

12/5/01 Final
11:00

ISSUE DATE: 10/5/2001

APPROVAL DATE: 12/5/01

PERMIT INDEXED

P 516058-A

A 59276-E

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

04-365119

SK Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER

410-775-0562

ADDRESS: 1220 Francis Scott Key Hwy, 21757 PHONE NUMBER: 301-898-0955

SUBDIVISION: Peacefields at Cattail Creek LOT NUMBER: 5

ADDRESS: 15536 Cattail Oaks PROPERTY OWNER: Trinity Quality Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

| | |
|-----------|---|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Starting at the right front lot corner, place the distribution box 235' down the right lot line and 10' off this same lot line. Run (4) trenches on contour to front of lot as shown on plan. |
| NOTES: | |

PLANS APPROVED: MER OK SRK 10/5/01 DATE: 8/15/01

NOTE: PERMIT VOID AFTER 2 YEARS

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

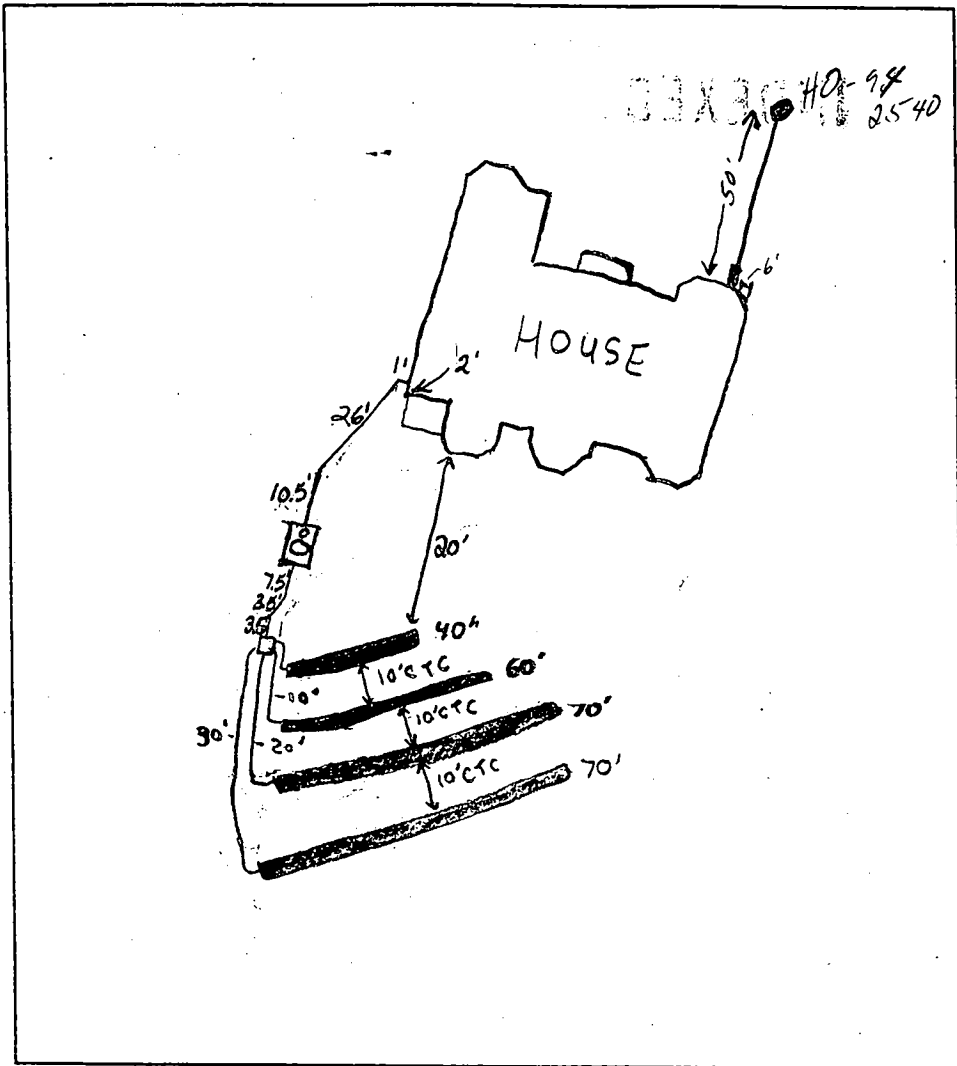
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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**

A59276-E

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4'
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA N/A

~~PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____~~

PRE-CONSTRUCTION INSPECTION: 12/4/01 Tank set. To install similar to B.P plan but trench lengths will be different. (BB)

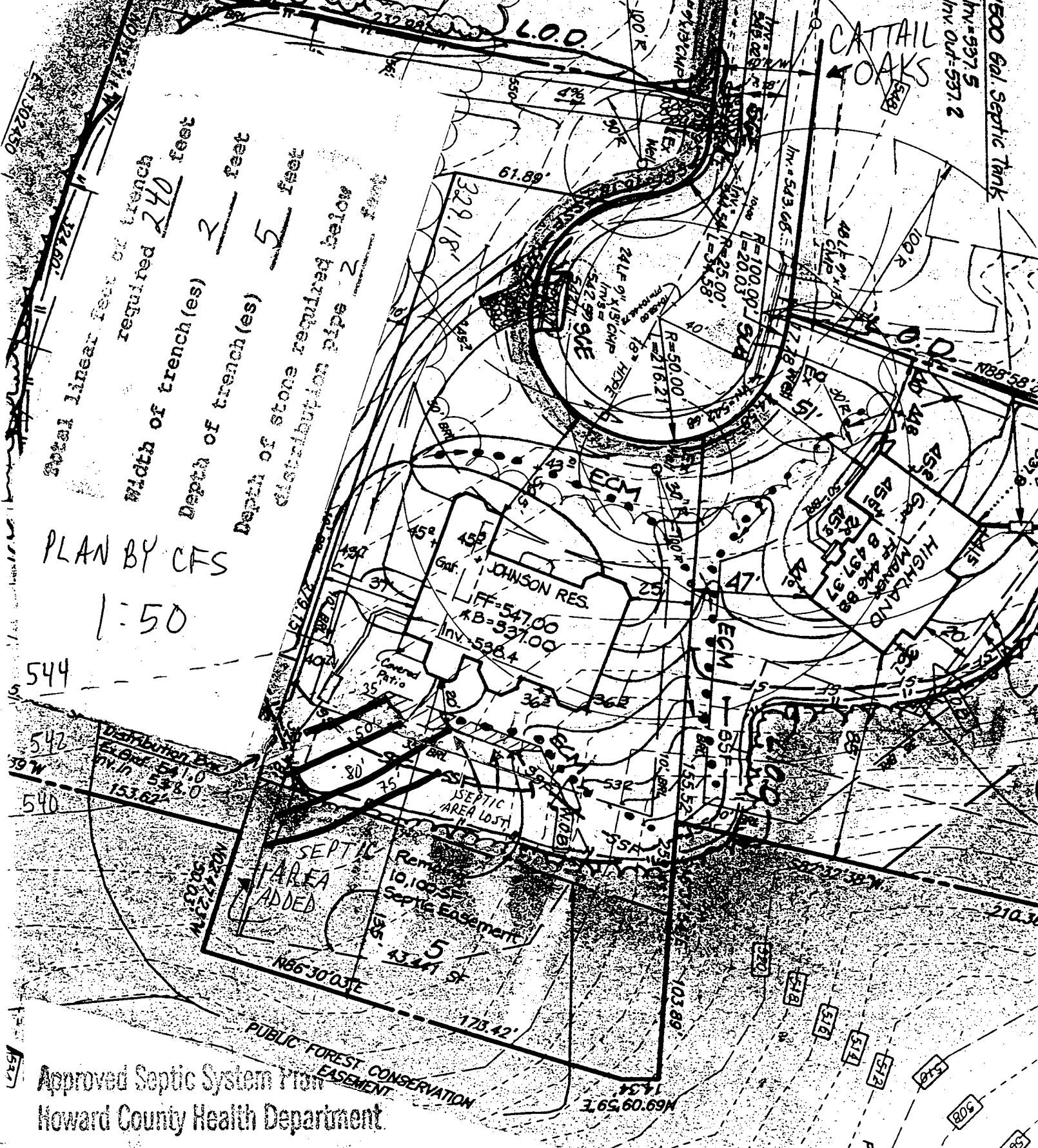
INSPECTION COMMENTS: 12/5/01 - OK TO COVER ALL WORK - (SRK)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 12/5/01

1500 Gal. Septic Tank

Inv. 537.5
Inv. Out. 537.2

CATTAIL
ROAKS



Total linear feet of trench required 240 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 5 feet
 Depth of stone required below distribution pipe 2 feet

PLAN BY CFS
 1:50

544
 542
 540

Approved Septic System Plan
 Howard County Health Department

Mark Ripkin 8/15/07
 Signature Date

BUILDABLE PRESERVATION
 PARCEL B
 PRESERVATION EASEMENT HOLD
 PERCEDES AT CATTAIL CREEK
 HOA AND HO. CO., MD

Building Address 15536 CHATTAIL WKS
9120wood MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: 01-52
 Census Tract 6040 Subdivision PROCEEDINGS AT CHATTAIL ESTATE
 Section _____ Area _____ Lot 5
 Tax Map 21 Parcel 63 Grid 1
 Zoning RR Map Coordinates 940 Lot size 23,441 sq ft

Property Owner's Name TRINITY Quality Homes
 Address 7320 GRACE DR.
 City Columbia State MD Zip Code 21044
 Home Phone _____ Work Phone 410-313-8722
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax 410-313-8731

Existing Use SFD VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 110,000
 Description of Work 2 STORY "J" HOUSE ON LOT
1CR, 4BR, 3BA, 400 sq ft
UNIT: B-CANT - 2 FP

Contractor Company SAME
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 679 Phone _____ Fax _____

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

Engineer or Architect Company SAME
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

| BUILDING DESCRIPTION - COMMERCIAL | | BUILDING DESCRIPTION - RESIDENTIAL | |
|---|---|---|--|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: _____ Public _____ Private _____ | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ <input checked="" type="checkbox"/> Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ | 1st floor: _____ 2nd floor: _____ Basement: _____ | Sewage Disposal: _____ <input checked="" type="checkbox"/> 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"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" 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"/> |
| Use group: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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 _____ | Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____ | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ 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 THEREIN; (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.

Sally L. Hodge
 Applicant's Signature
TRINITY Quality Homes
 Title/Company

Sally L. Hodge
 Print Name
7/25/01
 Date

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

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|---|----------------|--------------------|---|--|
| Land Development, DPZ | | | Front <u>50 FT</u> | <u>51643</u> Filing fee \$ <u>1100</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>5110</u> Validation # _____ Accepted by _____ |
| State Highways | | | Rear <u>11.5 FT</u> | |
| Building Official | | | Side _____ | |
| Dev. Engineering, DPZ | | | Side St. _____ | |
| Health | <u>8/15/01</u> | <u>Mark Bell</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| CONTINGENCY CONSTRUCTION START <input type="checkbox"/> | | | Lot Covered for New Town / one _____ | |
| ONE STOP SHOP <input type="checkbox"/> | | | SDP/Red-line approval date _____ | |
| Distribution of Copies - White: Building Official | | | | |
| Green: LDD, DPZ | | | | |
| Yellow: DEP, DPZ | | | | |
| Pink: Health | | | | |
| Gold: SHA | | | | |

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 (and Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: SK Plumbing & Heating Inc. Telephone #: 410-775-0322
Address: 1220 E. S. Kellum
Keppner MD 21157

(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 Ryan 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 #: 410-313-8722
Subdivision: Pendlewick At Capital Creek Lot #: 5 Well Tag #: HO-94-2340
Site Address: 15536 Capital Oaks

Submersible Pump Data
Make: Spectra
Model #: _____
Pump Capacity: 3/4 GPM
Well Yield: 12 GPM
Depth of well encountered at time of pump installation: _____ (feet)
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 Sleeve
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Pitless Adapter
Make: Union
Model #: _____
Depth: 1/2" (36" min)
NSF approved: Yes

Well Cap and Electric Conduit
Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Finish to house
Type: PE
PSI: 160 (160 psi min)
Depth of supply line: 1/2" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5' 13 7/8"
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: [Signature] date: 2/20/02

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

Date Insp. Requested: 10/11/01 Date Insp. Approved: 10/11/01 (SO) SRK

- 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

10,596 Sq.Ft.*

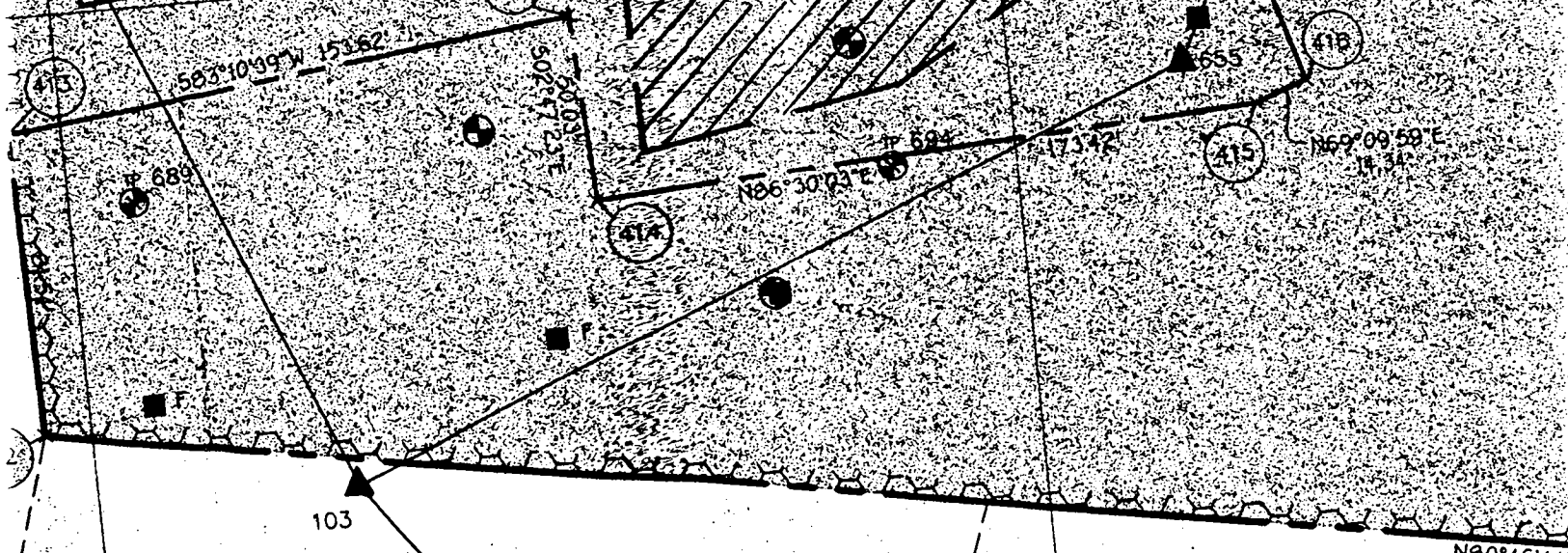
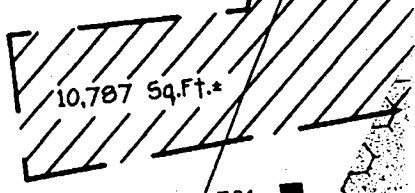
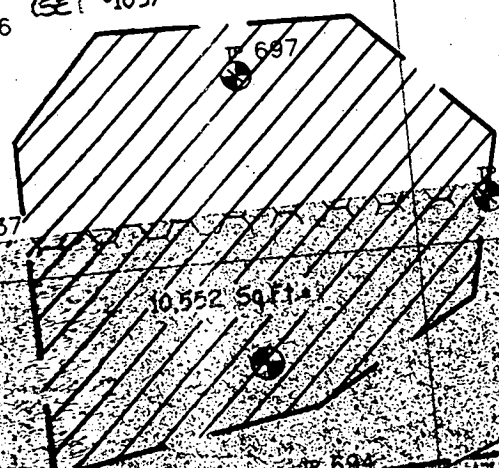
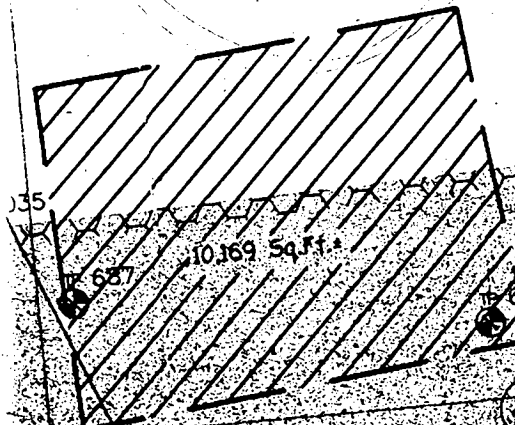
Sheet Au

Well sites stated by surveyor this sheet is a field work sheet

11/1/99 well stated by surveyor - This sheet is surveyor's field work sheet

LOT 4
52,810 Sq.Ft.* TOTAL (SET *104)
4,393 Sq.Ft.* PIPESTEM (SET *118)
48,417 Sq.Ft.* NET

LOT 5
43,441 Sq.Ft.* (SET *105)



APPLICATION

PERCOLATION TESTING

A 59276

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE 12/19/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Bruce A. Manger

ADDRESS 2719 St. Paul Street, Baltimore, MD 21218 PHONE 410-467-9700

PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION Peacefields LOT NO 4/5

ROAD AND DESCRIPTION MD Route 97

TAX MAP 21 PARCEL # 63

SIZE OF LOT 1 Acre ± TYPE BLDG S. F. D.
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A59276

COUNTY #

SOIL PROFILE

A

dark red orange
SiSOLm
30%
Rx

>50%
Rx
grey green
(from rock)
Salm

313

dark red
SiCILm
lgt tan red
SiLm
40%
Rx
at
9.0

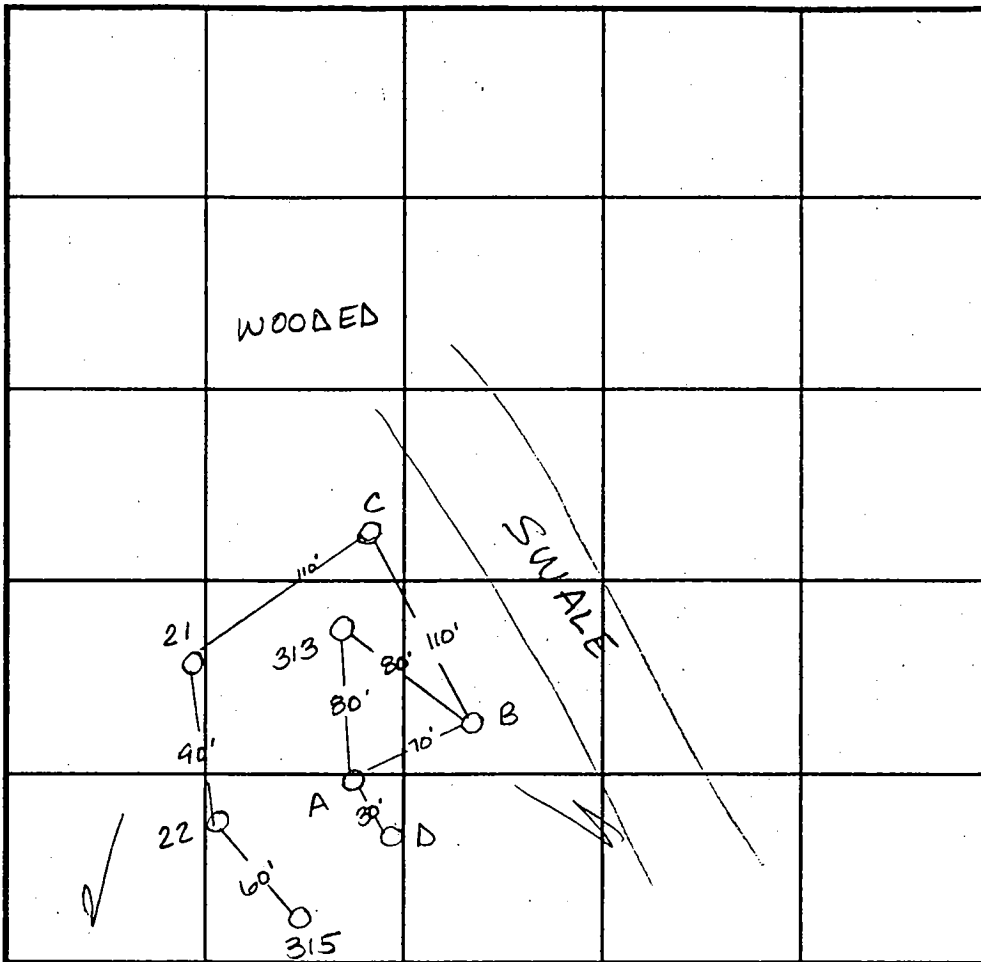
B
red
SiCILm
dark orange red
SaSiLm
20%
Rx

>50%
Rx

SOIL PROFILE

C

dark red
SiCILm
3.0
red brown
SiLm
6.0
lgt tan yellow
SiSalm
11.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. CATTAIL CREEK COUNTRY CLUB LOT 28 & 47.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|--------------|-----------------------|------|----------------|------|-------|
| | | | START | STOP | START | STOP | |
| 1-7-98 | 315 | Refusal @ | 5.5 | | | | F |
| | D | Refusal @ | 5.0 | | | | F |
| | A | 3.0 v10.0 | 1:38 | 1:42 | 1:42 | 1:52 | 10min |
| | 313 | Visual | to 10.0 - see profile | | | | OK |
| | B | 3.5 v11.0 | 1:49 | 1:56 | 1:56 | 2:08 | 12min |
| | C | Visual | to 11.0 - see profile | | | | OK |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS Holes 21 & 22 on adjacent lot

TYPE OF SOIL

TESTED BY Amy McMillan

ALSO PRESENT T.M. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10min

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH 4.0

SQ. FT./BEDROOM

210

APPLICATION

PERCOLATION TESTING

A 59276

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE 12/19/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Bruce A. Manger

ADDRESS 2719 St. Paul Street, Baltimore, MD 21218 PHONE 410-467-9700

PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION Peacefields LOT NO 4

ROAD AND DESCRIPTION MD Route 97

TAX MAP 21 PARCEL # 63

SIZE OF LOT 1 Acre ± TYPE BLDG S. F. D.
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A59276

COUNTY #

SOIL PROFILE
21, 52

0' red brown SiCLM
3.0 lgt pink w/ yellow SaSiLM 5% Rx
12.0

22

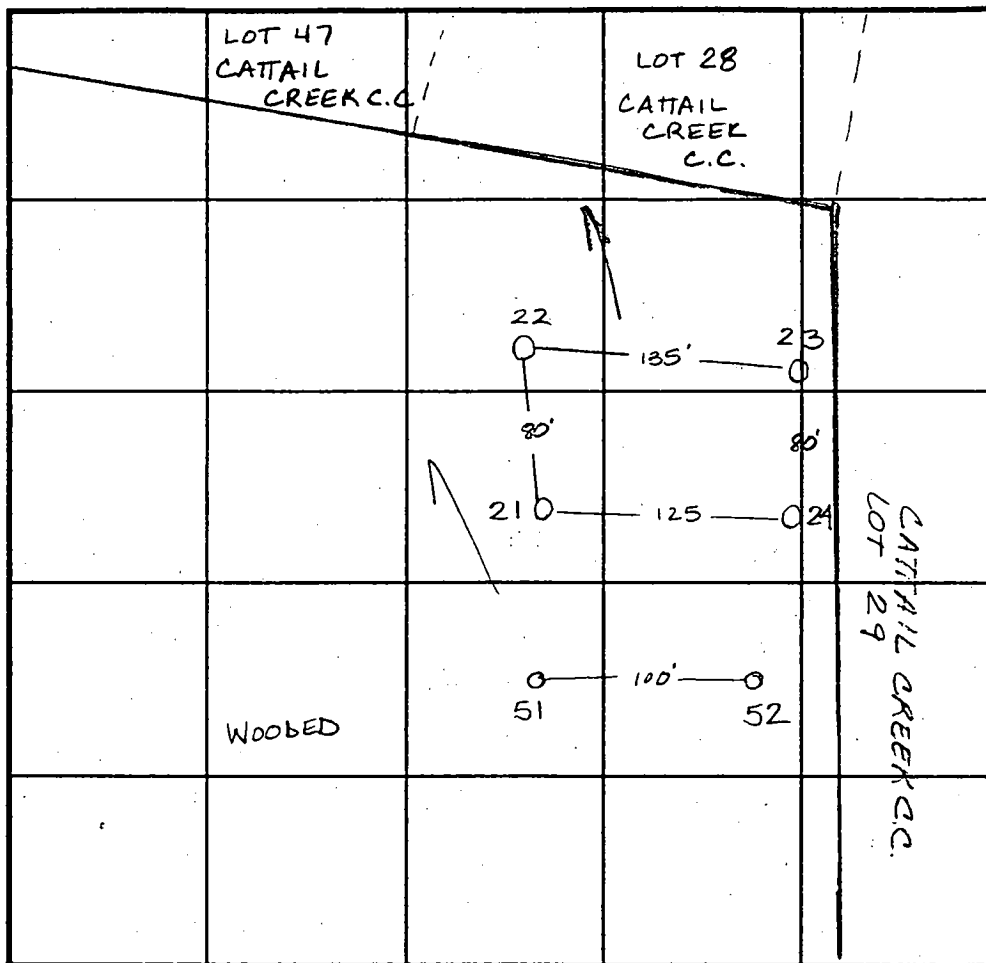
dark red brn SiCLM

3.0 dark red SiLM 5-10% Rx
7.0

dull green SiLM
No mottles but color indicates H₂O

23

like 22 but no dull green indicating H₂O
12.0



SOIL PROFILE
24

0' red brown SiCLM
3.0 lgt red SiSaLM pockets of pink SiLM
10.0 greenish SiLM pockets of white decayed quartz
11.0

51

red brn SiCLM 10% Rx

3.0 red pink SiLM

5.0 dark red brn SiLM < 10% Rx
11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | | |
|---------|----------|--------------|-----------------------|--------|----------------|---------------------|-----------|-----|-----|
| | | | START | STOP | START | STOP | | | |
| 1-7-98 | 21 | 3.0 V12.0 | 12:10 | 12:12 | 12:12 | 12:16 | 4min | | |
| | 22 | 3.0 V12.0 | 12:25 | 12:26 | 12:26 | 12:27 ³⁰ | 1 1/2 min | WET | |
| | 23 | 3.0 V12.0 | 12:30 | 12:34 | 12:34 | 12:39 | 5min | | |
| | 24 | Visual | to 11.0 - see profile | | | | | OK | WET |
| 6-15-98 | 51 | 3.5 V11.0 | 10:25 | >30min | | | slow | | |
| | | 4.5 V11.0 | 10:52 | 10:57 | 10:57 | 11:08 | 11min | | |
| | 52 | Visual | to 12.0 - see profile | | | | | OK | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feoga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3min TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 180 A

APPLICATION

PERCOLATION TESTING

A 5658

P _____

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

p 3

DISTRICT _____

DATE 4-29-9

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 BRUCE A. MANGER

ADDRESS 2719 St. Paul street Baltimore MD. 21218 PHONE 467-9700

AGENT OR PROSPECTIVE BUYER FISHER COLLINS AND CARTER INC. c/o Zacharia Y. FISCH

ADDRESS 10272 BALTIMORE NATIONAL PIKE ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION PEACEFIELDS LOT NO. 4

ROAD AND DESCRIPTION MD. RT. 97

TAX MAP 21 PARCEL # 63

SIZE OF LOT 1A⁺ TYPE BLDG. S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Zacharia Y. Fisch (agent)
(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

| | | | | |
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SOIL PROFILE

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| |

0'
15'
3'
GASY
+
BLACK
SANDY
MILK
LOAM
NOT
H₂O TABLE

9'
DULL OR CHALKY
PROBABLY MAX
WATER TABLE

13'

318
CLAY

2'
LAYERED
SANDWICH
EYES OF
IN CLAY

6'
EXCESS
ROCK
REFUSAL

8'

319
BROWN
ORANGE
CLAY

1'
MIXED
CLAY
LOAM

8'
EXCESS
ROCK

12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET START | PRE-WET STOP | TEST - 1" DROP START | TEST - 1" DROP STOP | TIME |
|--------|----------|--|---------------|--------------|----------------------|---------------------|------|
| 5/7/96 | 315 | | | | | | |
| | | VIS OK | 3- | 9 | on | DEEPEN | |
| | 318 | | | | | | |
| | | VIS FAIL | CLAY | THRU | ROCK | 2-8' | |
| | 319 | | | | | | |
| | | VIS - UNLIKELY | | | | | |
| | | LIKELY INSUFFICIENT DEPTH OF PENETRATION | | | | | |
| | | | SOIL | ABOVE | BEDROCK | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

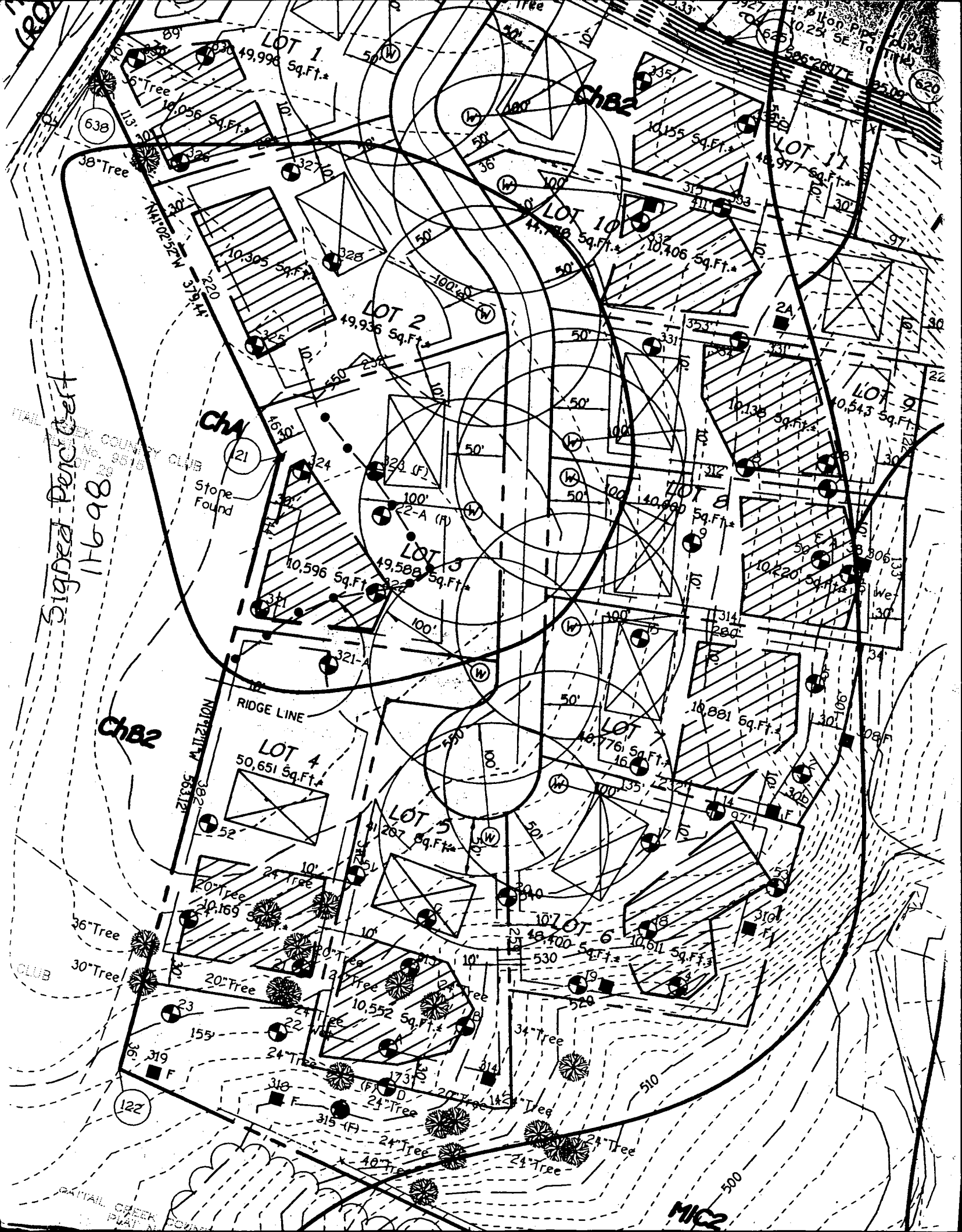
REMARKS: WET SEASON, WATER TABLE OBSERVATION

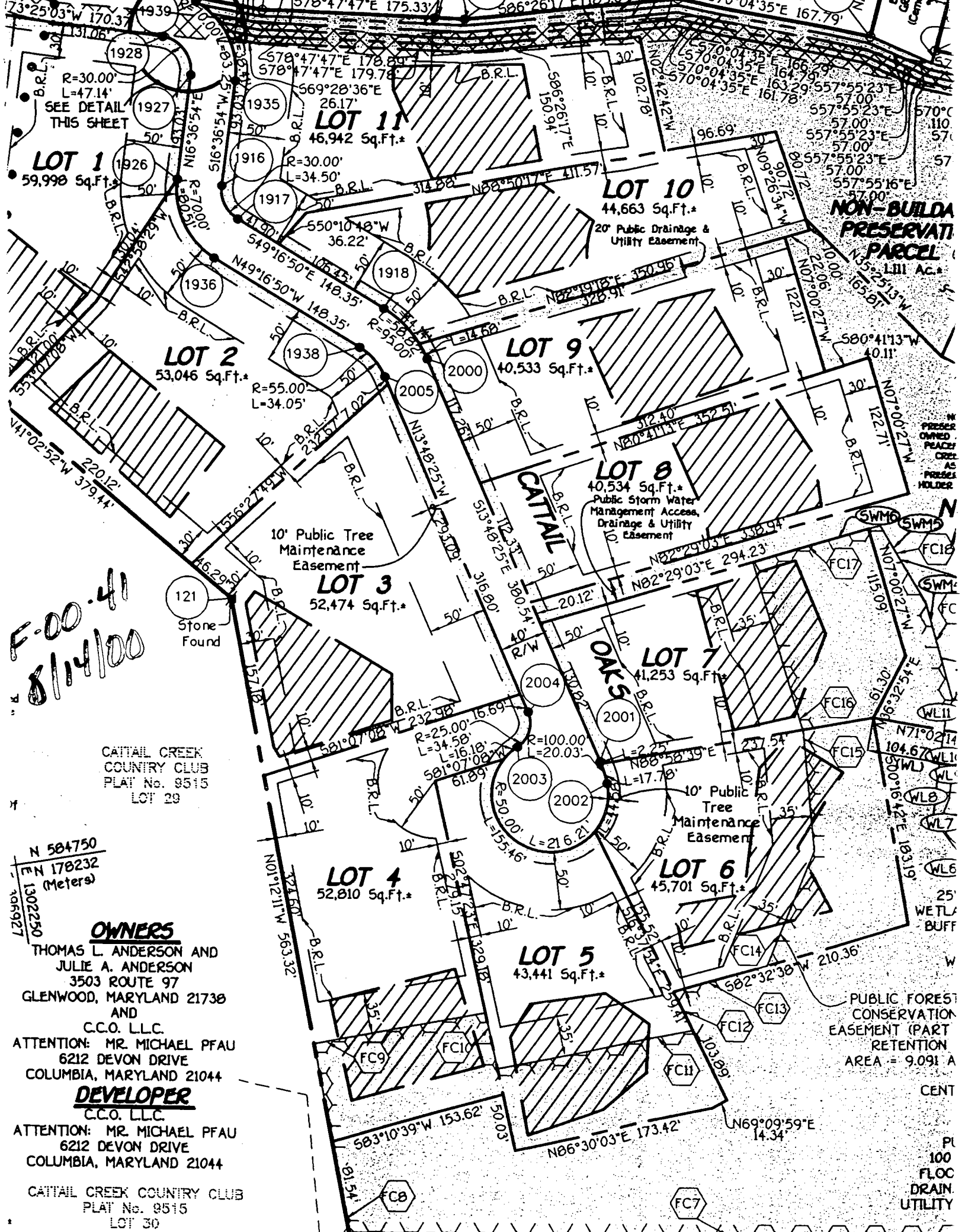
TYPE OF SOIL _____

TESTED BY: CW [Signature] ALSO PRESENT: CRONO, KORN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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





F.00.41
8/14/00

CATTAIL CREEK
COUNTRY CLUB
PLAT No. 9515
LOT 29

N 584750
E 178232
(Meters)
1302250
106927

OWNERS
THOMAS L. ANDERSON AND
JULIE A. ANDERSON
3503 ROUTE 97
GLENWOOD, MARYLAND 21738
AND
C.C.O. LLC.
ATTENTION: MR. MICHAEL PFAU
6212 DEVON DRIVE
COLUMBIA, MARYLAND 21044

DEVELOPER
C.C.O. LLC.
ATTENTION: MR. MICHAEL PFAU
6212 DEVON DRIVE
COLUMBIA, MARYLAND 21044

CATTAIL CREEK COUNTRY CLUB
PLAT No. 9515
LOT 30

**NON-BUILDABLE
PRESERVATION
PARCEL**
1.311 Ac.

SWM5
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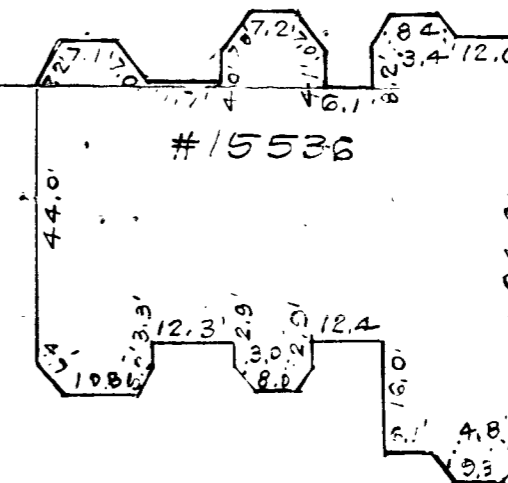
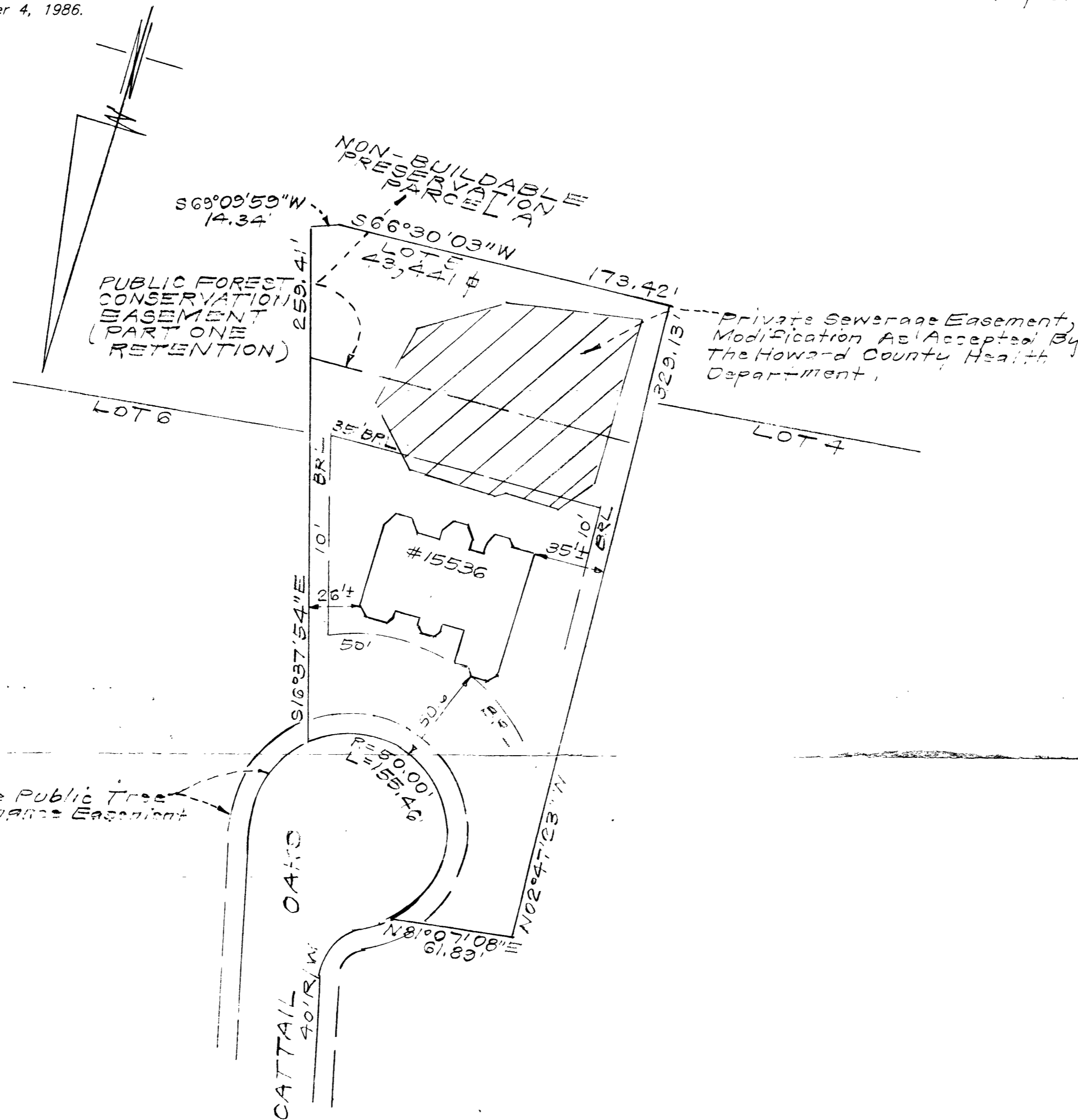
PUBLIC FOREST
CONSERVATION
EASEMENT (PART
RETENTION
AREA = 9.091 A
CENT

PL
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FLOC
DRAIN
UTILITY

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440020B, Panel 20 of 45, dated December 4, 1986.

Wall Check: 9-5-01
Top of Wall Elev.: 546.4

10/5/01
Wall Check on
SRU



SCALE: 1"=30'

CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

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.


9-6-01
DATE



NOTES:

1. The ± setback distance accuracy = 1'.

Plat Reference: Plat No. 42-2

| | | |
|--|--|----------------------|
|  CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 M'NSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH. | | |
| DESIGNED | LOCATION DRAWING 15536 CATTAIL OAK LOT 5 | SCALE 1"=50' |
| DRAWN KWC | PEACEFIELDS AT CATTAIL CREEK LOTS 1 THRU 15 AND PRESERVATION PARCELS 'A' THRU 'C' ZONED: RR-DEO (A RESUBDIVISION OF LOTS 1 AND 2, "PEACEFIELDS - LOTS 1 AND 2", PLAT No. 11105) FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND | DRAWING 1 OF 1 |
| CHECKED PAC | | JOB NO. 00-022 |
| DATE 9-6-01 | | FILE NO. 00-022-0 |