

LAYOUT 3/14/03 12:30 INSP 4 _____
 INSP 2 3/25/03 1130 INSP 5 _____
 INSP 3 5/22/03 12pm INSP 6 _____

*Pump
ked*

ISSUE DATE: 2/13/2003
 APPROVAL DATE: 5/22/03

PERMIT
INDEXED

04-366891

P 518546
 A 59898-G

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 Road, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: McCann Property LOT NUMBER: 7
 ADDRESS: 14730 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

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 <u>3'-4'</u> feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Center the distribution box between the two highest corner stakes in the revised easement. Run equal length trenches on contour in both directions. (Five 48' trenches)
NOTES:	The well line should be at least 10 feet from any part of the septic system.

PLANS APPROVED: Brian Baker DATE: 1/10/2003

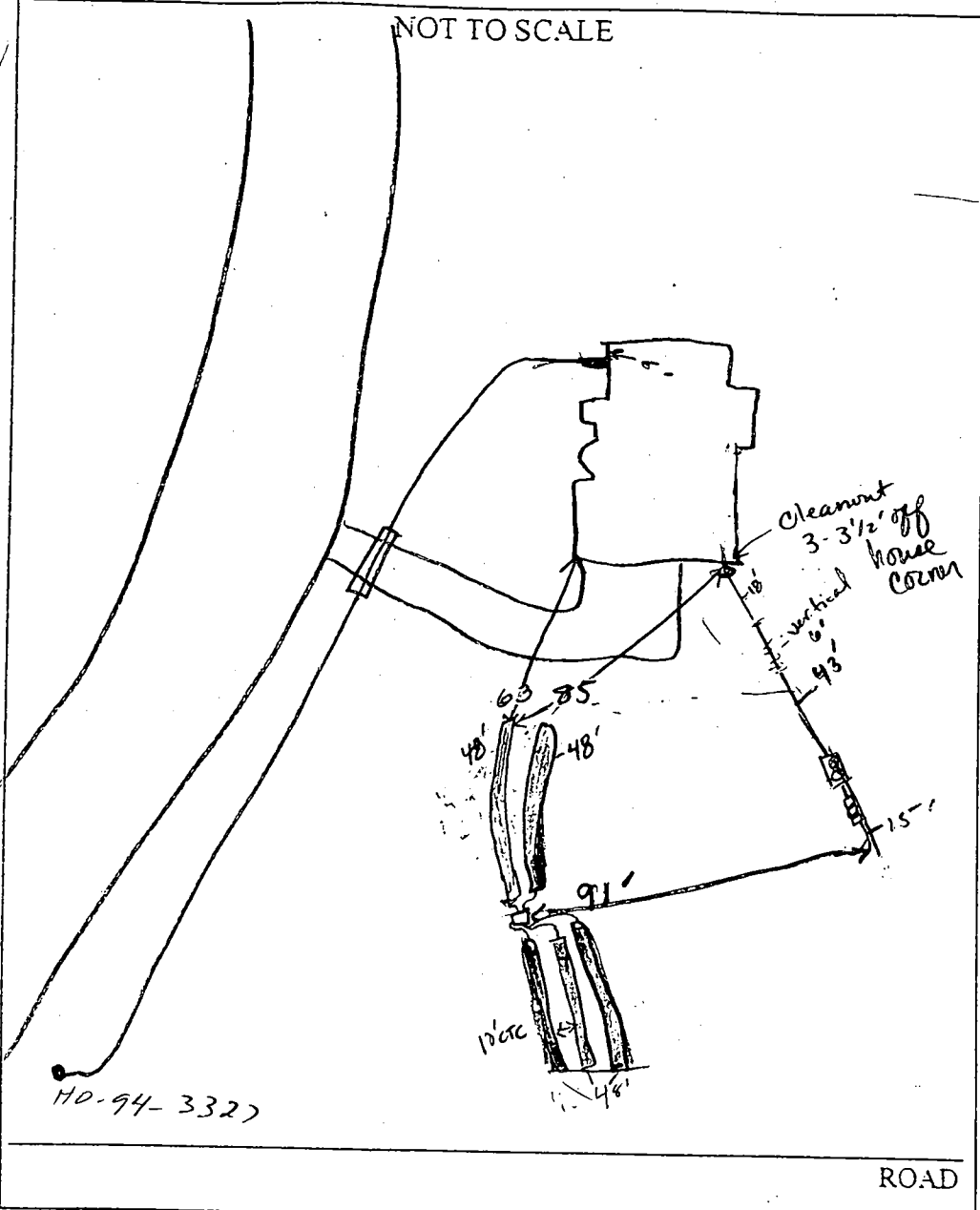
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND 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

*2/24/2003 B00140399 U.G. PROPANE TANK
 7/2/03 B00142800 - DECK*

A59898-G

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>3 1/2'</u>	<u>5 1/2</u>
NUMBER OF TRENCHES		<u>5</u>
TOTAL LENGTH		<u>240</u>
ABSORPTION AREA		<u>720</u>
DISTRIBUTION BOX LEVEL		<u>yes</u>
DISTRIBUTION BOX BAFFLE		<u>yes</u>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>yes</u>
CAPACITY	<u>1250</u> GAL
SEAM LOC	<u>TOP</u>
TANK LID DEPTH	<u>30"</u>
BAFFLES	<u>yes</u>
BAFFLE FILTER	<u>N/A</u>
MANHOLE LOC	<u>MIDDLE</u>
6" PORT LOC	<u>front</u>
WATERTIGHT TEST	<u>NO</u>
SEPTIC TANK 2 LEVEL	<u>yes</u>
CAPACITY	<u>1250</u> GAL
SEAM LOC	<u>TOP</u>
TANK LID DEPTH	<u>30"</u>
BAFFLES	<u>yes</u>
BAFFLE FILTER	<u>N/A</u>
MANHOLE LOC	<u>MIDDLE</u>
6" PORT LOC	<u>---</u>
WATERTIGHT TEST	<u>N/A</u>

PRE-CONSTRUCTION 3/14/03 SRA Staked. Contour on upper side not as shown
 Note D.B. 10-12' up slope, trench should end just below stake. Place the
 INSTALLATION 3 trenches on opposite side, should even them up (50)
3/25/03 House Conn. made trenches ok to cover 4-48'. Eagles will
 call in pump test (KN) 5/22/03 Pump & Alarms OK (50)

FINAL INSPECTOR [Signature]

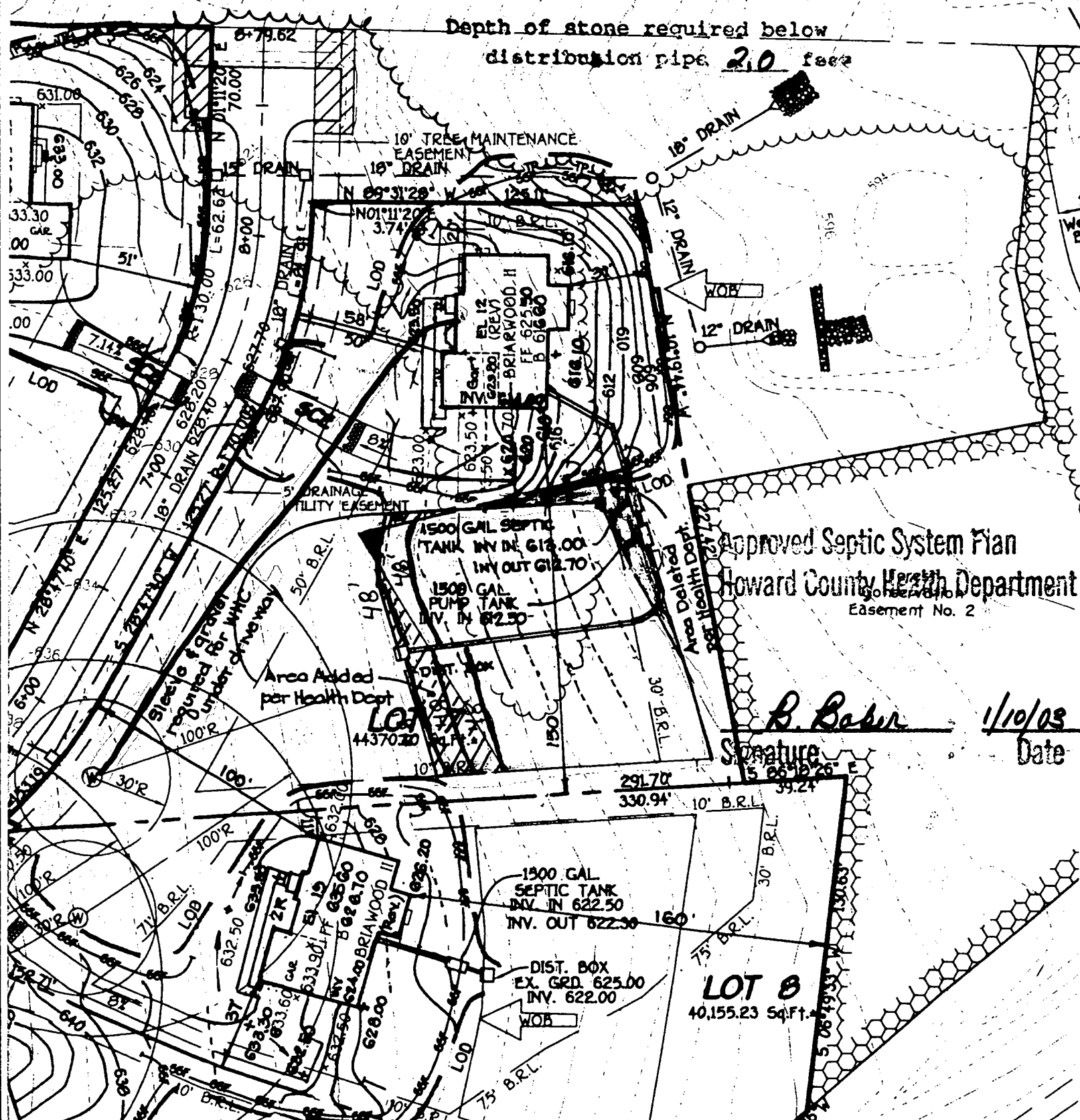
DATE OF APPROVAL 5/22/03

Total linear feet of trench
required 240 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 Plan
Howard County Health Department
Easement No. 2

B. Baker
Signature
1/10/03
Date

LOT B
40,155.23 Sq.Ft.

**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 Obrecht 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# MSD009

*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: McLean Estates Lot #: 7 Well Tag #: HO 94 - 3327
 Site Address: 14730 McLean Farm Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>75B07</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>100</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 17.8.4
 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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</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: [Signature] date: 5-28-03

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

Date Insp. Requested: _____ Date Insp. Approved: 3/20/03 (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 properly and casing 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

C1 14413 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 A59898 NUMBER

ST/CO USE ONLY DATE RECEIVED MM 00 YY

DATE WELL COMPLETED 03 13 02

Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3327

OWNER Fisher - Collins - Carter STREET OR RFD McCann Farm Road TOWN Sykesville / Woodbine SUBDIVISION McCann Property SECTION LOT 7

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. Includes entries for Top Soil, Brown Slate, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

Main casing type (PL), Nominal diameter (6), Total depth (38)

OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole (HO), diameter of screen (36)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. M S D H J DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

PUMPING TEST

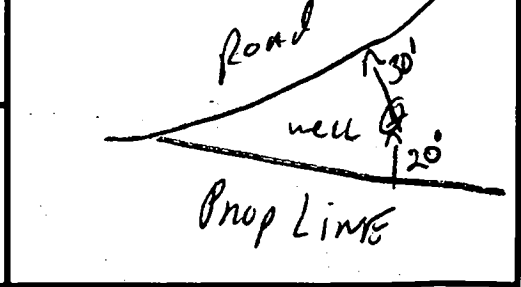
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.9 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 42 WHEN PUMPING 50 TYPE OF PUMP USED (for test) S

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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43

CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (2) below

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N and rows for depth intervals (8-11, 15-17, 23-24, 30-32, 38-39, 45-47, 51) and slot size.

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3327
 Location of property (road) McCann Farm Rd
 Subdivision McCann Property Lot 7 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayhe Owner Fisher, Collins + Carter

Depth of well 180
 Distance of measuring point (M.P.) above ground 2nd
 Static water level (S.W.L.) below M.P. 42

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 50 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	42 ft	5 Sec	<div style="font-size: 2em; font-weight: bold;">X</div> Test Started	12 GPM
8:45	50 ft	5 Sec		12 GPM
9:00	50 ft	5 Sec		12 GPM
9:15	50 ft	5 Sec		12 GPM
9:30	50 "	5 "		12 "
9:45	50 "	5 "		12 "
10:00	50 "	5 "		12 "
10:15	50 ft	5 Sec		12 GPM
10:30	50 ft	5 Sec		12 GPM
10:45	50 ft	5 Sec		12 GPM
11:00	50 "	5 "		12 "
11:15	50 "	5 "		12 "
11:30	50 ft	5 Sec		12 GPM
11:45	50 ft	5 Sec		12 GPM

B 1	8941	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516494 please print or type	STATE PERMIT NUMBER HO-94-3327 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 01 28 02
8 MM DD YY 13

Fisher - Colling - Carter Inc
15 Last Name Owner First Name 34

10222 BALT. NATIONAL PIKE
36 Street or RFD 55

ELlicott City MD. 21042
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

MCCANN Prop
23 SUBDIVISION 42

SECTION 44 46 LOT 7 48 50

COOKSVILLE
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) I M 1
73 76 77 78

DRILLER INFORMATION

RALPH E. MAYNE M S D 112
Driller's Name 76 License No. 81

RALPH E. MAYNE WELL DRILLING
Firm Name

17024 Handy Rd. Mt Airy MD. 21771
Address

Ralph E. Mayne 1-24-02
Signature Date

WELL INFORMATION

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

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

MCCANN FARM Rd.
11 NEAR WHAT ROAD 30

DISTANCE FROM ROAD 30
ENTER FT OR MI 34 30 37 38 39

TAX MAP: 8 BLK: 16 PARCEL 78

WELL INFORMATION

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

500
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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

Howard 13 A59898
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 2-14-02 Kacie Bedeky 2/14/03
43 MM DD YY 48 CO SIGNATURE EXPIR. DATE

NORTH GRID 546 000 EAST GRID 793 000
50 55 57 63

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 558 46
E 7903

000
000

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 DEEPEMED AN EXISTING WELL

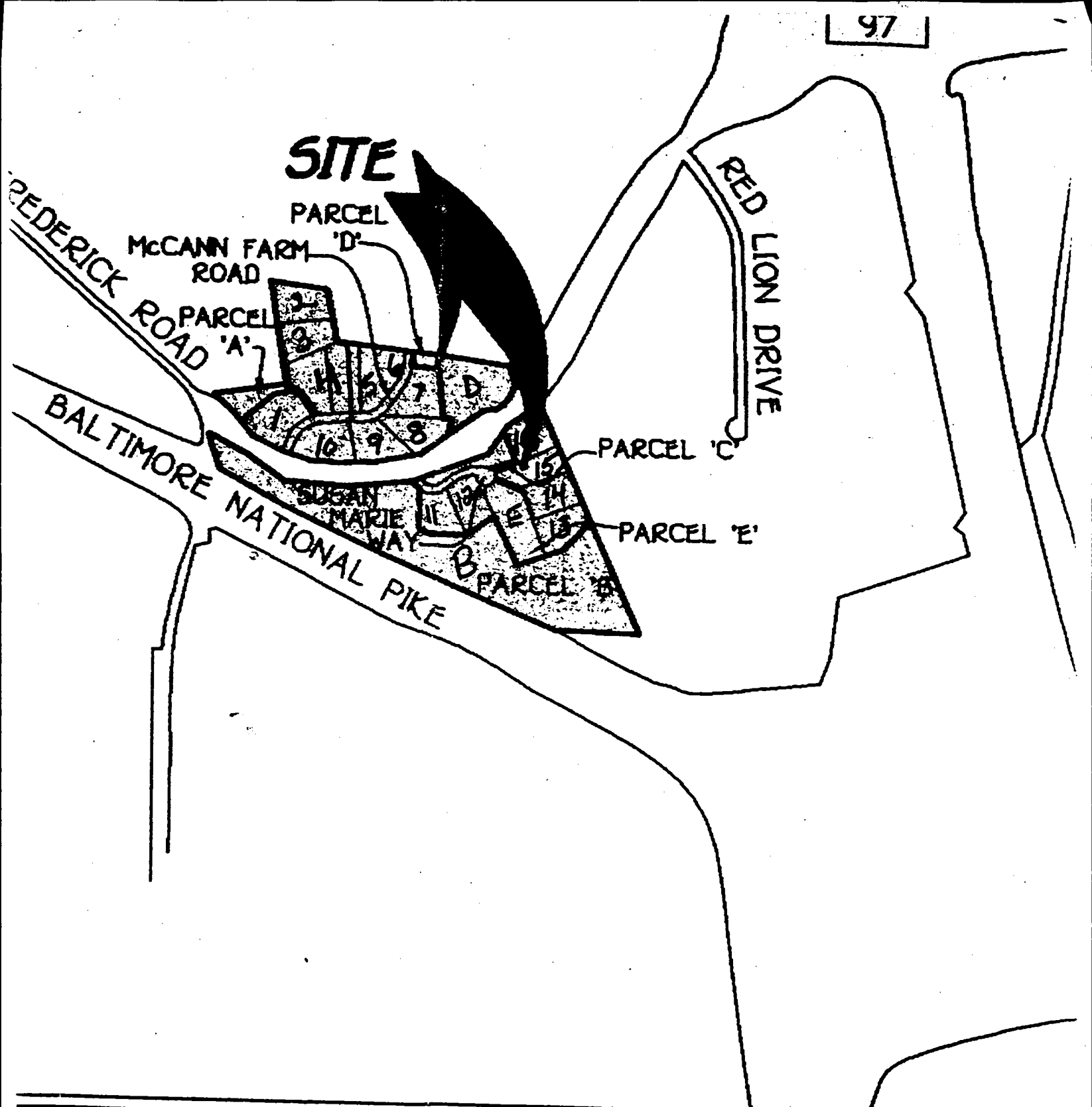
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER H 02002G001

PERMIT No. HO-94-3327
70 71 72 73 74 75 76 77 78 79

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



VICINITY MAP

SCALE: 1" = 1200'

Area Tabulation

	Sheet 2	Sheet 3	Sheet 4	Sheet 5	Sheet 6
led	4	3	3	4	2

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. 8(7)

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 G. (Fisch) (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 #

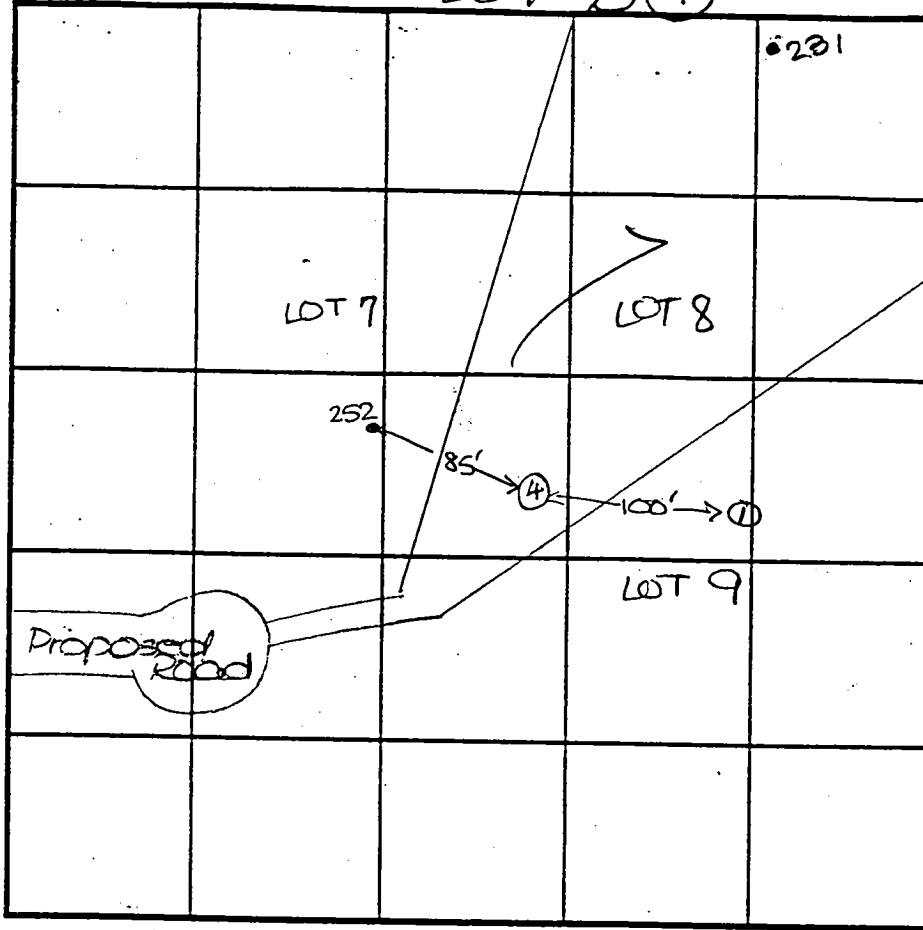
LOT 8 (7)

SOIL PROFILE

0'

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	
4-21-98	8-231	11.0'D	Water	(Seepage @	7'10")		FAIL
	8-4	4.0' S	12:54 ₃	12:56	12:56	1:00	4
		7.5' M	12:53	12:54	12:54	12:56	2
		12.0'D	Visual				OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT O. Ketterman Jr. & Sr.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
R. Carter

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. 7 (7)

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)

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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 _____

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THIS IS NOT A PERMIT

59898
COUNTY #

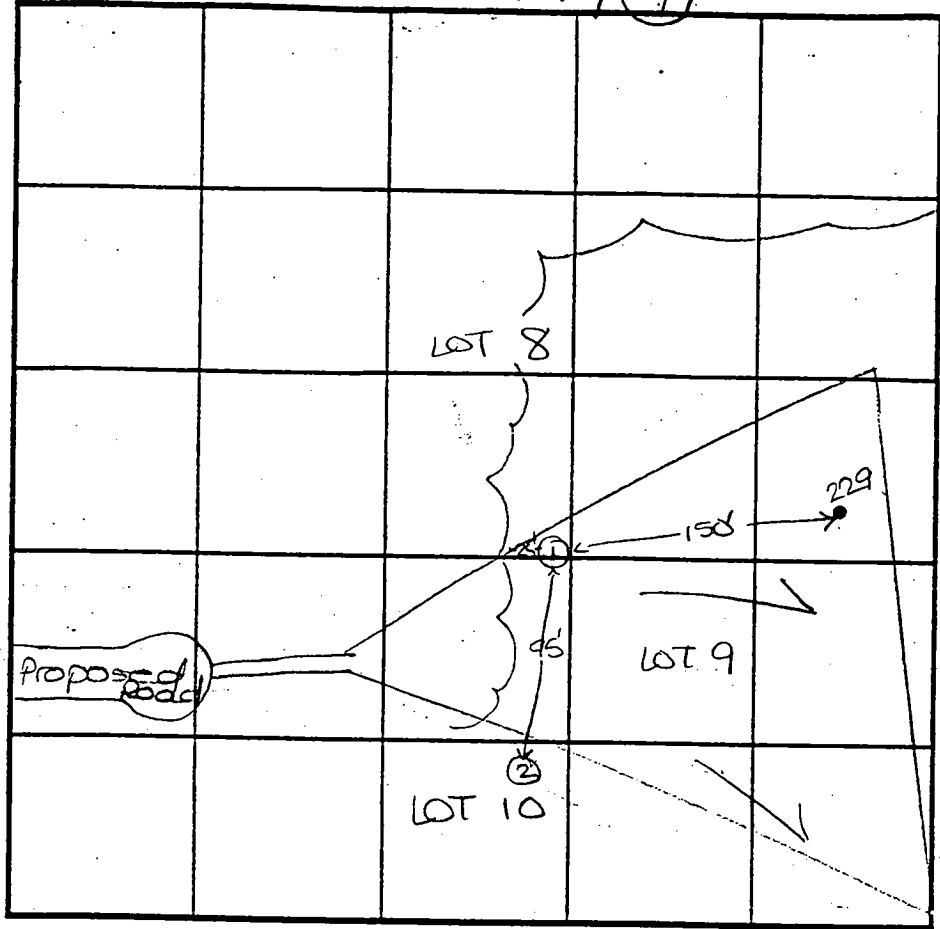
LOT 9 (9)

SOIL PROFILE
9-1

0'
1'
3'
topsoil
red org
brn
cl m
pale org
tan
s l m
25%
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	
4-21-98	9-227	5'8" D	water	(seepage @ 2')			FAIL
	9-1	3.5' S	11:40	11:40 ₂	11:40 ₃	11:42	2
		11.5' D	visual				OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT O. Kellerman, JRES
R. Carter

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. 10 (8)

ROAD AND DESCRIPTION OLD FREDERICK Road

TAX MAP B 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. Eudratia G. 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 #

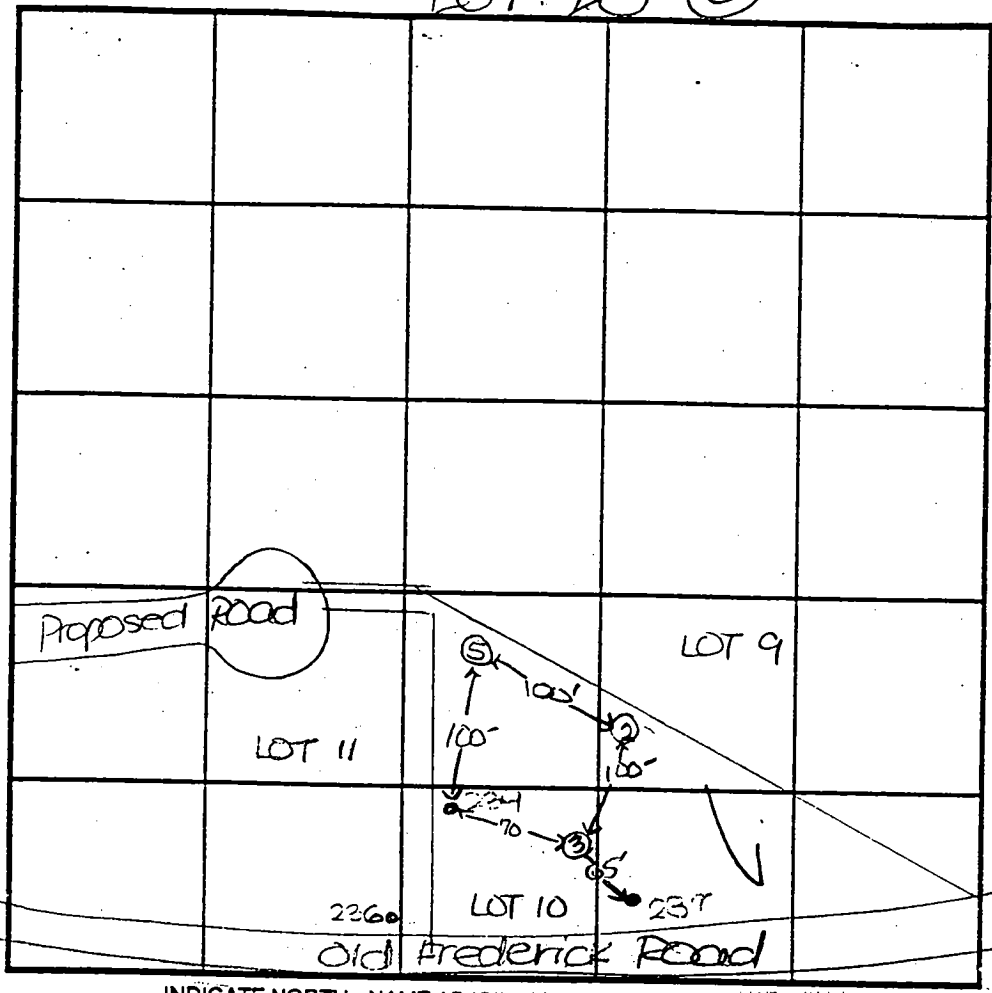
LOT 10 (8)

SOIL PROFILE
10-239

0' topsoil
1' red org
brn
cl lm
2.5' pale
org tan
si lm
12' 20%
granite
frag

SOIL PROFILE
10-5

0' topsoil
1' org brn
cl lm
4' pale pk
brn
si lm
12' 25%
R
frag



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE

10-3

0' topsoil
1' red org
brn
cl lm
5.5' pale org
tan
si lm
12.5' 30%
R
frag

10-2

0' topsoil
1' org brn
cl lm
w/ few
lg boulders
4'-
4.5' pale org
brn
si lm
w/ some
R
frag
30%

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-21-78	10-237	10.5'D	Water	(Seepage @ 5' 8")			FAIL
	10-239	3.5'S	11:10	11:13	11:13	11:13	2
		12.0'D	Visual				OK
	10-3	5.5'S	11:57	12:05	12:05	12:14	9
		12.5'D	Visual				OK
	10-2	5.5'S	11:44	11:47	11:47	11:52	5
		11.5'D	Visual				OK
	10-5	12.0'D	Visual				OK

REMARKS holes tested as staked

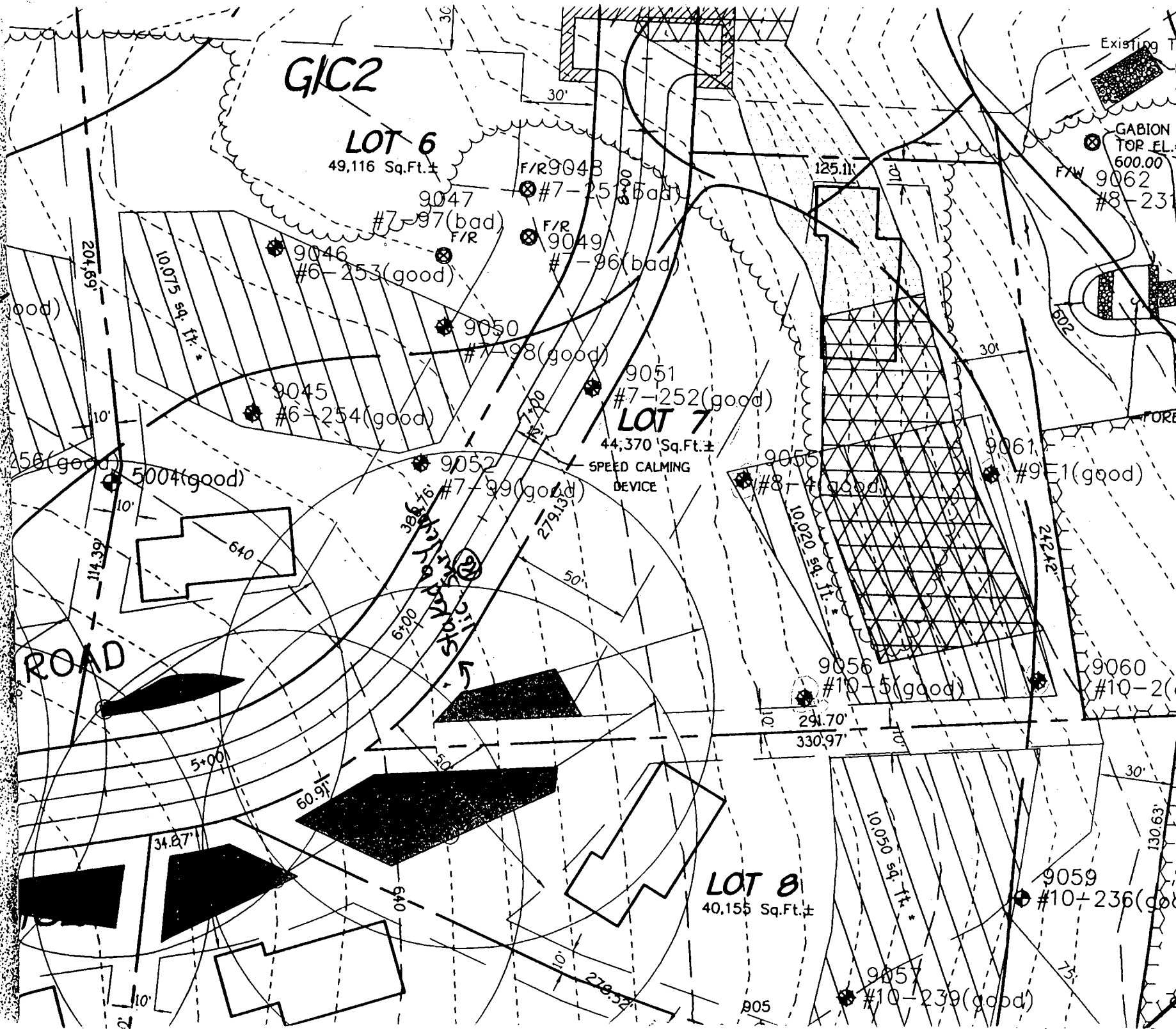
TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT O. Ketterman, Jr & Sr

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5t TRENCH WIDTH 3

INLET DEPTH 4.0 MAXIMUM BOTTOM DEPTH 6.0 SQ. FT./BEDROOM 180

*Signpost
collar
4/1/05*



GIC2

LOT 6

49,116 Sq.Ft.±

LOT 7

44,370 Sq.Ft.±

LOT 8

40,155 Sq.Ft.±

ROAD

Existing TR
GABION WALL
TOP E.L. =
600.00

F/W 9062
#8-23

FOREST

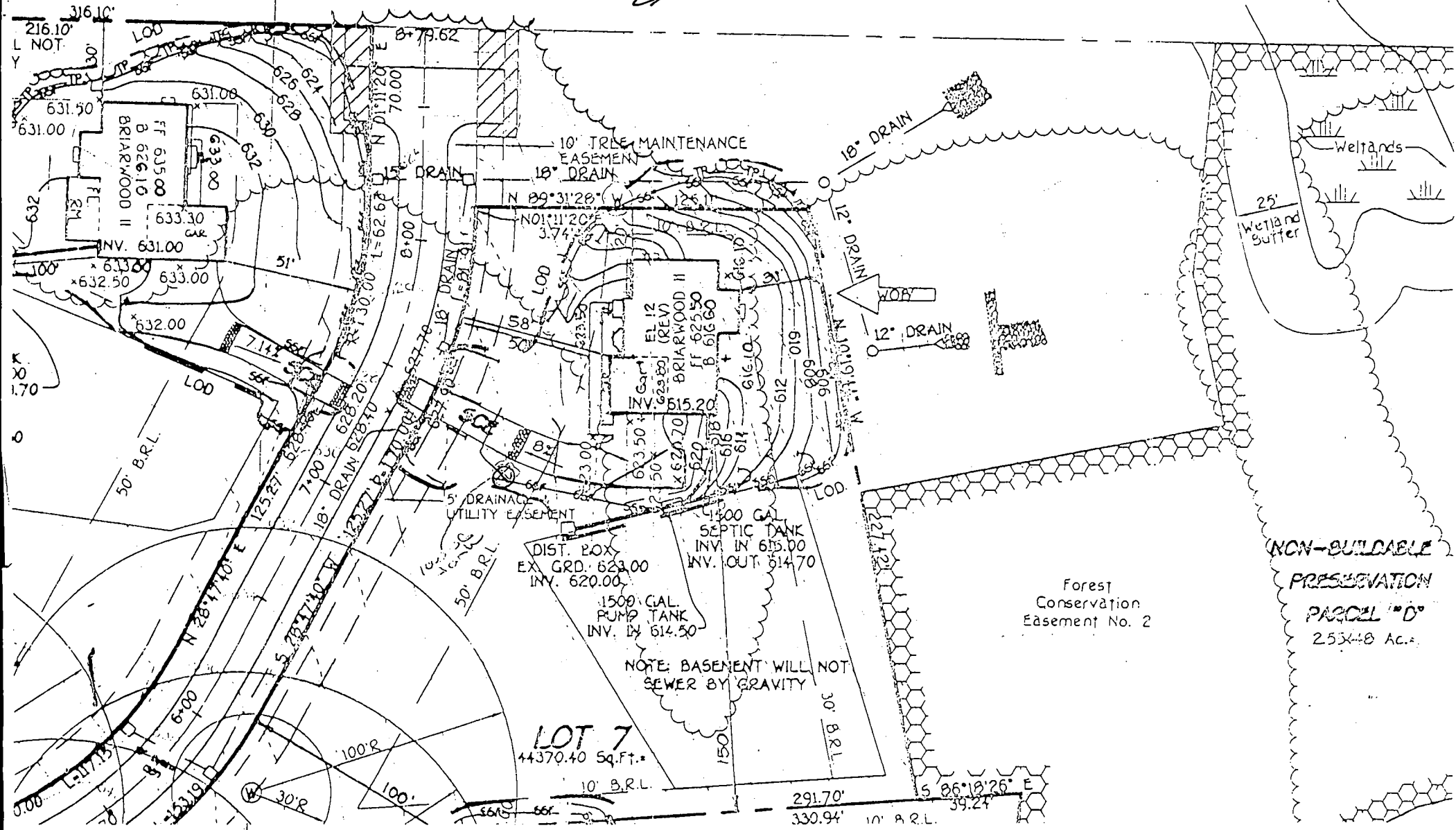
9060
#10-2 (g)

9059
#10-236 (good)

9057
#10-239 (good)

905

Prop bank location of
 (12) E001008
 E0010379



NON-BUILDABLE
PRESERVATION
 PARCEL "D"
 253x18 Ac.

Forest
 Conservation
 Easement No. 2

LOT 7
 44370.40 Sq. Ft.

NOTE: BASEMENT WILL NOT
 SEWER BY GRAVITY