

LAYOUT CANCELLED 7/11/03 2pm INSP 4 P&A 9/17 3:30
 INSP 2 7/14/03 3pm INSP 5 _____
 INSP 3 7/17/03 INSP 6 _____

ISSUE DATE: 7/10/2003

APPROVAL DATE: 9/12/03

**PERMIT
INDEXED**

04-366867

P 519046

A 59898-D

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER
 ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: McCann Property LOT NUMBER: 4
 ADDRESS: 14713 McCann Farm Road PROPERTY OWNER: Pulte Homes, Inc.
 SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): ~~1250~~ COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 4
 SQUARE FEET PER BEDROOM: 180
 LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe. <i>+0.5 feet</i>
LOCATION:	Place the distribution box approximately midway between the two upper corner easement stakes. Run trenches on contour towards the rear lot line.
NOTES:	

PLANS APPROVED: Brian Baker *OK/MP* DATE: 3/31/03

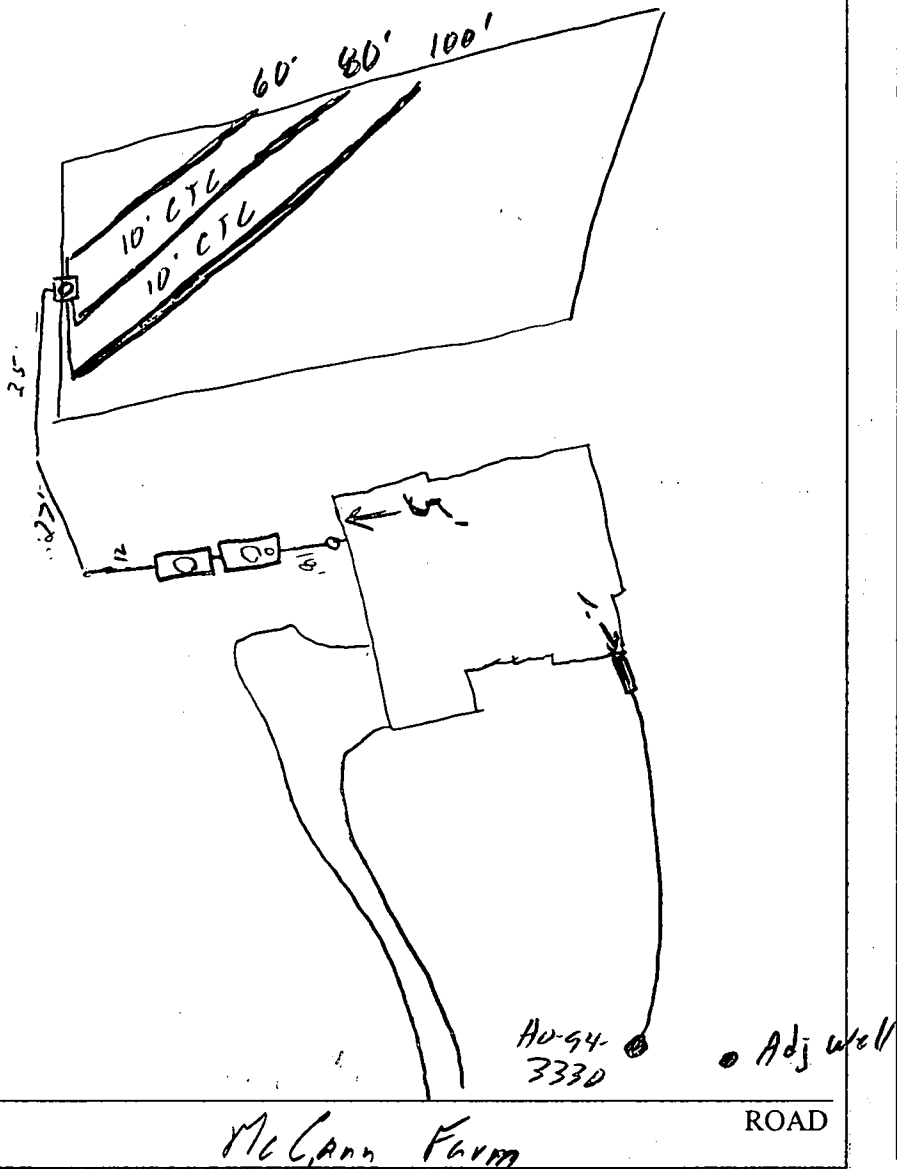
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS 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
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**AND RETURNED
BUILDING PERMIT SIGNED**
 6-30-03 B00142603-46 PROPANE TANK
 10-13-05 B00156566-DECK

A59898-D

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 sq
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL ✓	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL ✓	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Center
6" PORT LOC	✓
WATERTIGHT TEST	✓

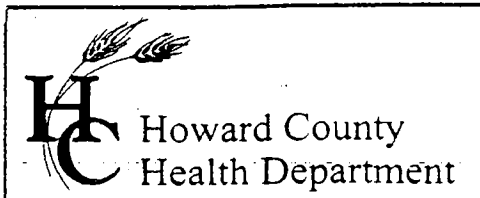
PRE-CONSTRUCTION 7/11/03 Cancelled, S&A staked, constant appears excavate (SO)

INSTALLATION 7/14/03 System installed per B.P. OK to cover all work Pump & Alarm tests needed (SO)

9/17/03 - Pump & Alarm tests OK (SO)

VOID WHERE SHOWN
 BOITDUC BEKALL SIGNED

FINAL INSPECTOR [Signature] DATE OF APPROVAL 9/17/03



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

September 18, 2003

Pulte Homes, Inc.
1501 S. Edgewood Street
Baltimore, MD 21227

SENT VIA FACSIMILE 410-644-2643

RE: McCann Property, Lot # 4
14713 McCann Farm Road
BP # B00140444
Well Permit #HO-94-3330

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 September 17, 2003.**

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 raw nitrate sample results were previously documented to be 10.5 ppm. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on September 12, 2003, which indicates a nitrate level of less than 1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

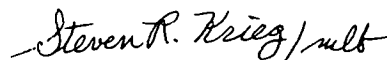
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3330. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): August 29, 2003 & September 12, 2003

Date of Well Completion: March 12, 2002

Respectfully,



Steven R. Krieg
Registered Environmental Sanitarian
Approving Authority
Well and Septic Program

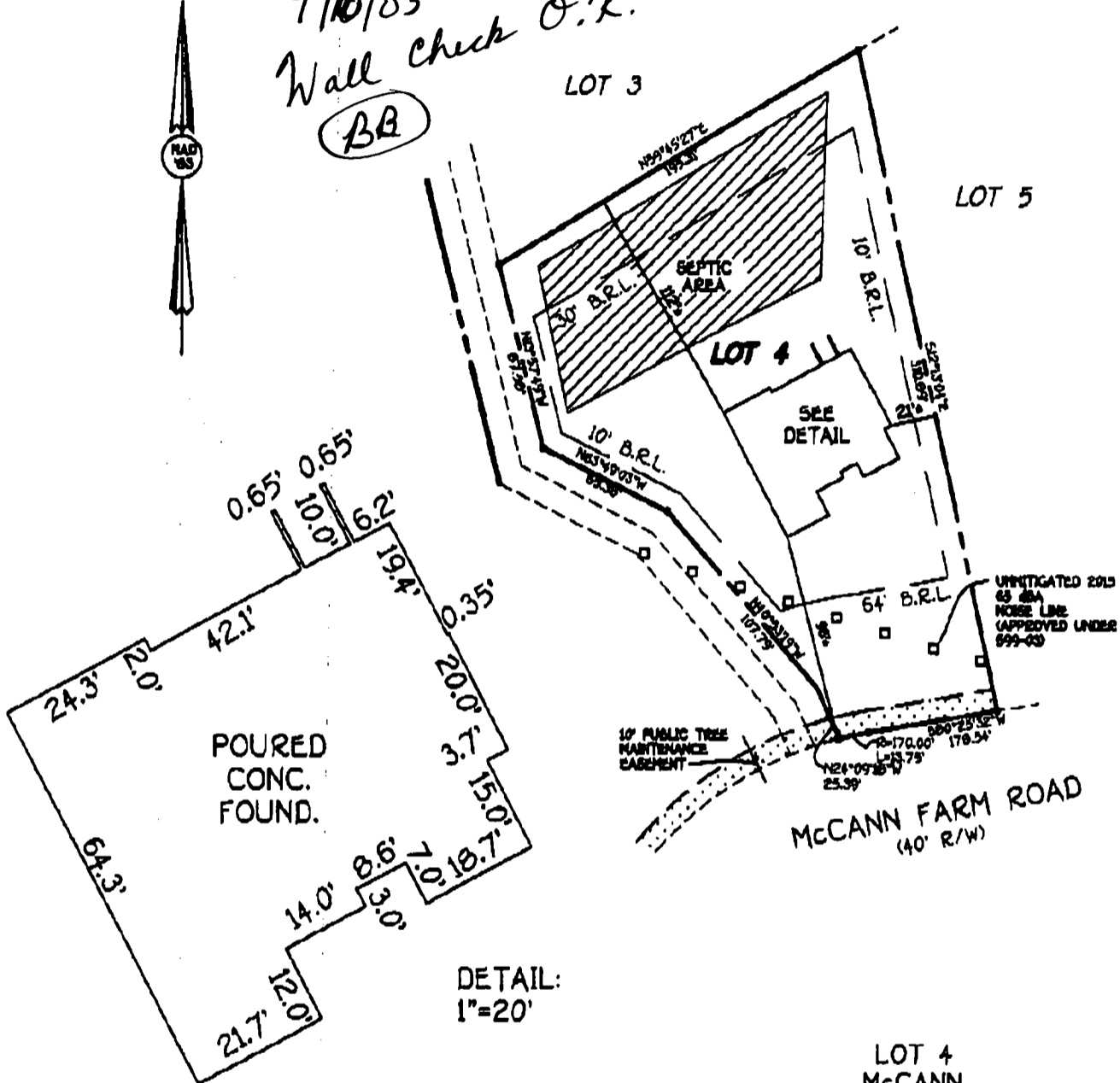
mlb

cc: Building Inspector's office,
 Community Environmental Health Program
 File

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. 2400440002 EFFECTIVE DEC 4, 1995.
- 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.

7/10/03
Wall check O.K.
BB



•14713 McCANN FARM ROAD
B.R.L. = BUILDING RESTICTION LINE
TOP OF FOUNDATION ELEVATION 648.77'

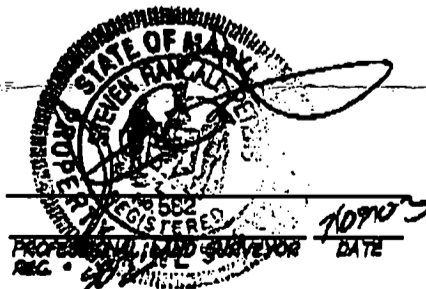
LOT 4
McCANN
LOTS 1 THRU 16 AND
PRESERVATION PARCELS 'A' THRU 'E'
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 15471

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 4/22/03
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=20'
DATE: 7/10/03
DRAWN BY: K.L.C.
CHECKED BY: S.R.P.
PROJECT No.: 51789

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTURIAL SQUARE OFFICE PARK - 18272 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
(410) 481-2222



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 #: 410795-5670
Address: 580 Obrecht Rd
Syllesville 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 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: Pulte Homes Telephone #:
Subdivision: McCann Estates Lot #: 4 Well Tag #: HO-94-3330
Site Address: 14713 McCann Farm Rd

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: 2SB05422 Model#: _____ Screened, vented well cap: yes
Pump Capacity: 7 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 12 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 180 (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved 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 7/29/03
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/17/03 Date Insp. Approved: 7/17/03 50 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 property and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 14421 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY 13 AS4898 NUMBER

ST/CO USE ONLY DATE RECEIVED MM 03 00 12 YY 02

DATE WELL COMPLETED 03 12 02 Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3330

OWNER Fisher-Collins-Carter STREET OR RFD McCann Farm Rd TOWN WOODBINE SUBDIVISION McCann Property SECTION LOT 4

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Blue Slate, etc.

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 16 NO. OF POUNDS 1850

CASING RECORD (circle types insert appropriate code below) ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 48

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

Table for CASING HEIGHT with columns for depth (nearest ft.) and casing height (+ above, - below).

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

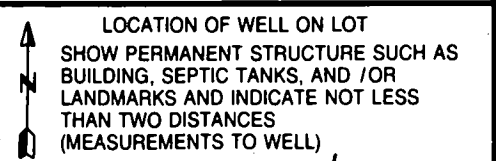
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 WHEN PUMPING 52 TYPE OF PUMP USED (for test) S submersible

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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (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...

DRILLERS LIC. NO. 1 M SD112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3330
 Location of property (road) McCann Farm Rd
 Subdivision McCann Property Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayhe Owner Fisher, Collins + Carter
 Depth of well 180
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 49'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 52 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	49 ft	5 Sec	TEST STARTED	12 GPM
8:45	52 ft	5 Sec		12 GPM
9:00	52 ft	5 Sec		12 GPM
9:15	52 ft	5 Sec		12 GPM
9:30	52 "	5 "		"
9:45	52 "	5 "		"
10:00	52 "	5 "		"
10:15	52 ft	5 Sec		12 GPM
10:30	52 ft	5 Sec		12 GPM
10:45	52 ft	5 Sec		12 GPM
11:00	52 "	5 "		"
11:15	52 "	5 "		"
11:30	52 ft	5 Sec		12 GPM
11:45	52 ft	5 Sec		12 GPM
				X

B 1	8938	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516494 please print or type	STATE PERMIT NUMBER HO - 94 - 3330 <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) **01 28 02**

OWNER INFORMATION

8 MM DD YY 13

15 Last Name **Fisher** Owner **Collins** First Name **Carter** 34

36 Street or RFD **10272 Balt. National Pike** 55

57 Town **ELLICOTT City MD** 70 State **MD** 72 Zip **21042** 76

DRILLER INFORMATION

Driller's Name **Ralph E. Mayne** M SD 117 76 License No. 81

Firm Name **Ralph E. Mayne Well Drilling**

Address **17024 Hardy Rd, NW Aring MD 21071**

Signature **Ralph E. Mayne** Date **1-24-02**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **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

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6 1/2** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **#02002G001**

PERMIT No. **HO-94-3330**

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED.

LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **MCCANN Prop.** 42

SECTION **44** 46 LOT **4** 48 50

52 NEAREST TOWN **COOKSVILLE** 71

MILES FROM TOWN (enter 0 if in town) **I** 73 M I 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **MCCANN Farm rd.** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 **25** 37 DISTANCE FROM ROAD **4**

ENTER FT OR MI 38 39

TAX MAP: **9** BLK: **16** PARCEL **78**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 **A59898**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED **2-14-02** **Kacie Hoedeking** **2-14-03**

43 MM DD YY 48 CO-SIGNATURE EXP. DATE

NORTH GRID **545 000** EAST GRID **792 000**

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **well**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

N# 55045

E# 7902

000 000

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

APPLICATION

PERCOLATION TESTING

A 59898

P _____

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

DISTRICT _____

DATE 3/30/98

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 FISHER COLLINS and CARTER (Agent)

ADDRESS 10272 Baltimore national pike PHONE (410) 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION McCaan Property LOT NO. 5(4)

ROAD AND DESCRIPTION OLD FREDERICK Road

TAX MAP 8 PARCEL # 78

SIZE OF LOT 1 AC. 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. Fische (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 _____

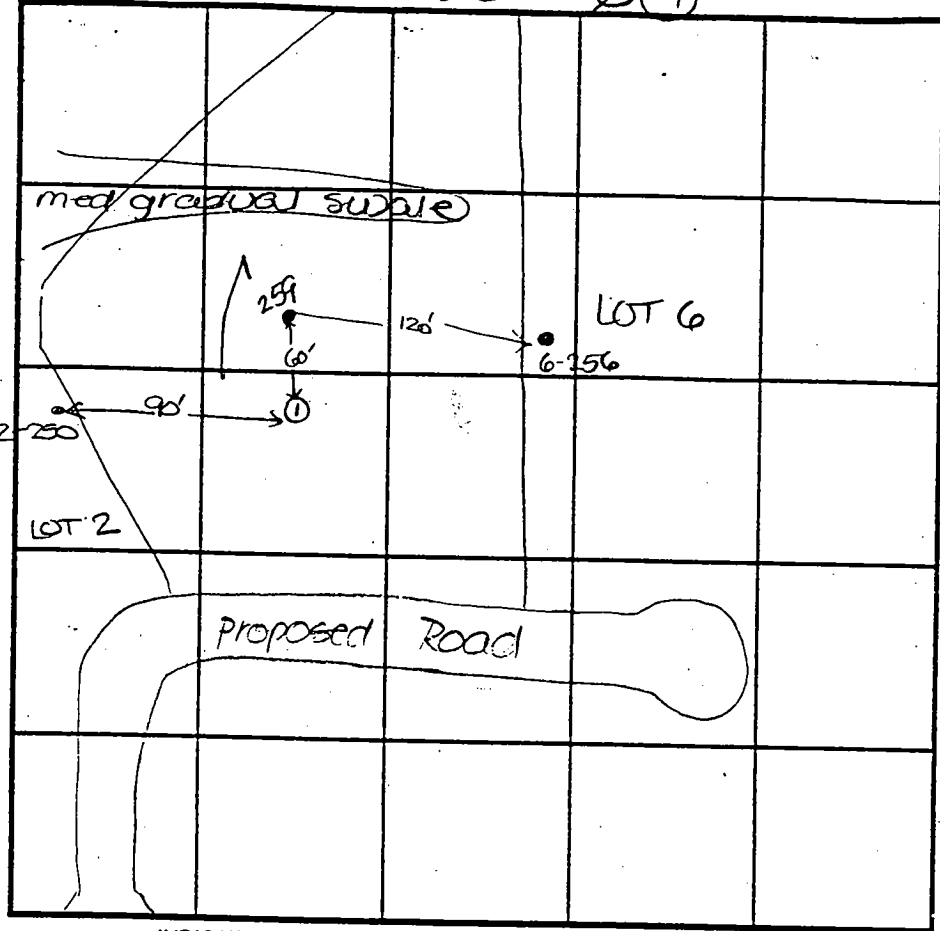
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

59898
COUNTY #

LOT 3(4)

SOIL PROFILE
5-259
0' topsoil
1' red brn cl m
5.5' pale pt tan si m
12' 20% R_x frag



SOIL PROFILE
0'

5-1
0' topsoil
1' red org brn cl m
4' pale org beige si m
11'8" 30% R_x frag

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Old Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-22-98	5-259	5'8" E	11:13	11:25	11:25	11:36	11
		12.0' D	VISUAL				OK
	5-1	4'8" S	11:17	11:20	11:20	11:25	5
		8.0' M	11:17	11:19	11:19	11:22	3
		11'8" D	VISUAL				OK

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY D. Soe ALSO PRESENT O. Kerkman Jr & S. R. Carter
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 572023

P _____

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

DISTRICT 4

DATE 7/21/89

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 ELIZABETH MCCANN

ADDRESS SUITE 303, OWINGS MILLS, MD 21117 PHONE _____

AGENT OR PROSPECTIVE BUYER RONALD CARTER, MCCANN PROPERTY PARTNERSHIP

ADDRESS 1750 DAISY ROAD, WOODBINE, MD. 21797 PHONE 410-442-1045

PROPERTY LOCATION:

SUBDIVISION MCCANN PROPERTY LOT NO. 4

ROAD AND DESCRIPTION 1 1/2 OLD FREDERICK ROAD 1/2 MILE WEST OF MD. RTE 97

TAX MAP B PARCEL # 7B

SIZE OF LOT 44, 146 SQ. FT. TYPE BLDG. SINGLE FAMILY DWELLING
(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. Ronald S. Carter
(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

5001

topsoil

red brn
cl Lm

3.5'

pale
org
beige
si Lm

15% rock

11.5'

pk. brn
si Lm

12.5'

5009

topsoil

red brn
cl Lm

3.5'

pale
org
beige
si Lm

10% rock

frog

13.5'

5002

topsoil

org brn
cl Lm

3'

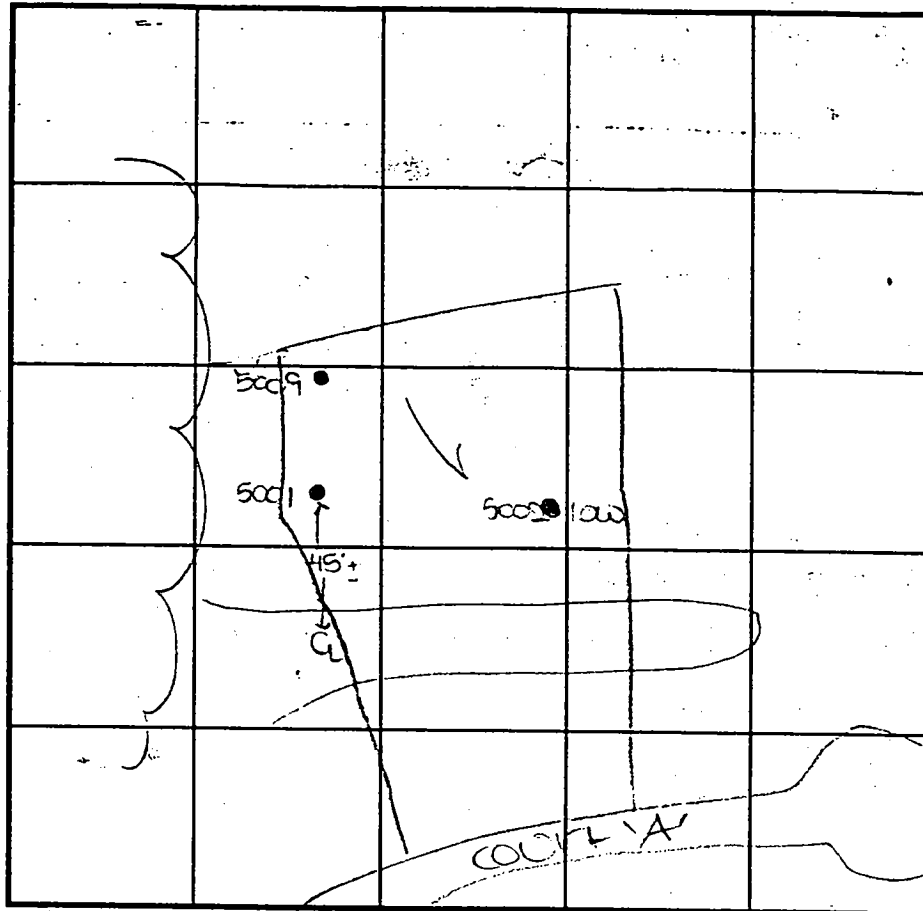
pale org
tan

to

pk. tan
si Lm

15-20%

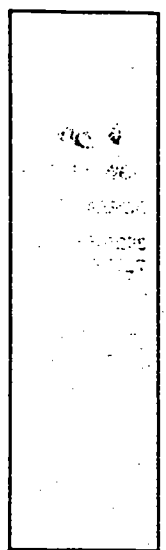
5001 sh



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Old Fredence Road

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-25-99	5001	3.5'S	12:39	12:45	12:45	12:53	8
		12.5'D	visual	- see profile			OK
	5009	13.5'D	visual	- see profile			OK
	5002	4.0'S	1:01	3 (stopped due to rain)			OK
		12.0'D	visual	- see profile			OK

REMARKS holes tested as stated

TYPE OF SOIL

TESTED BY D. SOE ALSO PRESENT R. Carter, O. Kettermc

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 TRENCH WIDTH 3

INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT./BEDROOM 210

59898

LOT 4 (3)

COUNTY #

SOIL PROFILE

4-260 / 4-260

0' topsoil

1' org red
brn
cl lm

5' pale red
brn
to
pale org
brn
si lm

25%
Rx
frag

0' 4-1

1' topsoil

red brn
cl lm

3/4' pale org
pk tan
si lm

25%
Rx
frag

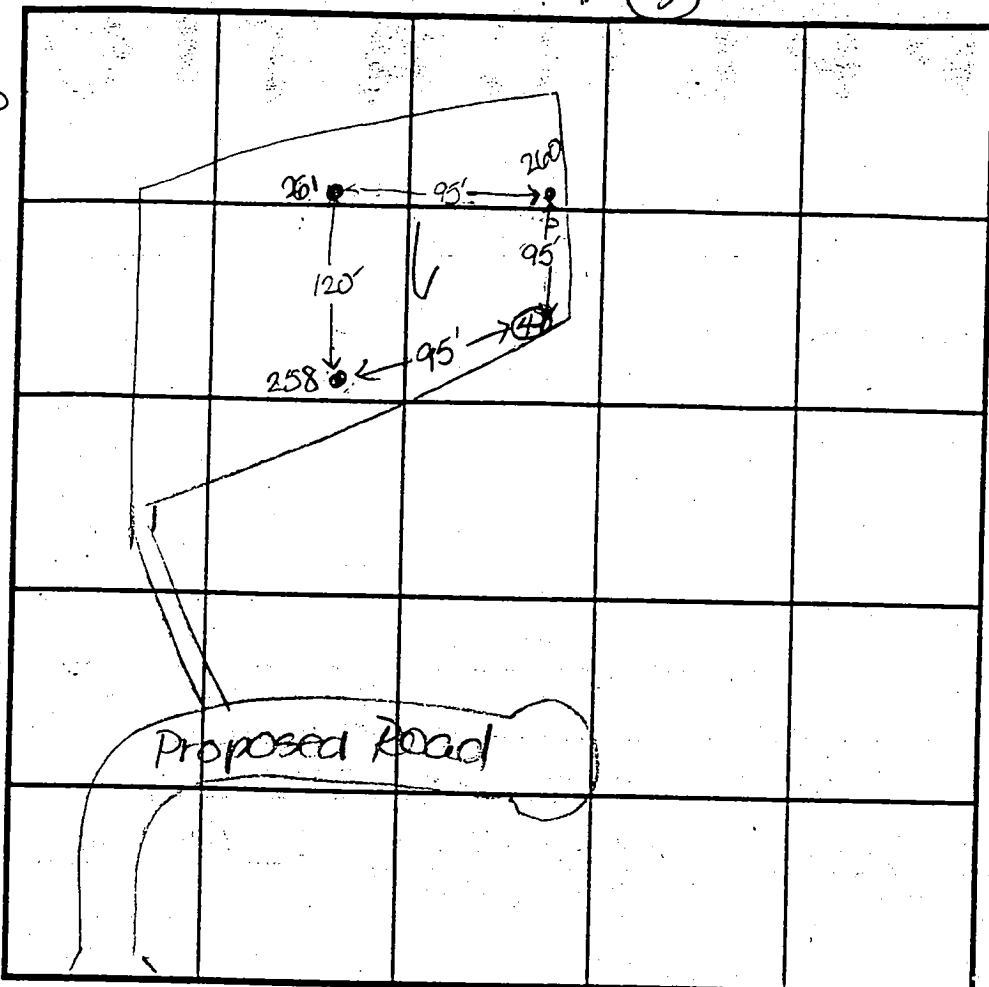
0' 4-258

1' topsoil

org brn
cl lm

5' pale org
tan
si lm

25-30%
Rx
frag



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Old Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-22-98	4-261	4'8" S	10:30	5:00			OR below
		8.0' M	10:31	10:36	10:36	10:43	7
		12.0' D	visual				OK
	4-260	12.0' D	visual				OK
	4-1	3.5' S	11:06	11:09	11:09	11:12	3
		12.0' D	visual				OK
	4-258	11.5' D	visual				OK

REMARKS

TYPE OF SOIL

TESTED BY D. See

ALSO PRESENT D. Ketterman Jr & Sr
R. Carter

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

59090

LOT 4

COUNTY #

SOIL PROFILE

817

0'
1'
5'
13'

topsoil
org red
brn
cl lm
pale
red
beige
sa lm
10-15%
rock
frag

818

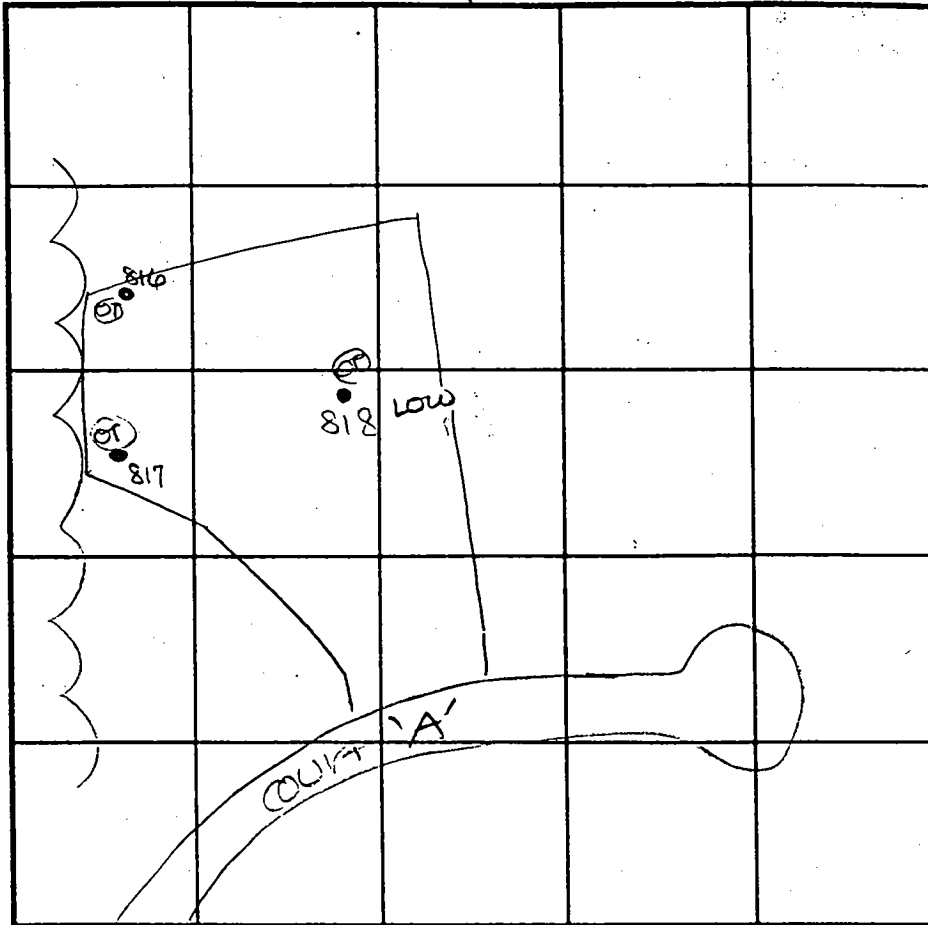
0'
1'
5'
12.5'

topsoil
org brn
cl lm
H red
brn
sa lm
15%+
rock
frag

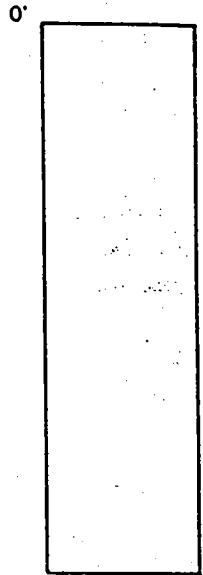
816

0'
1'
4.5'
12.5'

topsoil
red brn
cl lm
pale org
beige
sa lm
10%
rock
frag



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4-14-00	817	5.5' S	10:26	10:29	10:29	10:33	4
		13.0' D	Visual	-See	profile		OK
	818	4.0' S	10:41	slow	-test stopped	below	OK
		12.5' D	Visual	-See	profile		OK
	816	13.5' D	Visual	-See	profile		OK

REMARKS holes staked by engineer

TYPE OF SOIL _____

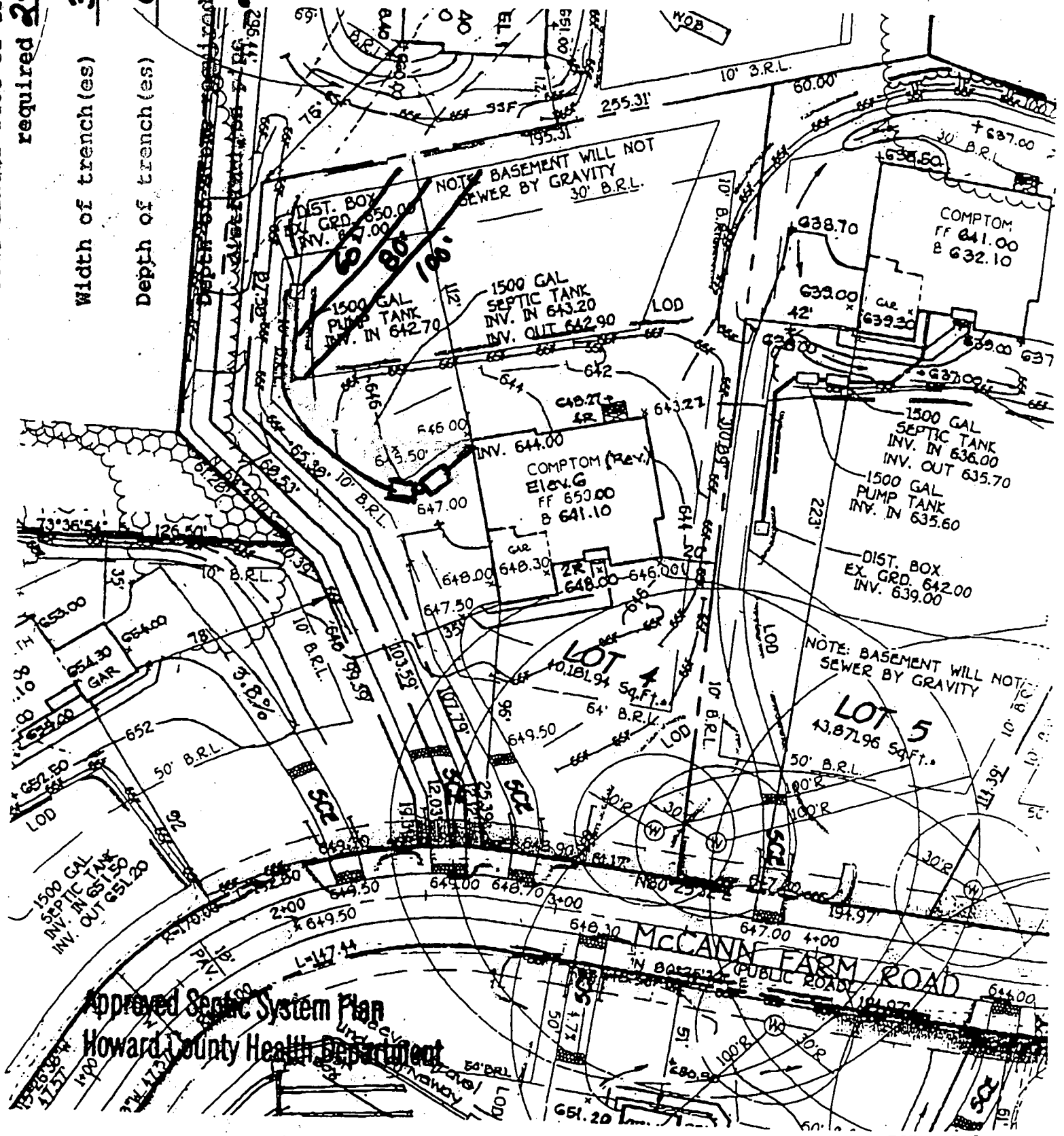
TESTED BY DKS ALSO PRESENT Mr. Carter

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

14713 McCann Farm Road Woodbine Md 217

Total linear feet of trench required **240** feet
 Width of trench(es) **3** feet
 Depth of trench(es) **6** feet
 Depth of trench required below **2** feet



Approved Septic System Plan
 Howard County Health Department

02/12/03 WED 16:59 ITX/RX NO 75821

Brian Baker 3/31/03
 Signature Date

TOTAL F. 01

