

2-14-02 Layout 11-12
2/15/02 Final 11:00

ISSUE DATE: 1/17/2002

APPROVAL DATE: 2/15/02

**PERMIT
INDEXED**

P 516473-B

A 58993-K

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

04-364325

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Cattail Ridge LOT NUMBER: 11

ADDRESS: 3616 Clear Drive Court PROPERTY OWNER: MTR Land, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 210

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Starting from the bend in the left lot line, place the distribution box 35' down the front portion of the left lot line and 80' off this same lot line. Run (4) trenches on contour in either direction.
NOTES:	

PLANS APPROVED: MER 1/2/02 OK (BB) DATE: 9/12/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATER TIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

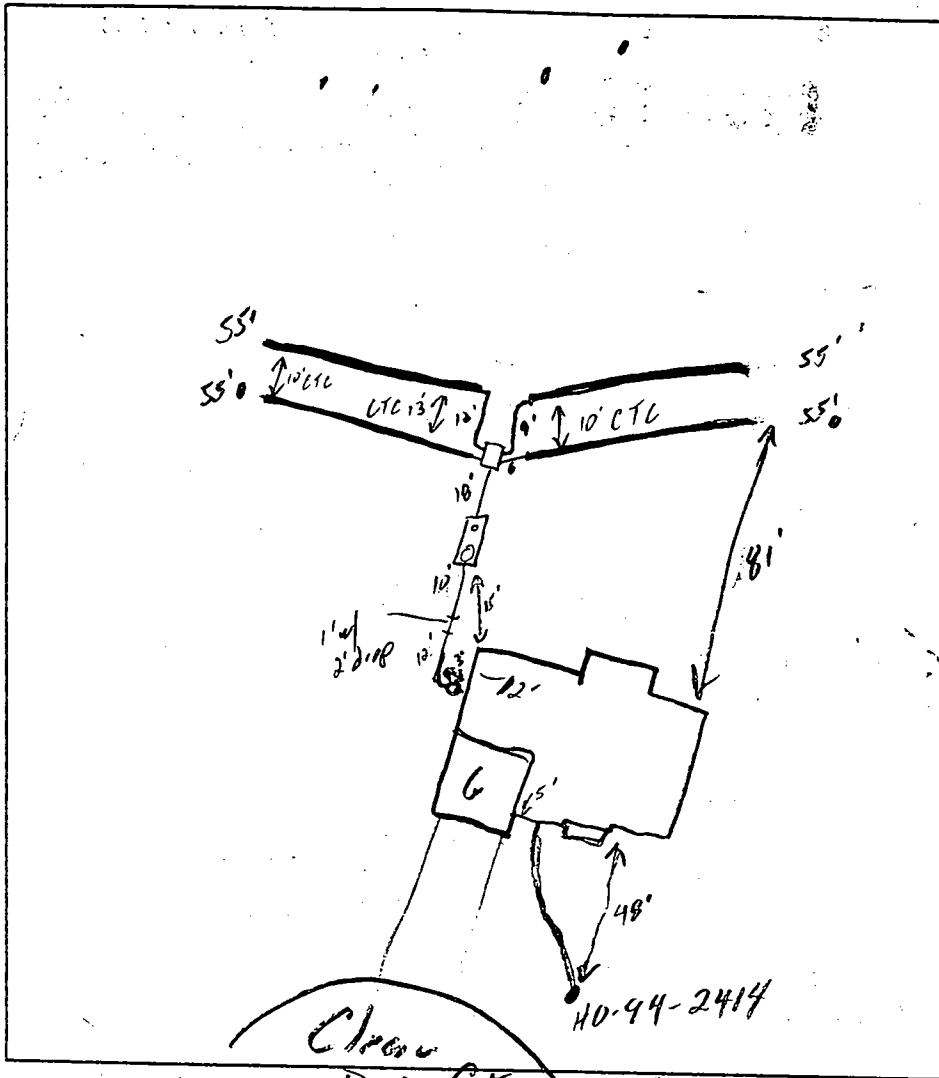
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
AND RETURNED** 5-16-02
600136246 DECK

A58993-K

Lot 11

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2'
TRENCH INLET DEPTH	3'
TRENCH BOTTOM DEPTH	7'
DEPTH OF STONE	4'
NUMBER OF TRENCHES	4
TOTAL TRENCH LENGTH	220'
ABSORBENT AREA	880 #
DISTRIBUTION BOX LEVEL	Yes
BAFFLE IN DISTRIBUTION BOX	Yes Block

SEPTIC TANK DATA	
SEPTIC TANK	1500 TS GALLONS
MANHOLE RISER	Front - 3' 4"
6 INCH INSPECTION PORT	Back
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	N/A
ALARM	
PUMP PERFORMANCE TEST	

PRE-CONSTRUCTION INSPECTION: 2/14/02 House conn. changed, no collect.
 Layout per B.P. (S)

INSPECTION COMMENTS: 2/25/02 OK to cover all work (S)

INSPECTOR [Signature]

DATE SYSTEM APPROVED 2/25/02

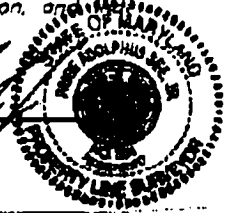
CELESTIAL ENGINEERING
 1155 S. 10th St.
 Phoenix, AZ 85029
 (602) 998-1111

SURVEYOR'S CERTIFICATE

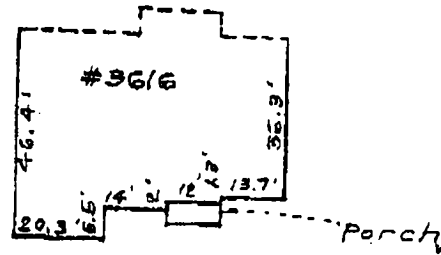
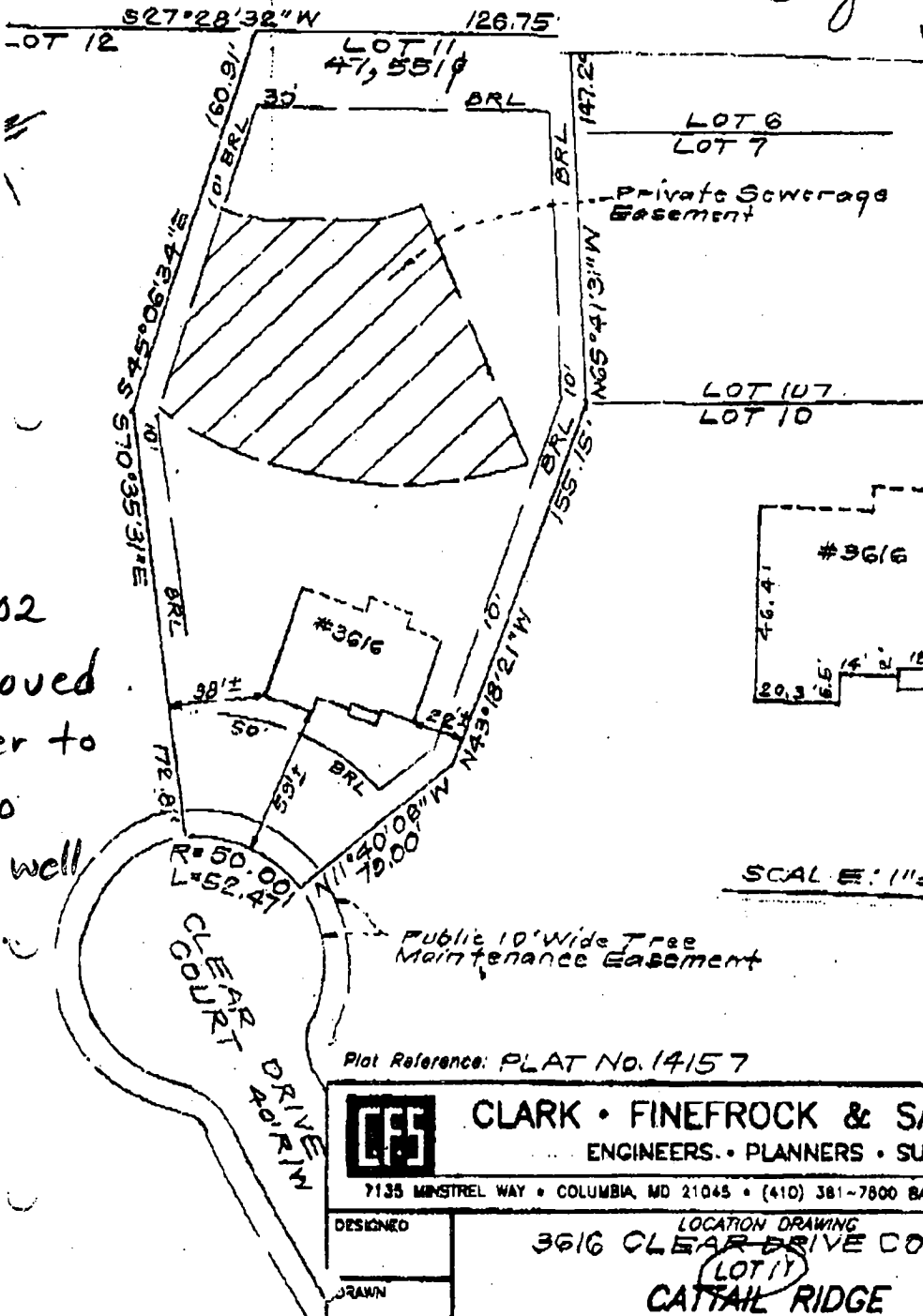
I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and that they are located as shown.

10-15-01
 DATE

[Signature]



ON-BUILDABLE
 RESERVATION
 PARCEL 'C'



SCALE: 1" = 30'

1/17/02
 House moved
 5' closer to
 road - no
 impact on well
 or septic.

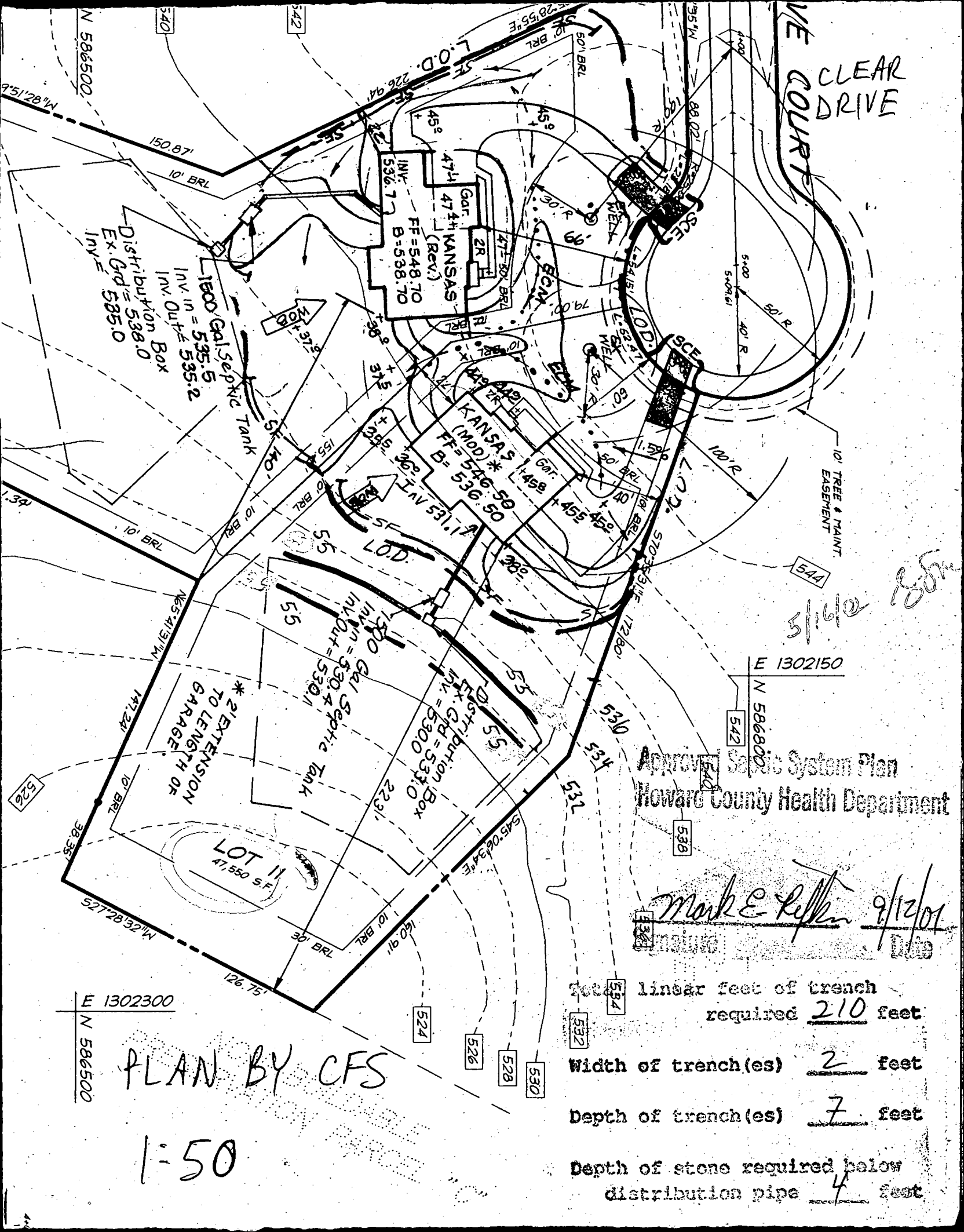
BB

Plot Reference: PLAT No. 14157

CF&S CLARK • FINEFROCK & SACKETT, INC.
 ENGINEERS • PLANNERS • SURVEYORS
 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7800 BALT. • (301) 621-8100 WASH.

DESIGNED	LOCATION DRAWING 3616 CLEAR DRIVE COURT (LOT 11) CATTAIL RIDGE LOTS 4 THRU 37 AND PARCELS 'A' THRU 'C' (A RESUBDIVISION OF "CATTAIL RIDGE", LOTS 1 THRU 3, PLAT NO. 13888 AND THE RESIDUE OF SYDIAHOON PROPERTY, INC., LIBER NO. 4228 AT FOLIO 484) FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 30'
DRAWN		DRAWING
CHECKED		JOB NO.
DATE		FILE NO.

Page 2 of 3



WE COURT CLEAR DRIVE

5/14/01

Approved Septic System Plan
Howard County Health Department

Mark E. Kellen 9/12/01

Linear feet of trench required 210 feet.
 Width of trench(es) 2 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 4 feet

PLAN BY CFS

1:50

E 1302300

N 58°55'00"

E 1302150

N 58°55'00"

1500 Gal. Septic Tank
 Inv. In = 535.5
 Inv. Out = 535.2
 Distribution Box
 Ex. Gd = 538.0
 Inv. = 535.0

1500 Gal. Septic Tank
 Inv. In = 530.0
 Inv. Out = 530.1
 Distribution Box
 Ex. Gd = 533.0
 Inv. = 530.0

* 21' EXTENSION TO LENGTH OF GARAGE

LOT 11
47,550 S.F.

47th KANSAS
 Gar. 2R
 FF = 548.70
 B = 538.70
 INV. = 536.7

KANSAS (MOD)
 FF = 546.50
 B = 536.50
 INV. = 531.1

N 58°55'00"

150.87'

10' BRL

9°51'28"W

540

542

544

542

540

538

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Building Address 3016 CLARA DRIVE COURT
GLENHARBOR, MD. 21725
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 01A0208 Subdivision CENTRAL RIDGE
Section N/A Area N/A Lot 11
Tax Map 21 Parcel 22E Grid 3
Zoning RC 46 Map Coordinates 9A7 Lot size 4750' x 55'

Property Owner's Name INTRACON, INC.
Address 13970 BELT ROAD
City LANHAR State MD Zip Code 20707
Home Phone _____ Work Phone (301) 533 3110
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use BUILDING LOT
Proposed Use CONVERT EXISTING HOME
Estimated Construction Cost \$ _____
Description of Work 1 1/2 BR, 4 BATH, 1 CAR GARAGE, 1000 SQ. FT.
EXISTING 2 BR, 4 BR, 4 BATH, 1 CAR GARAGE, 2000 SQ. FT.
REMOVING EXISTING HOME AND CONSTRUCTING NEW HOME

Contractor Company ROSEBUDS DEVELOPMENT, LLC
Contact Person GILL LUTSEN
Address 13970 BELT ROAD
City LANHAR State MD Zip Code 20707
License No. _____
Phone (301) 953 3110 Fax (301) 533 3110

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company WILLIAMSON ENGINEERING
Contact Person WILLIAMSON
Address 13970 BELT ROAD
City LANHAR State MD Zip Code 20707
Phone (301) 773-1111 Fax (301) 773-1111

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
State Certified Modular _____ Manufactured Home _____	

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 THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND PAYING FEES.

Applicant's Signature Gill Lutsen
Title/Company VP Business Development, Inc.

Print Name Gill Lutsen
Date 7/19/01

Payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>9/12/01</u>	<u>Mark Rife</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for New/Town Zone _____
SDP/Red-line approval date: _____

PROPERTY ID# 51730

zoning fee	\$ <u>100.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>1075</u>
Validation #	<u>48223</u>

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Accepted by [Signature]

2-20-02 Anytime

FROM : HoCo EnvHealth

FAX NO. : 4103132648

Jun. 12 2001 01:42PM P1

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: Willoughby Plumb, See Telephone #: 410-781-7051
Address: 1203 HARRICK DR
SEAFORD, MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License # 1A92
*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: ROSE MARK DESIGN Telephone #: 301-953-3110
Subdivision: PATRIOT EDGE Lot #: 11 Well Tag #: HO 94-2414
Site Address: Holla Mead - DRIVE
GLENWOOD MD 21738

Submittable Pump Data Pitless Adapter Well Cap and Electric Conduits
Make: JM 1221 Make: RAYBARD Two piece watertight cap:
Model #: _____ Model #: _____ Screened, vented well cap:
Pump Capacity: 6 GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 12 GPM NSF approved: _____ Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 405 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: CRESTLINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 10 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: (36" min) Sleeve caulked and sealed properly:

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 _____

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

Date Insp. Requested: 2-20-02 Anytime Date Insp. Approved: 2/20/02 (signature)
Inspection Date: 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 ground observed below pitless adapter _____

HD-215 (Rev. 8/00)

C 1 1950 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 **A58993K**

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
10 06 99
Depth of Well
22 165 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94-2414
28 29 30 31 32 33 34 35 36 37

OWNER **BRS Developers**
STREET OR RFD **Clean Nive Court** TOWN **Greenwood**
SUBDIVISION **Cattail Ridge** SECTION _____ LOT **11**

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	60	✓
Sand Stone	60	65	
MICKA	65	85	
Sand Stone	85	90	✓
MICKA	90	165	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
44 44
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **(CM)** BENTONITE CLAY **(BC)**
NO. OF BAGS ⁴⁵ ⁴⁶ **21** NO. OF POUNDS ⁴⁵ ⁴⁶ **3100**
GALLONS OF WATER **126**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **30+** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(ST) STEEL **(CO)** CONCRETE
(PL) PLASTIC **(OT)** OTHER
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **90**
60 61 63 64 66 70

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

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

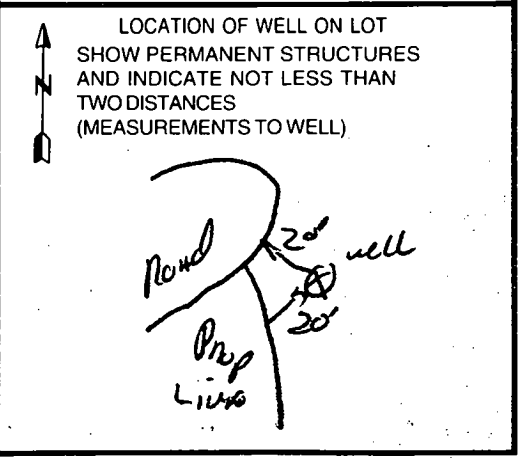
C 2 DEPTH (nearest ft.)
1 2 **HO 68 165**
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 3 38 39 41 45 47 51
S
R
E
N
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

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

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) **3**
8 9
PUMPING RATE (gal. per min.) **12**
11 15
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **58** ft.
17 20
WHEN PUMPING **75** ft.
22 25
TYPE OF PUMP USED (for test)
(A) air **(P)** piston **(T)** turbine
27 27 27
(C) centrifugal **(R)** rotary **(O)** other (describe below)
27 27 27
(J) jet **(S)** submersible
27 27

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 **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 } LAND SURFACE } **2** (nearest foot)
49 below } 50 51



NUMBER OF UNSUCCESSFUL WELLS: **0**
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 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 **M SD 716**
Paul Moyal
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 **M SD 113**
Paul E. Moyal

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

1942 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2414 fill in this form completely

OWNER INFORMATION Date Received (APA) 08 30 99 BRS Developers LLC 8808 Centre Bank Dr. Suite 209 Columbia MD 21045

LOCATION OF WELL COUNTY Howard CATTAIL Ridge SECTION 44 46 LOT 11 48 50 GLENWOOD NEAREST TOWN MILES FROM TOWN I M I

DRILLER INFORMATION Ralph MAYNE MSD 116 Ralph MAYNE well DRILLING 9120 Brown Church Rd. Mt Airy Md Mayne 8-25-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD Clean Drive Court DISTANCE FROM ROAD 25 ENTER FT OR MI TAX MAP: 21 BLK: PARCEL 3

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard CO A58993K COUNTY NAME COUNTY NO. DATE ISSUED 090799 A McMillon 090700 CO SIGNATURE EXP. DATE NORTH GRID 525 000 EAST GRID 790 000

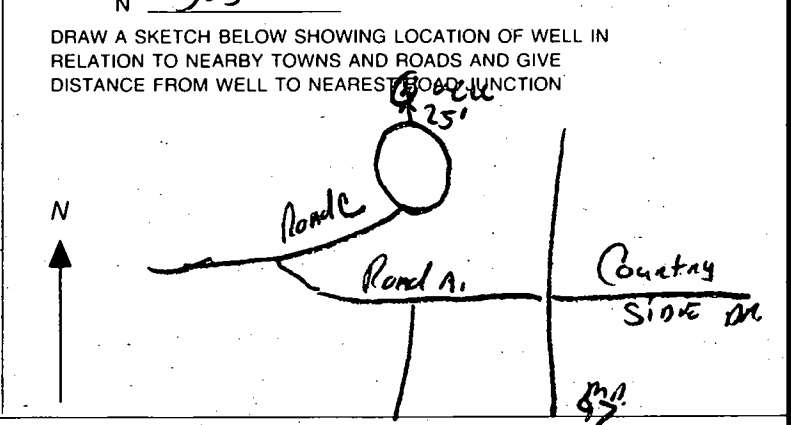
USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 64 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 790 N 525

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

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER GAP PERMIT No. HO-94-2414

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

000 Sq.Ft.

•376
F

•375

10,670 Sq.Ft.

•388

•387B

•387

•387A

ChB2

~~9-7-99~~
Well site stated
by ~~NEARBY~~
SURVEYOR

Signed Perc.
Cert

LOT 11
49,135 Sq.Ft.

LOT 7
59,655 Sq.Ft.

•711
•511
•508
•510
11,376 Sq.Ft.

•504
10,000 Sq.Ft.

•402
•401
10,640 Sq.Ft.

•403
•400
10,650 Sq.Ft.

•399
•400
10,160 Sq.Ft.

•397
•398
10,000 Sq.Ft.

LOT 6
54,456 Sq.Ft.

LOT 4
41,880 Sq.Ft.

GIB2
LOT 3
40,805 Sq.Ft.

LOT 2
41,586 Sq.Ft.

LOT 1
50,000 Sq.Ft.

RESERVATION
PARCEL 'B'
47,092 Sq.Ft.

GID3
•401
•405
10,697 Sq.Ft.

LOT 5
55,554 Sq.Ft.

•409

•407

•408

•406

•408

•423

•320

•320A

LOT 28

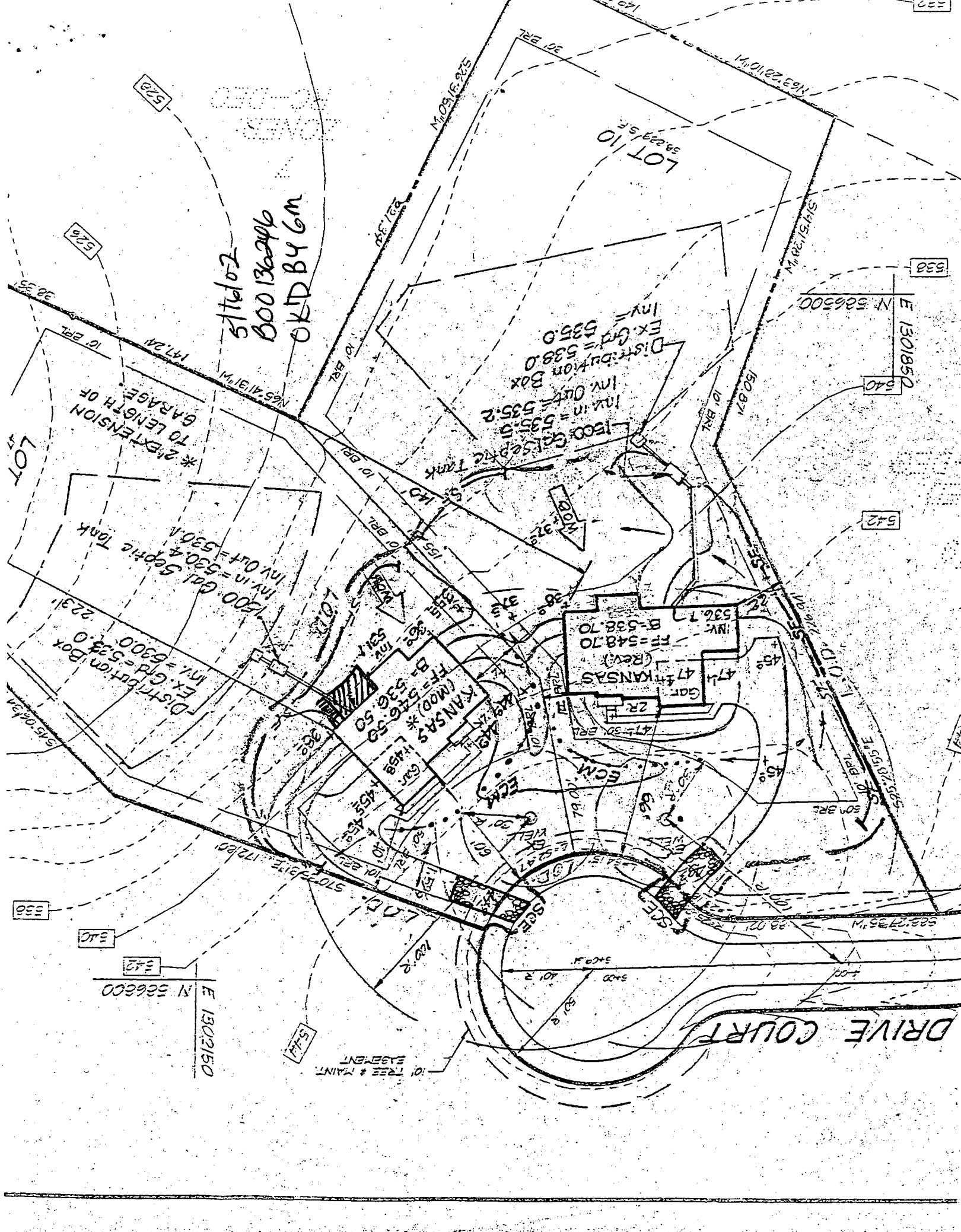
LOT 29
40,009 Sq.Ft.

LOT 30
40,197 Sq.Ft.

LOT 31
41,014 Sq.Ft.

LOT 32
55,379 Sq.Ft.

PRE



5116102
800136246
OK'D BY GM

1500 Gal. Septic Tank
Inv. In = 535.5
Inv. Out = 535.2
Distribution Box
Ex. Cnd = 538.0
Inv. = 535.0

* 2' EXTENSION
TO LENGTH OF
GARAGE.

1500 Gal. Septic Tank
Inv. In = 530.4
Inv. Out = 530.1

Distribution Box
Inv. = 533.0
Ex. Cnd = 533.0

536.7
Inv. = 548.70
B-538.70
Gar. 47th KANSAS
Gar. 2R
Gar. 47th KANSAS

KANSAS (MOD) * 536.50
Inv. 531.4
Gar. 455.45
Gar. 455.45

DRIVE COURT

E 1302150
N 56600
E 42

E 1301850
N 56600
E 40

E 42

E 40

E 42

E 44

LOT TREE & TRAIL
EASEMENT

LOT 7

LOT 10
34223 SF

E 32

E 38

E 40

E 42

E 38

E 40

E 42

APPLICATION

PERCOLATION TESTING

A 58993

P _____

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

DISTRICT _____

DATE 9-25-97

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 J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L D AD

ADDRESS 10805 Hickory Ridge Suite 215 PHONE 410-740-2102
Columbia, MD 21041

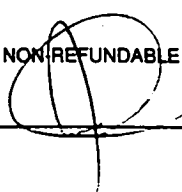
PROPERTY LOCATION:
SUBDIVISION Haan Rei LOT NO. 11

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # ~~1377~~ 3

SIZE OF LOT 1.26 TYPE BLDG. SFD (38 LOTS)
(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

LOT 32

COUNTY # _____

SOIL PROFILE

391

orange
red
SiClm

0'

3.0

red
brown
SiSaln
micaceous
10%
Saprolite

12.5

392 390

bright
red
SiClm

3.5

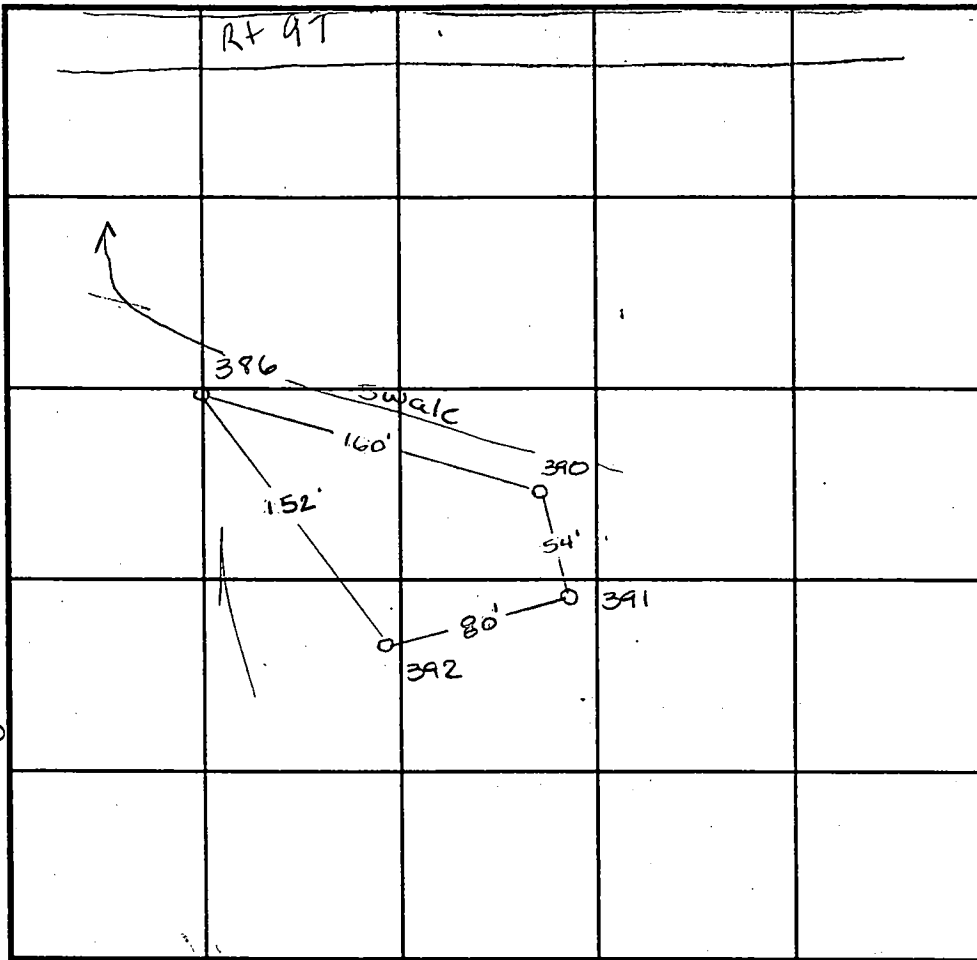
pink
to
brown
SiSaln

12.0

15-20%
Rx/
saprolite
mix

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	
10-31-97	391	3.5 v12.5	1:04	1:07 ¹⁵	1:07 ¹⁵	1:12	4 ³ / ₄ min
	392	7.5 v12.0	1:08 ³⁰	1:11	1:11	1:19	8 min ✓
		3.5 v12.0	1:11	1:14	1:14	1:20	6 min ✓
	390	Visual	to 13.0' - see profile			—	OK ✓

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT D Reuver

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 58993

P _____

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

DISTRICT _____

DATE 9-25-97

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 J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L D AD

ADDRESS 10505 Hickory Ridge Suite 205 PHONE 410-740-2100
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Han Rei LOT NO. 9

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # ~~1339~~ 3

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS)
(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 _____

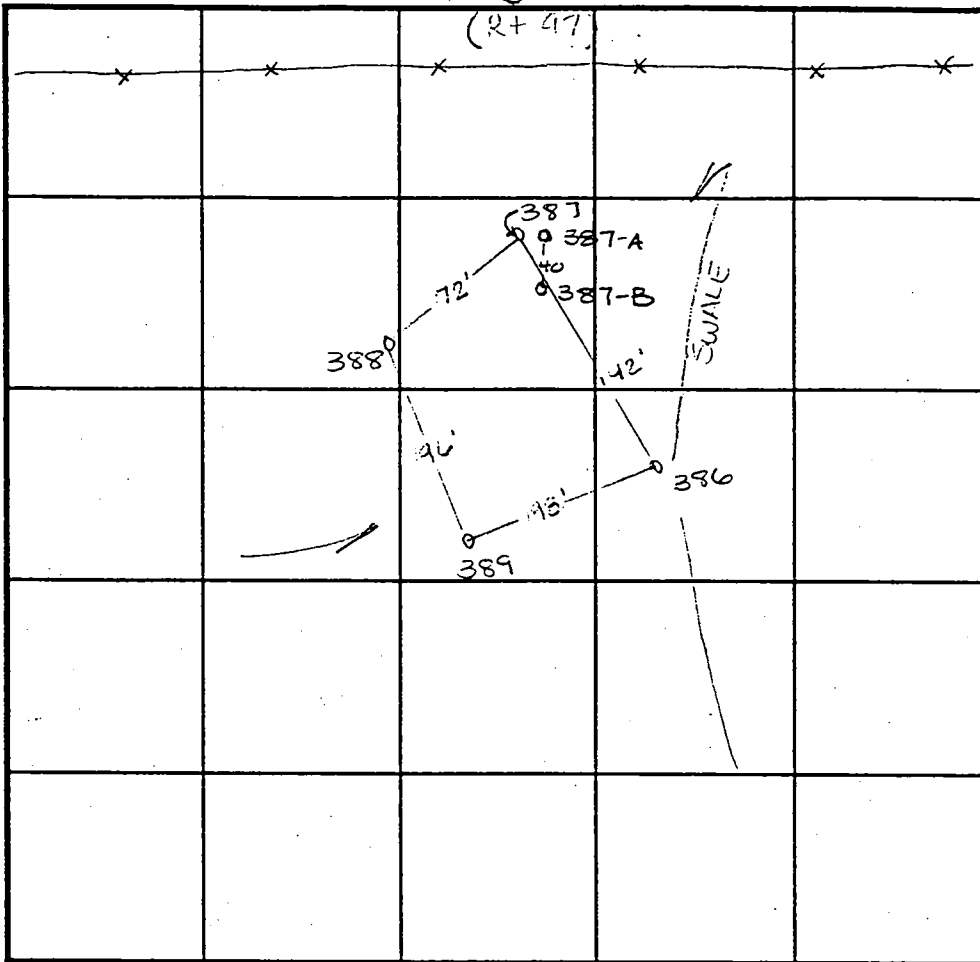
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

LOT 31

(R+47)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

COUNTY #

SOIL PROFILE 389

0' 0cigh brown SiClM 10% Rx
 6.0 lgt pink SiSaLM 5% beltspar Rx frags

386

4.0 yellow brown SiClM
 lgt pink SiSaLM micaceous
 15.0 possible modified soil

387

3.0 yellow orange SiClM
 5.0 30% Rx sand
 pink orange SiSaLM micaceous 15% frags

SOIL PROFILE 388

0' dark red SiClM
 3.0 lgt pink powdery SiLM
 7.0 very light pink SiSaLM 5% Rx

387 A & B

4.0 Perched H₂O @ 4.0 - H₂O running out not damp
 heavy SiLM
 7.0 Tan/Red

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10-31-97	389	0.5 / 12.0	1:32	1:38	1:38	2:02	24 min ✓	
	386	3.5 / 12.5	1:46 ⁴⁵	>30	min		1:20 ✓	
		6.5 / 12.5	1:46	1:48 ³⁰	1:48 ³⁰	1:54	51 min ✓	
	387	4.0 / 12.5	2:14	2:21	2:21	2:29	3 min	
	388	4.0 / 12.0	2:04	2:06	2:06	2:03	2 min	
2-9-98	387-A	Perched H ₂ O table - see profile F						
	387-B	Perched H ₂ O table see profile F						

REMARKS 1

TYPE OF SOIL SHALLOW REPAIRS

TESTED BY Amy McMillan ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 11 TRENCH WIDTH 2

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 210

LOT 13
50,000 Sq.Ft.

LOT 12 379A
45,707 Sq.Ft.

LOT 9
48,477 Sq.Ft.

LOT 8
49,135 Sq.Ft.

LOT 6
54,456 Sq.Ft.

LOT 7
59,555 Sq.Ft.

LOT 5
55,554 Sq.Ft.

LOT 4
40,690 Sq.Ft.

LOT 3
40,700 Sq.Ft.

LOT 2
41,586 Sq.Ft.

LOT 1
50,000 Sq.Ft.

H.O.A. OWNED AND MAINTAINED
PRESERVATION PARCEL 'E'

9.09 AC*
(OPEN SPACE STORMWATER MANAGEMENT USE)
THIS PARCEL IS NOT ELIGIBLE FOR BUILDING PERMIT REVIEW, SEE GENERAL NOTE

H.O.A. OWNED AND MAINTAINED
P124
PRESERVATION PARCEL 'B'

24'RCCP 47,092 SQ.FT.*
(OPEN SPACE USE)
THIS PARCEL IS NOT ELIGIBLE FOR BUILDING PERMIT REVIEW, SEE GENERAL NOTE

ROAD 'A'

PA902

