

LAYOUT 4/22/02 12-1 INSP 4 _____
 INSP 2 4/23/02 PM INSP 5 _____
 INSP 3 4/24/02 2:00 INSP 6 _____

ISSUE DATE: 4/18/02

APPROVAL DATE: 4/24/02

PERMIT
INDEXED

03-333442

P 516936

A 59868-AA

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

Fogle's Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road PHONE NUMBER: 410-795-5670

SUBDIVISION: The Paddocks LOT NUMBER: 15

ADDRESS: 3704 Bold Ruler Court PROPERTY OWNER: Pulte Homes, Inc

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: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box between the two upper corner casement stakes and approximately 50 feet from the upper corner casement stake closest to the house. <i>Run trenches on contour in either direction</i>
NOTES:	Trenches are to be 10 feet center-to-center. Stay 100 feet from well with the tank and trenches. <i>OK/MR</i>

PLANS APPROVED: ES/BB DATE: 2/15/02

- 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 UNLESS SPECIFICALLY AUTHORIZED

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

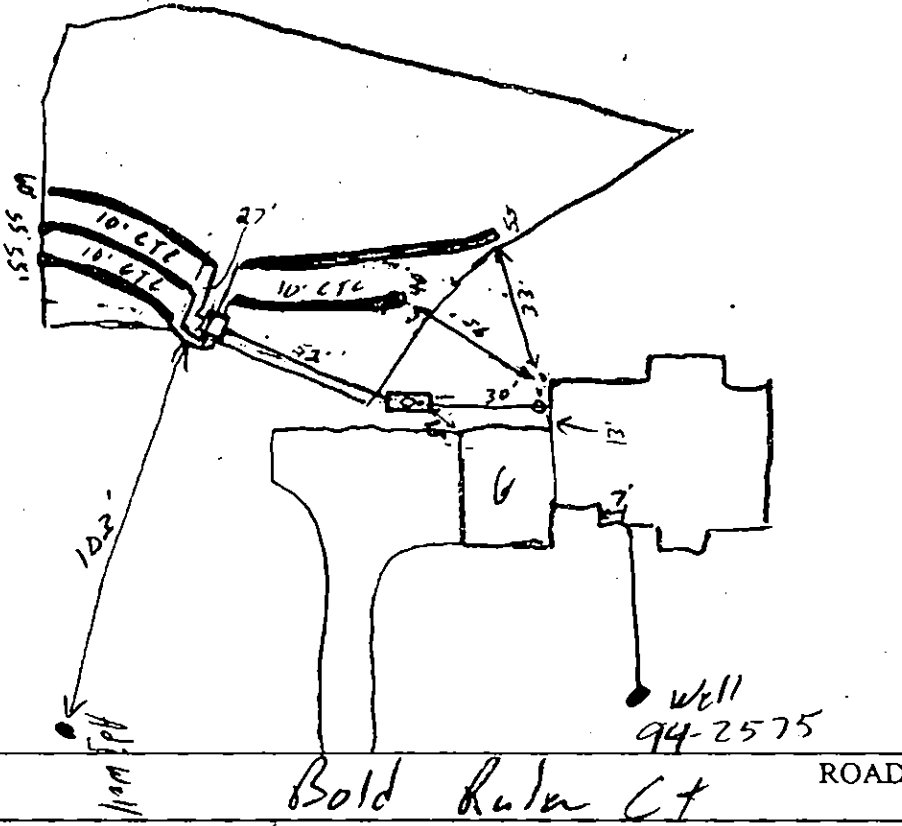
BUILDING PERMIT SIGNED AND RETURNED 9/18/02
BOO138493 - DECK

A598684A

NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES		5
TOTAL LENGTH		270'
ABSORPTION AREA		810ft ²
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	yes
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	24"
BAFFLES	yes
BAFFLE FILTER	No
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	N/A
BAFFLES	N/A
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

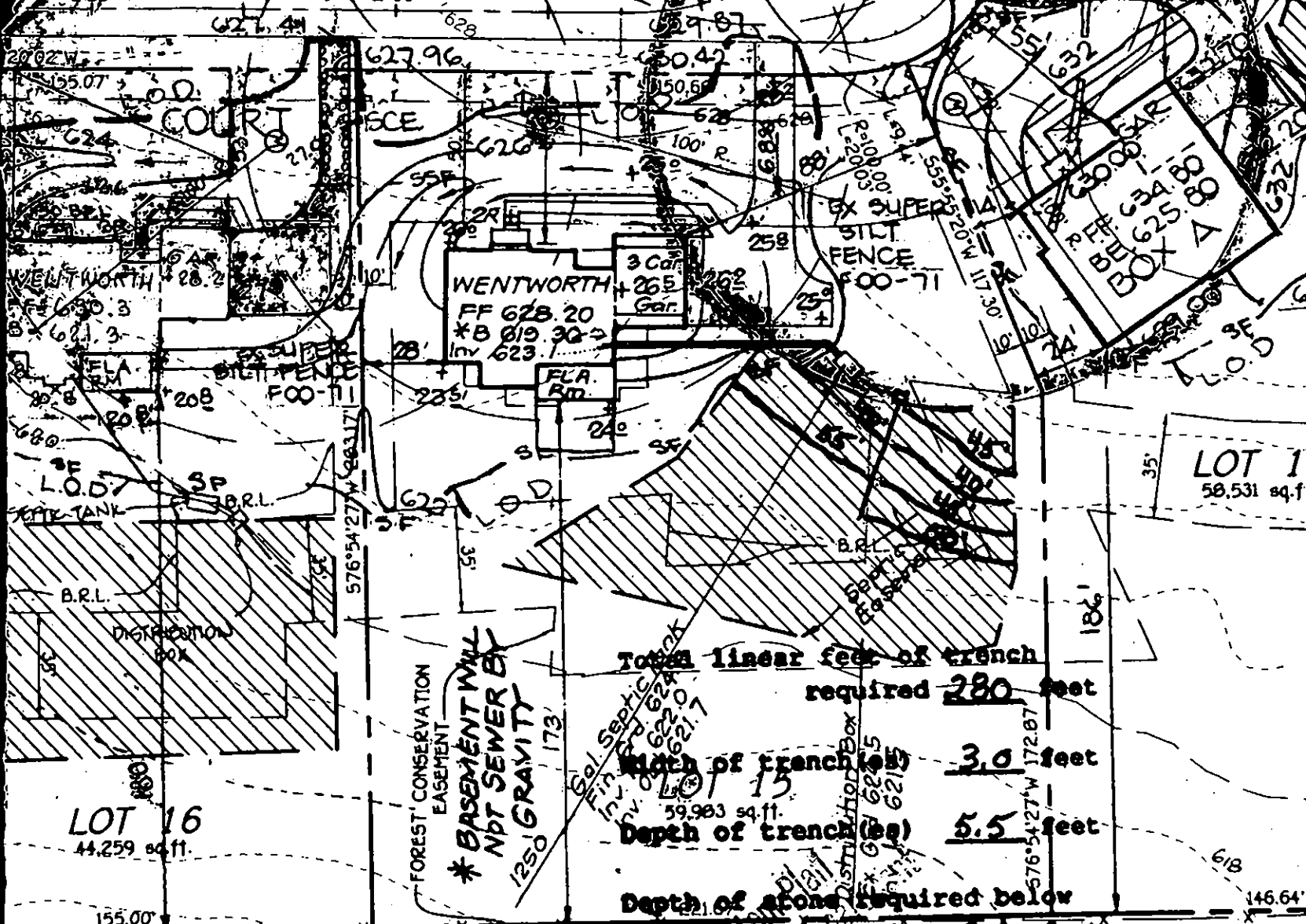


PRE-CONSTRUCTION 4/22/02 Tank set. Stake closest to house missing. Measure of placement tank in SBL. Must be moved location on plat, wrong, less than 100' to adj. well.

INSTALLATION Trench layout per BP (SD) 4/23/02 Add 10'/15'/30' to trenches furthest from house and eliminate 4th trench on the same side. Tank reset (SD) 4/24/02 OK to cover all work (SD)

FINAL INSPECTOR [Signature] DATE OF APPROVAL [Signature]

AND RETURNED BUILDING PERMIT SIGNED



Total linear feet of trench required 280 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.5 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System
 Howard County, Maryland
 2/15/02
 Date

Signature: [Handwritten Signature]

PROPERTY OF
 CHRISTIAN L. SMITH
 Plat No. 7431

	LOT 21	LOT 22	LOT 23
00	616.70	624.70	624.70
10	616.20	624.00	624.00
20	615.90	623.70	623.70
30	618.00	621.00	628.00
40	615.00	623.50	623.00
50	618.00	624.50	624.00

INV @ HOUSE 623.00
 INV IN S.T. 622.20
 INV OUT S.T. 621.90
 GRADE @ S.T. 624.00
 INV @ D.B. 621.50
 GRADE @ D.B. 624.50

* NO BASEMENT SERVICE.

Approved for HOWARD SCD applications Technical Requirements.

L. Wayland
 Date: 11/1/00

Development plan is approved for soil erosion and sediment control by
 HOWARD SOIL CONSERVATION DISTRICT

John [Signature]
 Date: 11/1/00

Width of trench(es) 3.0 feet

Depth of trench(es) 5.5 feet

Depth of stone required below distribution pipe 2.0 feet

PROJECT

**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 Insp. and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-755-5670
Address: 380 Oberlin 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# MSD 009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Ruoh Telephone #: _____
Subdivision: The Paddocks Lot #: 15 Well Tag #: HC-94-2575
Site Address: 3704 Bold Ruler Court

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>75B00</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSP/WSC approved: <u>yes</u>	Conduit min 1 1/2" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.5.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeve to undisturbed soil at well penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>yes</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: Allen Compton Date: 7-22-02

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

Date Insp. Requested: 5/16/02 Date Insp. Approved: 5/16/02 Inspector: JBSRK

Inspection Data:

- Pitless adapter watertight & 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 not seen outside of well cap/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

1 2 3 6
 SEQUENCE NO. **07622**
 (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 **13**

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

DATE WELL COMPLETED
 MM DO YY
02 24 00
 15 20

Depth of Well
 22 **300** 26
 (TO NEAREST FOOT)
 PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-2575
 28 29 30 31 32 33 34 35 36 37

OWNER **MOBBELY GRETCHEN**
 STREET OR RFD **PFEFFERKORN** TOWN **GENEVA**
 SUBDIVISION **MOBBELY PROPERTY** SECTION **15** LOT **15**

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	
clay	0	3	
Brown	3	58	
Brown-Gray	58	90	
White	90	91	✓
Gray	91	205	
White	205	206	✓
Gray-white	206	300	✓

GROUTING RECORD YES NO
 Y N
 44 44

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS ⁴⁵ **18** NO. OF POUNDS ⁴⁶ **1692**

GALLONS OF WATER **108**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **55** ft.
 48 TOP 52 54 BOTTOM 58
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST **CO**
 STEEL CONCRETE

PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch)! **06** Total depth of main casing (nearest foot) **63**

60 61 63 64 66 70

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

E A C H C A S I N G

SCREEN RECORD

screen type or open hole

ST **BR** **HO**
 STEEL BRASS OPEN

PL **OT**
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: _____

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. **M3 D 009**

Allen Compton
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **D**

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E																					
A																					
C																					
H																					
S																					
C																					
3																					
R																					
E																					
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

68

MDE USE ONLY
 (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W O

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **03**
 8 9

PUMPING RATE (gal. per min.) **15**
 11 15

METHOD USED TO MEASURE PUMPING RATE **196L**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **23** ft.
 17 20

WHEN PUMPING **77** 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

- below } **02** (nearest foot)
 49 50 51

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

NO Survey Slabs

B 1 13810

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-94-2575 fill in this form completely

OWNER INFORMATION: Date Received (APA), Mobarley, Gretchen, Route 14, West Friendship, MD, 21794

LOCATION OF WELL: Howard, Mobarley Pro., Greene, 4 miles from town

DRILLER INFORMATION: Allen Compton, M S D 009, Fogle's Well Drilling, 580 Obrecht Rd., Sykesville, Allen Compton, 1-18-99

DIRECTION OF WELL FROM TOWN: N, NEAR WHAT ROAD: Pfefferkorn, ON WHICH SIDE OF ROAD: SOUTH, DISTANCE FROM ROAD: 1800 FT., TAX MAP: 22 BLK 1-7 PARCEL 141-257

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard, 13, COUNTY NAME, COUNTY NO., DATE ISSUED: 01/27/00, CO SIGNATURE: A. Will, EXP DATE: 01/26/01, NORTH GRID: 525 000, EAST GRID: 0806 000

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL: 200 FEET, APPROXIMATE DIAMETER OF WELL: 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE: E 700', N 520'

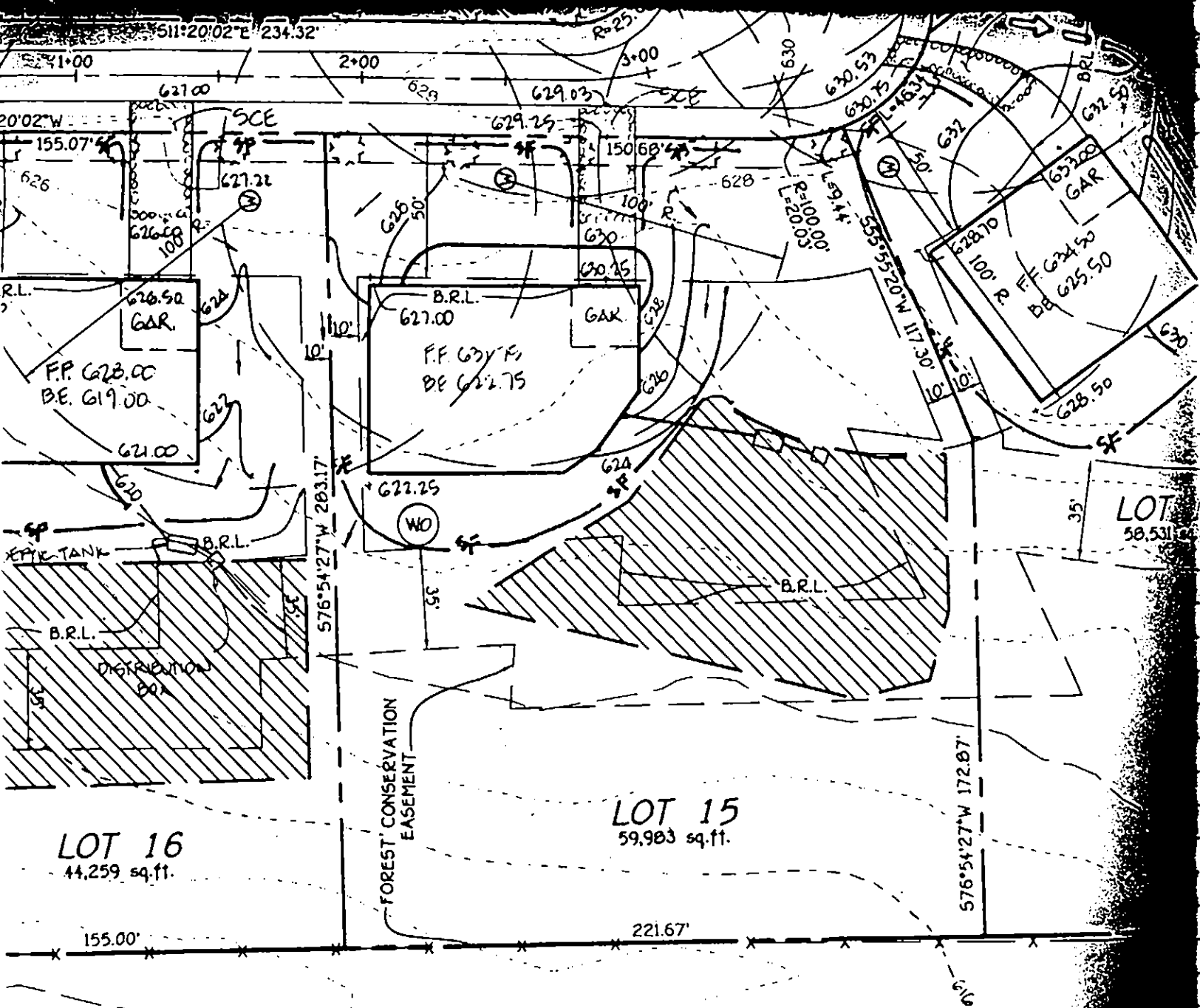
METHOD OF DRILLING (circle one): AIR-ROTARY, JETTED, CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: Sketch showing road, well location, and distance 144'

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP PERMIT NUMBER: 54, PERMIT No: H0-94-2575

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



WILL SITE OK, REPLACES PREVIOUSLY
 SUBMITTED SITE PLAN 2/7/00 CW

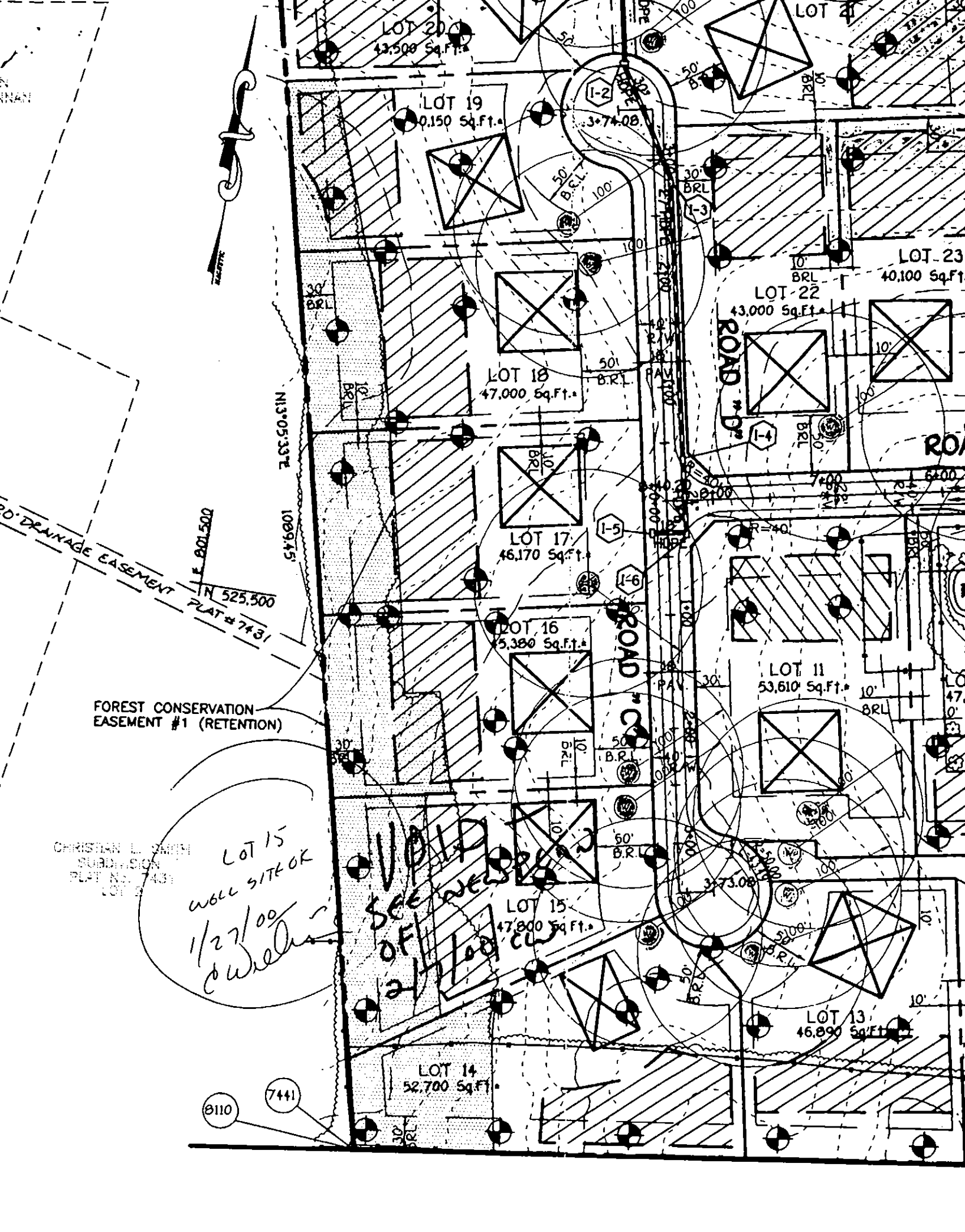
LOT 2
 PROPERTY OF
 CHRISTIAN L. SMITH
 PLAN No. 7431

2000 FE - 7 AM 8: 58

* NO BASEMENT SERVICE

9	LOT 21	LOT 22	LOT 23
0	616.70	624.30	624.90
0	616.20	623.80	624.00
2	615.90	623.50	623.70
0	616.60	627.00	628.00
0	615.00	623.00	623.00
0	618.00	626.00	626.00

iewed for HOWARD SCD and meets Technical Requirements.



LOT 20
43,500 Sq.Ft.

LOT 19
40,150 Sq.Ft.

LOT 18
47,000 Sq.Ft.

LOT 17
46,170 Sq.Ft.

LOT 16
45,380 Sq.Ft.

LOT 15
47,800 Sq.Ft.

LOT 14
52,700 Sq.Ft.

LOT 22
43,000 Sq.Ft.

LOT 23
40,100 Sq.Ft.

LOT 11
53,610 Sq.Ft.

LOT 13
46,890 Sq.Ft.

10' DRAINAGE EASEMENT
N 525,500
PLAT # 7431

FOREST CONSERVATION
EASEMENT #1 (RETENTION)

CHRISTIAN L. SMITH
SUBDIVISION
PLAT NO. 7431
LOT 2

LOT 15
WILL SITE OK
1/27/00
C. W. [unclear]

VALID
SEE NEWS
OF 2/11/00

8110 (7441)

APPLICATION

PERCOLATION TESTING

A 59868

P _____

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

DISTRICT _____

DATE 3/9/98

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 WINCHESTER HOMES INC. c/o MR. KEITH KUBISTA

ADDRESS 6305 IVY LANE SUITE 800 PHONE (301) 489-1120
GREENBELT MD. 20770

PROPERTY LOCATION:

SUBDIVISION MOBBERLY PROPERTY LOT NO. 18/16

ROAD AND DESCRIPTION BURNT WOODS ROAD

TAX MAP 22 PARCEL # 141, 2, 234 + 530

SIZE OF LOT 1 AC. CLUSTER 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. Zacharia Y. Fisch
(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 _____

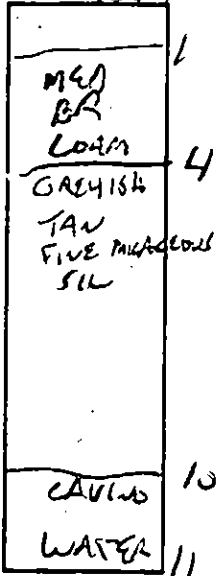
THIS IS NOT A PERMIT

A5986P

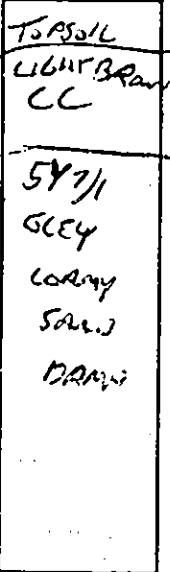
COUNTY #

SOIL PROFILE

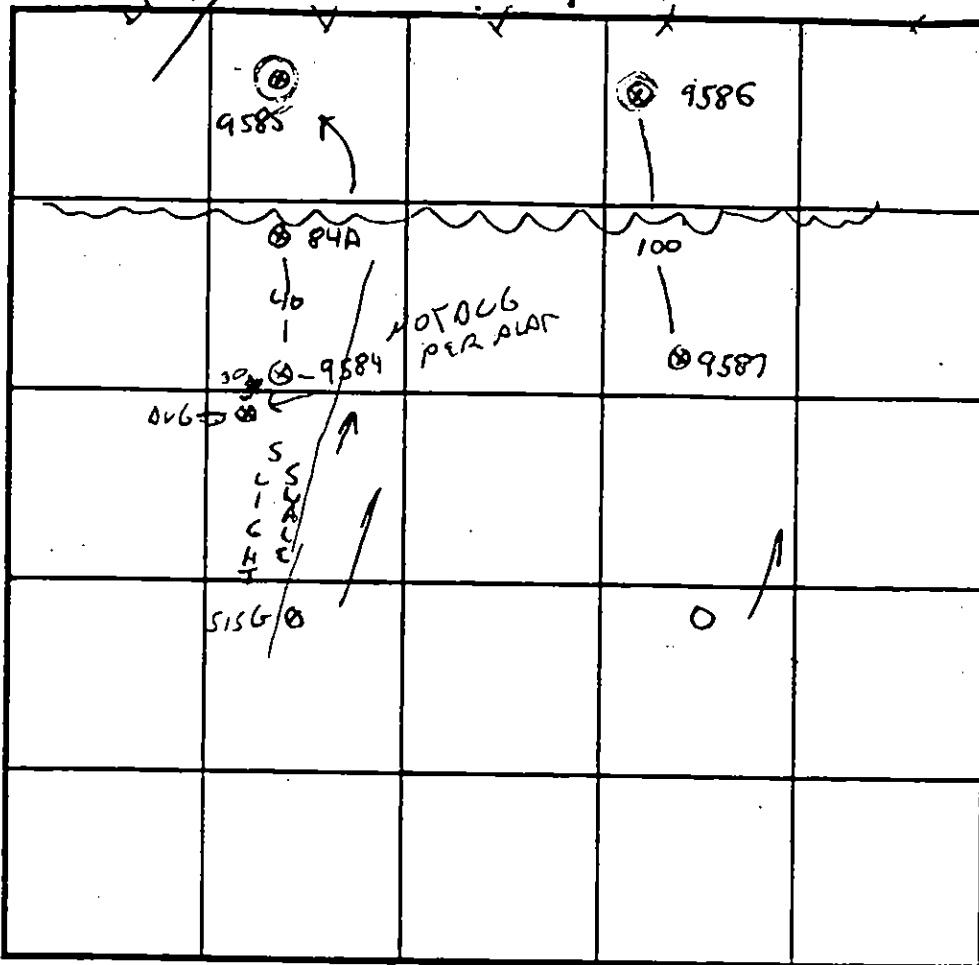
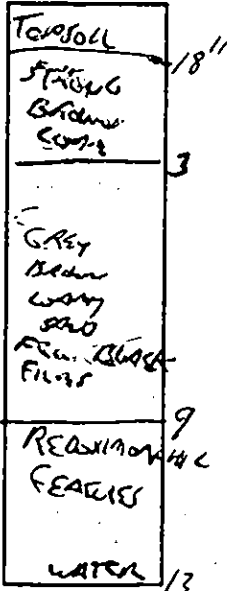
9584



9585

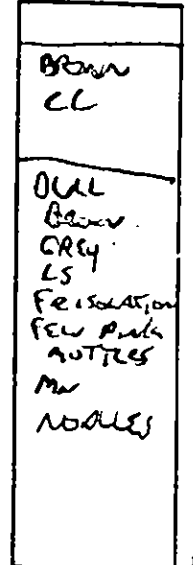


84A



SOIL PROFILE

9586



LOT 18

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(RECORDS OF ASSOCIATED TEST HOLE 9405 NOT LOCATED CW)

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/16/98	9586	5'6"/12	3:45	4:00	NO MOVEMENT		F
	9585	4/12	NOT TESTED - WATER TABLE				F
4/17/98	84A	4/13	3:35	3:40	→	3:43	3 MIN
5/15/	9584	3/11	3:09	5:00	→	REWORK	
		5/5/	3:25	3:27	→	3:31	4 MIN
	515G	4/12	OK				OK

REMARKS WATER TABLE INDICATORS MOVE UP SLOPE

TYPE OF SOIL

TESTED BY G. SAUVAGE

ALSO PRESENT Fyock's CREW

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: 313-2840

DISTRICT _____

DATE 3/9/98

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 WINCHESTER HOMES INC. c/o MR. KEITH KUBISTA

ADDRESS 6305 IVY LANE SUITE 800 PHONE (301) 489-1120
GREENBELT MD. 20770

PROPERTY LOCATION:

SUBDIVISION MOBBERLY PROPERTY LOT NO. 26 19 17?

ROAD AND DESCRIPTION BURNT WOODS ROAD

TAX MAP 22 PARCEL # 141, 2, 234 & 530

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

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(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 _____

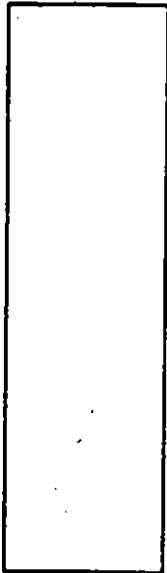
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'



E

← N

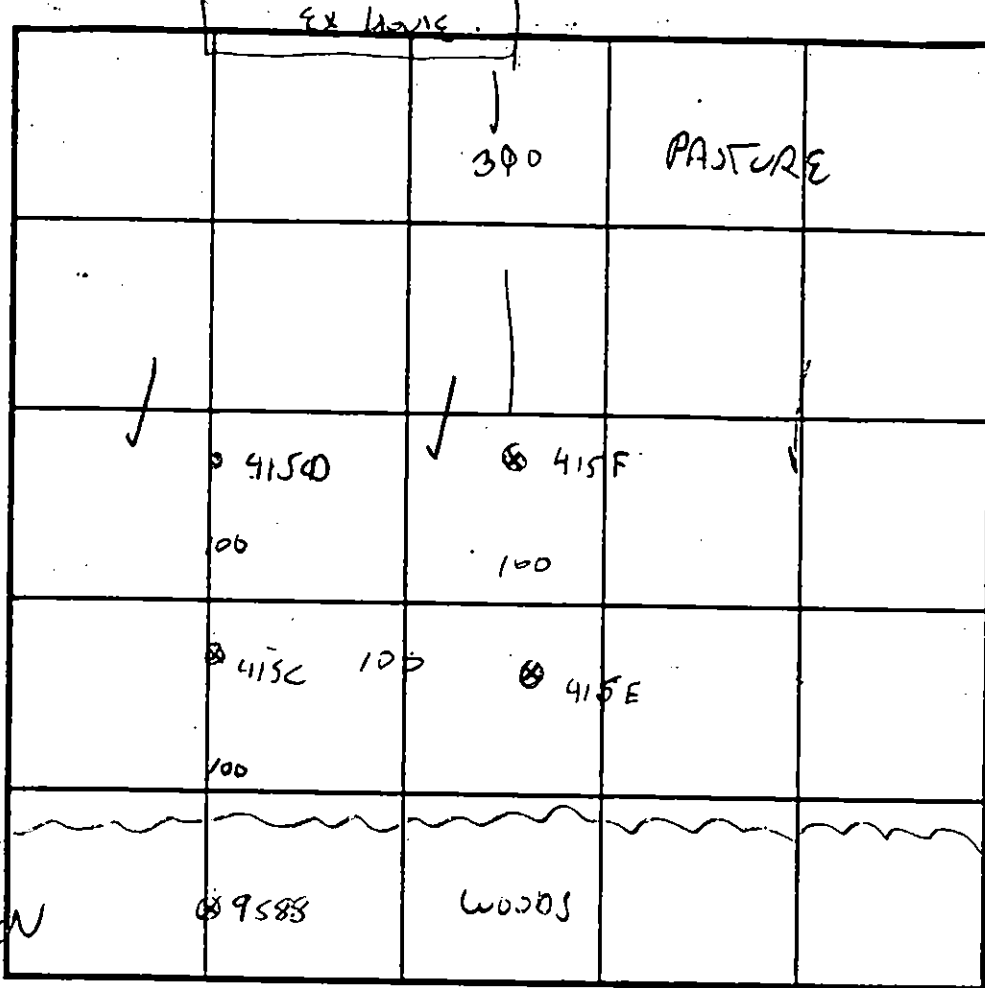
SMALLER TOC

DULL GREY SC STAYS @ 9'

WATER 12.5"

4150

LIGHT TAN SC



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

415C

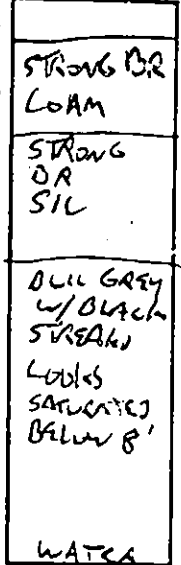
0'

6

3

6

12



LOT 19

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/15/98	415C	3.5/12	2:40	2:50	→	3:02	12NW
	415D	3.5/11.5	VISUAL	OK			OK
	415E	3.3	12:57	2:59	→	3:01	2NW
	415E	4/12.5					OK

REMARKS ALL SOILS MICACEOUS

TYPE OF SOIL _____

TESTED BY G. SAVAGE

ALSO PRESENT _____

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: 313-2840

DISTRICT _____

DATE 3/9/98

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 WINCHESTER HOMES INC. c/o MR. KEITH KUBISTA

ADDRESS 6305 IVY LANE SUITE 800 PHONE (301) 489-1120
GREENBELT MD. 20770

PROPERTY LOCATION:

SUBDIVISION MOBBERLY PROPERTY LOT NO. 15 ~~15~~

ROAD AND DESCRIPTION BURNT WOODS ROAD

TAX MAP 22 PARCEL # 141, 2, 234 & 530

SIZE OF LOT 1 AC. CLUSTER 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. Zacharia Y. Fisch
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

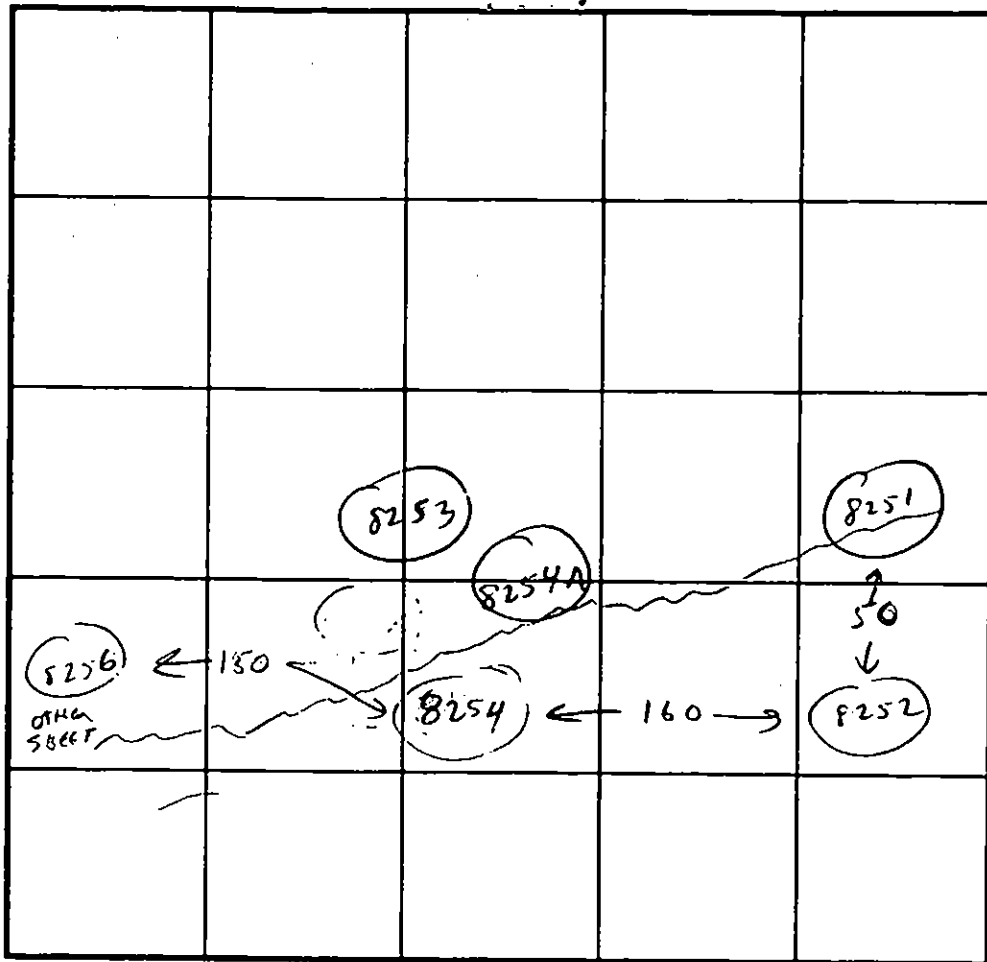
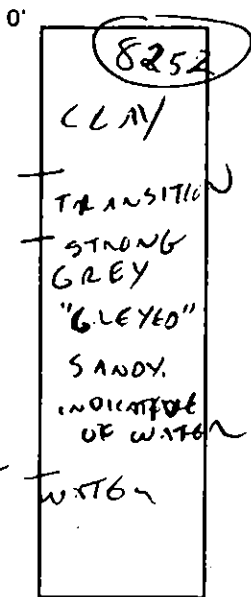
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

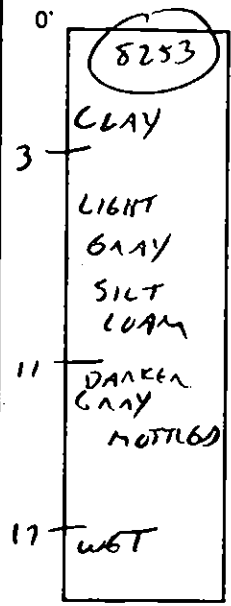
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

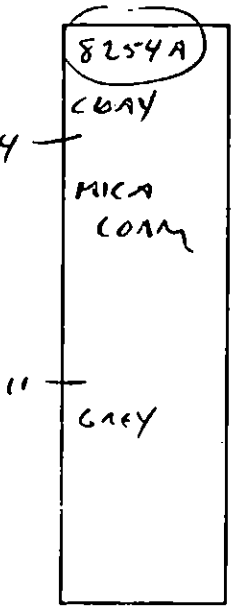
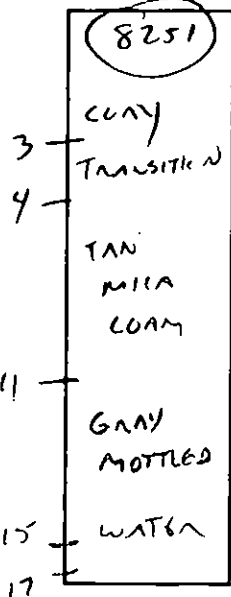


SOIL PROFILE



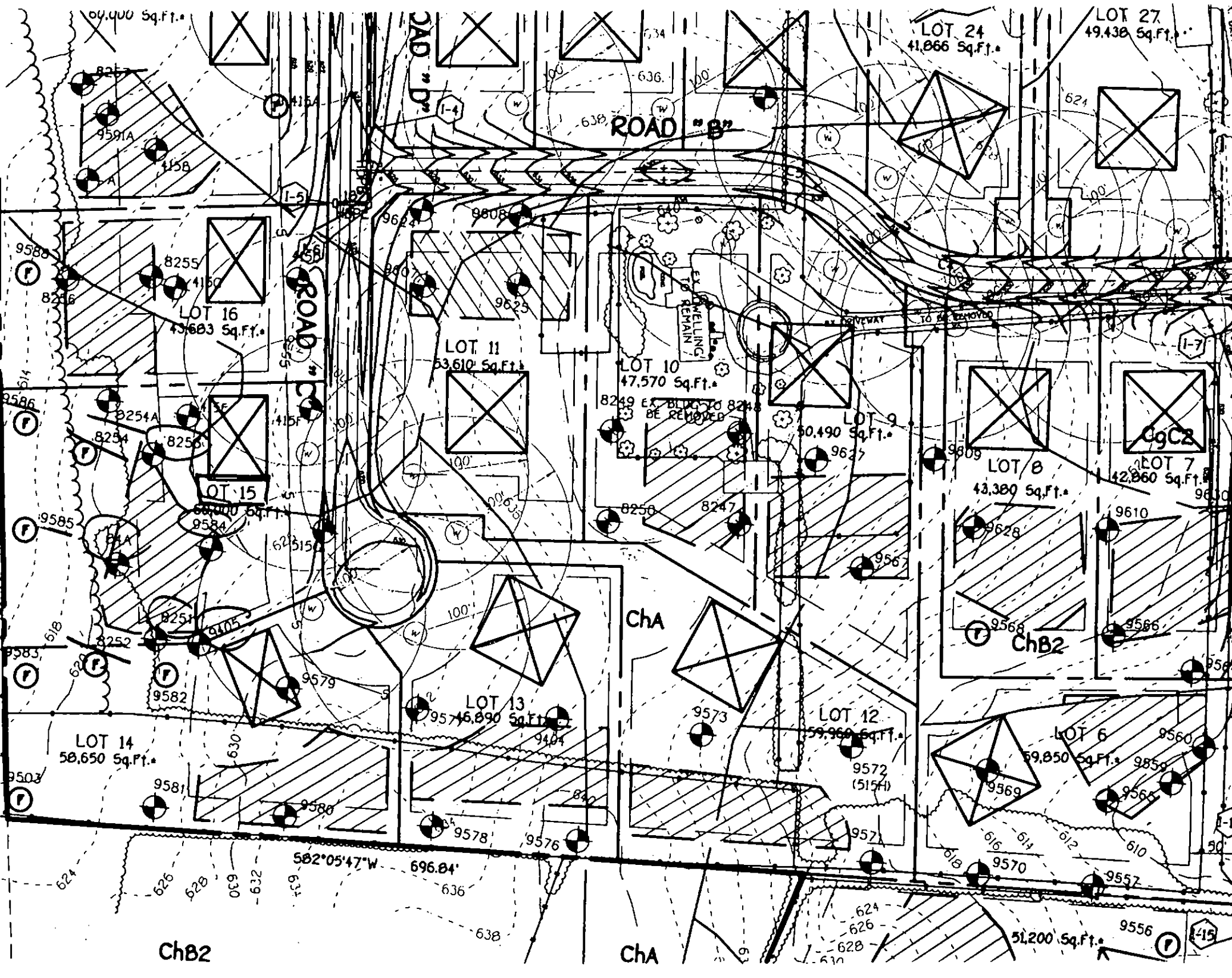
8254
ABANDONED
WATER
NO PROFILE
TAKEN

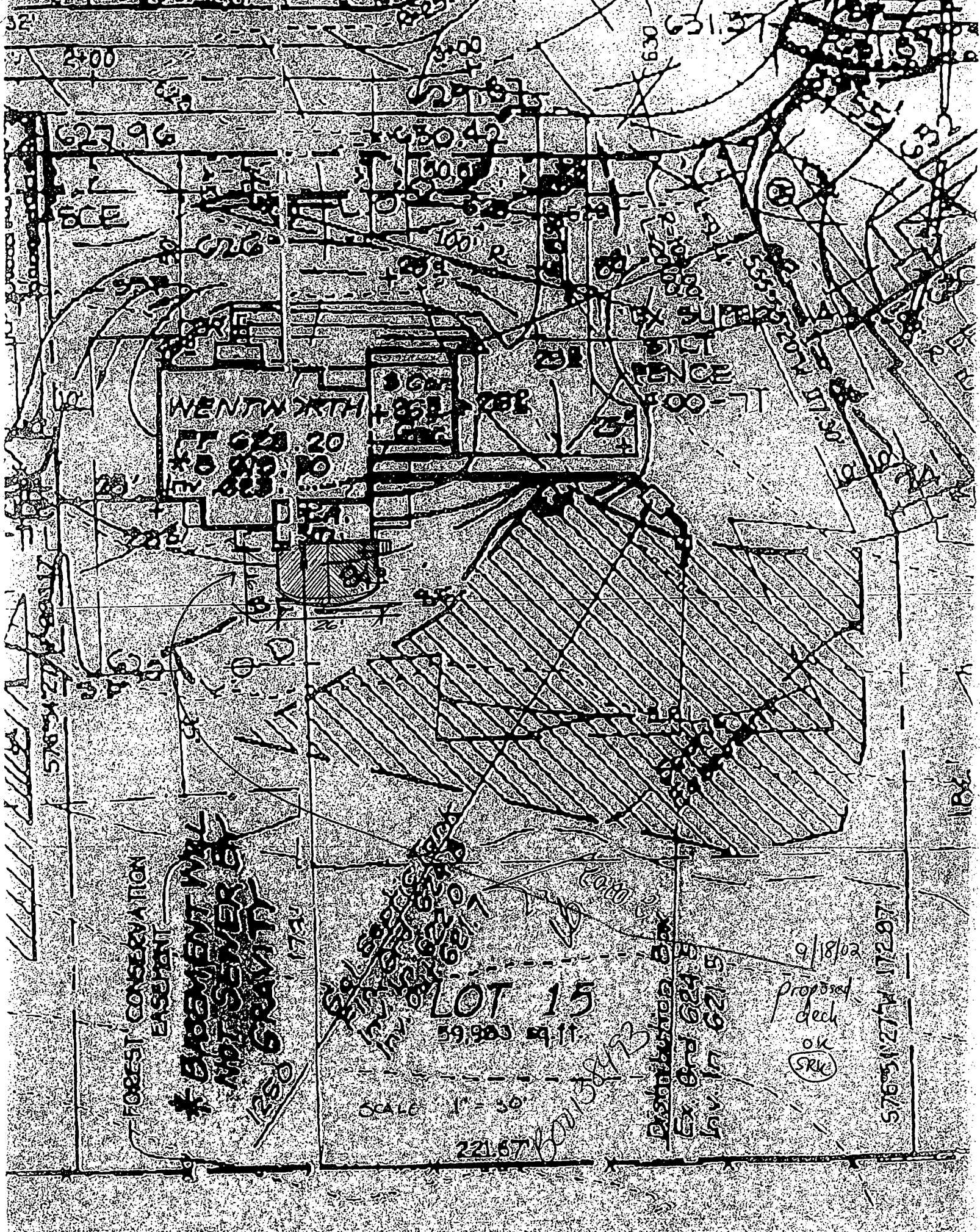
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/9/99	8252	6	12:29	12:34	12:34	12:40	6 min
		WATER @ 15'	INDICATIONS OF WATER TO 7'				FAIL
	8251	4	12:26	12:28	12:28	12:32	4 min
		WATER @ 15'	INDICATIONS OF WATER TO 11'				OK SHALLOW
	8254	ABANDONED - WATER					
	8254A	VIS OK FOR SHALLOW (SOILS GOOD 4-11')					
	8253	4	12:19	12:21	12:21	12:24	3 min
		VIS OK 4-11' - OK SHALLOW					

REMARKS: FIELD LOCATED "LAGE TRUNK LINE" SEEMS TO DEFINE
 TYPE OF SOIL: LIMIT OF APPROVABLE SOILS FOR HOLES IN THIS SHEET.
 TESTED BY: CW [Signature] / STEVE KRIEG. ALSO PRESENT: MIKE FITZGERALD
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SO. FT./BEDROOM _____





32'
2+00

627.96

WENTWORTH
ST 628.20
628.20
628.20

LOT 15

59.983 9.11

FOREST CONSERVATION
ENCOURAGEMENT

PROPOSED DECK
NO. 1280 GRAVITY

9/18/02
Proposed
deck
OK
SRV

57651274 17287

EX. 624.5
621.5

221.87