

LAYOUT 10/20/03 10Am INSP 4 10/30/03 - 3PM
INSP 2 10/21/03 2pm INSP 5 12/8/03 - 12:30
INSP 3 11/27/03 - 2PM INSP 6 12/10/03 - 2PM

ISSUE DATE: 10/14/03
APPROVAL DATE: 12/10/03

PERMIT
INDEXED

366875

P 519618
A 59898-E

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: 5
ADDRESS: 14717 McCann Farm Road PROPERTY OWNER: Pulte Homes, Inc.
SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED
PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED
NUMBER OF BEDROOMS: 5
SQUARE FEET PER BEDROOM: 210
LINEAR FEET OF TRENCH REQUIRED: 350 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 5.0 feet below original grade. <u>3.5</u> feet of stone below distribution pipe.
LOCATION:	Install distribution box as shown on the approved plan.
NOTES:	Maintain 9' edge to edge trench separation. Install trenches as shown or modify to maximize future replacement area. Plan shows it will not support gravity flow from basement.

PLANS APPROVED: John A. Boris OK SRK 10/8/03 DATE: 7/17/03

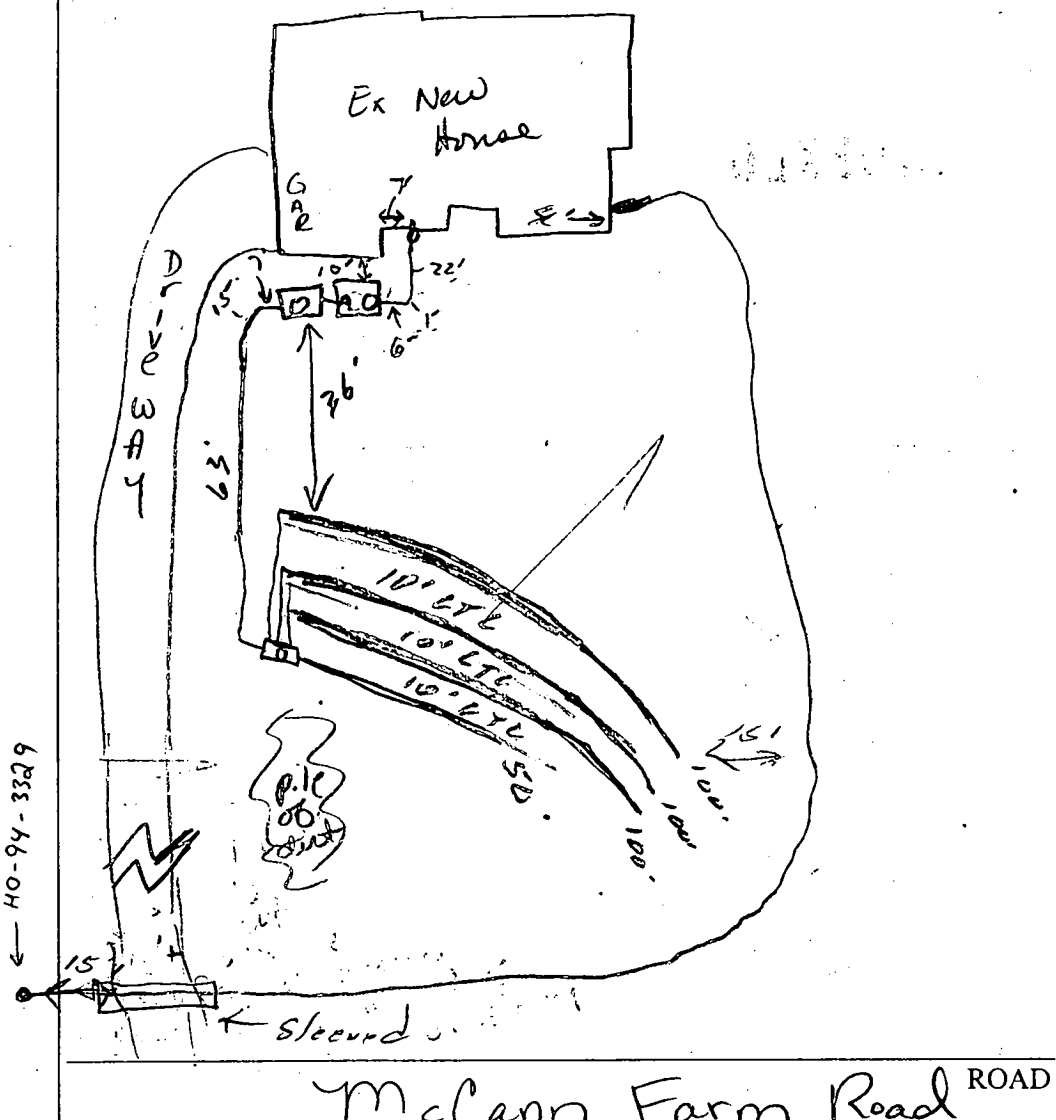
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

BUILDING PERMIT SIGNED
AND RETURNED
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

10-6-03 - 600144302 - U6 PROPANE TANK

A 59898-E

NOT TO SCALE



HO-94-3329

McCann Farm Road

TRENCH/DRAINFIELD DATA:		
WIDTH	INLET	BOTTOM
3	4	7.5
NUMBER OF TRENCHES		4
TOTAL LENGTH		350'
ABSORPTION AREA		1050 sq
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	yes
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	18"
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Front
6" PORT LOC	Back
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	yes
CAPACITY	1500 GAL
SEAM LOC	top
TANK LID DEPTH	18"
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	No

PRE-CONSTRUCTION 10/20/03 Top Accurate SDA STAKED. Place Septic syst. per plans. Concern d box turnover by future vehicle place c/o on d box.

INSTALLATION Grading in front of house paced @ 28'. Ensure 100' from well, OK TO START. May tighten to 10' etc. (KN) 10/21/03 S.Tanks are set, OK (KN) 10/27/03 - 1 trench installed, OK to cover work completed (SO) 10/30/03 - OK to cover all work. Pump & alarm test needed (SO) 12/8/03 - not Ready (SO) 12/10/03 AND RETURNED

& alarm tests OK (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 12/10/03

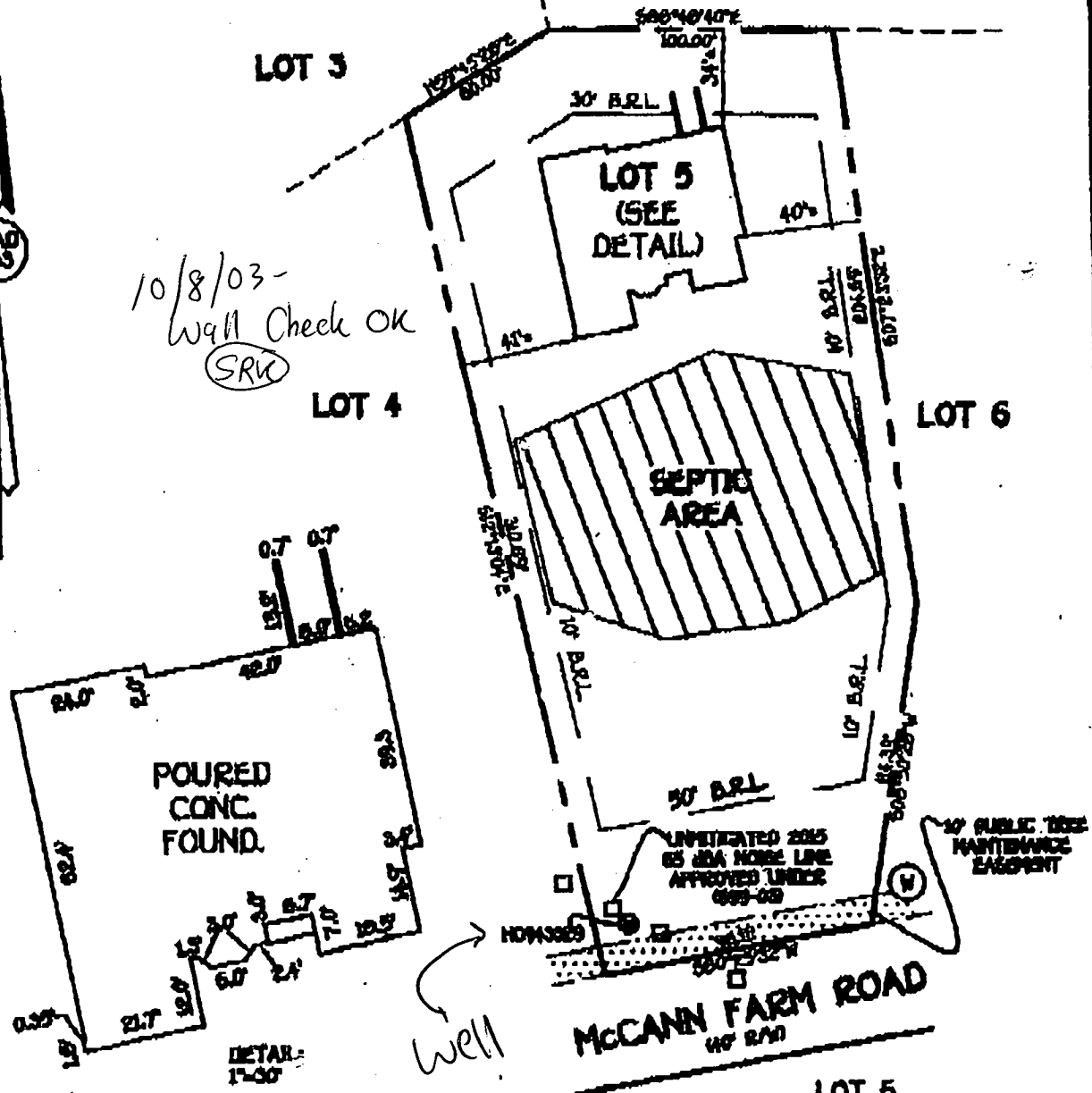
GENERAL NOTES:

- 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. 2A0840008 B EFFECTIVE DEC. 4, 1985.
- 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.

PROPERTY OF
FRANK AND MARY PERILLA
LIBER 328, FOLIO 89
LIBER 437, FOLIO 234
#40-170 HISTORIC 302



10/8/03 -
Wall Check OK
(SRK)



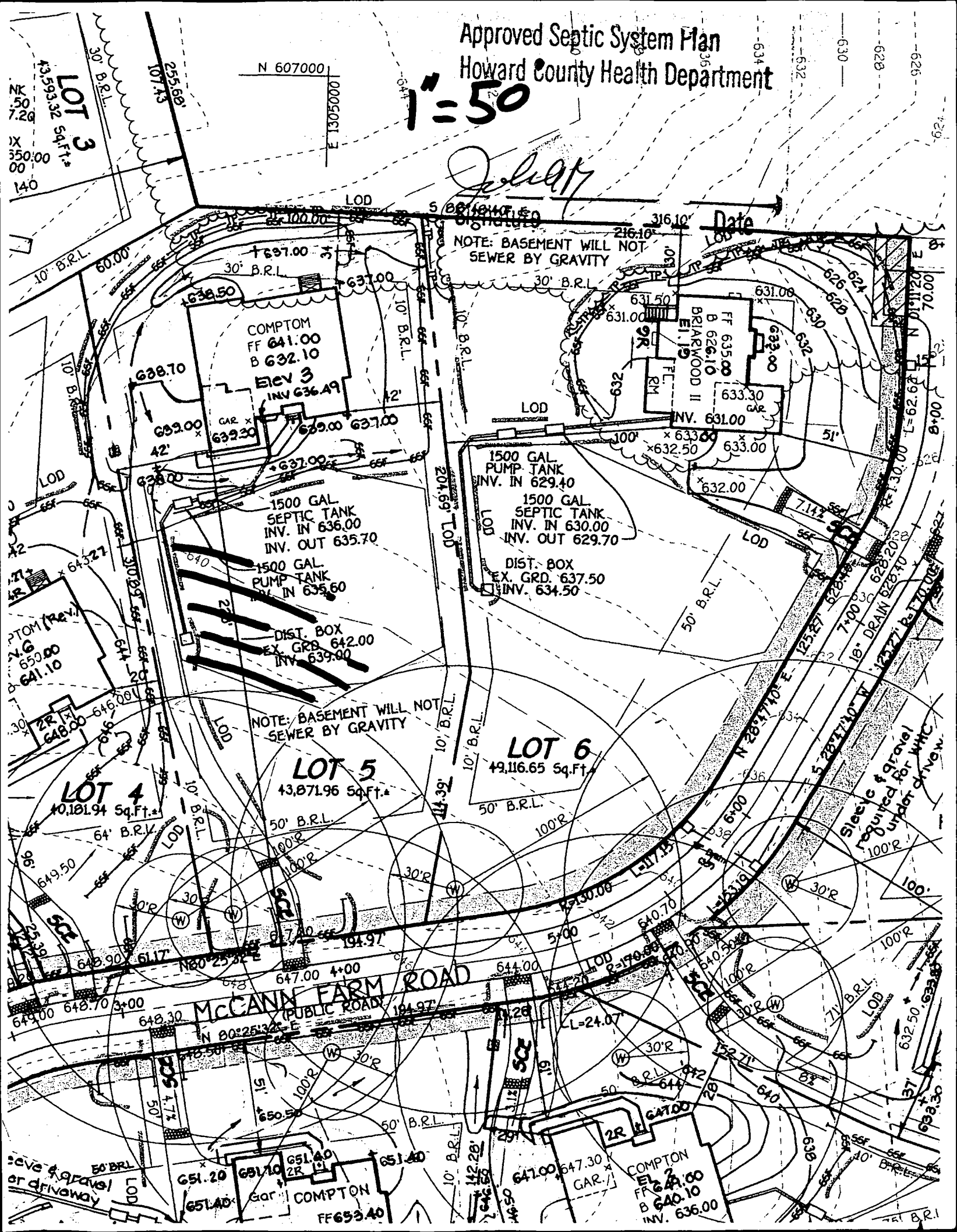
*14717 McCANN FARM ROAD
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. - 641.5'

LOT 5
McCANN PROPERTY
LOTS 1 THRU 16 AND
FOURTH ELECTION DISTRICT
PRESERVATION PARCELS 'A' THRU 'E'
HOWARD COUNTY, MARYLAND
PLAT REF. 15472

Approved Septic System Plan
Howard County Health Department

1"=50'

Delaney



NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

Steeple & gravel required for MHC under driveway

LOT 3
43,593.32 Sq.Ft.

LOT 5
43,871.96 Sq.Ft.

LOT 6
49,116.65 Sq.Ft.

LOT 4
40,181.94 Sq.Ft.

MCCANN FARM ROAD
(PUBLIC ROAD)

COMPTON
FF 640.00
B 640.10
INV. 636.00

COMPTON
FF 640.00
B 640.10
INV. 636.00

BRIARWOOD II
FF 635.00
B 626.10
INV. 631.00

COMPTON
FF 641.00
B 632.10
Elev 3
INV 636.49

1500 GAL PUMP TANK
INV. IN 629.40

1500 GAL SEPTIC TANK
INV. IN 630.00
INV. OUT 629.70

DIST. BOX
EX. GRD. 637.50
INV. 634.50

1500 GAL SEPTIC TANK
INV. IN 636.00
INV. OUT 635.70

1500 GAL PUMP TANK
INV. IN 635.60

DIST. BOX
EX. GRD. 642.00
INV. 639.00

NK 50
7.29
IX 350.00
00
140

COMPTON (REV.)
FF 650.00
B 641.10

2R
648.00

649.50

648.90

647.00

648.30

651.20

651.40

651.40

LOD

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Date

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**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: Eggle's Well Drilling Telephone #: 410-295-5670
Address: 580 Green Rd
Sykesville Md 21084

(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: Pete Hoover Telephone #: _____
Subdivision: McCann Estates Lot #: 5 Well Tag #: HO 44-3329
Site Address: 14711 McCann Farm Rd

Submersible Pump Data

Make: Crawd's
Model #: 75805422
Pump Capacity: 7 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 180 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt NA

Piping to house

Type: 1" Black Plastic
PSI: 1100 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 12-4-03

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

Date Insp. Requested: 11/3/03 Date Insp. Approved: 11/3/03 SO BB
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 - 14420

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY 13 HESPERUS NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 03 17 02

Depth of Well 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3329

OWNER Fisher-Collins-Carter STREET OR RFD McCann Farm Rd TOWN Woodbine SUBDIVISION McCann Property SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD form with fields for GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES (Y) NO (N)

DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-26, 38-41, 45-47, 51-54, 55-58, 60-63, 65-68, 70-72, 74-76) and slot size/diameter of screen.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

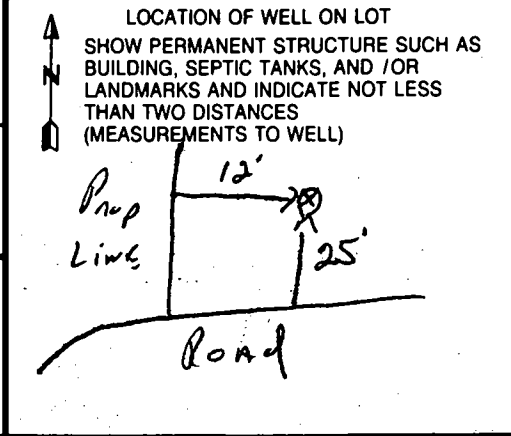
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC NO M SD 111 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) 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) TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1	8939	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516494 please print or type	STATE PERMIT NUMBER HO - 94 - 3329 <small>fill in this form completely</small>
------------	-------------	-----------------------------	--	---

Date Received (APA) **0128 02**

OWNER INFORMATION

8 MM DD YY 13

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

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

57 Town **ELLICOTT City Md. 21042** State 70 Zip 76

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **MCCANN Prop.** 42

SECTION **5** LOT **5**

52 NEAREST TOWN **COOKS VILLE** 71

MILES FROM TOWN (enter 0 if in town) **I M I**

DRILLER INFORMATION

Driller's Name **Ralph E. MAYNE** License No. **M S D 117** 81

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

Address **17024 Handy Rd. Mt Airy Md. 21771**

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

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NEAR WHAT ROAD **MCCANN FARM Rd** 30

DISTANCE FROM ROAD **25 FT.** 34 37 38 39

TAX MAP: **8** BLK: **16** PARCEL **78**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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

COUNTY NAME **Howard** COUNTY NO. _____

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **2-14-02** **Karin Goedek** **2-14-03** 41

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **545000** EAST GRID **793000**

APPROXIMATE DEPTH OF WELL **150** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

N # 55045

E # 7903

000
000

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

39 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

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 **H02002G001**

PERMIT No. **HO-94-3329**

APPLICATION

PERCOLATION TESTING

A 5/20/23

P _____

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

DISTRICT _____

DATE 7/21/99

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 _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Ron Carter

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION McCann Property LOT NO. 5

ROAD AND DESCRIPTION Old Frederick Road

TAX MAP 8 PARCEL # 78

SIZE OF LOT _____ TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

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

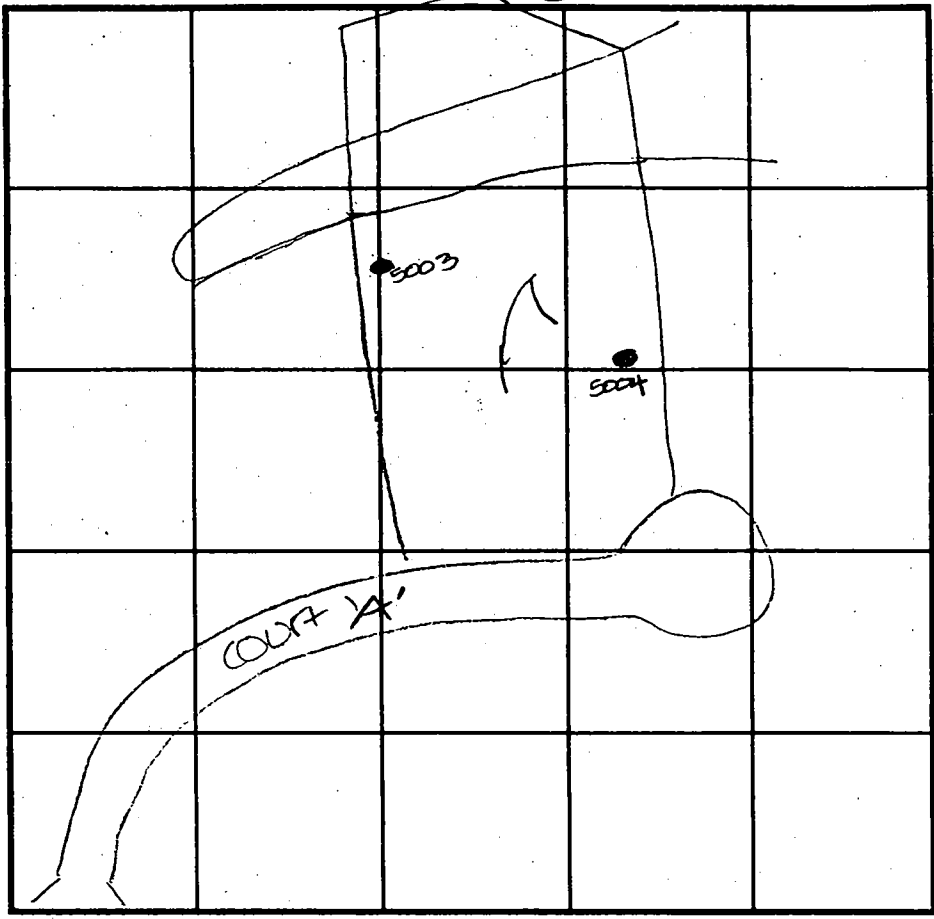
LOT 5

COUNTY #

SOIL PROFILE

0'
1'
4'
12'

5003
topsoil
red org
brn
cl Lm
pale
org brn
lo pe
tan
cl Lm
20%+
sand
s



SOIL PROFILE

0'

0'
4'
11'

5004
topsoil
org brn
cl Lm
med
org brn
cl Lm
1/2" few
frag
30%+
rock

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	
8-25-99	5003	12.05	visual	- see	profile		OK
	5004	11.0'D	visual	- see	profile		OK

REMARKS holes tested as staked

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT O. Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

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. 6 (5)

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. Facharia Y. Fisco (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 _____

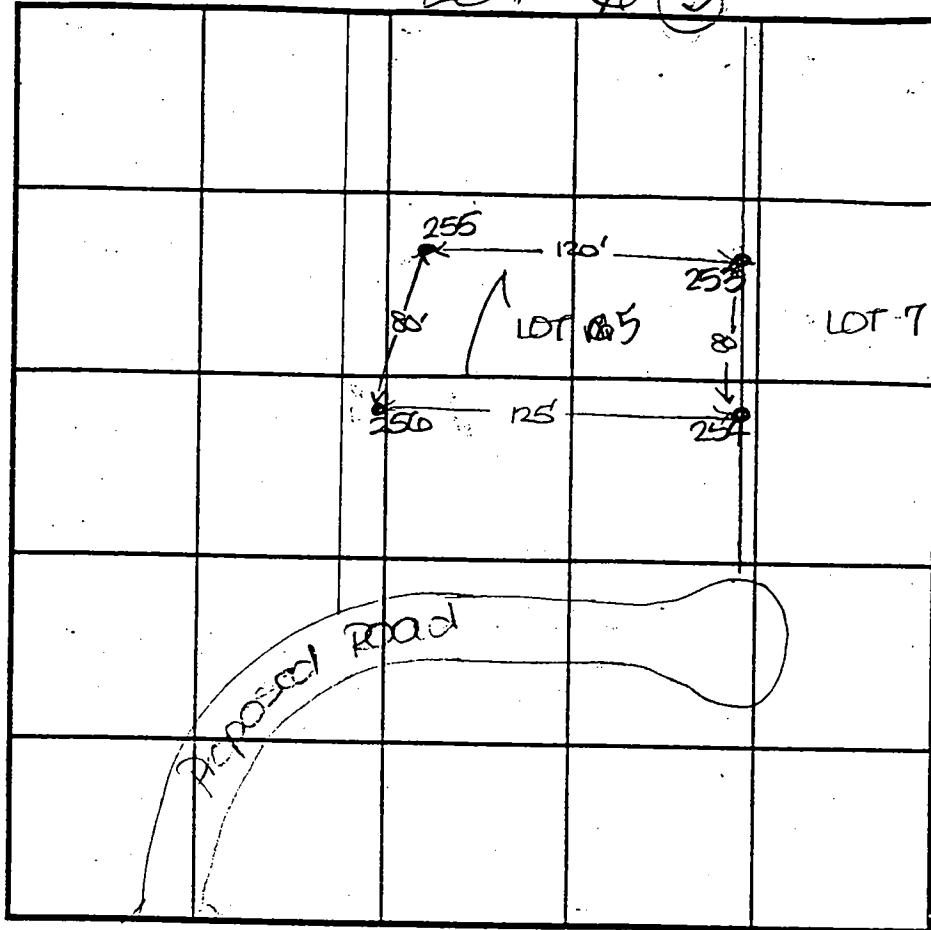
THIS IS NOT A PERMIT

59898
COUNTY #

LOT 46 (5)

SOIL PROFILE
6-255
0' topsoil
1' red brn cl m
5' pale red brn sil m
3.5' 20-25% granite frag
12'4"

SOIL PROFILE
6-254
0' topsoil
1' org brn cl m
3.5' pale red tan sil m
8.5' 35%+ granite frag
11.5'



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

6-256
0' topsoil
1' red org brn cl m
3' pale org tan sil m
7.5' 20%+ granite frag
11.5'

6-253
0' topsoil
1' red org brn cl m
5' 1# org red sil m
11'8' 20% granite frag

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4-21-98	6-255	4'8" S	2:07	2:25	2:25	2:50	25
		12'4" D	Visual				OK
	6-256	4.5' S	2:13	2:16	2:16	2:18	2
		7.5' M	2:13	2:15	2:15	2:17	2
		11.5' D	Visual				OK
	6-253	5.0' S	2:20	3:04	little slow		OK below
		11'8" D	Visual				OK
	6-254	11.5' D	Visual				OK

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

