

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 40679

A 31164

DISTRICT 4th

DATE 12/18/87

DATE SYSTEM APPROVED 12-22-87

INSPECTOR JEN

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

(INDEXED)

TAX ID # 04-344928

*12/21/87
J. Williams
12-22-87
W. R. M.*

Connor Construction IS PERMITTED TO INSTALL X ALTER

ADDRESS 8455 Baltimore National Pike, Ellicott City, MD PHONE 465-9531

SUBDIVISION Patapsco Overlook II ROAD 602 Weller Drive LOT 31

PROPERTY OWNER Norman Snyder

**BUILDING PERMIT SIGNED
AND RETURNED**

ADDRESS _____

11304 BOD181420-26 PUV

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place distribution box 240 feet from the front lot line and 40 feet from the left lot line as seen when facing the property from Weller Drive. Run trenches along contour in Both directions.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

ok/cw

**BLDG. PERMIT SIGNED
AND RETURNED** 10/28/83

*Serial # 51238
J.H. addler*
DATE 12/19/86

PLANS APPROVED BY C. Williams

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

**BLDG. PERMIT SIGNED
AND RETURNED** 9/18/80

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

*Serial # 33479
Sun Room*

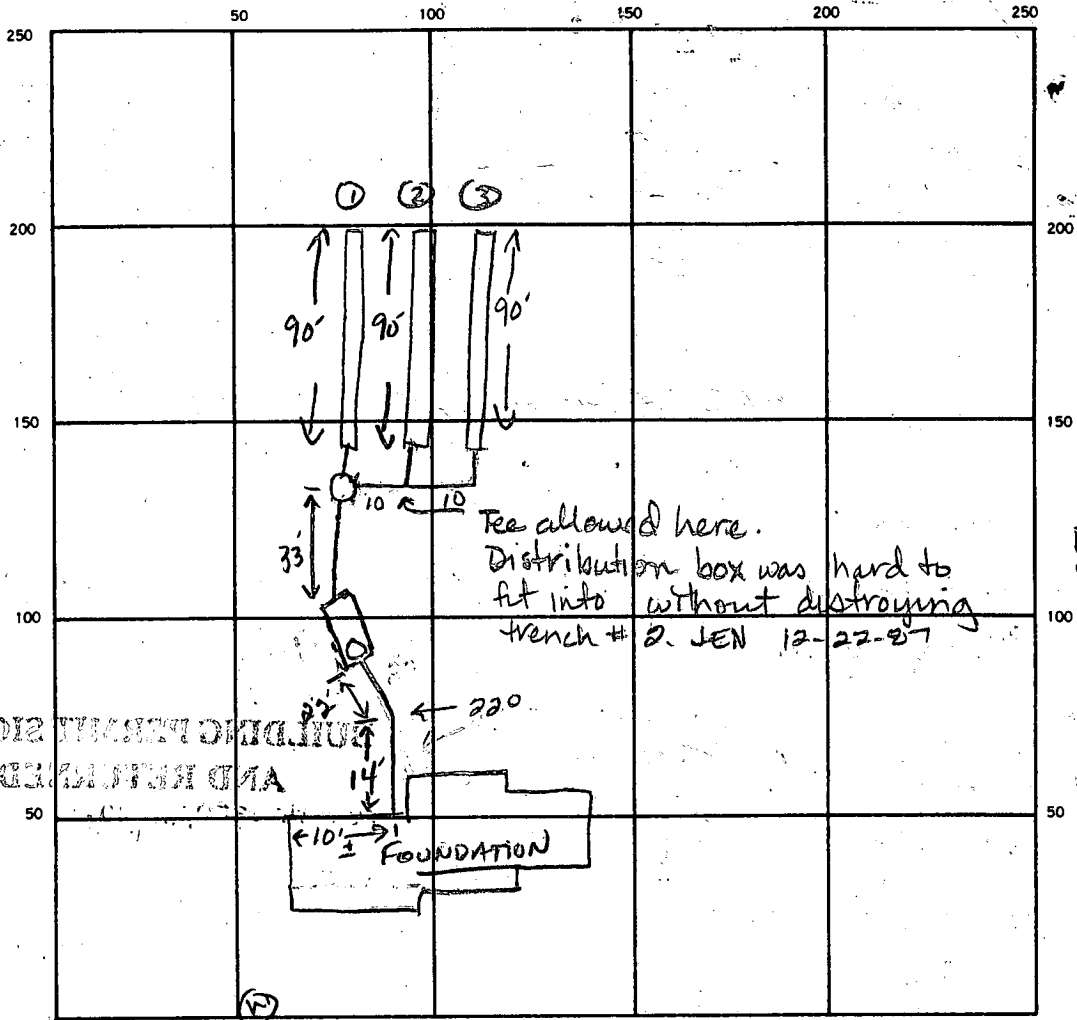
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 31164



Rt
94

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.
Weller Dr.

SEPTIC TANK. LEVEL 1250 gal CLEANOUTS 1 on septic tank
 DISTRIBUTION BOX. LEVEL ✓ with baffle
 DRAIN FIELD TILE FIELD. DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 90-90-90 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 270 270 270 SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 810 SQ. FT.

REMARKS 12-21-87 OK TO ADD STONE - UNABLE TO SET SEPTIC TANK DUE TO MUD - TRUCK STUCK, SA
12-21-87 OK TO COVER TRENCHES AND ALL PIPES - LEAVE AB OPEN TO SEE PIPE CEMENTED 'SET TANK'
AND CALL WHEN READY, SA 12-22-87 OK TO COVER ALL WORK
Add septic tank cover, VEN

DATE SYSTEM APPROVED 12-22-87 INSPECTOR Jane E. Nadeau

APPLICATION

A 31164

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000; EXT. 350

DATE 2/9/81

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 Georgia Ave. Properties Inc.

ADDRESS c/o E. Brook Lee III, 13838 Ga. Ave., Wheaton, Md.
PHONE _____

PROPERTY LOCATION:

SUBDIVISION Georgia Ave Properties LOT NO. 49

ROAD AND DESCRIPTION Md. Rte.94 and Old Frederick Rd.

SIZE OF LOT 3 ac + TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE NA

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT [Signature]
Agent

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

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

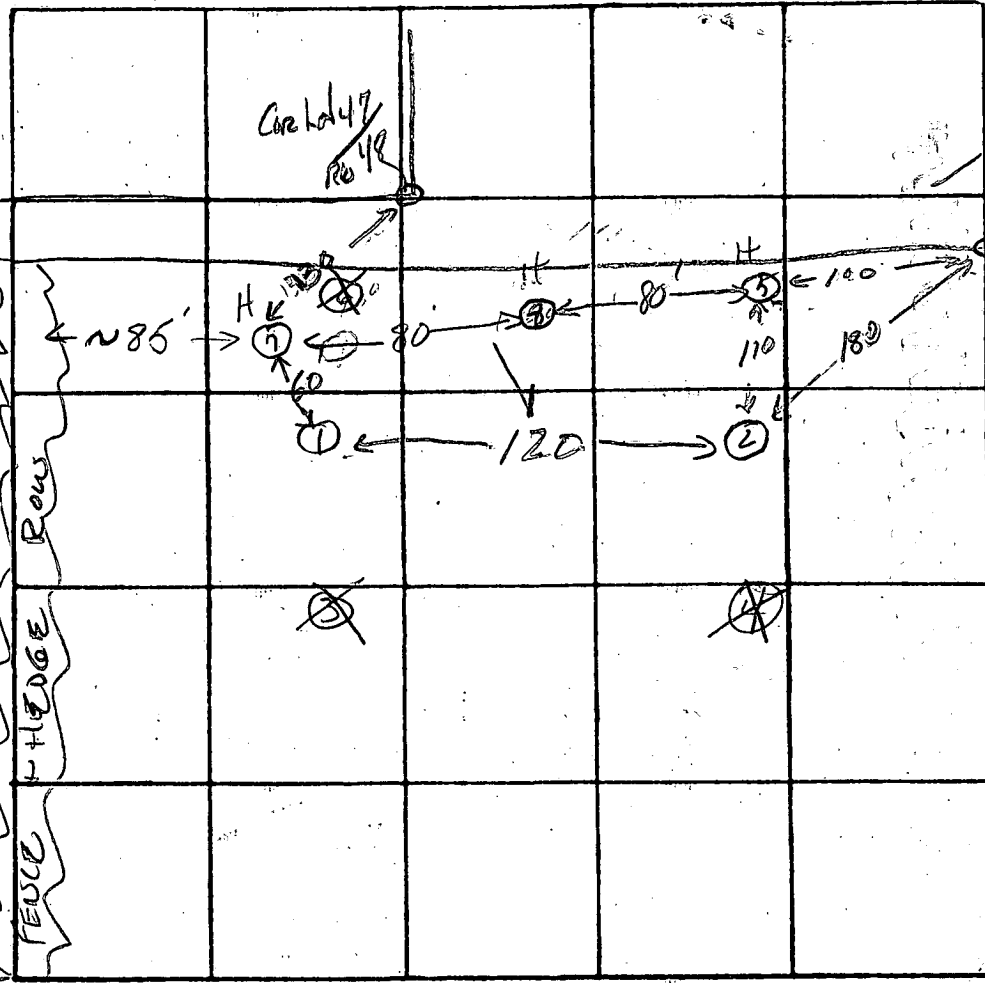
HOLD PENDING FURTHER TESTS [Signature] DATE 2/27/81

REASONS FOR REJECTION OR HOLDING Possible water table problems, wet season test

THIS IS NOT A PERMIT

New 20

Lot 49



Swath
COR Lot 48

② ⑤
4
CLAY
240
Loom
Brown
GREEN
LOAM
at
some
Wet
12'
6'

①
CLAY
Loom
at
some
Wet
8
Loom
at
some
Wet
11'
Hard shale

⑦
CLAY
mostly
Loom
at
some
Wet
8
Loom
at
some
Wet
11'
Hard shale

③
Soil
mottled
2 1/2' 4 1/2'
④
mottled
Soil
5 1/2' 8'
Rotten
shale + loam

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

RT. 94

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/27/84	15	4'	12:50	12:53	12:55	1:01	6
	1D	8'	12:50	12:53	12:53	1:00	7
	1D						
	29	4'	1:16	Repour Too fast			
	2M	8'	12:56	12:59	12:59	1:10	11
	2S	4'	1:17	1:19	1:19	1:25	6
	2D						
	5S	4 1/2'	1:36	1:41	1:41	1:47	6
	5m	8 1/2'	1:36	1:41	1:41	1:47	6
	7D						
	6S	4'	1:51	XX	XX	XX	FAIL
	6m	8 1/2'	1:51	2:00			
	6D						
	15	3 1/2'	2:33	2:34	2:34	2:35	1
	7D	8'	2:32	2:33	2:33	2:41	8
	8V	12'	1-4 1/2 Clay		4 1/2-12 Loom + shale		

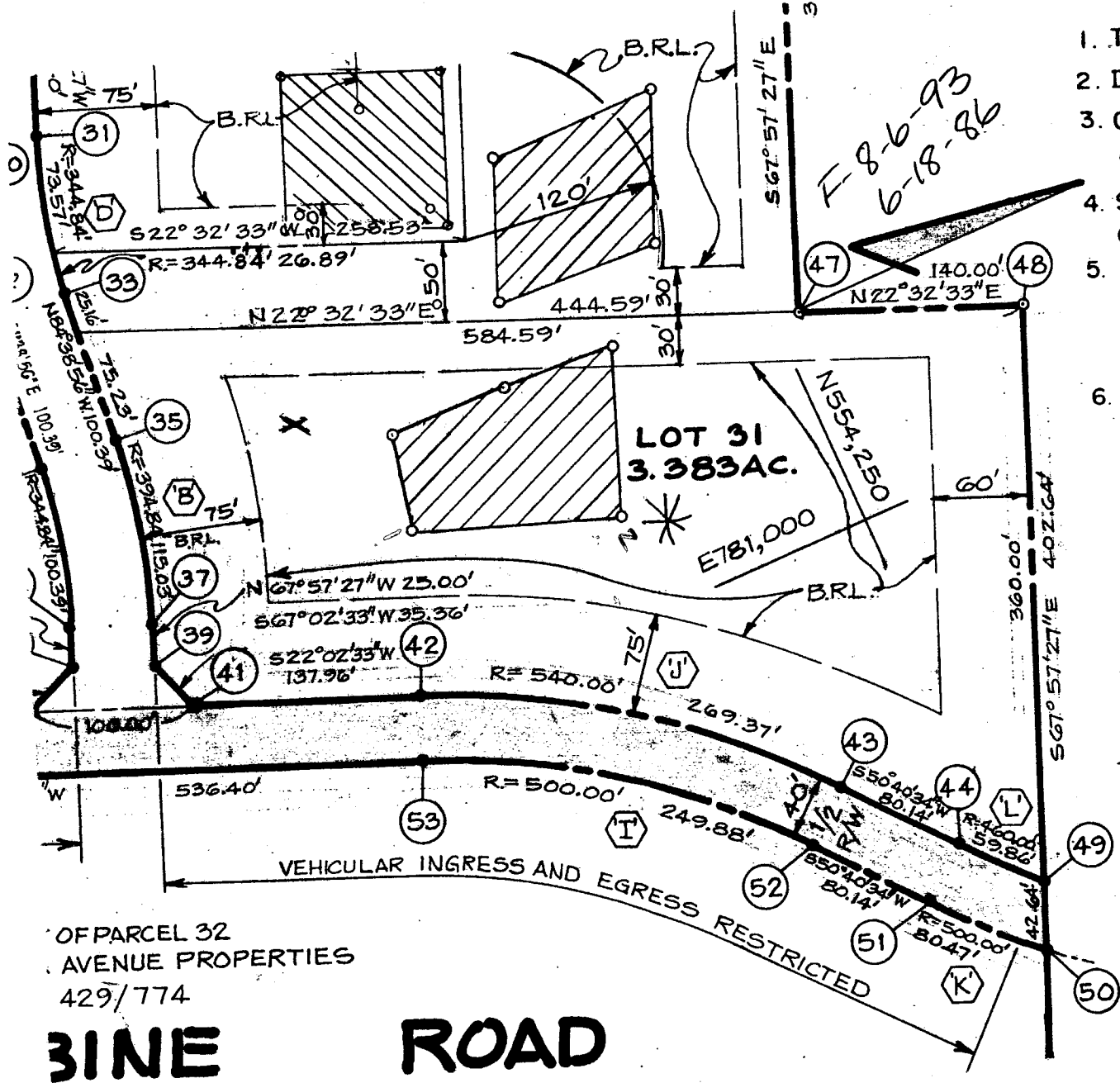
4' inlet




* 6 1/2' clay

REMARKS low lying lot

TYPE OF SOIL _____

TESTED BY SLC ALSO PRESENT: Dave Wolf's Richard Lee



1. TAX MAP: 2 , PART OF PAI
2. DEED REFERENCE: 429/77
3. COORDINATES SHOWN HEREON ARE COORDINATE SYSTEM, HOWARD COUNTY CONTROL S
4. SUBJECT PROPERTY ZONED R COMPREHENSIVE ZONING PLAN.
5. THE LOTS SHOWN HEREON COMPL OWNERSHIP WIDTH AND LOT AREAS THE MARYLAND STATE DEPARTE MENTAL HYGIENE.
6.  THIS AREA DESIGNAT EASEMENT OF APPRO AS REQUIRED BY THE MARYLAND S HEALTH AND MENTAL HYGIENE FOR DISPOSAL IMPROVEMENTS OF ANY AREA ARE RESTRICTED UNTIL PUBI AVAILABLE AND SERVICING ANY RE CONSTRUCTED ON THESE BUILDING S SHALL BECOME NULL AND VOID UPC PUBLIC SEWAGE SYSTEM. THE COUNTY AUTHORITY TO GRANT VARIANCES FOR ENCROAC EASEMENT. RECORDATION OF A MODIFIED SEWAGE E
7. FOR FLAG OR PIPE STEM LOTS, REF REMOVAL & ROAD MAINTENANCE A JUNCTION OF THE FLAG OR PIPE ST RIGHT OF WAY & NOT ONTO THE FL DRIVEWAYS
8.  DESIGNATES CONC MARKERS SET.  DESIGNATI

OF PARCEL 32
 AVENUE PROPERTIES
 429/774

BINE ROAD

OWNER / DEV
 GEORGIA AVENUE PROPER
 13838 GEORGIA AVENUE
 WASHINGTON, MARYLAND

5345

LOT 31
3.383 ACRES

10/28/93
OK to sign
Per RH
051238

LOT 30

10,000 SF
SEPTIC AREA

TANK C.O.
50

2ND FLOOR
ADDITION

31164

N 22° 32' 33" E

BRL.

30'
BRL

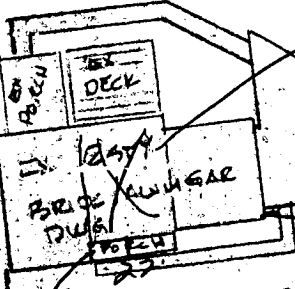
40'

BRL

75'

120'

967E1 N.W.C.E.



602

100.1'

75' BRL

ASPHALT DRIVE

N 67° 57' 27" W

25.00'

S 30° 19' 35" E
35.73'

A = 115.03
Z = 334.84'

75.23'

N 84° 36' 56" W

24'
PAVE

50' R/W

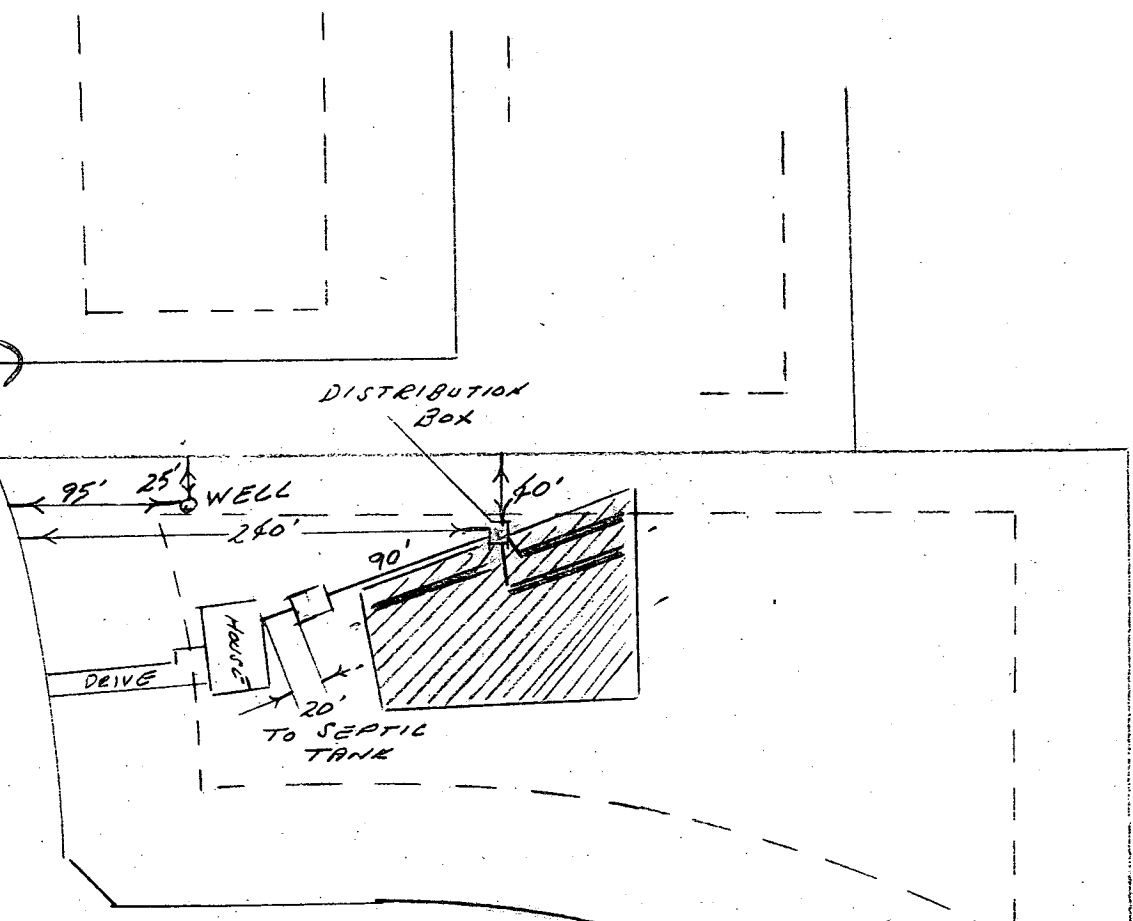
WELLER DRIVE

NOTE: PUBLIC WATER
PRIVATE SEPTIC

ELEVATIONS

- BASEMENT FLR. 593.67 ✓
- FIRST FLR. 600.00 ✓
- INVERT OUT OF HSE. 595.76 ✓
- INVERT INTO TANK 595.34 ✓
- INVERT OUT OF TANK 595.09 ✓
- INVERT INTO DISTR. BOX 593.21 ✓
- INVERT INTO TRENCH (U) 593.00 ✓
- INVERT INTO TRENCH (L) 591.00 ✓
- EXISTING GR. AT TANK 598.00 ✓
- " " " DIST. BOX 596.00 ✓
- " " " TRENCH (U) 596.00 ✓
- " " " TRENCH (L) 594.00 ✓
- WELL AT GRADE 604.00 ✓

MULLER DRIVE



WOODBINE RD.

10/7/87

elevations ok

FAH

BLDG. PERMIT SIGNED
AND RETURNED _____

DATAPSCO OVERLOOK
 SECT. 2 - LOT 31
 M/M NORMAN SNYDER
 PERMIT 14046
 SEPTIC ELEVATIONS
 DWG. BY CONNOR CONST. INC.
 SCALE - 1" = 100'

B 7 **5718** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

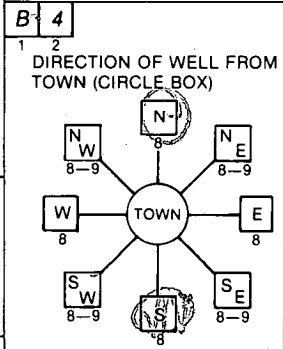
STATE OF MARYLAND PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-2269
 fill in this form completely

OWNER INFORMATION
 Date Received [] [] [] [] [] []
 15 Last Name **McMANIS** 21 Owner **SWYDEN** 34 First Name
 36 Street or RFD **1035 KEECHFIELD AVE** 55
 57 Town **BALTIMORE** 70 State **MD** 72 Zip **21229** 76

LOCATION OF WELL
 8 COUNTY **HOWARD** 21
 23 SUBDIVISION **PATAPOSCO CUEERLOOK** 42
 SECTION **2** 44 46 LOT **31** 48 50
 52 NEAREST TOWN **WOODBINE** 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 **M** 76 **I** 77 **I** 78

DRILLER INFORMATION
 Driller's Name **Ralph Mayne** 77 License No. **273** 80
 Firm Name **Ralph Mayne Well Drilling**
 Address **920 Brown Church Rd. Mt Airy**
 Signature **Ralph Mayne** 8/31/87 Date



WELLER DR.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) [] WEST (W) [] EAST (E) [] SOUTH (S) []
 34 **100** 37 DISTANCE FROM ROAD
 ENTER FT or MI **44** 38 39

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A 31164**
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____ 41
 DATE ISSUED **09/04/87** CO SIGNATURE **B. Nilton** EXP. DATE **03/04/88**
 NORTH GRID **554000** 50 55 EAST GRID **0780000** 57 63

APPROXIMATE DEPTH OF WELL **190** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

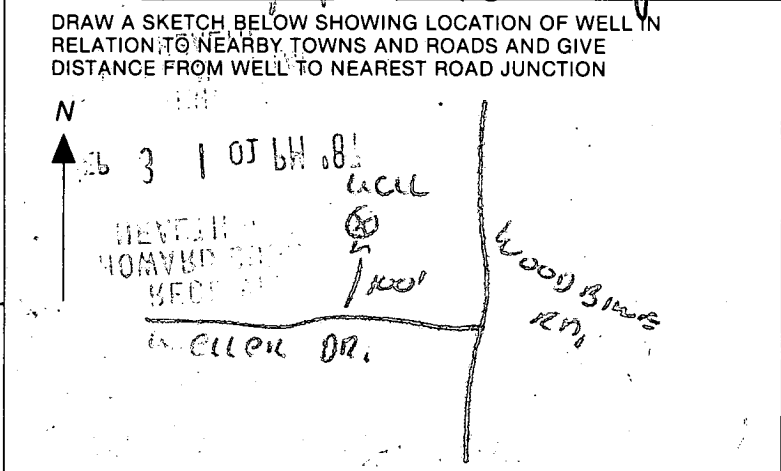
METHOD OF DRILLING (circle one)
 BORED (or Augered) **JETTED** **Jetted & DRIVEN**
 AIR-ROTARY **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)
 CABLE **REVERSE-ROTARY** **DRIVE-POINT**
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 **G A P** _____ 63
 FORCE **1** 67-68 WRITE INITIALS IN BOX PERMIT No. **HO-81-2269** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N **554** 50 55
 E **780** 57 63



C1 6072 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 31164**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **091487** Depth of Well 22 **205** 26 (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **HO-81-2269**

OWNER **SNYDER** (last name) **NORMAN** (first name)
 STREET OR RFD **WELLER DRIVE** TOWN **LISBON**
 SUBDIVISION **PATAPSCO OVERLOOK** SECTION **2** LOT **31**

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 Shale	2	11	
Brown Slate	11	15	
Blue Slate	15	30	
Brown Slate	30	38	✓
Blue Slate	38	55	
Brown Slate	55	60	✓
Blue Slate	60	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **6** NO. OF POUNDS **608**
 GALLONS OF WATER **36**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **PL** **A** **21**
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 1 **HO** **19** **105**
 2
 3

A CIRCLE APPROPRIATE LETTER 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 10.17.13 "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.

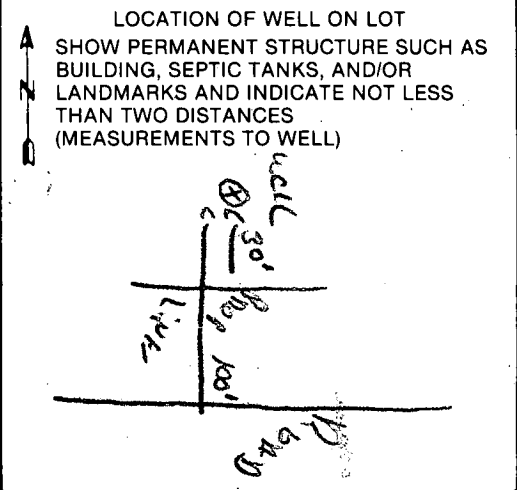
DRILLERS IDENT. NO. **273**
 DRILLERS SIGNATURE *[Signature]*
 SITE SUPERVISOR SIGNATURE *[Signature]*
 responsible for sitework if different from permittee)

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 GRAVEL PACK from to
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **32**
 WHEN PUMPING **55**
 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 WILL INSTALL PUMP YES **(NO)**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] []
 PUMP HORSE POWER [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
(+) above } LAND SURFACE (nearest foot)
(-) below } **2**



4/18/88

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X Replacement Receipt # 41516
Date 4-15-88
Name of Installer John M. Haske / Gaske Plumbing & H. Telephone 247-6963
License number #3189
Certified Well Pump Installer Well Driller Registered Plumber X
Name of Property Owner Snyder Res / Connor Cons. Telephone 465-9531
Subdivision PATASARO OVERLOOK Lot # 31 Well tag #
Site Address 602 WELLES DRIVE

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1. Make
a. Deep well jet 2. RPM 2. Model # ST52
b. Shallow well jet 3. Voltage 3. Depth 205'
c. Submersible X a. 110
2. Make Myers b. 220 X
3. Model #
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes No
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other TAPE

Tank Piping Well data
1. Capacity 82 1. Type Quest Big Blue 1. Depth ft.
2. Pressure relief valve? 75 2. Size 1" 2. Yield GPM
3. NSF and/or BOCA Code approved yes 3. Static water level ft.
4. Depth of supply line 25' fr. Bottom 4. Will water supply be disinfected by installer?

4/18/88 NO INSP
PRESS AT 56" well line 50-60"; NO PUMP INST. SEEN; INSIDE WORK COMPLETE SAE

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: John Haske II
Date: 4-15-88

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

PLOT PLAN

Application No. _____

OWNER _____

ADDRESS _____

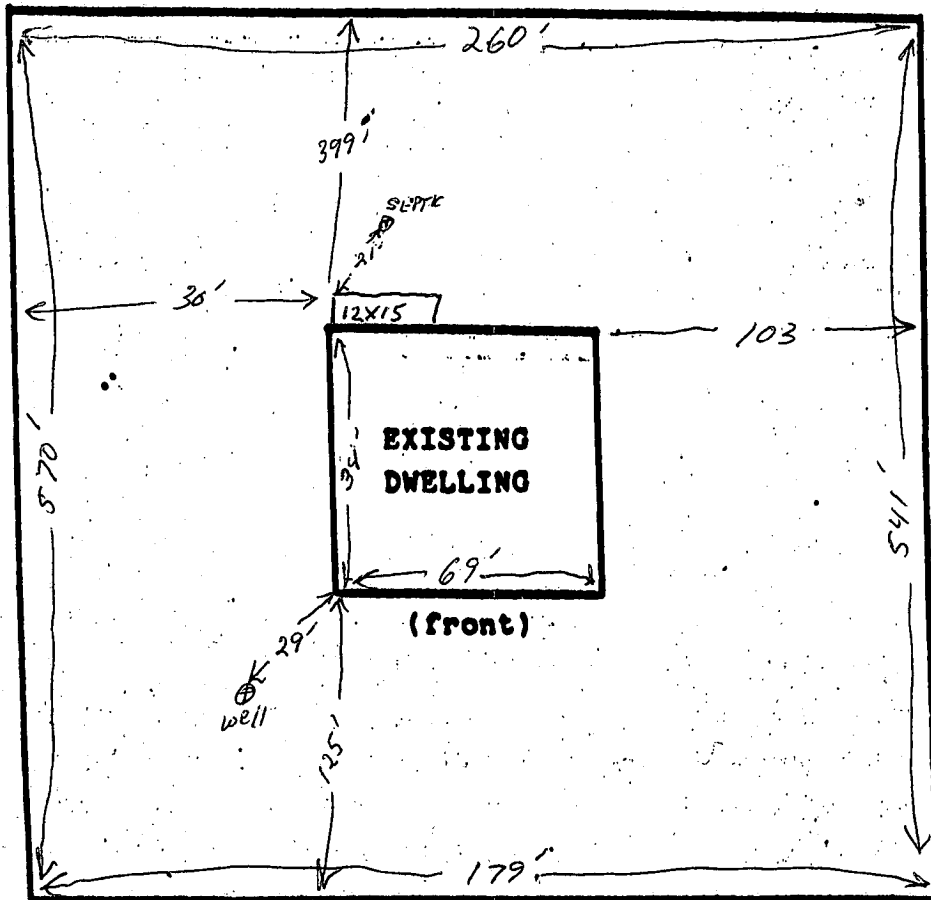
PLEASE SHOW BELOW:

- property line dimensions and easements.
- existing buildings.
- existing well/septic. (show distance to nearest structure)
- road names and location of alleys.
- if your property is in a tidal or riverine flood area, indicate elevation of lowest floor of proposed work.
- the proposed work and the setback distances to the proposed work.

Front yard setback 125' Left side setback 30'
Rear yard setback 399' Right side setback 103'

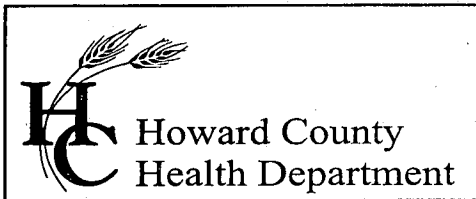
NOTE: 1. If a fence is to be closer than 2 feet to any existing fence or wall, adequate access must be provided for maintenance
2. Cannot fence access easements.

96,839 ± 58 FT



6/10/90
OK To sign
R/N

ROAD NAME _____



7178 Columbia Gateway Drive, Columbia, MD 21046

(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

November 17, 2004

Strott
602 Weller Drive
Mt. Airy MD, 21771

RE: PERCOLATION TEST RESULTS - A521520-
Tax Map 2, Parcel 227
Strott Property
Septic Area Relocation

To Whom It My Concern:

Percolation testing conducted November 17, 2004 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

- 1) Actual locations and elevations of all excavated test holes
- 2) Proposed house, well and septic system
- 3) Locations of any other relevant features such as streams, swales, or existing structures
- 4) A note must be included certifying that all existing wells and septic systems within 100 feet of Property boundaries have been shown
- 5) A note indicating that depicted topography reflects field-matched information
- 6) A health officer signature block stating "approved for private water and private sewer systems"
- 7) A MDE sewage disposal area statement is required
- 8) MDE minimum lot width statement

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Sincerely,

Kevin J. Bell
Water and Septic Program
Development Coordination Section

KJB

Enclosures

Cc: Jon Coakley (MD Pools)
File

Maryland POOLS Inc.

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
 800-252-SWIM
 WWW.MARYLANDPOOLS.COM

* This area designates a private sewerage easement at least 10.00 square feet as required by the Maryland State Department of the Environment for individual sewerage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The county health officer shall have the authority to grant adjustment to the private sewerage easement. Reevaluation of a modified sewerage easement shall not be necessary.
 * The lot shown hereon complies with the minimum ownership width and lot area as required by the MD State Department of the Environment.

Approved: For private water & private sewerage systems.
Robert J. Weber
 for County Health Officer (KJB)
 Howard County Health Department

POOL DATA	
SIZE/SHAPE: 26' X 39' - CUSTOM	
POOL AREA: 712	SPA: OTHER: 12
TOTAL AREA: 724	
PERIMETER: 119'	SPA:
GALLONAGE: 30,700	DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE	
MAP #	
GRID	

Briagh Strott
 602 Weller Drive
 Mount Airy, Maryland 21771
 Howard County

HOME PHONE: 410-489-6225
 OFFICE PHONE 1: 301-807-5635
 OFFICE PHONE 2: 301-807-5683

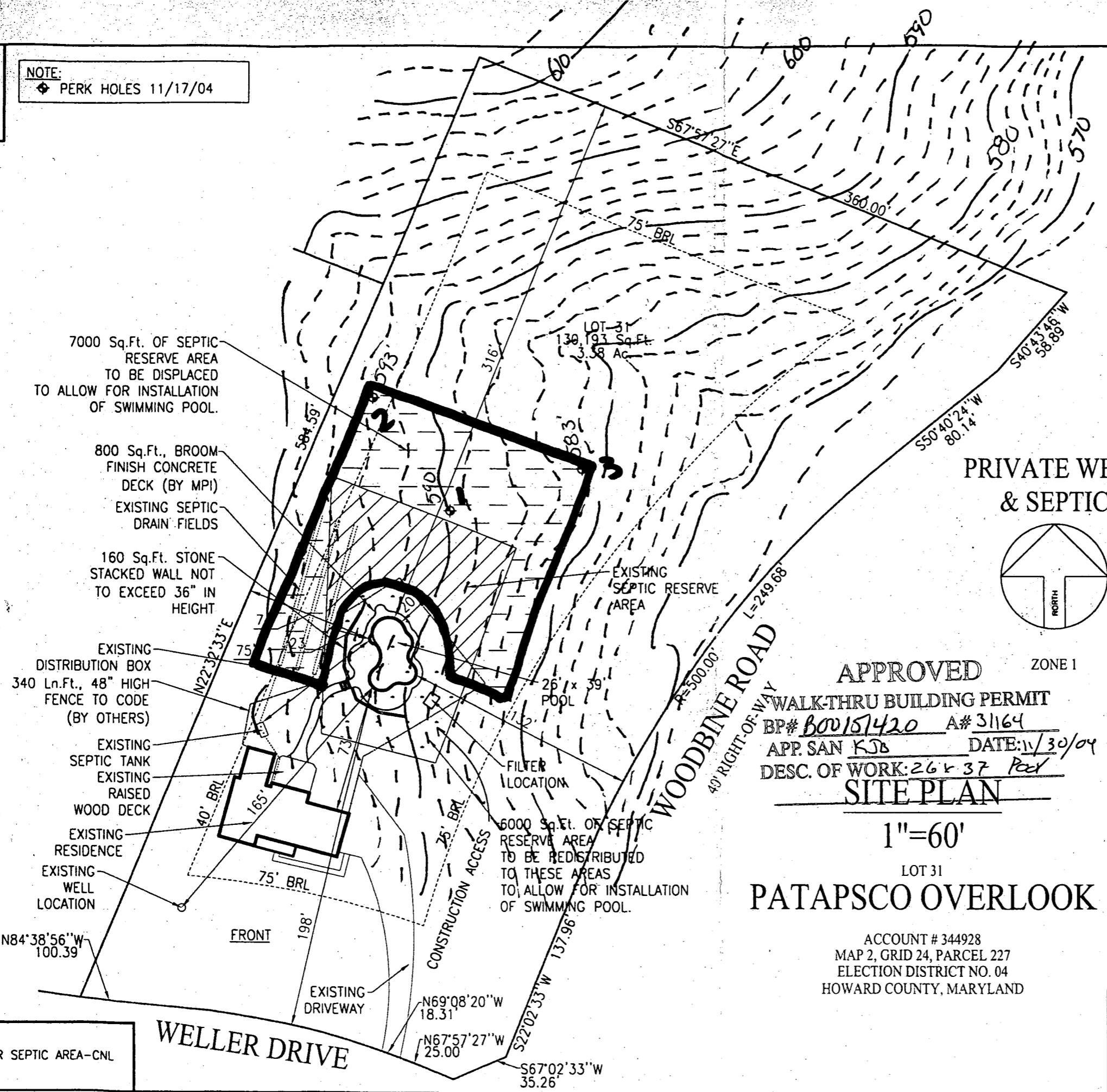
SITE PLAN				ZONE:
				ZONE 1
LOT: 31	SUBDIVISION NAME: PATAPSCO OVERLOOK	DISTRICT: 04	PIN # 344923	
SCALE: 1"=60'	BY: CNL	DATE: 9/14/04	JOB NUMBER: JC04-8069	SHEET #: S-1



SETBACKS:

REAR PL.	50'
SIDE PL.	30'
HOUSE	0'
SEPTIC	20'
WELL	30'

NOTE:
 PERK HOLES 11/17/04

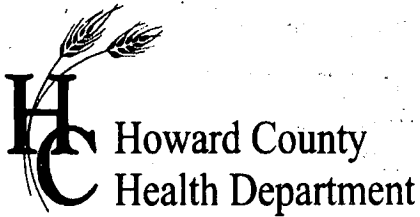


APPROVED ZONE 1
 WALK-THRU BUILDING PERMIT
 BP# B00151420 A# 31164
 APP. SAN KJB DATE: 11/30/04
 DESC. OF WORK: 26 x 39 Pool
SITE PLAN
 1"=60'
 LOT 31
PATAPSCO OVERLOOK

ACCOUNT # 344928
 MAP 2, GRID 24, PARCEL 227
 ELECTION DISTRICT NO. 04
 HOWARD COUNTY, MARYLAND

REVISIONS:
 10/28/04-REV PER SEPTIC AREA-CNL

WELLER DRIVE



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 11/17/04 TEST TIME _____

ⓐP 521520

AGENCY REVIEW: _____

DATE 10/4/04

TAX ID# 04-344928 DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

- CHECK AS NEEDED:
- CONSTRUCT NEW SEPTIC SYSTEM(S)
 - REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
 - REPLACE AN EXISTING SEPTIC SYSTEM

- CHECK AS NEEDED:
- NEW STRUCTURE(S)
 - ADDITION TO AN EXISTING STRUCTURE
 - REPLACE AN EXISTING STRUCTURE

- CHECK ONE:
- CREATE NEW LOT(S)
 - BUILD ON AN EXISTING LOT IN A SUBDIVISION
 - BUILD ON AN EXISTING PARCEL OF RECORD

- IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?
- YES
 - NO

- THE TYPE OF STRUCTURE IS:
- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
 - COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
 - INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Aunt Blaygh Stott

DAYTIME PHONE 410-489-6225 CELL 301-807-5635 FAX _____

MAILING ADDRESS 602 Weller dr Mt. Airy MD 21771
STREET CITY/TOWN STATE ZIP

APPLICANT Jon Calkley Maynard Pauls

DAYTIME PHONE 410 995-6600 CELL 443-607-4029 FAX 301-621-3331

MAILING ADDRESS 9515 Germantown Suite 119 Columbia MD 21046
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER **BUILDER** BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Patapsco Overlook LOT NO. 31

PROPERTY ADDRESS 602 Weller dr Mt Airy
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 2 GRID 24 PARCEL(S) 227 PROPOSED LOT SIZE 3.38ac

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Blaygh J. Stott
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP 0

Brown
E
1/2'

Orange/Red
Brown
Silt
5'

Yellow/Brown
Sil
w/ 20%
Saprolite
14'

(2)

Brown C
1'

Red/Brown
Silt
w/ 10%
micaceous
Saprolite
3'

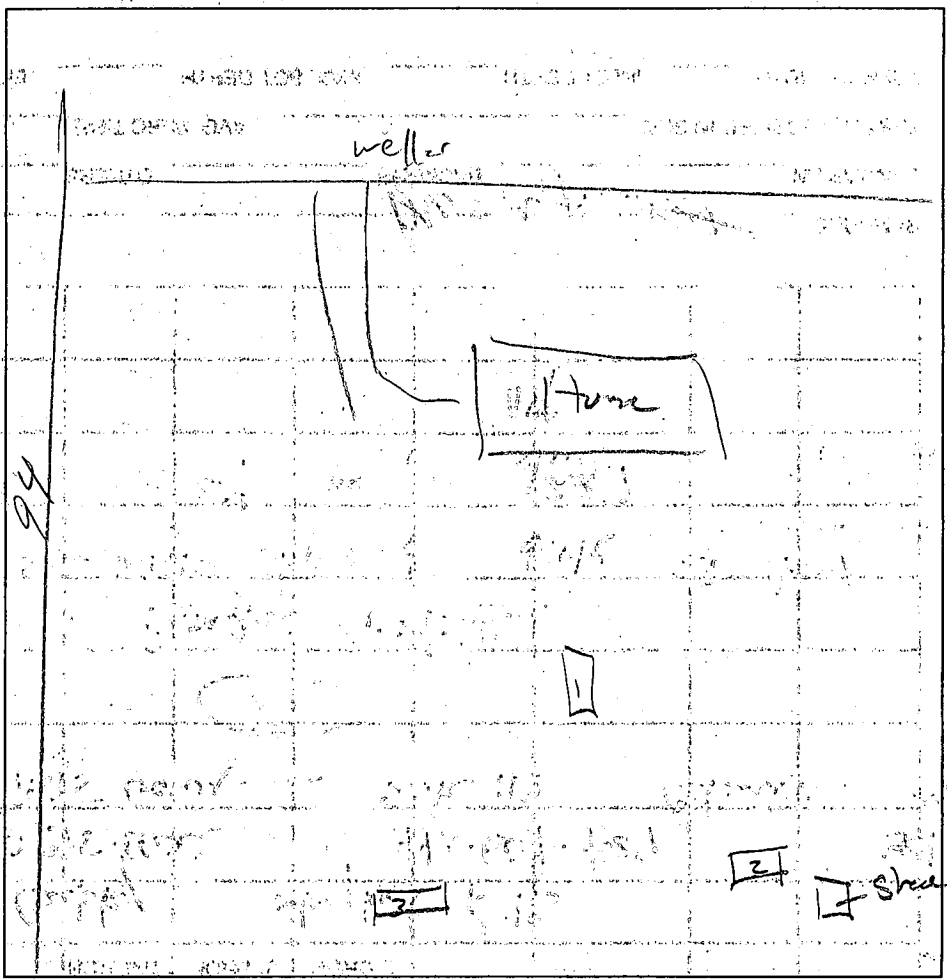
Yellow/Brown
Sil w/
10-15%
flaggs
9'

Yellow/Brown
Sil
35% flux
5'

3

Brown L
Red/Brown
Silt
w/ 10%
Saprolite
6'

Yellow/Brown
micaceous
Sil
w/ 25-30%
Saprolite
10 1/2'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/17/01	1	14'	- Visited -			OK	P
	2	4'	9:20	9:22	9:26	4min	P
	3	5'	9:42	9:45	9:49	4min	P

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS Greg Billing

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____