

10/11/01
10:00
Eayor

10/15/01
PM Final

ISSUE DATE: 9/5/2001

PERMIT

P 516017-A

APPROVAL DATE: 10/13/01

A 32284

INDEXED

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

Whitworth Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS: 12680 Clarksville Pike, Clarksville PHONE NUMBER: 410-531-5033

SUBDIVISION: Jocelyn Acres LOT NUMBER: 12

ADDRESS: 6514 Mink Hollow Road PROPERTY OWNER: Catoctin Homes

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 6.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the right rear lot corner as seen from the front of the house, place the distribution box 175' down the right lot line and 95' off this same lot line. Run (3) trenches on contour toward the right lot line.
NOTES:	

PLANS APPROVED: MER 6/8/01 OK (BB) DATE: 6/11/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

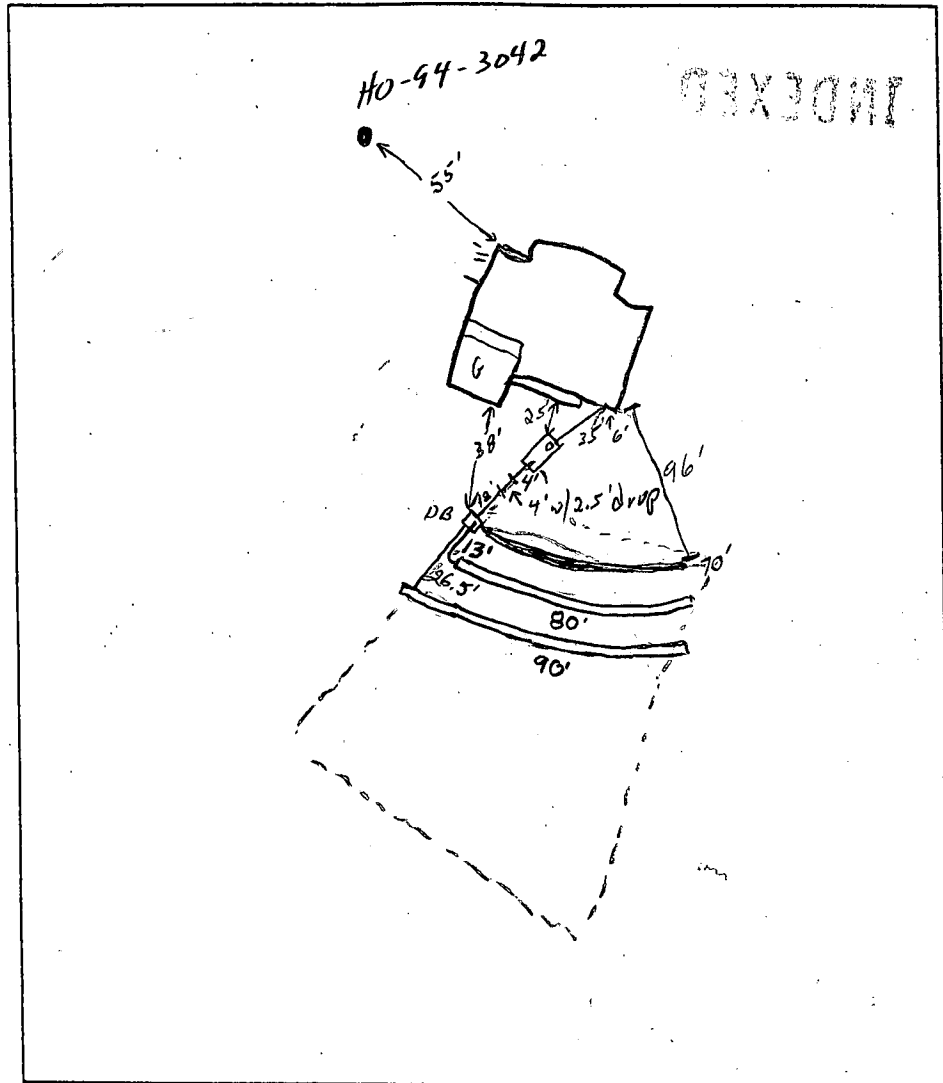
BUILDING PERMIT SIGNED 10-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED 7-10-02

B00137360-UG PROPANE TANK

A32284

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 4.5'
 TRENCH BOTTOM DEPTH 6.5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720 ft²
 DISTRIBUTION BOX LEVEL ✓
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER NO
 6 INCH INSPECTION PORT 18"

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM N/A
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 10/11/01 House outlet moved, Changed placement of S.T. as shown on plat (se)

INSPECTION COMMENTS: 10/12/01 OK to continue work (ee)

10/13/01 System appears satisfactory, O.K. to cover. (BB)

10/13/01 WPI O.K. (BB)

BUILDING PERMIT SIGNED AND RETURNED

INSPECTOR B. Baber

DATE SYSTEM APPROVED 10/13/01

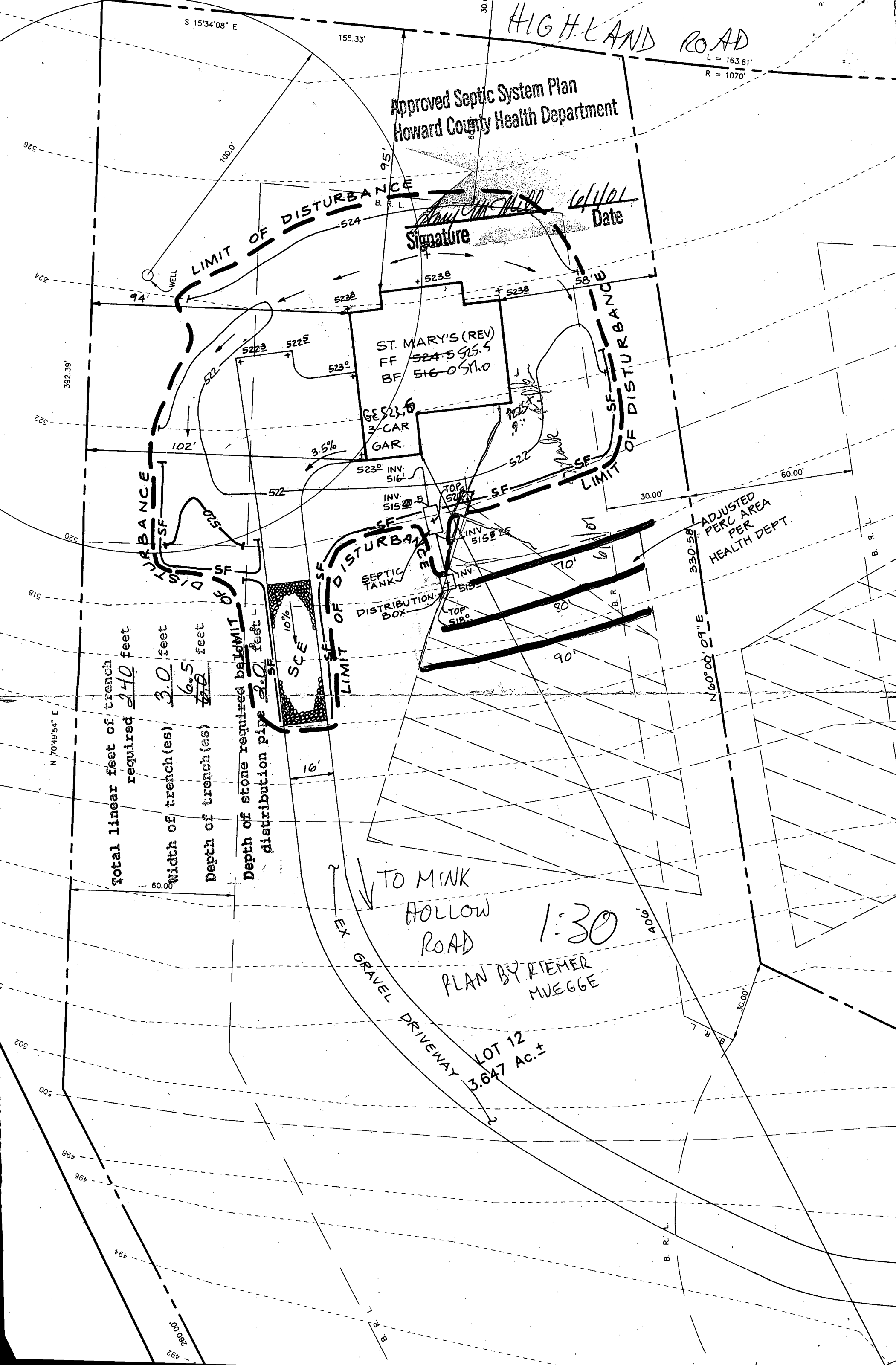
10/13/01

HIGHLAND ROAD

L = 163.61'
R = 1070'

Approved Septic System Plan
Howard County Health Department

Signature _____
Date 10/10/01



total linear feet of trench required 240 feet
width of trench(es) 3.0 feet
depth of trench(es) 6.5 feet
depth of stone required below distribution pipe 2.0 feet
distribution pipe 2.0 feet

SCE 10%

TO MINK HOLLOW ROAD
EX. GRAVEL DRIVEWAY
PLAN BY RIEMER MUEGGE
1:30

LOT 12
3.647 AC.±

ADJUSTED PERC AREA PER HEALTH DEPT.

Building Address: ~~2777~~ MINK HOLLOW RD
HIGHLAND MD 20777

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 605101 Subdivision DEERWATER ACRES

Section N/A Area N/A Lot 12

Tax Map 34 Parcel 308 Grid 21

Zoning RR-DEU Map Coordinates 13E10 Lot size _____

Property Owner's Name CATCOTN Homes Inc
 Address PO Box 512
 City Ellicott City State MD Zip Code 21041
 Home Phone _____ Work Phone 410 772 5804
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME

Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use 5FH DETACHED
 Estimated Construction Cost \$ 120,000.

Description of Work 2 STORY, FULL BASEMENT,
BR, 3 FB, 1 HB, 1 FP 4 BR
3 CAR GARAGE

Contractor Company _____
 Contact Person SAME AS ABOVE
 Address _____
 City _____ State _____ Zip Code _____
 License No. 579
 Phone _____ Fax _____

Occupant of Tenant _____
 Contact Name N/A
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company ROBERT MUEGGLE
 Contact Person CHRIS REID
 Address 6818 CENTRE PARK DRIVE
 City COLUMBIA State MD Zip Code 21045
 Phone 410 997 8900 Fax 410 997 9282

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ Depth _____ Width <u>55'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____ Depth _____ Width <u>55'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____ Depth _____ Width <u>55'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> LP
Construction type: _____ Reinforced Concrete _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Masonry _____	Natural Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Propane Gas <input checked="" type="checkbox"/>
State Certified Modular _____	Full _____	Multi-family dwellings: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Partial _____	No. of efficiency units: _____	NFPA #13D _____
	Other Suppression _____	No. of 1 BR units: _____	NFPA #13R _____
	# of Heads _____	No. of 2 BR units: _____	Other: _____
		No. of 3 BR units: _____	
		Other Structure: _____	
		Dimensions: _____	
		Footings: <u>2" x 16"</u>	
		Roof: <u>ASP. SHINGLES</u>	
		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 THEREBY; (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 PHILIP G. PARADIS Print Name PHILIP G. PARADIS
PHILIP G. PARADIS, VP
CATCOTN HOMES INC, VICE PRESIDENT
 Title/Company _____ Date 5/21/01

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

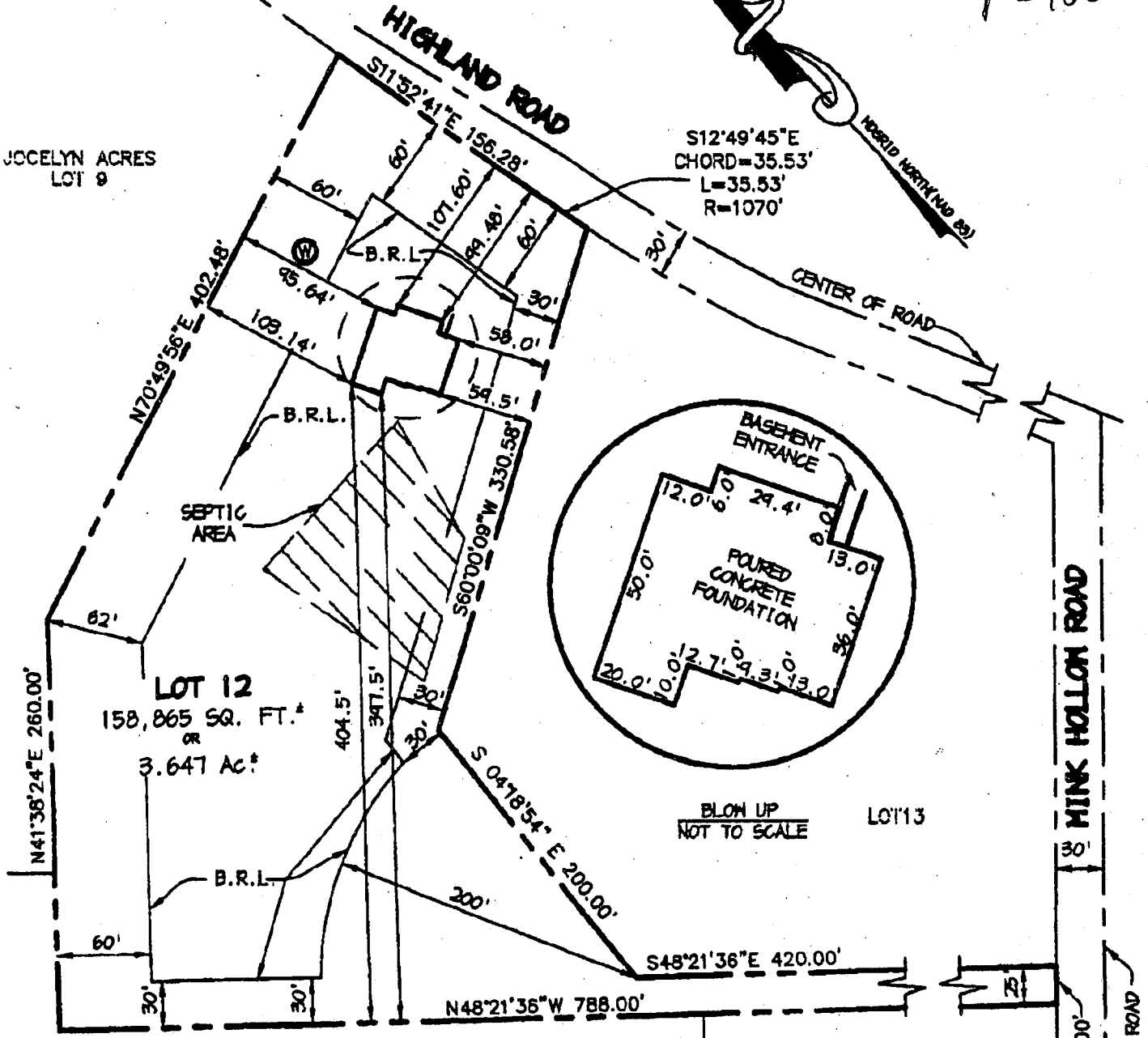
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	50759
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>6/8/01</u>	<u>Mark Riffkin</u>	Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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"/>	TOTAL FEES \$ _____
			Lot Coverage for NewTown Zone _____	Balance due \$ _____
			SDP/Red-line approval date _____	Check # _____
			Accepted by _____	Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

1" = 100'

JOCELYN ACRES
LOT 9



JOCELYN ACRES
LOT 7

8/17/01 House moved
 10' closer to septic easement.
 No effect on setback requirements.
 O.K. (BB)

* FOUNDATION ELEVATION = 532.7
 .R.L. = BUILDING RESTRICTION LINE
 JTE:

- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
- b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.



THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE 'C' (AREA OF MINIMAL FLOODING) AS SHOWN ON E.P.M. MAP No. 240044-0002B DATED 12-04-86

**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: Gartland Plumbing Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
Sykesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joseph Gartland III License# 6352

*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: Catxton Homes Telephone #: 410-772-5804
Subdivision: Jocelyn Acres Lot #: 12 Well Tag #: HO-94-3042
Site Address: 6514 Mink Hollow Rd
Highland, Md 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Caaphell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>26502422</u>	Model#: <u>RA per</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>7</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors of <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input checked="" type="checkbox"/>		

Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>Yes</u> (160 psi min)	Approximate length of sleeve: <u>8'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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: [Signature] date: 1-21-02

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

Date insp. Requested: 10/13/01 Date Insp. Approved: 10/13/01 OK BB

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 grout observed below pitless adapter

C1 0882

SEQUENCE NO. (MDE USE ONLY) 7

1 2 3 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
11/20/01

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. *OK SRU*

COUNTY NUMBER 32284 6/8/01

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-94-3042

OWNER *Catoctin Homes*
STREET OR RFD *Mink Hollow & Highland Rd* TOWN *Highland*
SUBDIVISION *Tocelyn Acres* SECTION _____ LOT *12*

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	
Brown sand	2	50	
Brown Mica	50	90	✓
Sand Stone	90	98	
Brown Mica	98	100	✓
sand Stone	100	120	
Gray Mica	120	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS *29* NO. OF POUNDS *2700*
GALLONS OF WATER *174*
DEPTH OF GROUT SEAL (to nearest foot)
from *0* ft. to *77* ft.
(enter 0 if from surface)

CASING RECORD

casings types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE *ST* Nominal diameter top (main) casing (nearest inch) *6* Total depth of main casing (nearest foot) *79*

OTHER CASING (if used)

EACH CASING	diameter		depth (feet)	
	inch		from	to

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED **Y** **N**

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.

C2 DEPTH (nearest ft.)

EACH CASING	depth (feet)	
	from	to
1	<i>Ho</i>	<i>300</i>
2	<i>78</i>	<i>78</i>
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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 Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) *3*

PUMPING RATE (gal. per min.) *5*

METHOD USED TO MEASURE PUMPING RATE *Bucket*

WATER LEVEL (distance from land surface)

BEFORE PUMPING *28* ft.

WHEN PUMPING *104* 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

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 **29**

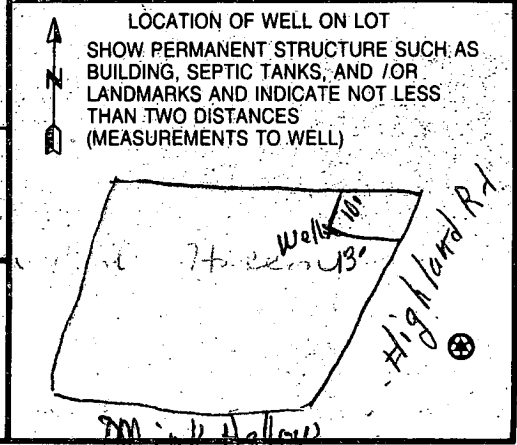
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)

+ above **LAND SURFACE**
- below **(nearest foot)**



DRILLERS LIC. NO. *MWD 040*

Genevieve F. Eastending
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. *MWD 038*

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

4-24-01

Review OK SRU

6/8/01

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3042
 Location of property (road) Mink Hollow Rd & Highland Rd
 Subdivision Jocelyn Acres Lot 12 Block _____ Plat _____ Sec. _____
 Well Driller George Easterday Owner Catcath Homes

Depth of well 300 4gpm
 Distance of measuring point (M.P.) above ground 2 FT
 Static water level (S.W.L.) below M.P. 28 FT

I. High rate pumping -- reservoir drawdown

Time pump started 1145 Pumping rate 15 GPM
 Total time 15 min to reach pumping water level 103 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 gallon bucket	FLOW METER READING (if used) Pump SET	CALCULATED FLOW (gallons per minute)	
200 pm	103 FT	12 sec	295 FT	5 GPM	
215 pm	103 FT	12 sec	}	5 GPM	
230 pm	103 FT	12 sec		5 GPM	
245 pm	103 FT	12 sec		5 GPM	
300 pm	103 FT	12 sec		5 GPM	
315 pm	103 FT	12 sec		5 GPM	
330 pm	103 FT	12 sec		5 GPM	
345 pm	103 FT	12 sec		5 GPM	
400 pm	103 FT	12 sec		5 GPM	
415 pm	103 FT	12 sec		5 GPM	
430 pm	103 FT	12 sec		5 GPM	
445 pm	104 FT	12 sec		295 FT	5 GPM
500 pm	104 FT	12 sec			5 GPM

TESTED BY DR. [Signature]

B 1 0957

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3042

fill in this form completely

Date Received (APA)

03 19 01

OWNER INFORMATION

8541

Catoctin Homes, Inc

15 Last Name Owner First Name 34

P. O. Box 512

36 Street or RFD 55

Ellicott City, Md 21041

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature: George F. Easterday Date: 3/16/2001

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER

PERMIT No. HO-94-3042

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

B 3 LOCATION OF WELL

Howard CC#

8 COUNTY 21

Mink Hollow

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50 12

Highland

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2

73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Highland Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 34 BLK: PARCEL:

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 32284

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 03 21 01

CO SIGNATURE: Steven R. King EXP. DATE 03 21 02

43 MM DD YY 48

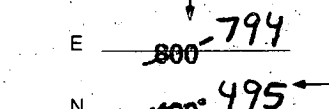
NORTH GRID 495 0 0 0 EAST GRID 794 0 0 0

50 55 57 63

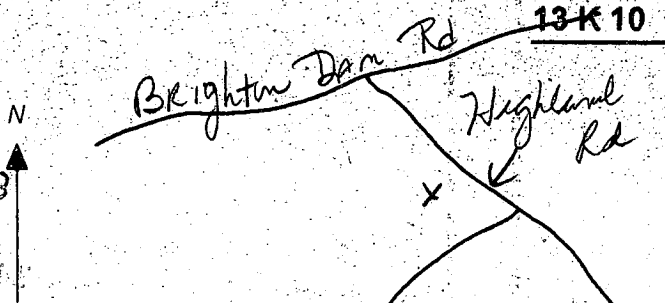
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1.
2. wells
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



APPLICATION

Retest

*11/3/82
9:30 A.M.*

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32284

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11-1-82

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 HIGHLAND Development Corp. Richard Demmitt
ADDRESS 9966 Route 99 Ellicott City PHONE 461-4633

PROPERTY LOCATION:

SUBDIVISION JOCELYN ACRES Sect-1 LOT NO. 8

ROAD AND DESCRIPTION Mink Hollow Rd. near Rt 216

SIZE OF LOT 3+ ACRES TYPE BLDG. ?
(NUMBER OF BEDROOMS)

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. Richard J. Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Pitch DATE 11/22/82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Retest OK

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 _____

EH-12-1079

APPLICATION

Retest

A 32284

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11-1-82

TO: THE COUNTY HEALTH OFFICER
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Richard J Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

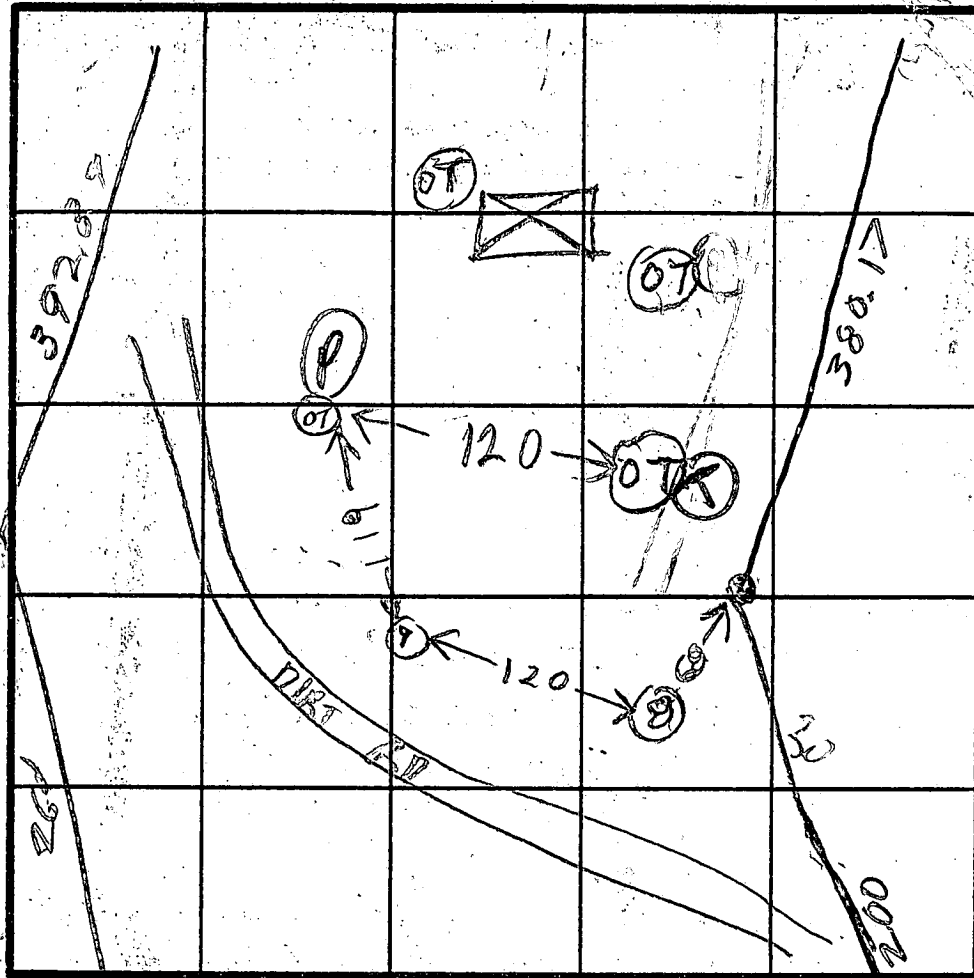
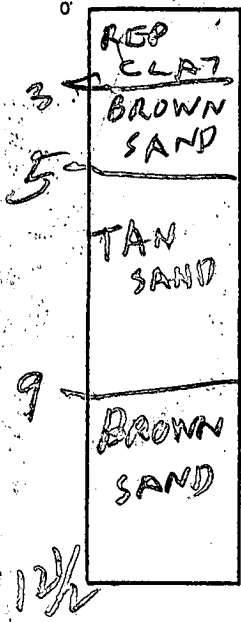
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

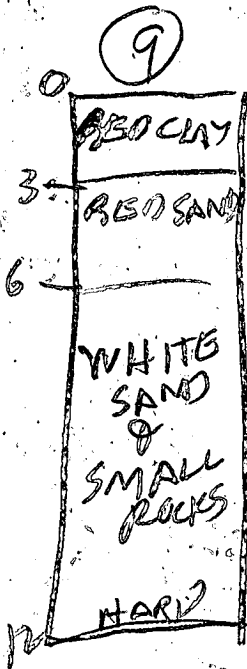
THIS IS NOT A PERMIT

SOIL PROFILE



HOLE ELEVATION
 ⑧ = LOWEST
 ⑨ = NEXT LOWEST
 OT = OLD TEST
 ALL OT ARE HIGHER THAN ⑧ & ⑨
 T = old test
 P = old test

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/82	8 B	8	318	321	321	326	5
11/3/82	8 S	4	323	326	326	330	4
	8 V	12	LOOKS OK SEE SOIL PROFILE				
	9 S	4	349	351	351	353	2
11/3/82	9 V	12	LOOKS OK SEE SOIL PROFILE				

REMARKS System to be Ditch between old test &

TYPE OF SOIL Red test P

TESTED BY R. HODGES

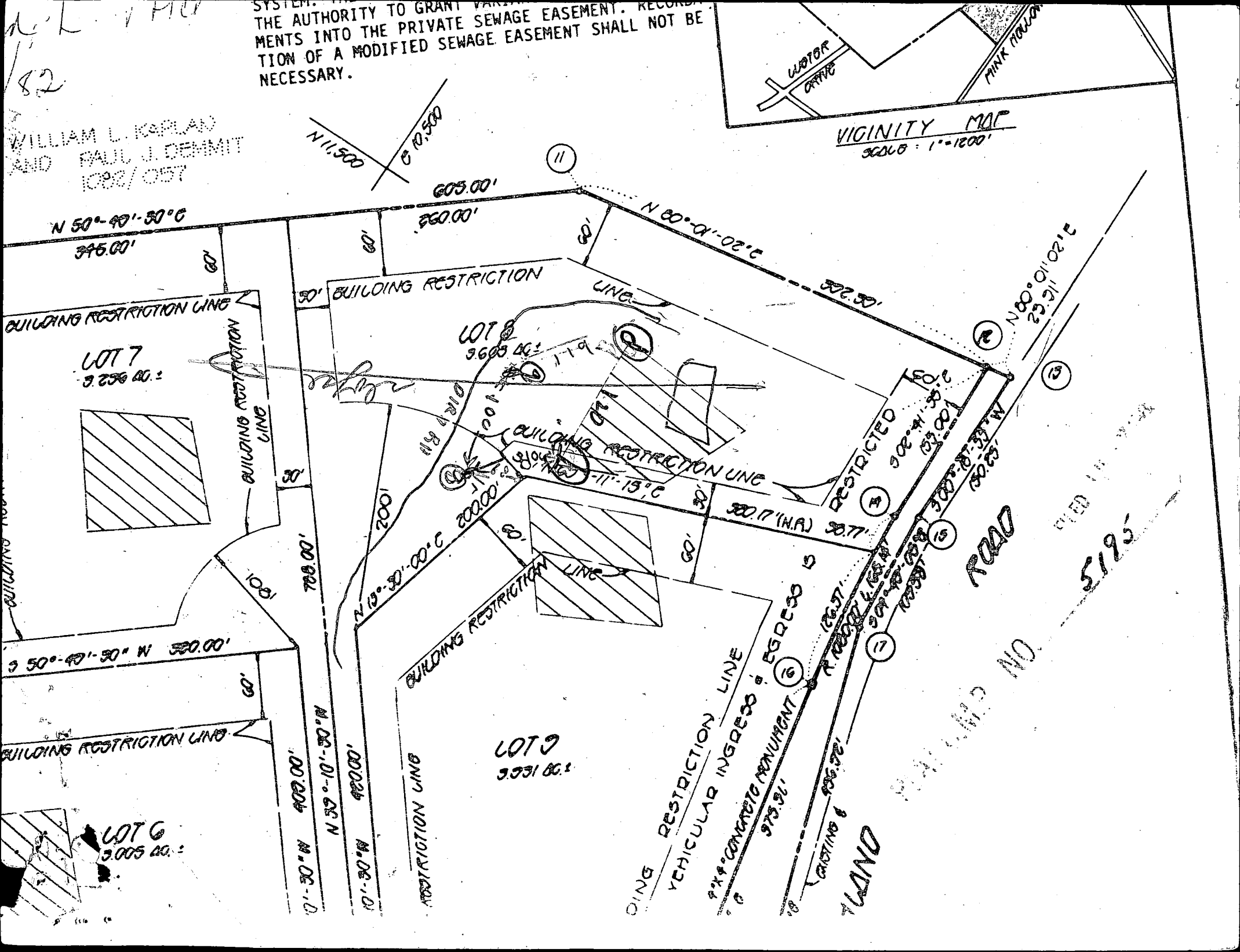
ALSO PRESENT R. DIMMITT C. CISSEL

SYSTEM...
THE AUTHORITY TO GRANT VARIATIONS...
MENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION...
TION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE...
NECESSARY.

82

WILLIAM L. KOPLAND
AND PAUL J. DEMMIT
1082/057

VICINITY MAP
36208 - 1"=1200'



N 50°-40'-30" E
345.00'

N 11.500

E 10.500

605.00'

260.00'

N 80°-01'-02" E
302.50'

BUILDING RESTRICTION LINE

50' BUILDING RESTRICTION LINE

LOT 7
3,256 sq. ft.

LOT 8
3,605 sq. ft.

BUILDING RESTRICTION LINE

RESTRICTED

S 50°-40'-30" W 350.00'

N 13°-30'-00" E
200.00'

BUILDING RESTRICTION LINE

LOT 9
3,331 sq. ft.

BUILDING RESTRICTION LINE
VEHICULAR INGRESS & EGRESS IS
24" CONCRETE PERMANENT
973.36'

LAND

ROAD

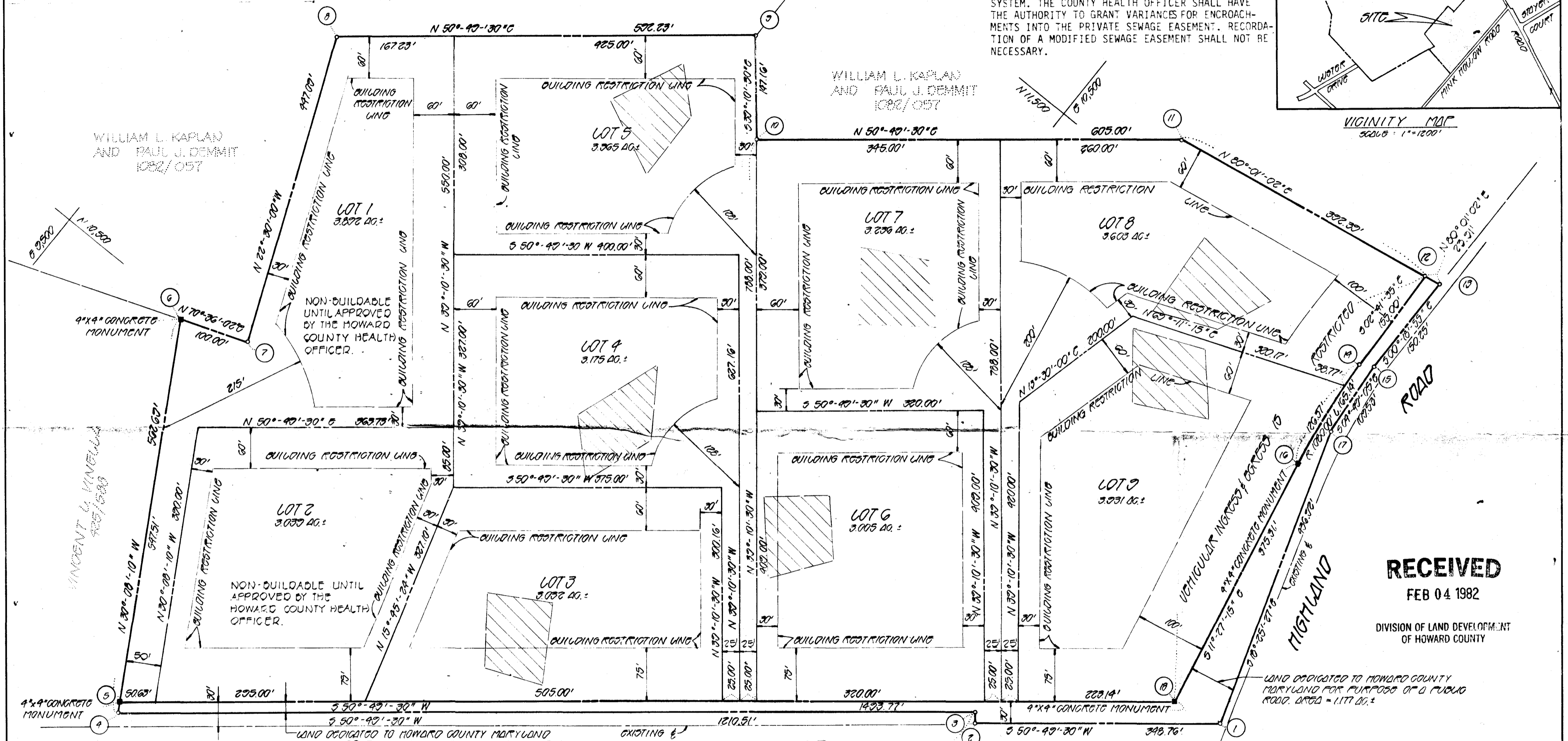
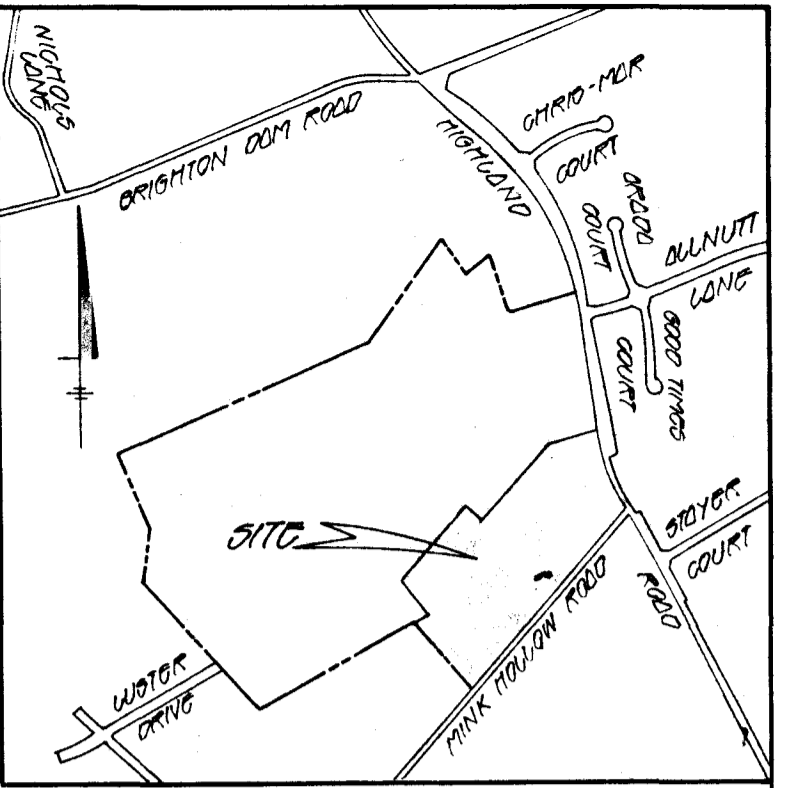
NO. 5195

COORDINATE TABLE					
	NORTH	EAST		NORTH	EAST
1.	10977.379	11213.092	10.	10196.952	10187.618
2.	10757.379	10942.726	11.	11579.126	10656.626
3.	10768.692	10933.242	12.	11647.148	11043.076
4.	10004.023	9994.831	13.	11651.294	11056.631
5.	10017.159	9987.205	14.	11492.319	11050.361
6.	10490.659	9712.325	15.	11501.047	11063.304
7.	10523.874	9806.648	16.	11328.592	11070.678
8.	10936.928	9635.556	17.	11391.904	11075.004
9.	11311.031	11094.661	18.	10960.762	11145.207

CURVE DATA TABLE						
NO. - NO.	RADIUS	LENGTH	TANGENT	CHORD BEARING AND DISTANCE		
14 - 16	1080.00'	163.14'	82.73'	108°45'40"	507°04'25" E	164.36'

- Notes:
- For flag or pipe stem lots, refuse collection, snow removal and road maintenance are provided to the junction of the flag or pipe stem and the road right-of-way line only and not onto the flag or pipe stem driveway.
 - The coordinates shown hereon are based on an assumed datum.
 - This property is zoned "R" per 10/3/77 comprehensive zoning plan.

- NOTES:
- THE LOTSHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
 - THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQUARE FEET 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 EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.



TOTAL NUMBER OF LOTS: 9
 TOTAL AREA OF LOTS: 30,278 AC. +
 TOTAL AREA OF LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR PURPOSE OF A PUBLIC ROAD: 1.177 AC. +
 TOTAL AREA OF SECTION ONE: 31,455 AC. +

LAND DEDICATED TO HOWARD COUNTY MARYLAND FOR PURPOSE OF A PUBLIC ROAD. AREA - 1.177 AC. +

PISTER, GOLLINS AND CARTER, INC.
 CONSULTING ENGINEERS AND LAND SURVEYORS
 8338 COURT AVENUE
 ELLICOTT CITY, MARYLAND 21043
 301-461-2855

RECEIVED
 FEB 04 1982
 DIVISION OF LAND DEVELOPMENT
 OF HOWARD COUNTY

LAND DEDICATED TO HOWARD COUNTY MARYLAND FOR PURPOSE OF A PUBLIC ROAD. AREA - 1.177 AC. +

OWNER & DEVELOPER
 WILLIAM L. KAPLAN & PAUL J. DEMMIT
 3366 MARYLAND ROUTE 33
 ELLICOTT CITY, MARYLAND 21043

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

DIRECTOR _____ DATE _____

APPROVED: FOR STORM DRAINAGE SYSTEMS, AND PUBLIC ROADS, HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

DIRECTOR _____ DATE _____

OWNER'S CERTIFICATE

WE, WILLIAM A. KAPLAN AND PAUL J. DEMMIT, TRUSTEES, 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, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, 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 TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; AND (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHT-OF-WAYS. WITNESS MY HAND THIS _____ DAY OF _____

William L. Kaplan
 WILLIAM L. KAPLAN

Paul J. Demmit
 PAUL J. DEMMIT

Herbert John Mene
 WITNESS

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 PHILIP A. MANGLITZ TO WILLIAM L. KAPLAN AND PAUL J. DEMMIT BY DEED DATED DECEMBER 8, 1981 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1082 AT FOLIO 057 AND THAT ALL MONUMENTS ARE IN PLACE AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED.

Ronald B. Carter
 RONALD B. CARTER LS#10704

1-18-1982
 DATE

JOCELYN ACRES
 SECTION ONE *revised 2/5/82*
 LOTS 1 TO 9 *O.K. as to 5/82*

FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 TAX MAP 34 PART OF PARCEL 61
 JANUARY 11, 1982 SCALE 1"=100'

UNSIGNED

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 31355

P _____

DISTRICT 5th

DATE APRIL 29, 1981

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 MANGLITZ AND ASSOCIATES

ADDRESS P.O. BOX 701 ADELPHI, MARYLAND 20783 PHONE 653-0804

PROPERTY LOCATION:

SUBDIVISION JOCELYN ACRES LOT NO. NEW 8 SECT I

ROAD AND DESCRIPTION NORTHWEST CORNER OF HIGHLAND ROAD AND MINK HOLLOW ROAD

SIZE OF LOT 3.2 AC. ± TYPE BLDG. SINGLE FAMILY
(NUMBER OF BEDROOMS)

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.

Charles J. Jones Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

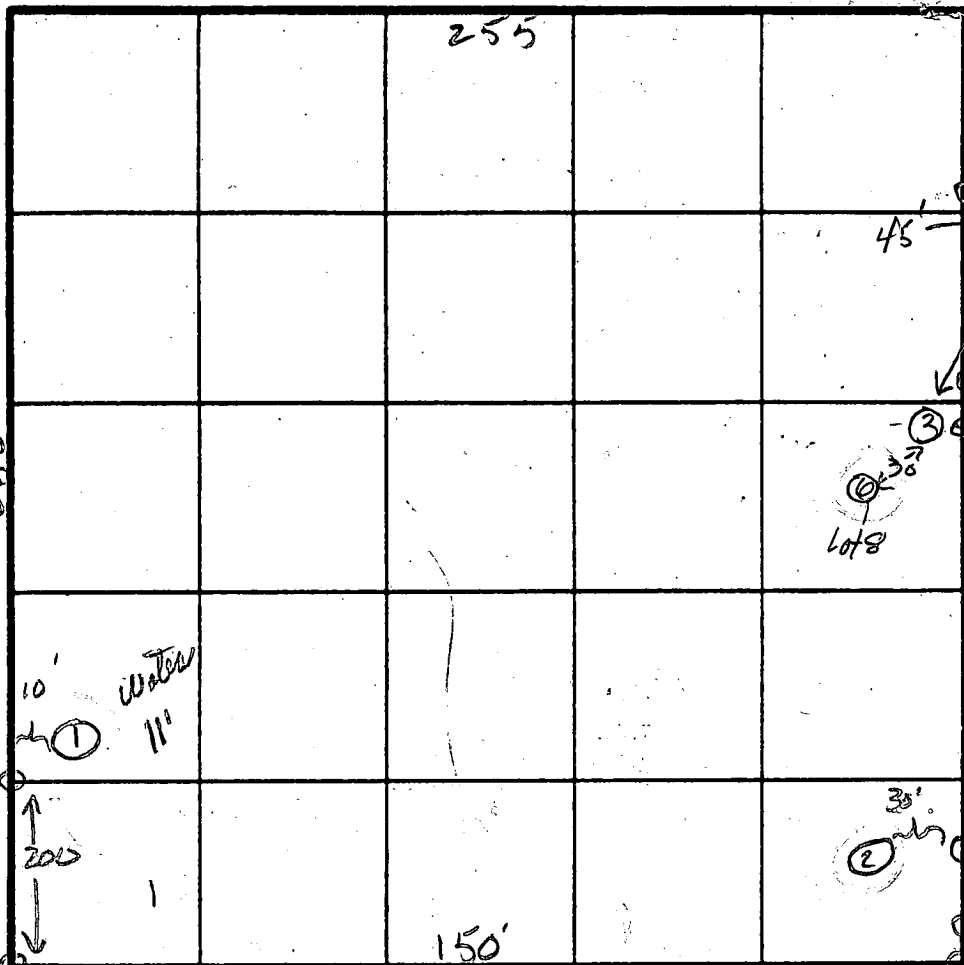
HOLD PENDING FURTHER TESTS Stephen Noel DATE 5/11/81

REASONS FOR REJECTION OR HOLDING Further test, high water table
8/18/81 Hold for lot revision House + well site
file OR-SK-1

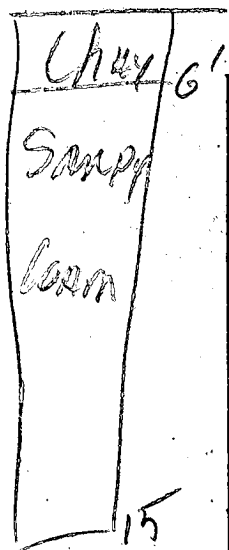
THIS IS NOT A PERMIT

#7

SOIL PROFILE



3150



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Mink Hollow Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/8/81	S ①	3'	1:25	1:41	Abort	2:07	1/2	FAIL
		4'	2:10	X X X X X X X X	X X X X X X	3/4	U FAIL	
	①	11'	WATER					
	S ②	4'	2:36	Abort	2:50		No Prec	Fail
	M ②	15'	WATER		14'			
	3 S	6 1/2'	1:31	1:33	1:33	1:38	5	E=5'
		10 1/2'	1:33	1:34	1:34	1:37	3	
	4 S	6'	2:23	2:25		2:30	5	inlet
		10'	2:26	2:28	2:28	2:33	5	
	5 S	5 1/2'	2:53	2:55	2:55	3:01	6	effective
		9 1/2'	2:55	2:57	2:56	2:59	3	
	⑥	17'						6'
	⑥	Clay to 6'	Rock at 10'	solid at 12'				FAIL
	7U	Clay to 6'	Very sandy loam	to 15'				

REMARKS

Wooded lot. Lot lines staked every 100'

TYPE OF SOIL

Heavy clay to 5 or 6' good sandy loam to 15'

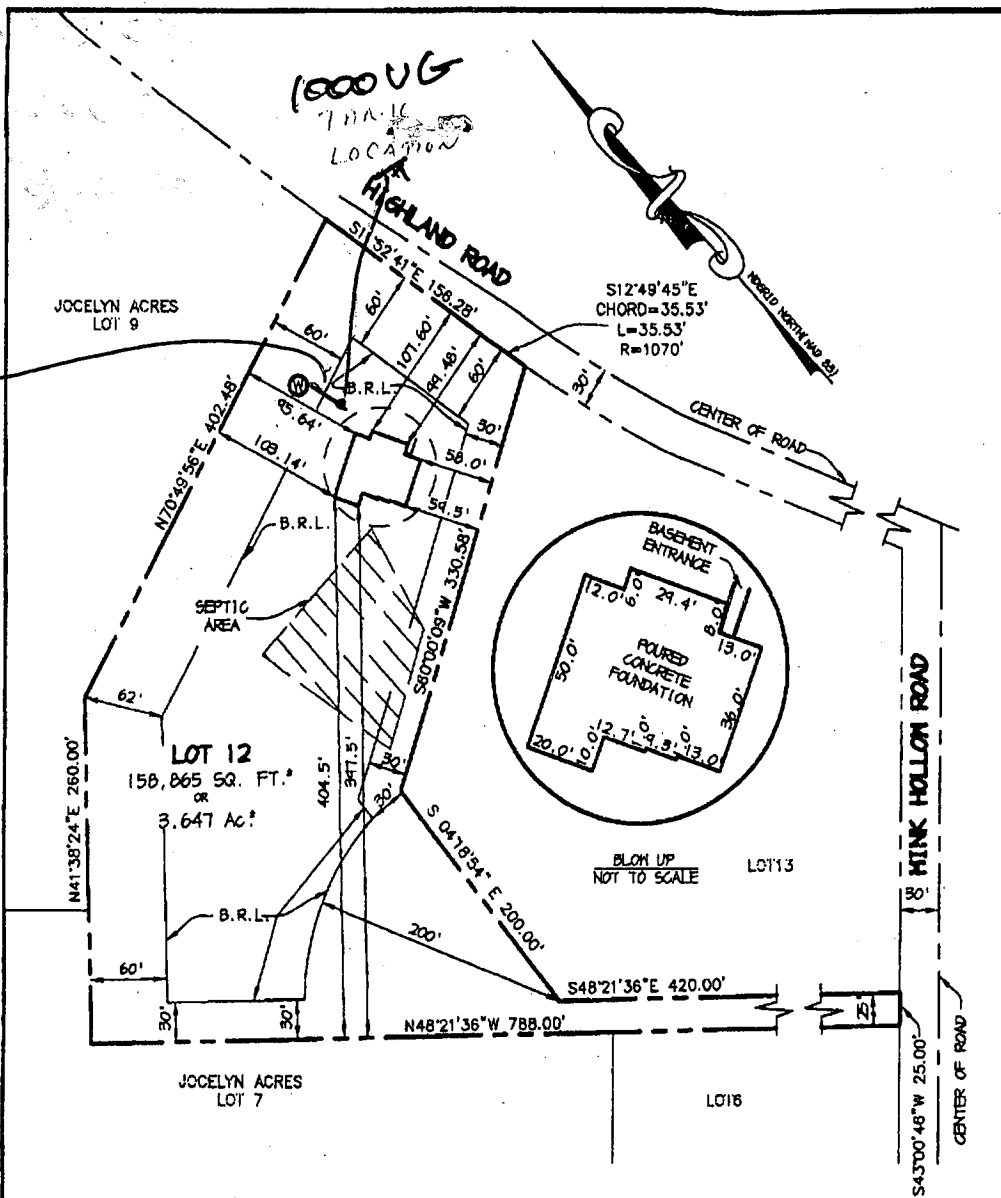
TESTED BY

SK 5/8/81

ALSO PRESENT

Joe Morcen, Jack Fryck
Skip + Bob of Fryck

800/37360
 7/10/02
 Maintain
 30' to
 ex. well
 to LP tank
 OKSRK



TOP FOUNDATION ELEVATION = 532.7

B.R.L. = BUILDING RESTRICTION LINE

NOTE:

- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
- b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.



THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE 'C' (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0032B DATED 12-04-86 FOR HOWARD COUNTY, MARYLAND.

Jeffrey L. Cooper
 JEFFREY L. COOPER #418

RIEMER MUEGGE
 A DIVISION OF:
 Patton Harris Rust & Associates, pc
 SUITE 200
 8818 CENTRE PARK DRIVE
 COLUMBIA, MARYLAND 21045
 TELEPHONE (410) 997-8900 FAX (410) 997-9282

LOCATION DRAWING
LOT 12
 JOCELYN ACRES
 5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
 PLAT No. 5882
 SCALE: 1"=100' PROJ. No. 01022 DRAWN BY: H. J. M. DATE: 06-29-01