

2/2/01  
cb (initials)



# PERMIT

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 514909

A 58095-C

ISSUE DATE 1/30/2001

APPROVAL DATE 2/2/01

INDEXED # 362268

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Wellington West 2/2 LOT NUMBER 4 ADDRESS 15237 Bucks Run Drive

PROPERTY OWNER Pulte Home Corp. PROPERTY OWNER'S ADDRESS 1501 S Edgewood St, #K

SEPTIC TANK CAPACITY 1250 GALLONS **\*\*WATERTIGHT SEPTIC TANK** Baltimore, MD 21227

PUMP CHAMBER CAPACITY N/A GALLONS **REQUIRED\*\***

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 175 feet down the left lot line and 75 feet off this same lot line. Run trenches on contour in either direction.

12/12/00 OK (RR)

PLANS APPROVED Mark Rifkin, R.S. DATE 12/12/2000

PERMIT VOID AFTER 2 YEARS

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

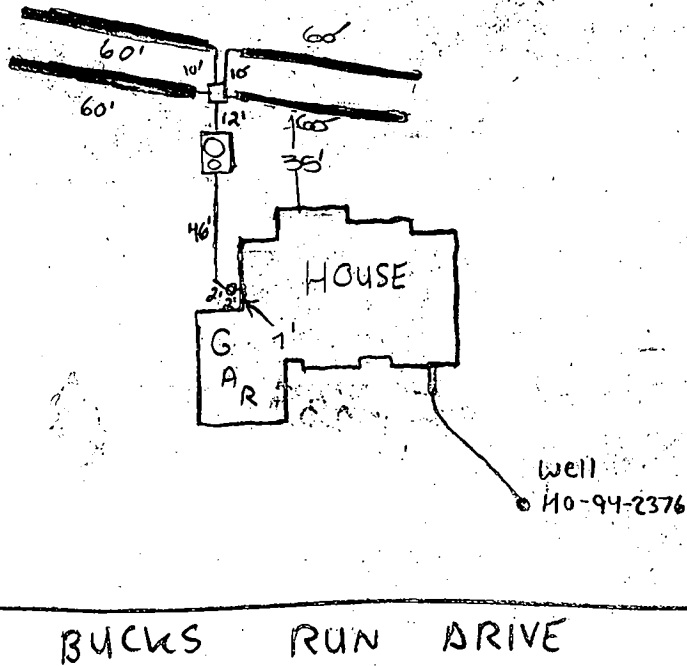
**ALL PERMITS SIGNED AND RETURNED 2-20-2002**  
B00134469  
DECK 22x16, Screened Gravel  
12x12

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

58095-C

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3  
 TRENCH INLET DEPTH 2  
 TRENCH BOTTOM DEPTH 4  
 DEPTH OF STONE 2  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 240  
 ABSORBENT AREA 720  
 DISTRIBUTION BOX LEVEL Yes  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1250TS GALLONS  
 MANHOLE RISER   
 6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

~~PUMP CHAMBER GALLONS \_\_\_\_\_  
 MANHOLE RISER \_\_\_\_\_  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_~~

PRE-CONSTRUCTION INSPECTION: 1/31/01 System to be installed as per B.P. plan. BB

INSPECTION COMMENTS: 1/31/01 Two trenches done - OK to cover. Tank set BB

2/2/01 FINAL INSP - OK TO COVER ALL WORK. DHC

INSPECTOR DHC DATE SYSTEM APPROVED 2/2/01

Total linear feet of trench  
required 240 feet

Width of trench(es) 3 feet

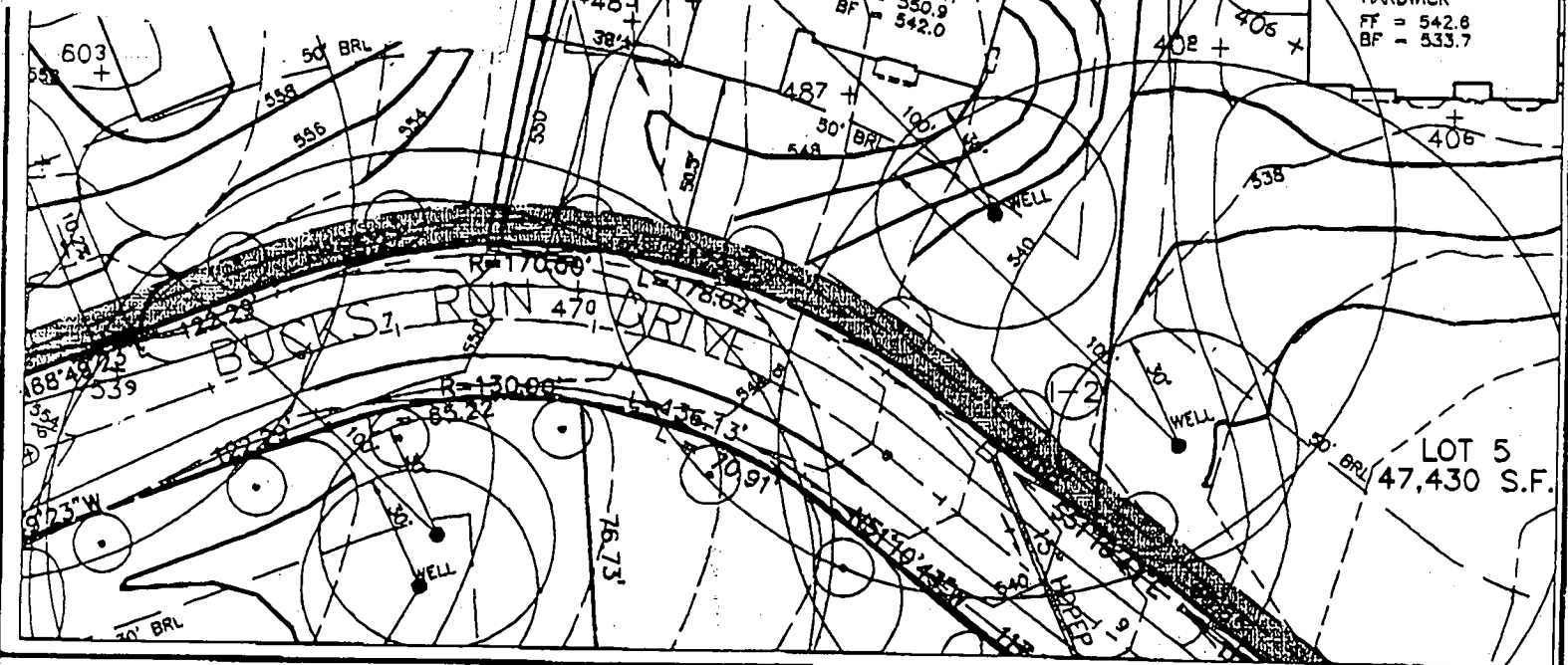
Depth of trench(es) 4 feet

Depth of stone required below  
distribution pipe 2 feet

Approved Septic System Plan  
Howard County Health Department

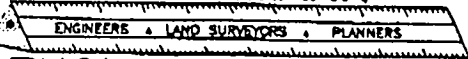
*Mark Liffin*  
Signature

12/12/00  
Date



FIRST FLOOR ELEVATION = 550.9  
FOYER ELEVATION = NA  
BASEMENT ELEVATION = 542.0  
SPOT ELEVATION AT GARAGE = 548.9

### BENCHMARK



### ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
PHONE: 410-485-8105 FAX: 410-465-8644

SLOPE OF DRIVEWAY = NA  
NUMBER OF RISERS IN GAR. = NA  
NUMBER OF RISERS ON LEAD WALK = NA

WELLINGTON WEST SECTION 2

LOT 4

4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 11/10/00

Building Address <u>15237 Bucks Run Dr.</u> <u>Woodbine, MD 21797</u> Suite/Apt.#: <u>n/a</u> SDP/WP/Petition #: <u>GP-99-180</u> Census Tract <u>6040</u> Subdivision <u>Wellington West</u> Section <u>2</u> Area <u>2</u> Lot <u>4</u> Tax Map <u>14</u> Parcel <u>69</u> Grid <u>20</u> Zoning <u>RCDEO</u> Map Coordinates <u>9A5</u> Lot size _____	Property Owner's Name <u>Pulte Home Corp.</u> Address <u>1501 S. Edgewood St. Ste#K</u> City <u>Baltimore</u> State <u>MD</u> Zip Code <u>21227</u> Home Phone _____ Work Phone <u>410-644-5603</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Building Permit Services, Inc. - Pat Orla</u> <u>7806 Deboy Ave., Baltimore, MD 21222</u> Phone <u>410-477-9666</u> Fax <u>410-477-8437</u>
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Existing Use <u>Vacant Lot</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>150,000.00</u> Description of Work <u>Const.SFD-"Chatsworth"w/MomRm.</u> <u>2sty,full bsmt,10R,2FB,1HB,1FP,3car Garage (4Br) opt, Fin.</u> <u>L.L. w/ bath</u>	Contractor Company <u>Owner</u> Contact Person <u>Dianna Wenzlaff</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>62'</u> <u>72'</u> 2nd floor: <u>41'</u> <u>58'</u> Basement: <u>62'</u> <u>58'</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: <u>8' x 24"</u> Roof: <u>Hip/Gable</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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 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 HERETO; (4) THAT HE/SHE WILL PERFORM AND MAINTAIN 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 <u>[Signature]</u> Agent	Building Permit Services, Inc. - Pat Orla Print Name 11/21/00 Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
**FOR OFFICE USE ONLY-**

<b>AGENCY</b> Land Development DPZ State Highways Building Official Dev. Engineering DPZ Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DATE</b> <u>12/2/00</u>	<b>SIGNATURE APPROVAL</b> <u>[Signature]</u>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line, approval date _____	<b>PROPERTY ID#:</b> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Subtotal paid \$ _____ Add'l permit fee \$ _____ <b>TOTAL FEES</b> \$ _____ Balance due \$ _____ Check # _____ Validation # _____
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CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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

a:permit.fm Rev. 10/15/98

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101  
Woodbine, Md. 21797

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

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

PROPERTY LOCATION:

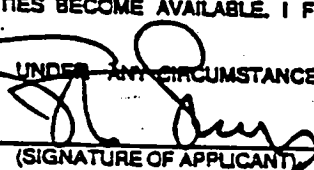
SUBDIVISION Brendel property LOT NO. 314

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling  
(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 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

132

red brn  
SiCLM

3.0  
dark  
red  
brown  
SiLM

5.0  
dark  
red  
SiSalm

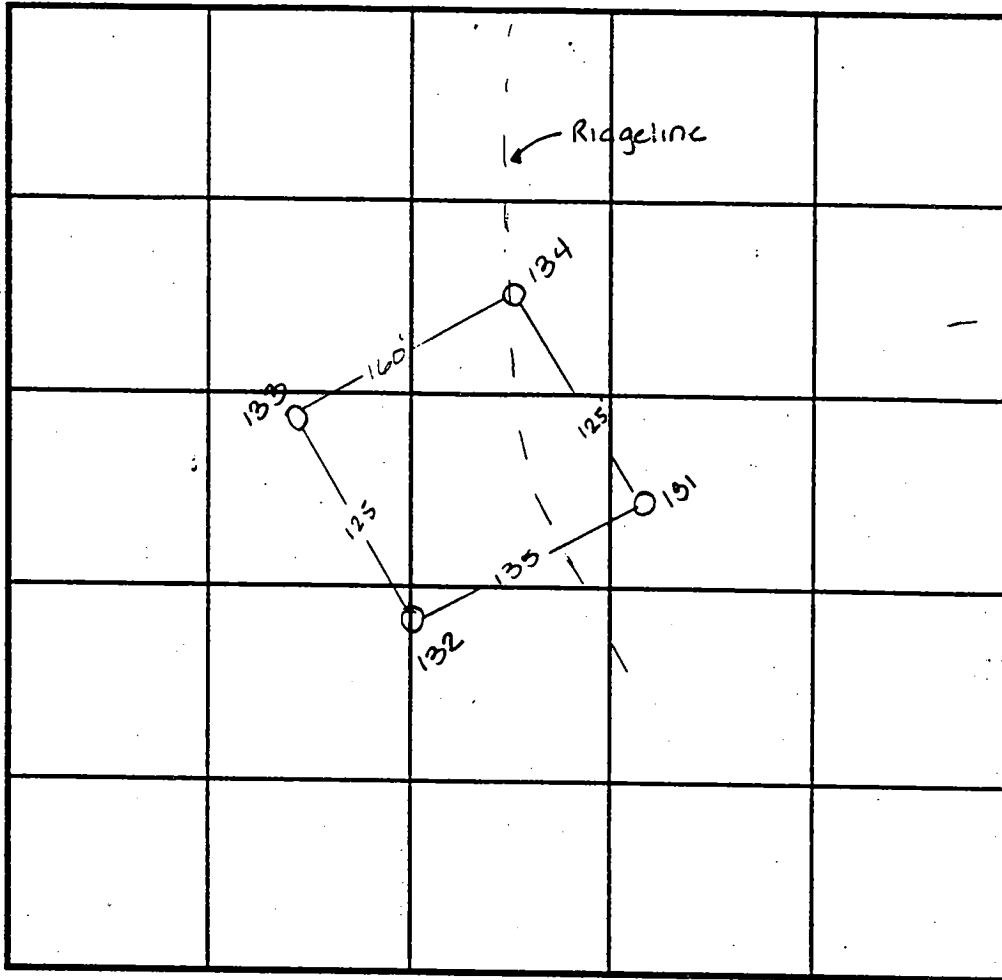
11.0  
dark Silm  
red w/  
Mg deposits  
on rock  
10% may  
be H<sub>2</sub>O red

131  
bright  
red  
brown  
SiCLM

2.0  
dark  
red  
orange  
SiSalm

evidence  
of  
H<sub>2</sub>O at  
11.0

134  
no  
distinct  
clay  
layer  
lgt  
pink  
SiSalm  
10% Rx



SOIL PROFILE

133

lgt  
orange  
brn  
SiLM  
no  
distinct  
clay  
layer  
mottling  
at  
8.0  
water  
at  
12.4"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-15-97	132	3.0 V12.0	12:46	12:51	12:51	12:58	7min ✓	
	131	3.0 V12.0	12:53	12:55	12:55	12:58	3min	
		7.5 V12.0	12:56 <sup>30</sup>	12:58	12:58	12:02	4min	
	134	Visual	to 134 - see profile - OK					
6-12-97	133	Visual	to 130 - see profile - OK					

REMARKS \_\_\_\_\_

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

TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

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

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

2.5

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101  
Woodbine, Md. 21797

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

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

PROPERTY LOCATION:

SUBDIVISION Brendel property LOT NO. 3

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling  
(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 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 \_\_\_\_\_

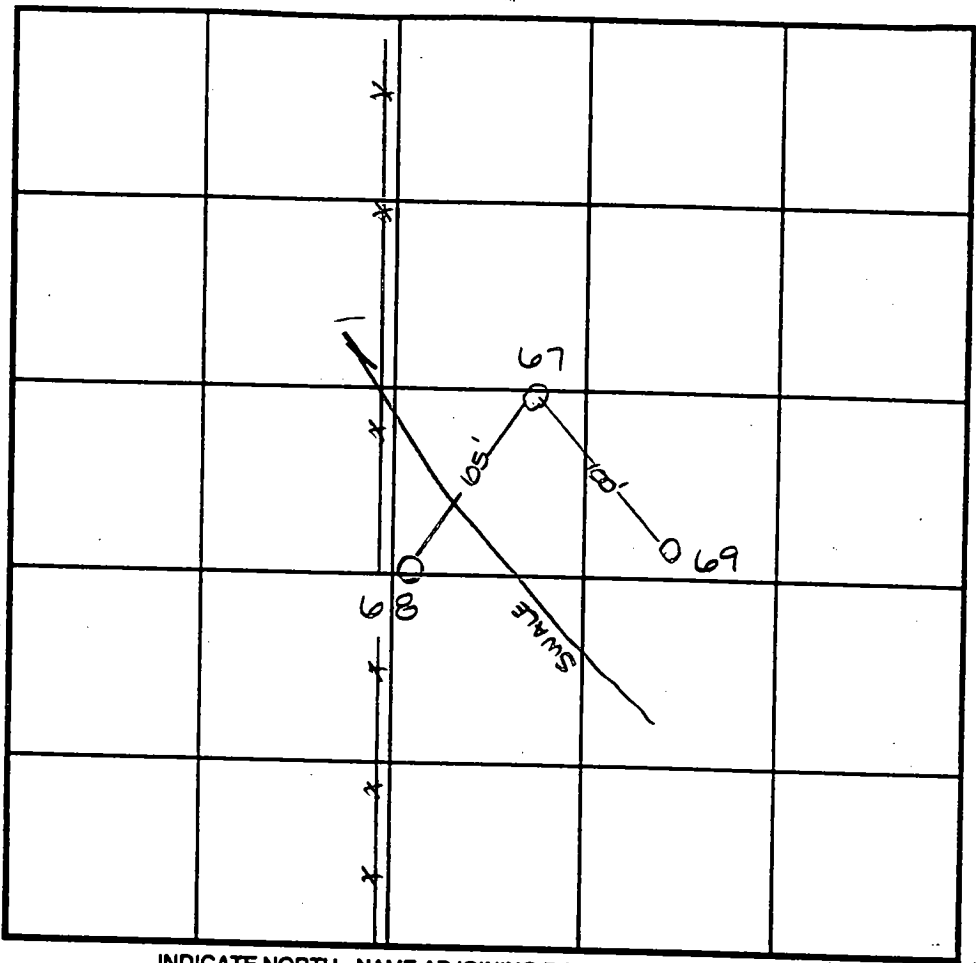
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A58095  
COUNTY #

SOIL PROFILE  
67  
0' topsoil  
6" dark brown silty  
6.0 dull brn orange silty mottled  
8.0 water

69  
dull brown silty mottled  
7.0 dull brown silty  
9.0 water



SOIL PROFILE  
0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Union Chapel Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-28-97	67	3.0 √8.0	12:53 <sup>30</sup>	12:55	12:55	12:57	2min F
	68	Water at 6.0 - Insufficient depth to water table					F
	69	3.5 √9.0	12:57	12:58	12:58	1:03	5min ✓

REMARKS H<sub>2</sub>O levels are ~2.0' less than the recorded high this yr

TYPE OF SOIL \_\_\_\_\_  
TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

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

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

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/11/97

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101  
Woodbine, Md. 21797

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

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

PROPERTY LOCATION:


SUBDIVISION Brendel property LOT NO. 6

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling  
(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 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

A58095  
COUNTY #

SOIL PROFILE

0' 71

no distinct clay layer  
orange brn silty  
water

60

dull brown w/ pockets of white decayed quartz water

80

72

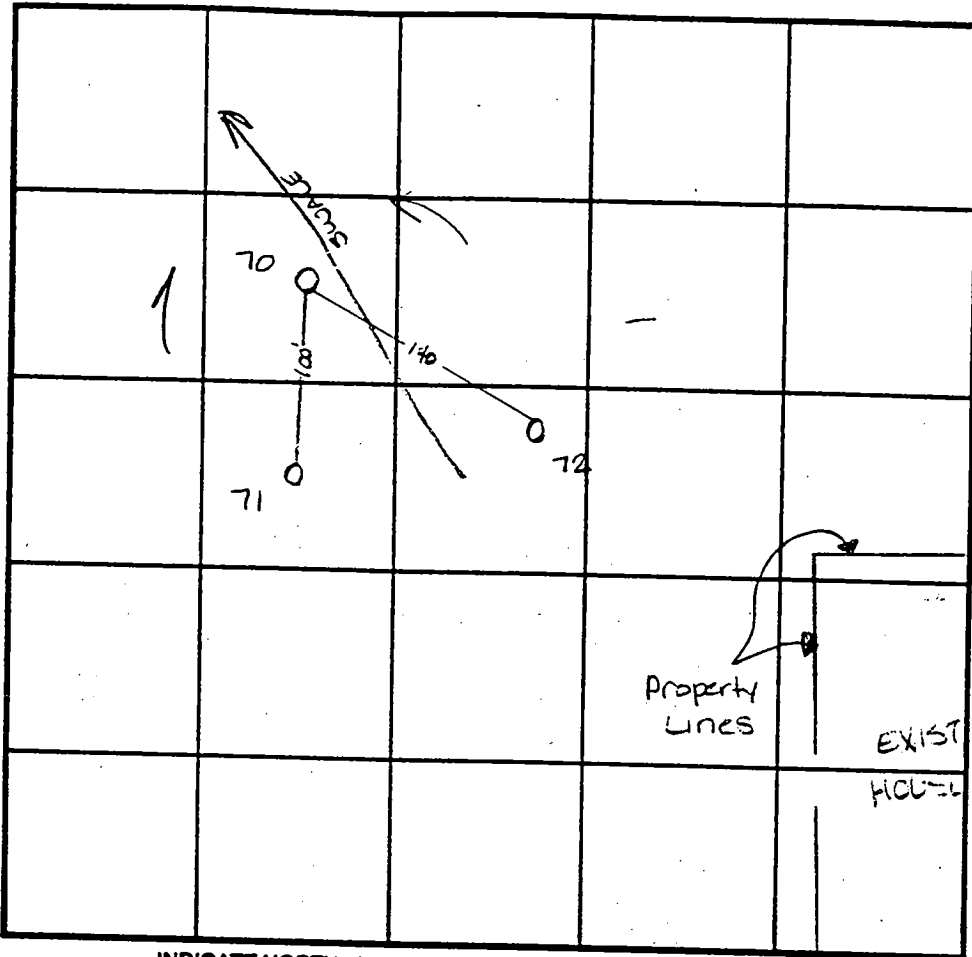
orange brown silty

80

dull grey silty

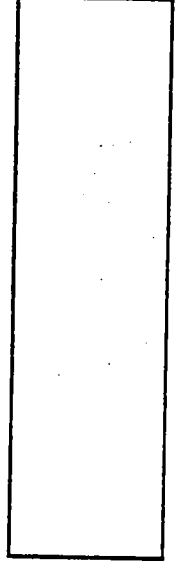
90

water



SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Union Chapel Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-28-97	70	Water at 50"	Insufficient	depth			
		to water table					F
	71	<del>30</del> 48.0	1:03	1:06	1:06	1:11	5min
		Insufficient depth to H <sub>2</sub> O					F
	72	<del>30</del> 49.0	1:18	1:21	1:21	1:26	4min ✓

REMARKS H<sub>2</sub>O levels are  $\approx$  2.0' less than the recorded high this year

TYPE OF SOIL \_\_\_\_\_  
TESTED BY Ami McMillen ALSO PRESENT Chuck Sharp

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

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

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/11/97

TO: THE COUNTY HEALTH OFFICER  
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PROPERTY OWNER G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101  
Woodbine, Md. 21797

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

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

PROPERTY LOCATION:

SUBDIVISION Brendel property LOT NO. 2

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling  
(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 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

127

orange  
brown  
SiClM

lgt  
orange  
pink  
SiSalm  
15%  
Rx

refusal

142

bright  
dark  
red  
SiClM

deep  
orange  
red  
SiM  
no  
rock

129

lgt  
orange  
tan  
SiClM

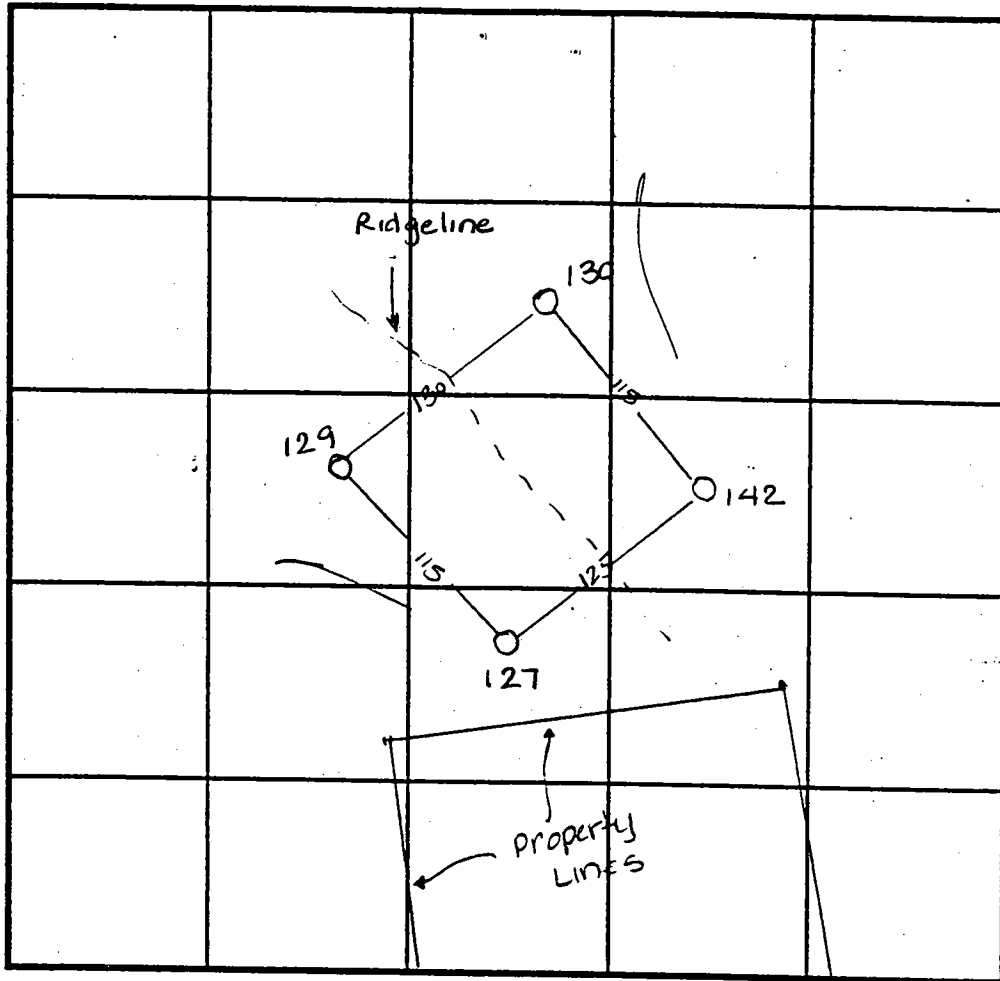
brown  
beigh  
SiM  
<5%  
Rx

SOIL PROFILE

130

red  
brown  
SiClM

lgt  
orange  
tan  
SiM  
15%  
Rx  
very  
dry



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Union Chapel Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-15-97	127	2.0 V10.0	12:35	12:39	12:39	12:43	4min
	142	3.0 V12.0	12:35 <sup>30</sup>	12:37	12:37	12:43	6min
	129	2.5 V12.5	12:45 <sup>30</sup>	12:48	12:48	12:53	5min ✓
	130	Visual	only - see profile		—		OK

REMARKS \_\_\_\_\_

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

TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

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

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



C1 1911

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A58095C

ST/CO USE ONLY DATE Received 10 19 99

DATE WELL COMPLETED 10 09 99

Depth of Well 22 280 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-2376

OWNER BPMP Assoc last name Bucks Run Drive first name TOWN Glenwood SUBDIVISION Wellington West SECTION LOT 4

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 Dirt, Soft Br. Shale & Clay, Hard Br. Shale, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 40 NO. OF POUNDS 3760 GALLONS OF WATER 240 DEPTH OF GROUT SEAL 0 to 81 ft.

CASING RECORD

MAIN CASING TYPE (S, T) Nominal diameter 6 Total depth 82 OTHER CASING (if used) PL 4 diameter 100 depth 180

Table for OTHER CASING with columns: diameter, depth. Rows for PL 4 casing.

SCREEN RECORD

screen type or open hole (S, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.) P L 90 100

WELL HYDROFRACTURED (Y/N)

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

DRILLERS LIC. NO. M W D 256

DRILLERS SIGNATURE Dana Kyker, Jr. II

LIC. NO. J W D 334

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

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

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

DIAMETER OF SCREEN 4 (NEAREST INCH) from 32 to 280

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft.

WHEN PUMPING 73 ft.

TYPE OF PUMP USED (for test) 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

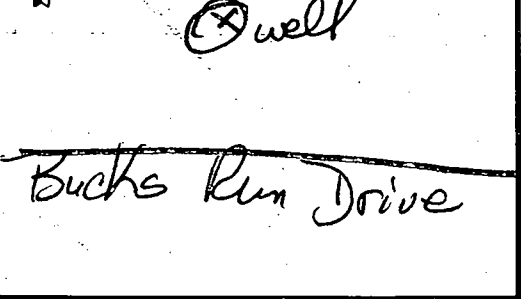
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above 49 LAND SURFACE - below 1 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



<b>B 1</b>	<b>8573</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HQ-94-2376</b> <small>70 fill in this form completely 78</small>
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**Date Received (APA)**  
**072499**

**OWNER INFORMATION**

**BPMB ASSOCIATES LLC**  
15 Last Name 13 Owner 34 First Name

**15298 UNION CHAPEL**  
36 Street or RFD 55

**WOODBINE** **MD21797**  
57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

**HOWARD**  
8 COUNTY 21

**WELLINGTON WEST**  
23 SUBDIVISION 42

SECTION **2** LOT **4**  
44 46 48 50

**GREENWOOD**  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** MI  
73 76 77 78

**DRILLER INFORMATION** CIRCLE: MSD/MCS/MWD

**Dave Kuffer** **MSD**  
Drillers Name 77 License No. 80

**Westminster Rotary Well Drilling**  
Firm Name

**P.O. Box 861, Westminster, Md 21156**  
Address

**Dave Kuffer** **07/24/99**  
Signature Date

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

**Bucks Run Drive**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH

DISTANCE FROM ROAD **50**  
34 37

ENTER FT OR MI **FT**  
38 39

TAX MAP: **14** BLK: \_\_\_\_\_ PARCEL **222**

**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)**

**D** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

**I** INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

**P** PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

**T** TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard Co** **A58095C**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S

DATE ISSUED **082499** **A McMillan** **082600**  
43 48 CO SIGNATURE EXP. DATE

NORTH GRID **530000** EAST GRID **790000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET  
24 28

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

**METHOD OF DRILLING (circle one)**

**BORED** (or Augered) **JETTED** **Jetted & DRIVEN**

**AIR-ROTARY** **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)

**CABLE** **REverse-ROTary** **DRive-POINT**

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

**N** THIS WELL WILL NOT REPLACE AN EXISTING WELL

**Y** THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

**S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

**D** THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER \_\_\_\_\_ **G A P** \_\_\_\_\_

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HQ-94-2376**  
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- City**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

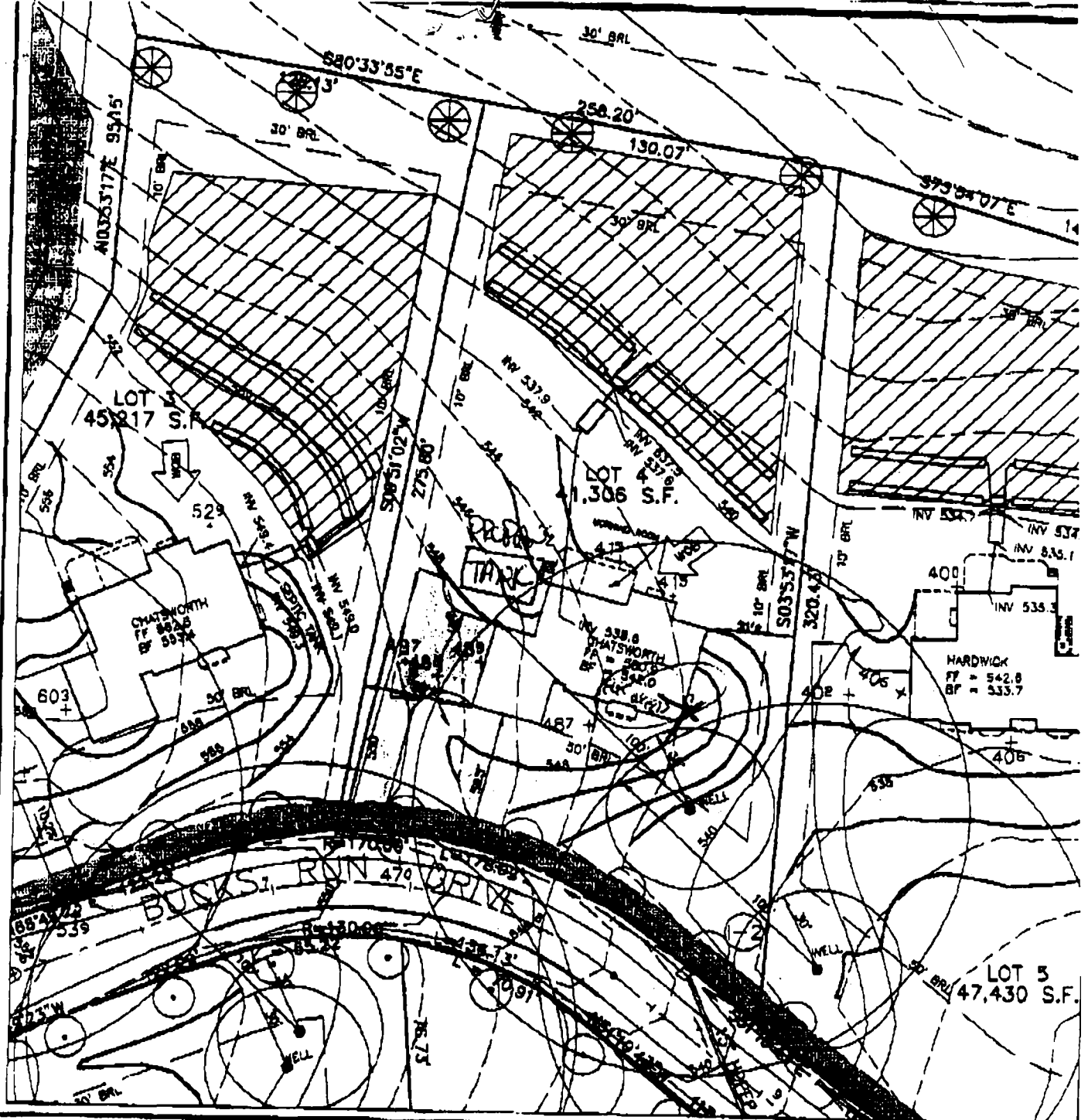
**790**  
**530**

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

**10-11-99**  
**Groot**  
**Holiday**  
**No in sp**  
**A**

**Bucks Run Drive**





FIRST FLOOR ELEVATION = 550.9  
 FOYER ELEVATION = NA  
 BASEMENT ELEVATION = 542.0  
 SPOT ELEVATION AT GARAGE = 548.8

SLOPE OF DRIVEWAY = NA  
 NUMBER OF RISERS IN GAR. = NA  
 NUMBER OF RISERS ON LEAD WALK = NA

**BENCHMARK**



**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-8105 FAX: 410-465-8644

**WELLINGTON WEST SECTION 2**

**LOT 4**

4th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 11/10/00

11/17/01 B00127917  
 Shown propane tank  
 location OK.

*All*

B-00127917

NOTE:

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY. INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.



*[Handwritten signatures]*  
 X *[Signature]*  
 X *[Signature]*

LOT 3

S80°33'55"E

130.07'

275.80'

320.43'

LOT 4

30' BRL

10' BRL

10' BRL

Approx. Location of Septic Tank

B00134469  
 2/20/02  
 Deck and  
 Gazebos O.K.  
 (BB)

LOT 5

10' TREE MAINT. ESMT  
 6' PUBLIC DITCH ESMT

S09°51'02"W

50' BRL

S03°53'17"W

L=122.75'  
 R=170.00'

BUCKS RUN DRIVE  
 40' R/W

50.88'  
 S51°10'43"E

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

*[Handwritten signature]*  
 REG. No. 10978

