

C1 4850

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received 12/05/11

DATE WELL COMPLETED 12 15 10

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" TA-95-1644

OWNER RAVENAL EAR WELL SITE ADDRESS 27293 Southside Island Creek Rd TOWN Trappe

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown clay, Brickstone, Gravel & stone, etc.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (9), NO. OF POUNDS (450), DEPTH OF GROUT SEAL (300).

CASING RECORD form with fields for casing types (ST, CO).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL.

Handwritten green note: 'Ravenal 55-11 Comp Report - TA-95-1644 20 loops well drilled 2/2/11 210' deep. Cottage - 3 loops - comp report TA-95-1642 comp 2/2/11 210' deep'

WELL HYDROFRACTURED form with 'Y' in 'yes' box.

CIRCLE APPROPRIATE LETTER form with 'A' circled.

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...

DRILLERS LIC. NO. 1 M 5 D 146 DRILLERS SIGNATURE (Must match signature on application) LIC. NO. 1 J 5 D 129

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

DEPTH (nearest ft.) form with grid for depth measurements (1-21 ft).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMP COLUMN LENGTH (nearest ft.) 37, CASING HEIGHT (+ above, - below), LAND SURFACE 3 (nearest foot)

LATITUDE 3, LONGITUDE 7 (DEFAULT COORD. WGS 84)



9597

SEQUENCE NO.  
(MADE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

TA-95-1644

Date Received (APA)

10/11/95

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Ravard Owner East C First Name 34  
27293 Southside Island Creek Street or RFD 55  
36 Tepper Md 21623 State 72 Zip 76  
57 Tepper Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name John J. Shannhans D License No. 81  
Shannhans Artesian Well Co Inc

Firm Name

Address PO Box 730 & Michaels MD 21643  
John J. Shannhans Date 9-24-10

Signature

1 B 2 WELL INFORMATION  
APPROX. PUMPING RATE 8 12  
AVERAGE DAILY QUANTITY NEEDED 14 20  
(GAL. PER DAY)

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 1 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED & DRIVEN
- AIR-ROTARY AIR-PerCussion ROTARY (hydraulic Rotary)
- CABLE Reverse-ROTARY DRIVE-POINT
- other \_\_\_\_\_

REPLACEMENT OR DEEPENED WELLS  
(CIRCLE APPROPRIATE BOX)

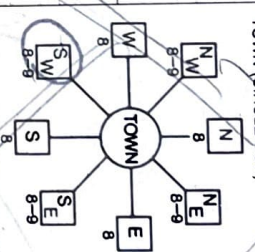
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - THIS WELL WILL DEEPEN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 \_\_\_\_\_ 52 \_\_\_\_\_

Not to be filled in by driller (MADE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER -----G-----  
PERMIT No. TA-95-1644

3 B 3 LOCATION OF WELL

8 COUNTY TA/687  
23 SUBDIVISION \_\_\_\_\_  
SECTION 44 LOT 48 50  
52 NEAREST TOWN Tepper  
MILES FROM TOWN (enter 0 if in town) 5 M. 11  
73 76 77 78 71

1 B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NEAR WHARF ROAD  
Southside Island Creek Rd

34 37 DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 57 BLK: 11 PARCEL 11

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Talbot COUNTY NO. 20  
STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41  
DATE ISSUED 10/5/10 CO SIGNATURE A-R.S.P.A.S EXP. DATE 10/5/11  
43 MM DD YY 48  
NORTH GRID 295 0 0 0 EAST GRID 1045 0 0 0  
50 55 57 63

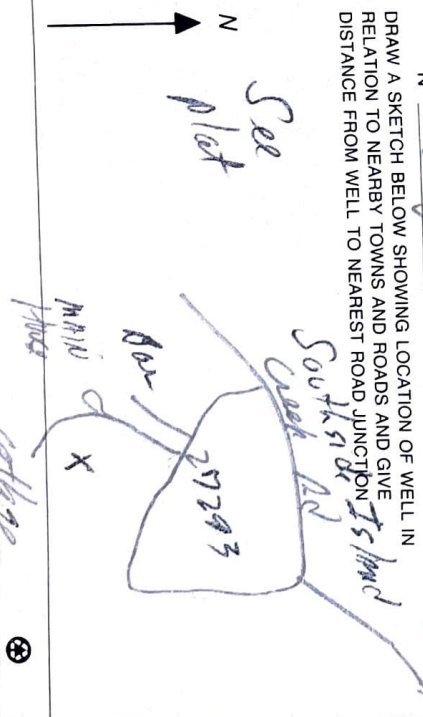
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1. DEEP WELL
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE

E 1045  
N 295

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



Main House

TALBOT COUNTY WELL PERMIT ACCESSORY FORM

This form must be submitted with all state well applications.

Name of Homeowner <i>Earl C Ryenel</i>	Name of Well Driller <i>John T. Shanahan</i>
911 Address of Property <i>22293 South Side Island Creek Rd</i>	Tax Map - Block - Parcel - Lot #
Homeowner's Phone Number <i>PH</i>	Contact Person/Phone Number <i>Randy Walbridge 410-822-4587</i>

- Check all applicable box(es): *PH*
- The existing well will be abandoned and sealed under my license
  - The pitless adapter will be installed under my license *20 See flex well loop*
  - The pump will be installed under my license

FOR REPT. CEMENT WELLS A SCALED DRAWING OF 1" ~~See pit~~ *See flex well* feet is shown on the back identifying the proposed well site. All septic systems and sewage disposal areas within 100' of the proposed well site are shown on the drawing. The proposed well site has been staked on the property.

All well construction operations will be carried out and completed in accordance with the regulations of the State of Maryland (COMAR 26.04.04, COMAR 26.04.02, COMAR 26.05.01)

Date: *9-24-10* Driller's Signature: *John T. Shanahan*

\*\*\*\*\*  
To be filled out by Talbot County Health Department only

County Permit Number: *TA-95-1644*

Special Conditions:

Date of Approval: *10/5/10* Signature of Sanitarian: *A-NS-R, R.S.*

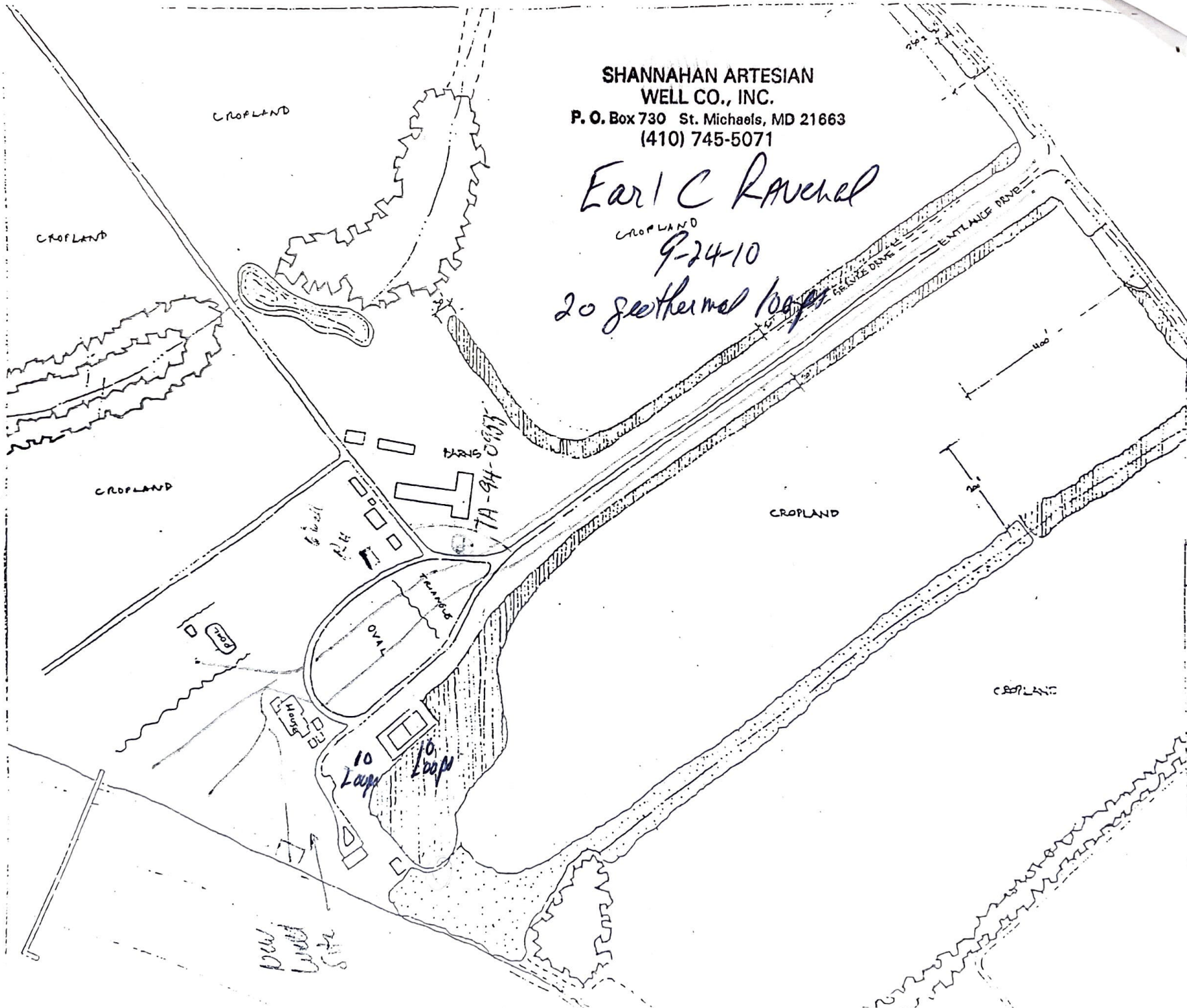
SHANNAHAN ARTESIAN  
WELL CO., INC.  
P. O. Box 730 St. Michaels, MD 21663  
(410) 745-5071

*Earl C Ravenel*

CROPLAND

*9-24-10*

*20 geothermal pages*



CROPLAND

CROPLAND

CROPLAND

CROPLAND

CROPLAND

*New Well Site*

*10 Loop*

*10 Loop*

*7A-94-0111*

*to well*

*Housing*

*ALE*

*OVAL*

*Training*

*100'*

*150'*

*FAIRFAX DRIVE*

*ENTRANCE DRIVE*

C1 7457  
SEQUENCE NO. (MADE USE ONLY)

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED IN C.O.S. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.  
COUNTY NUMBER 57-11  
PERMIT NO. FROM "PERMIT TO DRILL WELL"  
TA-95-1642

STCO USE ONLY  
DATE RECEIVED  
DATE WELL COMPLETED

DATE WELL COMPLETED  
Depth of Well  
TO NEAREST FOOT

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
TA-95-1642

OWNER  
STREET OR RD  
SUBDIVISION

SECTION

LOT

**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 FROM	TO	check if water bearing
Bar clay	0	5	
Banker sand	5	8	
Bar clay	8	19	
Gravel	19	23	
Play sand	23	24	
Play sand	24	121	
Clay	121	170	
Shear clay	170	180	
hard clay	180	210	
Play sand + clay	210	210	

WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 YES  NO  
 TYPE OF GROUTING MATERIAL (Circle one)  
 GEMENT  BENTONITE CLAY  OTHER  
 NO. OF BAGS 45 46 NO. OF POUNDS 45 46  
 GALLONS OF WATER 170  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
 (enter 0 if from surface)

GRAVEL RECORD  
 YES  NO  
 SCREEN RECORD  
 ST STEEL  BR BRASS  PL PLASTIC  HO OPEN HOLE  OT OTHER  
 MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch) j  
 of main casing (nearest foot)  
 60 61 63 64 66 70  
 OTHER CASING (if used) diameter inch depth (feet) to

DEPTH (nearest ft.)  
 C 2  
 E 1 8 9 11 15 17 21  
 A 23 24 28 30 32 36  
 H 38 39 41 45 47 51  
 R 38 39 41 45 47 51  
 F 38 39 41 45 47 51  
 E SLOT SIZE 1 2 3  
 N  
 DIAMETER OF SCREEN 58 60 90  
 (NEAREST INCH)  
 from 10

PUMPING TEST  
 HOURS PUMPED (nearest hour) 9 9  
 PUMPING RATE (gal. per min.) 11  
 METHOD USED TO MEASURE PUMPING RATE 15  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft.  
 WHEN PUMPING 22 25 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

GRAVEL PACK IF WELL DRILLED IF WELL FLOWING WELL INSERT F IN BOX 99  
 MADE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 TELESCOPE LOG INDICATOR OTHER DATA  
 70 72 74 75 76

PUMP INSTALLED YES NO  
 DRILLER INSTALLED PUMP (CIRCLE) YES OR NO  
 IF DRILLER INSTALLED 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  
 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) 49 above below  
 LAND SURFACE 50 51 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: YES NO  
 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

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)

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)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04. "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. 1 M D 146  
 DRILLER'S SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 D S D 129  
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

DRILLERS LIC. NO. 1 M D 146  
 DRILLER'S SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 D S D 129  
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

SEQUENCE NO. 98  
6  
(MADE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

70  
fill in this form completely  
79  
TA-95-1642

Received (APA)  
01/19/95

OWNER INFORMATION

15 Last Name Earl First Name C 34  
27293 Southside Island Creek Rd Street or RFD 55  
36 Thripp Md 21673 55  
57 Thripp Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name John J. Shammorhskm 76 License No. 81  
Firm Name Shammorhskm S D  
Address P.O. box 73081 Mechanics MD 21663  
Signature John J. Shammorhskm Date 9-24-90

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

22  DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL 34 1000 cottage

APPROXIMATE DEPTH OF WELL 260 FEET  
APPROXIMATE DIAMETER OF WELL 1' NEAREST INCH

METHOD OF DRILLING (circle one)

30 BORED (or Augered)  JETTED  Jetted & DRIVEN  
AIR-ROTARY  AIR-PERCUSION  ROTARY (Hydraulic Rotary)  
37 CABLE  REVERSE-ROTARY  DRIVE-POINT  
other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

39  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 DEEPEN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

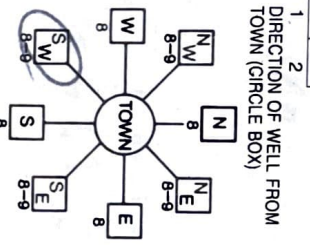
APPROP. PERMIT NUMBER - - - - - G - - - - -

PERMIT No. TA-95-1642  
70 71 72 73 74 75 76 77 78 79

B 3 TA/60 LOCATION OF WELL  
8 COUNTY \_\_\_\_\_ 21

23 SUBDIVISION \_\_\_\_\_ 42  
SECTION 44 LOT 48 50  
52 NEAREST TOWN Thripp 71

MILES FROM TOWN (enter 0 if in town) 5 M. I.  
73 76 77 78



1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
2 27293 Southside Island  
3 NEAR WHAT ROAD  
4 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
5 South Side  
6 DISTANCE FROM ROAD 34 .5 37  
7 ENTER FT OR MI 38 M 39  
8 TAX MAP: 57 BLK: \_\_\_\_\_ PARCEL 11

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Talbot COUNTY NO. 20  
STATE SIGNATURE \_\_\_\_\_  
DATE ISSUED 10/5/10 41  
43 MI. DO. YV. 48 CO SIGNATURE \_\_\_\_\_  
NORTH 295 0 0 0 EAST 1015 0 0 0  
GRID 50 55 57 63

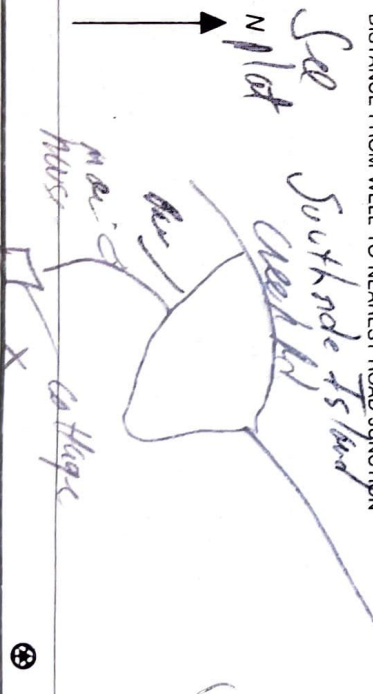
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- 1. SOURCES OF DRILLING WATER
- 2. DEEP WELL
- 3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE

E 1048  
N 295  
000  
000

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



Co Stage

TALBOT COUNTY WELL PERMIT ACCESSORY FORM  
This form must be submitted with all state well applications.

Name of Homeowner	Earl C Ravenel	Name of Well Driller	John T. Spennman
911 Address of Property	27293 Southside Island Creek Rd	Tax Map - Block - Parcel - Lot #	
Homeowner's Phone Number	DN →	Contact Person/Phone Number	Randy Walbridge 410-822-4307

- Check all applicable box(es):
- The existing well will be abandoned and sealed under my license
  - The pitless adapter will be installed under my license
  - The pump will be installed under my license
- 3-Gether well loop

FOR REPT. ACCEMENT WELLS A SCALED DRAWING OF 1" = See Next is shown on the back identifying the proposed well site. All septic systems and sewage disposal areas within 100' of the proposed well site are shown on the drawing. The proposed well site has been staked on the property.

All well construction operations will be carried out and completed in accordance with the regulations of the State of Maryland (COMAR 26.04.04, COMAR 26.04.02, COMAR 26.05.01)

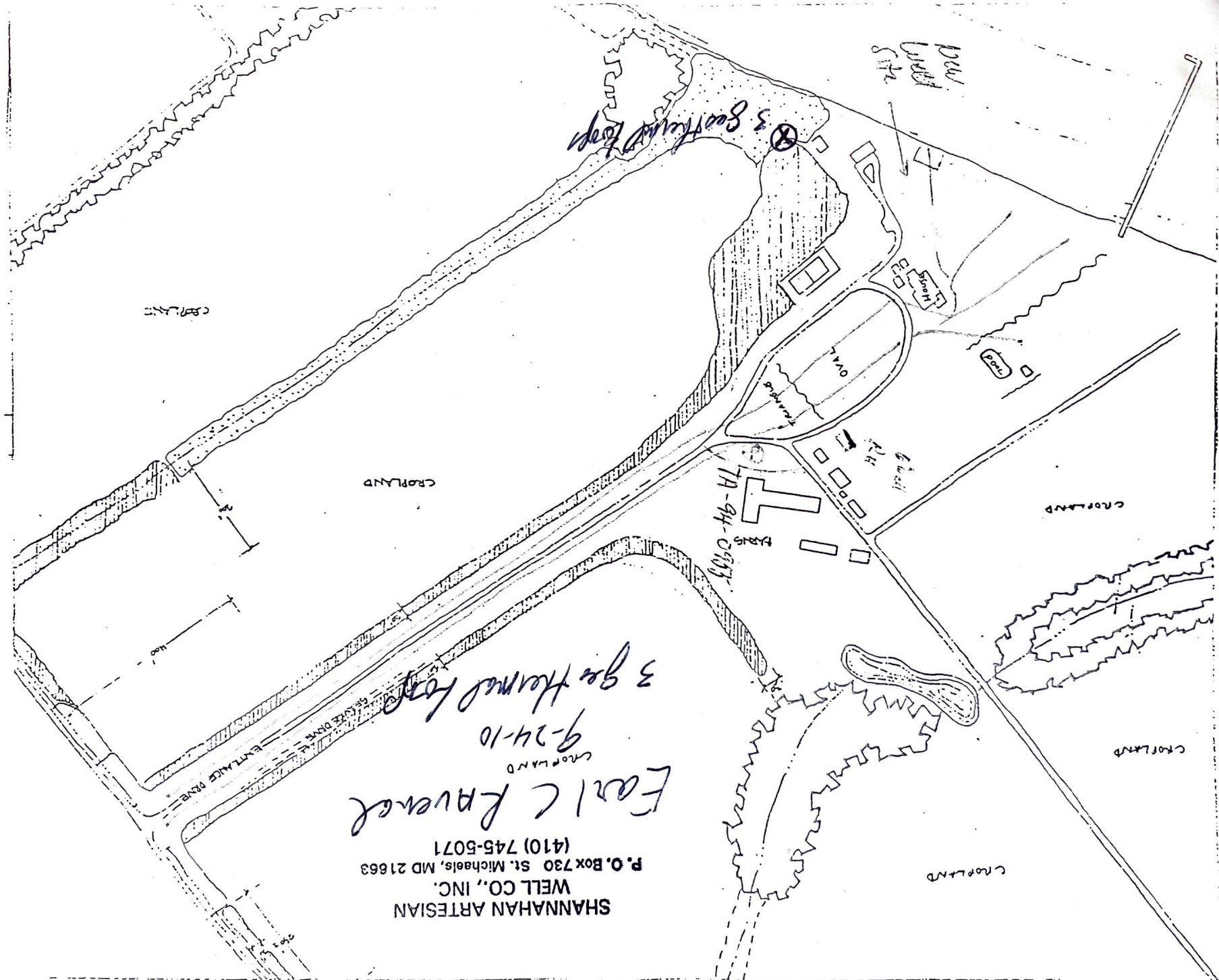
Date: 9-24-10 Driller's Signature: [Signature]

\*\*\*\*\*  
To be filled out by Talbot County Health Department only

County Permit Number: TA-95-1442

Special Conditions:

Date of Approval: 10/5/10 Signature of Sanitarian: [Signature]



3 goffman loop  
 9-24-10  
 CROPLAND  
 Earle C Raver

SHANNAHAN ARTESIAN  
 WELL CO., INC.  
 P.O. Box 730 St. Michaels, MD 21663  
 (410) 745-5071



Kathleen A. Knolhoff, M.P.H.  
Health Officer

TALBOT COUNTY HEALTH DEPARTMENT  
OFFICE OF ENVIRONMENTAL HEALTH

Anne F. Morse, R.S.  
Director of Environmental Health

100 S. HANSON ST.  
EASTON, MARYLAND 21601  
(410) 819-5660

Permit No. 26774

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

This permit is for an interim individual septic system. The property owners must discontinue use of this individual system & connect to the community system when the community system becomes available.

- OWNER CUPTANK PARTNERS 27293 SOUTHSIDE 13. CREEK RD Mailing Address TRAPPE, MD 21673
- APPLICANT EARL C. RAVENAL (410) 476-3682
- Give detailed driving directions to property:  
SEE MAP ATTACHED

- Size of Lot 47.9945 ACRES 5. Purpose of Sanitary Construction:  New System  Expansion of Existing System
- Planned Use of Building:  Residence  Commercial  Repair/Replacement  Connection to Existing System
- Sq. Ft. of Living Area 4,200 # of Bedrooms 7 (6 bedrooms main house)  Garage Disposal  Yes  No  
7 bedrooms total
- Type of Sewage Disposal System:  
 On-Site Septic System  Connection to Public Sewer  Other \_\_\_\_\_
- Type of Water Supply:  Deep Well  Shallow Well  Community Water Supply
- Signature of Owner [Signature] hereby agrees to have the sewage disposal facilities installed in accordance with regulations COMAR 26.04.02 of the Maryland Department of Environment under the supervision of the Talbot County Health Department. Should this system fail, I agree to make any changes deemed necessary.  
Date 5.12.02

**IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE ENVIRONMENTAL HEALTH SECTION OF THE TALBOT COUNTY HEALTH DEPARTMENT.**

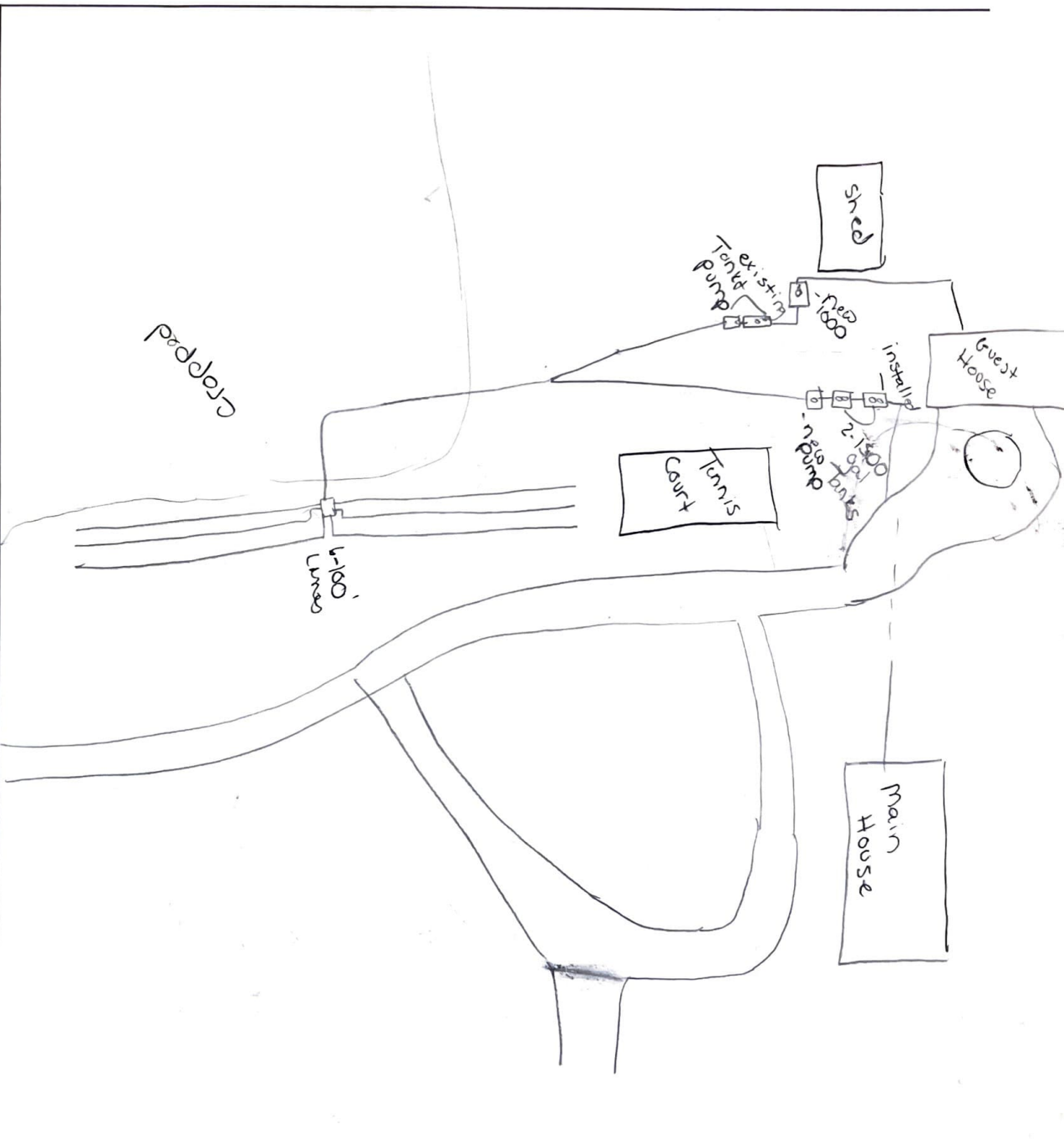
- Septic Tank Specifications: Number of Tanks 2  Top Seam Tank  1,000 Gallon Two Compartment  1,500 Gallon Two Compartment  Concrete Pump Chamber
- Septic System Specifications: for Sewage Disposal Area # 2.

Total Length of Trench 600 Number of Trenches 6 Length of Each Trench 100 ft.  
 Depth of Each Trench 7' ft. Width of Trench 2 ft.  
 Sand Lined Trench / 6" Stone Below & 2" Above  All Stone Trench \_\_\_\_\_  
 Invert of Drainfield + 6" Soil Type ES/04

Install When Ground Water Table is Absent  Mound Over Trench / Graded and Seeded   
Install distribution box in middle with trenches "back-to-back"

THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF ISSUE.

Application Approved 8/7/02 Date David Quar, R.S. Registered Sanitarian



NOTE: Notify the Talbot County Health Department between the hours of 8-9 a.m. on the day of installation, so inspection can be made while work is in progress. Representatives of the Talbot County Health Department may make inspections during construction to determine compliance with State and County Regulations. No part of any installation shall be covered until inspected and given final written approval by the Talbot County Health Department. Any part of an installation which has been covered prior to final approval shall be uncovered on order of the Talbot County Health Department.

Septic System Installed by Tyler

**THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS**

Final Inspection: 1-New 1000 gallon tank for guest house installed. One  
1500 gallon tank & installed and 2<sup>nd</sup> 1500 gallon tank & pump chamber  
to be installed for main house. 6-100' sand lined trenches  
installed. 1 trench depth - 7' for contractor. Saw 9-FSL light  
gray. Stone 3/4" clean.

Date 9/9/03 Time 10:30AM Sanitarian Dawn Pisci R.S.

Kathleen H. Foster, R.N., M.S.  
Health Officer

TALBOT COUNTY HEALTH DEPARTMENT  
OFFICE OF ENVIRONMENTAL HEALTH  
100 S. HANSON ST.  
EASTON, MARYLAND 21601  
(410) 819-5660

Anne F. Morse, R.S.  
Director of Environmental Health

Permit No. 28310

This permit is for an interim individual septic system. The property owners must discontinue use of this individual system & connect to the community system when the community system becomes available.

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

1. OWNER CHOPSTANK PARTNERS 27293 Southside ls. Creek Rd, RD, 21673  
Last Name EARL C. RAVENAL First Name TRAPPE, MD Mailing Address TRAPPE, MD 21673  
2. APPLICANT EARL C. RAVENAL (410) 476-3682  
Phone No. SEE MAP ATTACHED

3. Give detailed driving directions to property.  
4. Size of Lot 77.9975 ACRES Purpose of Sanitary Construction:  New System  Expansion of Existing System  
 Repair/Replacement  Connection to Existing System  
6. Planned Use of Building:  Residence  Commercial  
Sq. Ft. of Living Area 4200 Approx # of Bedrooms 1 Garbage Disposal  Yes  No  
7. Type of Sewage Disposal System: 800sq ft. Guest house

7.  On-Site Septic System  Connection to Public Sewer  Other  
8. Type of Water Supply:  Deep Well  Shallow Well  Community Water Supply

9. I, Earl C. Ravenal hereby agrees to have the sewage disposal facilities installed in accordance with regulations COMAR 26.04.02 of the Maryland Department of Environment under the supervision of the Talbot County Health Department. Should this system fail, I agree to make any changes deemed necessary.  
Signature of Owner Margaret M. Dwyer, Agent  
Date 8/14/02

IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE ENVIRONMENTAL HEALTH SECTION OF THE TALBOT COUNTY HEALTH DEPARTMENT.

10. Septic Tank Specifications: Number of Tanks 1  Top Seam Tank  
 1,000 Gallon Two Compartment  1,500 Gallon Two Compartment  Concrete Pump Chamber

11. Septic System Specifications: See main house Sanitary Construction Permit  
Total Length of Trench \_\_\_\_\_ Number of Trenches \_\_\_\_\_ Length of Each Trench \_\_\_\_\_ ft.  
Depth of Each Trench \_\_\_\_\_ ft. Width of Trench \_\_\_\_\_ ft.  
Sand Lined Trench / 6" Stone Below & 2" Above \_\_\_\_\_ All Stone Trench \_\_\_\_\_  
Invert of Drainfield \_\_\_\_\_ Soil Type \_\_\_\_\_

Install When Ground Water Table is Absent \_\_\_\_\_ Mound Over Trench / Graded and Seeded \_\_\_\_\_  
See main house permit - one septic system for main house & guest house.  
\* Can use a grinder pump and pump to the first in a series of two tanks for main house - sewage

THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF ISSUE.

Application Approved 8/26/02 Date Earl Ravenal Registered Sanitarian

MAP GRID PARCEL LOT #

r. Foster, R.N., M.S.  
Health Officer  
JAN 4 2008



NOTE: Notify the Talbot County Health Department between the hours of 8-9 a.m. on the day of installation, so inspection can be made while work is in progress. Representatives of the Talbot County Health Department may make inspections during construction to determine compliance with State and County Regulations. No part of any installation shall be covered until inspected and given final written approval by the Talbot County Health Department. Any part of an installation shall be covered until covered prior to final approval shall be uncovered on order of the Talbot County Health Department.

Septic System Installed by \_\_\_\_\_

**THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS**

Final Inspection: Sno Mann, bawoo system 9/9/03

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Date \_\_\_\_\_ Time \_\_\_\_\_ Sanitarian \_\_\_\_\_

# Caretakers House

H. Foster, R.N., M.S.  
Health Officer

TALBOT COUNTY HEALTH DEPARTMENT  
OFFICE OF ENVIRONMENTAL HEALTH  
SUITE 4, 28712 GLEBE ROAD  
EASTON, MARYLAND 21601  
410-770-6880 • FAX 410-770-6888

Anne F. Morse, R.S.  
Director of Environmental Health

JAN 4 2008

Permit No. 50141

## APPLICATION FOR SANITARY CONSTRUCTION PERMIT

This permit is for an interim individual septic system. The property owners must discontinue use of this individual system & connect to the community system when the community system becomes available.

- OWNER Choptank Partners, c/o Earl Ravenal, 27293 South Side Island Creek Rd.  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mailing Address Trappe, MD 21673  
Phone No. \_\_\_\_\_ Fax # 410-745-2373
- APPLICANT Tyler Contracting Co.

3. Give detailed driving directions to property.  
Take Rt. 50 East, Right onto Sanderstown Rd. Right onto Island Creek Rd.

Left onto South Side Island Creek Rd., Left onto 27293 right then left @

4. Size of Lot \_\_\_\_\_ 5. Purpose of Sanitary Construction:  New System  Expansion of Existing System  
 Repair/Replacement  Connection to Existing System

6. Planned Use of Building:  Residential  Commercial Pool House

Sq. Ft. of Living Area \_\_\_\_\_ # of Bedrooms none 3

7. Type of Sewage Disposal System:  Connection to Public Sewer  Other \_\_\_\_\_

On-Site Septic System  Deep Well  Shallow Well  Community Water Supply

8. Type of Water Supply:  Deep Well  Shallow Well  Community Water Supply

9. I [Signature] W. E. Spangler Owner Earl Ravenal hereby agree to have the sewage disposal facilities installed in accordance with regulations COMAR 01.03.02 of the Maryland Department of Environment under the supervision of the Talbot County Health Department. Should this system fail, I agree to make any changes deemed necessary. THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF APPROVAL.  
Date 01/03/08

**IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE ENVIRONMENTAL HEALTH SECTION OF THE TALBOT COUNTY HEALTH DEPARTMENT.**

10. Septic Tank Specifications: Number of Tanks 1  Top Seam Tank  
 1,000 Gallon Two Compartment  1,500 Gallon Two Compartment  Concrete Pump Chamber  \_\_\_\_\_

11. Septic System Specifications: Total Length of Trench 300'

Length of Each Trench 100' ft. Number of Trenches 3  
Depth of Each Trench 9' ft. Width of Trench 2' ft.

Sand Lined Trench / 6" Stone Below & 2" Above  All Stone Trench \_\_\_\_\_  
Invert of Drainfield 6" at highest elevation Soil Type B

Install When Ground Water Table is Absent  Graded and Seeded  Management Area \_\_\_\_\_  
- Do not change in total length of drainfield.  
- Costaker's house only has 3 bedrooms and  
the pool house will be given a one bedroom  
equivalent detail. See proposal by A.E.C. for  
additional detail.

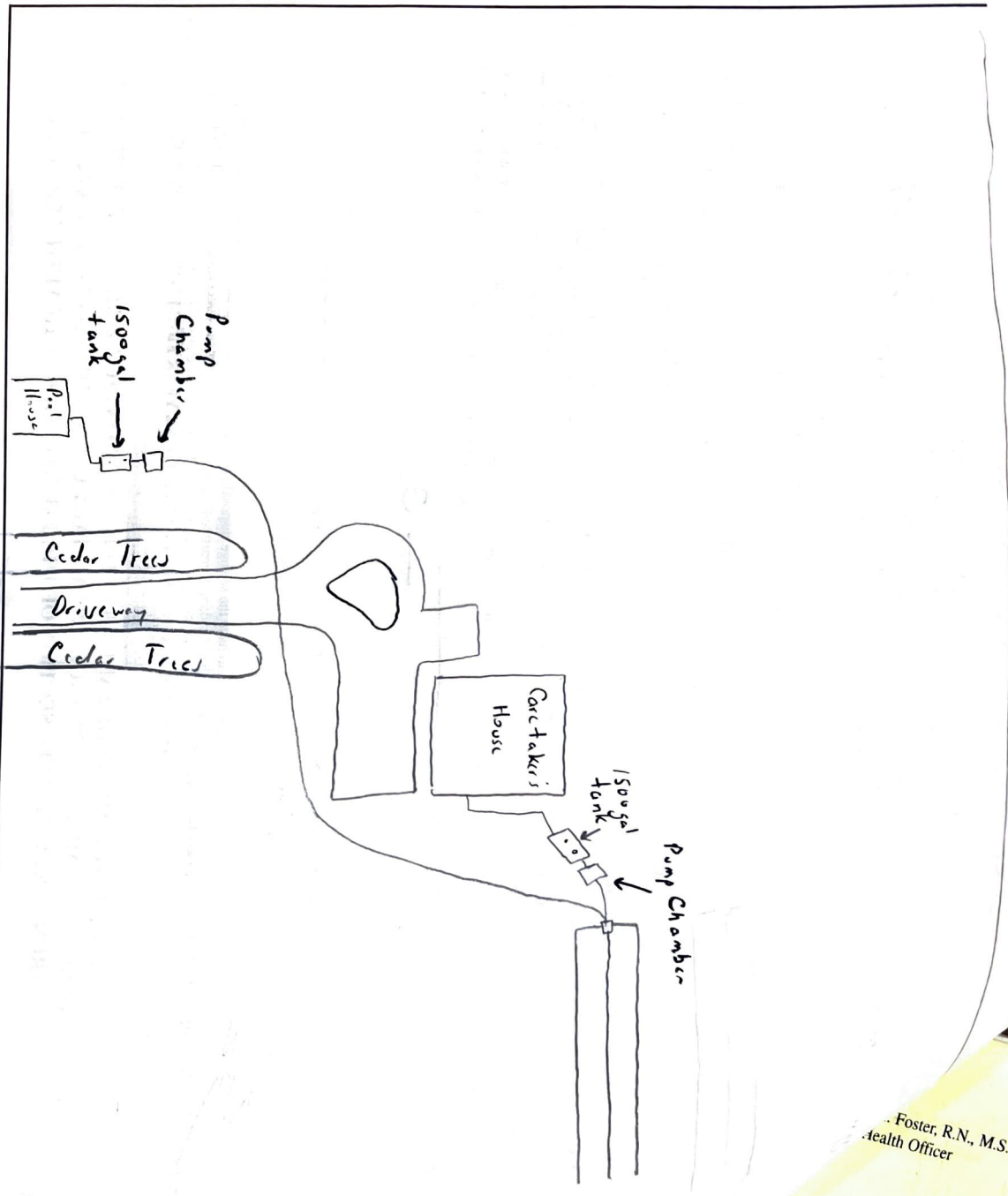
THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF APPROVAL.

Application Approved 1/17/08 Date \_\_\_\_\_  
Dawn Puer, R.S. Registered Sanitarian

H<sub>2</sub>O

Foster, R.N., M.S.  
Health Officer

APP  
This permit is  
use of this individ



NOTE: Notify the Talbot County Health Department between the hours of 8-9 a.m. on the day of installation, so inspection can be made while work is in progress. Representatives of the Talbot County Health Department may make inspections during construction to determine compliance with State and County Regulations. No part of any installation shall be covered until inspected and given final written approval by the Talbot County Health Department. Any part of an installation which has been covered prior to final approval shall be uncovered on order of the Talbot County Health Department.

Septic System Installed by Tyler

**THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS**

Final Inspection: Tanks not installed at time of inspection, 3-100'  
Line installed, D.R. installed, Trench depth is 9' per  
Contractor, Soil is a SL, Trunks are sandblasted  
Stone is clean and of good size, Invert is 6" below  
grade at highest elevation, 4" perforated PVC is on-site  
and in use  
4/2/08 1-1500 gallon tank and pump chamber installed for guest  
hours 1-1500 gallon tank and pump chamber installed for pool house

Date 3/10/08 Time 1:45 AM Sanitarian [Signature]

Pool House

Scott H. Foster, R.N., M.S.  
Health Officer

TALBOT COUNTY HEALTH DEPARTMENT  
OFFICE OF ENVIRONMENTAL HEALTH  
SUITE 4, 28712 GLEBE ROAD  
EASTON, MARYLAND 21601  
410-770-6880 • FAX 410-770-6888

Anne F. Morse, R.S.  
Director of Environmental Health

DEC 27 2007

Permit No. 50116

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

This permit is for an interim individual septic system. The property owners must discontinue use of this individual system & connect to the community system when the community system becomes available.

- 1. OWNER Choptank Partners, c/o Earl Ravenal, 27293 South Side Island Creek Rd.  
Last Name Choptank Partners First Name Earl Ravenal Mailing Address Tappe, MD 21673
- 2. APPLICANT Tyler contracting Co. Fax # 410-745-2373
- 3. Give detailed driving directions to property. Phone No. \_\_\_\_\_

- Take Rt 50 East, Right onto Sanderstown Road, right onto Island Crk Rd. Left onto South Side IslandCrk Rd., Left onto "27293" right then left @ Barns Wilderness Farm
- 4. Size of Lot \_\_\_\_\_ 5. Purpose of Sanitary Construction:  New System  Expansion of Existing System
- 6. Planned Use of Building:  Residential  Commercial  Caretakers and Pool House  Connection to Existing System
- Sq. Ft. of Living Area \_\_\_\_\_ # of Bedrooms three

- 7. Type of Sewage Disposal System:  On-Site Septic System  Connection to Public Sewer  Other \_\_\_\_\_
- 8. Type of Water Supply:  Deep Well  Shallow Well  Community Water Supply

- 9. I, [Signature] hereby agree to have the sewage disposal facilities installed in accordance with regulations COMAR 26.04.02 of the Maryland Department of Environment under the supervision of the Talbot County Health Department. Should this system fail, I agree to make any changes deemed necessary. THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF APPROVAL.  
Signature of Owner \_\_\_\_\_  
Date 12/26/07

IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE ENVIRONMENTAL HEALTH SECTION OF THE TALBOT COUNTY HEALTH DEPARTMENT.

- 10. Septic Tank Specifications: Number of Tanks 1  Top Seam Tank  Concrete Pump Chamber (1)
- 1,000 Gallon Two Compartment  1,500 Gallon Two Compartment (1)

- 11. Septic System Specifications:
 

Length of Each Trench _____ ft.	Number of Trenches _____	Total Length of Trench _____
Depth of Each Trench _____ ft.	Width of Trench _____ ft.	
Sand Lined Trench / 6" Stone Below & 2" Above _____	All Stone Trench _____	
Invert of Drainfield _____	Soil Type _____	

Install When Ground Water Table is Absent \_\_\_\_\_ Graded and Seeded \_\_\_\_\_ Management Area \_\_\_\_\_

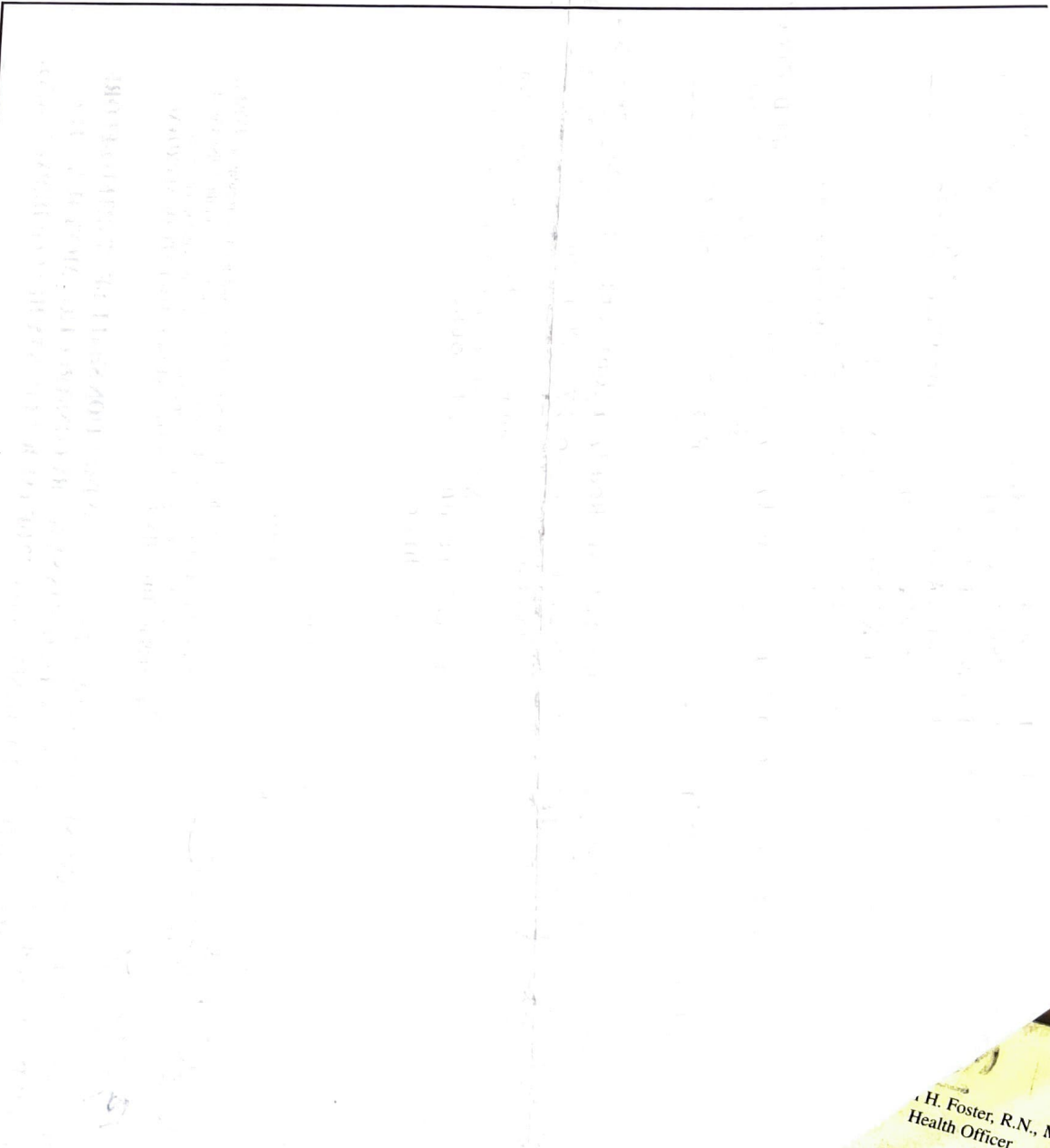
- seps for connection of pool house to new septic system for the caretakers house.

THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF APPROVAL.

Application Approved 11/17/08 Date Down B. Puse, R.S.  
Registered Sanitarian

MAP 57 GRID 11 PARCEL 11 LOT #

H. Foster, R.N., M.S.  
Health Officer



NOTE: Notify the Talbot County Health Department between the hours of 8-9 a.m. on the day of installation, so inspection can be made while work is in progress. Representatives of the Talbot County Health Department may make inspections during construction to determine compliance with State and County Regulations. No part of any installation may make inspections during construction and given final written approval by the Talbot County Health Department. Any part of an installation shall be covered prior to final approval shall be uncovered on order of the Talbot County Health Department.

Septic System Installed by Tyler

**THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS**

Final Inspection: See guest house SCR for drawings and inspection

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date 7/2/08 Time 9:00AM Sanitarian [Signature]



DEC 27 2007

**Accurate Environmental Consulting, LLC**

9317 High Banks Dr., Easton, MD 21601

Phone: (410) 819-3166

Fax: (410) 763-7200

Date: 11.20.07

Name: **Choptank Partners (Earl Ravenal ) "WILDERNESS FARM"**

Site Location/Road: **27293 Southside Island Creek Rd., Trappe, MD 21673**

County: **Talbot, Map 57, Grid 11, Parcel 11, Lot           , Block           , Section**

GPR Management Area: **B**

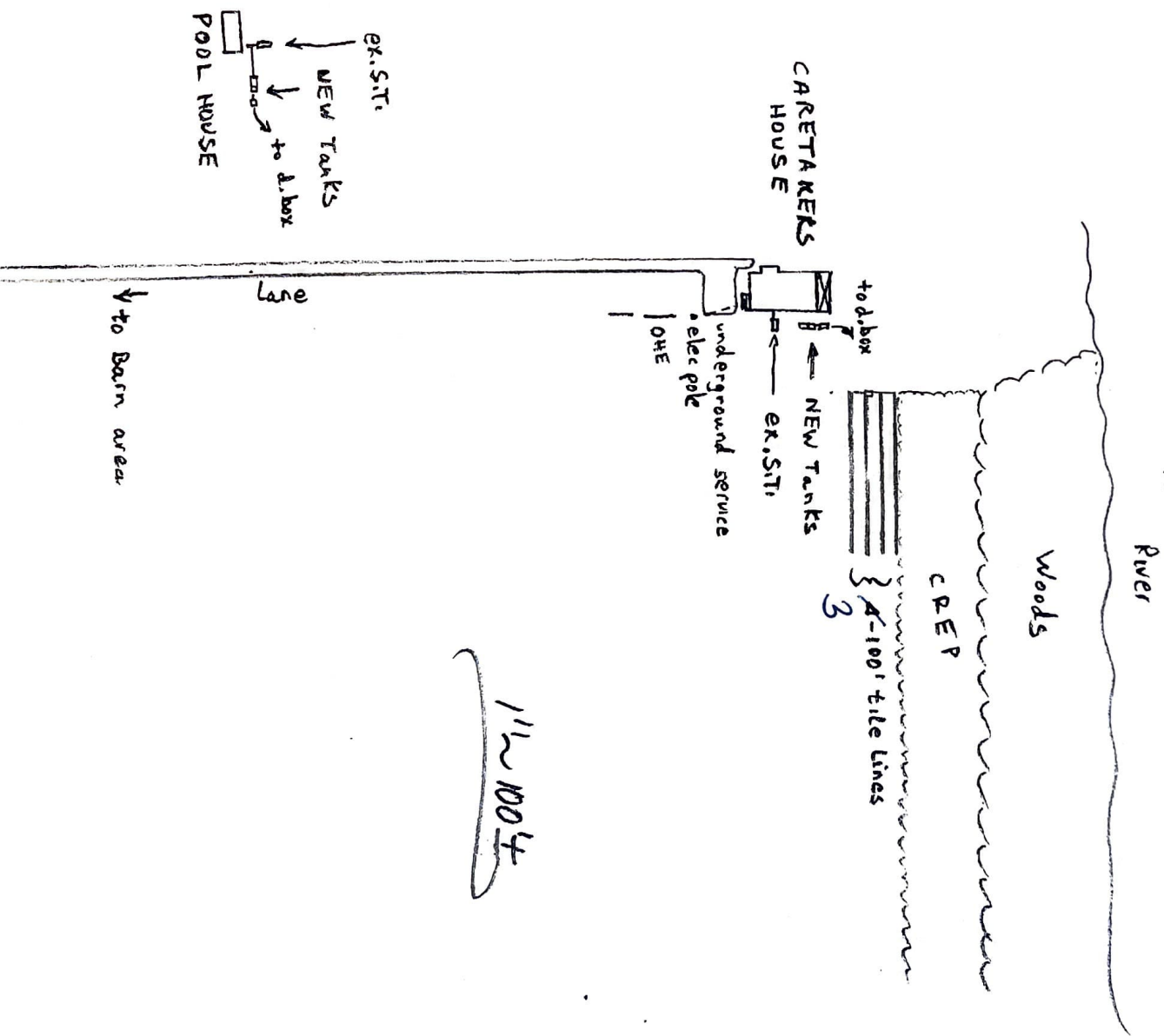
Proposal/Job Description: **Repair/Renovation/Addition to Ex. Septic System**

The proposal is to replace the unacceptable OSSS at both the existing 1 bedroom equivalency poolhouse and three bedroom equivalency caretakers house.

Discussion: A replacement septic tank and dosing chamber are to be located adjacent the existing septic tanks being filled-in. Trench length was based on 100 linear feet per bedroom equivalency, albeit 75 linear feet would be adequate. This was done to due to the sharing of the drainage system per recent H.D. recommendations.

Summary/Recommendations: Submit this report with the Application for Construction Permit. Install the system per the issued Permit from the Approving Authority.

11/17/08 - Per Peter Tiger - will be shared w/ main house 



1 1/2 ~ 100'

Building Permit XX  
Zoning Certificate \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ 02-207

TYPE: Residential XX  
Commercial \_\_\_\_\_  
Agricultural \_\_\_\_\_

Zoning Fee Paid 35.00  
Building Permit Fee Paid 410.00  
Other 60.00  
Total Fee 505.00



## APPLICATION FOR BUILDING PERMIT / ZONING CERTIFICATE TALBOT COUNTY, MARYLAND

PROPERTY OWNER: (RAVENAL, EARL C.)  
CHOPTANK PARTNERS

Lot (first & middle)

GEN. CONTRACTOR WALBRIDGE BUILT

MAILING ADDRESS: 27293 SOUTHSIDE ISLAND GREEK RD., EASTON, MD 21601

PHONE: TRAPPE, MD 21673 PHONE: 410-822-4507  
410-476-3151/3682 MHC # G.C.#

APPLICANT: (if other than owner) MARGARET GAREY MHR#  
ADDRESS: 213 BROOKLETTS AVE., EASTON, MD 21601 PHONE: 410-822-2953

PROPERTY INFORMATION: ZONING: RC/RAC ACREAGE: 47.99 ELECT. DIST.  
TAX MAP # 57 GRID 11 PARCEL 11 LOT SECTION  
SUBDIVISION NAME:

LOCATION OF PROJECT: (Sheet Address) 27293 SOUTHSIDE ISLAND GREEK ROAD, TRAPPE, MD

ROAD FRONTAGE 568 + FT. LONGEST DEPTH (Front to Rear) 2884 ± FT.  
WATER FRONTAGE (Tidal): 1575.93 FT Flood Zone Flood Zone Exempt Yes no

PROPOSED SETBACK (FD): Front 2000 Sides 600 / 610 Rear  
(Required setbacks (FT): 50 / 50 / 50 / 50 / 50 / 50 MHW 250±  
MHW 100

PROJECT DESCRIPTION: CONVERT EXISTING ATTIC OF MAIN HOUSE TO GAMEROOM, 1 BEDROOM AND 1 BATHROOM.

TYPE OF CONSTRUCTION: Pre-Engineered Modular Site Built XX Sectional

### ACTUAL DIMENSIONS / NEW CONSTRUCTION

WIDTH	LENGTH	HEIGHT	NO. STORES
32 ± FT	38 ± FT	MIN. 7.33-16.0' FT	THIRD STORY

HEATED AREA (SQ FD) 1106 PLAN AREA (SQ FD)(footprint) 1106 (ATTIC ONLY)  
NON-HEATED AREA (SQ FD) NO. OF BEDROOMS: 1 PROPOSED  
NO. OF BATHROOMS: 1 PROPOSED

IS PLUMBING PERMIT REQUIRED? YES XX NO  
IS ELECTRICAL INSPECTION APPLICATION REQUIRED? YES XX NO  
SANITARY FACILITIES: WATER ON SITE SEWER ON SITE COMMUNITY

Office use only VALUE OF CONSTRUCTION \$ 50,000.00

Approvals: Building Inspector [Signature] Date 4/6/02  
Health Department [Signature] Date 3/17/02  
Planning Office [Signature] Date 4/10/02

Comments/Conditions

**CERTIFICATION:** I certify that all the information noted hereon and in any attached plans and specifications is true and correct, and that I understand that misrepresentation & grounds for denial and/or revocation of the permit. I understand that it is my responsibility to know and abide by all applicable County and State regulations governing building construction in Talbot County, including requests for code inspections as set forth on the building permit. Failure to comply with the aforementioned regulations could result in penalties as prescribed in Section 121.4 of the Talbot County Building Code. I understand that construction undertaken before the issuance of an approved building permit is at my own risk, and may be ordered removed at my own expense. I certify that I am allowed to make this application as the property owner or the owner's representative.

Owner's Signature: [Signature] Date 3/14/02  
Date \_\_\_\_\_

**Accurate Environmental Consulting, LLC**  
9317 High Banks Dr., Easton, MD 21601  
Phone: (410) 819-3166  
Fax: (410) 763-7200

Date: 7/23/01

Name: Earl Ravenal

Site Location/Road: 27293 Southside Island Creek Rd., Trappe, MD 21673

County: Talbot, Map 57, Grid 11, Parcel 11, Lot , Block , Section

GPR Management Area: B

**Proposal/Job Description: Repair/Renovation/Addition to Ex. Septic System**

Mr. Ravenal plans to add a bedroom to the existing residential dwelling. The existing septic system pumps groundwater and is located in an area which floods after rainfall events. A new/renovated septic system is planned to address the flooding and provide for the total of seven bedrooms.

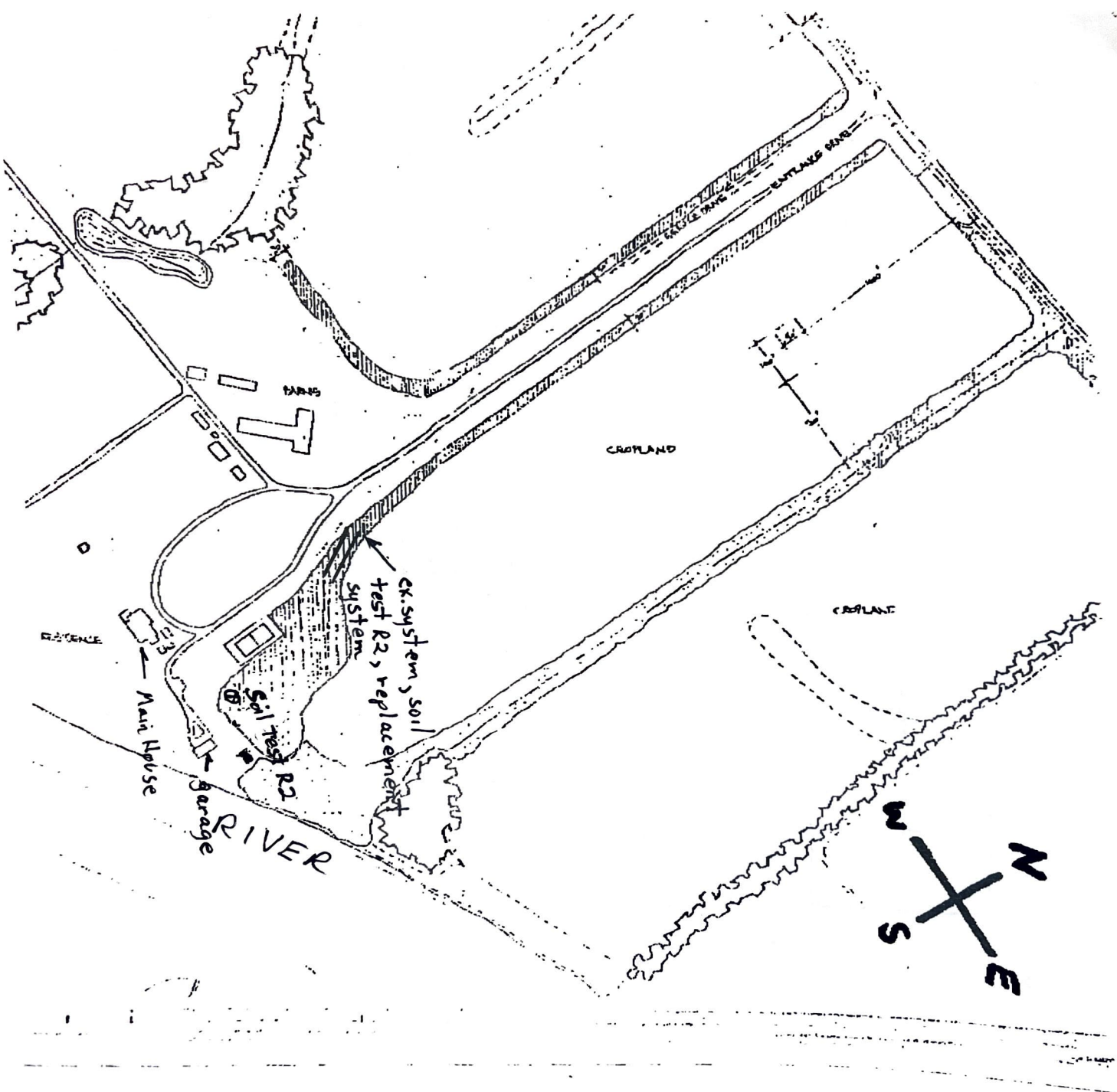
**Discussion:** The existing residence on this property has five bedrooms. An additional proposed bedroom for guests, and a garage with a attached bedroom brings the total number of bedrooms for the planned renovation of the existing system from six to seven.

Several problems had to be addressed in preparing the attached specs. These included the existing elevation of the 6" sewer line, which cannot be raised, limited space for a septic tank at the garage, and the surface water flooding of the tile line area. These are addressed using a top seam septic tank, a sealed grinder pump station at the garage to discharge into the septic tank, and cleaning out and extending the swale for surface water off/from the field adjacent the drainage system.

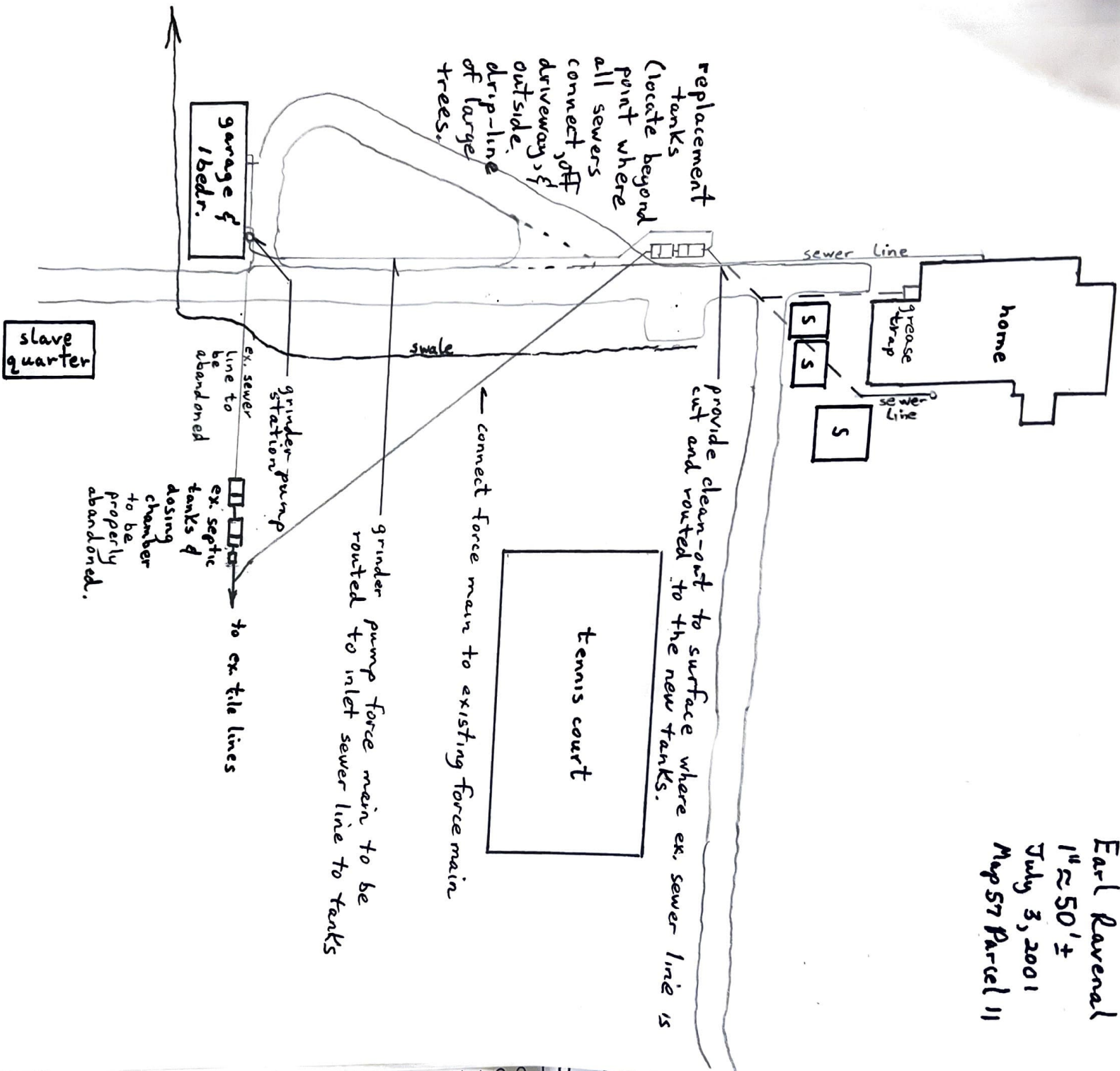
A grinder pump station is used since it requires limited space, which is needed in an area subject to driveway traffic. Approximately 2.23' of elevation is available from the area of the existing drain field to the invert of the existing culvert to which surface water can be directed. The existing drainfield will be elevated above the ground level and additional sand-lined trenches provided to comply with the minimum total length.

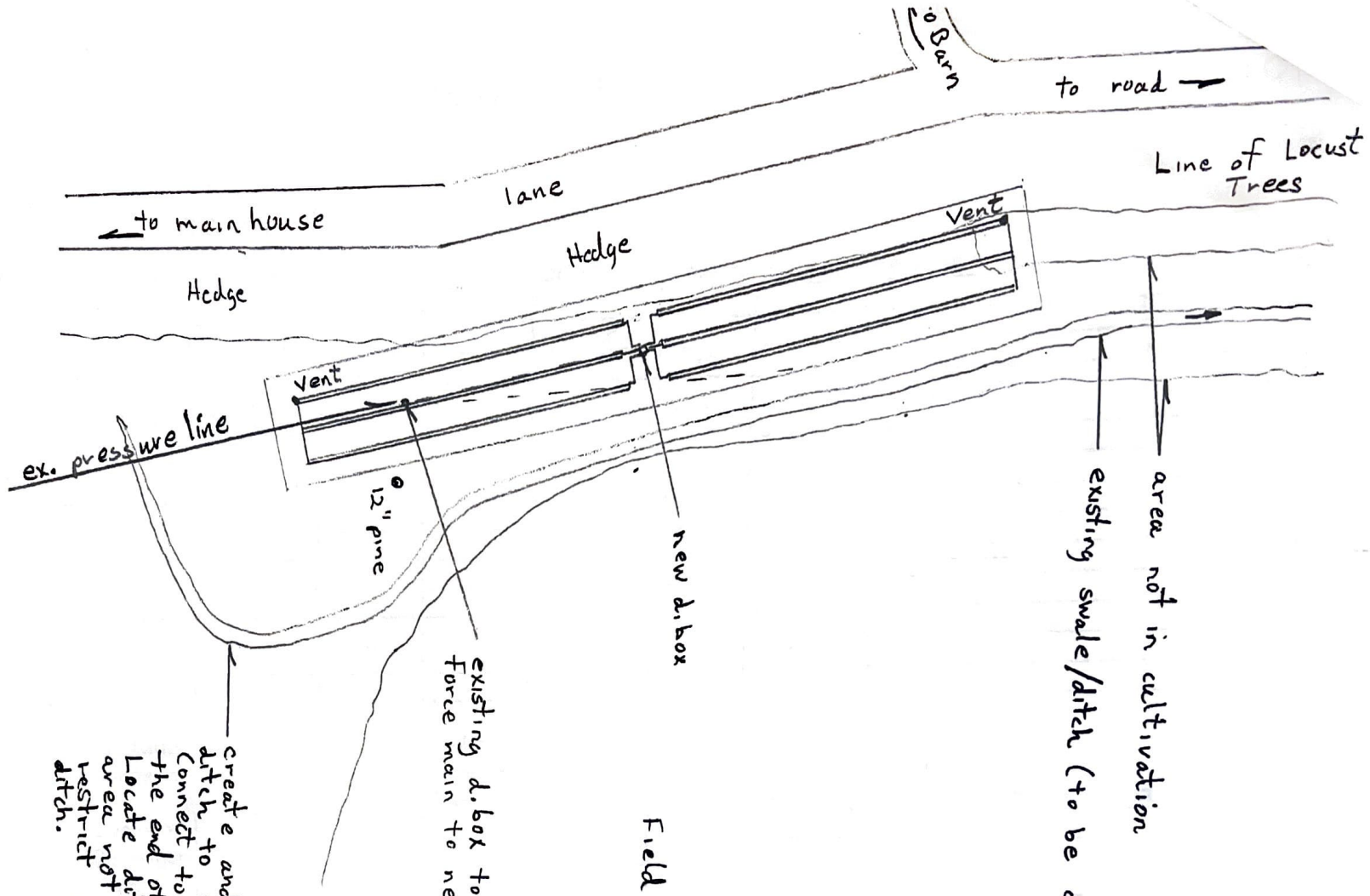
**Summary/Recommendations:** Submit this info with an Application for Repair of the septic system to the Talbot County Health Department. An application with the Zoning Department for the changes to the residence can be submitted at the same time, if desired.

OVERVIEW:  
Map 57 Parcel II



Earl Ravernal  
 1" ≈ 50' ±  
 July 3, 2001  
 Map 57 Parcel 11





create and/or relocate a drainage ditch to remove surface run-off. Connect to existing swale/ditch beyond the end of the tile line system. Locate ditch inside the edge of the area not in cultivation so as to restrict plowed soil from entering ditch.

existing d. box to be abandoned. Extend force main to new d. box location

existing swale/ditch (to be cleaned-out and regraded)  
 area not in cultivation

Earl Ravenal  
 Scale 1" = 40'

Agene H. Guthrie, M.D.  
Health Officer

Date 12/3/87

TALBOT COUNTY HEALTH DEPARTMENT  
P.O. BOX 480  
EASTON, MARYLAND 21601  
820-8213

Gary I. Rinehart  
Director of Environmental Health  
Permit No. 12226

### APPLICATION FOR SANITARY CONSTRUCTION PERMIT

This permit is for an interim individual system. The property owners must discontinue use of this individual system and connect to the community system when the community system becomes available.

THIS APPLICATION MUST BE ACCOMPANIED BY A SKETCH OF PROPERTY AS DESCRIBED ON THE ATTACHED FORM.

- OWNER Ravenal Earl C. Box 111, Route 2, Trappe, MD, 21673 301-476-3151  
Last Name First Name P.O. Address Phone No.
- APPLICANT The A.S. Walbridge Co PHONE NO. 820-8228  
Last Name First Name P.O. Address Phone No.
- GENERAL CONTRACTOR The A.S. Walbridge Co. 327 N. Wits Memorial St. Easton, MD
- Give directions to property including subdivision name and lot number.  
U.S. RT 50 SOUTH TO SANDYSTOWN RD TO ISLAND CREEK ROAD (SOUTH SIDE) PAST "THE WORKERS" RESTAURANT  
MARK TO FIRST DRIVE WAY LEFT FOLLOW DRIVE WAY PAST MAZU HOUSE (STAY LEFT) TO 3-CAR GARAGE

- Size of Lot —  
About 1/2 mile by 1/4 mile
- Type of Construction:  New Building  
 Repair  Remodeling  Mobile Home

- Planned use of building: Residence  Commercial   
Living area 500 Sq. Ft. Bedrooms 1 Type —  
Garbage Disposal?  Yes  No # Persons Using - 24 hr. GUESTS ONLY  
Ground Water Heat Pump?  Yes  No
- Type of sewage disposal system:  
 Connection to public sewer  Septic tank system  Other —

- Type of water supply: Deep (over 100 ft.) Deep well Shallow —  
Distance of any water supply to disposal system about 200 yards

**IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE SECTION OF ENVIRONMENTAL HEALTH OF TALBOT COUNTY HEALTH DEPARTMENT.**

- Soil test results: Percolation Test: — minutes. Depth to porous soil — ft. Soil Type —  
Soil test made by —

- Septic tank specifications: —
- Tile field (if used) Total length of tile — ft. Number of trenches —  
Length of each trench — ft. Width of each trench — ft. Number of feet into porous soil —

- Seepage pits (if used) Total depth — ft. Size — ft. Effective depth — ft. Number —
- Additional system specifications: —

- Recommendations: —

I, X hereby agree to have the sewage disposal facilities installed in accordance with regulations

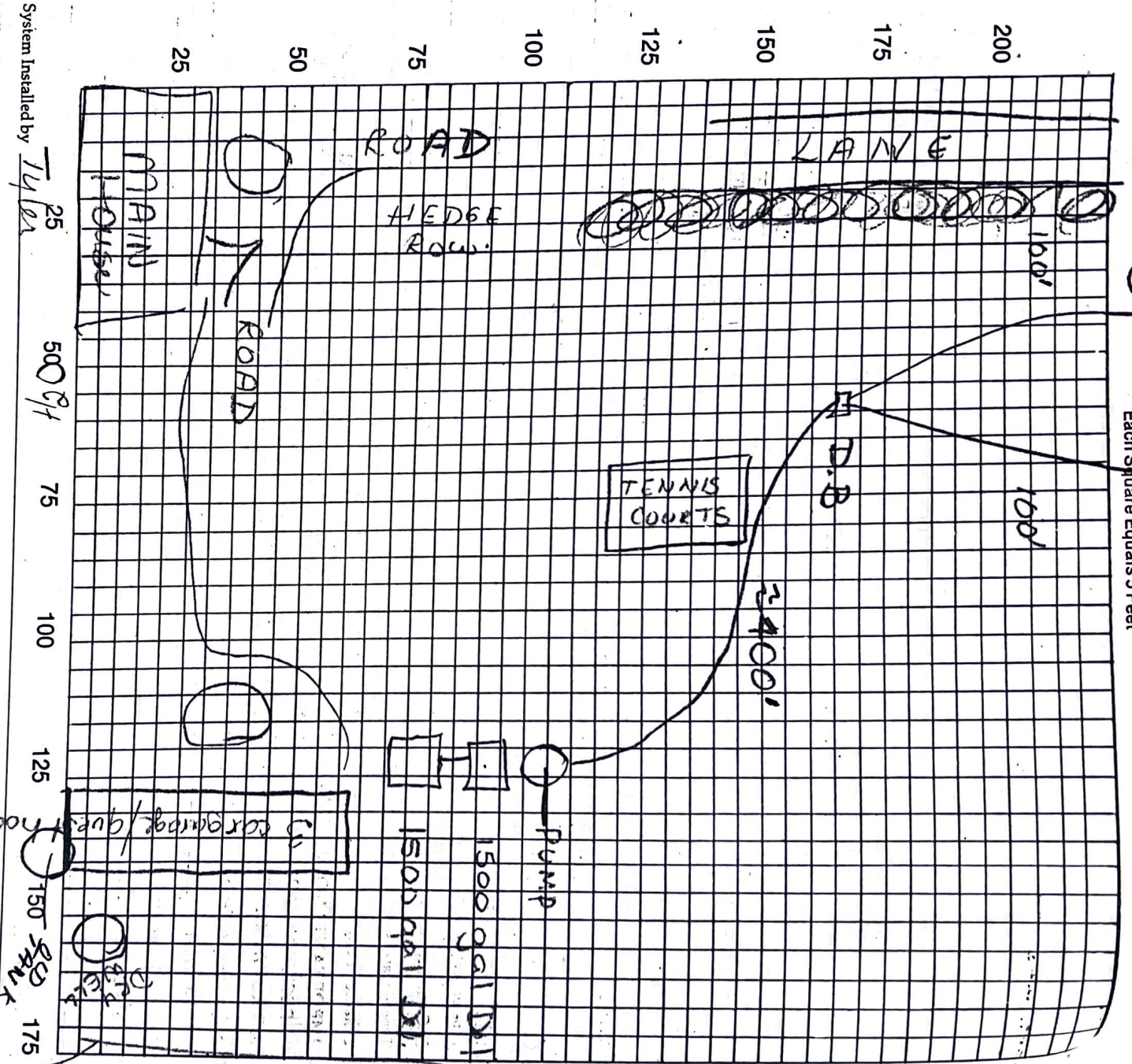
(Signature of Owner)

COMAR 10.17.02 of the Dept. of Health & Mental Hygiene under the supervision of the Talbot County Health Department. I also agree to notify the Talbot County Health Department before actual construction is begun. Should this system fail, I agree to make any changes deemed necessary. THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF ISSUE PROVIDED CONSTRUCTION HAS NOT BEGUN, OTHERWISE IT IS VALID FOR TWO YEARS.

17. Application approved — Date — Sanitarian —



Each Square Equals 5 Feet



System Installed by Tyler

Note: Notify the County Health Department between the hours of 8-9 a.m. on the day of installation, so inspection can be made while work is in progress.

Representatives of the County Health Department may make inspections during construction to determine compliance with the Regulations of the State Board of Health and the Local Board of Health. No part of any installation shall be covered until inspected and given final written approval by the County Health Department. Any part of an installation which has been covered prior to final approval shall be uncovered on order of the County Health Department.

**THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS**

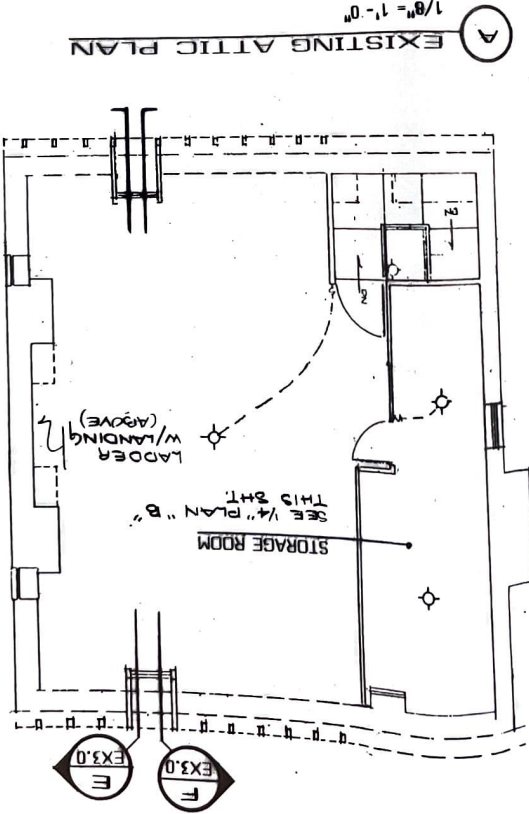
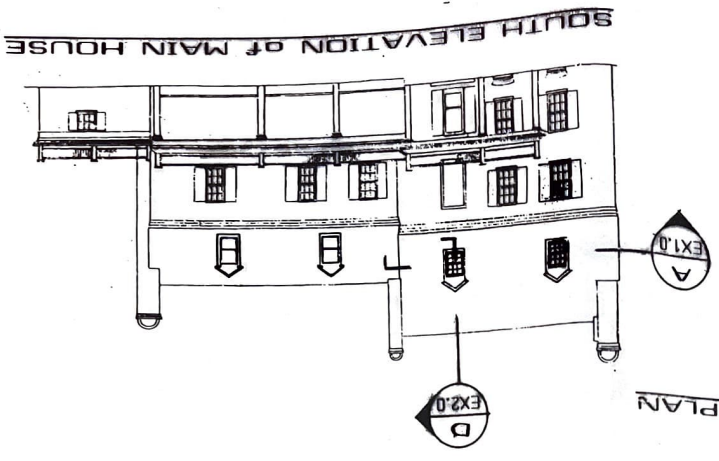
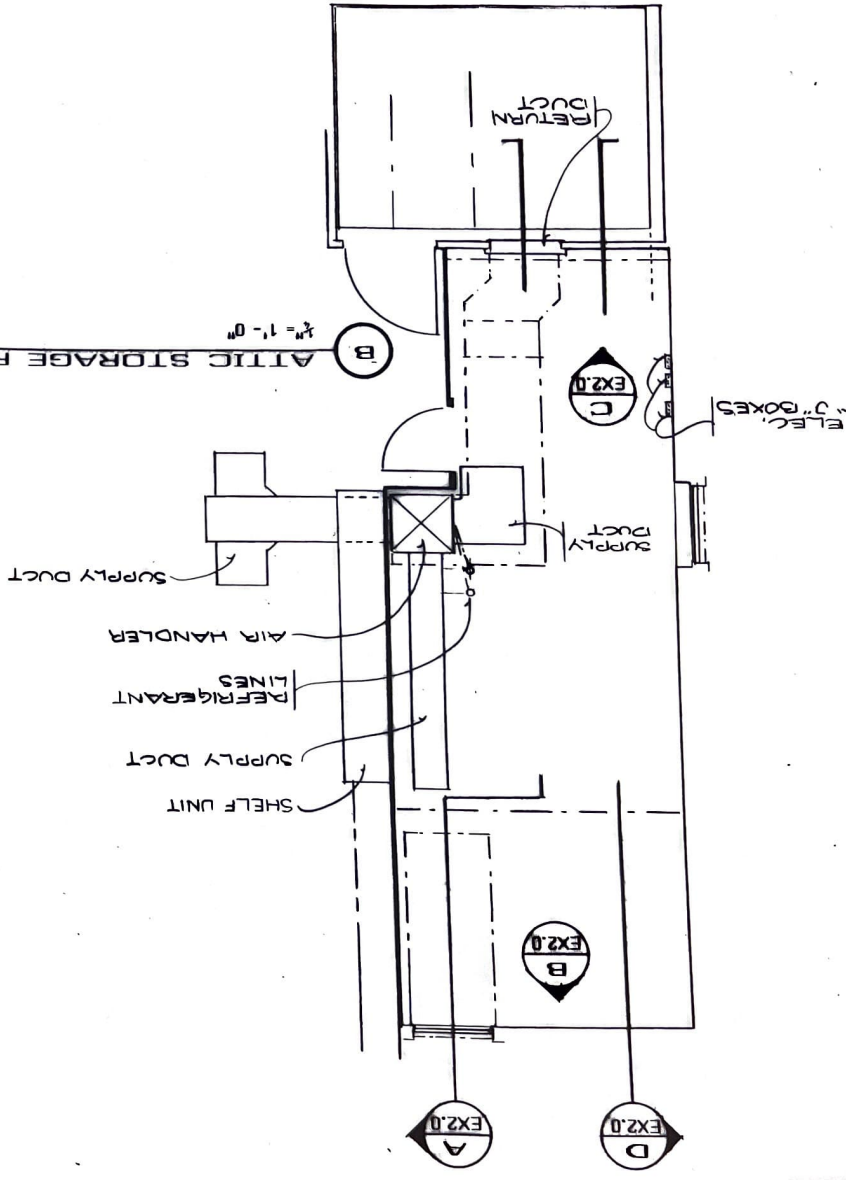
Final Inspection: depth of trench 4' with 2' porous rock - sand & gravel pockets in w/ 3/4" washed stone - tile 6"-8" polyupgrade

hooking up main house & guest house which is now garage trench @ 100' wide. Trench B checked and level

Date 1/28/82 Time 3:45pm Sanitarian Doris Spencer ES  
lamp in bottom of trench

STORM DRAIN BURKHEAD  
DRAIN  
DRAIN

H<sub>2</sub>O



SEE 1/4" PLAN OF EXISTING ATTIC OR HT. EX. 1.1

NORTH

SOUTH

# Margaret Garey

## Architect AIA

219 BROOKLETT'S AVE.  
PH (410) 523-1913

EASTON, MD 21831  
FX (410) 523-0133

EARL C. RAVENAL

DATE 1/15/02

SCALE SHOWN

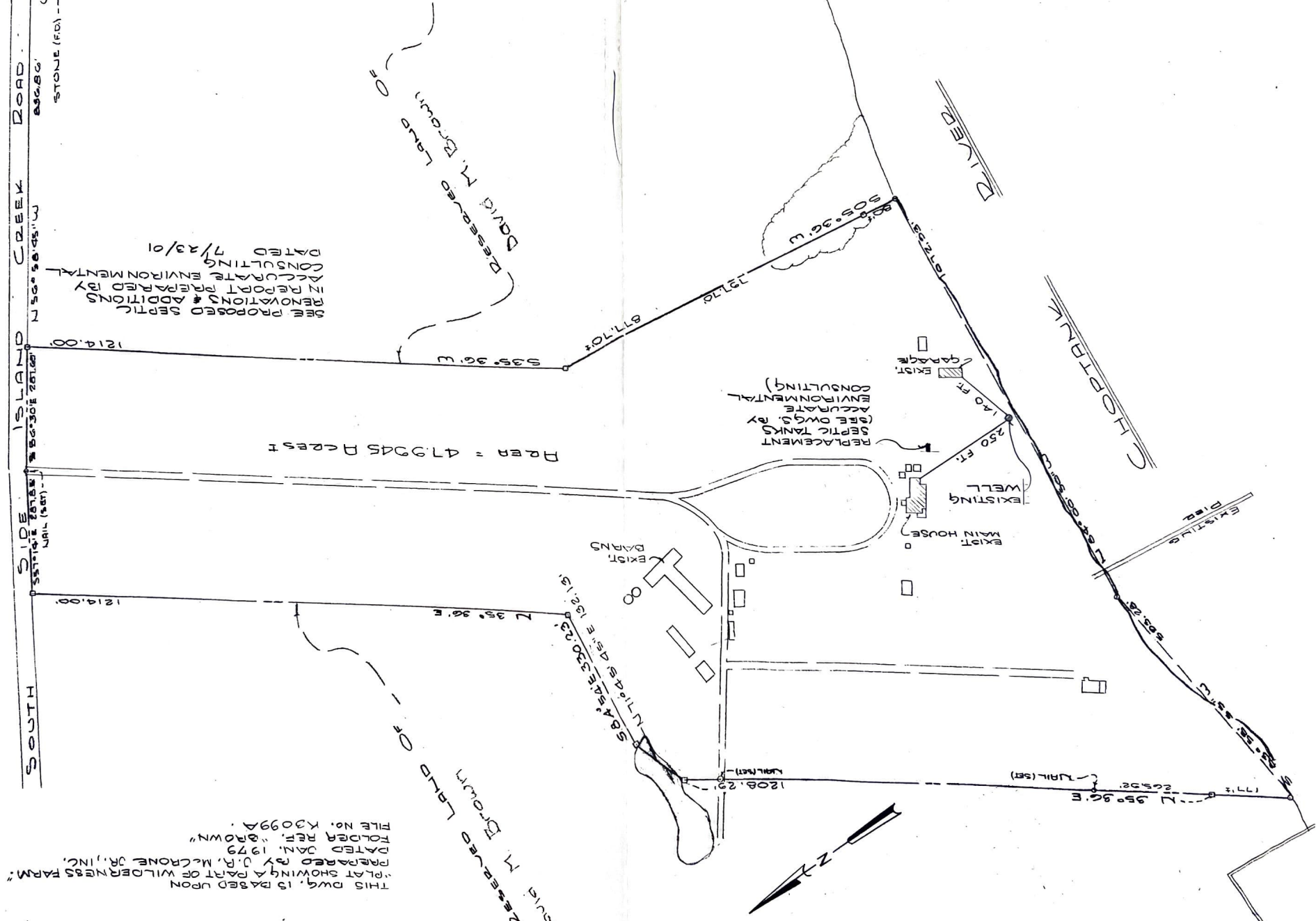
EXISTING PLANS  
NOTES & REFERENCES

"THE WILDERNESS"

Attic

DRAWING NUMBER  
EX1.0

MAR 13 2002



DEER PROPOSED SEPTIC  
 RENOVATION & ADDITION  
 IN ACCORDANCE WITH  
 ENVIRONMENTAL  
 CONSULTING  
 7/23/01

THIS DRAWING IS BASED UPON  
 AERIAL PHOTOGRAPHS AND  
 FIELD SURVEY BY  
 MARGARET GAREY ARCHITECT  
 3/22/02

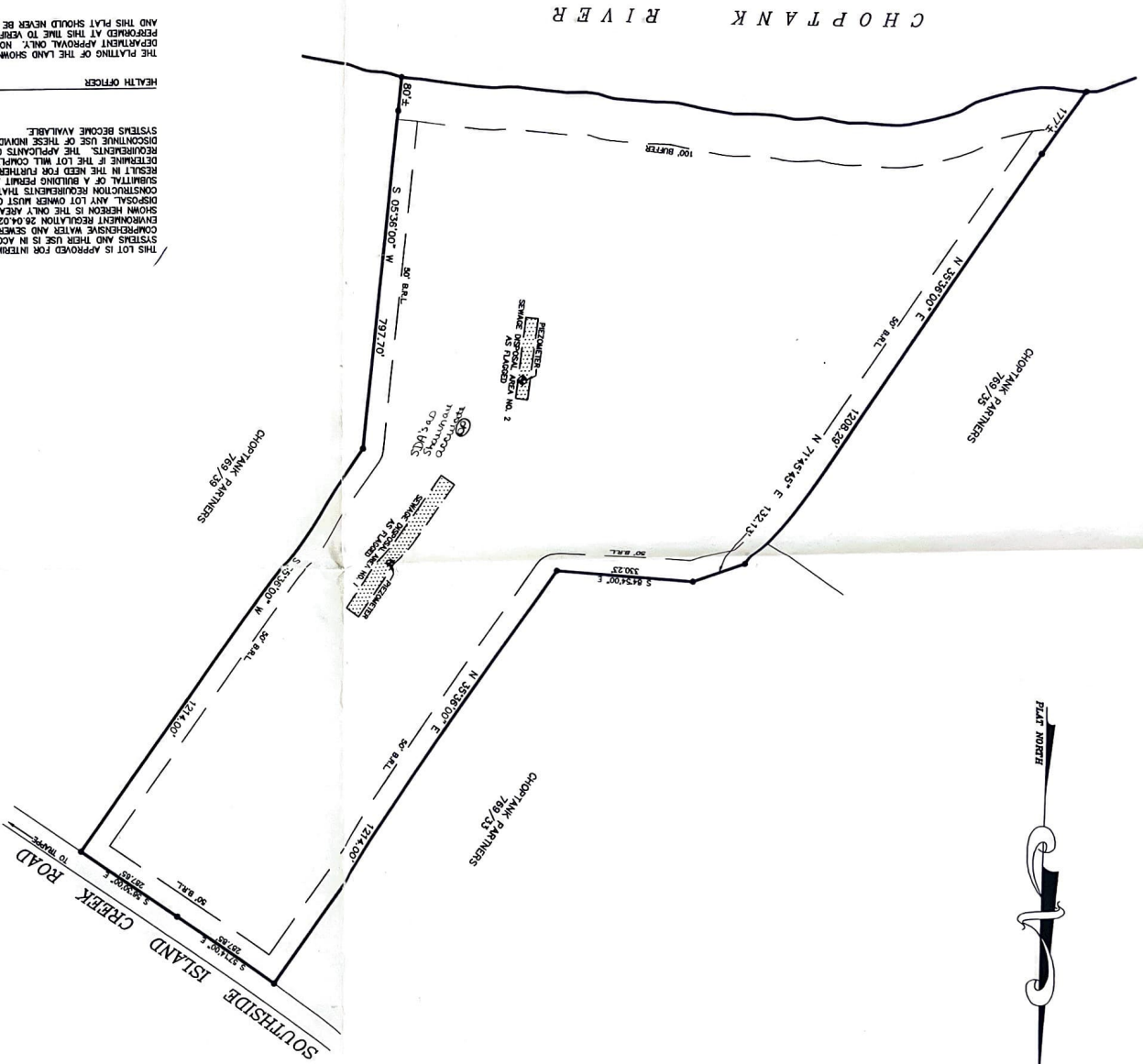
DESERVED LAND OF  
 DAVID M. BROWN

DESERVED LAND OF  
 DAVID M. BROWN

REPLACEMENT  
 SEPTIC TANKS BY  
 ACCURATE  
 ENVIRONMENTAL  
 CONSULTING  
 140 FT.

EXISTING  
 PIER

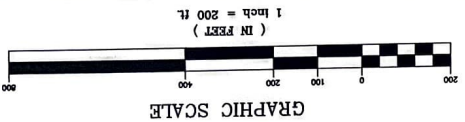




THIS LOT IS APPROVED FOR INTERIM INDIVIDUAL WATER AND SEWERAGE SYSTEMS AND THEIR USE IS IN ACCORDANCE WITH THE TALBOT COUNTY ENVIRONMENTAL REGULATION 26.04.02. THE SEWAGE DISPOSAL AREA AS SHOWN HEREON IS THE ONLY AREA THAT HAS BEEN APPROVED FOR SEWAGE DISPOSAL. ANY LOT OWNER MUST COMPLY WITH ALL APPLICABLE SANITARY CONSTRUCTION REQUIREMENTS THAT ARE IN EFFECT AT THE TIME OF THE SUBMITTAL OF A BUILDING PERMIT APPLICATION. THIS MAY THEREFORE RESULT IN THE NEED FOR FURTHER EVALUATION ON THE PROPERTY TO DETERMINE IF THE LOT WILL COMPLY WITH CURRENT SANITARY CONSTRUCTION REQUIREMENTS. THE APPLICANTS OR ANY FUTURE OWNER MUST DISCONTINUE USE OF THESE INDIVIDUAL SYSTEMS WHEN THE COMMUNITY SYSTEMS BECOME AVAILABLE.

HEALTH OFFICER \_\_\_\_\_  
DATE \_\_\_\_\_

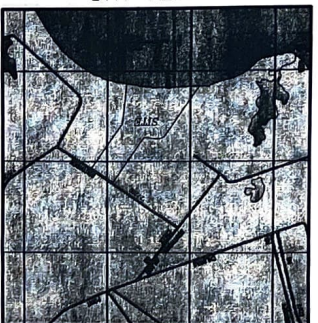
THE PLATTING OF THE LAND SHOWN HEREON IS FOR HEALTH DEPARTMENT APPROVAL ONLY. NO BOUNDARY SURVEY HAS BEEN PERFORMED AT THIS TIME TO VERIFY THE PROPERTY LINES AND THIS PLAT SHOULD NEVER BE CONSIDERED AS A PROPERTY SURVEY.



SHEET No. 1 OF 1  
FILE No. 8297

PLAT SHOWING  
THE LAND OF  
**CHOPTANK PARTNERS**  
IN THE THIRD ELECTION DISTRICT  
TALBOT COUNTY, MARYLAND  
PARCEL 11  
TAX MAP 57  
GRID 11

DATE	7-31-02
SCALE	1" = 200'
JOB NO.	020353
DRAWN BY	M.S.R.
DWG. NAME	020353SSD
APPROVED	TDL



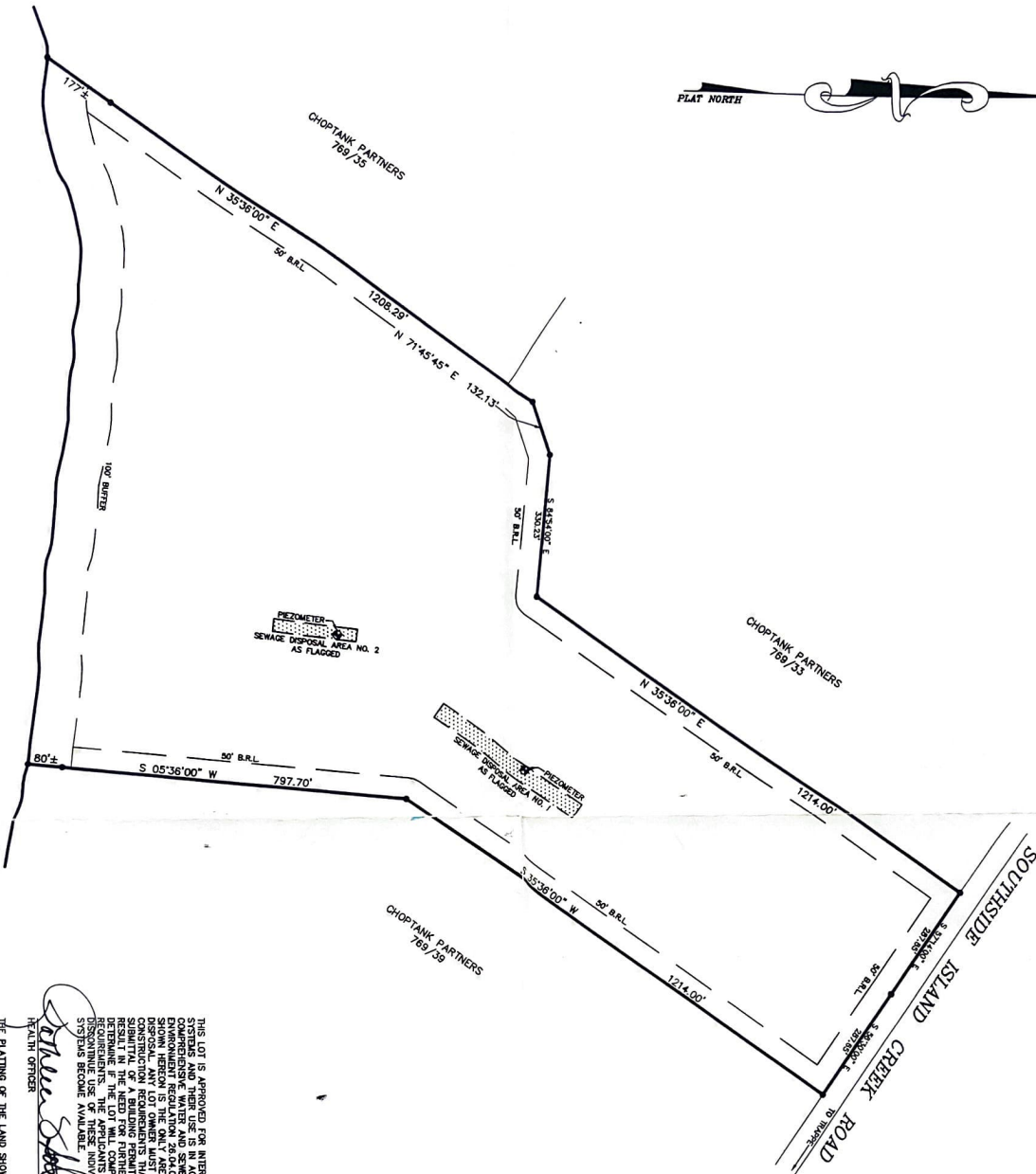
VICINITY MAP  
SCALE: 1" = 2000'  
Copyright of the ADC Map People  
Permitted Use No. 20992180

**Lane Engineering, Inc.**  
Civil Engineers - Land Planning - Land Surveyors

E-mail: mail@lane.com  
408 N. Washington St. Easton, MD 21801 (410) 822-9003 FAX (410) 822-2024  
15 Washington St. Cambridge, MD 21613 (410) 221-0810 FAX (410) 478-9842  
1148 West Water St. Centerville, MD 21617 (410) 758-2095 FAX (410) 758-4422

SEAL \_\_\_\_\_  
DATE \_\_\_\_\_

CHOPTANK RIVER



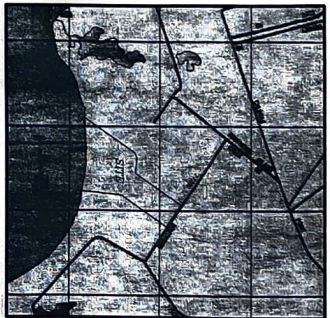
SEWAGE DISPOSAL AREA NO. 2 AS FLAGGED

SEWAGE DISPOSAL AREA NO. 1 AS FLAGGED

SOUTHSIDE ISLAND CREEK ROAD

THIS LOT IS APPROVED FOR INSECT, ANIMAL, WATER AND SEWERAGE, COMPREHENSIVE WATER AND SEWER PLAN AND MARYLAND DEPARTMENT OF ENVIRONMENT REGULATION 26.04.02. THE SEWAGE DISPOSAL AREA AS SHOWN ON THIS PLAT IS SUBJECT TO THE SEWERAGE AND SANITATION ACT AND ALL APPLICABLE SANITARY DISPOSAL. ANY LOT OWNER MUST COMPLY WITH ALL APPLICABLE SANITARY CONSTRUCTION REQUIREMENTS THAT ARE IN EFFECT AT THE TIME OF THE CONSTRUCTION OF THE SEWERAGE AND SANITATION SYSTEMS. THE RESULT IN THE NEED FOR FURTHER EVALUATION ON THE PROPERTY TO DETERMINE IF THE LOT WILL COMPLY WITH CURRENT SANITARY CONSTRUCTION REQUIREMENTS. THE HEALTH OFFICER HAS REVIEWED THE PLAT AND HAS APPROVED THE DISCONTINUED USE OF THESE INDIVIDUAL SYSTEMS WHEN THE COMMUNITY SYSTEMS BECOME AVAILABLE.

HEALTH OFFICER  
*William Scott Davis* DATE 8-6-02



VICINITY MAP  
 SCALE: 1" = 2000'  
 Copyright of the ADC Map People  
 Permitted Use No. 20992180

FILE NO. 8297	SHEET NO. 1 OF 1	PLAT SHOWING	DATE 7-31-02
		THE LAND OF <b>CHOPTANK PARTNERS</b>	SCALE 1" = 200'
TAX MAP 57	GRID 11	IN THE THIRD ELECTION DISTRICT TALBOT COUNTY, MARYLAND	JOB NO. 020533
	PARCEL 11		DRAWN BY M.S.R.
			DWG. NAME 020533SSDA
			APPROVED T.D.L.

**Lane Engineering, Inc.**

Civil Engineers - Land Planning - Land Surveyors

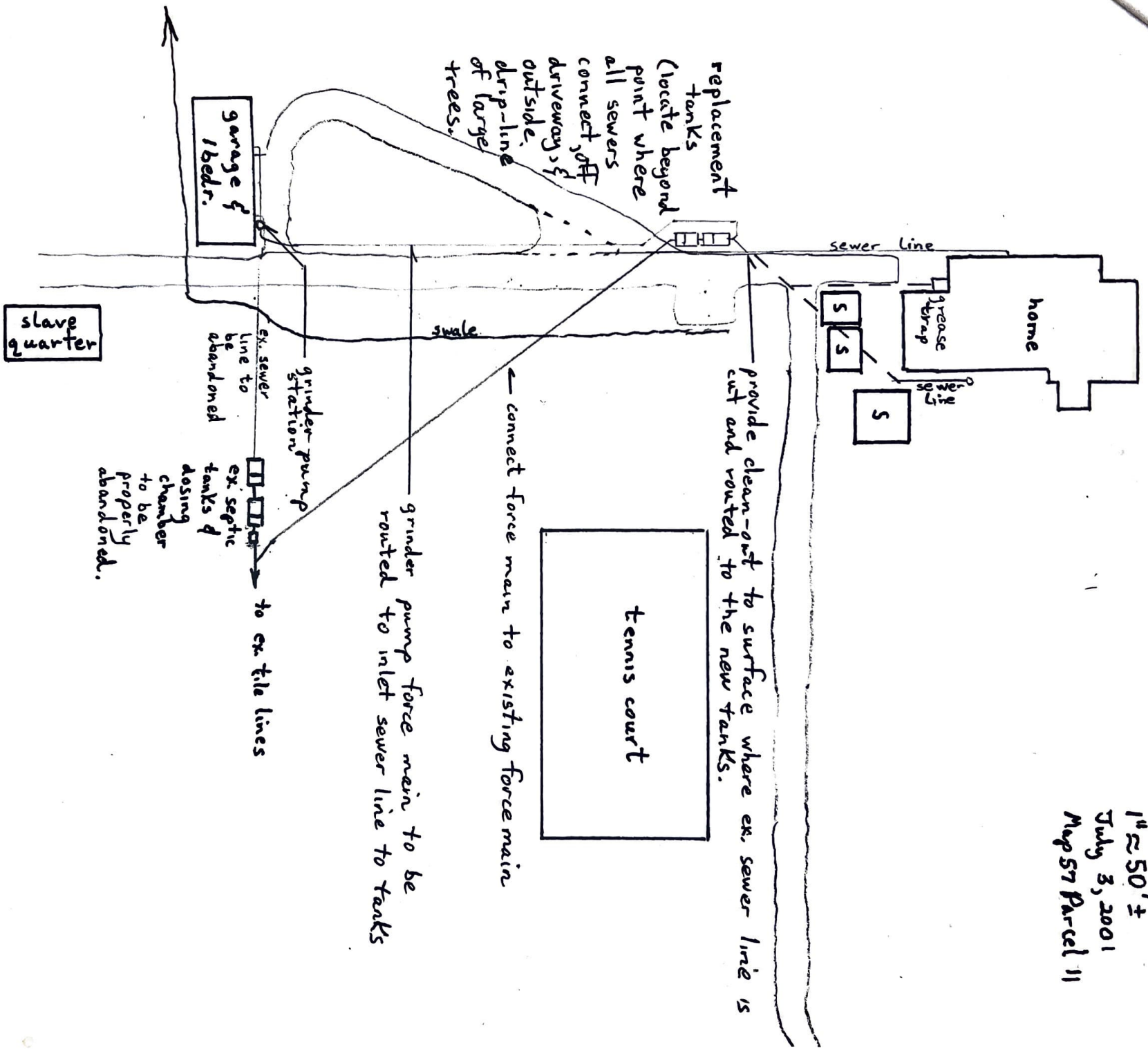


E-mail: mail@leinc.com  
 408 N. Washington St. Easton, MD 21601 (410) 822-8003 FAX (410) 822-2024  
 15 Washington St. Cambridge, MD 21613 (410) 221-0818 FAX (410) 476-9842  
 114B West Water St. Centreville, MD 21617 (410) 758-2095 FAX (410) 758-4422

SEAL

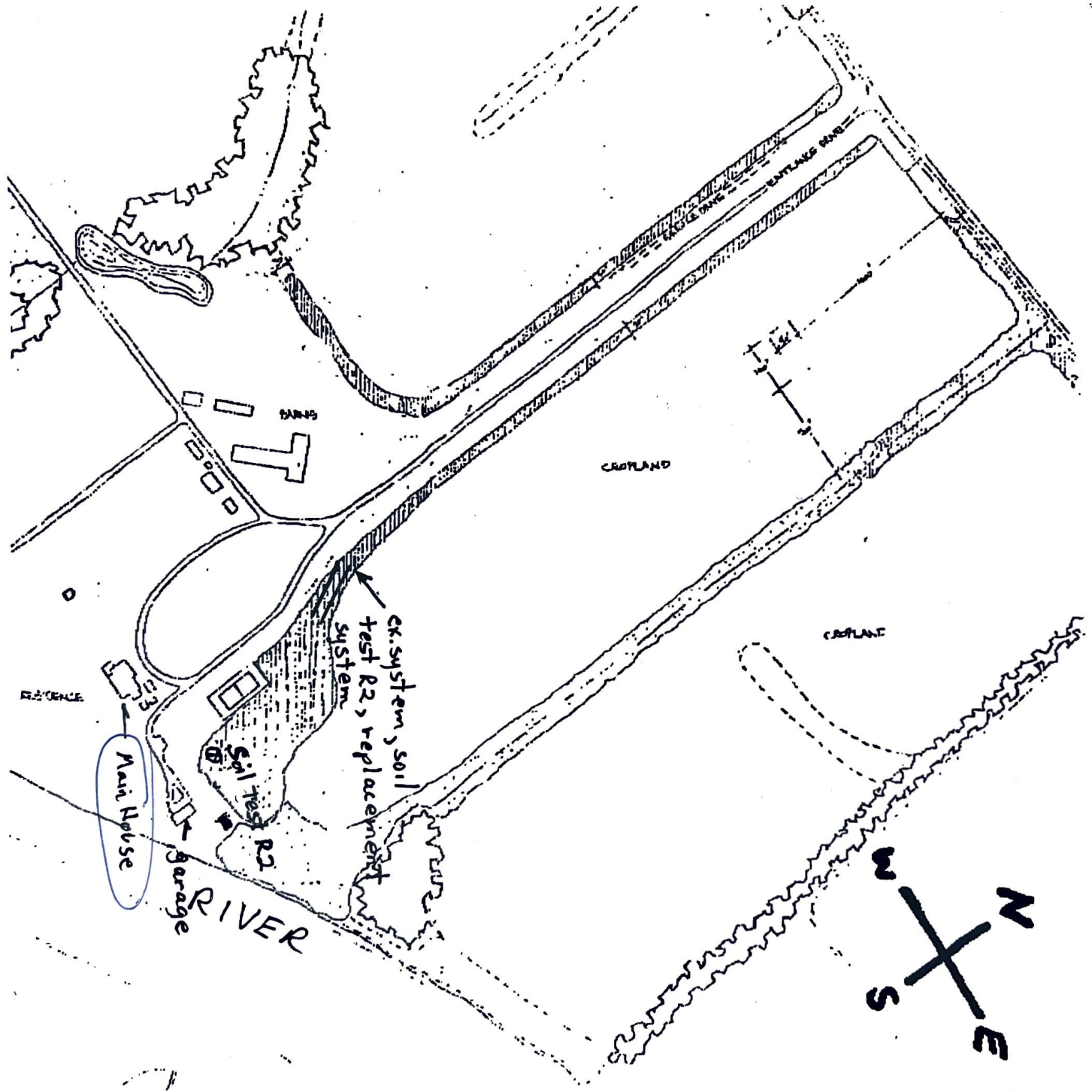
DATE

Earl Ravenal  
 1" ≈ 50' ±  
 July 3, 2001  
 Map 57 Parcel 11



OVERVIEW:

Map 57 Parcel 11



Sanitarian LES COBLE

FEE: \$375.00

Consultant ACCURATE ENVIRONMENTAL CONSULTING, LLC

Talbot County Health Department  
Office of Environmental Health  
100 South Hanson Street  
Easton, Maryland 21601  
(410) 819-5660

Kathleen A. Knolhoff, M.P.H.  
Health Officer

Anne F. Morse, R.S.  
Director



5-20-02  
Date Applied

4/19/02  
Date Site Is Ready

26774  
Receipt Number

APPLICATION FOR SOIL EVALUATION  
SDA CREATION FOR ACCESSORY STRUCTURE/EXISTING  
RESIDENTIAL DWELLING

57 Tax Map    11 Block    11 Parcel    \_\_\_\_\_ Lot Number    \_\_\_\_\_ Section    \_\_\_\_\_ Lot Size

Owner's/Applicant's Name: CHOPSTANK PARENTS Send Results: \_\_\_\_\_  
90 EARL C. RAVENAL

Telephone No. (410) 476-3682 Fax Number (410) 476-3938 Mailing Address 27293 Southside Island Creek Rd.  
TRAPPE, MD 21673

✓ Contact Person's Name: MARGARET GAREY, ARCHITECT Send Results: ✓

Telephone No. (410) 822-2953 Fax Number (410) 822-0142 Mailing Address 213 BROOKLETT'S AVE. EASTON, MD 21601

Lot of Record: 47, 9945 Acre(s)

Purpose of new Sewage Disposal Area: ESTABLISH SEPTIC RESERVE AREA

Driving Instructions to Property: "WILDERNESS FARMS", 27293 SOUTHSIDE ISLAND CREEK RD. (SEE ATTACHED MAP)

Description of Site Evaluation:    Wooded     Cropped     Overgrown     Cleared     Other

I hereby give the staff of the Talbot County Environmental Health Office my permission to conduct all necessary evaluations on the above referenced parcel. This may include backhoe profiles, auger borings and piezometer installation with frequent return visits. I also agree to provide the Office of Environmental Health with the equipment and materials which may be required to complete its permit review responsibilities.

  
Signature of Owner/Power of Attorney



The proposed SDA as described on the reverse side has been found ACCEPTABLE with the following stipulations:

A surveyed diagram showing \_\_\_\_\_ square foot area reserved for wastewater disposal and surveyed site locations of all profile evaluations must be submitted.

Trenches used in the construction of your on-site wastewater system must be sand lined.

\_\_\_\_ Trenches used in the construction of your on-site wastewater system must be stone lined.

Your wastewater system must be constructed when the ground water table is not present (usually July through November).

Please remove debris, all corners and Progettura on plot and submit to the office for final approval. Take SDA class to hand on SDA(2) and SDA class to Island Creek Road SDA(1).

**NOTE: THE SDA AS PROPOSED IS FOR USE OF THE ACCESSORY STRUCTURE ONLY AND, THEREFORE, IS NOT APPROVED FOR SUBDIVISION. SHOULD SUBDIVISION BE PROPOSED AT A FUTURE DATE, RE-TESTING MAY BE NECESSARY TO DETERMINE IF THE SDA COMPLIES WITH ALL APPLICABLE SUBDIVISION CRITERIA.**

Other pertinent factors of your lot evaluation are: ground water management area 3; percolation rate -; infiltration rate -; depth of trench SDA(1); invert of distribution lateral no more than 76" from ground surface; soil type (SCS) ESTOH. SDA(1)

\_\_\_\_ The proposed SDA as described on the reverse side has been found UNACCEPTABLE for the following reason:

\_\_\_\_ High Seasonal Ground Water Table

\_\_\_\_ Percolation/Infiltration rate not acceptable

\_\_\_\_ Failure of individual on-lot wastewater system(s) in vicinity of proposed lot

\_\_\_\_ Unable to meet proper setbacks

\_\_\_\_ Unable to meet criteria set forth in the Talbot County Ground Water Protection Plan

Other: \_\_\_\_\_

\_\_\_\_ See Attached Letter

If you have any questions or comments concerning the above described results, please contact this office at (410) 819-5660 to set up an appointment with the Sanitarian listed below and/or the Environmental Health Director.

Dawn B. Pica P.S. 7/17/02  
Registered Sanitarian Date