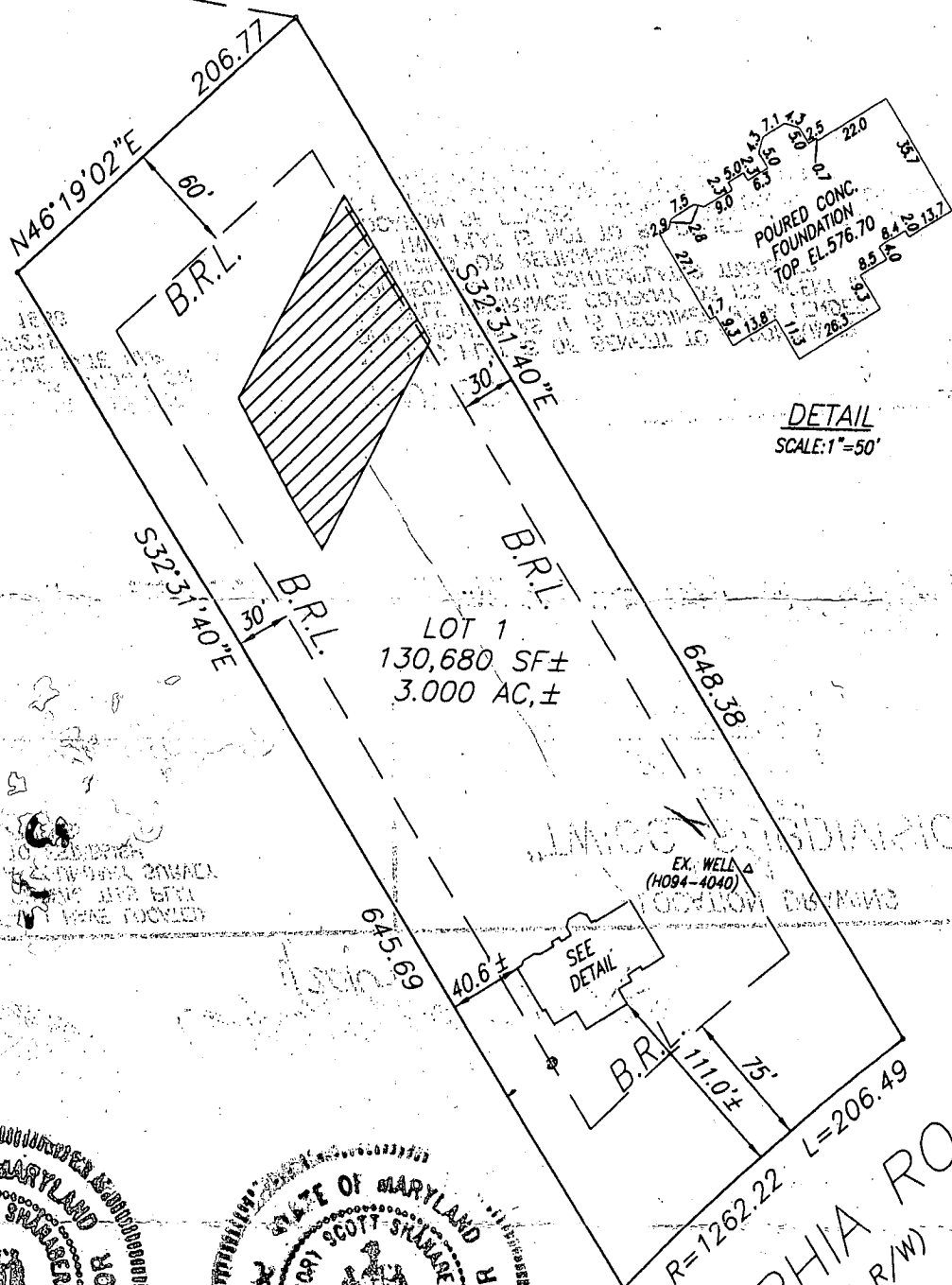
INSTALLATION 3/24/05 Installer putting only 1' of stone in trench.
Clay down to 5'-5.5'. Told installer to redig first trench
deeper and restone. Trench inlets should now be 5'
with a depth of 7'. (BB) 3/25/05 Need an additional cleanout
in gravity line. Two trenches done. (BB) 3/29/05 Trenches done.
Need house connection. (BB) 5/2/05 House connection made. Line
to tank partially done cleanout 30' off house. (GO) 5/3/2005 Tank and lines are
all Fully done & OK. OK'd Back Fill (GAC)

FINAL INSPECTOR G. Creighton

DATE OF APPROVAL 5/3/2005

MUELLER HOMES, INC.
12800 FREDERICK RD SUITE 201
P.O. BOX 115
WEST FRIENDSHIP, MD 21794

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 0.5'



I HEREBY CERTIFY THAT, I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

SHANABERGER & LANE
8726 TOWN AND COUNTRY BLVD.
SUITE 201
ELLCOTT CITY, MD. 21043
(410)461-9563 FAX:461-9693

LOCATION DRAWING
LOT 1
"TWIGG SUBDIVISION
LOT 1"
(PLAT #8800)

ELECTION DISTRICT: 3RD
DEED REFERENCE: L.8878/F.114
COUNTY: HOWARD
SCALE: 1"=100'
DATE: JANUARY 17, 2005

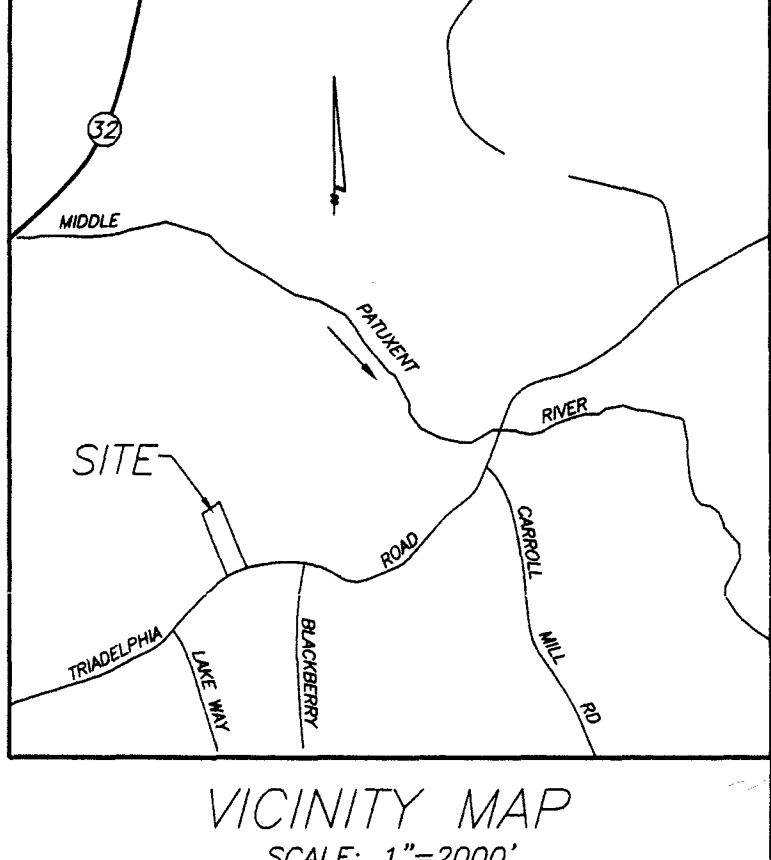
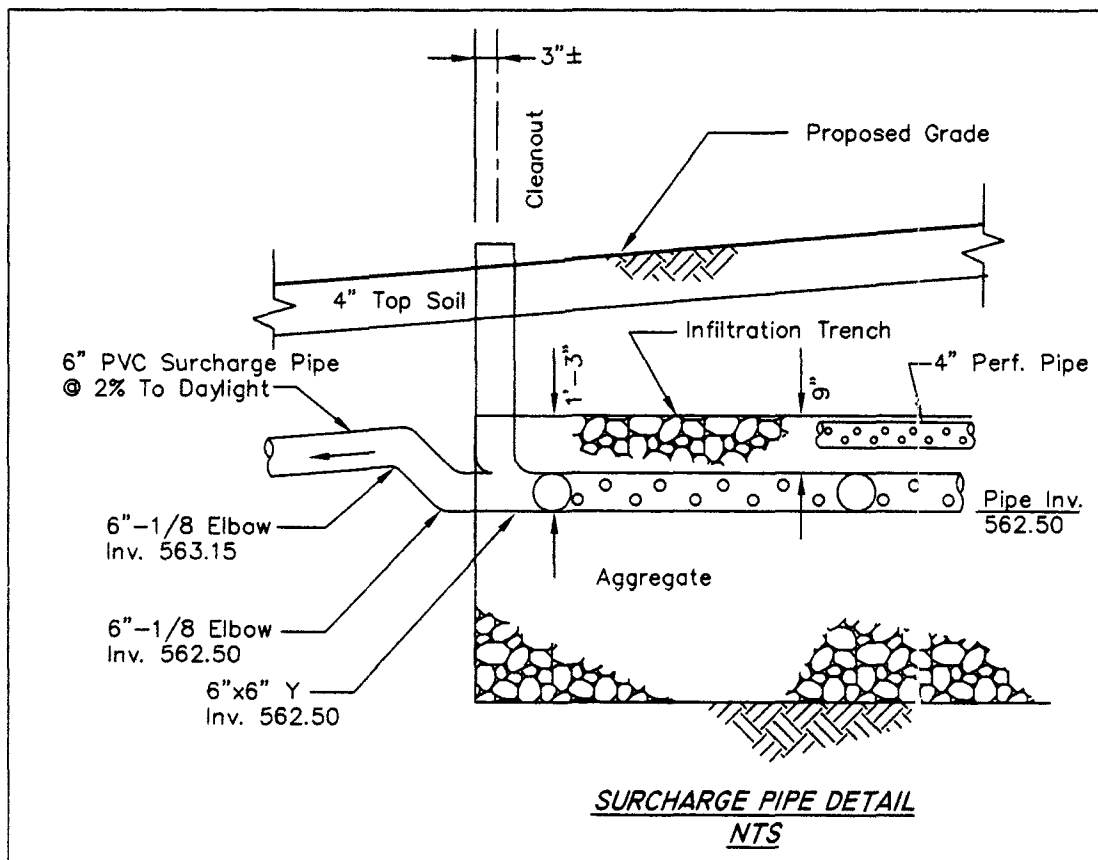
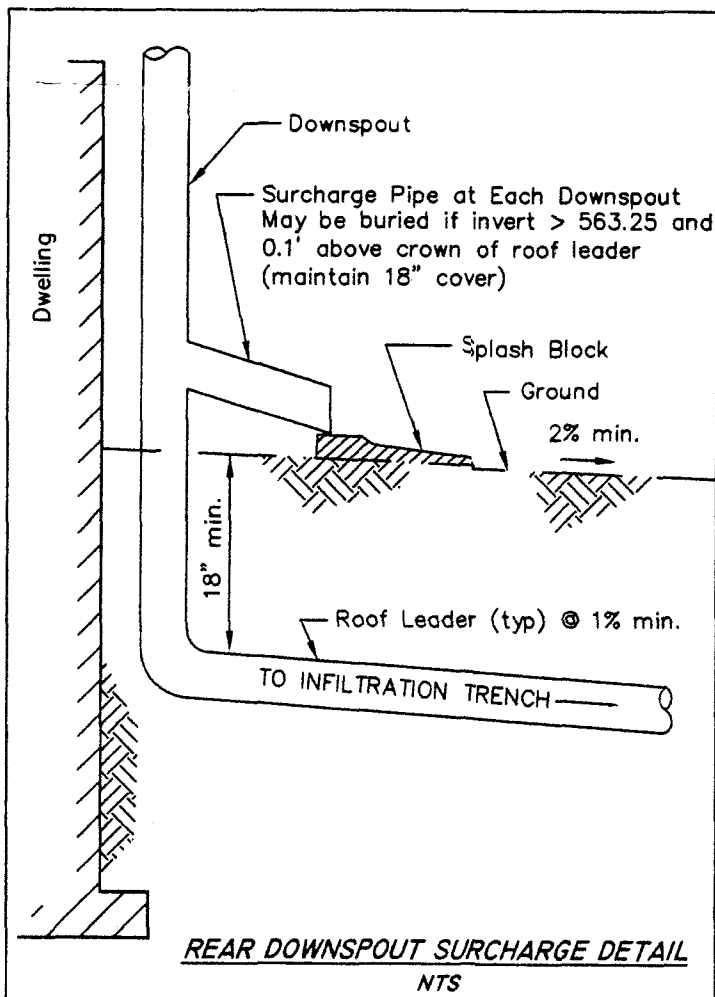
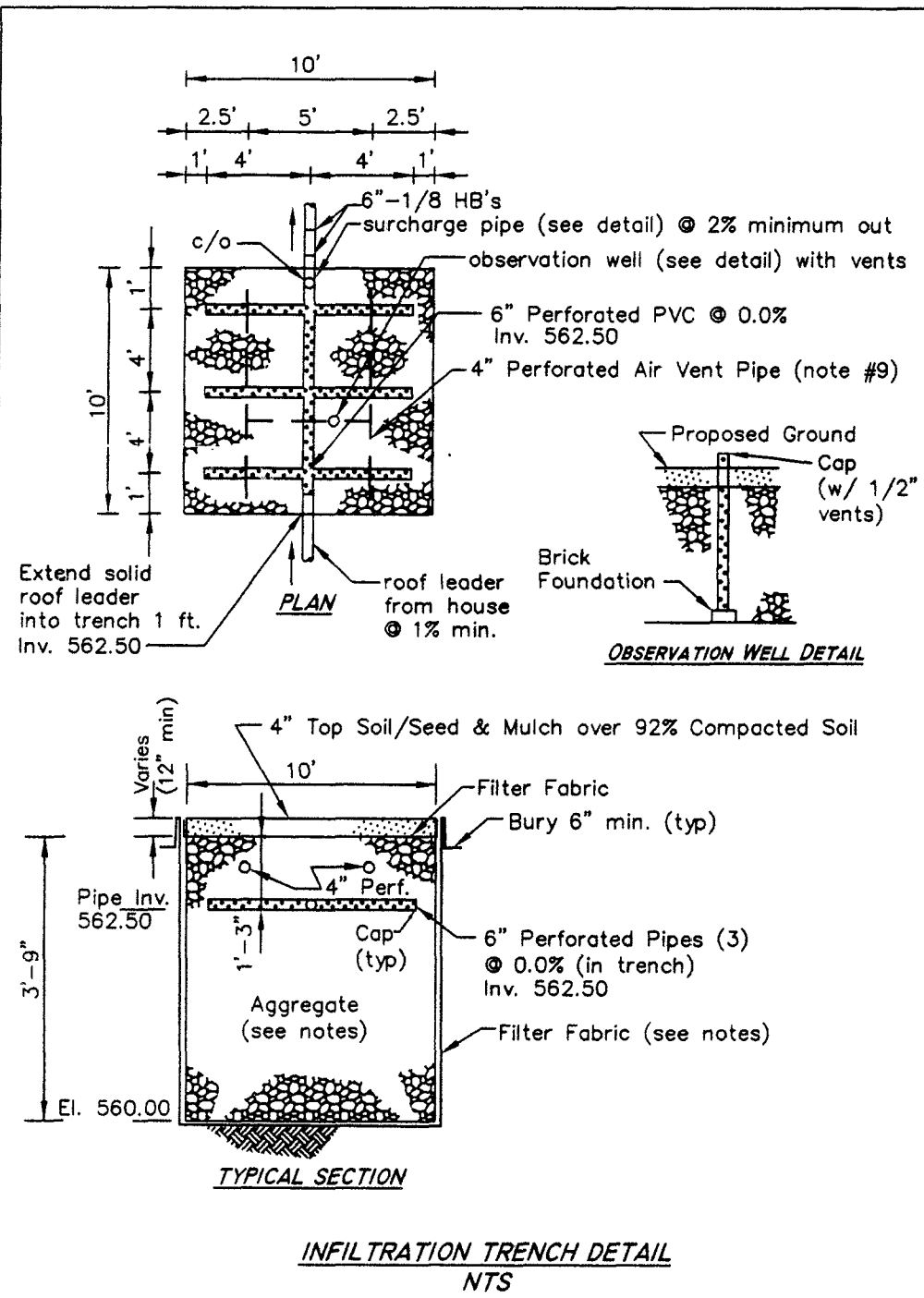
DATE-OF-LATEST-FIELD-WORK: 1/11/05

SWM and Infiltration Trench Notes

1. All construction shall meet specifications outlined below and in applicable sections of MDE's 2000 Stormwater Design Manual and the Howard County Standards & Specifications.
2. Trench walls (soil) shall be scarified to remove "sealed" areas caused by the excavation bucket.
3. Geotextile shall be Mirafi 140N or approved equal.
4. Aggregate fill shall be MD #2, or 3/4" stone, or pea gravel of uniformly-sized stone (stone all same size). All aggregate must be washed, clean, and free of dirt & debris and installed with filter fabric on all sides.
5. Extend non-perforated roof leader into the trench aggregate 1 ft. The remaining PVC pipe in the aggregate shall be perforated PVC with capped ends. Terminate main line with a cleanout and a solid surcharge pipe. Cleanout top to have a removable cap, 3"-4" above the ground surface.
6. Install an observation well near center of trench (perforated vertical PVC pipe on brick foundation and removable pinella cap, 3"-4" above the ground). The observation well shall have two (2) 1/2" Ø holes in the cap and two (2) 1/2" Ø holes below the cap on the pipe sides, equally spaced at 180° to allow air to escape.
7. PVC shall be Schedule 40. Perforations shall meet AASHTO M36 class 2 perforation specifications (i.e., uniformly spaced 3/8" diameter holes totaling at least 3.3 sq. in. per LF of pipe (47 - 3/8" diameter holes per LF of 6" pipe satisfies this requirement).
8. A surcharge pipe shall be connected to the Infiltration Trench clean-out and shall be a solid 6" PVC pipe @ 2% minimum slope. The surcharge pipe shall daylight on to a level area at least 3' long. Connect as shown or with a fitting configuration that allows a 0.15' minimum water depth above the crown of the flat (i.e. 0.0%).
9. Connect 4" perforated pipe @ 0.0% as shown to the observation well (air release), 4" Invert = 563.25.
10. The rear downspouts shall be directed to the Infiltration Trench as shown on the plan. The roof leaders shall be 6" Ø at a 1% minimum slope and 1.5 ft minimum cover.
11. Install an overflow spout (see detail this sheet) at each downspout at the back of the house.
12. The Contractor shall under no circumstances allow surface drainage to enter the excavated infiltration trench until the functioning roof leaders are connected.
13. Wood (boards) and/or debris shall not remain in the Infiltration Trench after construction.
14. The Contractor may need to provide independent material certification/tickets to the inspector.
15. The grass swale in front and to the north of the house shall not exceed the grades as shown.

Operation and Maintenance Schedule

1. Homeowner shall keep gutters clean and free of debris to prevent dirt/debris entrance into Infiltration Trench.
2. The homeowner shall check the water level in the observation well after a large storm or at least once a year. Necessary corrective repairs shall be made if water level does not lower after 5 days.

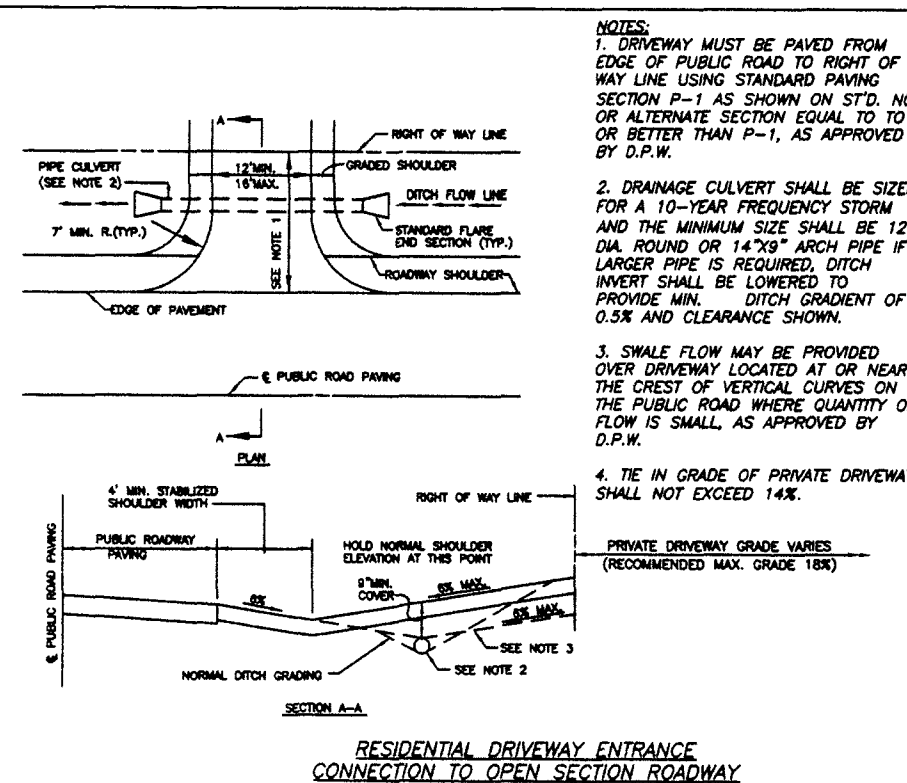


SEPTIC SYSTEM DATA

INV. AT HOUSE 565.5	TRENCHES
SEPTIC TANK	INLET DEPTH 3.5'
EX. GRADE 568.0	BOTTOM DEPTH
FIN. GRADE 567.3	WIDTH
INV. IN 564.3	NOTE: TRENCH LENGTH AND ORIENTATION TO BE DETERMINED BY HEALTH DEPARTMENT AT TIME OF SEPTIC SYSTEM LAYOUT INSPECTION.
INV. OUT 564.0	
DISTRIBUTION BOX	
EX. GRADE 546.2	
FIN. GRADE 546.2	
INV. IN 542.9	
INV. OUT 542.7	

NOTES:

1. THE TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE ON OCTOBER 19, 2004.
2. B.R.L. DESIGNATES BUILDING RESTRICTION LINE
3. THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS DISPOSAL AREA SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE DISPOSAL AREA.
4. SUBJECT PROPERTY ZONED: RR
5. LIMIT OF DISTURBANCE: 24,933 SF±

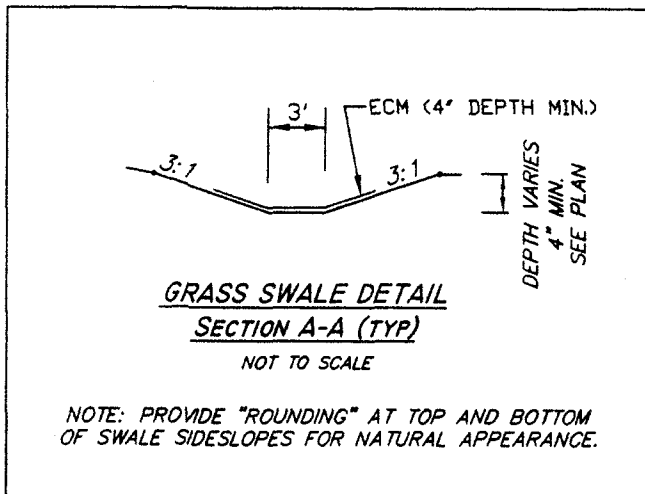
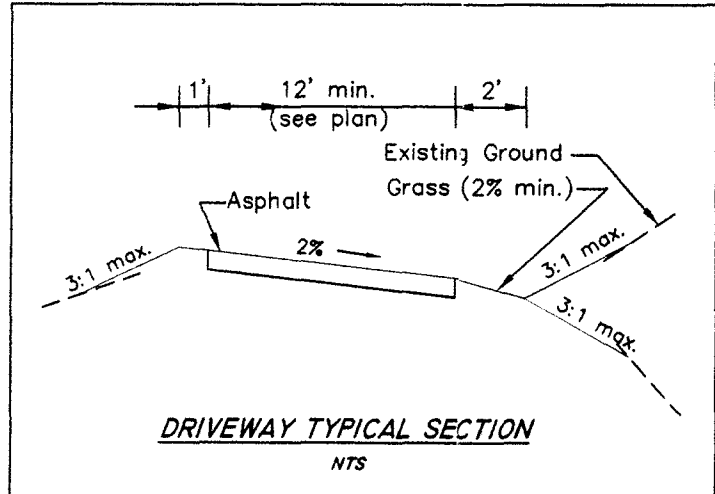


3 Acres



Andrew A. Porter
for "SWM" only 11/24/04

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELICOTT CITY, MD. 21043
PHONE: 410-461-9563
FAX: 410-461-9693



DEVELOPER:

MUELLER HOMES, INC.
12800 FREDERICK RD
WEST FRIENDSHIP, MD. 21794

OWNER

CAROL SMITH
206 W. ELM ST.
WEST UNION, IA 52175



SITE PLAN
LOT 1
"TWIGG PROPERTY
LOT 1"
(PLAT #8800)

TAX MAP 22 GRID 5 PARCEL 552
THIRD ELECTION DIST. HOWARD CO., MD.
SCALE: 1"=50' NOVEMBER 24, 2004

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643

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: ROBERT L FEEZER CO INC Telephone #: 410-781-4655
Address: 1321 BARRETT AVENUE
SYKEVILLE, MD 21151

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): ROBERT L FEEZER CO License # 2122
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: MUELEN TOWNS Telephone #: 410-442-1435
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-4040
Site Address: 2640 TULADOPHIA ROAD
ELLICOTT CITY, MD 21042

Submersible Pump Data

Make: STALVE
Model #: SSP4ED2HL
Pump Capacity: 5 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: CAMPBELL
Model #: PARCO
Depth: 42 (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 400 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 25'
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: Robert L. Feezer

date: 5/2/05

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

Date Insp. Requested: _____

Date Insp. Approved: 6/24/05 5/2/05

Inspection Data: Pitless adapter and 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 installed inside of well casing ✓

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

Water supply line sleeved adequately at house connection ✓

Adequate grub observed below pitless adapter ✓

→ & Driveway ✓

3819

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.COUNTY
NUMBER **(13)** **A41365**1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
11 3 04

Depth of Well

22 400 26
(TO NEAREST FOOT)11/5/04
O.K. (BB)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-4040OWNER Muller Homes, Inc.
STREET OR RFD 12640 Triadelphia Road TOWN Ellicott City
SUBDIVISION Twigg Property SECTION 1 LOT 7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	20	
Sand Stone	20	25	
MICKA	25	35	
Sand Stone	35	40	✓
MICKA	40	60	
Sand Stone	60	65	✓
MICKA	65	400	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
(Y) **(N)**
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT **(CM)** BENTONITE CLAY **(BC)**NO. OF BAGS 15 NO. OF POUNDS 1500GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 30 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below
(ST) **(CO)**
STEEL CONCRETE
(PL) **(OT)**
PLASTIC OTHERMAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40
60 61 63 64 66 70OTHER CASING (if used)
diameter depth (feet)
inch from to
EACH CASINGscreen type or open hole
(insert appropriate code below)
(ST) **(BR)** **(HO)**
STEEL BRASS OPEN
(PL) **(OT)**
PLASTIC OTHER

C 2 DEPTH (nearest ft.)

1 2
E 1 HO 38 400
A 8 9 11 15 17 21
C 23 24 26 30 32 36
S 38 39 41 45 47 51
R
E
E
N
SLOT SIZE 1 2 3DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6PUMPING RATE (gal. per min.) IMETHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.WHEN PUMPING 150 ft.

TYPE OF PUMP USED (for test)

(A) air **(P)** piston **(T)** turbine
27 27 27
(C) centrifugal **(R)** rotary **(O)** other (describe below)
27 27 27
(J) jet **(S)** submersible
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

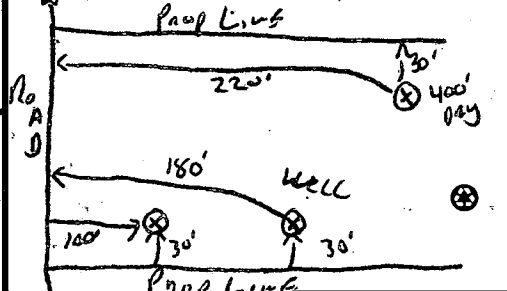
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)
(+) above } LAND SURFACE
49
(-) below } 2 (nearest foot)
49 50 51

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)

DRILLERS LIC. NO. M SD 112DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1	2352	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>W521507</i> please type	STATE PERMIT NUMBER 40-94-4040 <small>fill in this form completely</small>
Date Received (APA) <i>09/28/04</i> <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name <i>Mullen</i>		Owner First Name <i>Homes Inc</i>		34
36 Street or RFD <i>12800 Fred Rd</i>		55		
57 Town <i>West Friendship MD</i>		70 State <i>MD</i>		76 Zip <i>21791</i>
DRILLER INFORMATION				
Driller's Name <i>Ralph E. MAYNE</i>		MS D <i>MS D 112</i>		81 License No.
Firm Name <i>Ralph E. Mayne Inc</i>				
Address <i>17024 Hardy Rd Mt Airy MD 21071</i>				
Signature <i>Ralph E. Mayne</i>		Date <i>9-28-04</i>		
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		<i>5</i>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		<i>500</i>		
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				
APPROXIMATE DEPTH OF WELL <i>150</i> FEET		28		
APPROXIMATE DIAMETER OF WELL <i>6"</i>		NEAREST INCH		
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEINED 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				
<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 DEEPEIN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ G _____				
PERMIT No. 40-94-4040 <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

B 3	LOCATION OF WELL			
8 COUNTY <i>Howard</i>		21		
23 SUBDIVISION <i>Twi 665 Sub</i>		42		
SECTION <i>44 46</i>		LOT <i>I 48 50</i>		
52 NEAREST TOWN <i>GIENECG</i>		71		
MILES FROM TOWN (enter 0 if in town) <i>2</i> M I <small>73 76 77 78</small>				
B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
11 NEAR WHAT ROAD <i>12640 Tridelphia Rd</i>		30		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
34 DISTANCE FROM ROAD <i>50</i>		37 ENTER FT OR MI <i>FT</i>		
TAX MAP: <i>22</i> BLK: <i>5</i> PARCEL: <i>552</i>				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <i>Howard</i>		COUNTY NO. <i>13</i>		
STATE SIGNATURE <i>Brian Baker</i>		INSERT S → 41		
DATE ISSUED <i>10/14/04</i>		EXP. DATE <i>10/14/2005</i>		
43 MM DD YY 48 CO SIGNATURE <i>Brian Baker</i>		57 EAST GRID <i>813</i>		
NORTH GRID <i>526 000</i>		63		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'				
SOURCES OF DRILLING WATER				
1. <i>well</i>				
2.				
3.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E <i>813</i>				
N <i>526</i>				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4040
Location of property (road) 12640 Triadelphia Rd.
Subdivision Twigg Property Lot 1 Block _____ Plat _____ Sec. _____
Well Driller Ralph Mayne Owner Muller Homes

Depth of well 400 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 39 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 10 GPM
Total time 30 min to reach pumping water level 190 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	39 ft	6 Sec		10 GPM
8:00	190 ft	60 Sec	Test Started	I GPM
8:15	190 ft	60 Sec		I GPM
8:30	190 ft	60 Sec		I GPM
8:45	190 "	60 "		I "
9:00	190 "	60 "		I "
9:15	190 "	60 "		I "
9:30	190 ft	60 Sec		I GPM
9:45	190 ft	60 Sec		I GPM
10:00	190 ft	60 Sec		I GPM
10:15	190 "	60 "		I "
10:30	190 "	60 "		I "
10:45	190 "	60 "		I "
11:00	190 ft	60 Sec		I GPM
11:15	190 ft	60 Sec		I GPM
11:30	190 ft	60 Sec		I GPM
11:45	190 "	60 "		I "
12:00	190 "	60 "		I "
12:15	190 "	60 "		I "
12:30	190 ft	60 Sec		I GPM
12:45	190 ft	60 Sec		I GPM
1:00	190 ft	60 Sec		I GPM
1:15	190 "	60 "		I "
1:30	190 "	60 "		I "
HD-224 1:45	190 ft	60 Sec		I GPM
2:00	190 ft	60 Sec		I GPM

13' 11"

7118

GATEWAY

S32° 31' 40" E

645 69'

LOT 1

130.680 AC ±

10/14/04

Well site staked by Dr. Sharabarger and Lane on 9/24/04. (BA)

648 33'

30'

120'

1" = 50'

30'

3/8/05
Approximate 4th well attempt for a decent yield. Ralph to fax better measurements to office. If well kept

PROPOSED WELL LOCATION

then it will need to be located by surveyor told Ralph. He will relay message to builder (BA)

R = 1262.2'

206.49'

30.15'

25'

1 GPM

Dry

DRY HOLE

450 30' 00" 00' 00'

(BA)

111 8858'

6456

1" = 50'
I told him this,
site would be
O.K.

Well site staked by
Shanaberger and Lane
on 9/24/04. (BB)

10/25/04

OK to Move 80'

304 Down hill - Dry to 300' at Original Location

PROPOSED
WELL
LOCATION

11/5/09
Decided to
Keep this well
(BB) 2009

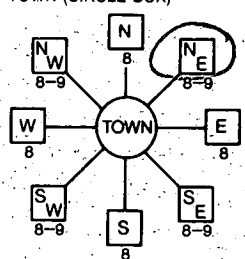
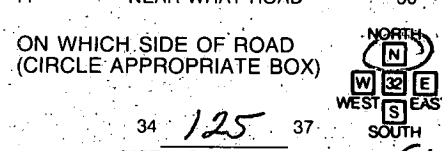
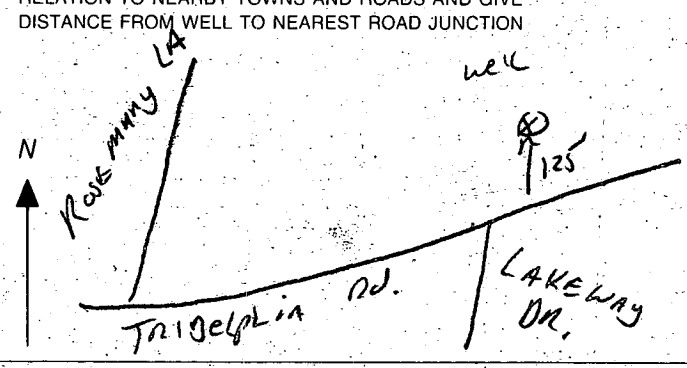
~ 1 GPM

11/1/04
Grouted.

→ Dry

R-126222A

7-19858

B 1. 5614 2. 3. 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 522015 please print or type	STATE PERMIT NUMBER HO-94-4127 <small>70 fill in this form completely 79</small>
Date Received (APA) 3/8/2005 <small>8 MM DD YY 13</small> Muller Homes Inc <small>15 Last Name Owner First Name 34</small> 12800 Fred Rd. <small>36 Street or RFD 55</small> West Friendship MD. 21781 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> Twigg's Sub <small>23 SUBDIVISION 42</small> SECTION I LOT I <small>44 46 48 50</small> GLENELS <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 <small>73 76 77 78</small>	
DRILLER INFORMATION Ralph E. MAYNE MSD 117 <small>Driller's Name 76 License No. 81</small> Ralph E. MAYNE INC <small>Firm Name</small> 17024 Handy Rd. Mt. Airy MD. 21771 <small>Address</small> Ralph E. Mayne March 7 2005 <small>Signature Date</small>		B 4 12640 <small>1 2</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Triadelphia Rd. <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  125 <small>34 37</small> DISTANCE FROM ROAD <small>ENTER FT OR MI 38 39</small> TAX MAP: 22 BLK: 5 PARCEL: 552	
B 2 5 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) 500 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A41365 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE Brian Baker 3/8/2006 <small>DATE ISSUED 41</small> 3/8/2005 3/8/2006 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID: 526 000 EAST GRID: 813 000 <small>50 55 57 63</small>	
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		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3.	
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		WRITE THE BOX NUMBER FROM THE MAP HERE E 813 N 526 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY JETTED Jetted & DRIVEN <small>30</small> CABLE REVERSE-ROTARY ROTARY (Hydraulic Rotary) <small>37</small> other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" 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		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ 63 PERMIT No. HO-94-4127 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

6/29/05
Drilled one dry
hole on this
permit. Has not
drilled a second
hole. Wants to keep
permit open (50)

Well Permit No. HO - 94-4127
Location of property (road) 12640 Triadelphia Road
Subdivision Luagg Property Lot 1 Block Plat Sec.
Well Driller Ralph Mayne Owner Muller Homes

I. High rate pumping -- reservoir drawdown

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

[illegible]

SOME DUMBASS TOOK LAST SEPTIC
WORKSHEET FROM FOLDER

4 bedroom house

180 ft² per bedroom

inlet @ $3\frac{1}{2}$ bottom @ $5\frac{1}{2}$ 3' wide 2' sidewall

2' stone under pipe, 150' linear trench total

~~1250~~ 1500 compartmented (1250 compartmented
but not sure if compartmented come that small;
don't think they do - so 1500)

- Place d. box in the middle @ highest point of SDA.
Run 3-50' long trenches on contour to end of SDA.
Trenches 12' c/c. Cleanouts needed every 70' from S.T. to d. box
- No gravity basement service avail. Ensure SDA
staked prior to installation

Kace

MAY 26, 1988
9:30

APPLICATION

und-3/30/88
PERCOLATION TESTING

A 41365
P _____

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

(BORDERS TRIADELPHIA WOODS)

DISTRICT _____
DATE 3-30-88

Jack Fyock - perc

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 Wester A. Twigg, Jr. 531-2267
ADDRESS 12668 Triadelphia Road, Ellicott City, MD 21043 PHONE 531-2267
PROSPECTIVE BUYER Gary J. and Carol L. Smith
ADDRESS 9759 Good Luck Road, Lanham, MD 20706 PHONE 794-6837

PROPERTY LOCATION:

SUBDIVISION Farm 296¹/₁₀₀ acres LOT NO. _____
ROAD AND DESCRIPTION North side Triadelphia Road between Rtes. 32 & Rte. 144

TAX MAP 22 PARCEL # 109

SIZE OF LOT 3 acre TYPE BLDG Single Family Dwelling
(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. Wester A. Twigg, Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/26/88 Perc OK Hold for Subdivision
Plot B/H Existing Household & Extra 3/4 Acre
acre lot RH

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A 41365

P _____

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

DISTRICT _____

DATE 3-30-88

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 Lester A. Twigg, Jr.

ADDRESS 12668 Triadelphia Road, Ellicott City, MD 21043 PHONE 531-2267

PROSPECTIVE BUYER Gary J. and Carol W. Smith

ADDRESS 9759 Good Luck Road, Lanham, MD 20706 PHONE 794-6837

PROPERTY LOCATION:

SUBDIVISION Farm 29⁶⁴/₁₀₀ acres LOT NO. _____

ROAD AND DESCRIPTION North Side Triadelphia Road between Rte 32 and Rte. 144

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3 acre TYPE BLDG Single Family Dwelling
(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.

Lester A. Twigg, Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

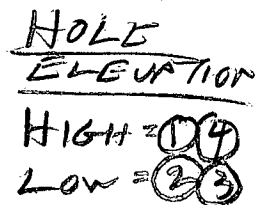
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TRIDELPHIA RIT

[illegible]

REMARKS

TYPE OF SOIL

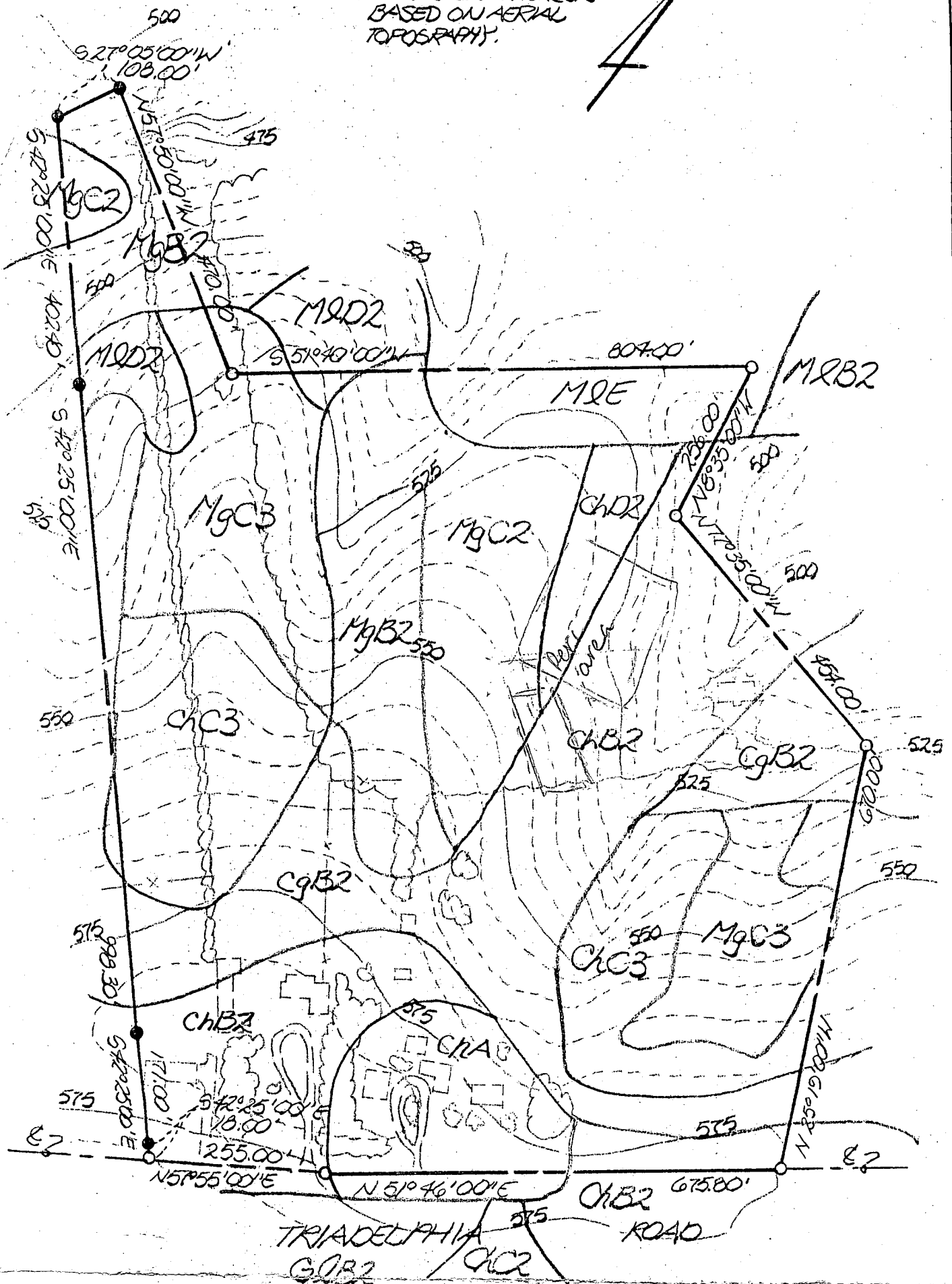
TESTED BY

R. Hodges

ALSO PRESENT

JACK 7290 UR 8 PL 67
PRESENT 1 TW 68

1. BOUNDARY SHOWN HEREON
BASED ON DEED PLOTTING.
2. TOPO SHOWN HEREON
BASED ON AERIAL
TOPOGRAPHY.



TITLE: <i>PROPERTY PLAT</i>				
PROJECT: <i>TWIGG PROPERTY</i>				
LOCATION: <u>3RD</u> ELECTION DISTRICT <u>HOWARD</u> CO., MD.				
SCALE: <i>1"=200'</i>	DESIGNED BY: —	DRAWN BY: <i>J.C.O.</i>	CHECKED BY: <i>D.M.R.</i>	DATE: <i>MARCH, 1988</i>
FIELD BOOK: —	PAGE NO.: —	JOB NO.:		DRAWING NO.: <i>10F1</i>

boender associates
inc.
consulting engineers
land surveyors
land planners

COURTHOUSE SQUARE
3565 ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD. 21043
(301) 465-7777

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

June 3, 1988

Mr. Lester A. Twigg, Jr.
12668 Triadelphia Road
Ellicott City, Maryland 21043

RE: Percolation Testing
12668 Triadelphia Road
Tax Map 22 Parcel 109

Dear Mr. Twigg:

Percolation testing conducted May 26, 1988 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified elevations and locations of percolation test holes.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Tax Assessment Office

CURVE	FROM	TO	PC	PT	LEN	CHORD
Δ	12	22	126.216'	07°12'25"	206.498	103.400 547°08'00"W 206.470'
Δ	22	24	1232.216'	09°14'00"	198.576	99.603 546°58'46"W 198.365'
Δ	24	26	2804.391'	07°05'02"	346.700	173.370 548°54'16"W 346.478'

TOTAL AREA: 20.99265 ac. =
1,306,479.94

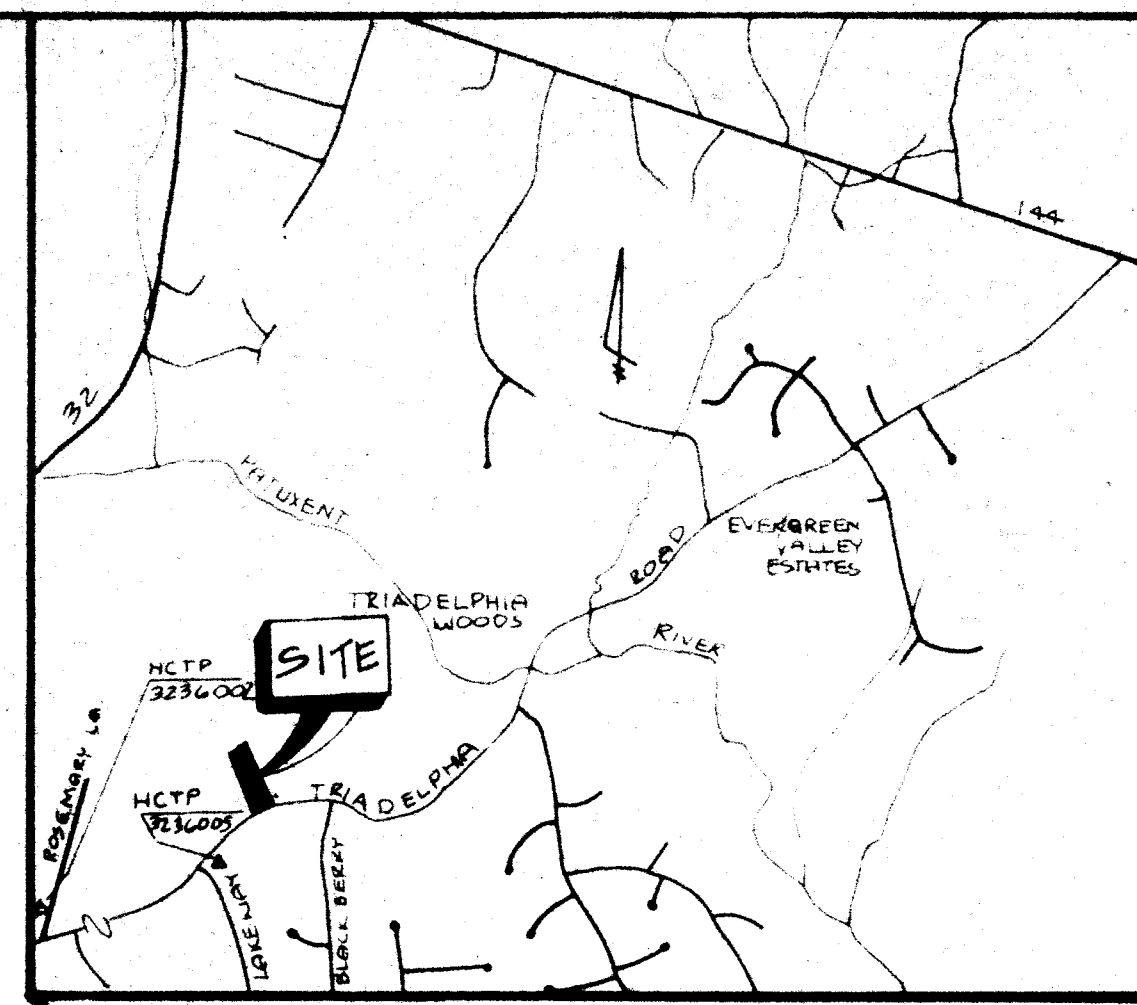
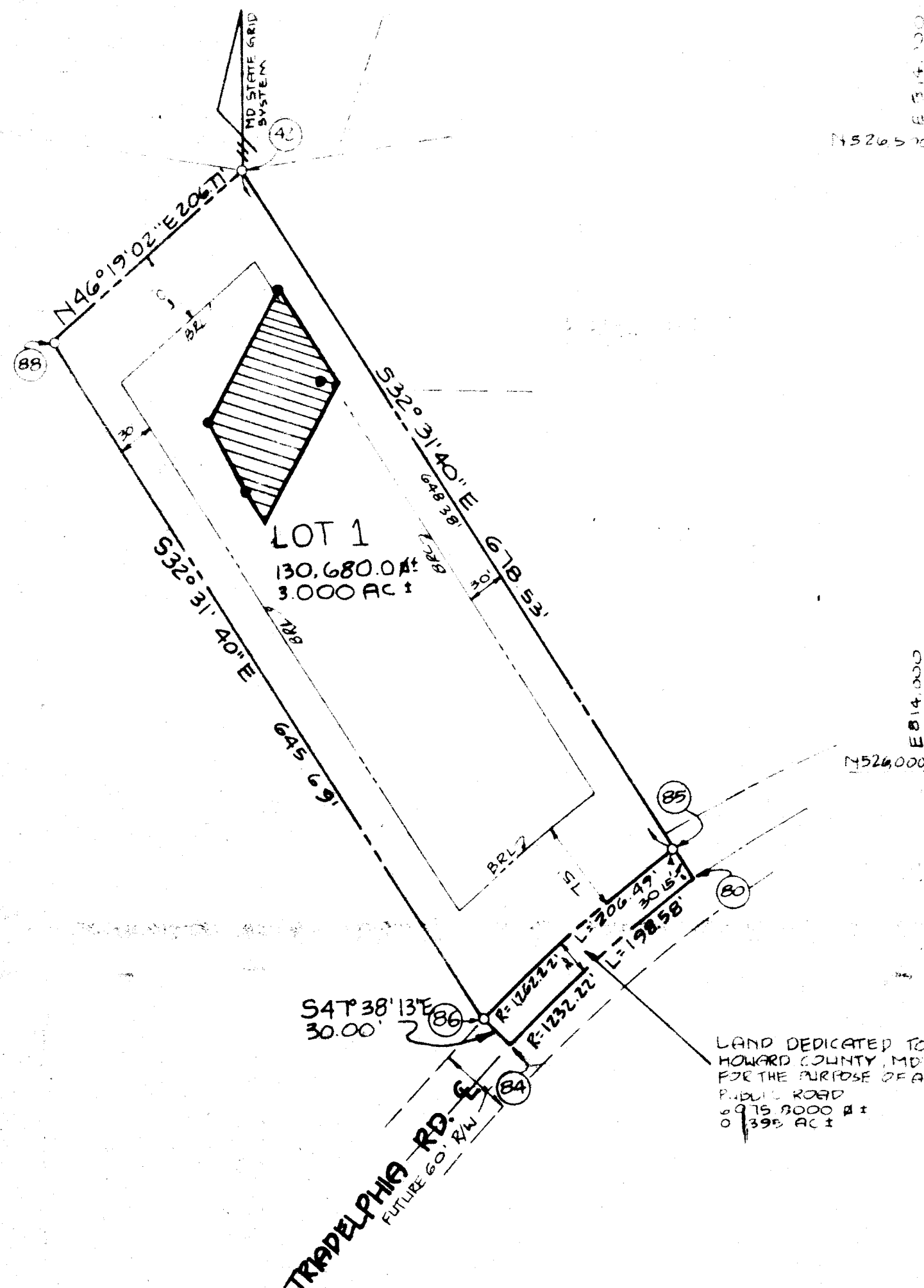
NET AREA REMAINING: 26.95317 ac. =
1,769,724.14

ROAD R/W TO BE
DEDICATED: 6075.84'
= 0.13942 AC ±

OUTLINE WORKSHEET
TWIGG PROP
1"=100'

COORDINATES		
PT	NORTH	EAST
42	526485.437	813440.370
80	525913.344	813811.429
84	525778.010	813666.406
85	525438.768	813795.215
86	525798.225	813644.238
88	526342.628	813297.045

N526500



VICINITY MAP

SCALE 1"=2000'

NOTES

- MARYLAND STATE GRID SYSTEM COORDINATE VALUES BASED ON HOWARD COUNTY TRAVERSE POINTS 3236002 AND 3236005.
- SUBJECT PROPERTY ZONED R AS PER 8/2/85 COMPREHENSIVE ZONING PLAN.
- DESIGNATES PERC TEST
- 0 DESIGNATES IRON PIPE OR IRON BAR.
- ☒ THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 \pm AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE. IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCE FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
- PROPERTY SUBJECT TO WP-89-03, GRANTED ON SEPTEMBER 13, 1989, TO ALLOW RECORDATION OF A 3 A. RES LOT WITHOUT SHOWING THE RESIDUE PROPERTY ON PLAT.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE.
- THERE ARE NO STREAMS OR WETLANDS ON LOT 1.
- LOT 1 IS A PART OF PARCEL 109, TAX MAP 22. THE RESIDUE OF PARCEL 109, SHALL BE KNOWN AS LOT 2.

TABULATION OF FINAL PLAT

TOTAL NO. OF LOTS AND/OR PARCELS TO BE RECORDED: 1
 TOTAL AREA OF LOTS AND/OR PARCELS: 3.0000 AC \pm 130,680 \pm ft²
 TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPES: 0.1395 AC \pm 6078.80 \pm ft²
 TOTAL AREA OF SUBDIVISION TO BE RECORDED: 3.1395 AC \pm 136,758.80 \pm ft²

1
 3.0000 AC \pm 130,680 \pm ft²
 0.1395 AC \pm 6078.80 \pm ft²
 3.1395 AC \pm 136,758.80 \pm ft²

CURVE DATA

FROM	TO	RADIUS	DELTA	LENGTH	TANGENT	CHORD	DISTANCE
85	86	1,262.22'	09°22'15"	206.50'	109.48'	547°02'58"W	206.28'
80	84	1,232.22'	07°14'00"	198.58'	99.58'	546°58'46"W	198.36'

RECORDED PLAT 8800#
 ON 9-1-89 AMONG THE LAND RECORDS OF
 HOWARD COUNTY, MD.

APPROVED: FOR PRIVATE WATER & PRIVATE SEWAGE. HOWARD COUNTY HEALTH DEPARTMENT.

Joselyn Bogdan 7-24-89
 COUNTY HEALTH OFFICER 72 DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING & ZONING.

W. H. H. 7-29-89
 DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS & PUBLIC ROADS. HOWARD COUNTY DEPT. OF PUBLIC WORKS.

James P. Shum 7/27/89
 DIRECTOR DATE

OWNER'S CERTIFICATE

WE, ELEANOR L. TWIGG, LESTER A. TWIGG JR., AND JERRY B. TWIGG, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MD., ITS SUCCESSORS AND ASSIGNS (1) THE RIGHTS TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES, AND OTHER MUNICIPAL UTILITIES IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE, WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY, MD. TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE, WHERE APPLICABLE, (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SEPTIC PURPOSE OF THERE CONSTRUCTION, REPAIR AND MAINTENANCE, AND (4) THAT NO BUILDING SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED WITHIN OUR HAND, THIS 20TH DAY OF APRIL 1989.

ELEANOR L. TWIGG DATE
 LESTER A. TWIGG JR. DATE
 JERRY B. TWIGG DATE

WITNESSES
 WITNESSES
 WITNESSES

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF PART OF THE LANDS CONVEYED BY JOSHUA W. MILES TO ELEANOR L. TWIGG, LESTER A. TWIGG JR., AND JERRY B. TWIGG, BY DEED DATED JUNE 24, 1965 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MD. IN LIBER 437 FOLIO 566, AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED.

SCOTT SHANABARGER
 PROFESSIONAL LAND SURVEYOR
 #10849 DATE

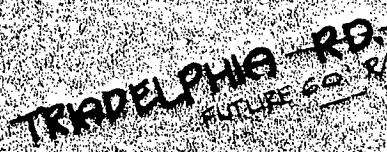
SHANABARGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITES 106 & 107
 ELLICOTT CITY, MD. 21043
 (301) 461-9563

FINAL PLAT
 TWIGG SUBDIVISION
 LOT 1

3RD ELECTION DISTRICT
 HOWARD COUNTY, MD.
 TAX MAP 22, PART OF PARCEL 109
 ZONING - R
 SCALE: 1"=100'
 DATE: 4/27/1989

SHEET 1 OF 1
 WP-89-03

F-89-211



8726 TOWN & COUNTRY BLVD
SUITES 106 & 107
ELICOTT CITY, MD. 21043
(301) 461-9563

3RD ELECTION DISTRICT
HOWARD COUNTY, MD
TAX MAP 22, PART OF PARCEL 109
ZONING - R
SCALE 1"=100'
DATE 4/27/1989

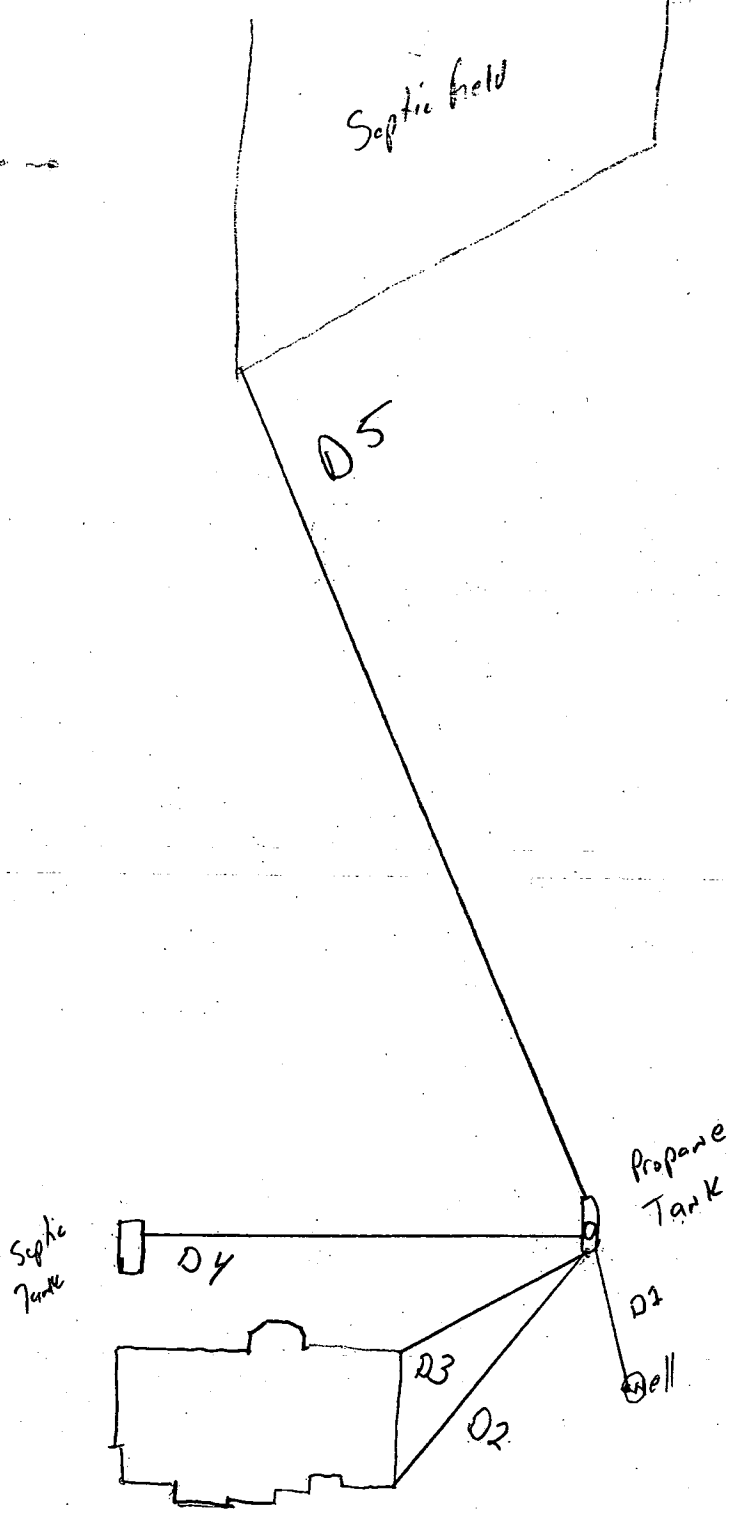
WP-89-03

12640 Triadelphia Road
Ellicott City, Md.

- D1 From tank to well is 35'
- D2 " " " corner of house is 75'
- D3 " " " " " " " 52'
- D4 " " " septic tank is 110'
- D5 " " " " Field is 230'

3/10/05 B00152529
Proposed CP tank location
OK
(KJB)

Scale is 1" = 50'



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00154439	
Building Address <u>12640 TRIADAPLHIA RD.</u> <u>ELLCOTT CITY, MD.</u>				Property Owner's Name <u>MUELLER HOMES</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____				Address <u>12800 FREDERICK RD.</u>	
Census Tract _____ Subdivision <u>TWIG</u>				City <u>WEST FRIENDSHIP</u> State <u>MD</u> Zip Code _____	
Section _____ Area _____ Lot <u>1</u>				Home Phone <u>410 442 1455</u> Work Phone _____	
Tax Map <u>22</u> Parcel _____ Grid _____				Applicant's Name & Mailing Address, (if other than stated hereon): _____	
Zoning <u>RES</u> Map Coordinates _____ Lot size <u>3 ACRES</u>				Phone _____ Fax _____	
Existing Use <u>SINGLE FAMILY HOME</u>				Contractor Company <u>MUELLER HOMES</u>	
Proposed Use _____				Contact Person <u>CARSON ARNOLD</u>	
Estimated Construction Cost \$ <u>4,000</u>				Address <u>12800 FREDERICK RD.</u>	
Description of Work <u>BUILD 100' DECK AT THE</u> <u>BACK OF A NEW HOME</u>				City <u>WEST FRIENDSHIP</u> State <u>MD</u> Zip Code _____	
Occupant or Tenant <u>MUELLER HOMES</u>				License No. <u>22</u>	
Contact Name <u>CARSON ARNOLD</u>				Phone <u>410 442 1455</u> Fax _____	
Address <u>12800 FREDERICK ROAD STE. 201</u>				Engineer or Architect Company _____	
City <u>WEST FRIENDSHIP</u> State <u>MD</u> Zip Code _____				Contact Person _____	
Phone <u>410 442 1455</u> Fax _____				Address _____	
				City _____ State _____ Zip Code _____	
				Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>5</u> Height: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ 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.

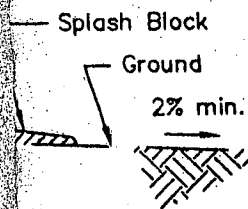
<u>[Signature]</u> Applicant's Signature	<u>CARSON ARNOLD</u> Print Name
_____	<u>6.15.05</u> Date
Title/Company	_____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

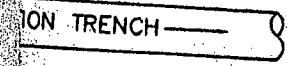
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development: DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering: DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>6/15/05</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T: 410/313-3800				Gold: SHA

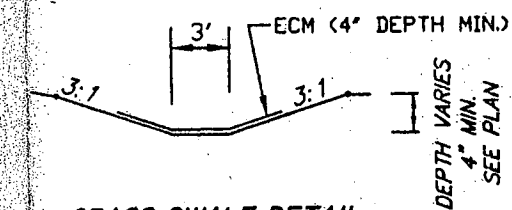
pe at Each Downspout
d if invert > 563.25 and
rown of roof leader
cover)



leader (typ) @ 1% min.



T SURCHARGE DETAIL
NTS



GRASS SWALE DETAIL
SECTION A-A (TYP)
NOT TO SCALE

PROVIDE "ROUNDING" AT TOP AND BOTTOM
WALE SIDESLOPES FOR NATURAL APPEARANCE.

DEVELOPER:

MUELLER HOMES, INC.
12800 FREDERICK RD
WEST FRIENDSHIP, MD. 21794

OWNER

CAROL SMITH
206 W. ELM. ST.
WEST UNION, IA 52175

APPROVED

WALK-THRU BUILDING PERMIT

BP# 800154439 A# 91365

APP. SAN AD3 DATE: 6/15/05

DESC. OF WORK: Build 100' x 100' deck

8800

G 9104

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3470 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00151332 KN

Building Address 12640 TRIADDELPHIA RD.Property Owner's Name CAROL L SMITHELICOTT CITY, MD 21042Address 206 W. ELM ST.Suite/Apt. #: TAXID # 03-315274 SDP/WP/Petition #:City WEST UNION State IA Zip Code 52175-1312Census Tract 603000 Subdivision TRIGG SUBDIVISIONHome Phone 410 442 1455 Work Phone 410 442 1455Section 1 Area 1 Lot 1

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 22 Parcel 552 Grid 5CARSON ARNOLDZoning RRD Map Coordinates 10C8 Lot size 3.0P.O. Box 115Existing Use HOME VACANT LOTWEST FRIENDSHIP, MD 21794Proposed Use RES. LOT 2/ SFH NEW SFHContractor Company MUELLER HOMES, INC.Estimated Construction Cost \$ 300,000Contact Person CARSON ARNOLDDescription of Work NEW 2 STORY CUSTOMAddress P.O. Box 115HOME WITH UNFINISHED BASEMENT w/ NRICity WEST FRIENDSHIP State MD Zip Code 217944 BED, 4 BATH, 3 CAR GAR, 1 F/P,License No. 22Occupant or Tenant MUELLER HOMESPhone 410 442 1455 Fax 410 442 1873Contact Name CARSON ARNOLDEngineer or Architect Company LETKE DESIGN + CONSULTINGAddress P.O. Box 115Contact Person TONY LETKECity WEST FRIENDSHIP State MD Zip Code 21794Address P.O. Box 115Phone 410 442 1455 Fax 410 442 1873City WEST FRIENDSHIP State MD Zip Code 21794Phone 410 442 1455 Fax 410 442 1873BUILDING DESCRIPTION - COMMERCIALBUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Private <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads <input type="checkbox"/>	

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth	Width	Public <input type="checkbox"/>	
1st floor: <u>48'</u>	<u>72'</u>	Private <input type="checkbox"/>	
2nd floor: <u>42'</u>	<u>72'</u>	Sewage Disposal:	
Basement: <u>48' 10"</u>	<u>72' 8"</u>	Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms <u>4</u>		Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Multi-family dwellings:		Heating System:	
No. of efficiency units: <u> </u>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of 1 BR units: <u> </u>		Natural Gas <input type="checkbox"/>	
No. of 2 BR units: <u> </u>		Propane Gas <input checked="" type="checkbox"/>	
No. of 3 BR units: <u> </u>		Sprinkler system: N/A <input checked="" type="checkbox"/>	
Other Structure: <u> </u>		NFPA #13D <u> </u>	
Dimensions: <u> </u>		NFPA #13R <u> </u>	
Footings: <u> </u>		Other: <u> </u>	
Roof: <u> </u>			
<input type="checkbox"/> State Certified Modular			
<input checked="" type="checkbox"/> 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

PROJECT MANAGER/MUELLER HOMES

Title/Company

Print Name

CARSON ARNOLD

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>12/18/04</u>	<u>Kacie Noonan</u>
<input checked="" type="checkbox"/> Fire Protection		

YES ☒ NO ☐CONTINGENCY CONSTRUCTION START: ☐ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone	
SDP/Red-line approval date	

PROPERTY ID#

Filing fee \$	<u>100</u>
Permit fee	\$
Excise tax	\$
Add'l per. fee	\$
TOTAL FEES	\$
Sub-total paid	\$
Balance due	\$
Check	# <u>925</u>
Validation	# <u>31073</u>

Accepted by 02

Distribution of Copies:

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T: forms/ PERMIT FRM

Rev 5/17/00

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No: 115

REQUESTER:

Mueller Homes, Inc.
12800 Frederick Road Suite 201
P.O. Box 115
West Friendship, MD 21794

REPORT DATE: May 25, 2005

County Howard

Lab Number 05-2565

Sample Iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

Property Sampled: U&O: 12640 Triadelphia Road

Station Sampled: 1st Floor Bathroom Tap

Date/Time Sampled: May 24, 2005 12:20 pm

Owner, Telephone No.: Spec

Subdivision Name: Twigg Subdivision

Building Permit No.: B00151332

Well Number: HO-94-4040

Tax Map #: 22

Parcel #: 552

Sampler: 6724GP

Lot Number: 1

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	3.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	2.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.2 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE
(18 Hour Test)				

Treatment/Conditioning: NONE

***A non-enforceable parameter that may cause cosmetic effects or
aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



Howard County
Health Department

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

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

June 29, 2005

Carol L. Smith
206 W. Elm Street
West Union, IA 52175-1312

RE: Twigg, Lot 1
12640 Triadelphia Road
Ellicott City, MD 21042
BP #: B00151332
Well Permit # HO-94-4040

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/03/2005. Final approval of the well line connection to the dwelling was approved on 06/24/2005.**

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

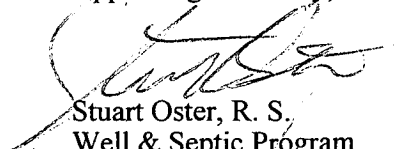
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-4040. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

Date of Water Sample(s): 05/24/2005
Date of Well Completion: 11/03/2004

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File