

LAYOUT 9/13/02 9:30 INSP 4 \_\_\_\_\_  
INSP 2 9/16/02 12 INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 9/14/2002

APPROVAL DATE: 9/16/02

**PERMIT  
INDEXED**

03-320448

P 517903

A 50546

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Pipes Property LOT NUMBER: 4

ADDRESS: 1716 Underwood Road PROPERTY OWNER: Mannarelli & Sons, Inc.

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: 180 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run trenches on contour in both directions.
NOTES:	

PLANS APPROVED: Steven R. Krieg OK 9/12/02 (SC) DATE: 3/15/2002

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

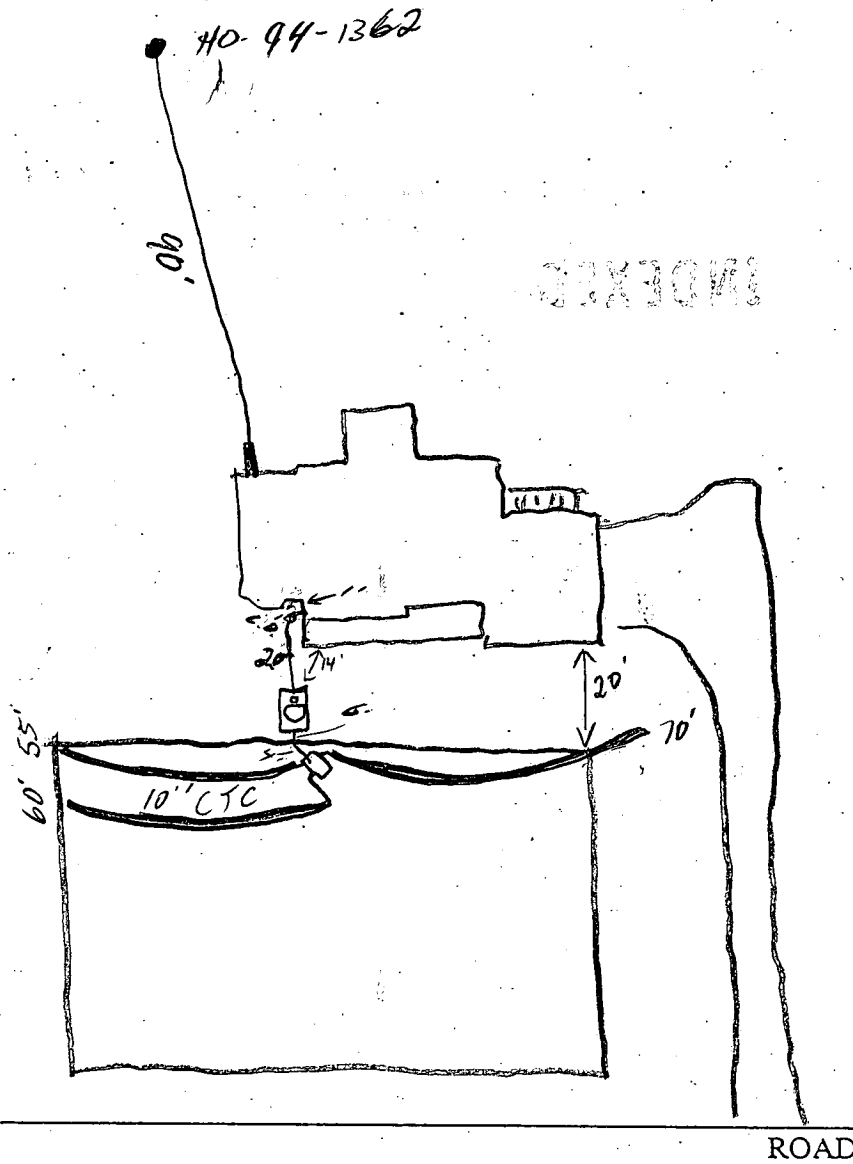
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED  
AND RETURNED**

9/17/2002 800138268 1000 gal UG PROPANE TANK

450546

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		3
TOTAL LENGTH		185'
ABSORPTION AREA		555'
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST <input checked="" type="checkbox"/>	
SEPTIC TANK 2 LEVEL <input type="checkbox"/>	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST <input type="checkbox"/>	

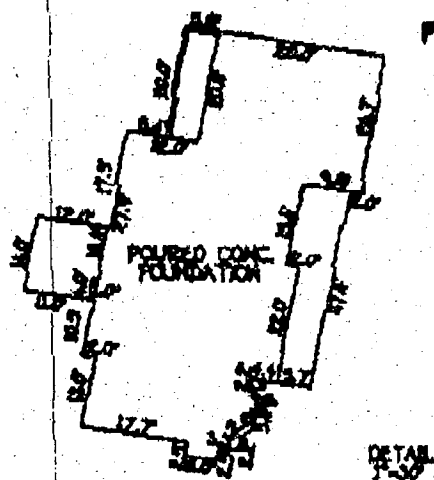
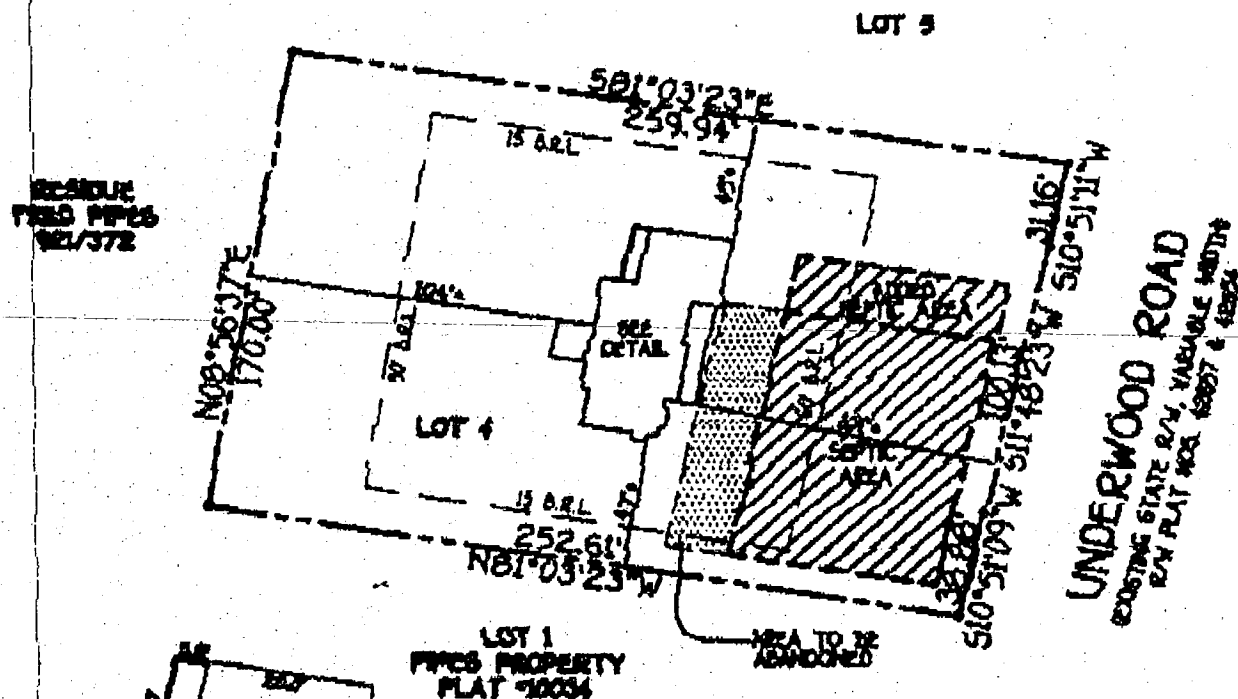
PRE-CONSTRUCTION 9/13/02 Lot staked, layout per BP. (50)

INSTALLATION 9/16/02 OK to cover all work (50)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 9/16/02

# GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400140009 EFFECTIVE DEC. 1, 1996.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±).
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



9/4/02  
Wall Check  
O.K. **BB**

**LOT 4  
PIPES PROPERTY**  
LOTS 4, 5 & 6  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT No. 12097  
B.R.L.=BUILDING RESTRICTION LINE  
TOP OF FOUNDATION ELEV. 113.1'  
ASSUMED SITE PLAN DATUM

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING, SURVEYING & LAND SURVEYING  
CENTRAL REGION OFFICE - 1070 BALTIMORE NATIONAL AVE.  
GLADY CITY, MARYLAND 21036  
410-261-1200

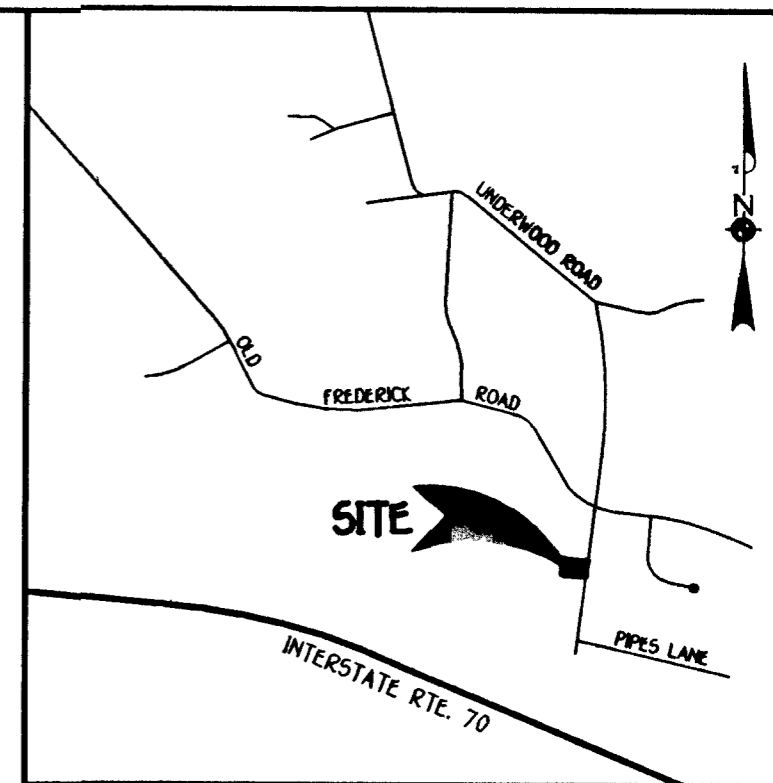


## HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 1000/02  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=20'  
DATE: 9/25/02  
DRAWN BY: J.A.  
CHECKED BY: \_\_\_\_\_  
PROJECT No. 01230

PROFESSIONAL SEAL REQUIRED DATE 5/15/02



### VICINITY MAP

SCALE: 1"=2000'

RESIDUE  
FRED PIPES  
921/372  
ZONE: RC-DEO

LOT 4  
43,560 SQ. FT.

Total linear feet of trench  
required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 8 feet

Depth of stone required below  
distribution pipe 4 feet

LOT 1  
PIPES PROPERTY  
PLAT \*10034  
ZONE: RC-DEO

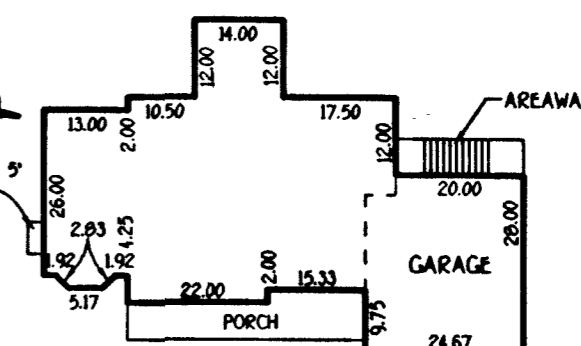
LOT 5  
PIPES PROPERTY  
PLAT \*12097  
ZONE: RC-DEO

### GENERAL NOTES

1. THE PROPERTY IS ZONED RC-DEO PER THE 10/18/93 COMPREHENSIVE ZONING PLAN.
2. THE TOTAL AREA INCLUDED IN THIS SUBMISSION IS 1.00 AC.
3. THE TOTAL NUMBER OF LOTS INCLUDED IN THIS SUBMISSION IS 1.
4. DEPARTMENT OF PLANNING AND ZONING REFERENCE FILE NUMBERS ARE F 96-27, WP 96-11.
5. ALL COORDINATES ARE BASED ON NAD 27, MARYLAND STATE PLANE GRID AS PROJECTED BY HOWARD COUNTY CONTROL STATIONS 3735001 AND 3735003.
6. IN ACCORDANCE WITH SECTION 128(XI) OF THE HOWARD COUNTY SUPPLEMENTARY ZONING DISTRICT REGULATIONS, BAY WINDOWS OR CHIMNEYS NOT MORE THAN 16 FEET IN WIDTH MAY PROJECT NOT MORE THAN 4 FEET INTO ANY SETBACKS. PORCHES AND DECKS MAY PROJECT NOT MORE THAN 10 FEET INTO THE FRONT OR REAR SETBACKS.
7. THE DRIVEWAY ENTRANCE IS PER HOWARD COUNTY STANDARD DETAIL R-6.03.
8. THIS PLAN IS BASED ON A BOUNDARY SURVEY PERFORMED BY SHANABERGER AND LANE, DATED JANUARY, 1991.
9. TOPOGRAPHY IS BASED ON FIELD RUN TOPOGRAPHY PERFORMED BY FISHER, COLLINS & CARTER, INC. DATED JANUARY, 2002.
10. THERE ARE NO STREAM OR WETLANDS ON THE PROPERTY PER SITE INSPECTION & REPORT BY DENNIS LABARE, M.S. & ASSOCIATES.
11. THIS SUBDIVISION IS EXEMPT FROM STORMWATER MANAGEMENT BECAUSE THE AVERAGE LOT SIZE IS OVER 2 ACRES PER PLAT \*12097.
12. WP-96-11 WAS APPROVED BY THE DEPARTMENT OF PLANNING & ZONING ON 9/22/95 TO WAIVE.
  - A. SECTION 16.110(F) TO PERMIT A DRIVEWAY SERVING 1 LOT ACCESS ONTO A MAJOR COLLECTOR. (APPROVED ON 11/3/99)
  - B. SECTION 16.1200 TO WAIVE REQUIREMENT OF FOREST CONSERVATION PROGRAM.
  - C. SECTION 16.132(XI)(i) & (ii) TO WAIVE REQUIREMENT OF COUNTY OR STATE ROADS ADJACENT TO THE SITE.
  - D. SECTION 16.133(a) TO WAIVE REQUIREMENT FOR STORM DRAINAGE CONSTRUCTION.
  - E. SECTION 16.136 TO WAIVE REQUIREMENT FOR STREET TREES & LANDSCAPING.
  - F. SECTION 16.144(b) TO WAIVE SKETCH & PRELIMINARY PLAN SUBMISSIONS.

Approved Septic System Plan  
Howard County Health Department

Signature *Steve R. Kneig* Date *3-15-2002*



HOUSE FOOTPRINT  
LOT 4

### ADDRESS CHART

UNDERWOOD ROAD  
(PUBLIC ROAD)

EX. STATE VARIABLE R/W  
PLAT \*42657 & \*42654

**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: Michael P. Gartland Inc. Telephone #: 410 549-1755  
Address: 6984 Runhles Rd.  
Mt. Airy MD 21771

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

Name (Print): Michael Gartland License# 6353

\*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: Gregg Mongold Telephone #: (410) 465-1675  
Subdivision: Pipes Property Lot #: 4 Well Tag #: HO-94-1362  
Site Address: 1716 Underwood Rd.  
Sykesville, MD

Submersible Pump Data

Make: Jazzwie  
Model #: 75471265216  
Pump Capacity 7 GPM  
Well Yield: 7 GPM

Pitless Adapter

Make: Harvard  
Model#: PT 400  
Depth: 42 (36" min)  
NSF approved:       

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 280 (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 NO

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly: YES

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.

Michael Gartland  
Signature of company representative responsible for installation

8/14/02  
date

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

Date Insp. Requested: 8/28/02

Date Insp. Approved: 8/28/02 (50)

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

✓  
✓  
✓  
✓  
✓  
✓  
✓

C 1 09459

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER A 505961 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLUMNS 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM 1/25/98  
DD 13

DATE WELL COMPLETED

MM 01 DD 21 YY 98  
15 20

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"H0-99-1362  
28 29 30 31 32 33 34 35 36 37OWNER MANARELLI MARIO + SONS  
STREET OR RFD last name UNDERWOOD ROAD first name TOWN  
SUBDIVISION PIPES SECTION LOT 4

## WELL LOG

Not required for driven wells

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)YES ☒ NO ☐  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 45 46 9 NO. OF POUNDS 45 46 900

GALLONS OF WATER 34

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below☒ STEEL☒ CONCRETE☒ PLASTIC☒ OTHERMAIN  
CASING  
TYPE  
PLNominal diameter  
top (main) casing  
(nearest inch)  
6Total depth  
of main casing  
(nearest foot)  
30

60 61 63 64 66 70

## OTHER CASING (if used)

EACH CASING diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)☒ STEEL☒ BRASS☒ OPEN HOLE☒ BRONZE☒ HOLE☒ PLASTIC☒ OTHER

C 2 DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21  
H0 30 300

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

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

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearingOverburden 0 26  
Gray Rock 26 300 x

water at 50 &amp; 235'

Well #1 150' Dry (backfilled)  
Well #2 125' Dry (backfilled)

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED yes ☒ no ☐

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  
WELLI 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.

DRILLERS LIC. NO. M D 399

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

J W 076

LIC. NO. M D

Thomas P. McCarty

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

## C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.0

METHOD USED TO  
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44 ft.

WHEN PUMPING 255 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

27 27 27 27 27 27

## PUMP INSTALLED

DRILLER WILL INSTALL 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 47CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

LAND SURFACE

- below

1 (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)

No map Available

<b>B 1</b> <span style="font-size: 1.5em; font-weight: bold;">0532</span>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type		STATE PERMIT NUMBER <span style="font-size: 1.5em; font-weight: bold;">H0-94-1362</span> <small>fill in this form completely</small>	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)							
Date Received (APA) <span style="font-size: 1.2em;">12/17/97</span>				<b>B 3</b> <span style="font-size: 1.2em;">Howard</span> <b>LOCATION OF WELL</b>			
OWNER INFORMATION <span style="font-size: 1.2em;">441-2278</span>				8 COUNTY <span style="font-size: 1.2em;">Howard</span>			
15 Last Name <span style="font-size: 1.2em;">Mamarelli</span> Owner First Name <span style="font-size: 1.2em;">Sons</span>				23 SUBDIVISION <span style="font-size: 1.2em;">Pipes Property</span>			
36 Street or RFD <span style="font-size: 1.2em;">2929 Summit Circle</span>				SECTION <span style="font-size: 1.2em;">44</span> LOT <span style="font-size: 1.2em;">4</span>			
57 Town <span style="font-size: 1.2em;">Ellicott City</span> MD 21043				52 NEAREST TOWN <span style="font-size: 1.2em;">Cockeysville</span>			
<b>DRILLER INFORMATION</b>				MILES FROM TOWN (enter 0 if in town) <span style="font-size: 1.2em;">2</span> M			
Driller's Name <span style="font-size: 1.2em;">Paul M. Fahiszak</span> License No. <span style="font-size: 1.2em;">MWD 399</span>				<b>B 4</b>			
Firm Name <span style="font-size: 1.2em;">G. Edgar Harr Sons' Corp</span>				11 NEAR WHAT ROAD <span style="font-size: 1.2em;">Underwood Road</span>			
Address <span style="font-size: 1.2em;">12047 Falls Rd Cockeysville 21030</span>				ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
Signature <span style="font-size: 1.2em;">[Signature]</span> Date <span style="font-size: 1.2em;">12/15/97</span>				34 <span style="font-size: 1.2em;">300</span> 37 DISTANCE FROM ROAD ENTER FT OR MI <span style="font-size: 1.2em;">FT</span>			
<b>WELL INFORMATION</b>				TAX MAP: _____ BLK: _____ PARCEL: _____			
APPROX. PUMPING RATE (GAL. PER MIN.) <span style="font-size: 1.2em;">5</span>				DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <span style="font-size: 1.2em;">750</span>				TOWN			
USE FOR WATER (CIRCLE APPROPRIATE BOX)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				COUNTY NAME <span style="font-size: 1.2em;">HOWARD</span> COUNTY NO. <span style="font-size: 1.2em;">A-50596</span>			
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				STATE SIGNATURE _____ INSERT S →			
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)				DATE ISSUED <span style="font-size: 1.2em;">12-24-97</span> EXP. DATE <span style="font-size: 1.2em;">12/24/98</span>			
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)				CO SIGNATURE <span style="font-size: 1.2em;">[Signature]</span>			
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				NORTH GRID <span style="font-size: 1.2em;">540 000</span> EAST GRID <span style="font-size: 1.2em;">800 000</span>			
APPROXIMATE DEPTH OF WELL <span style="font-size: 1.2em;">250</span> FEET				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
APPROXIMATE DIAMETER OF WELL <span style="font-size: 1.2em;">6</span> INCH				SOURCES OF DRILLING WATER			
METHOD OF DRILLING (circle one).				WRITE THE BOX NUMBER FROM THE MAP HERE			
BORED (or Augered) <input type="checkbox"/> JETTED <input checked="" type="checkbox"/> Jettied & DRIVEN				E <span style="font-size: 1.2em;">800</span>			
AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary)				N <span style="font-size: 1.2em;">540</span>			
CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/>				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			
other _____				Sketch showing location of well in relation to nearby towns and roads. Includes labels: "Underwood Rd", "Route 99", "Pipes Lane".			
<b>REPLACEMENT OR DEEPEINED WELLS</b> (CIRCLE APPROPRIATE BOX)				PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41			
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				FORCE <span style="font-size: 1.2em;">G5</span>			
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				PERMIT No. <span style="font-size: 1.2em;">H0-94-1362</span>			
<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				SPECIAL CONDITIONS			
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL				NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				COUNTY			

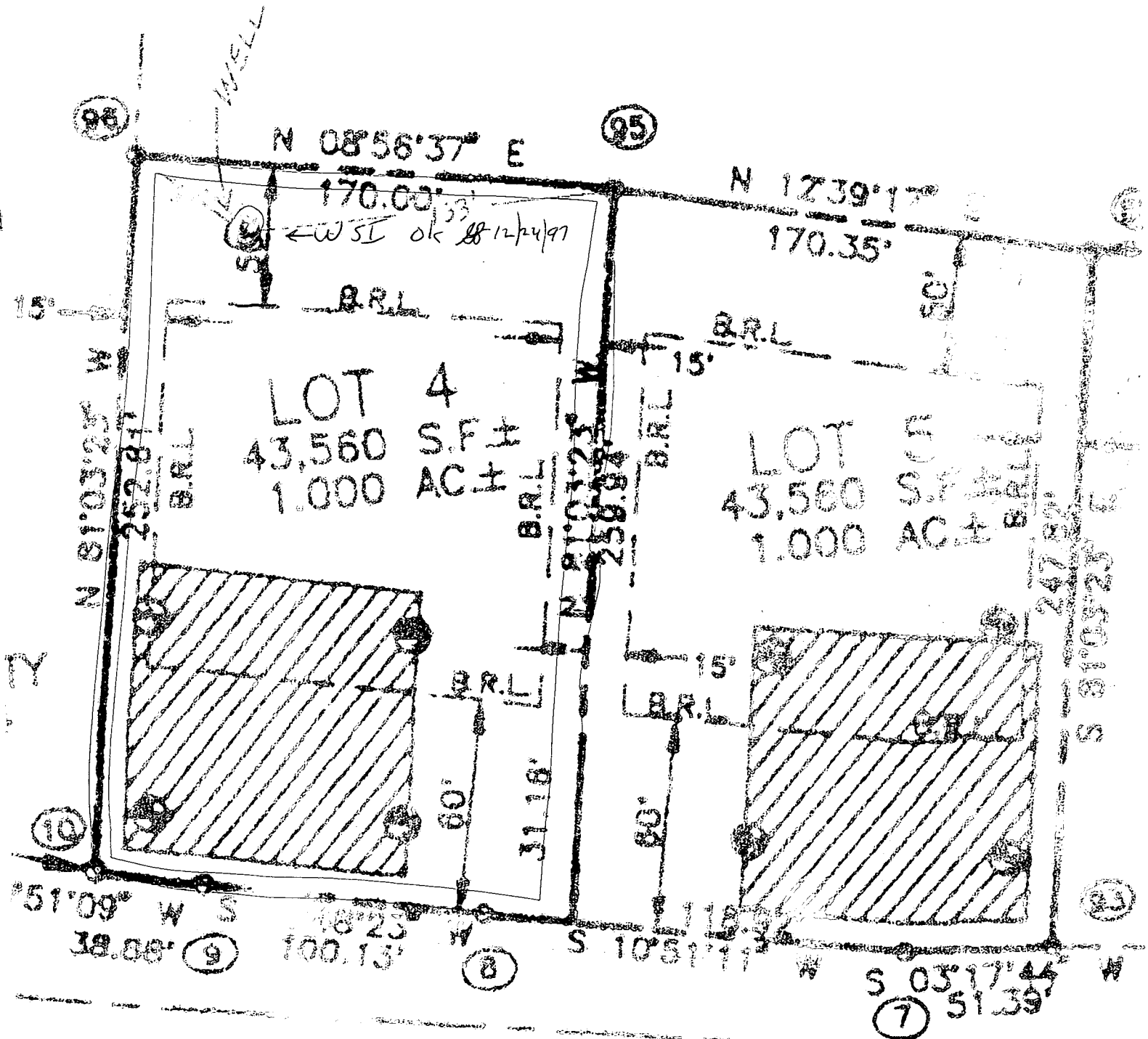


12.12.12 10:17 AM 1010000000 1010000000 1010000000 1010000000

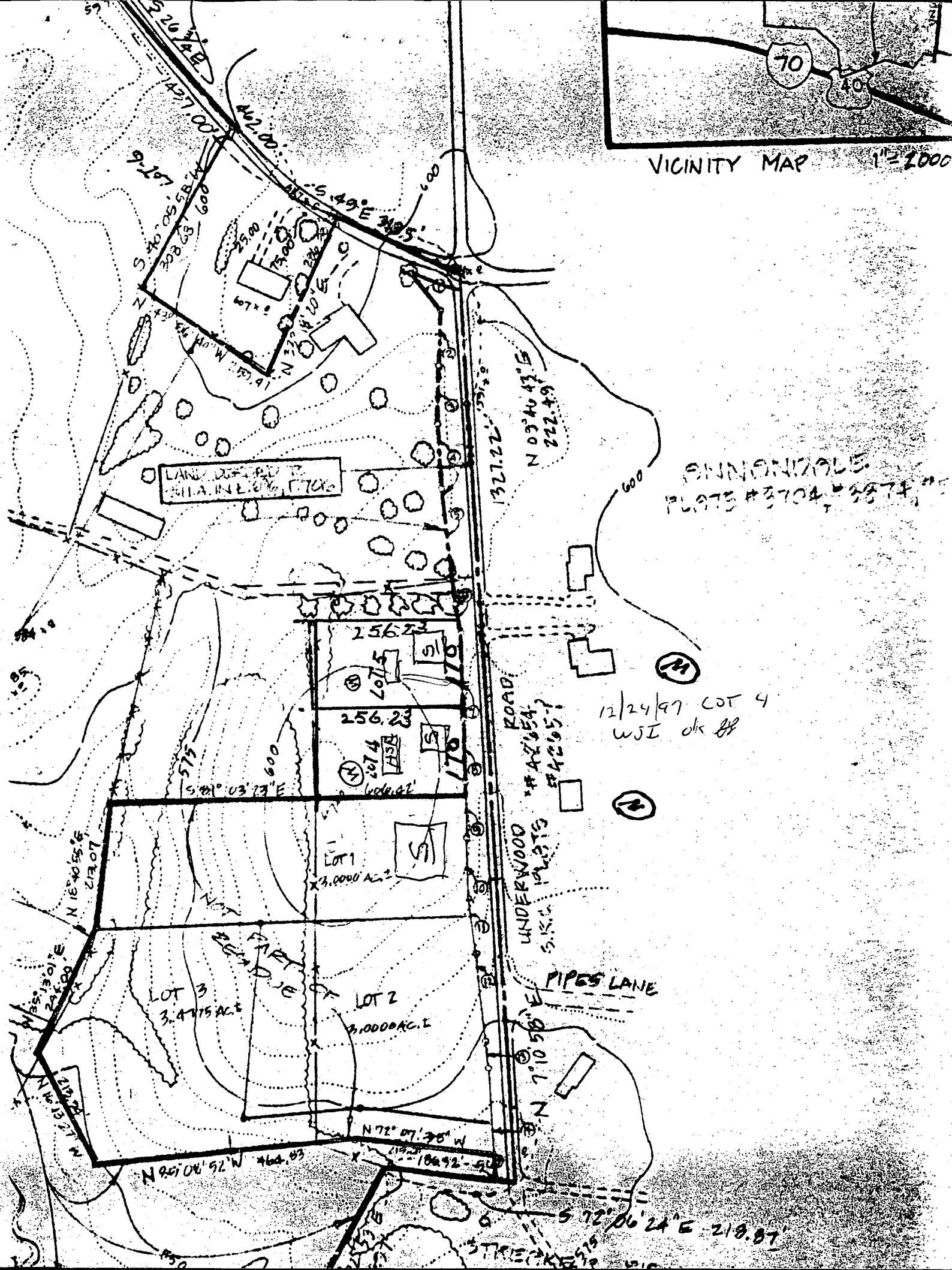
TO MIKE  
MARP

MARIO MARRAROLI & SONS  
Pipes Property  
LOT 4 Underwood Rd  
Sykesville, MD 21784

SCALE: 1" = 50'



UNDERWOOD RD



3/22/95  
10:00

# APPLICATION

PERCOLATION TESTING

A 50546

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

PREVIEW OK  
1 LOT SUBD.

DISTRICT \_\_\_\_\_

DATE 3/27/95

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER MIRIAM J. LARSON - 410-833-0175

ADDRESS 3151 Old Westminster Pike, Finksburg, Md. 21048

AGENT OR PROSPECTIVE BUYER HAROLD PIPES - 13685-Old Frederick Rd

ADDRESS Sykesville Md 21784 PHONE 410-793-7253

PROPERTY LOCATION:

SUBDIVISION Underwood Rd LOT NO. 4

ROAD AND DESCRIPTION PAVED

TAX MAP 9 PARCEL # 98

SIZE OF LOT 1-AC 170 X 256 TYPE BLDG. SINGLE FAMILY  
(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. Harold L. Pipes - agent  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING PERC OK, HOLD FOR PLAT MR 3/27/95

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

## THIS IS NOT A PERMIT

A50546

COUNTY #

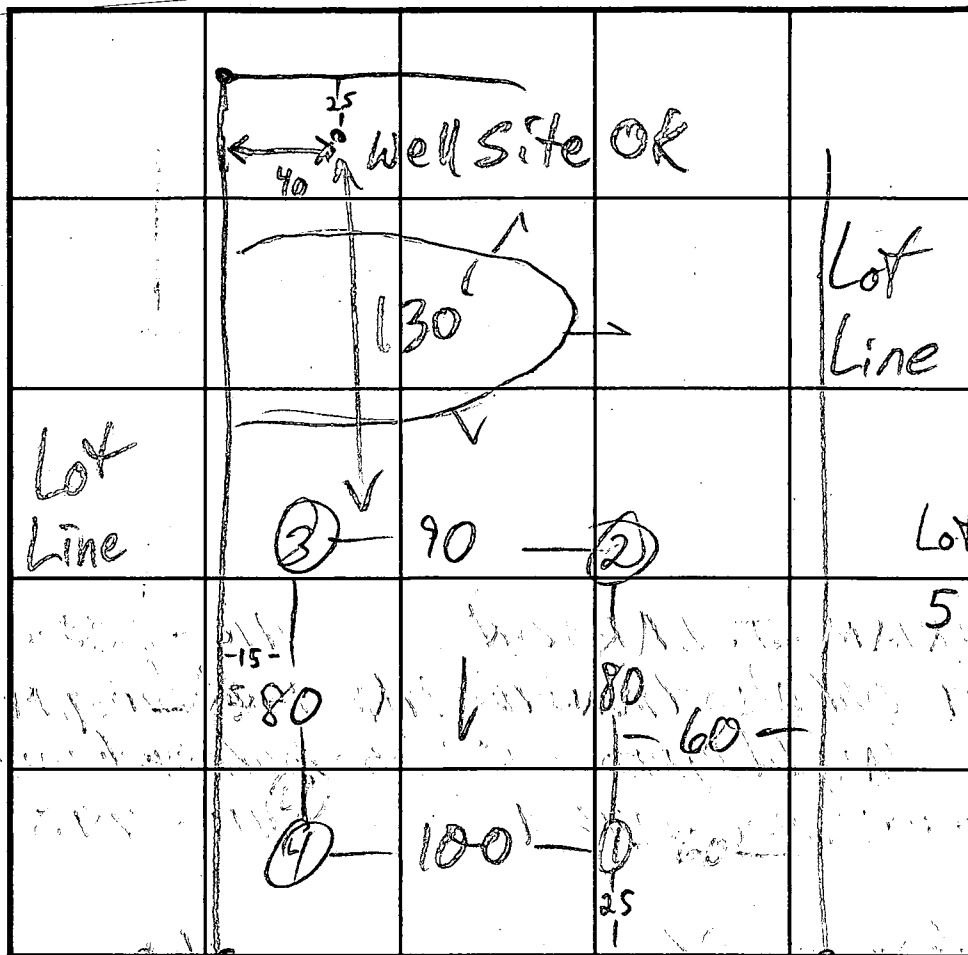
SOIL PROFILE

0' (1) 2'  
org tan  
sac  
lm

4' 4 1/2' tan  
pink mica  
sa lm  
10-15%  
frags

13' 4" (3) 4'  
brn  
org  
sa cl  
lm

4' 12' brn  
Si sa  
loam  
5%  
frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/27/95	1 S	5	11:28	11:31	11:31	11:38	7
	1 V	13' 4"	see profile				
	2 S	5 1/2	11:33	11:34	11:34	11:36	2
	2 V	13' 4"	see profile				
	3 S	5	11:42	11:44	11:44	11:50	6
	3 V	12	see profile				
	4 S	5	11:49	11:53	11:53	11:56	3
	4 V	12 1/2	see profile				

REMARKS HOLES PER PLAN ±

TYPE OF SOIL

TESTED BY M. R. P. Kin

ALSO PRESENT Bill Dixon, Harold Pipes

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

4

TRENCH WIDTH

2

INLET DEPTH

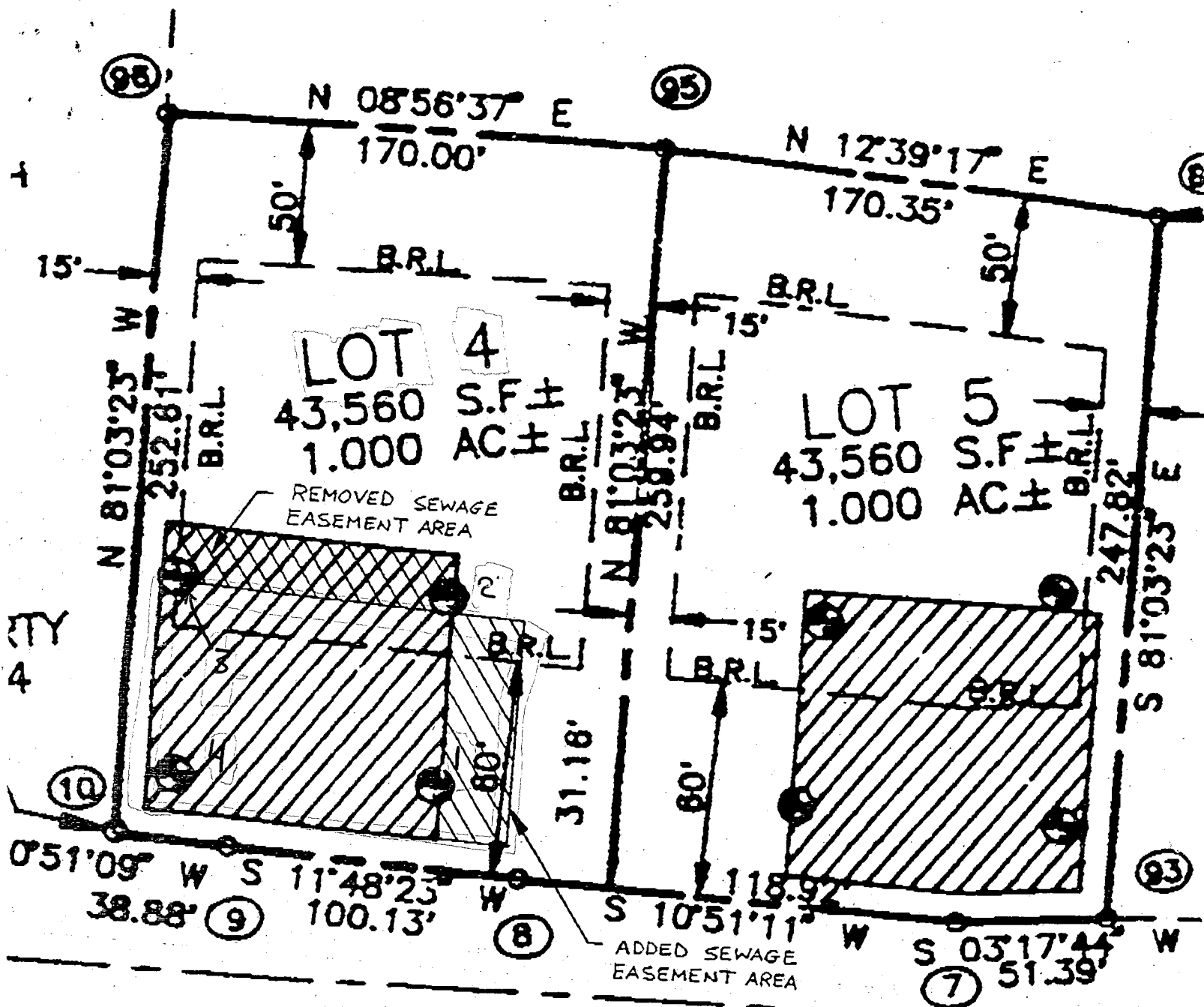
4

MAXIMUM BOTTOM DEPTH

8

SQ. FT/BEDROOM

180



This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of the Environment 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.

Percolation test holes shown hereon have been field located and shown as "P".

The lots shown hereon comply with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

*Joseph M. Byrd* 2-2-98  
County Health Officer ALM Date

Modified Sewage Easement  
Pipes Property, Lot 4  
Tax Map 9  
P/O Parcel 98  
4th Election District  
Howard County, Maryland  
Scale: 1" = 50'  
February 2, 1998

- B. SURFACE- 6-INCHES CRUSHER RUN BASE WITH TAR & CHIP COATING
- C. GEOMETRY- MAX. 15% GRADE; MAX. 10% GRADE CHANGE; MIN. 45-FC
- D. STRUCTURES- (CULVERTS, BRIDGES)- CAPABLE OF SUPPORTING 25 G
- E. DRAINAGE ELEMENTS- CAPABLE OF PASSING 100-YEAR FLOOD WITH A
- F. STRUCTURE CLEARANCES- MIN. 12-FOOT.
- G. MAINTENANCE- SUFFICIENT TO INSURE ALL-WEATHER USE.

75  
DATE

N 542,500  
E 805,450

PE FOUND  
ST  
PLAN

11/5/97  
OK to adjust septic  
easement as shown  
w/out additional testing  
ALM

RESIDUE  
FRED PIPES  
921/372

NCE WITH

1  
PROPERTY  
0034

AP

D

UNDERWOOD ROAD  
(EXISTING STATE R/W, VARIABLE WIDTH)  
R/W PLAT NOS. 42657 & 42654

SHA BASELINE = C ROAD

S.F.

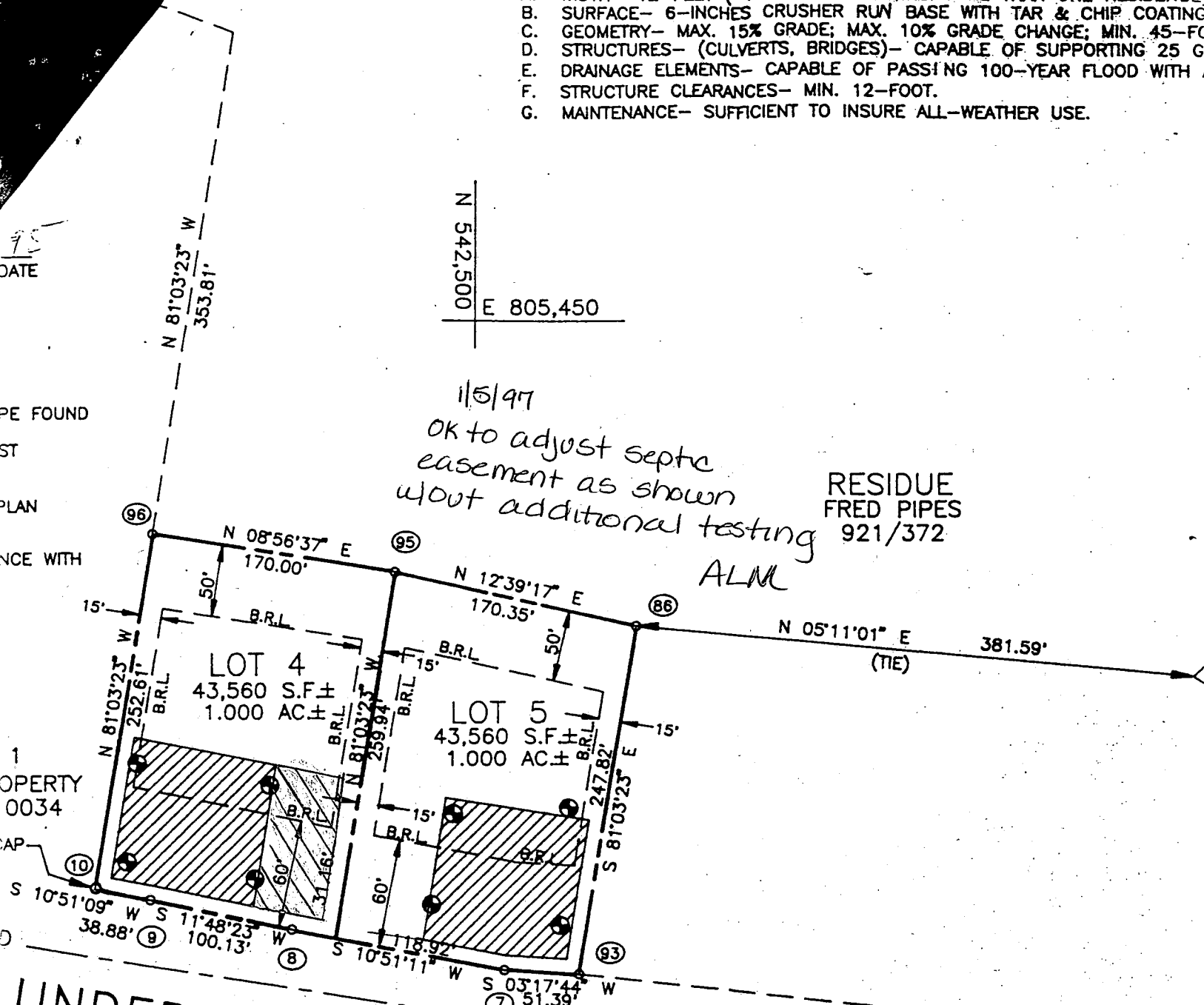
7 S.F.  
OR 134,720 S.F.

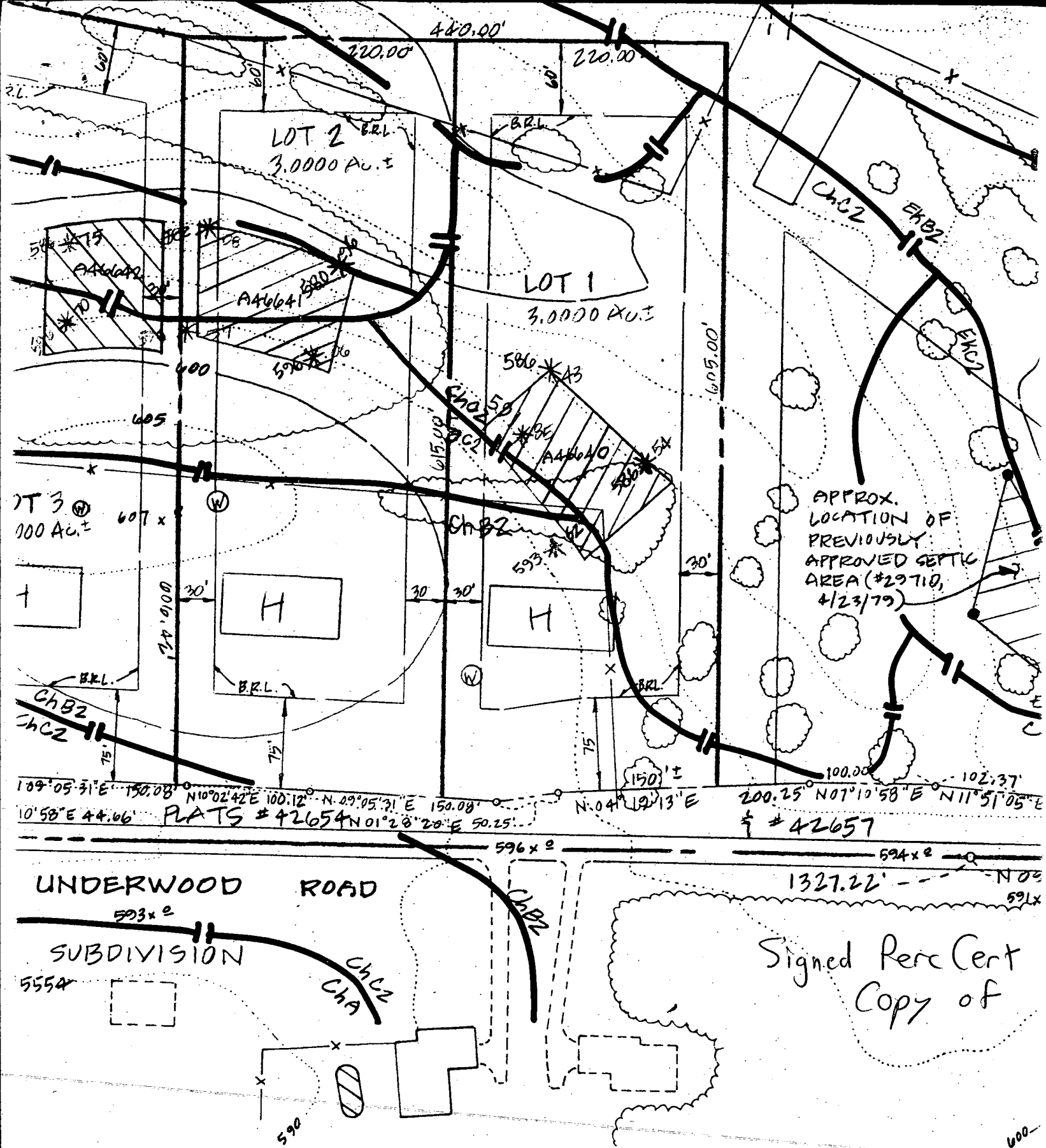
Copy of signed final  
3/18/96

# OWNER'S CERTIFICATE

PIPES AND HATTIE PIPES, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED  
ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF  
BY THE DEPARTMENT OF PLANNING AND ZONING ESTABLISH THE MINIMUM BUILDING  
S AND GRANT UNTO HOWARD COUNTY, MD., ITS SUCCESSORS AND ASSIGNS (1.) THE  
ONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL

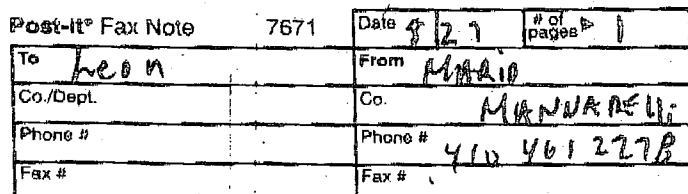
S  
I HEREBY  
IS CORRECT;  
CONVEYED BY  
TO FRED JAME  
DECEMBER 30.





PRIVATE SEWAGE EASEMENT  
THE MD STATE DEPARTMENT  
INDIVIDUAL SEWAGE DISPOSAL.  
IN THIS AREA ARE RESTRICTED.  
NULL & VOID UPON CONNECTION  
THE COUNTY HEALTH OFFICER

4. SUBJECT PROPERTY ZONED 'R' F  
8-2-85 COMPREHENSIVE ZONING
5. (W) DESIGNATES PROPOSED WELL LOC
6. (H) DESIGNATES PROPOSED H  
LOCATION.



ROAD)  
VARIABLE R/W  
7 & 042654

1716 underwood Rd  
Sykesville, MD  
21784

11. 60

KN

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS: (410) 313-2455 INSPECTIONS: (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00135268
---	---	-----------------------------------

Building Address: **1716 UNDERWOODS LA  
SYKESVILLE, MD. 21784**

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract: **604001** Subdivision: **Pipes Prop**  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: **4**  
Tax Map: **9** Parcel: **341** Grid: **14**  
Zoning: **RC** Map Coordinates: \_\_\_\_\_ Lot size: \_\_\_\_\_

Existing Use: **DWELLING SFD**  
Proposed Use: **DWELLING SFD**  
Estimated Construction Cost \$ **2600.00**  
Description of Work: **INSTALL 1-1000 GALLON  
UNDERGROUND PROPANE TANK + LINE TO  
HOUSE STUB OUT**

Occupant or Tenant: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner's Name: **MANNARELLI + SONS**  
Address: **2929 SUMMIT CIRCLE**  
City: **ELLICOTT CITY** State: **MD** Zip Code: **21043**  
Home Phone: **410-461-2278** Work Phone: \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor Company: **POSTIVE MECHANICAL**  
Contact Person: **LEON KUCHARSKI**  
Address: **104 TENNEYSON CT**  
City: **ABINGDON** State: **MD** Zip Code: **21009**  
License No.: **19627**  
Phone: **443-463-7009** Fax: **410 235-8576**

Engineer or Architect Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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 THERE TO; (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: **POSTIVE MECHANICAL**  
Title/Company: \_\_\_\_\_  
Date: **8-29-02**  
Print Name: **CHRIS KOLB**

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