

10/2/01 layout 11 A.M.  
10/3/01 - PM

ISSUE DATE: 9/25/2001

APPROVAL DATE: 12/28/01

P 516043

A 59914-K

# PERMIT

## INDEXED

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

04-363809

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION: Monticello LOT NUMBER: 35

ADDRESS: 14337 Fox Creek Court PROPERTY OWNER: D.R. Horton, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 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:	Begin trenches 95 feet down the left lot line and 50 feet off that same lot line as seen when facing the lot from the use-in-common drive. Run trenches on contour in toward the left lot line.
NOTES:	

PLANS APPROVED: Amy Mc Millen 7/6/01 OK (BB) DATE: 4-28-01

- 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

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

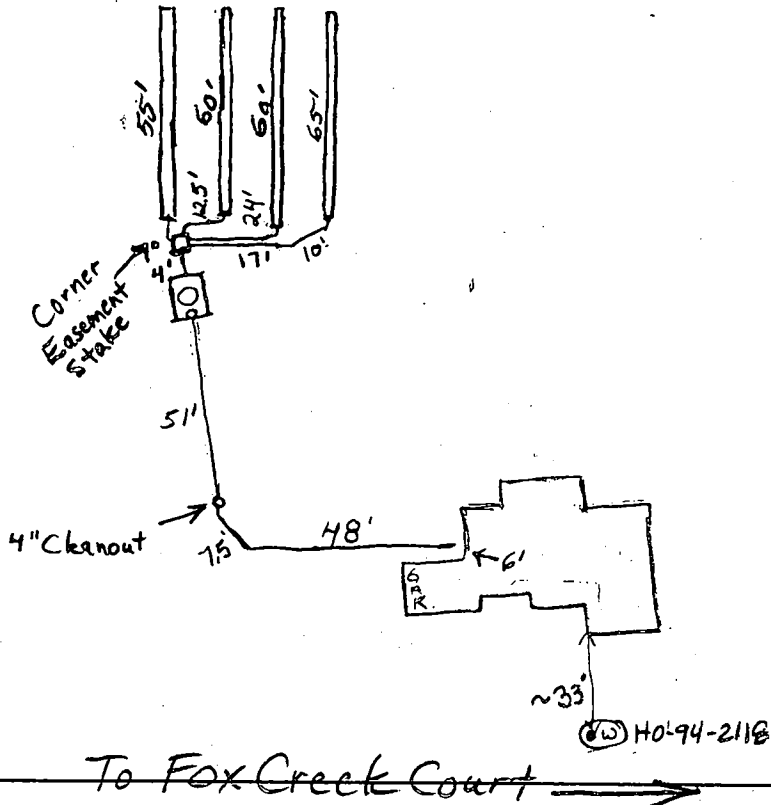
**BUILDING PERMIT SIGNED AND RETURNED**  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

9-3-03 800143897 - DETACHED GARAGE

**CALL PERMIT SIGNED AND RETURNED 3-20-02**  
800134990 Deck + Screened Porch

A59914-K

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 3'  
 TRENCH BOTTOM DEPTH 5'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL \_\_\_\_\_  
 BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER \_\_\_\_\_  
 6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA N/A**

~~PUMP CHAMBER GALLONS \_\_\_\_\_~~  
~~MANHOLE RISER \_\_\_\_\_~~  
~~ALARM \_\_\_\_\_~~  
~~PUMP PERFORMANCE TEST \_\_\_\_\_~~

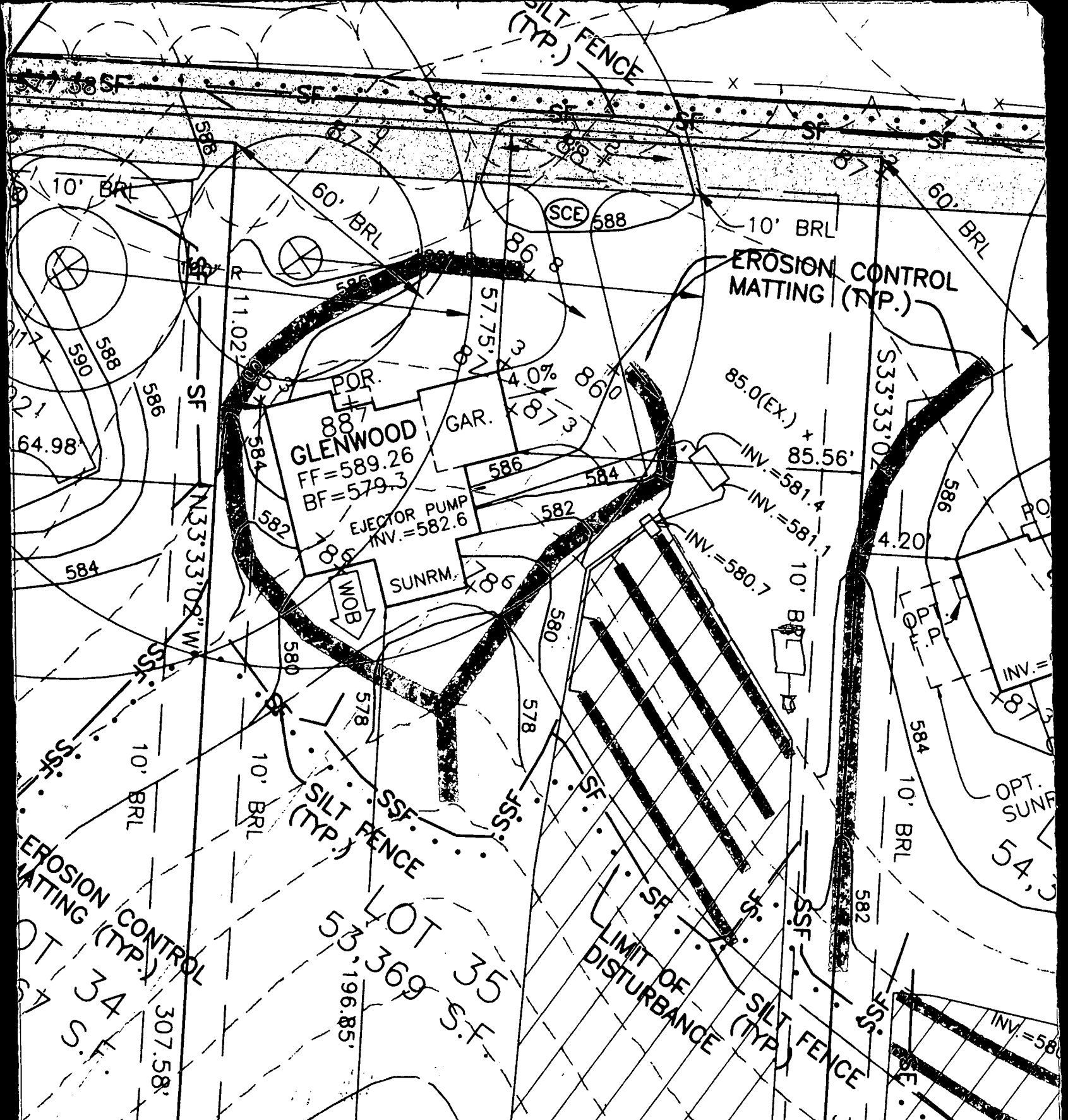
PRE-CONSTRUCTION INSPECTION: 10/2/01 Contour not as per plan. O.K. to move uphill out of easement so that contour is better. 14-60' trenches (BB/KG)

INSPECTION COMMENTS: 10/3/01 O.K. to cover. Need house connection for final approval (BB) 12/28/01 House connection made according to builder (BB)

**BUILDING PERMIT SIGNED AND RETURNED**

INSPECTOR B. Baker

DATE SYSTEM APPROVED 12/28/01



Approved Septic System Plan  
 Howard County Health Department

*Ann W. Mee*  
 Signature Date 4/28/01

N56°26'58"E  
 Total linear feet of trench  
 required 240 feet

Width of trench (es) 3.0 feet  
 75' STREAM BUFFER  
 Depth of trench (es) 5.0 FEET

Depth of stone required below  
 distribution pipe 2.0 feet

FOREST CONSERVATION  
 EASEMENT 'P'  
 REFORESTATION  
 4.69 AC.

25' WETLANDS 100 YR. FLOODPLAIN

**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 Odrecht Rd  
Sykesville 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 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: D.R. Horton Telephone #: \_\_\_\_\_  
Subdivision: Monticello Lot #: 35 Well Tag #: HO-94-2118  
Site Address: 14337 Fox Creek Ct

Submersible Pump Data

Make: Boulds  
Model #: 73B05422  
Pump Capacity 7 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: Campbell  
Model#: N/A  
Depth: 42' (36" min)  
NSF/WSC 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: 225 (feet)

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

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

House Connection

PVC sleeve 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.

Allen Compton  
Signature of company representative responsible for installation

11-23-01  
date

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

Date Insp. Requested: 10/3/01 Date Insp. Approved: 10/3/01 Inspector: (BB) SRK

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

C1 **9613** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 4 5 6

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 59914**

ST/CO USE ONLY  
 DATE Received  
**03 11 99**

DATE WELL COMPLETED  
 MM **3** DD **9** YY **99**  
 15 20

Depth of Well  
 22 **225** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**170-94-2118**  
 28 29 30 31 32 33 34 35 36 37

OWNER Highland Development  
 STREET OR RFD Street R TOWN Greenwood  
 SUBDIVISION Knapp SECTION 7 LOT 35

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	125	
gray granite	125	225	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **(CM)** BENTONITE CLAY **(BC)**  
 NO. OF BAGS **40** NO. OF POUNDS **3760**  
 GALLONS OF WATER **240**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **100** ft.  
 48' TOP 52' 54' BOTTOM 58'  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**(ST)** STEEL **(CO)** CONCRETE  
**(PL)** PLASTIC **(OT)** OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch!) **6** Total depth of main casing (nearest foot) **130**  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G I N G

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

NUMBER OF UNSUCCESSFUL WELLS: **0**  
 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. **MSDQ 24**  
 DRILLERS SIGNATURE Joseph L. Mayne  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. **D**

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

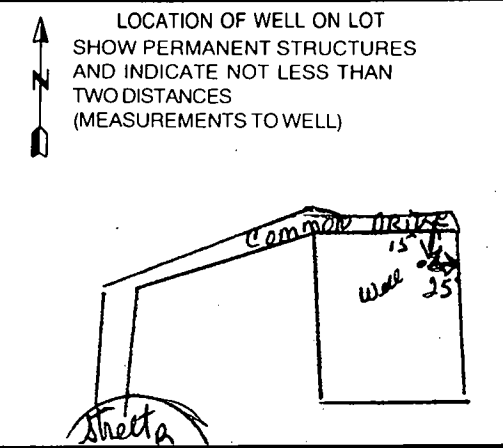
**C 2** DEPTH (nearest ft.)  
 1 **Ho** 128 225  
 2  
 3  
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GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

**MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)**  
 T (E.R.O.S.) W Q  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 8 9  
 PUMPING RATE (gal. per min.) **12**  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **35** ft.  
 17 20  
 WHEN PUMPING **92** ft.  
 22 25  
 TYPE OF PUMP USED (for test)  
**(A)** air **(P)** piston **(T)** turbine  
**(C)** centrifugal **(R)** rotary **(O)** other (describe below)  
**(J)** jet **(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 **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 } **2** (nearest foot)  
 49 50 51



B 1 0346

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2118

fill in this form completely

Date Received (APA) 12/29/98

OWNER INFORMATION

Highland Development P.O. Box 228 Clarksville Md. 21029

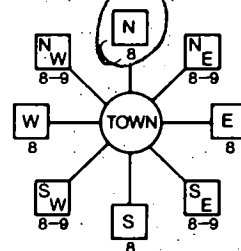
LOCATION OF WELL

Howard Knapp Property Glenwood

DRILLER INFORMATION

Joseph L. Maize MS DO 24 Joseph L. Maize Well Drilling 5512 Ridge Rd. Mt. Airy 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street B

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



600 DISTANCE FROM ROAD

8 ENTER FT OR MI 18 PARCEL 110

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER, HEALTH DEPARTMENT APPROVAL

Howard A 59914 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2-16-99 16m Maize 2-16-00

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven, Air-Rotary, Air-PerCussion, Rotary (Hydraulic Rotary), Cable, Reverse-Rotary, Drive-Point

REPLACEMENT OR DEEPEINED 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 deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER GAP PERMIT NO. HO-94-2118

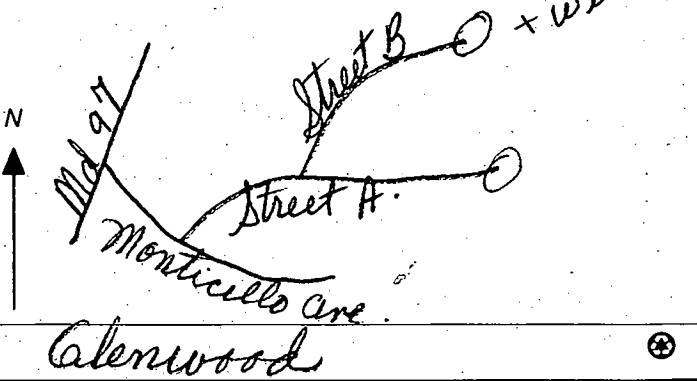
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7907 N 5404

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

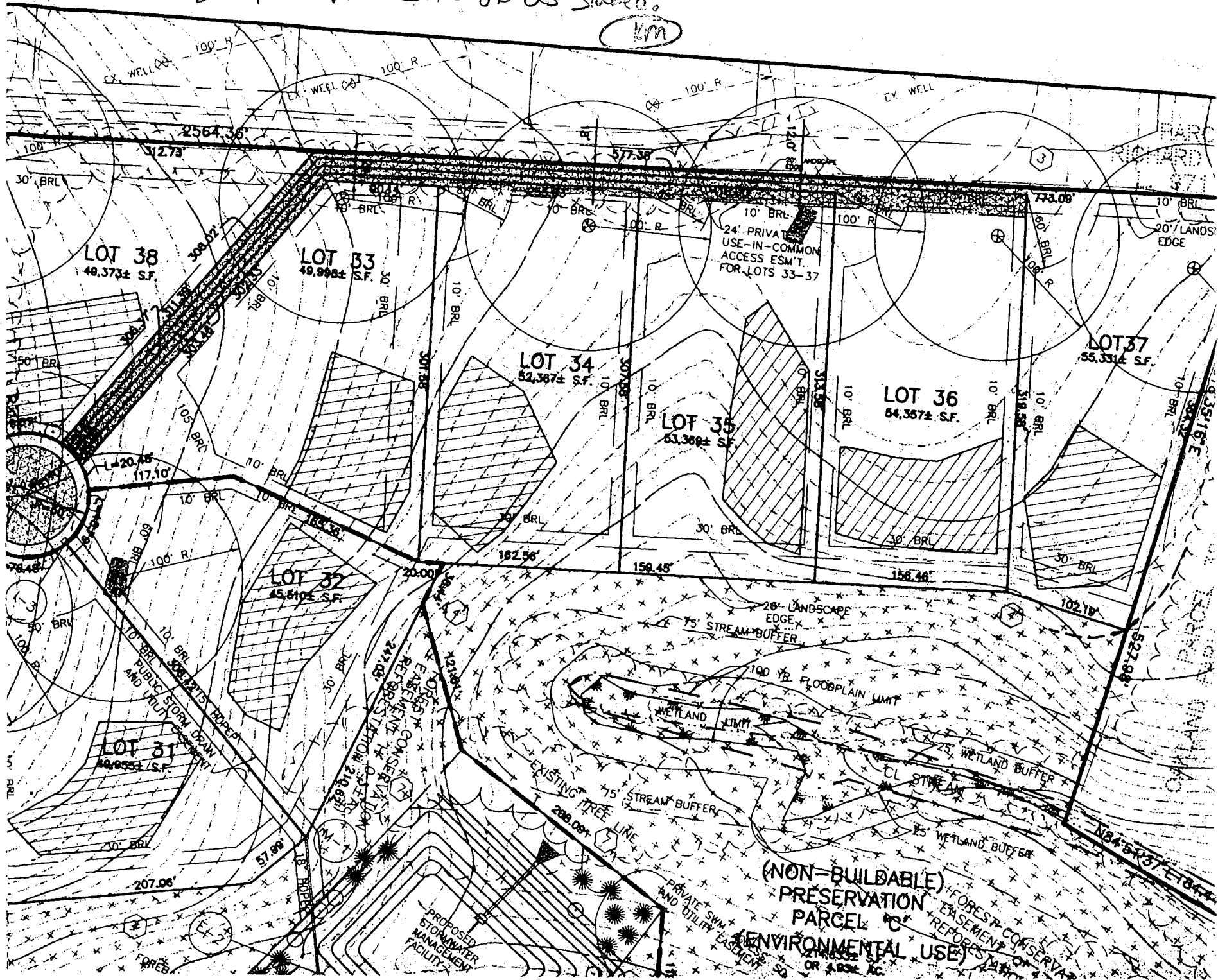


SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

2/10/99 Well site ok as staked.

km



4/21/98 - 4/28  
5/19/98 - 5/22

# APPLICATION

## PERCOLATION TESTING

56 LOTS EXISTING HOUSE(S) - W/6003-56071CS  
TO BE PERMITS TO  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR FOLLOW-UP TESTING  
WILL PROBABLY SUBMIT IMPROVED PLAN/ APPLICATION (CW)

A 59914

P \_\_\_\_\_

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

DATE 4/3/98

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 ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 8480 Ballenger Not. PIKE PHONE 410-465-4244

### PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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] SECURITY DIV.  
(SIGNATURE OF APPLICANT)  
STEVE SHIPLE - TSA

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

323  
0'  
or/red  
brown  
clay  
loam

3.5'  
red/  
tan  
sandy  
clay  
loam  
↓

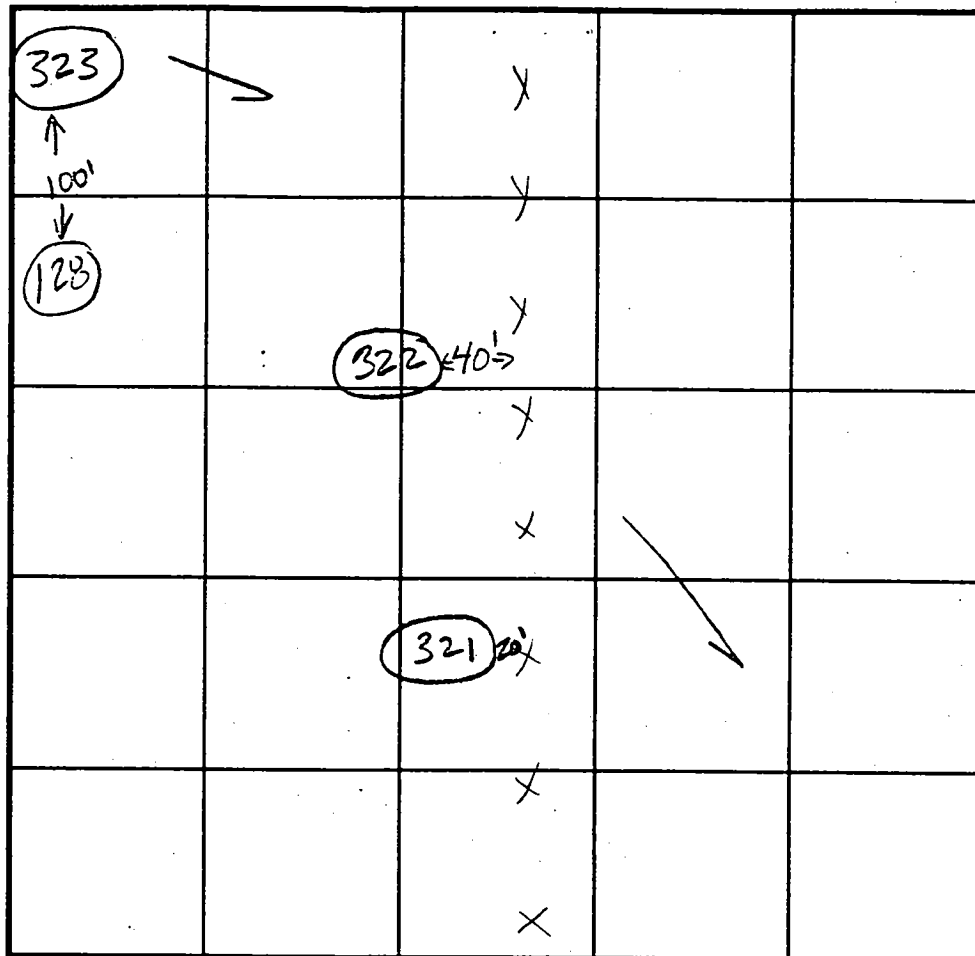
321

12.0'  
same  
as  
hole  
#  
326

322

3.0'  
or/red  
clay  
loam

10.0'  
tan/  
red  
sandy  
clay  
loam  
10%  
shale



SOIL PROFILE

323  
0'  
red/or  
clay  
loam

3.0'  
tan/  
orange  
sclm  
15%  
shale  
frags

311-A

3.0'  
orange  
clay tm

11.0'  
orange/  
tan  
sclm  
20% rock

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Monticello

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	326	12.0' D	visual	ok - see profile			
	321	11.0' D	visual	ok - see profile			
	322	10.0' D	visual	ok - see profile			
	323	11.0' D	visual	ok - see profile			
7.21.98	311-A	4.0' S	2:33 <sub>20</sub>	2:34 <sub>20</sub>	2:34 <sub>20</sub>	2:36 <sub>20</sub>	2min
		11.0' D	visual	ok - see profile			

REMARKS test holes staked

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

4/21/98  
5/19/98  
4/28  
5/22

# APPLICATION

## PERCOLATION TESTING

A 59914

P \_\_\_\_\_

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

56 LOTS  
EXISTING HOUSE(S) - W6603-5607105  
TO BE RECONSTRUCTED  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR  
FOLLOW-UP TESTING  
will provide submit  
FEE'S &  
IMPROVED PLAN/  
APPLICATION (CW)

DATE 4/3/98

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER ALFRED KNAPP

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AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 8480 BALLEWINE RD. PIKE PHONE 410-465-4244

### PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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[Signature] SECURITY DIV.  
(SIGNATURE OF APPLICANT)  
STEVE SHIPLE - TSA

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

A59914/5  
COUNTY #

KNAPP SUBD.

SOIL PROFILE  
127

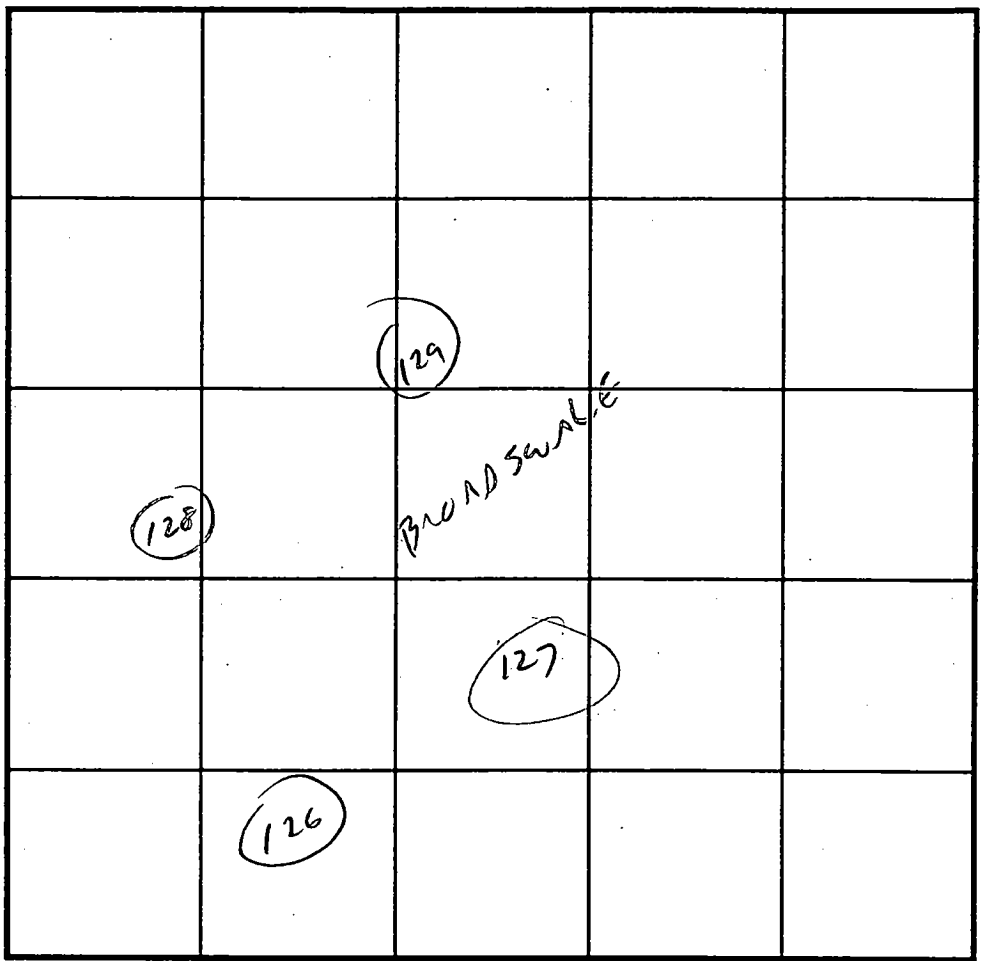
0' - CLAY  
2 1/2' - CLAY SILT  
4 1/2' - REDDISH SANDY  
8 1/2' - YELLOW SANDY  
Faint GLEYED MOTTLES  
11'

129

3 1/2' - CLAY  
YELLOW TO BROWN SILT LOAM  
11' - MINOR MOTTLES

126

3 1/2' - CLAY  
SANDY CLAY LOAM  
11'



SOIL PROFILE  
128

0' - CLAY  
3 1/2' - TAN SANDY SILT LOAM  
10% ROCK  
10 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/98	127	5	4:42	15 SECS	05	05	UGLY SANDY
							MODERATELY HIGH LANDSCAPE POSITION BUT NEAR EDGE OF ROAD SWALE -
							HYDROMORPHIC FEATURES (a) 8 1/2' } MINIMAL TREATMENT POTENTIAL V. FAST PERC IN SANDY SOILS
	129						- OPPOSITE SIDE OF ROAD SWALE FROM #127
		5'	5:09	5:11	5:11	5:14	3 MIN
	126	4	4:51	4:53	4:53	4:55	2 MIN
	128	5	5:07	5:09	5:09	5:12	3 IN

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY CWILLIAMS ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

4/21/98  
5/19/98 - 5/22

# APPLICATION

## PERCOLATION TESTING

A 59914

P \_\_\_\_\_

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

56 LOTS  
EXISTING HOUSE(S) - WELLS - 5607163  
TO BE ELIMINATED  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR  
FOLLOW-UP TESTING  
will promptly submit  
FEES &  
IMPROVED PLAN/  
APPLICATION (CW)

DISTRICT \_\_\_\_\_

DATE 4/3/98

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

4/21 - 4/24  
&  
5/19 - 5/22

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYLVESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SDC GROUP

ADDRESS 8480 Ballenger Not. Pike PHONE 410-465-4244

PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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] SECURITY DAN.  
(SIGNATURE OF APPLICANT)  
STW & SHIPPE - TSA

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 \_\_\_\_\_

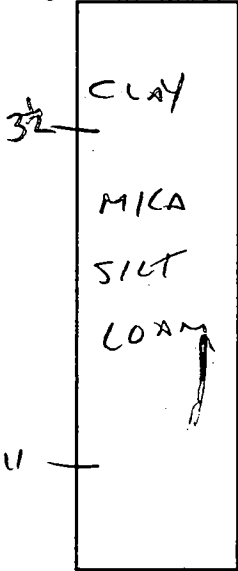
# THIS IS NOT A PERMIT

A59914/5  
COUNTY #

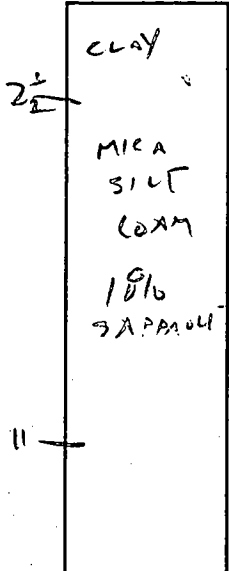
KNAPP SUBD.

SOIL PROFILE

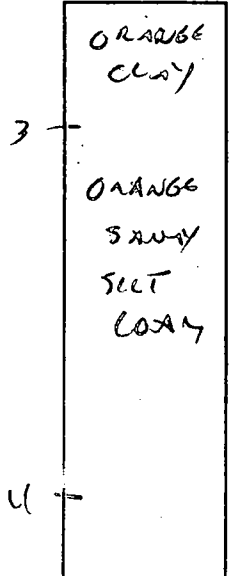
130 & 131



133 & 132

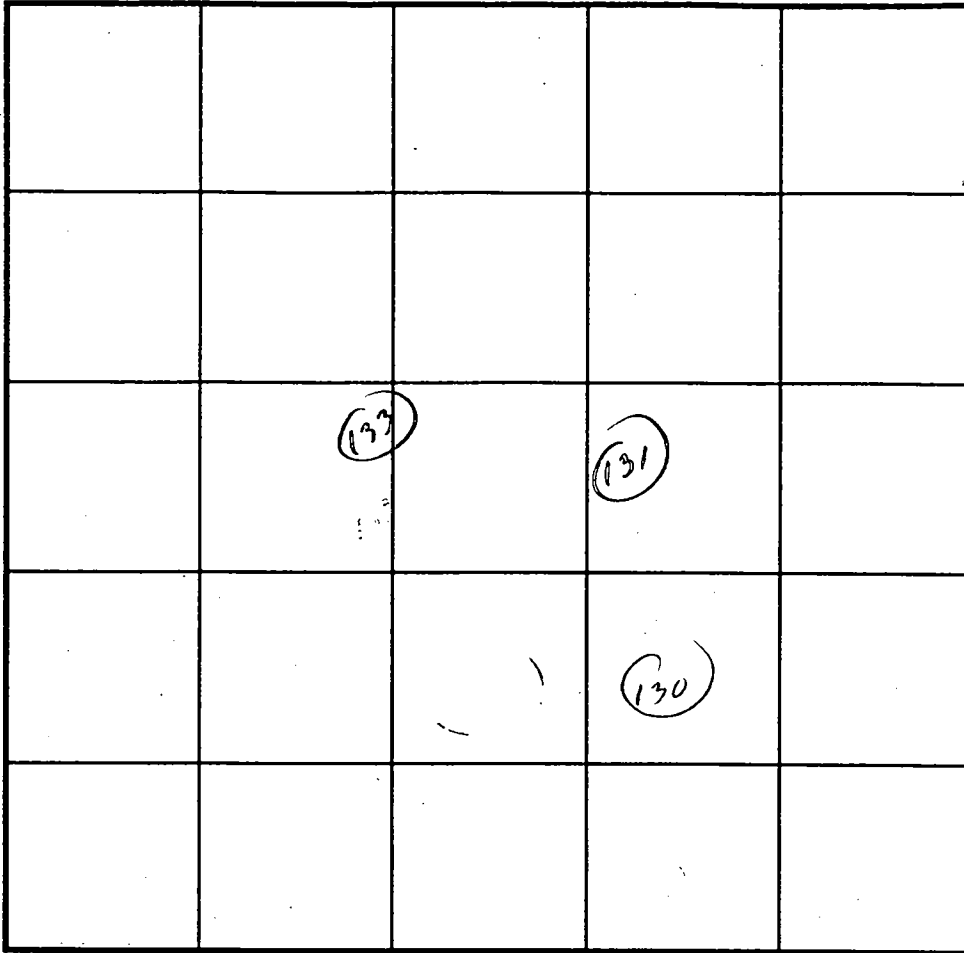
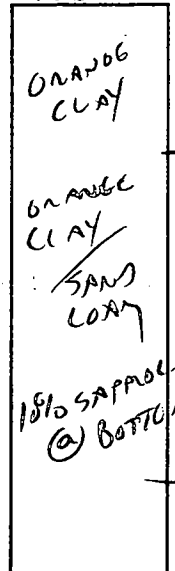


135



SOIL PROFILE

136



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/98	130	5	5'13	5'16	5'16	5'21	5 MIN
	131	4	5'16	5'18	5'18	5'21	3 MIN
	133	3 1/2	5'21	5'22	5'22	5'24	2 MIN
	132	3 1/2	5'23	5'25	5'25	5'28	3 MIN
	135	4'	5'25	5'27	5'27	5'30	3 MIN

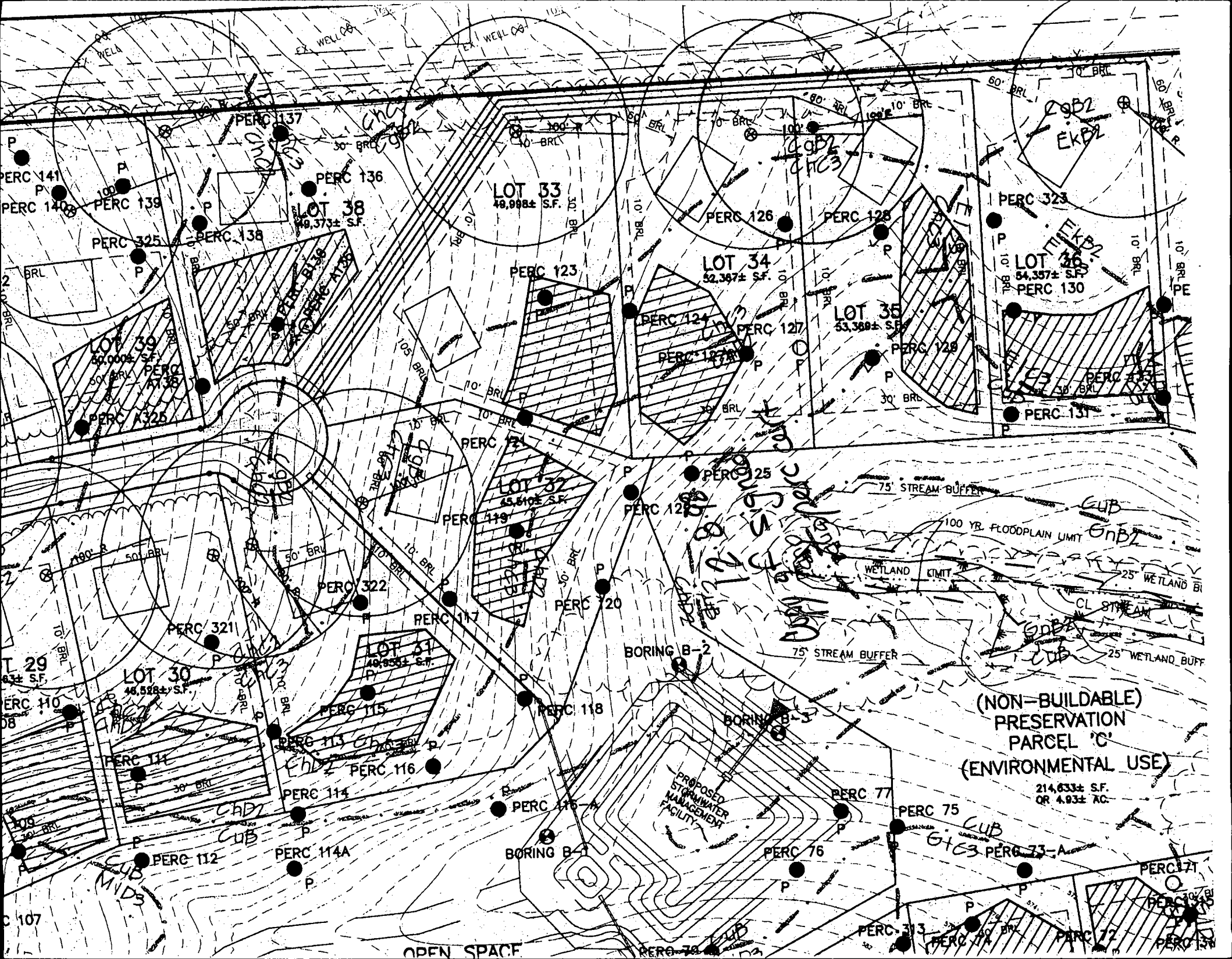
REMARKS 134 4' 5'27 5'33 5'33 5'40 7 MIN

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. Wilke ALSO PRESENT SPERV

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



LOT 33  
48,998± S.F.

LOT 34  
52,347± S.F.

LOT 35  
53,389± S.F.

LOT 36  
54,357± S.F.

LOT 32  
45,610± S.F.

LOT 30  
46,588± S.F.

LOT 31  
49,853± S.F.

(NON-BUILDABLE)  
PRESERVATION  
PARCEL 'C'  
(ENVIRONMENTAL USE)

214,633± S.F.  
OR 4.93± AC.

PROPOSED  
STORMWATER  
MANAGEMENT  
FACILITY

OPEN SPACE

75' STREAM BUFFER

100 YR FLOODPLAIN LIMIT

WETLAND LIMIT

25' WETLAND BUFF

75' STREAM BUFFER

25' WETLAND BUFF

BORING B-2

BORING B-3

BORING B-1

PERC 75

PERC 76

PERC 77

PERC 112

PERC 114A

PERC 114

PERC 116

PERC 113

PERC 115

PERC 118

PERC 120

PERC 119

PERC 121

PERC 125

PERC 124

PERC 124

PERC 127

PERC 127A

PERC 128

PERC 128

PERC 126

PERC 130

PERC 137

PERC 136

LOT 38  
49,373± S.F.

PERC 135

PERC 138

PERC 141

PERC 142

PERC 139

PERC 140

PERC 141

PERC 142

PERC 143

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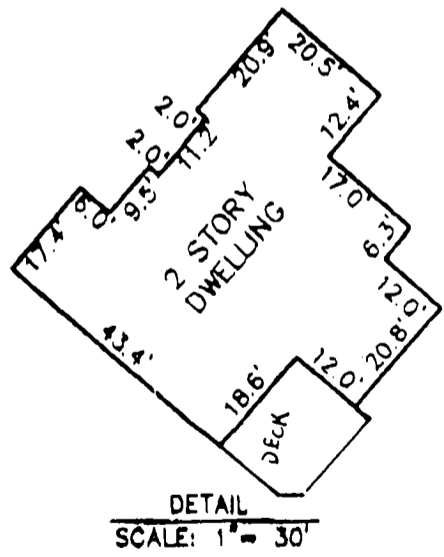
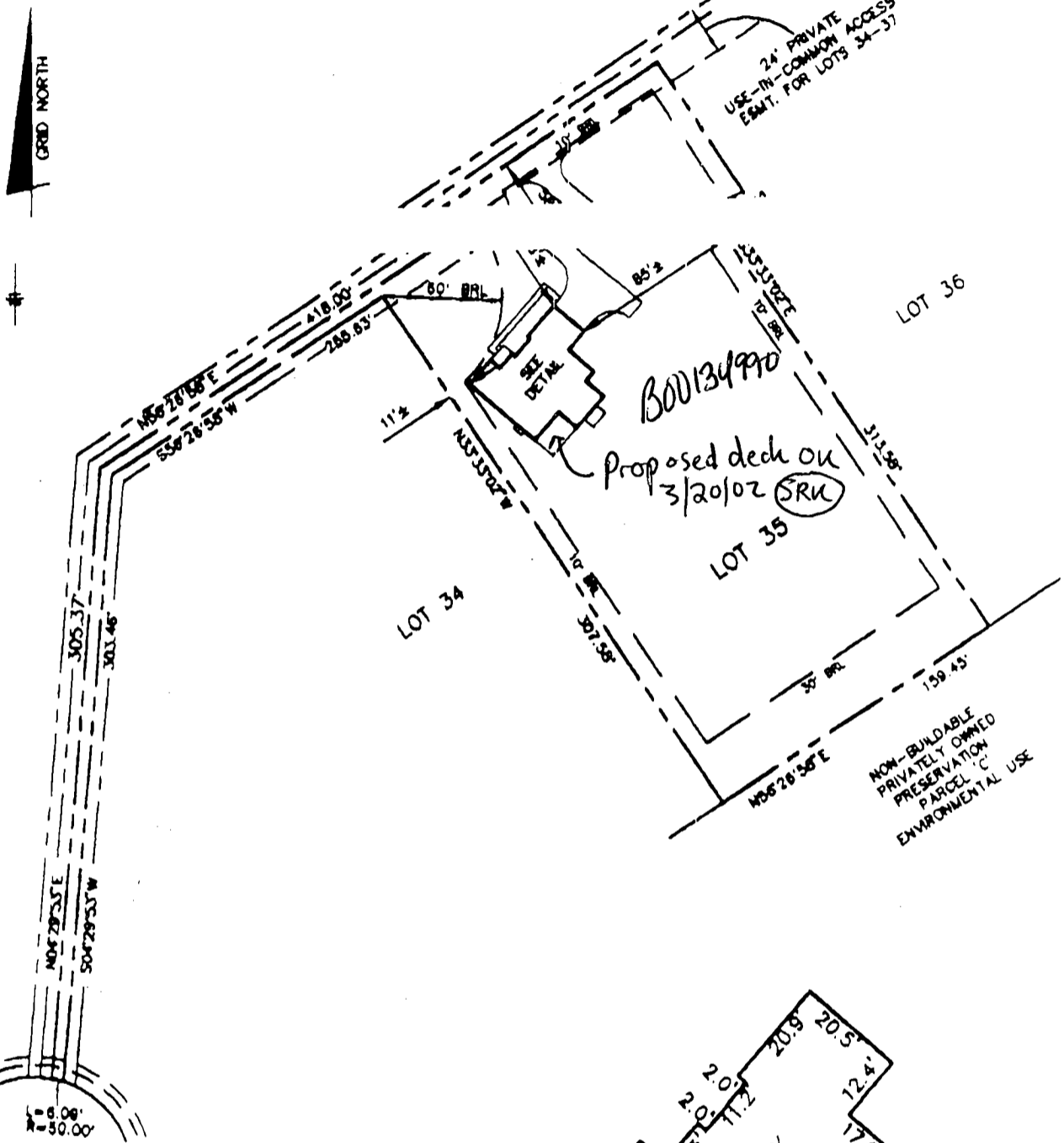
PERC 289

PERC 290

PERC 291



- NOT:
1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
  2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
  3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
  4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
  5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
  6. DRAWING IS NOT VALID WITHOUT BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.



**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

*David M. Saxe*  
 REG. No. 10978



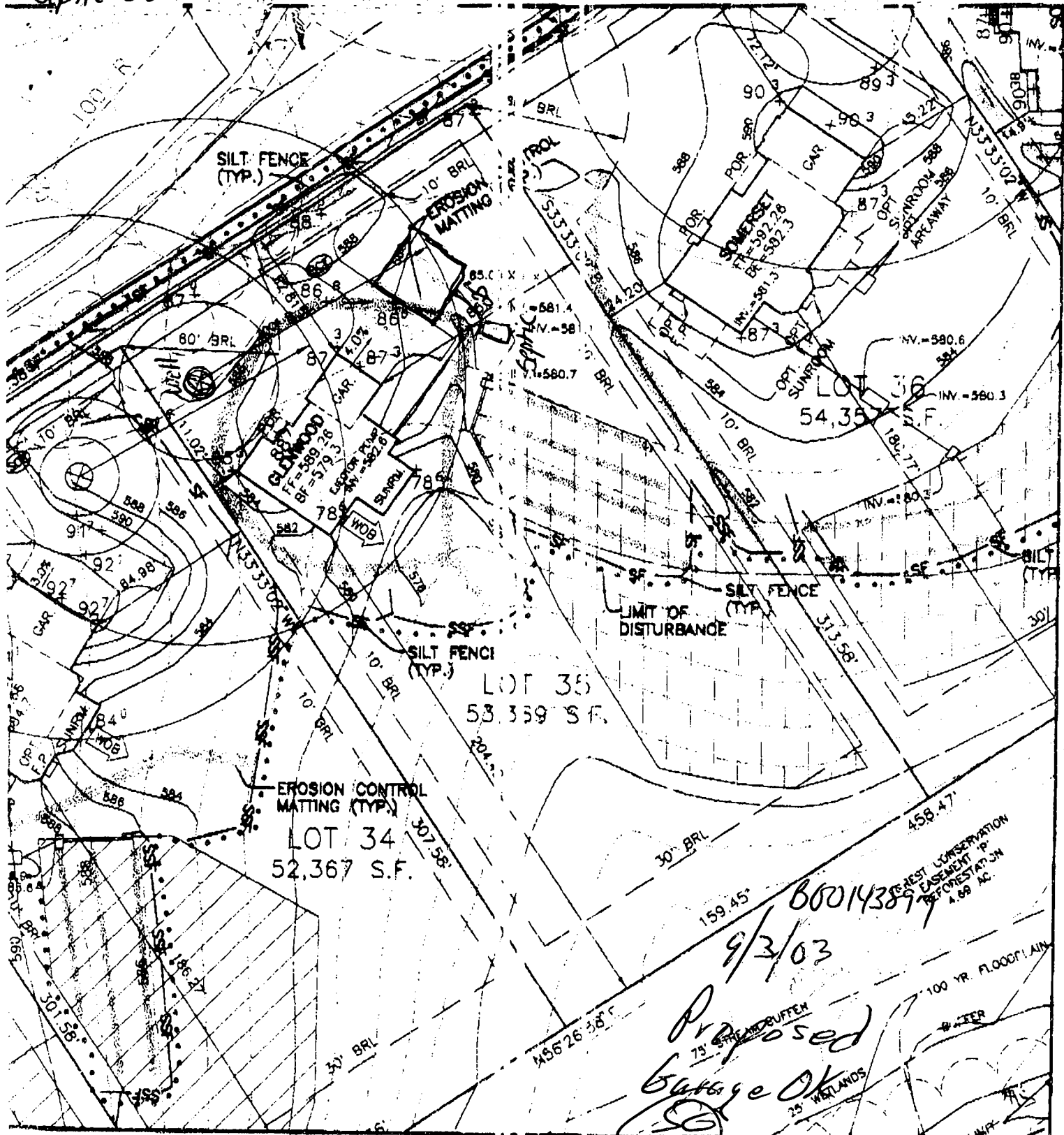
RECORD PLAT No. 14088  
 FEMA FIRM No. 240044 0009 B  
 ZONE: C  
 DATED: 12/4/86

**BENCHMARK**  
**ENGINEERING, INC.**  
 8480 BALTIMORE NATIONAL PIKE & SUITE 418  
 SUITE 418  
 BALTIMORE, MD 21287

**LOCATION DRAWING**  
**MONTICELLO**

**LOT No. 35**  
**14337 FOX CREEK COURT**  
**4TH ELECTION DISTRICT**  
**HOWARD COUNTY, MARYLAND**

Well 85'  
Septic 25'



FIRST FLOOR ELEVATION = 589.26  
 BASEMENT ELEVATION = 579.30  
 SPOT ELEVATION AT GARAGE = 587.3

SLOPE OF DRIVEWAY = 4.0% @ GAR.  
 NUMBER OF RISERS IN GAR. = 3  
 NUMBER OF RISERS ON LEAD WALK = 3

**BENCHMARK**  
 ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

**MONTICELLO**  
 LOT 35  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 6/05/01

8480 BALTIMORE NATIONAL PIKE - SUITE 418 - ELLICOTT CITY, MD 21117  
 PHONE: 410-485-8105 FAX: 410-485-8644

159.45' 80014389  
 9/3/03  
 Proposed  
 Garage OK  
 75' STREAM BUFFER  
 25' WETLANDS  
 100 YR. FLOODPLAIN  
 WATER