

04364392

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/29/2004

P 521511

APPROVAL DATE: 12/15/04

**PERMIT
INDEXED**

A 58993-R

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

04-364392

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg, MD 21038 PHONE NUMBER: 301-854-6172

SUBDIVISION: Cattail Ridge LOT NUMBER: 17

ADDRESS: 3605 Clear Drive Court PROPERTY OWNER: Williamsburg Group

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 20.5 HOUSE SERVED BY PUBLIC WATER

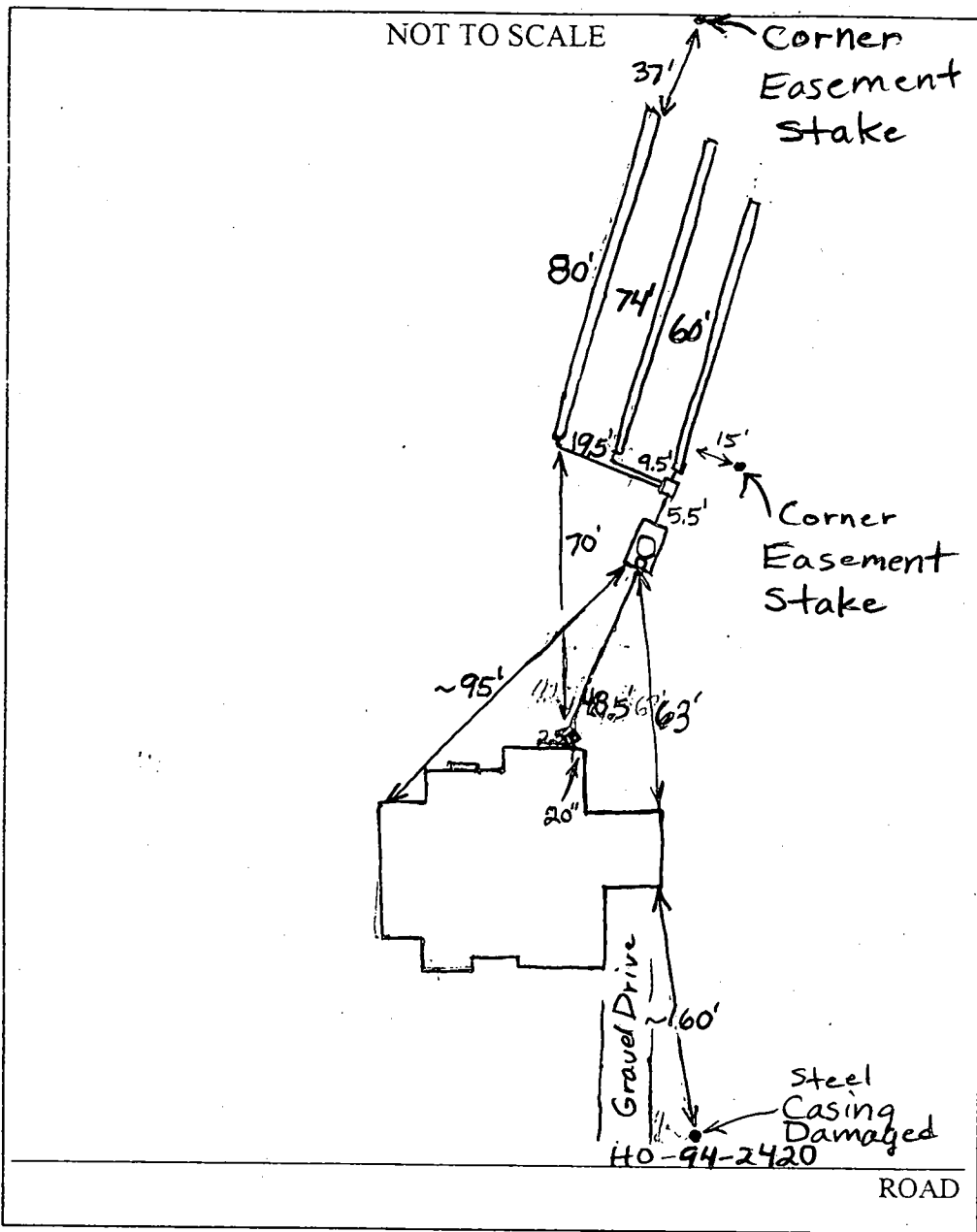
TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 6.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 25' downhill of the highest staked SDA corner. Run (3) trenches on contour to rear of lot.
NOTES:	

PLANS APPROVED: MER o.k. DATE: 4/28/04

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL OR 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
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A58993-R



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		3
TOTAL LENGTH		214'
ABSORPTION AREA		856 sq. ft
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2-2.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 10/4/04 To install as per B.P. plan. Tank set. Need house connection. Not done because Hatfields isn't exactly sure where the builder wants the connection made. Steel well casing damaged severely - may even be damaged below grade. (BB) 12/9/04 - Steel casing fixed, cap loose, green sticker on top from Brian (BB) 12/15/04 Jeff with Hatfields said that house connection has been made. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 12/15/04

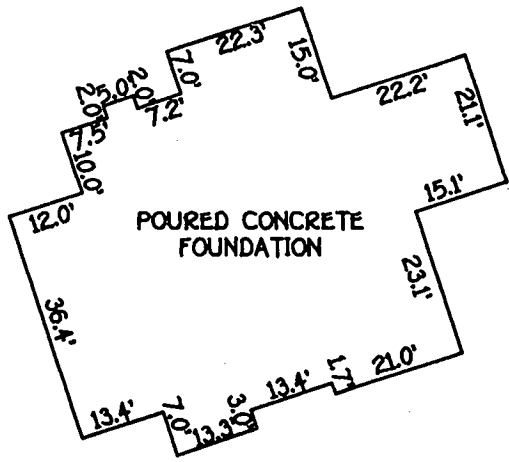
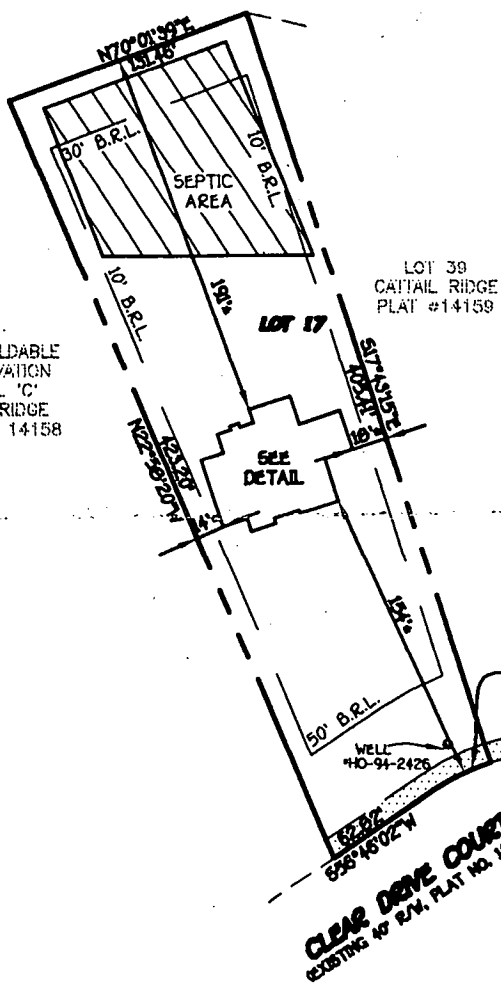
GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440020 B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-2420) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



NON-BUILDABLE
PRESERVATION
PARCEL 'C'
CATTAIL RIDGE
PLAT No. 14158

NON-BUILDABLE
PRESERVATION
PARCEL 'C'
CATTAIL RIDGE
PLAT No. 14158



DETAIL: 1"=30'

*9/27/04
well check O.K.
[Signature]*

LOT 17
CATTAIL RIDGE
LOTS 4 THRU 37 AND PARCEL 'A' THRU 'C'
(A RESUBDIVISION OF "CATTAIL RIDGE",
LOTS 1 THRU 3, PLAT No. 13626 AND THE RESIDUE OF
SYNDACON PROPERTY, INC. LIBER No. 4228 AT FOLIO 464)
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT NO. 14159

3605 CLEAR DRIVE COURT
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 526.3'±

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855



[Signature] 8/25/04
PROFESSIONAL LAND SURVEYOR DATE
REG. 10692

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 6/15/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 8/26/04
DRAWN BY: D.B.
CHECKED BY: T.A.F.
PROJECT No.: 61896

G P 39

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
300 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1870
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300147383

Building Address 3605 CLEAR DRIVE CT.
GLENWOOD MD 21732
Suite/Apt. #: N/A SDP/WP/Petition #: GPO4-79
Census Tract 604005 Subdivision CATAULK RIVE
Section N/A Area N/A Lot 17
Tax Map 21 Parcel 226 Grid 3
Zoning RC-1A Map Coordinates 9.87 Lot size 1.227 AC

Property Owner's Name WILLIAMSBURG GROUP
Address 3465 HARPER'S FARM RD #207
City COLUMBIA State MD Zip Code 21044
Home Phone _____ Work Phone 410-777-6700X12
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-777-4356

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 250,000
Description of Work MODEL: CUSTOM SFD
PLANS ATTACHED
(REVISED LARCHESTER II MODEL)

Contractor Company AS OWNER
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. LS
Phone _____ Fax _____

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

Engineer or Architect Company PLYMOUTH ROAD
Contact Person TIM SAHANT
Address 610 PLYMOUTH RD.
City CATONSVILLE State MD Zip Code 21227
Phone 410-777-0071 Fax SAME

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____ Roof: _____	
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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
AGENT/BIG LLC

Print Name SKANNE R. DAVIS
4/12/04

Title/Company _____
MR 4/28/04

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

3-04
eboxed
12-15-04

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: Fogles Well Drilling Telephone #: 410-795-5671
Address: 580 Dorchester Rd
Sylesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# ms0009

*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. License may be subjected to field verification.

Name of Property Owner: Williamsonburg Group Telephone #: _____
Subdivision: Catonsville Ridge Lot #: 17 Well Tag #: HO-94-2420
Site Address: 3605 Clear Drive Ct

Submersible Pump Data
Make: Goulds Pitless Adapter Make: Camobell Well Cap and Electric Condu
Model #: FT75B05422 Model #: n/a Two piece watertight cap: Yes
Pump Capacity 7 GPM Depth: 36 (36" min) Screened, vented well cap: Yes
Well Yield: _____ GPM NSF approved: Yes Cap secured to casing: Yes
Depth of well encountered at time of pump installation: 175 (feet) Conduit min 18" B.G.: Yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8. Conduit secured to well cap: Yes
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA

Piping to house
Type: 1" Black Plastic House Connection
PSI: 160 (160 psi min) PVC sleeved to undisturbed soil at wall penetration: Yes
Depth of supply line: 42 (36" min) Approximate length of sleeve: 5
Sleeve caulked and sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewer piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact the office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 10-18-04

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

Date Insp. Requested: _____ Date Insp. Approved: 12/22/04 BB
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 ✓

C1 1960

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A58993R

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY 8 13

MM DD YY 9 21 99

22 175 26 (TO NEAREST FOOT)

HO 94 2420

OWNER BRS Development, STREET OR RFD Clean Drive Court, TOWN Glenwood, SUBDIVISION CATHAIL RIDGE, SECTION, LOT 17

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT, BENTONITE CLAY (BC), NO. OF BAGS 13, NO. OF POUNDS 1222, GALLONS OF WATER 78, DEPTH OF GROUT SEAL 31

C 3

PUMPING TEST

HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE watch bucket, WATER LEVEL 46, BEFORE PUMPING 46, WHEN PUMPING 112, TYPE OF PUMP USED submersible

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: Brown Soil (0-26), HARD GRAY GRANITE (26-175), 105, 125, 140

CASING RECORD (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (31)

OTHER CASING (if used) diameter, depth (feet)

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

Table with columns: T, E, A, C, H, S, R, E, E, N. Rows: HO 31, 175, SLOT SIZE, DIAMETER OF SCREEN

PUMP INSTALLED (YES/NO), DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. MW D 355, DRILLERS SIGNATURE

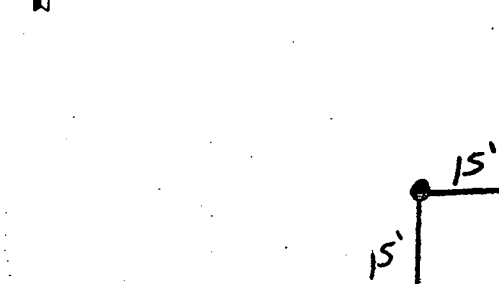
LIC. NO. 1 MW D 549, Max D. Jones

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 O

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



B 1 14106

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-94-2420 fill in this form completely

Date Received (APA) 083099

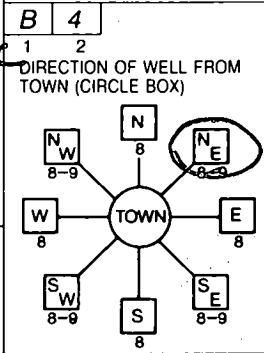
OWNER INFORMATION

CATTAIL OVER LOOK LLC 8808 CENTRE PARK DR. SUITE 108 COLUMBIA MARYLAND 21045

LOCATION OF WELL HOWARD CATTAIL RIDGE ROXBURY 2 MILES FROM TOWN

DRILLER INFORMATION MICHAEL BARLOW MW D 355

MICHAEL BARLOW WELL DRILLING SVCS, INC. 912 FAWN CT. JOPPA, MD 21085



Clear Drive Ct NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 15 FT

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled) 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 Co A58993R COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 090799 A McMill 090700

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6" 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (circled) 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

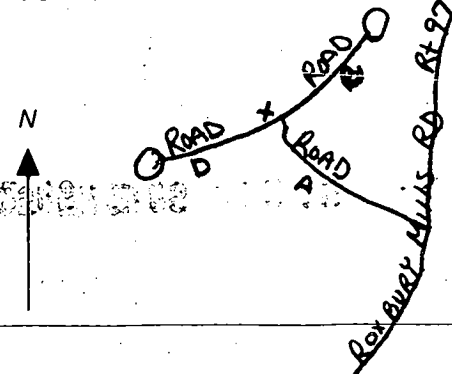
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 PERMIT No. H0-94-2420

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE E 780 N 520

Handwritten notes: 9/21/99 Pump & Grout 9am 13 BAGS @ GROUT 30" + OPEN OBS'G 31' CASING? 2' CASING @ A.G. TAG ON SITE?

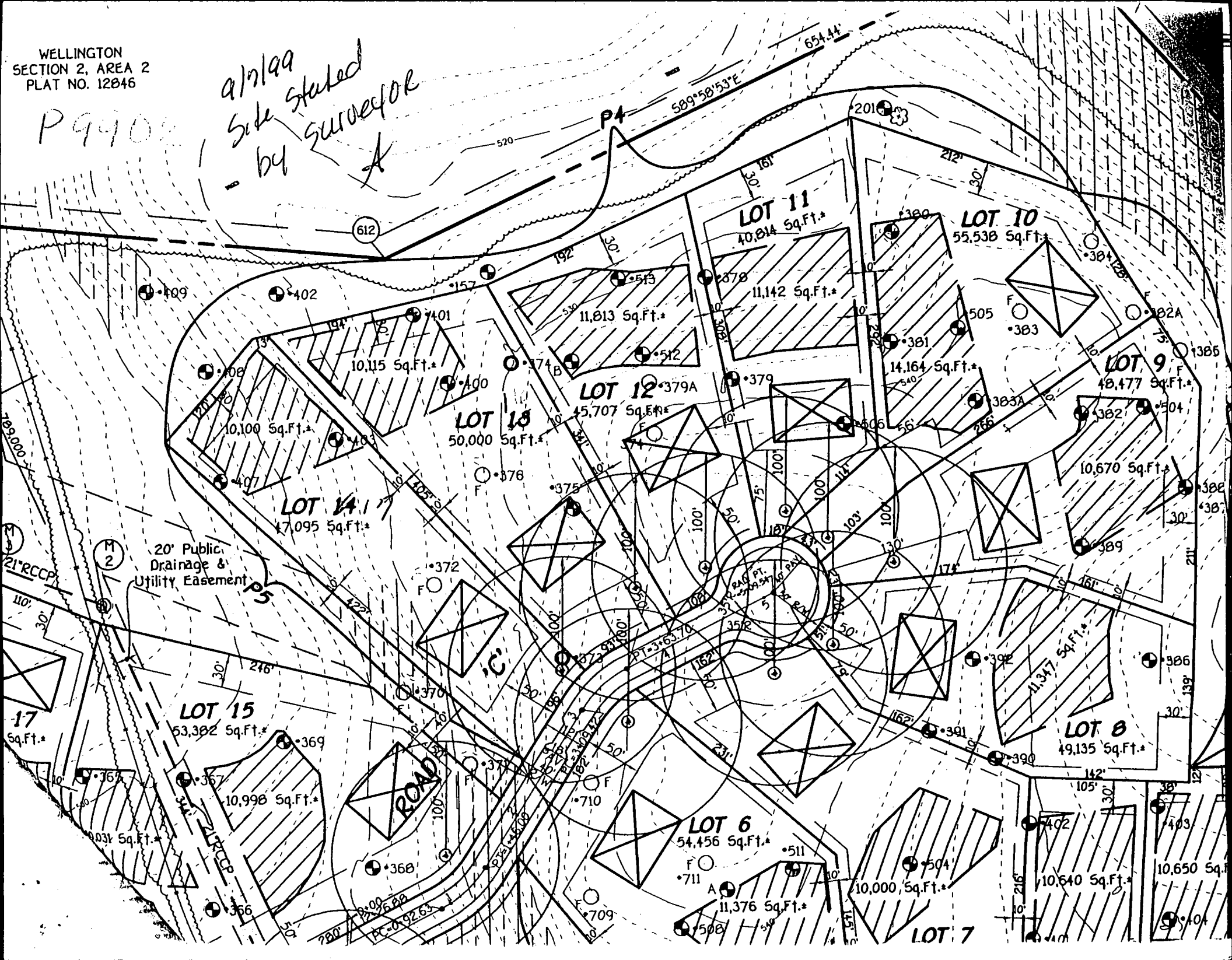
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

P9907

*9/17/99
Site stated
- by surveyor*



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 LIDAD

ADDRESS 10805 Hickory Ridge Suite 215 PHONE 410-740-2100
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Hahn Reil LOT NO. ~~17~~ 17

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # ~~1337~~ 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

COUNTY #

SOIL PROFILE

400

0' dark orange brown SiCILM
 3.5' lgt orange tan SiSALM
 9.0' lgt or tan SiLM

401

2.0' orange brown SiCILM
 lgt orange tan SiLM
 5% Rx

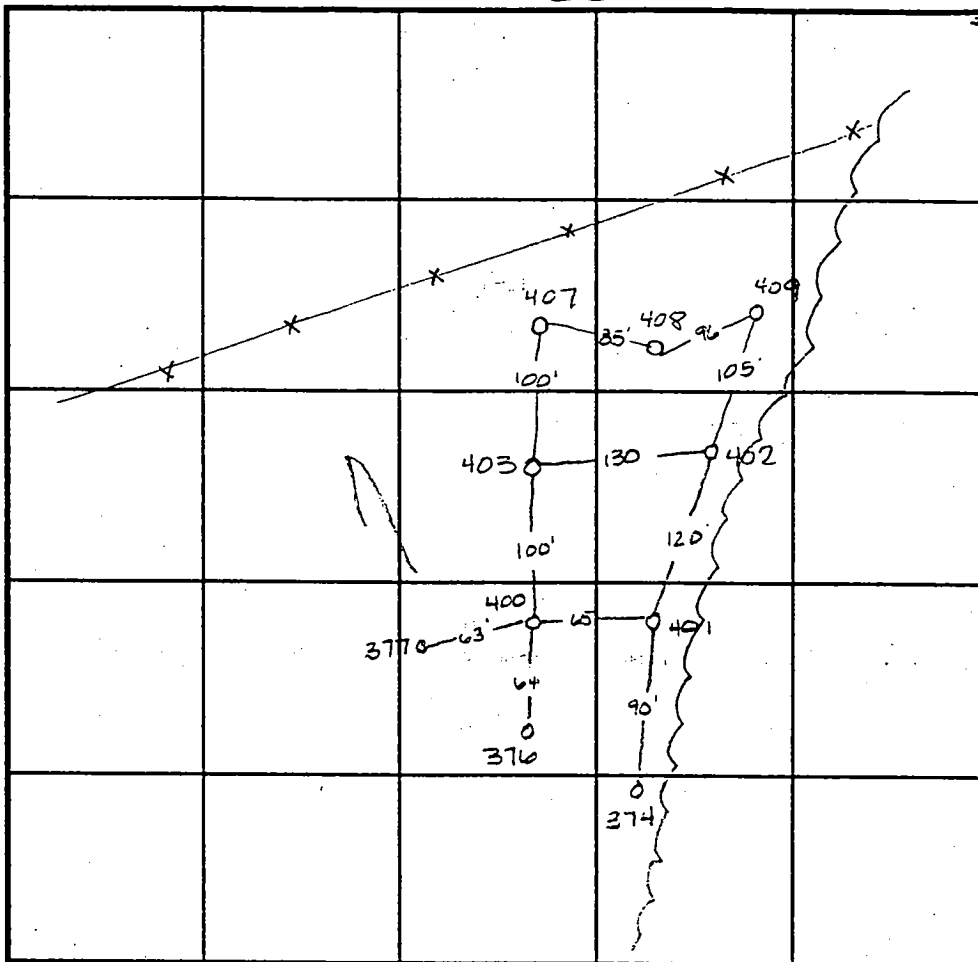
402

3.0' beige SiCILM
 lgt tan SiSALM
 10% Rx
 7.5' lgt tan SiLM
 pockets of 30% Rx
 10.5' refusal

SOIL PROFILE

403

0' bright red SiCILM
 3.0' orange brn SiLM
 6.0' lgt orange tan SiSALM
 15% lg. Rx
 11.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11-3-97	400	4.0 / v12.0	2:55	2:59	2:59	3:08	9min	
	401	3.5 / v12.0	2:57	3:01	3:01	3:07	6min	
	402	Visual	to 10'	5-sec	prof	k	—	OK
	403	3.5 / v11.5	3:15 ³⁰	>30min	—	—	—	slow
		6.5 / v11.5	3:15	3:20	3:20	3:30	10min	

REMARKS Test holes not staked

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT D. Reuwer

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: 313-2640

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 Wilburys Ridge Suite 205 PHONE 410-740-2102
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Hahn Pl LOT NO. _____

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1339 3

SIZE OF LOT 1.66 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

COUNTY #

SOIL PROFILE

0' 407
like
408

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

408

orange
brown
SiCLM

3.0
lgt
beigh
brown
Si Salin
100%
rock

409

orange
brown
SiCLM

3.0
lgt
orange
tan
SiLM
7.0
white
SiLM
12.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-6-97	407	4.0 112.0	10:35	10:36 ³⁰	10:36 ³⁰	10:49	2 1/2 min
	408	Visual to 12.0	- see profile -				OK
	409	4.0 112.0	10:53	10:55	10:55	11:04	9 min

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 _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Cattail Ridge LOT NO. 3

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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

(B)

topsoil

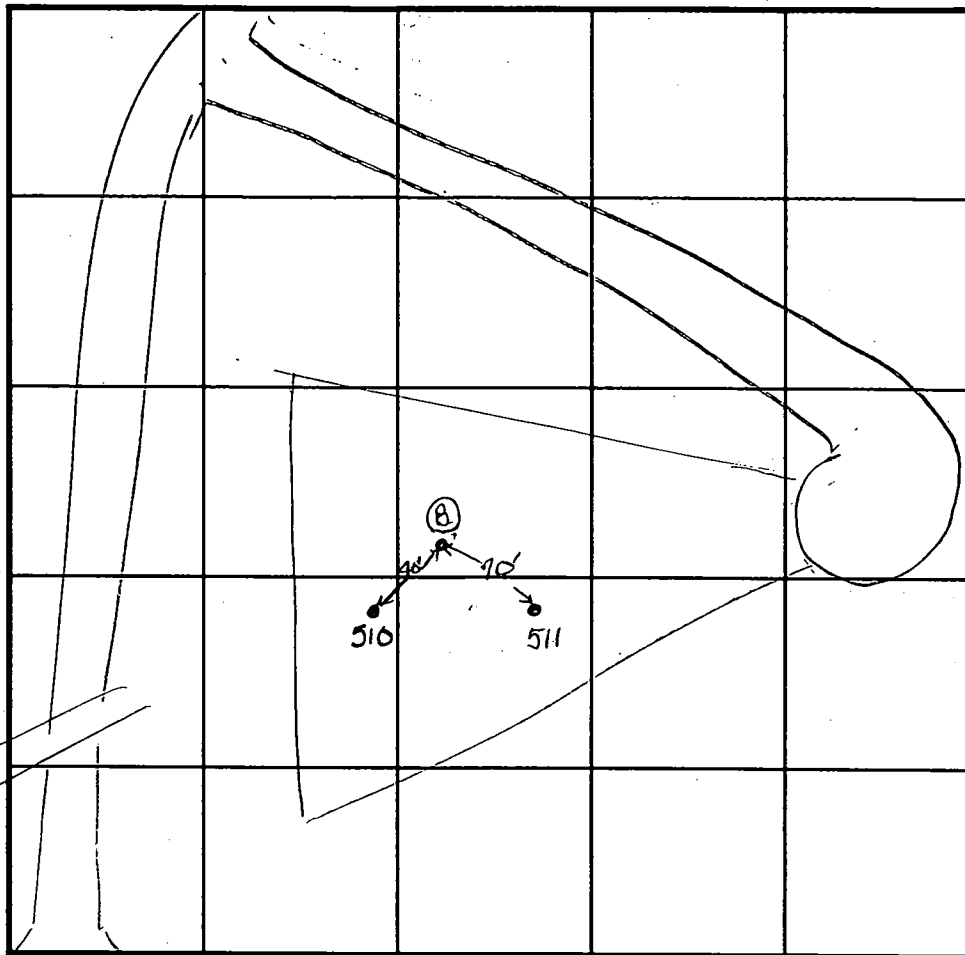
red org
brn
cl lm

pale
org brn
sa lm

25-30%
Ry. frag

3.5'
4'

12



SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 97

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-18-98	B	12.0'D	VISUAL	—	—	—	OK

REMARKS (holes 510 and 511 tested previously)

TYPE OF SOIL

TESTED BY J. Soe ALSO PRESENT

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: 313-2640

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 elo LTD

ADDRESS 10805 Wilbur Ridge Suite 205 PHONE 410-740-2102
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Han Rei LOT NO. 13/12

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # ~~1339~~ 3

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS) NOT USED
(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 2-7

COUNTY #

SOIL PROFILE
375

0' red brown SiClM
3.5 lgt or top pink SiSalM
7.0 tan brn SiSalM 15-20% Frags

376

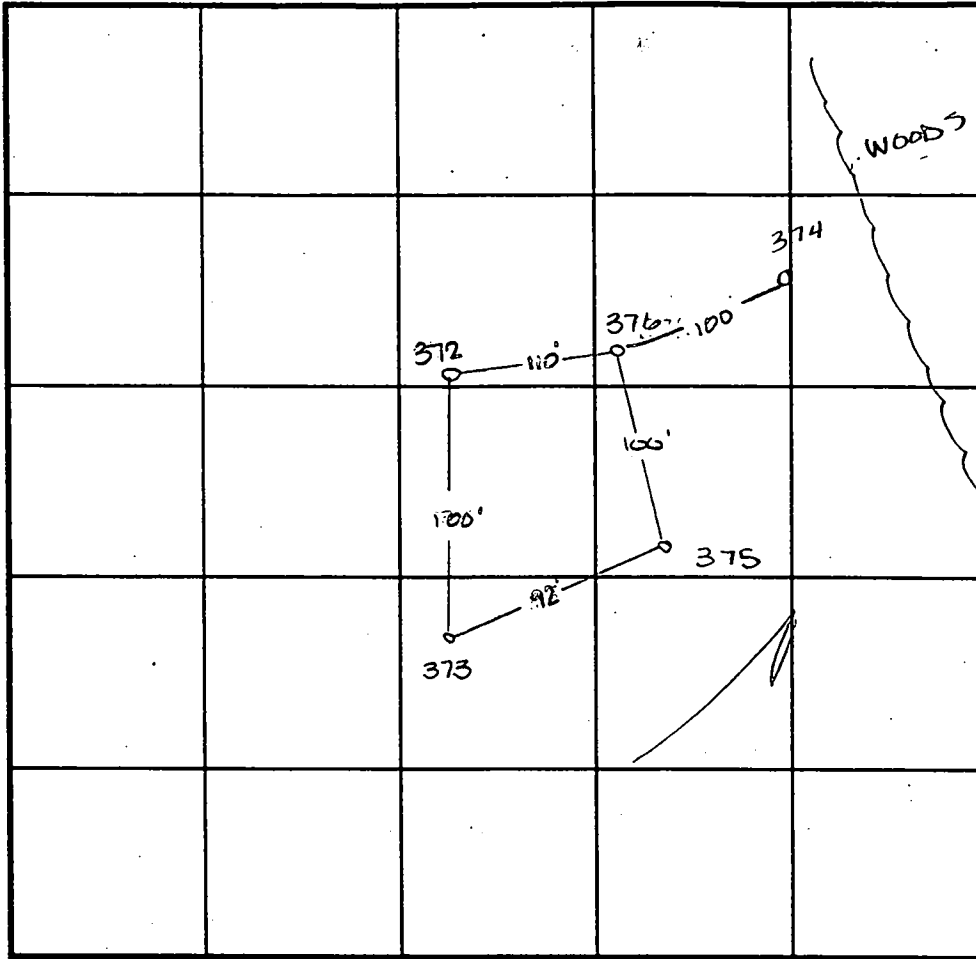
3.5 dark red brown SiClM
6.0 lgt or SiSalM 100% Rx
12.5 40-50% lg Sandstone Rx lgt or grey mix SalM

374

3.0 dark red SiClM
6.0 dark red SiLM
9.0 >50% Rx lg grey Sandstone refusal

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	375	3.5 / v12.0	1:21 ³⁰	1:35	1:35	1:45	10 min	
		6.0 / v12.0	1:21	1:26	1:26	1:36	10 min	
	376	Not tested - Insuff. depth to Rx					—	F
	374	See profile - Insufficient depth to bedrock					—	F

REMARKS _____

TYPE OF SOIL _____

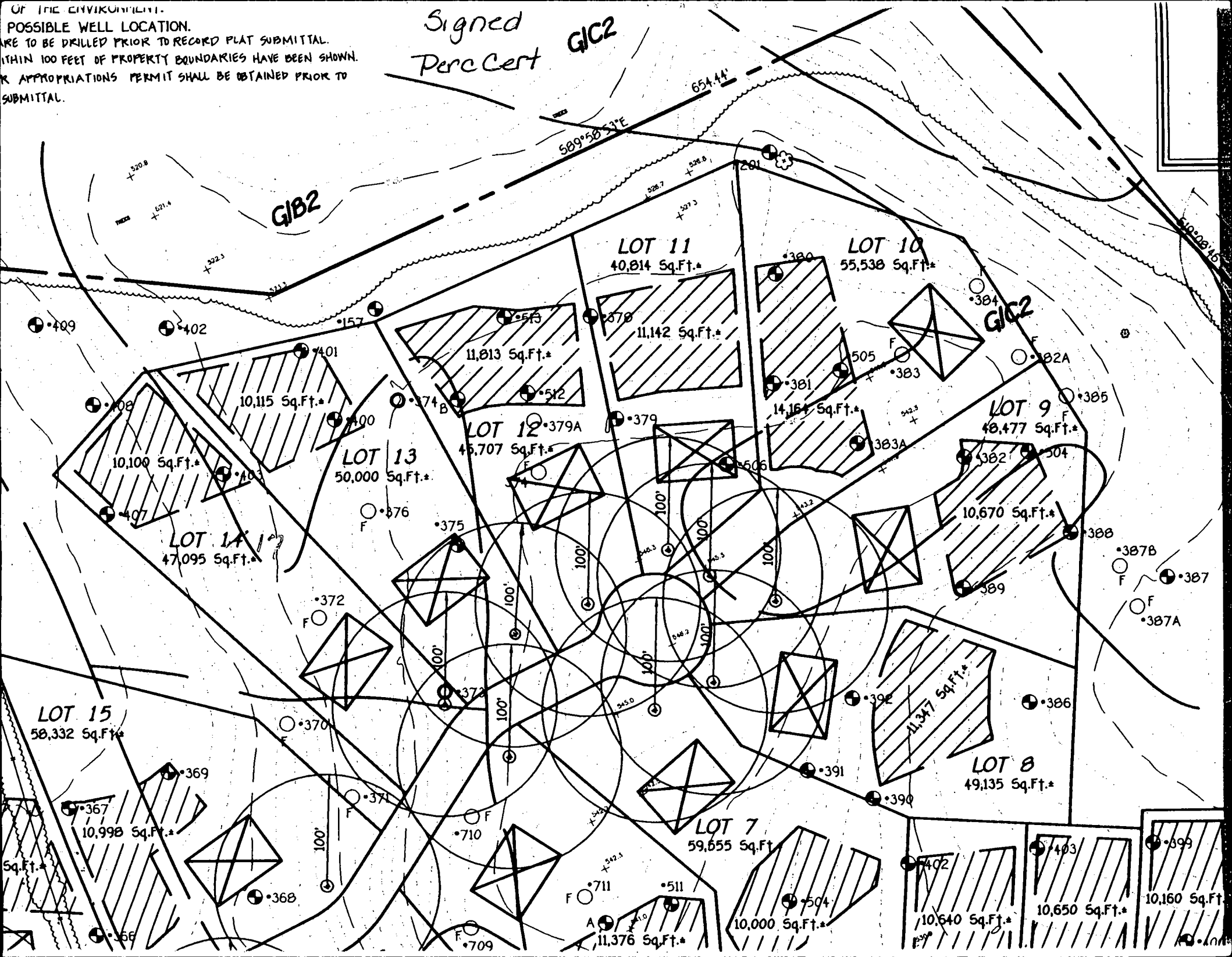
TESTED BY Amy McMillan ALSO PRESENT D Rauwer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

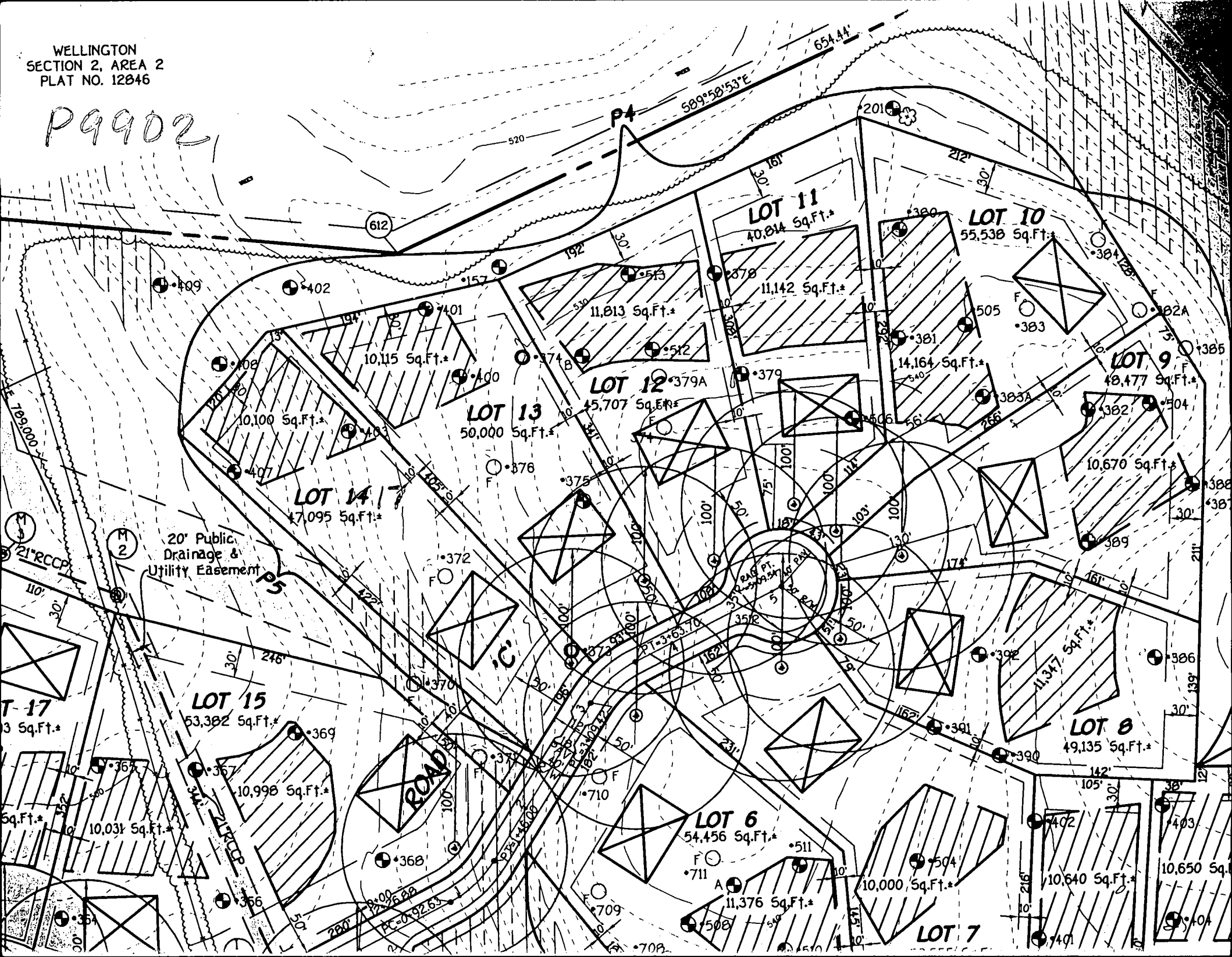
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

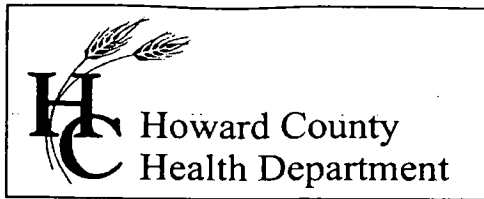
OF THE ENVIRONMENT.
POSSIBLE WELL LOCATION.
ARE TO BE DRILLED PRIOR TO RECORD PLAT SUBMITTAL.
WITHIN 100 FEET OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.
OR APPROPRIATIONS PERMIT SHALL BE OBTAINED PRIOR TO
SUBMITTAL.

Signed
Perc Cert GIC2



P9902





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

December 23, 2004

Williamsburg Group LLC
5485 Harpers Farm Road, #200
Columbia, MD 21044

SENT VIA FACSIMILE 410-997-4358

RE: Cattail Ridge, Lot 17
3605 Clear Drive Court
Glenwood, MD 21738
BP #: B00147383
Well Permit # HO-94-2420

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 12/15/2004. Final approval of the well line connection to the dwelling was approved on 12/22/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2420. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/02/2004, 12/06/2004 & 12/17/2004
Date of Well Completion: 09/21/1999

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File