

LAYOUT 4/24/02 22:00 INSP 4 5/30/02 Any
 INSP 2 4/25/02 1:00 INSP 5 _____
 INSP 3 4/26/02 Anytime INSP 6 _____

ISSUE DATE: 4/24/2002

P 516947

APPROVAL DATE: 5/31/02

A 59868-D

PERMIT INDEXED

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

03-333302

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: The Paddocks LOT NUMBER: 12

ADDRESS: 3705 Bold Ruler Court PROPERTY OWNER: Pulte Homes

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

PUMP CHAMBER CAPACITY (GALLONS): NA 1250 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 ⁴ 4.0 feet below original grade. Bottom maximum depth 6.0 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	From the end of the pipestem access, place the distribution box 170' down the right lot line and 10' off that lot line. Run trenches on contour. <u>to rear of lot.</u>
NOTES:	Gravity basement service is not proposed.

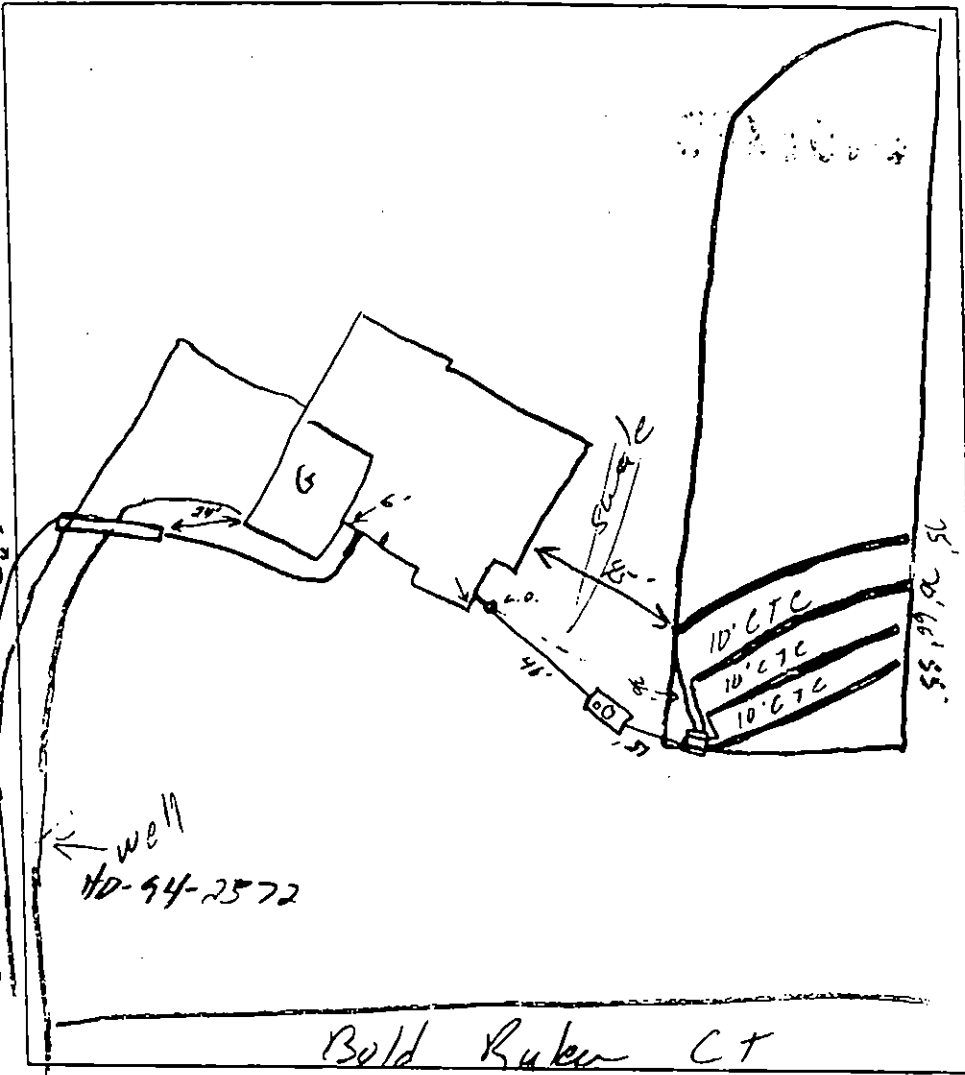
PLANS APPROVED: CW/FS OK SRU 1/31/02 DATE: 1/14/02

- 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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A59868D

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 4'
 TRENCH BOTTOM DEPTH 6'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 265'
 ABSORBENT AREA 795 ϕ
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER Center
 6 INCH INSPECTION PORT Front

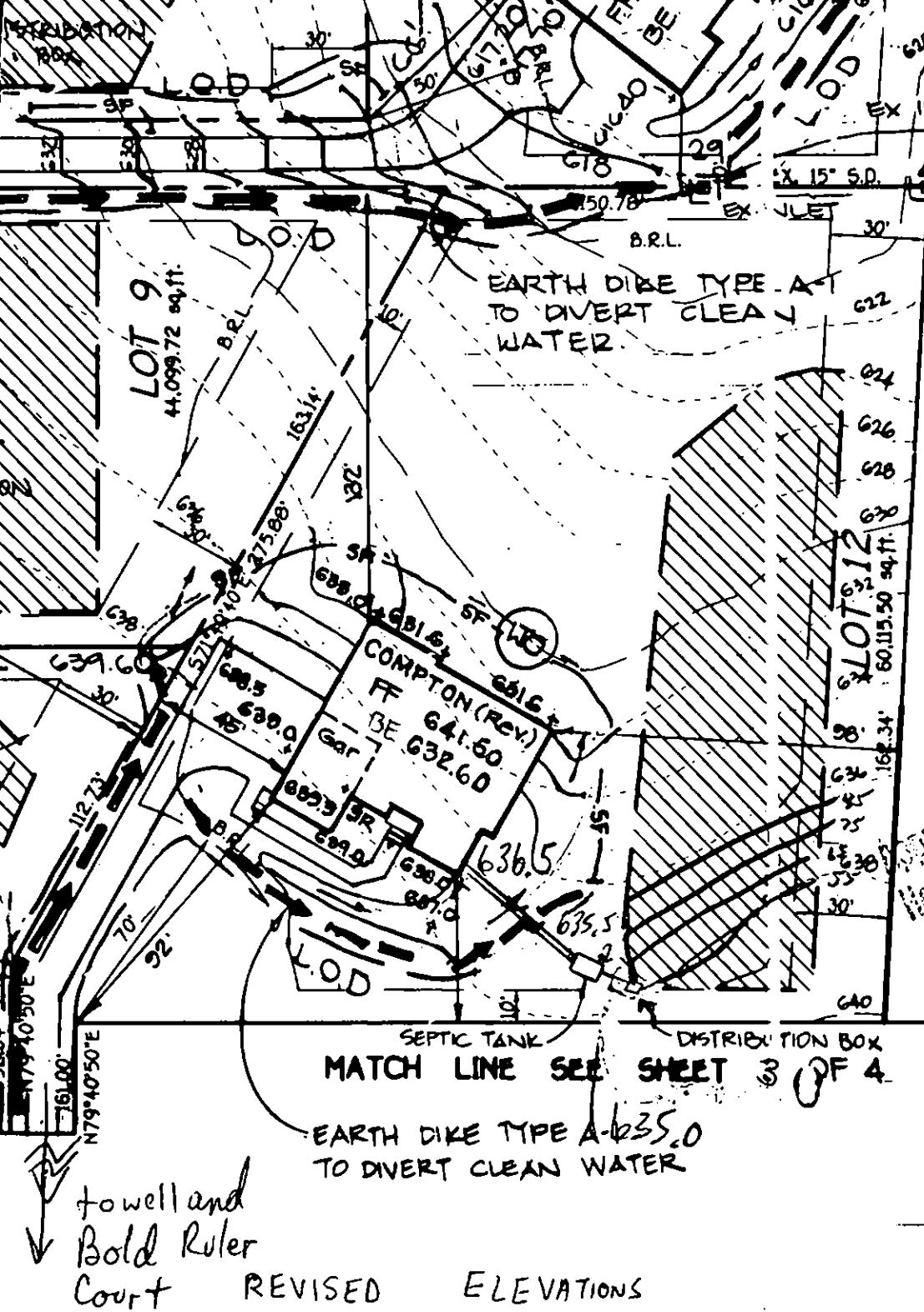
PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1
 MANHOLE RISER N/A
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 4/24/02 (4) trenches on contour 55'65'/75'85'. Lowered inverts back to 4', Bottom 6'. 3' invert would have had on 6" of cover thru snake (SO)

INSPECTION COMMENTS: 4/25/02 Tank set (SO) 4/25/02 1st trench in OK to cover tank (SO) 4/26/02 2nd & 3rd trenches installed (SO) 4/26/02 Not able to get last two trenches to layout length, 15' short. OK to cover all work House conn needed (SO) 5/31/02 House conn made per kit @ Foglrs (SO)

INSPECTOR [Signature] DATE SYSTEM APPROVED 5/31/02



Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

Approved by ...
 May 11, 1971
 Signature: J. L. ...
 N 585750
 432.6

FOR ROAD CONSTRUCTION
 SEE FOO-71

FIRST FLOOR	641.50	Discussed w/Builder Joel of Putte Homes	
BASEMENT ELEV.	632.60		
INV. OUT OF HOUSE	636.50		
INV. INTO ST	635.50		GRADE OVER ST = 637
INV. OUT OF ST	635.20		
INV INTO D. Box	635.00	GRADE OVER D. Box = 638	

SITE DEVELOPMENT

THE PADDOCKS

ZONED: RR-DEO
 TAX MAP No: 22
 THIRD ELECTION DISTRICT, H

Att: [Signature]
5/30/02
Anytime

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

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 5800 Dorchester Rd
Sylkesville 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 # MSB009

*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: Pulte Homes Telephone #: 410-644-5603
Subdivision: The Paddocks Lot #: 12 Well Tag #: HO 94-2572
Site Address: 3705 Bold Ruler Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap: yes
Model #: 75807 Model #: NA Screened, vented well cap: yes
Pump Capacity: 7 GPM Depth: 42 (36 min) Cap secured to casing: yes
Well Yield: 10 GPM NSFASWC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1993 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 NA

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36 min) 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.

Allen Compton 2-19-02
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: 5/30/02 (50)
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. ✓

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- WELL OWNER
- MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8-8-00 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) _____

PERMIT NUMBER OF REPLACEMENT WELL _____

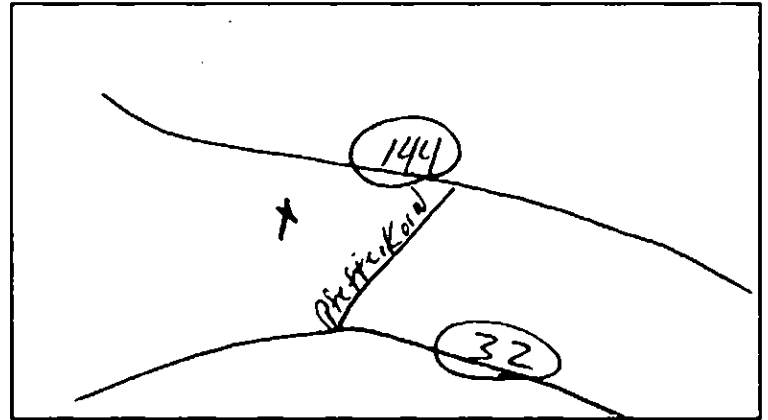
PERSON ABANDONING WELL: Allen Com, Inc

WELL DRILLERS LICENSE NUMBER: 009
 CIRCLE: MWD/MSD/MGD

OWNER'S NAME: Gretchen Mobbely

SITE LOCATION MAP

WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Glenelg
 TAX MAP 22 BLOCK A7 PARCEL 141
 SUBDIVISION: Mobbely PRO.
 SECTION: _____ LOT: 12
 NEAREST ROAD: Pfeffer Korn Rd.



TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND DUG
 _____ OTHER (specify) _____

USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

TYPE OF CASING:

- STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 300 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 60

WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	65
Stone #6	65	300
VOLUME OF MATERIAL USED		
<u>20 bags Cement 1 TON #6</u>		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton LICENSE # 009 CIRCLE ONE MWD/MSD/MGD DATE _____

C1. 07617

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 8 8 00

Depth of Well 1300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2572

OWNER: MOBBERLY GRETCHEN; STREET OR RFD: SPREFFERHORN RD; TOWN: GLENELG; SUBDIVISION: MOBBERLY PROPERTY; SECTION: ; LOT: 12

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale, Gray, White, Gray, White, Gray-white.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CM, BC); NO. OF BAGS 95; NO. OF POUNDS 1490; GALLONS OF WATER 45 70; DEPTH OF GROUT SEAL (to nearest foot) 0 45

CASING RECORD

MAIN CASING TYPE (ST, PL); Nominal diameter top (main) casing (nearest inch): 06; Total depth of main casing (nearest foot): 95

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT); DEPTH (nearest ft.) HO 45 300

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03; PUMPING RATE (gal. per min.) 10; METHOD USED TO MEASURE PUMPING RATE 192L; WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft, WHEN PUMPING 97 ft; TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO); IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS; TYPE OF PUMP INSTALLED; PLACE (A.C.J.P.R.S.T.O) IN BOX 29; CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35; PUMP HORSE POWER 37 41; PUMP COLUMN LENGTH (nearest ft.) 43 47; CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE, - below 02 (nearest) foot

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

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. 1 MSD 0009; DRILLERS SIGNATURE Allen Compton; LIC. NO. 1 D 1

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

NO Survey stakes

B 1 13806 SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER Ho - 94 - 2572 fill in this form completely

OWNER INFORMATION Mobberley Gretchen Route 144 West Friendship Md. 21794

LOCATION OF WELL Howard MOBBERLEY PRO. Blenely NEAREST TOWN 4 MILES FROM TOWN

DRILLER INFORMATION Allen Compton MS D 009 Fogle's Well Drilling 580 Obrecht rd Sykesville Allen Compton 1-18-99

Pfefferkorn NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 22 BLK: 1-7 PARCEL 141-7a

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 COUNTY NAME COUNTY NO DATE ISSUED 01 27 00 G. Williams 1/26/01

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP PERMIT NUMBER GAP PERMIT No Ho - 94 - 2572

SPECIAL CONDITIONS

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. 12

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

AS9868

COUNTY #

SOIL PROFILE 9571

0' Brown CL

5' TAN LOAMY SAND ROOTS TO 8' 308 SOFT MICA/ROCK N.A. COARSE

9569, 72

TOP SOIL 2'

OR L 3.5'

TAN LS

TRANSVERSE BLACK STRIPES BELOW 6'

DRY 13

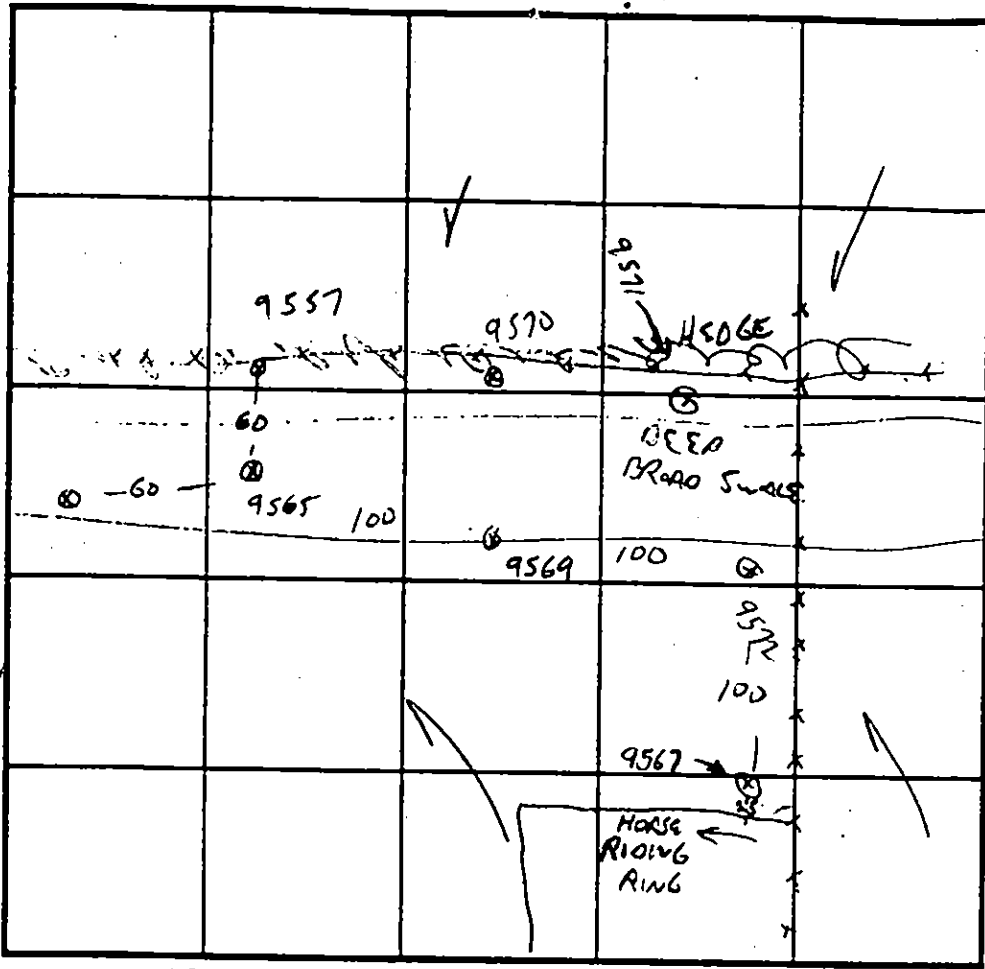
9565

TOP SOIL 2.5'

BROWN HEAVY LOAM

5' DULL LT BROWN S.C. FINE SPLIT BLACK COARSE

WATER 12



SOIL PROFILE 9557

0' TOPSOIL 18'

MED OR LOAM

6' LIGHT B.C. LS FERTILIZATION

BLACK COARSE BELOW 6'

10' RECONSTRUCTIBLE FEATURES

13.5' WATER

LOT 13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/98	9565	4/13	12:04	SLOW			
	95016	5'	12:36	12:38	→	12:43	5AW
	9557	4/13' 9"	12:07	12:10	→	12:16	6AW
	9569	4/13	12:19	12:21	→	12:24	3AW
	9570	4/13	12:22	12:24	→	12:26	2AW
LOT 10	9567	4/13	12:34	2:37	→	2:46	9AW
	9572	5/13	2:39	2:40	→	2:42	2AW
	9571	3/13	2:41	SLOW			OK
		7	2:49	2:51	→	2:54	3MIN

REMARKS 9570, 9567 GOOD DAY LOAMY SOIL, 71 WIND PER CAT 5

TYPE OF SOIL _____

TESTED BY G. SALAGE ALSO PRESENT Fyocke CREY

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. 1612
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.
Zecharia 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 _____

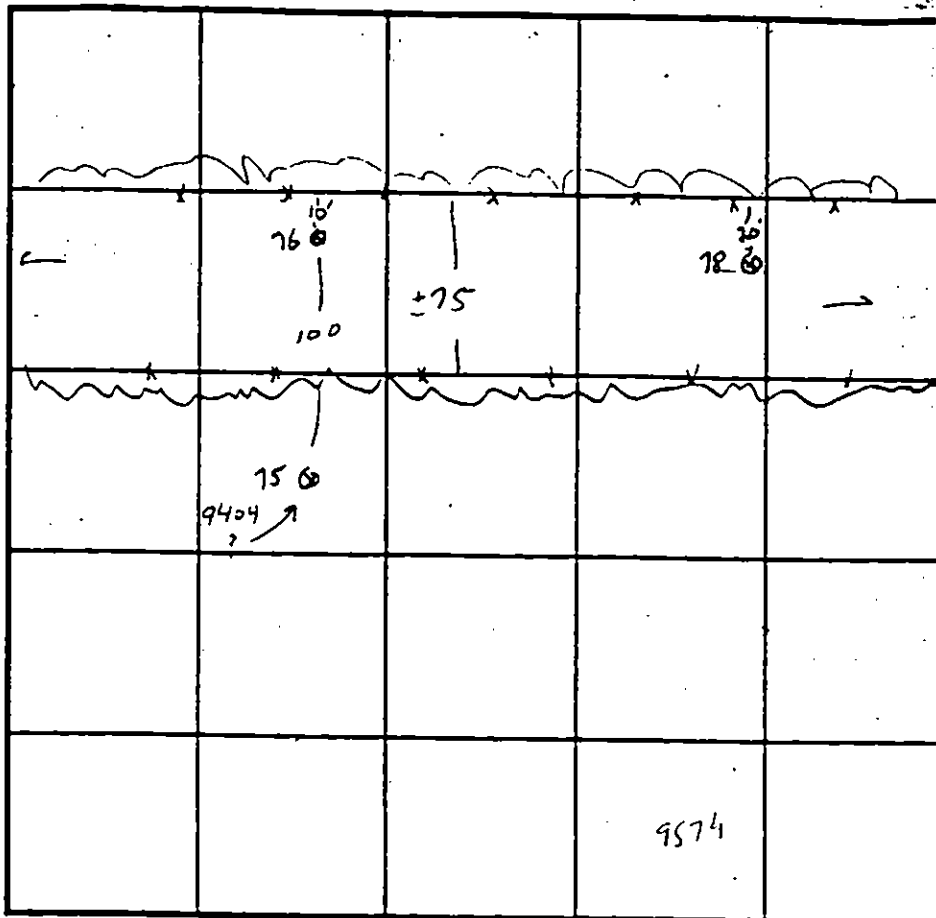
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE 78

0' 78
 SIMILAR
 TO 76
 BUT
 CL
 IS 3.5'
 13



SOIL PROFILE 16

0' 16
 TOP SOIL
 DARK BR
 LOAM
 YELLOW BR
 SIL
 COLOR
 VARIATION
 BRIGHT Y, OR
 BLACK
 SANDS
 THICKER

DRY

LOT 16?

15

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

9404
 TAN
 SIL
 14

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/98	9576	2/13 v	11:03	11:05	→	1:05	3 MIN ✓
	9578	4/13 v	11:12	11:13	→	11:15	2 MIN
5/13/99	9404	3/14 v	1:58	2:00	→	2:02	2 MIN
	9404	LOCATION UNKNOWN		3/6/99	(w)		
		COULD IT BE 9574 INSTEAD?					

REMARKS

TYPE OF SOIL

TESTED BY G. SAVAGE

ALSO PRESENT G. SAVAGE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

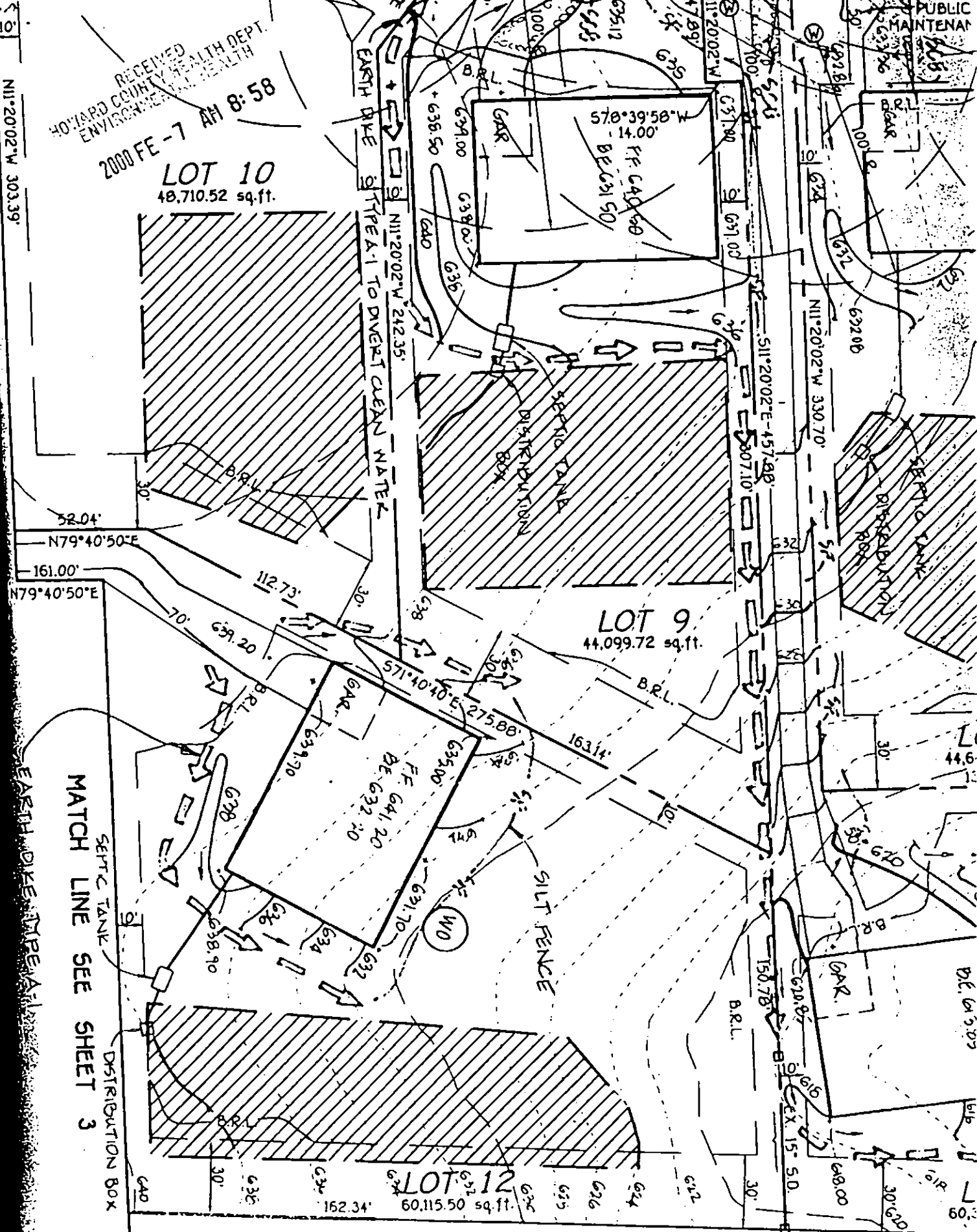
RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2000 FE-7 AM 8:58

LOT 10
48,710.52 sq.ft.

LOT 9
44,099.72 sq.ft.

LOT 12
60,115.50 sq.ft.



582°05'24"W 95.86'

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

