

LAYOUT 5/24/02 12:00 INSP 4 8/26/02 9-10
 INSP 2 5/28/02 PM INSP 5 9/11/02 After Sandhill 10:30
 INSP 3 8/23/02 1PM INSP 6 _____

ISSUE DATE: 5/23/2002

P 516990

APPROVAL DATE: 9/11/02

PERMIT

INDEXED

03-333663 A 59868-EE

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

CB-

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: The Paddocks LOT NUMBER: 21

ADDRESS: 3804 Headplay Court PROPERTY OWNER: Pulte Homes, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
(1500 gallon proposed)

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280 HOUSE SERVED BY PUBLIC WATER

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:	Start first trench 65' from the rear lot line and 10' from the right lot line. Run trenches along contour in both directions from distribution box.
NOTES:	

PLANS APPROVED: Ron J. Pinkley OK 4/23/02 (SO) DATE: 4/05/2002

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

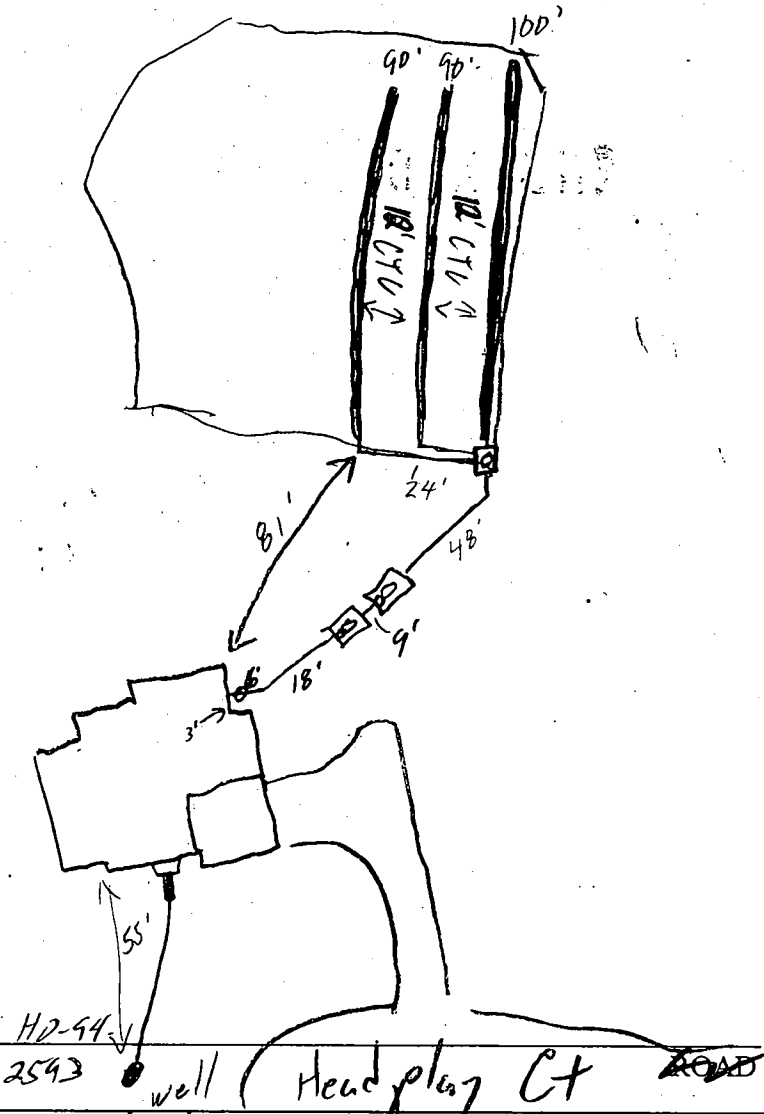
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BUILDING PERMIT SIGNED AND RETURNED

4-14-04 600147440-DECK

A 59868EE

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		280'
ABSORPTION AREA		840 sq ft
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	---
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	---
SEPTIC TANK 2 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	---
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	---

PRE-CONSTRUCTION 5/24/02 House invert on BP above grade. Lower house corner 18" below grade. Tanks need to be place closer to house. DB moved to end of 3 trenches (SO)

INSTALLATION 5/24/02 - Tanks set (SO) 5/28/02 - 1st trench installed (SO)

5/26/02 OK to cover all work. Pump & Alarm tests needed (SO)

9/11/02 Pump & Alarm tests OK (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 9/11/02

BUILDING PERMIT SIGNED AND RETURNED

THE PADDOCKS LOT 21

3-18-02

8/2/02

3804 HeadPlay Court
"Briarwood" w FIA Room

MATCH LINE SEE SHEET 2 OF 4

Total linear feet of trench required **280**

Width of trench (as) **3**

Depth of trench (as) **5**

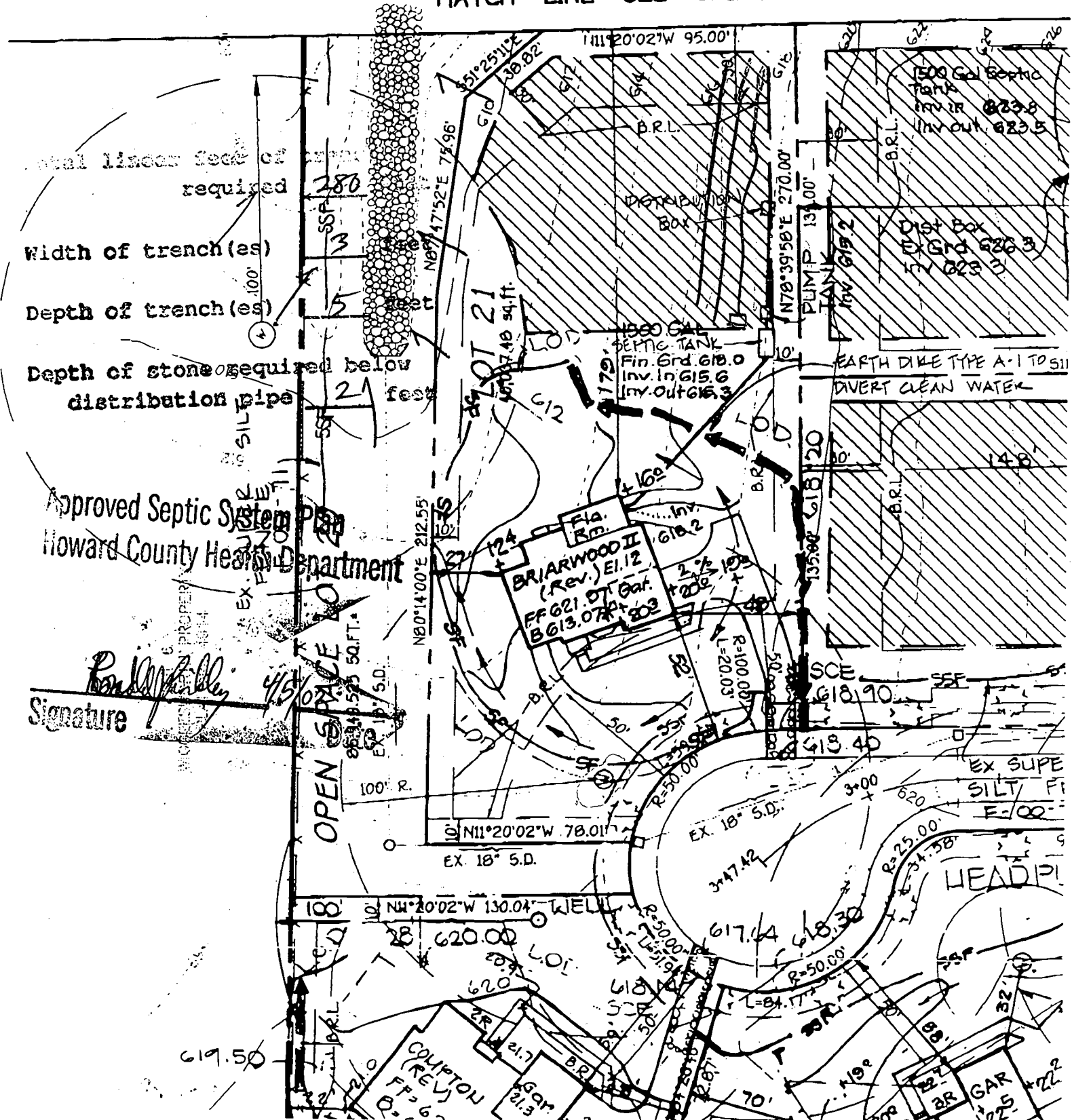
Depth of stone required below distribution pipe **21**

Approved Septic System Plan
Howard County Health Department

Signature

Paul M. Kelly

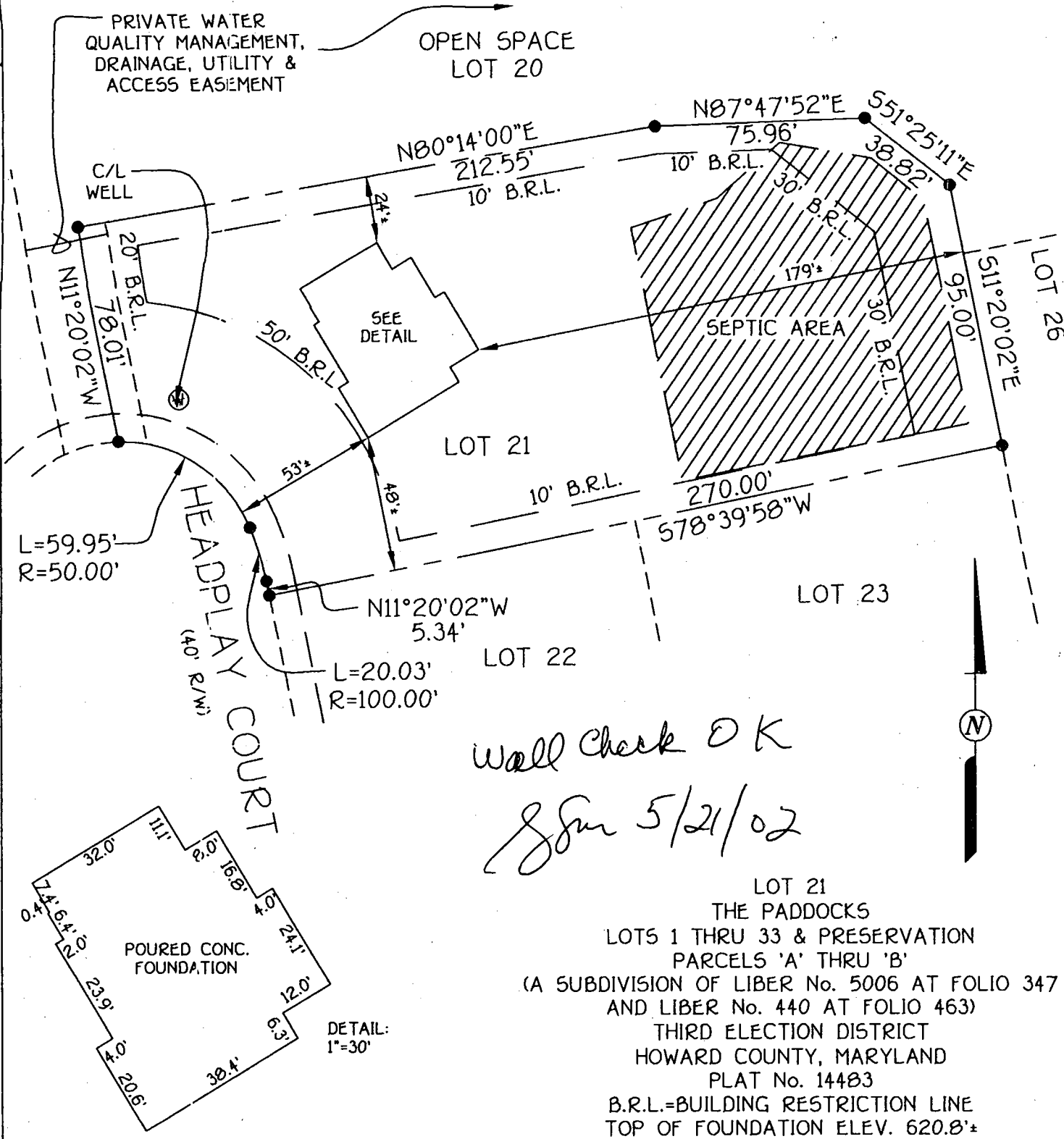
4/5/02



TOTAL P. 01

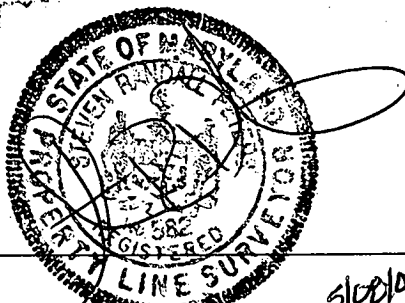
GENERAL NOTES:

- 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. 2400440012 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.



LOT 21
 THE PADDOCKS
 LOTS 1 THRU 33 & PRESERVATION
 PARCELS 'A' THRU 'B'
 (A SUBDIVISION OF LIBER No. 5006 AT FOLIO 347
 AND LIBER No. 440 AT FOLIO 463)
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT No. 14483
 B.R.L.=BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 620.8±

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2955



PROFESSIONAL LAND SURVEYOR DATE 5/21/02
 REG. 582

**HOUSE LOCATION
 DRAWING**

FOUNDATION LOCATION: 5/06/02
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1"=50'
 DATE: 5/08/02
 DRAWN BY: D.B.
 CHECKED BY: _____
 PROJECT No.: 30664

2460
5-28-02
Relaxed
9/17/02

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 #: 410-795-5670
Address: 580 Coarcent Rd
Stylesville, Md 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD009

*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 Telephone #: _____
Subdivision: The Paddocks Lot #: 21 Well Tag #: HO 94-2592
Site Address: 3804 Headplay Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Coudd's Make: Campbell Two piece watertight cap: yes
Model #: 85B07 Model#: _____ Screened, vented well cap: yes
Pump Capacity 8 GPM Depth: 42" (36" min) Cap secured to casing: yes
Well Yield: 2.9 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
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

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: yes
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 8-28-02
Signature of company representative responsible for installation Date

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

Date Insp. Requested: 8/26/02 Date Insp. Approved: 8/26/02 Inspector: (50) SRK
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 ✓

07646

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL" HO-94-2593

DATE Received MM DD YY

02 25 00

22 400 26 412/100

28 29 30 31 32 33 34 35 36 37

OWNER MORBERLY GRETCHEN STREET OR RFD PEEFERKON RD. TOWN GLENELG SUBDIVISION MORBERLY PROPERTY SECTION LOT 21

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 52 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 07 PUMPING RATE (gal. per min.) 2.4 METHOD USED TO MEASURE PUMPING RATE 19 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 372 ft. TYPE OF PUMP USED (for test) S 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 (0-53), Gray (53-90), White (90-91), Gray (91-360), White (360-361), Gray (361-400)

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) (P) (L) (O) (T)

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 58

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

DEPTH (nearest ft.) HO 52 400 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO) 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)

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 MS D 009 DRILLERS SIGNATURE Delen Compton LIC. NO. 1 D

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) No Survey stakes

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2593
 Location of property (road) PEFFENKORN RD.
 Subdivision MOBBELY PROPERTY Lot 21 Block _____ Plat _____ Sec. _____
 Well Driller COMPTON/FOBLE Owner MOBBELY

Depth of well 400'
 Distance of measuring point (M.P.) above ground _____
 Static water level (S.W.L.) below M.P. 31'

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 Pumping rate 15
 Total time 1 HR to reach pumping water level 372 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	31	4		15
9:30	123	4		15
9:45	229	5		12
10:00	319	6		10
10:15	372	6		10
10:30	372	25		2.4
10:45	372	25		2.4
11:00	372	25		2.4
11:15	372	25		2.4
11:30	372	25		2.4
11:45	372	25		2.4
12:00	372	25		2.4
12:15	372	25		2.4
12:30	372	25		2.4
12:45	372	25		2.4
1:00	372	25		2.4
1:15	372	25		2.4
1:30	372	25		2.4
1:45	372	25		2.4
2:00	372	25		2.4
2:15	372	25		2.4
2:30	372	25		2.4
2:45	372	25		2.4
3:00	372	25		2.4

B 1. 13821

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2593 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 070513 15 Last Name Owner 34 mobberley Gretchen 36 Street or RFD 55 Route 144 West Friendship MD 21794 57 Town 70 State 72 Zip 76

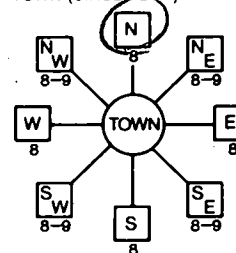
B 3 LOCATION OF WELL

8 COUNTY 21 Howard MOBBERLEY PRO. 23 SUBDIVISION 42 52 NEAREST TOWN 71 GLENELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81 Aikel Compton M S D 009 Firm Name 81 Foght's Well Drilling Address 81 580 Obrecht rd. Sykesville Signature 81 Allen Compton Date 81 1-28-00

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 PFEFFER KORN

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 32 EAST 34 1870 37 SOUTH 38 39 DISTANCE FROM ROAD FT ENTER FT OR MI TAX MAP: 22 BLK: 1-7 PARCEL 141-234

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 02 07 00 C. Will 2/6/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 526 000 EAST GRID 0805 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 24 28 300 FEET.

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROtary DRive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

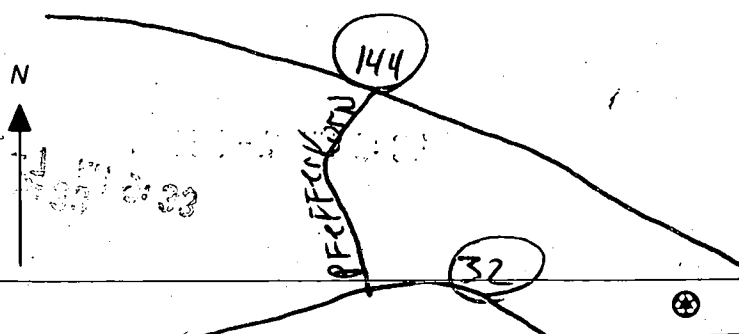
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 805 000 000 N 526

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)

APPROX. PERMIT NUMBER 54 GAP 63 PERMIT No. 70 71 72 73 74 75 76 77 78 79 Ho - 94 - 2593

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

APPLICATION

PERCOLATION TESTING

A 59868

P _____

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

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. 25

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

L.L.

Typical

COUNTY #

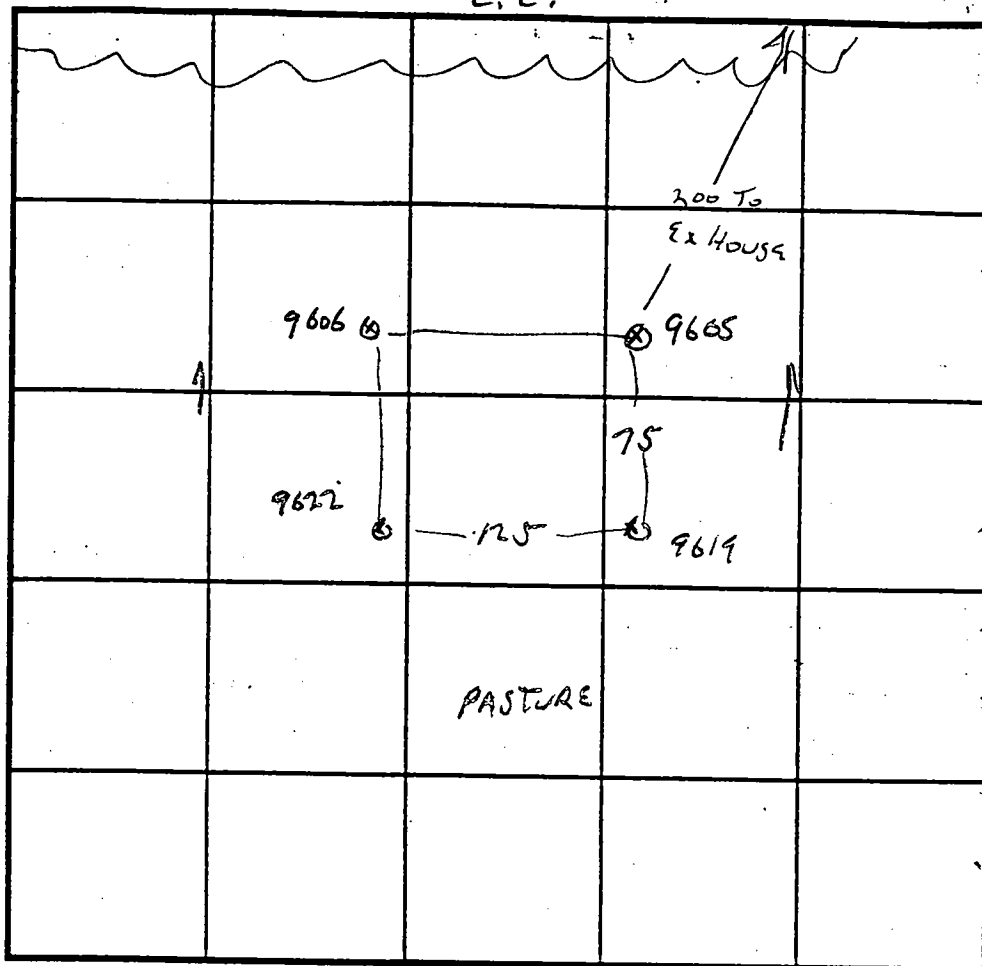
SOIL PROFILE

0'

9622

TOPSOIL	1
DARK BR LOAM	4
TAN SL	
30%	
Rock	
ROCKET	
5'	
TAN/Y	
SIL	

11.5



SOIL PROFILE

9619

TOPSOIL	10"
BR LOAM	3
TAN SL	
Some IRON	
ISOLATION	
DRY	13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LOT 25

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/98	9619	4/13	3:28	3:29	→	3:31	2min
	9665	4/13	3:31	5:06			
			4:07	4:09	→	4:11	2min
	9622	4/11.5	3:43 ¹³	3:43.55	→	3:44.43	
		8.5	4:01 ⁴⁵	4:04	→	4:07	3min
	9606	4/13 u d	3:47	3:49	→	3:51	2min

REMARKS _____

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

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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

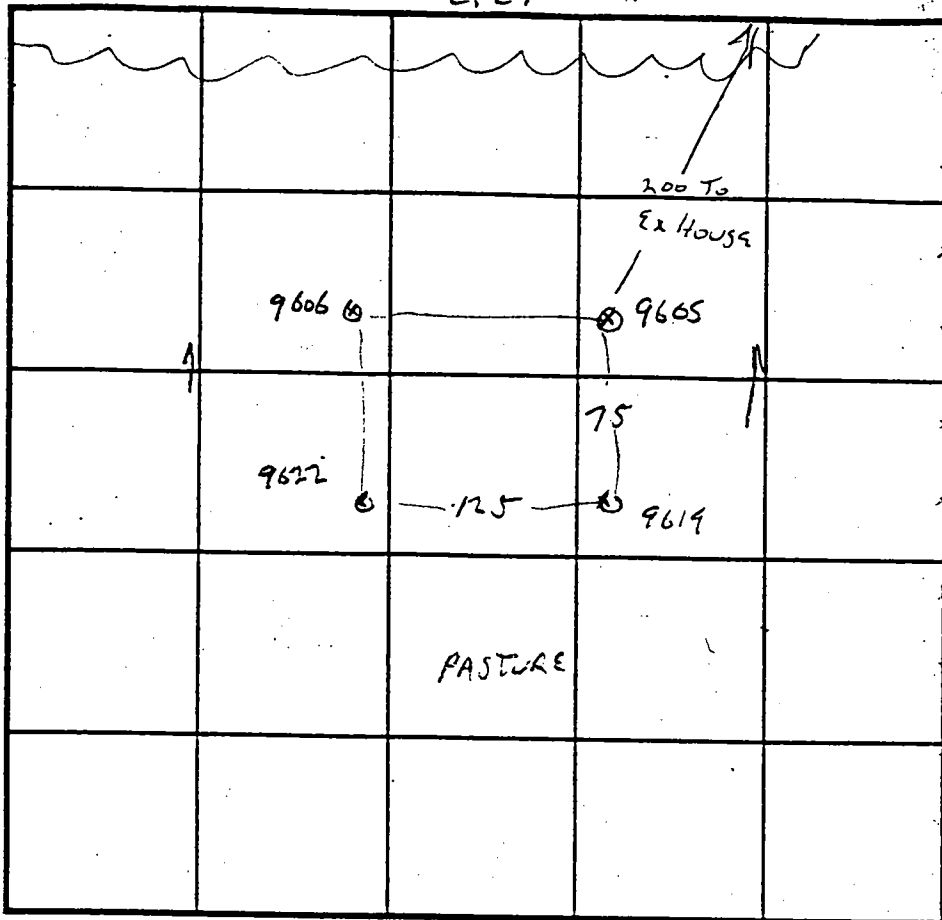
L.L.

TYPICAL

COUNTY #

SOIL PROFILE

0'



SOIL PROFILE 9619

0'

TOPSOIL 10"

BR LOAM 3

TAN SL SOME IRON ISHAGEN

DRY 13

9622

TOPSOIL 1

DARK BR LOAM 4

TAN SL 308

Rock POCKET

TAN/Y SIL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LOT 25

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/78	9619	4/13	3:28	3:29	→	3:31	2 MIN
	9665	4/13	3:31	5:06			
			4:07	4:09	→	4:11	2 MIN
	9622	4/11.5	3:43 ¹⁵	3:43.55	→	3:44.43	
		8.5	4:01 ⁴⁵	4:04	→	4:07	3 MIN
	9606	4/13 Uds	3:47	3:49	→	3:51	2 MIN

REMARKS _____

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. 21²¹

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 _____

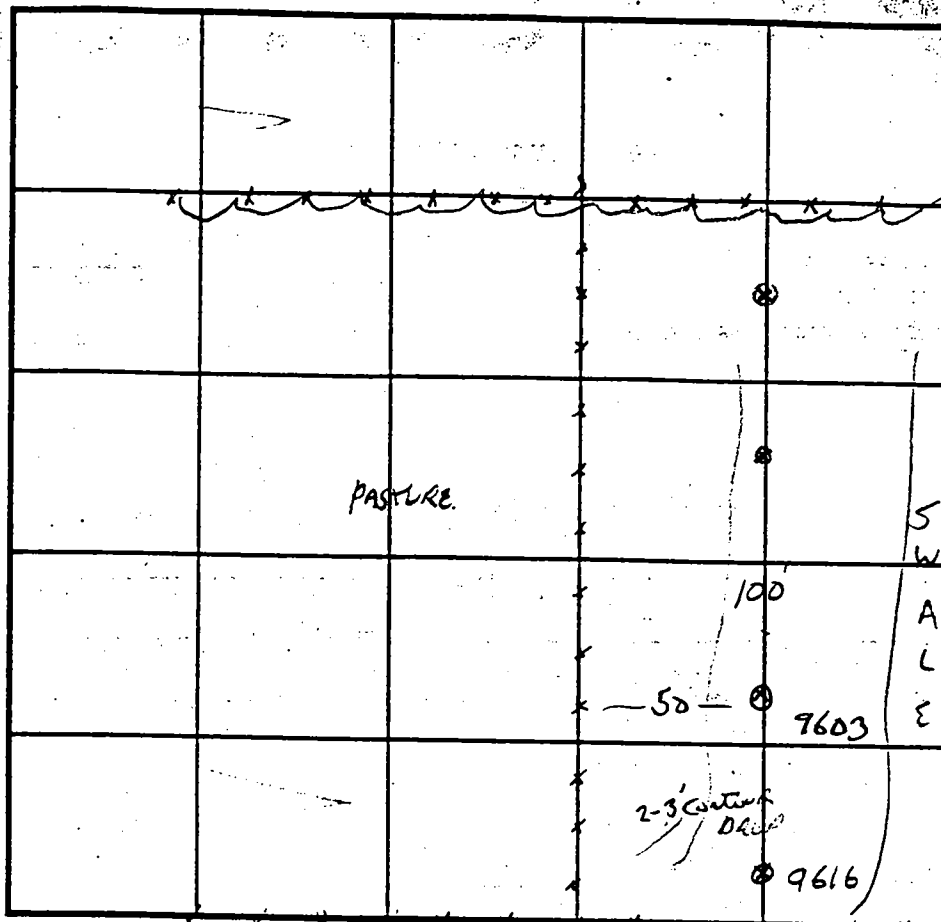
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

Empty vertical box for soil profile notes.



SOIL PROFILE TYPE
9603

0'

2.5'

BROWN
LOAM

LIGHT BR
SC
MICACEOUS

20%
LOOSE
ROCK
Below 6'
VERY
DRY

12

LOT 27

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/14/98	7603	4/12	12:13	12:14	→	12:15 ⁴⁵	1:45
	* 9616	4.5/13	12:19	12:20	→	12:21	1:11 W
	9604	3/14	1:29	1:31	→	1:34	3 MIN
	9618	3/13 V					OK

REMARKS ^A HOUSE DEEP TEST

TYPE OF SOIL _____

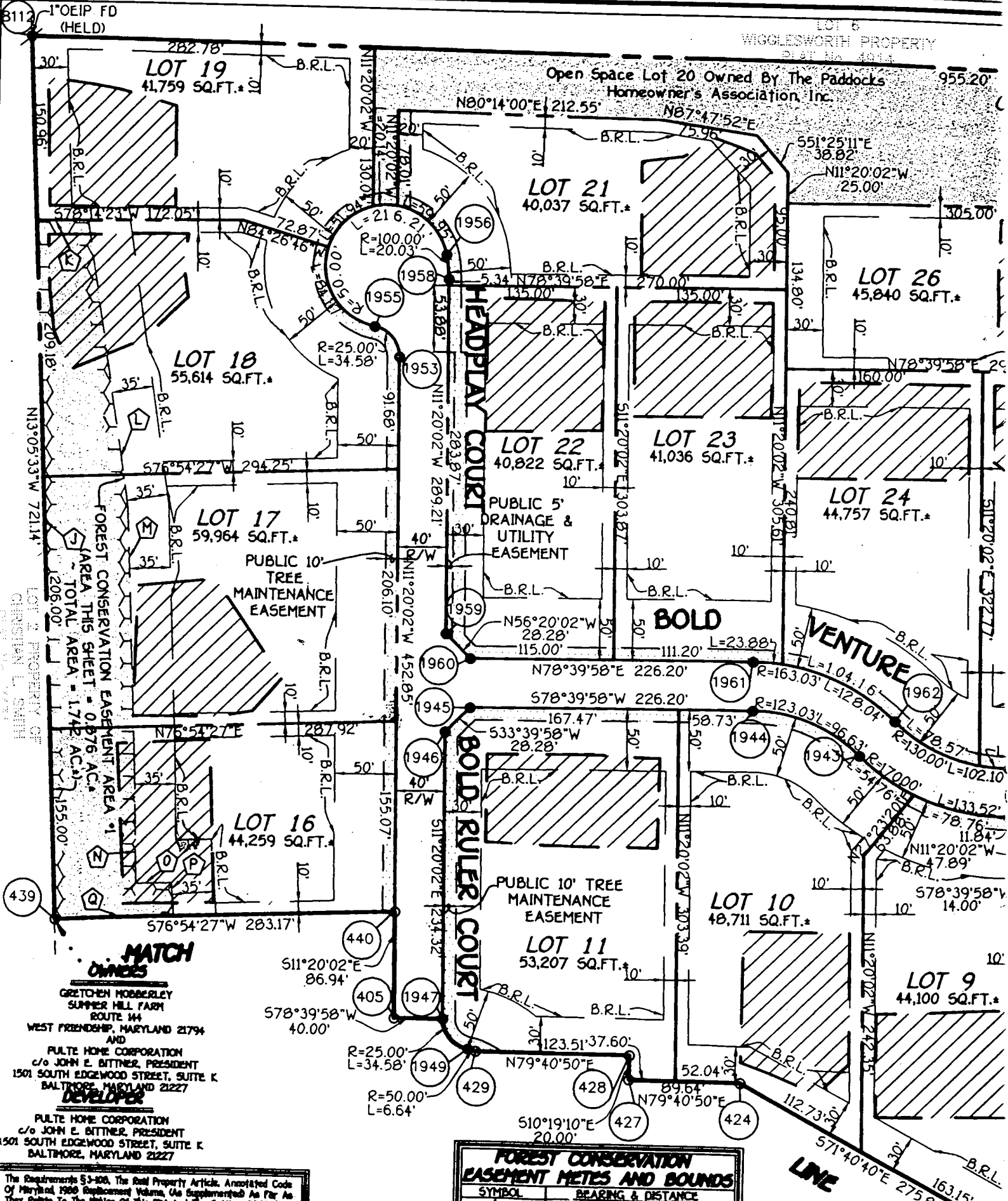
TESTED BY G. SAURGE

ALSO PRESENT Fyock's CREW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

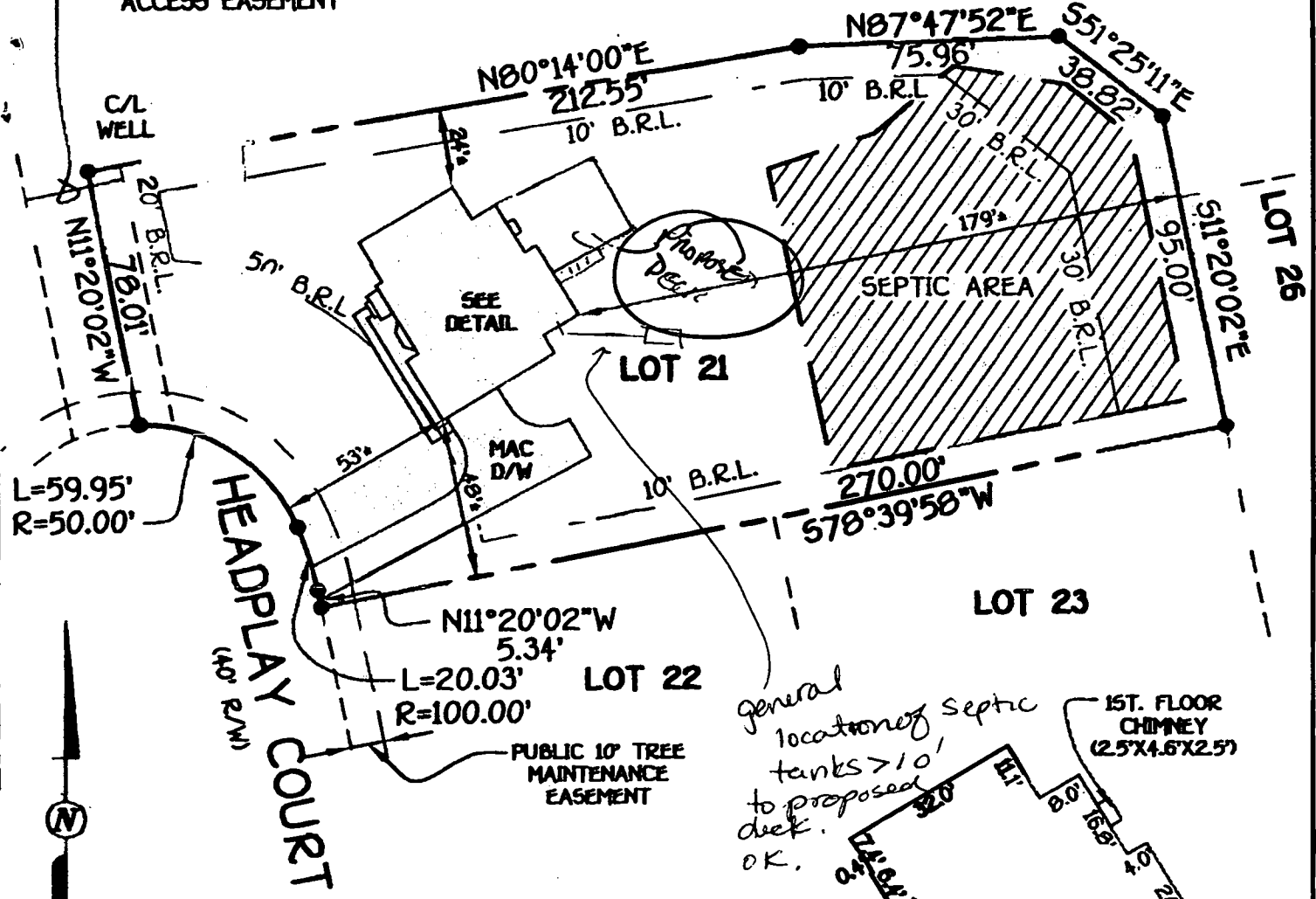
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

F-00-71 THE PADDOCKS



URBAN/VALE, UTILITIES ACCESS EASEMENT

LOT 20



LOT 21
 THE PADDOCKS
 LOTS 1 THRU 33 & PRESERVATION
 PARCELS 'A' THRU 'B'
 (A SUBDIVISION OF LIBER No. 5006 AT FOLIO 347
 AND LIBER No. 440 AT FOLIO 463)
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT No. 14483
 B.R.L.=BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 620.8'

general
 location of septic
 tanks > 10'
 to proposed
 deck.
 OK.

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTRAL SQUARE OFFICE PARK - 18272 BALDWIN DRIVE NATIONAL FEE
 ELICOTT CITY, MARYLAND 21042
 (410) 481-2275

FCC •

PROFESSIONAL LAND SURVEYOR
 REG. 402

9/22/07
 DATE

**HOUSE LOCATION
 DRAWING**

FOUNDATION LOCATIONS 9/08/02
 FINAL LOCATIONS 9/08/02
 BOUNDARY SURVEY:

SCALE: 1"=30'
 DATE: 9/08/02
 DRAWN BY: J.A.
 CHECKED BY:
 PROJECT No.: 30664

B00147440 OK KN