

8/7/00  
11:12 pm

# PERMIT

## SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

P 513676

A 57555-D

410-313-2640

ISSUE DATE 7/11/2000

INDEXED

APPROVAL DATE 8/7/00

03-326500

S K Plumbing & Heating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Woodfords Grant II LOT NUMBER 5 ADDRESS 11419 Barley Field Way

PROPERTY OWNER Trinity Builders PROPERTY OWNER'S ADDRESS 7320 Grace Drive

SEPTIC TANK CAPACITY 1500 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 225

TRENCHES: Trenches to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Place the distribution box 210 feet off the rear (120.04') lot line and 60 feet off the left (369.66') lot line. Run first trench along contour toward the right lot line; run all other trenches along contour in both directions.

Keep Septic Tank ~~60'~~ of well radius 100'

**BUILDING PERMIT SIGNED**

**AND RETURNED**

BOD 134737-DEEK

PLANS APPROVED Donna K Soe DATE 2/15/00

PERMIT VOID AFTER 2 YEARS OR SRU

7/11/00

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

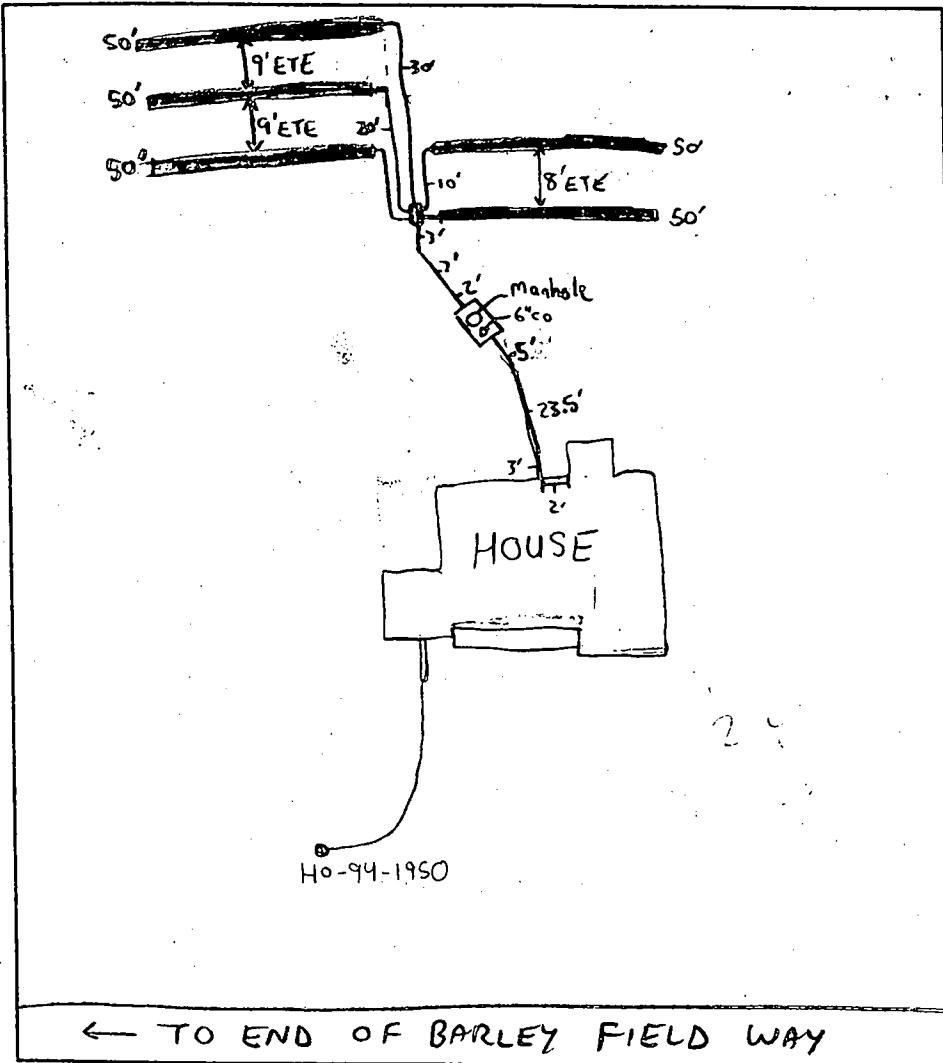
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A57555 D

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 2  
 TRENCH INLET DEPTH 4  
 TRENCH BOTTOM DEPTH 8  
 DEPTH OF STONE 4  
 NUMBER OF TRENCHES 5  
 TOTAL TRENCH LENGTH 250'  
 ABSORBENT AREA 1000 ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 M.S. GALLONS  
 MANHOLE RISER   
 6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

PUMP CHAMBER 1500 M.S. GALLONS  
 MANHOLE RISER AND RISE  
 ALARM N/A  
 PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 7/17/00 - WPION (SRK) 8/7/00 - OR TO COVER ALL WORK (SRK)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 8/7/00

Approved Septic System Plan  
 Howard County Health Department

Total linear feet of trench required 225 feet

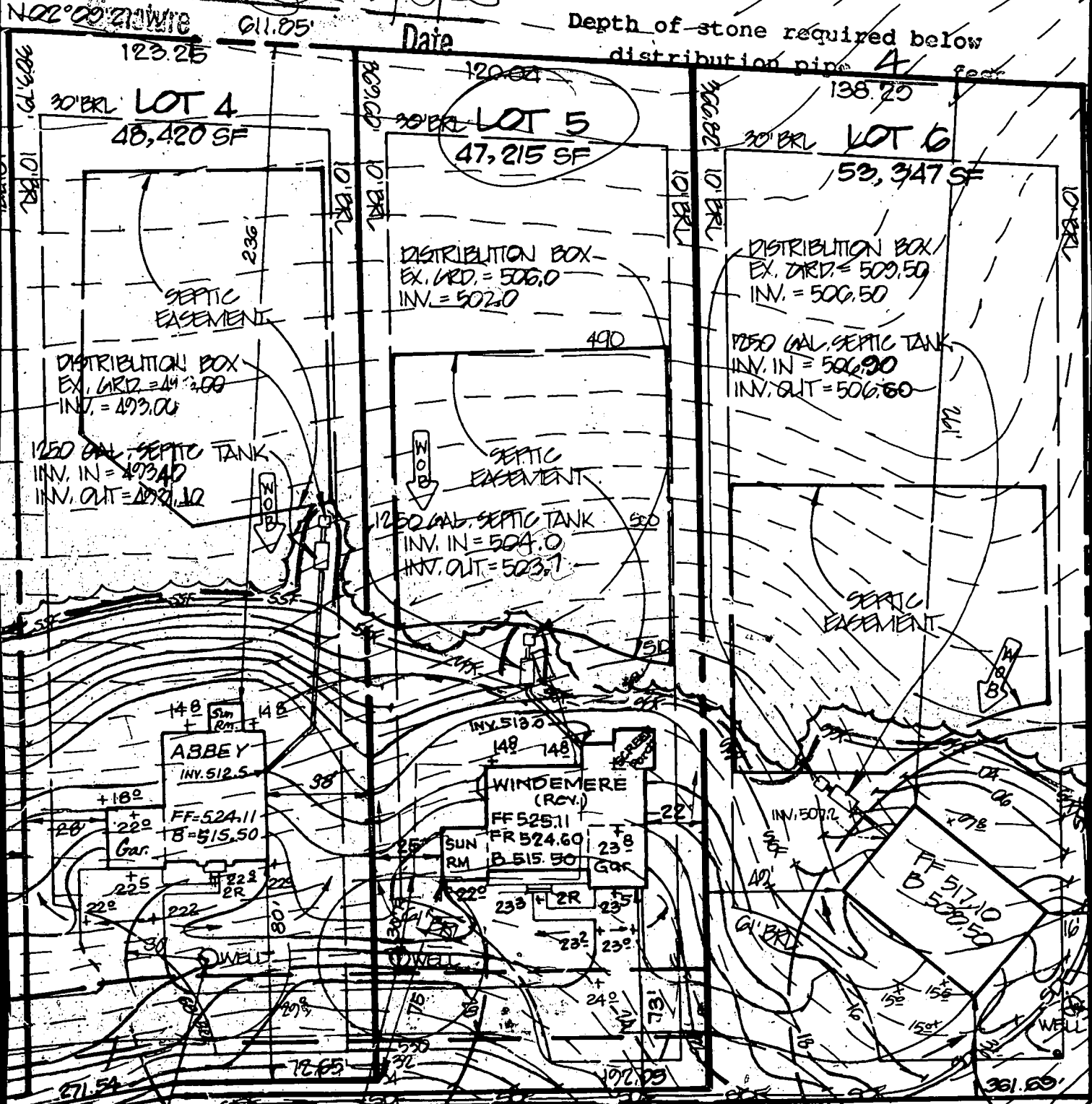
Width of trench (es) 2 feet

Depth of trench (es) 8 feet

Depth of stone required below distribution pipe 4 feet

*Lowell* 2/15/00

Date



N. 02°13' 34" E 387.10'

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: SK Plumbing & Heating Inc. Telephone #: 410-775-0522  
Address: 1230 F.S. Keenan  
Keenan MD 21757

(Must circle one)  Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Vincent Koen License# 12285  
\*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: Trinity Homes Telephone #: 410-373-8722  
Subdivision: Woodlands Grant II Lot #: 5 Well Tag #: HO-94-1850  
Site Address: 11919 Barkley Field way  
Harroville

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: SAC 0221      Make: Corona      Two piece watertight cap: YES  
Model #: 1854518-SZ      Model#:      Screened, vented well cap: YES  
Pump Capacity 5 GPM      Depth: 70 (36" min)      Cap secured to casing: NO  
Well Yield: 15 GPM      NSF approved: YES      Conduit min 18" B.G.: NO  
Depth of well encountered at time of pump installation: 70 (feet)      Conduit secured to well cap: YES  
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 Slave  
Safety rope, if used, attached to inside of well casing with eye bolt YES

**Piping to house**      **House Connection**  
Type: PP      PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min)      Approximate length of sleeve: 6' to 7'  
Depth of supply line: 70 (36" min)      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.

Signature of company representative responsible for installation \_\_\_\_\_ date 9-13-00

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

Date Insp. Requested: 7/17/00      Date Insp. Approved: 7/17/00  
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

SRK

C1 9315

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A57555-D

ST/CO USE ONLY DATE Received 12 09 98

DATE WELL COMPLETED 11 17 98

Depth of Well 22 120 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1950

OWNER Woodwards East LLC STREET OR RFD Barley Field Way TOWN Marriottsville SUBDIVISION WOODFORD'S GRANT II SECTION LOT 5

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandstone, Mica, Sandstone, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 15 NO. OF POUNDS 1500

CASING RECORD

MAIN CASING TYPE (P) (L) (S) (T) (C) (O) (R) (O) (T) Nominal diameter top (main) casing 6 Total depth of main casing 75

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

SCREEN RECORD screen type or open hole (H) (O) (S) (T) (B) (R) (P) (L) (O) (T) (S) (T) (B) (R) (P) (L) (O) (T) (S) (T) (B) (R) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 MSD 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 WISDL12 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) HO 73 120

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

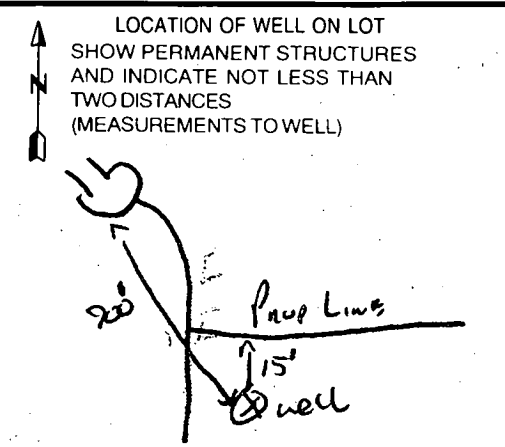
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3/8/9 PUMPING RATE (gal. per min.) 15.11/15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 61 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) below LAND SURFACE 2 (nearest foot)



**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-19#50  
 Location of property (road) Barley Field Way  
 Subdivision WOODFORD'S GRANT II Lot 5 Block      Flat      Sec.       
 Well Driller R. Mayne Owner Woodfords East LLC

Depth of well 120  
 Distance of measuring point (M.P.) above ground 2<sup>nd</sup>  
 Static water level (S.W.L.) below M.P. 48

**I. High rate pumping -- reservoir drawdown**

Time pump started 11:15 Pumping rate 15 GPM  
 Total time 15 min to reach pumping water level 61 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:30	61 <u>K</u>	4 Sec	<del>    </del>	15 GPM
11:45	61 <u>K</u>	4 Sec		15 GPM
12:00	61 <u>K</u>	4 Sec		15 GPM
12:15	61 <u>"</u>	4 "		15 "
12:30	61 <u>"</u>	4 "		15 "
12:45	61 <u>"</u>	4 "		15 "
1:00	61 <u>K</u>	4 Sec		15 GPM
1:15	61 <u>K</u>	4 Sec		15 GPM
1:30	61 <u>K</u>	4 Sec		15 GPM
1:45	61 <u>"</u>	4 "		15 "
2:00	61 <u>"</u>	4 "		15 "
2:15	61 <u>K</u>	4 Sec		15 GPM
2:30	61 <u>K</u>	4 Sec		15 GPM
2:45				
3:00				
3:15				
3:30				
3:45				
4:00				
4:15				
4:30				
4:45				

B 1 4795 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
HO-94-1950  
fill in this form completely

Date Received (APA) 09/11/98  
OWNER INFORMATION  
WOODFORD'S EAST LLC  
6212 Devon DR.  
Columbia MD 21044

B 3 LOCATION OF WELL  
Howard  
WOODFORD'S GRANT II  
SECTION II LOT 5  
MARIOTTSVILLE  
MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION  
Ralph MAYNE MS D 116  
Ralph MAYNE Well Drilling  
9120 Brown Church Rd Mt Airy  
Ralph Mayne 9-9-98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
N W N E W E S E S  
TOWN  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
Barley Field Way  
DISTANCE FROM ROAD 700  
TAX MAP: 10 BLK: 16 PARCEL: 317

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

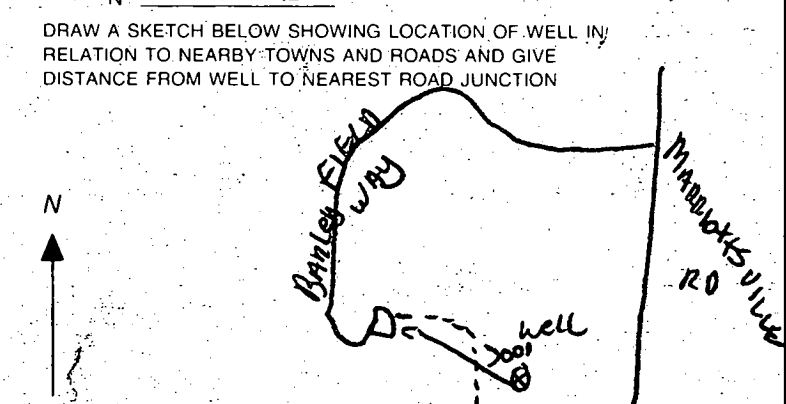
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A 57555-D  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → S  
DATE ISSUED: 11 02 98 Mark E. Ripken 11/2/99  
CO SIGNATURE EXP. DATE  
NORTH GRID 543 000 EAST GRID 0827 000

APPROXIMATE DEPTH OF WELL 150 FEET  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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  
E 827  
N 543  
000  
000

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER 54 G.A.P. 63  
PERMIT No. HO-94-1950

SPECIAL CONDITIONS  
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_

DATE REQUESTED: 12/8/00

ADDRESS: 11419 Barley Field Way

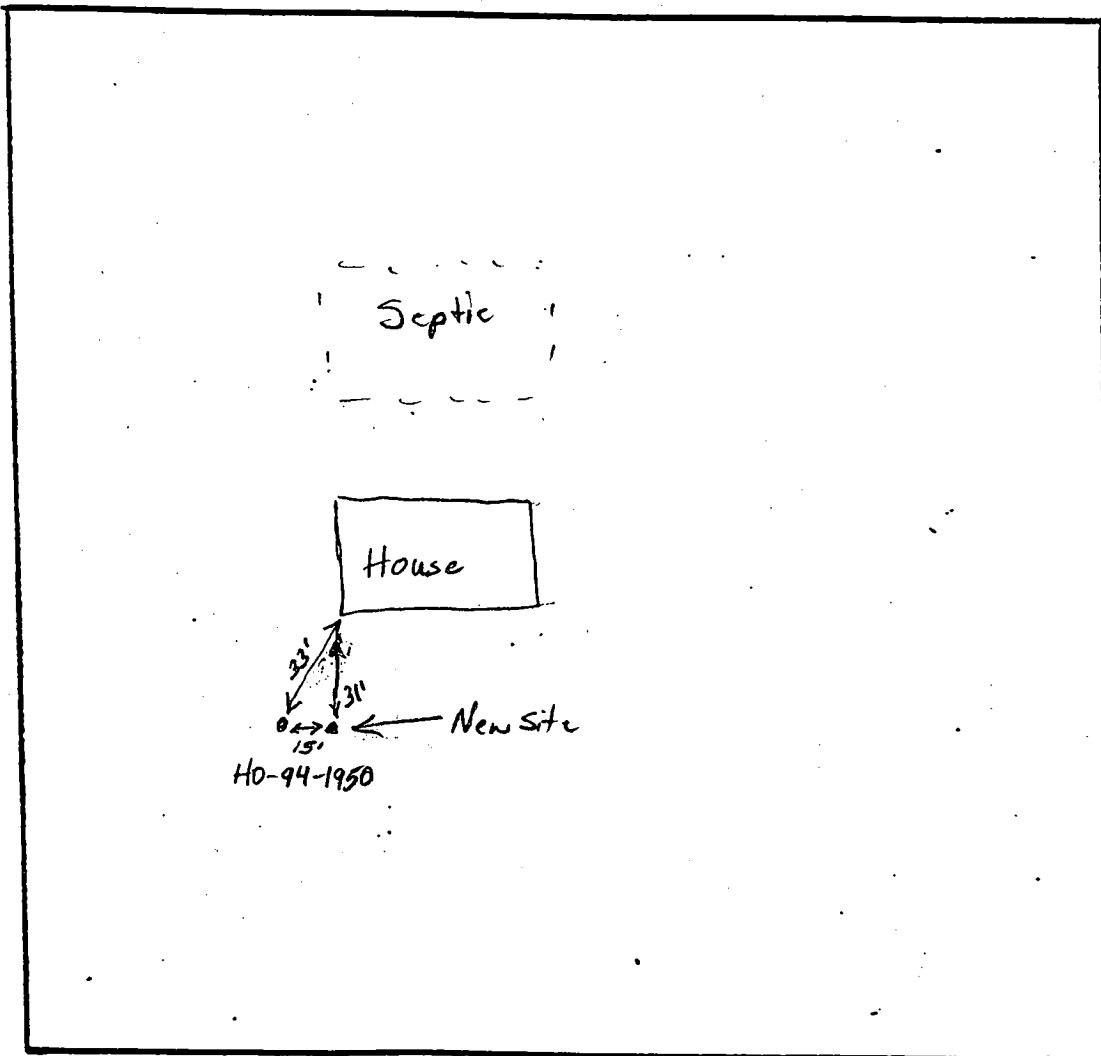
DRILLER: Ralph Mayne

WELL TAG # \_\_\_\_\_

COUNTY # \_\_\_\_\_

PROPOSAL: Ex. well has collapsed - Replacement well site

LOCATION DIAGRAM



11419 Barley Field Way

COMMENTS:

12/11/00 New well to be drilled 15' from existing well. Old well HO-94-1950 to be abandoned. (BB) 8/9/02 Talked to Ralph Mayne - well never drilled. Somehow existing well

DATE: was repaired. (BB)

INSPECTOR: \_\_\_\_\_



B 1 18668

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2892 fill in this form completely

Date Received (APA) 12/11/2000

OWNER INFORMATION

WOODSFORD EAST LLC
6212 Devon Rd
Columbia MD 21044

B 3

LOCATION OF WELL

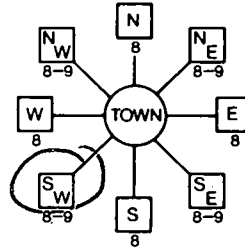
HOWARD COUNTY
WOODSFORDS GRANT #
SECTION 44 46 LOT 48 50
MARIOTTSVILLE

DRILLER INFORMATION

Ralph MAYNE MS D 117
Ralph MAYNE well DRILLING
97024 Handy Rd, Mt Airy MD
John S. Mayne 12-11-00

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Barley Field way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



700 DISTANCE FROM ROAD

TAX MAP: 10 BLK: 16 PARCEL 317

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
13 A57555-D COUNTY NO.
DATE ISSUED 12/12/2000 Brian Baber 12/12/2001
NORTH GRID 543 000 EAST GRID 827 000

Never Drilled Existing Well Replaced

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 1/2 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN ARROW
SOURCES OF DRILLING WATER

METHOD OF DRILLING (circle one)

AIR-ROTARY
JETTED
CABLE
REVERSE-ROTARY
DRIVE-POINT

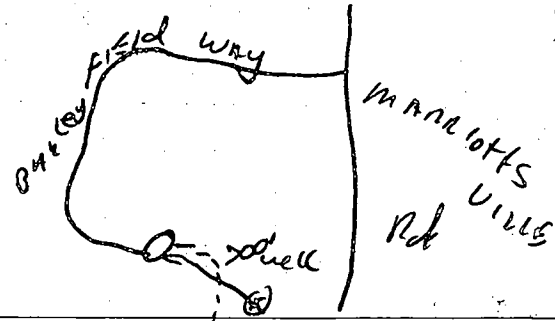
WRITE THE BOX NUMBER FROM THE MAP HERE

827
543

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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



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

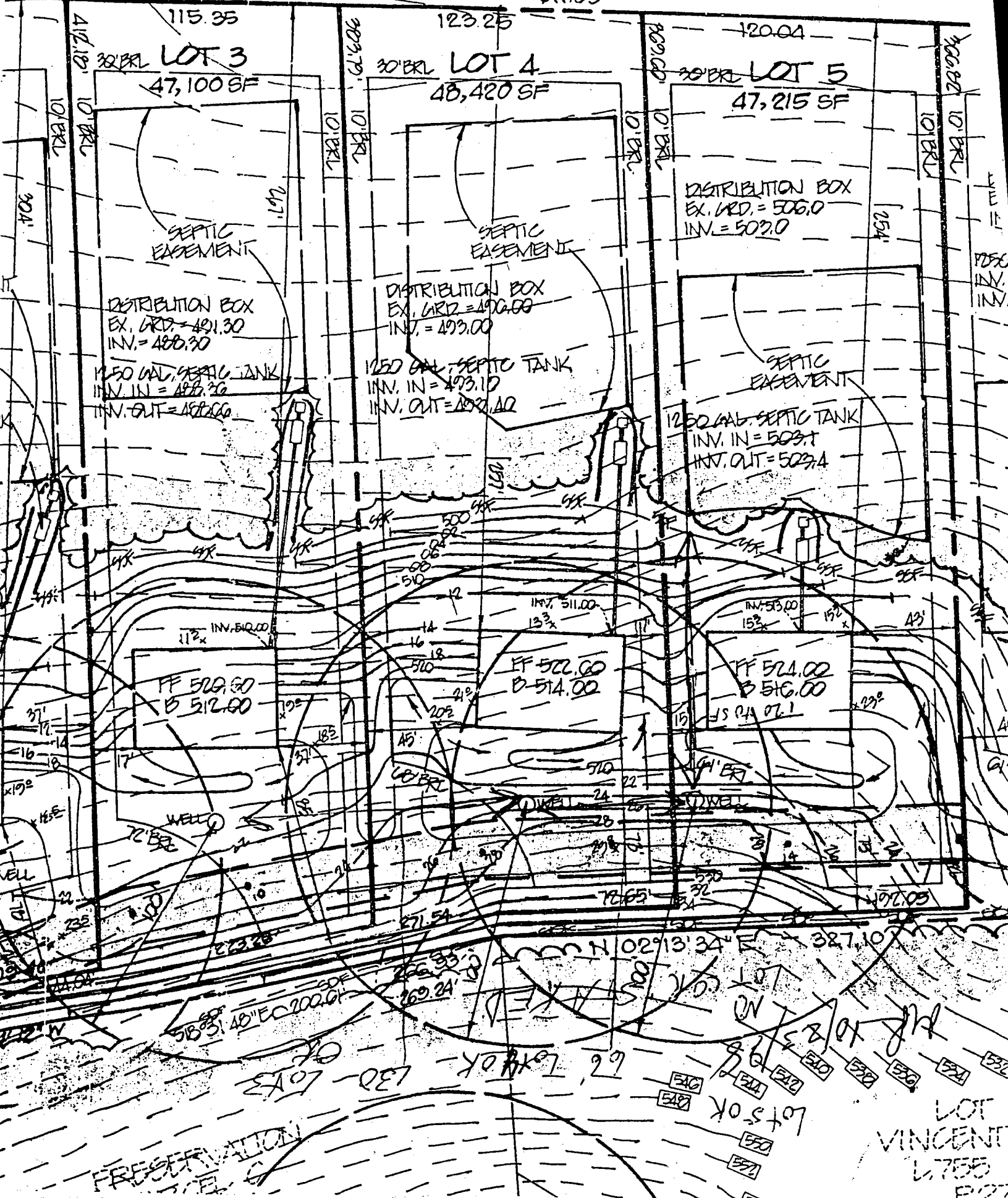
APPROX. PERMIT NUMBER 54 G A P 63
PERMIT NO. HO - 94 - 2892

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DRILLER COPY

N 22° 09' 21" W 611.05'



LOT 3  
47,100 SF

LOT 4  
48,420 SF

LOT 5  
47,215 SF

SEPTIC EASEMENT

SEPTIC EASEMENT

SEPTIC EASEMENT

DISTRIBUTION BOX  
EX. GRD. = 491.30  
INV. = 488.30

DISTRIBUTION BOX  
EX. GRD. = 490.00  
INV. = 493.00

DISTRIBUTION BOX  
EX. GRD. = 506.0  
INV. = 503.0

1150 GAL SEPTIC TANK  
INV. IN = 488.30  
INV. OUT = 487.00

1250 GAL SEPTIC TANK  
INV. IN = 493.10  
INV. OUT = 492.40

1250 GAL SEPTIC TANK  
INV. IN = 503.1  
INV. OUT = 503.4

FF 508.00  
B 512.00

FF 522.00  
B 514.00

FF 524.00  
B 516.00

WELL

WELL

WELL

PRESERVATION

LOT VINCENT  
L 755  
P 7

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 9/3/96

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

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 ~~FRED WOLPERT~~ TRINITY BUILDERS

ADDRESS 7363 OLD COLUMBIA ROAD PHONE (301) 596-2714  
COLUMBIA, MD 21046

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

DIVISION WOODFORDS GRANT II LOT NO. 12 5 on Final

ROAD AND DESCRIPTION MARRIOTTSVILLE ROAD 800 +/- NORTH OF MARYLAND ROUTE 99  
(11419 BARLEY FIELD WAY)

TAX MAP 10 PARCEL # 4131 P.O. Parcel 30

*PERMITS SECTION*  
~~NOT RECORDED~~ 2/15/2000  
Serial# B60122295

SIZE OF LOT 1 acre + TYPE BLDG. SFD - 5 BRMS  
(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.

[Signature]  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING PERCS OK, HOLD FOR PLAT MR 1/21/97

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

COUNTY #

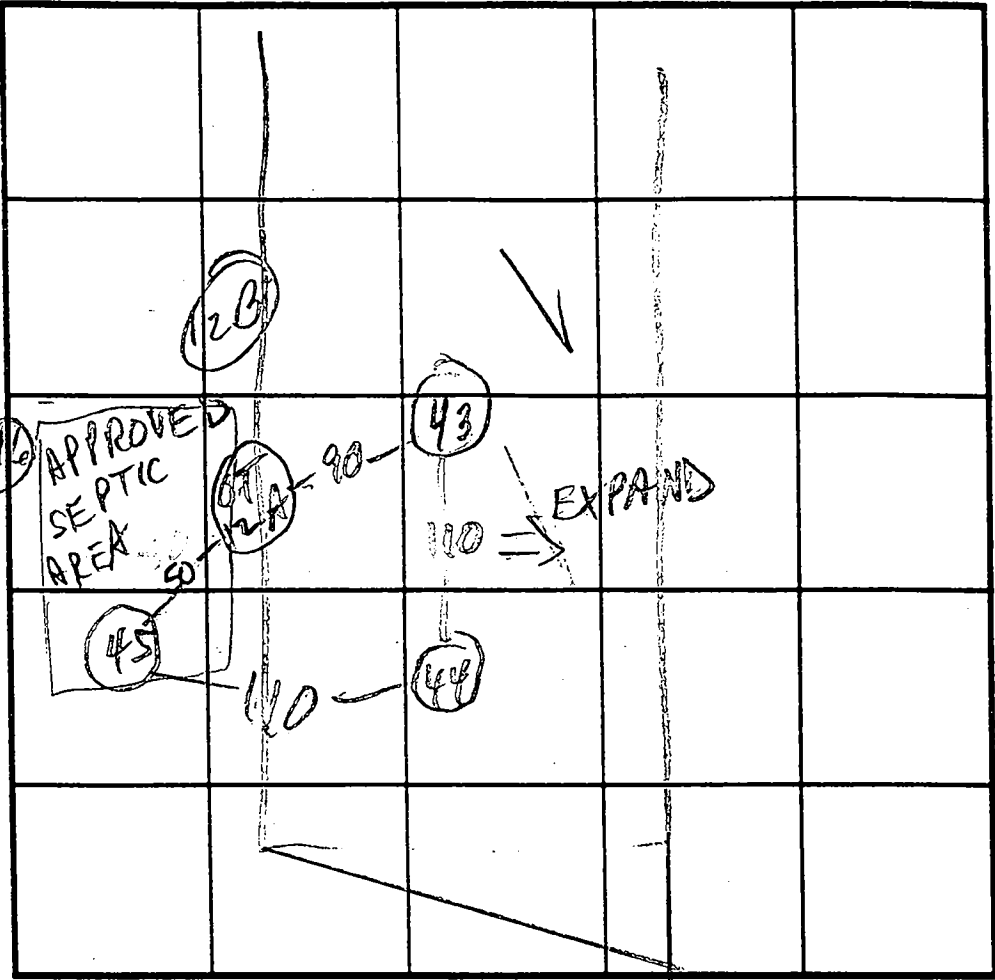
SOIL PROFILE

SOIL PROFILE

0' 43  
brn sa c/lm  
4 1/2' 25% frags  
brn loam w/gray streaks @ bot 15% frags  
44

5' 45  
brn salm 20% frags  
7' 44S  
brn salm 10% frags  
12' 45 12A

12B 46  
brn red sa c/lm 10% frags  
3-4' brn red gel sa mica lm 10-15% frags  
12 1/2'



MARR RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
<del>11/13/96</del>	<del>43S</del>	5 1/2	3:15	3:19	3:19	3:25	6
	44S	5 1/2	3:28	3:29	3:29	3:31	2
	45S	6	3:34	3:38	3:38	3:44	6
		12 1/2	OK see profile				
9/10/96	12A	4/12 1/2	sim to 45				5
	12B	5/12	sim to 45				2
11/18/96	46	5'4" / 11'	sim to 45				2

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY M. Ripkin ALSO PRESENT Hatfield's, Jon @SDC  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 2  
 INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 9/3/96

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 FRED WOLPERT

ADDRESS 7363 OLD COLUMBIA ROAD PHONE (301) 596-2714  
COLUMBIA, MD 21046

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

DIVISION \_\_\_\_\_ LOT NO. 12

ROAD AND DESCRIPTION MARRIOTTSVILLE ROAD 800 +/- NORTH OF MARYLAND ROUTE 99

TAX MAP 10 PARCEL # 4131 P.O. Parcel 30

SIZE OF LOT 1 acre + TYPE BLDG. SFD  
(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. [Signature]  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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

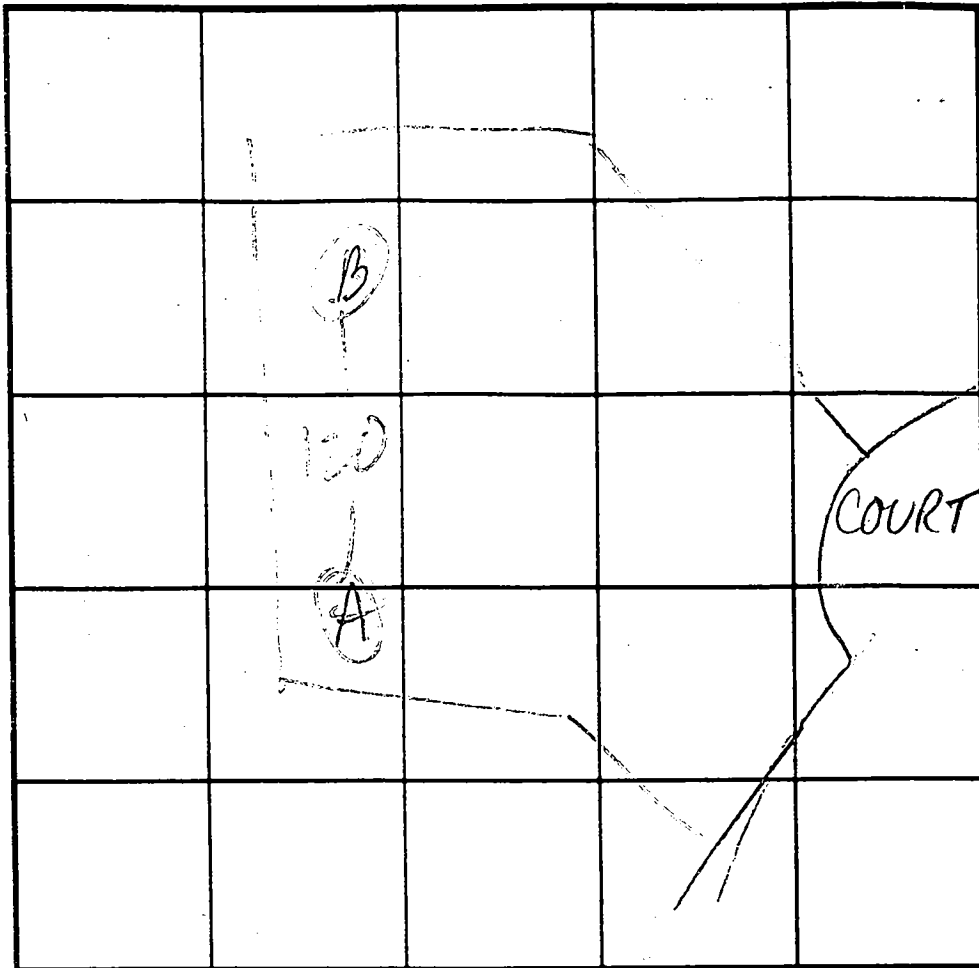
COUNTY #

SOIL PROFILE

0' B  
 red org  
 get  
 sa cl  
 1 m  
 3' tan  
 6' 25% mica  
 frags SA  
 1 m  
 10' 15% frags  
 ↑ w/depth  
 12'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/10/96	BS	2 1/2	2:53	3:01	< 1/8"			
1/1	BS	5	3:01:50	3:20:20	3:02:10	3:04:20	2	
	BV	12	see profile					
	A et	4	4:23	4:26	4:26	4:31	5	
	A V	12 1/2	sim to profile, consistent soils					

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY M. Ripkin ALSO PRESENT Harfield's, Jon@SDC

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

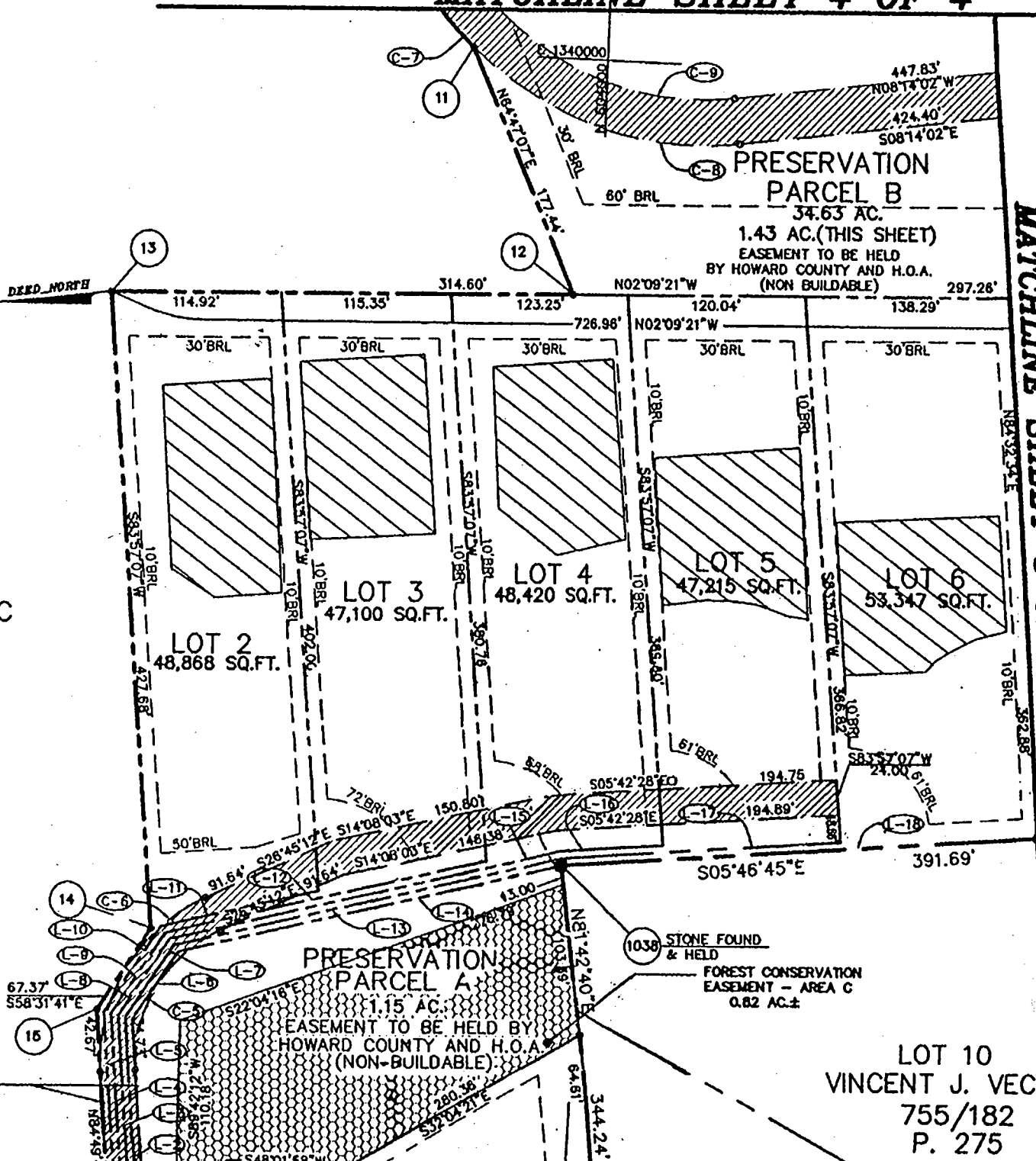
# MATCHLINE SHEET 4 OF 4

MATCHLINE SHEET 3 OF 4

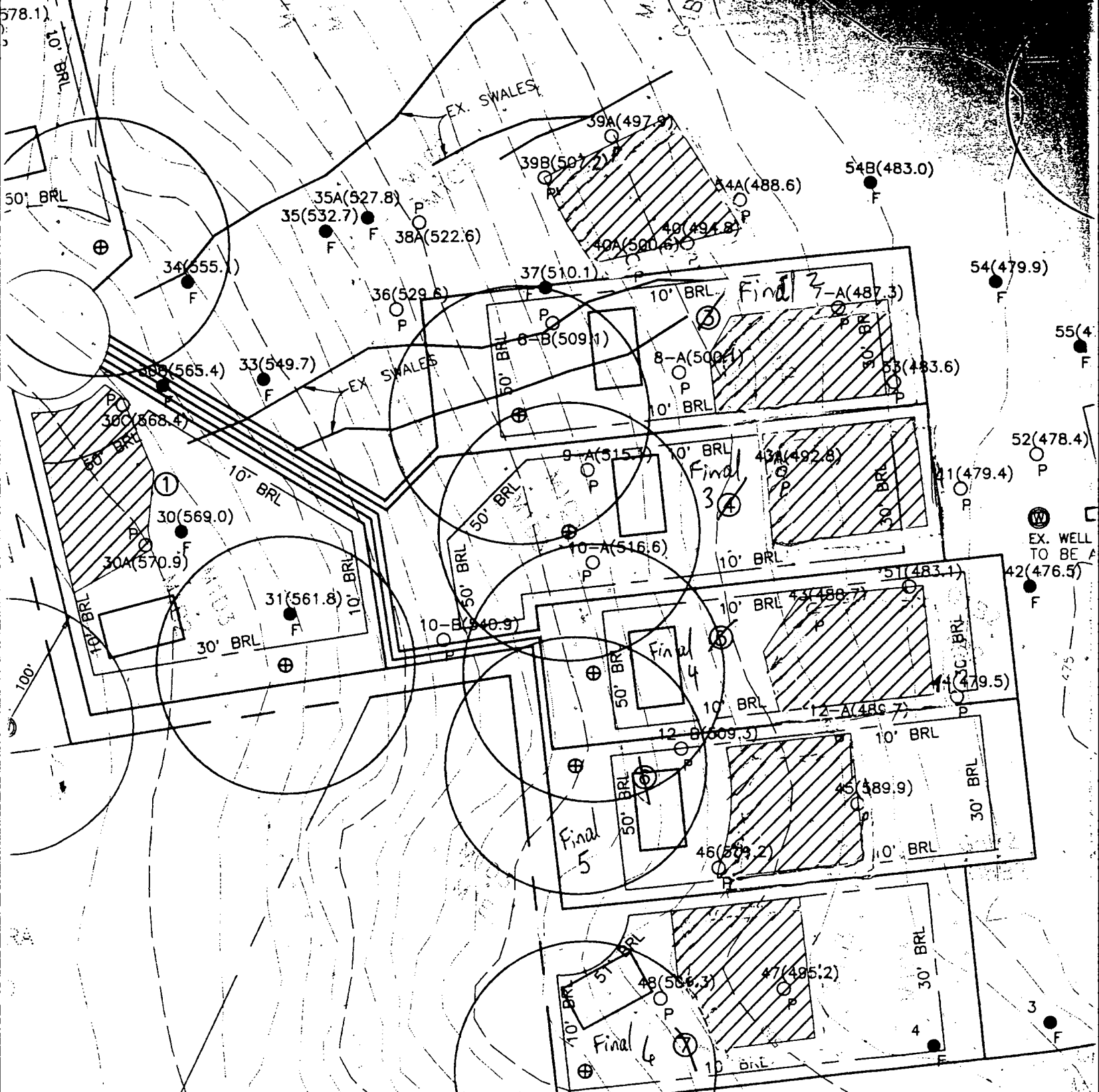
*Copy Final Plat*

WOODFORD'S EAST, LLC  
4285/180

24' PRIVATE USE-IN-COMMON  
DRIVEWAY EASEMENT  
FOR LOTS 2 THRU 6

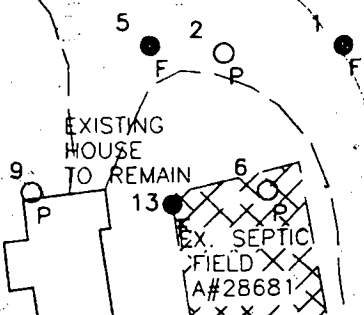


LOT 10  
VINCENT J. VECERA  
755/182  
P. 275



VINCENT A. RECERA  
L. 755 F. 182  
ZONER: RT-DE

*Copy Signed  
Per Corp*





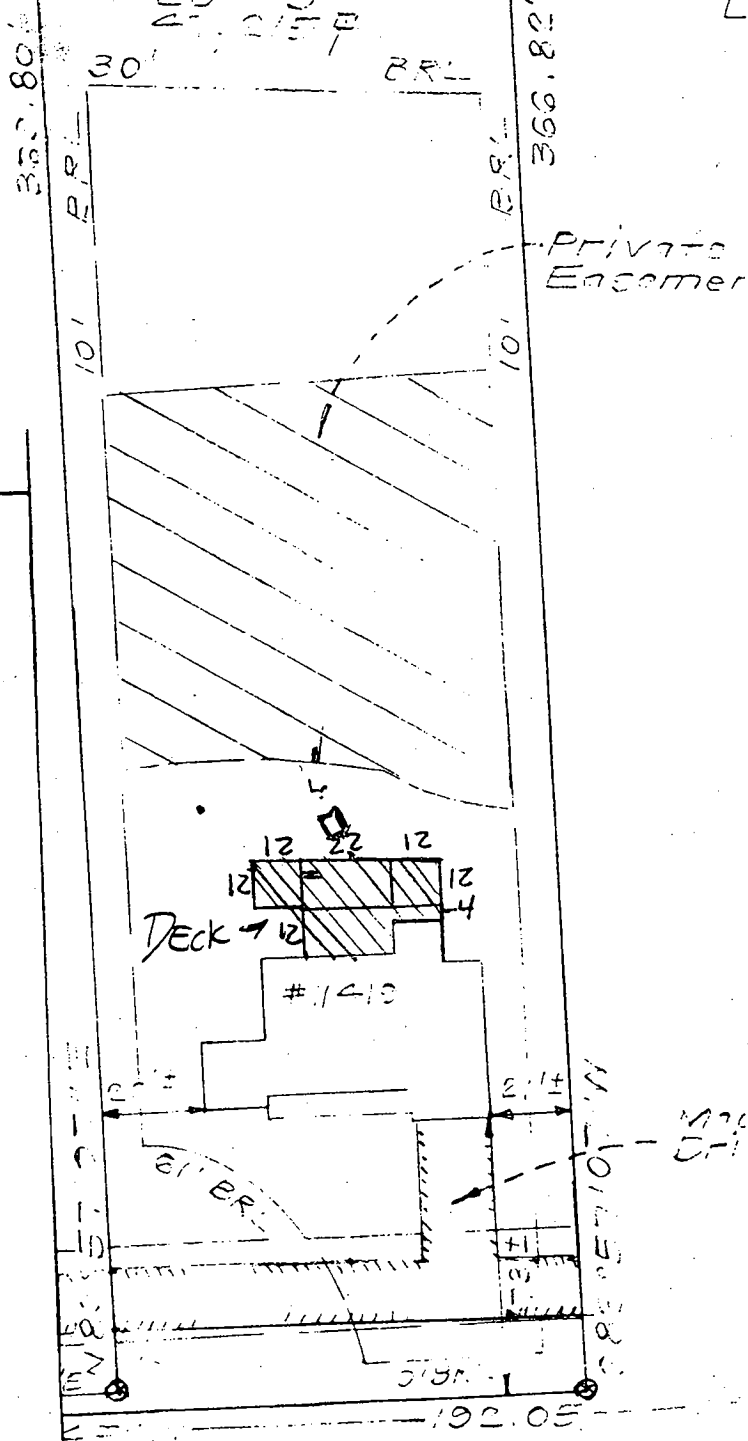
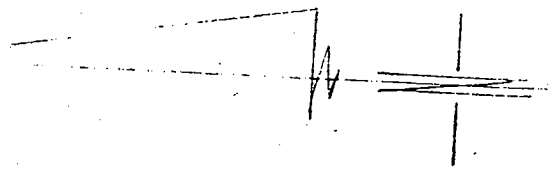
770 FORD'S EAST, LLC  
4285/18C

PRESERVATION  
PARCEL B

502°03'21"E 120.64'

LOT 4

LOT 5  
47°21'57"E



E: This lot appears to be in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400410010B, Panel 10 of 45, dated December 4, 1986.

800134737

3/7/02  
Deck O.K.  
as Proposed

LOT 5  
47°21'57"E  
120.64'