

12/7/01 - 1pm Layout

12/10/01
Final PM

ISSUE DATE: 12/4/2001

APPROVAL DATE: 12-10-01

**PERMIT
INDEXED**

P 5164 33-A

A 59914-W

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

04-363930

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Monticello LOT NUMBER: 47

ADDRESS: 1709 Oakdale Drive PROPERTY OWNER: D. R. Horton Builders

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:	Place the distribution box 245' down the left lot line and 70' off this same lot line. Run (4) trenches on contour in either direction.
NOTES:	

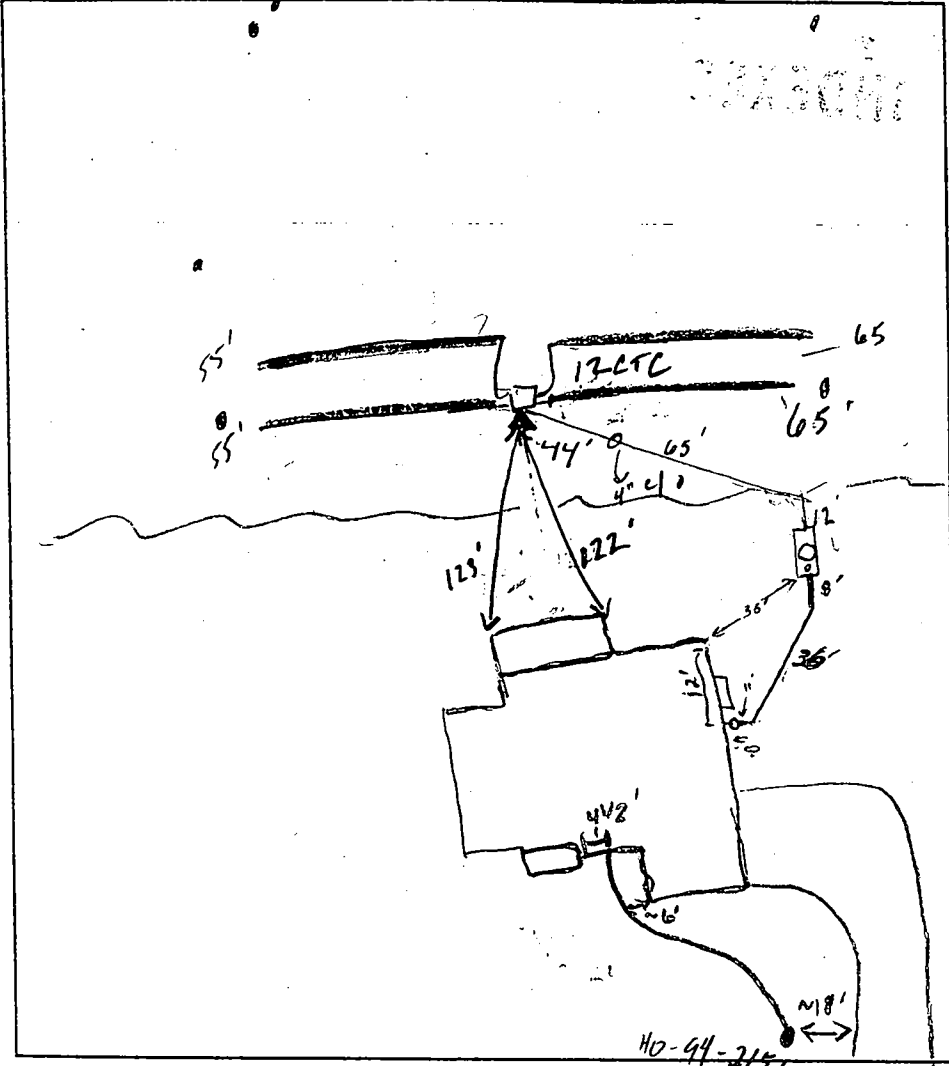
PLANS APPROVED: MER ON SRU 11/27/01 DATE: 9/7/01

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

A59914W

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 720 ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER Center 24"
 6 INCH INSPECTION PORT Front 24"

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 12/7/01 Install per BP. Only part of SRA table used is staked (EC)

INSPECTION COMMENTS: 12/7/01 Complete up to tank. OK to continue (EC)

12-10-01 OK TO COVER (16/1/02)

INSPECTOR Kacie Goodking

DATE SYSTEM APPROVED 12-10-01

Building Address **1709 Oakdale Dr.**
Cocksville, MD 21723
 Suite/Apt. #: *N/A* SDP/WP/Petition #: *N/A*
 Census Tract *W040.02* Subdivision **Monticello**
 Section *N/A* Area *N/A* Lot **67**
 Tax Map *18* Parcel *117* Grid *117*
 Zoning *RC-100* Map Coordinates *4E17* Lot size

Property Owner's Name **D. R. Horton, Inc.**
1370 Piccard Dr., St. 230
Rockville, MD 20850
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone **301-670-6144**
 Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc.
 Phone **410-602-8774** Fax **410-518-5185**

Existing Use **vacant lot**
 Proposed Use **new single fam. dwelling**
 Estimated Construction Cost **200,000**
 Description of Work **MARTHA WASH. Basement w/ sunca. & 3 Car Garage**
(2nd fl. Rm. Ext. & Mast. Bdrm. Ext. Over 3 car)
2 story full bas., 12 R, 3 FB, 1 BR, FP,
Sunca. & 3 car garage (4 BR) Fin. bas.

Contractor Company **D. R. Horton, Inc.**
1370 Piccard Dr., St. 230
Rockville, MD 20850
 Contact Person *Ann*
 Address **3 car**
 City _____ State _____ Zip Code _____
 License No. *525*
 Phone *301-670-6144* Fax _____

Occupant or Tenant *SEE LWNFI*
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company **Benchmark Engineer**
John Carney
 Contact Person **8480 Balto. Mar'l Pt.**
Elliott City, MD 21043
 Address _____
 City _____ State _____ Zip Code _____
 Phone **410-665-6105** Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <i>56</i> Depth <i>60</i> Width <i>43</i>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <i>56</i>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <i>56</i> Depth <i>50</i> Width <i>50</i>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <i>4</i>	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

THIS UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Applicant's Signature *V. Meyer*
Agent
 Title/Company _____

Print Name **Victoria Meyer**
Maryland Bldg. Permits, Inc.
 Date *8/1/01*

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<i>8/7/01</i>	<i>Mark Ruffin</i>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	51753
Rear: _____	Filing fee \$ 100
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # 40512
Accepted by <i>[Signature]</i>	Validation # 43413

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:
 Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 a:\permil.frm Rev. 10/15/98

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: Coates Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht 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# MSD 009

*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: Monkwell Ln Lot #: 47 Well Tag #: HO-94-2151
Site Address: 1709 Oakdale Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Lampell Two piece watertight cap: yes
Model #: 75807122 Model#: N/A Screened, vented well cap: yes
Pump Capacity 1 GPM Depth: 1/2 (36" min) Cap secured to casing: yes
Well Yield: 20 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 90 (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 17.3.4
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: PVC Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 1/2 (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 3-14-02
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/13/02 Date Insp. Approved: 2 Inspector: _____
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

3/26/02
Well Tag Present According to Cassell Testing
BB

C1 9652

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13-

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 105

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-2151

OWNER Highland Development STREET OR RFD OAKDALE DRIVE TOWN SECTION LOT 47

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries for Sand and Coarse Gravel.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 26, NO. OF POUNDS 2414.

CASING RECORD. MAIN CASING TYPE: ST (STEEL). Nominal diameter: 6 inches. Total depth of main casing: 80 feet.

OTHER CASING (if used) diameter and depth.

SCREEN RECORD. screen type or open hole: ST (STEEL). insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y.

CIRCLE APPROPRIATE LETTER: A (A WELL WAS ABANDONED AND SEALED), 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. MS DC 2000. DRILLERS SIGNATURE: [Signature]. LIC. NO. D.

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

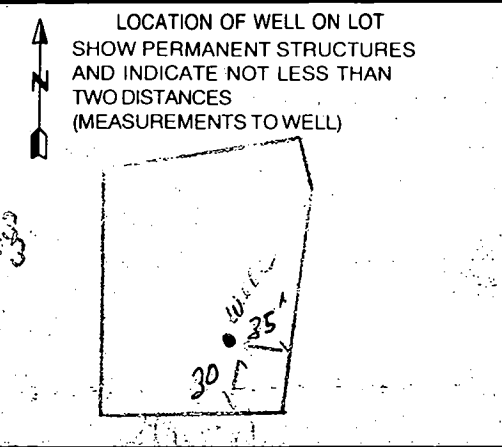
DEPTH (nearest ft.) table with columns for depth intervals (1-2, 2-3, 3-4, 4-5, 5-6, 6-7, 7-8, 8-9, 9-10, 10-11, 11-12, 12-13, 13-14, 14-15, 15-16, 16-17, 17-18, 18-19, 19-20, 20-21, 21-22, 22-23, 23-24, 24-25, 25-26, 26-27, 27-28, 28-29, 29-30, 30-31, 31-32, 32-33, 33-34, 34-35, 35-36, 36-37, 37-38, 38-39, 39-40, 40-41, 41-42, 42-43, 43-44, 44-45, 45-46, 46-47, 47-48, 48-49, 49-50, 50-51, 51-52, 52-53, 53-54, 54-55, 55-56, 56-57, 57-58, 58-59, 59-60, 60-61, 61-62, 62-63, 63-64, 64-65, 65-66, 66-67, 67-68, 68-69, 69-70, 70-71, 71-72, 72-73, 73-74, 74-75, 75-76, 76-77, 77-78, 78-79, 79-80). Includes handwritten entry for 79-105.

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.) 20. METHOD USED TO MEASURE PUMPING RATE: Kubit. WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft., WHEN PUMPING 42 ft. TYPE OF PUMP USED (for test): A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible).

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) 31-35. PUMP HORSE POWER 37-41. PUMP COLUMN LENGTH (nearest ft.) 43-47. CASING HEIGHT (circle appropriate box and enter casing height) above/below LAND SURFACE 1 (nearest foot).



B 1 6722

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2151 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Highland Development P.O. Box 225 Clarksville Md. 21029

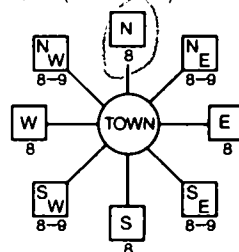
B 3 LOCATION OF WELL

Howard County Knapp Property Calverwood

DRILLER INFORMATION

Joseph L. Mayne MS D021 Well Driller 15512 Ridge Rd. Mt. Airy 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street A NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



25 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13- COUNTY NAME COUNTY NO. State Signature INSERT S Date Issued 03/23/99

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion Jetted & DRIVEN ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER GAP PERMIT No. HO-94-2151

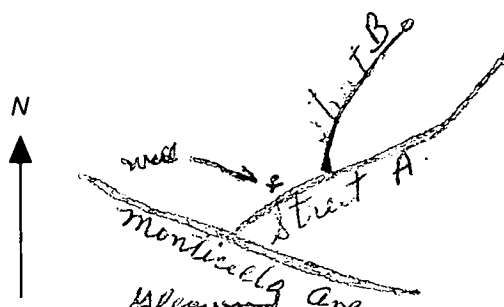
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796 N 54X4

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

APPLICATION

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

PERCOLATION TESTING

A 59915

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 - 5607105
TO BE RECONSTRUCTED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
WILL PROBABLY SUBMIT
IMPROVED PLAN/
APPLICATION (CW)

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 3480 BELLEME 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

KNAPP SUBD,
A 59915
COUNTY#

SOIL PROFILE
170 + 166

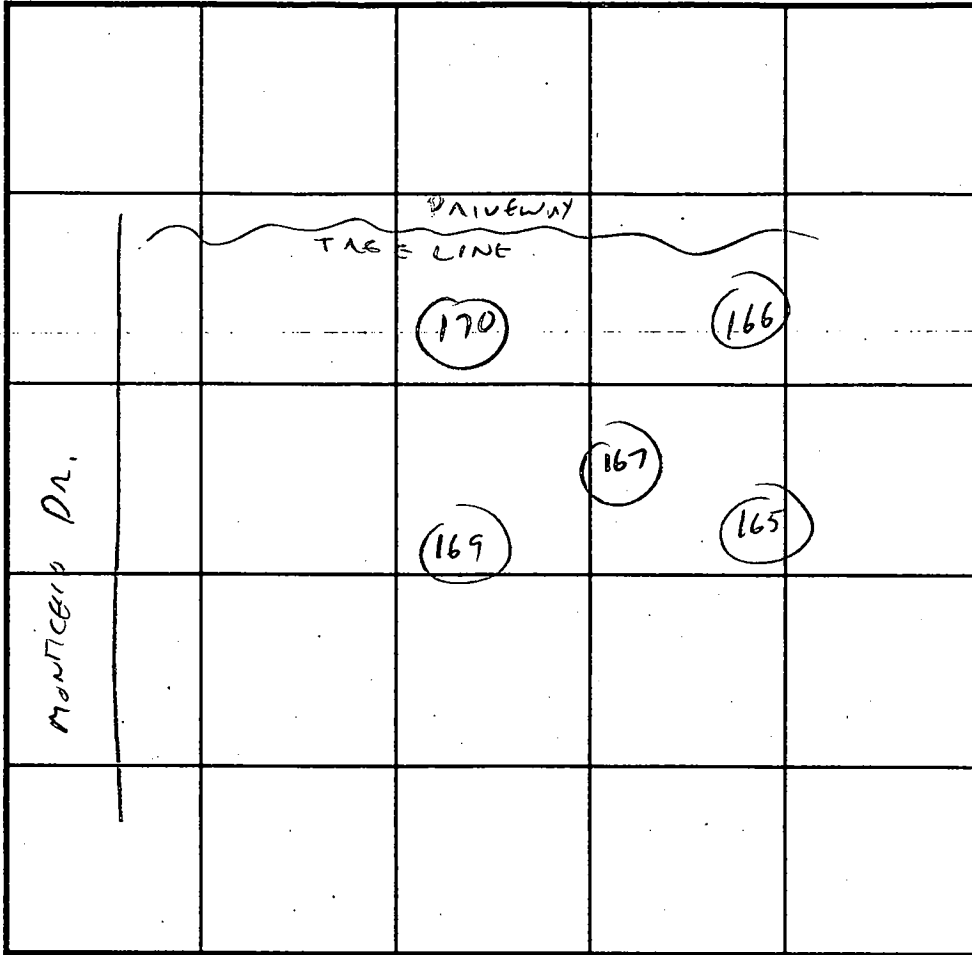
0' CLAY
4' SILTY LOAM
10 1/2' MOTTLED
11'

169

2' CLAY
SAND SILT
CLAY
11'

167 + 165

3' CLAY
SAND SILT
LOAM
11'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/27/98	170	5	5:07	5:09	5:09	5:11	2 MIN
	169	3	5:11	5:12	5:12	5:14	2 MIN
	167	VIS	OK	3-11			
	166	4 1/2	5:18	5:21	5:21	5:25	4 MIN
	165	VIS	OK	3-11			

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Williams ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

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 PROBABLY SUBMIT IMPROVED PLAN APPLICATION (CW)
DATE 4/3/98
A 59914
P _____

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 / SOC GROUP

ADDRESS 8480 Bellenue 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.

APPROVED BY _____ FOR STEVE SHIPLE - TSA DATE _____
(SIGNATURE OF APPLICANT) SECURITY DIV.

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

327

0' or/red cl/m
↓
brown, pink mica
silt loam
very fine
10% shale frags

318

0' or/red cl/m

red/or silty clay loam
15% shale frags
↓

320

Same as hole # 318

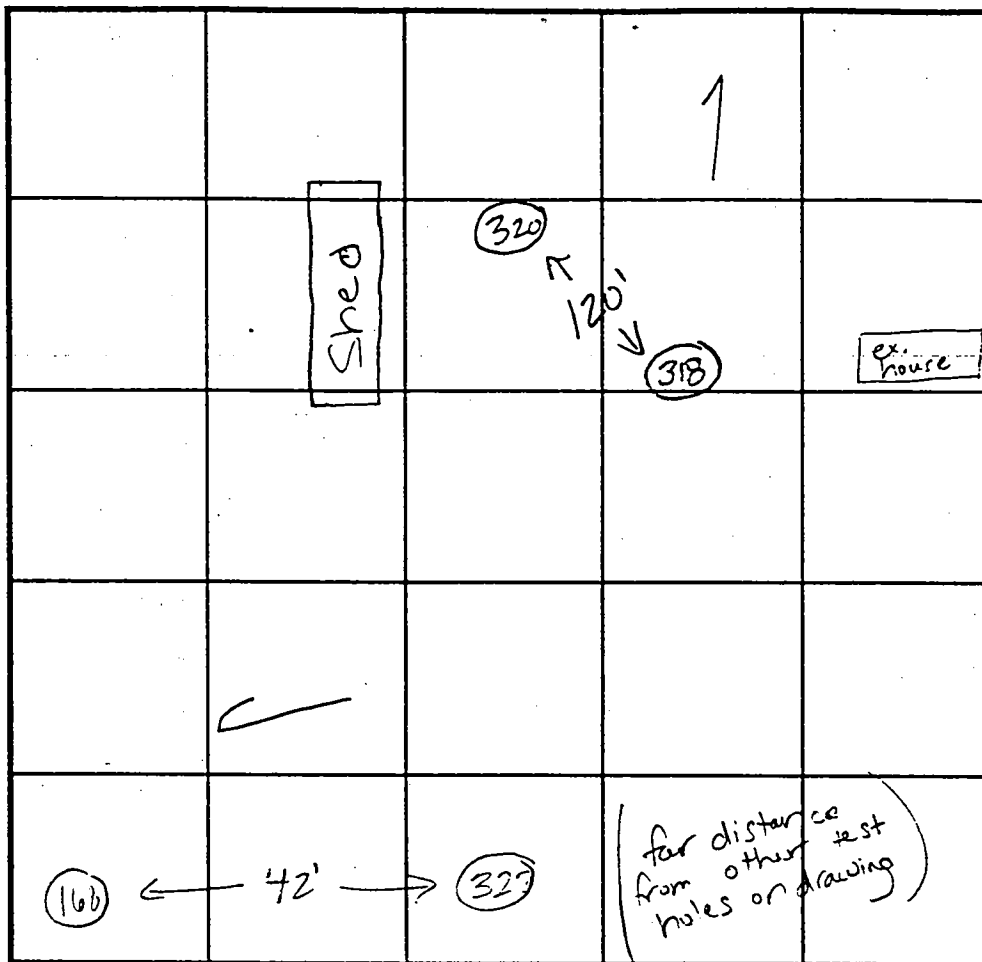
SOIL PROFILE

314

0' or/red cl/m
tan/or sandy clay loam
↓

3.0

12.0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5.19.98	327	12.0'D	visual	only	- ok see	profile	
	318	3.5'S	10:35 ₃₀	10:36	10:36	10:37	1 min
		12.5'D	visual	ok	- see	profile	
		(re pour)	10:37 ₂₀	10:38 ₃₀	10:38 ₃₀	10:40 ₃₀	2 min
	320	3.5'S	10:43 ₅₀	10:44 ₅₀	10:44 ₅₀	10:46 ₂₀	1:30
		11.0'D	visual	ok	- see	profile	

REMARKS test holes staked

TYPE OF SOIL

TESTED BY

Kim Maiste

ALSO PRESENT

Clark Sperry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2 minutes

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

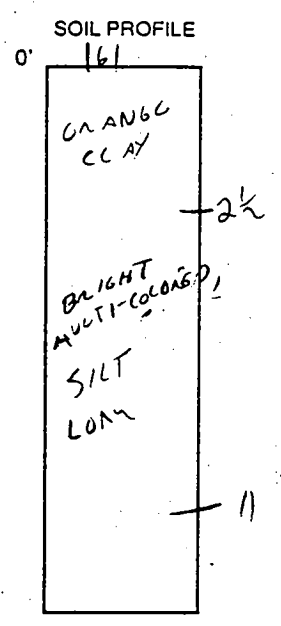
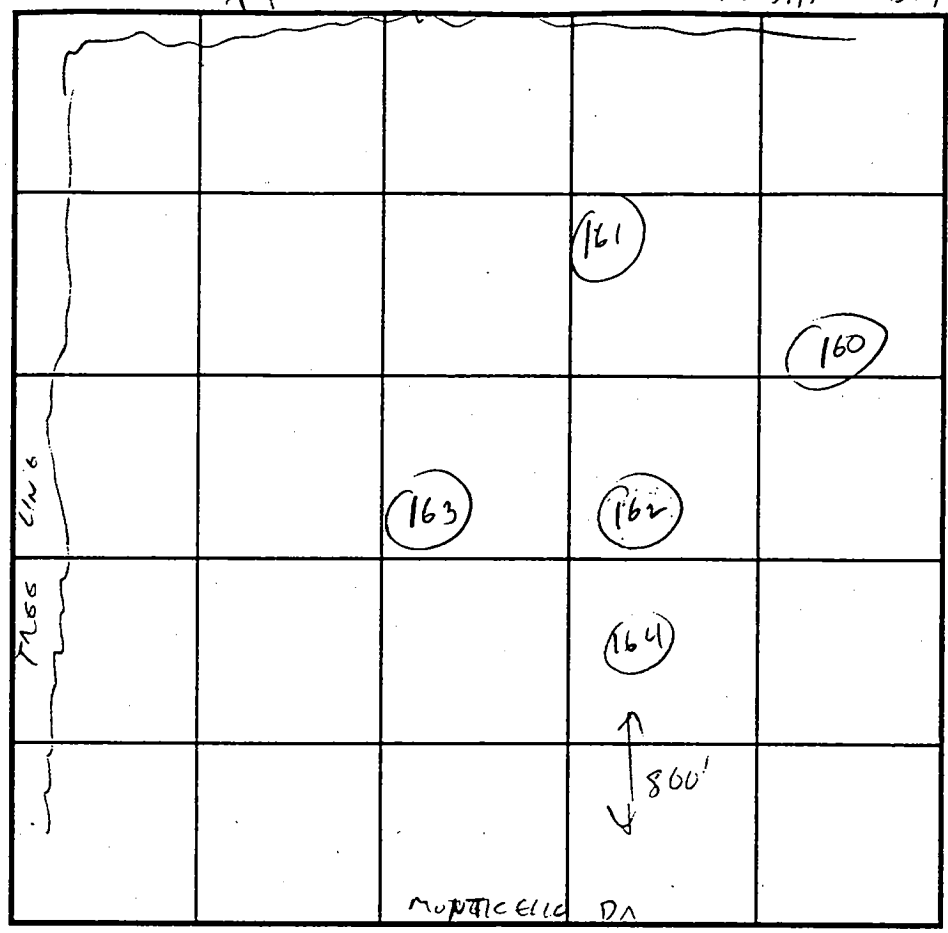
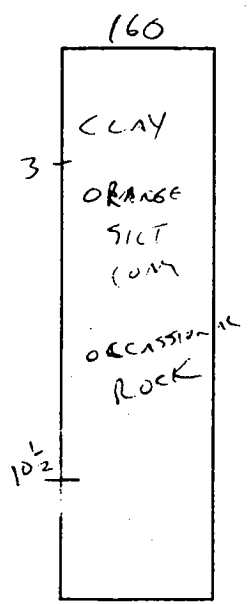
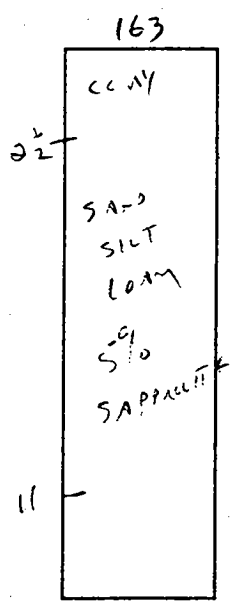
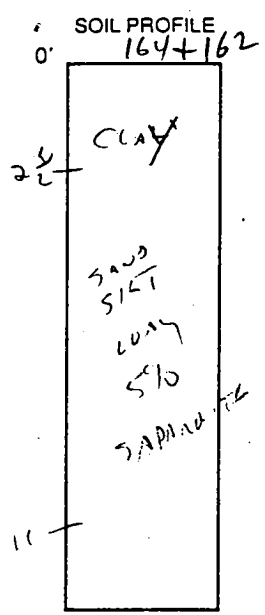
SQ. FT/BEDROOM

180

A59914/5
- COUNTY#

TREE LINE

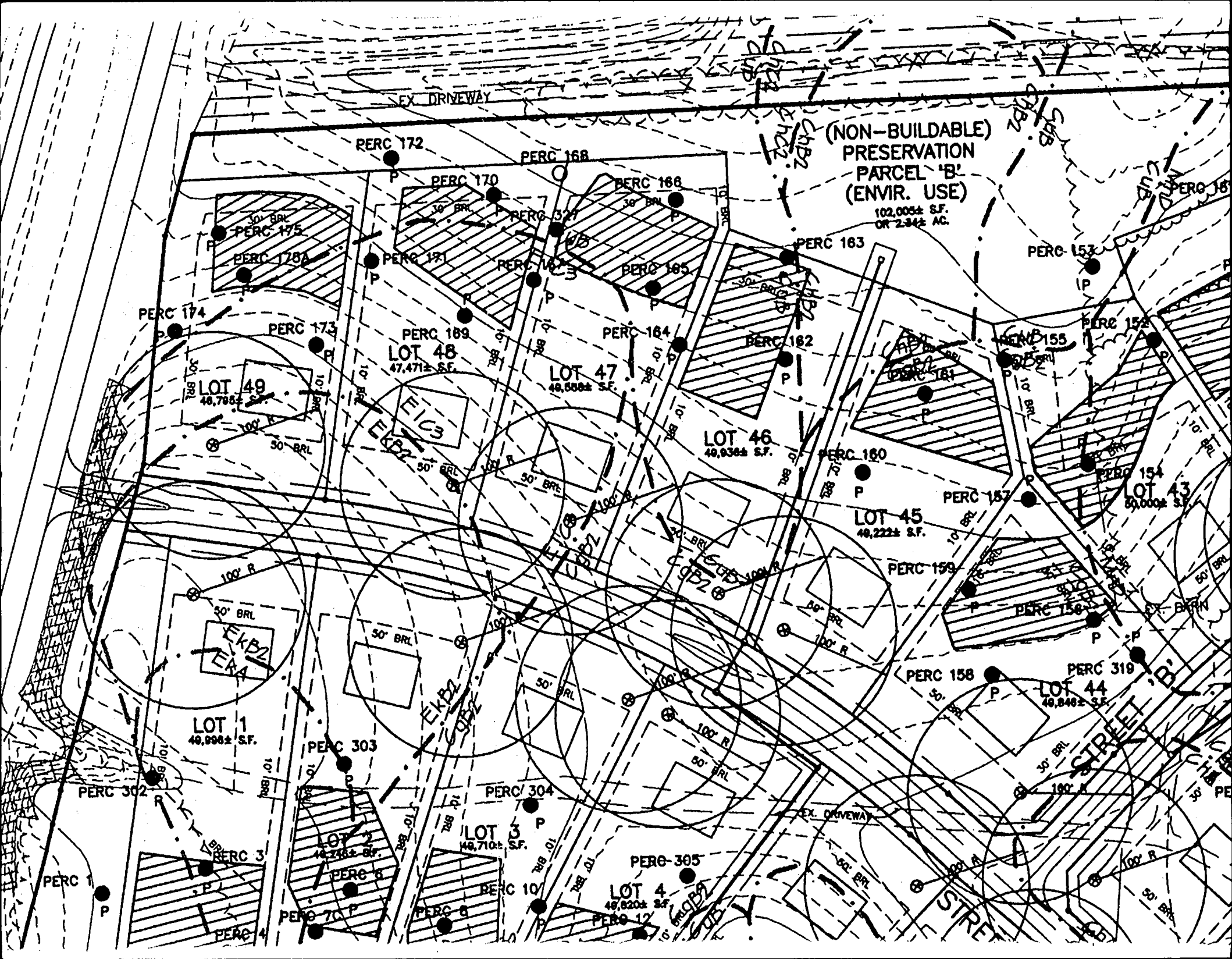
KNAPP SUBD.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	164	3 1/2	3:58	4:00	4:00	4:02	2 MIN
	162	3 1/2	4:02	4:07	4:03	4:05	2 MIN
	163	3	4:03	4:05	4:05	4:07	2 MIN
	160	3	4:08	4:09	4:09	4:11	2 MIN
	161	3	4:09	4:10	4:10	4:12	2 MIN

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY C. Wilton ALSO PRESENT SPERRY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



EX DRIVEWAY

(NON-BUILDABLE)
PRESERVATION
PARCEL 'B'
(ENVIR. USE)
102,005± S.F.
OR 2.34± AC.

PERC 172

PERC 168

PERC 170

PERC 168

PERC 175

PERC 175A

PERC 171

PERC 162

PERC 165

PERC 163

PERC 153

PERC 174

PERC 173

PERC 169

PERC 164

PERC 162

PERC 155

PERC 152

LOT 49
46,795± S.F.

LOT 48
47,471± S.F.

LOT 47
48,588± S.F.

LOT 46
49,938± S.F.

LOT 45
48,222± S.F.

LOT 43
50,000± S.F.

LOT 1
49,998± S.F.

PERC 303

PERC 304

LOT 3
48,710± S.F.

PERC 305

LOT 4
48,820± S.F.

PERC 319

LOT 44
48,848± S.F.

STREET 'B'

EX DRIVEWAY

STREET

EKB2
TRA

EKB2
TRA

EKB2
TRA

EKB2
TRA

Handwritten notes and symbols in the upper right quadrant.

Handwritten notes and symbols in the upper right quadrant.

Handwritten notes and symbols in the upper right quadrant.

Handwritten notes and symbols in the middle right area.

Handwritten notes and symbols in the middle area.

Handwritten notes and symbols in the middle right area.

Handwritten notes and symbols in the lower right area.

PERC 1

PERC 4

PERC 7C

PERC 8

PERC 10

PERC 12

PERC 15

EX. DRIVEWAY

N56°26'58"

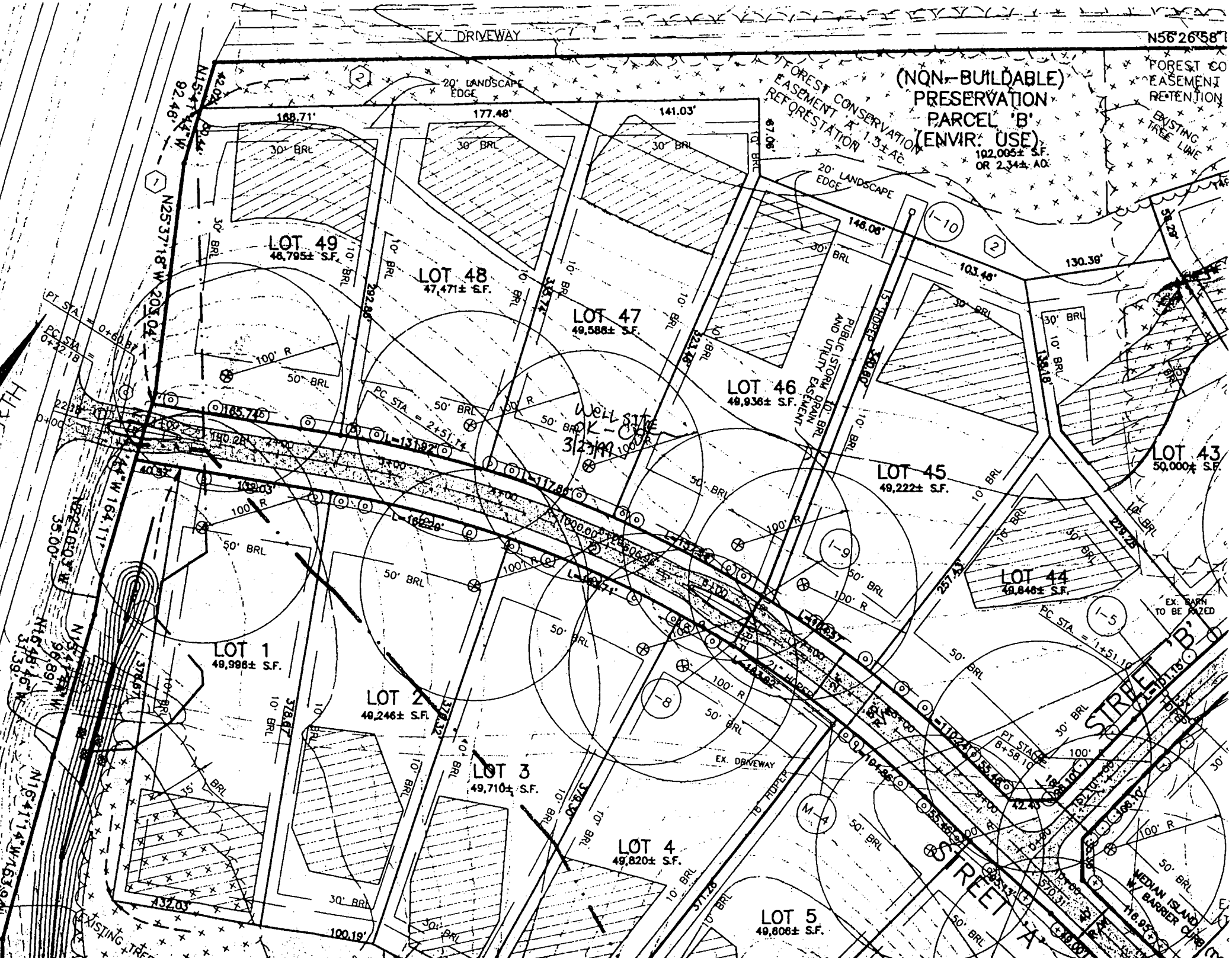
(NON-BUILDABLE)
PRESERVATION
PARCEL 'B'
(ENVIR. USE)

102,005± S.F.
OR 2.34± AC.

FOREST CO
EASEMENT
RETENTION

FOREST CONSERVATION
EASEMENT 1.3± AC.
REFORESTATION

EXISTING
TREE LINE



LOT 49
48,795± S.F.

LOT 48
47,471± S.F.

LOT 47
49,586± S.F.

LOT 46
48,936± S.F.

LOT 45
49,222± S.F.

LOT 43
50,000± S.F.

LOT 44
48,846± S.F.

LOT 1
49,986± S.F.

LOT 2
49,246± S.F.

LOT 3
49,710± S.F.

LOT 4
49,820± S.F.

LOT 5
49,606± S.F.

WELL SITE
312749

STREET B

STREET A

MEDIAN ISLAND
W/ BARRIER CURB

ORTH

EXISTING TREE