

LAYOUT 2/28/02 AM INSP 4 _____
 INSP 2 3/1/02 AM INSP 5 _____
 INSP 3 6/7/02 1:00 INSP 6 _____

ISSUE DATE: 2/22/2002

APPROVAL DATE: 6/7/02

PERMIT INDEXED

P 516529-A

A 59914-YYY

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

04-363574

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

ADDRESS: 580 Obrecht Rd., Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Monticello LOT NUMBER: 14

ADDRESS: 1758 Oakdale Drive PROPERTY OWNER: D. R. Horton, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A 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 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 65' off of the left 285.96' lot line and 135' off of the front lot line.
NOTES:	<u>BEST TRENCH LAYOUT TO BE DETERMINED DURING PRE-CONSTRUCTION INSPECTION</u>

PLANS APPROVED: Brian Baker ON SRV 2/21/02 DATE: 10/15/2001

- 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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A59914-YYY

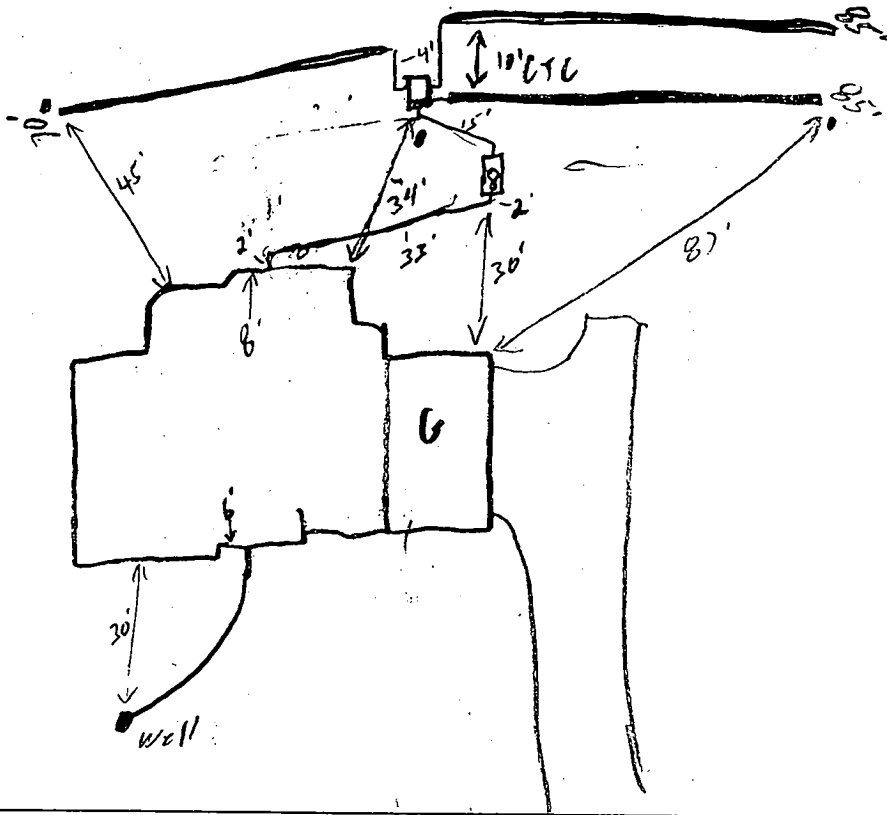
NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240
ABSORPTION AREA		720#
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		N/A

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	yes
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	30"
BAFFLES	yes
BAFFLE FILTER	no
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	N/A
BAFFLES	N/A
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	



Oakdale Drive

ROAD

PRE-CONSTRUCTION 2/24/02 Layout per B.P. (E)

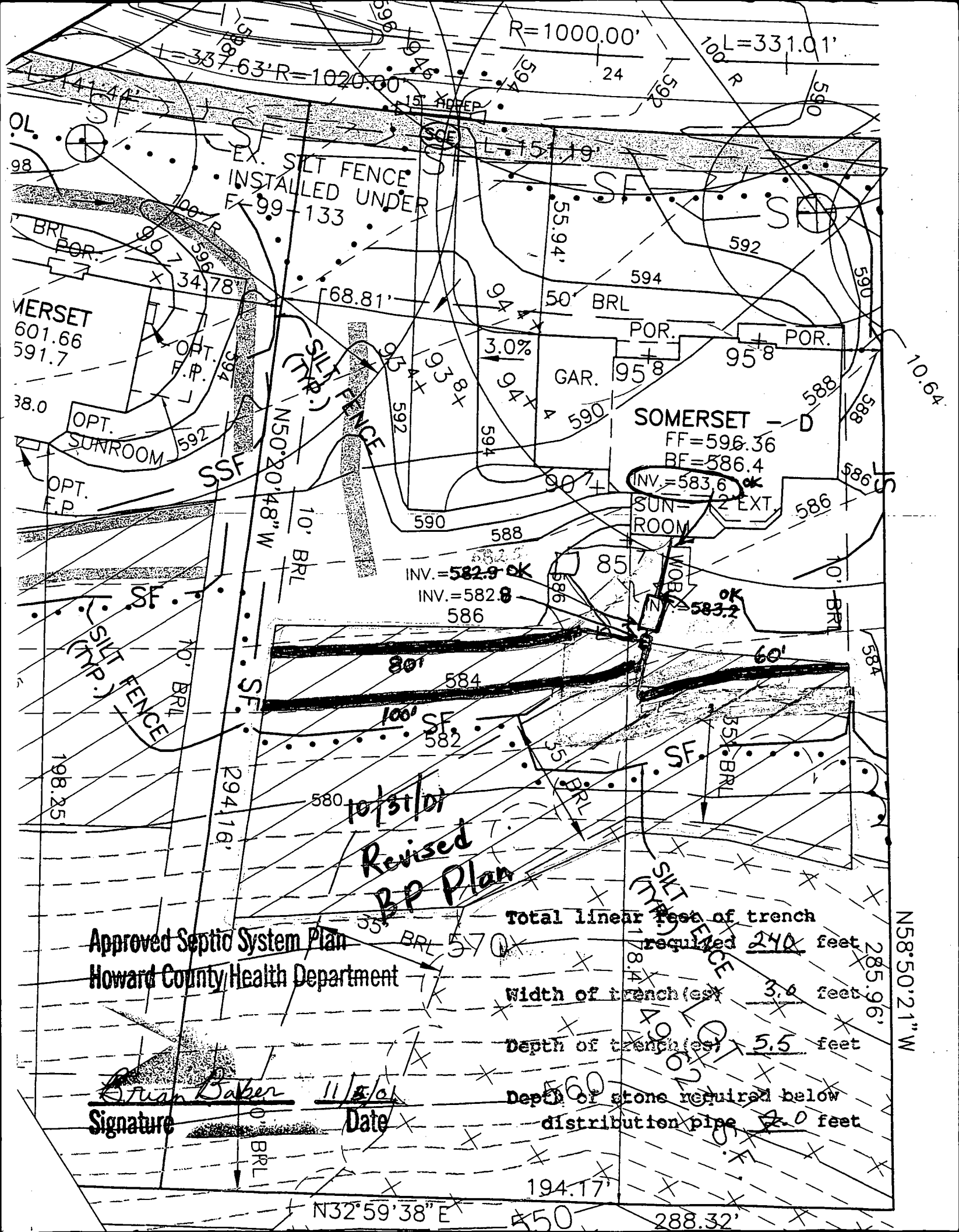
INSTALLATION 3/1/02 OK to cover, keep last trench open at end (E)
3/1/02 OK to cover all work

6/9/02 Disc. w/ Barber (Marty) & Kyles (Greg) moving of tank
Disc 10' setbacks from house & deck & moving tank further towards
the garage. Contr. not sure if he can get full (S)

6/5/02 S.T. moved & reset. OK to cover all work (S)

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 6/7/02



10/31/01
 Revised
 BP Plan

Approved Septic System Plan
 Howard County Health Department

Brian Baker 11/2/01
 Signature Date

Total linear feet of trench
 required 240 feet
 Width of trench (est) 3.0 feet
 Depth of trench (est) 5.5 feet
 Depth of stone required below
 distribution pipe 2.0 feet

N58°50'21"W

N32°59'38"E

Filed
6-11-02
Relaxed
6/26/02

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 Crescent Rd
Sylvestre, MD 21781

(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 #: 410-301-674-4922
Subdivision: Monticello Lot #: 14 Well Tag #: HO 94-2179
Site Address: 1758 Cardale Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Haydel's Breeze Make Campbell Two piece watertight cap: YES
Model #: 75807422 Model#: N/A Screened, vented well cap: YES
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing: YES
Well Yield: 10 GPM NSF/WSC approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 300 (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 House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 160 (150 psi min) Approximate length of sleeve: 6"
Depth of supply line: 12" (36" min) Sleeve caulked and sealed properly: YES

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

Allen Compton 5/31/02
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 5/20/02 Inspector: SO SRK
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 ✓

C1 9670 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 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

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 6 2 99
 Depth of Well
 22 325 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-94-2179
 28 29 30 31 32 33 34 35 36 37

OWNER HIGHLAND Development
 STREET OR RFD Street A TOWN GENWOOD
 SUBDIVISION KNAPP PROPERTY SECTION _____ LOT 14

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	90	
Gray Granite	90	325	✓

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 32 NO. OF POUNDS 3008
 GALLONS OF WATER 192
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 90 ft.
 (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) 95
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to

SCREEN RECORD
 screen type or open hole
 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. MSD024
 DRILLER'S 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)

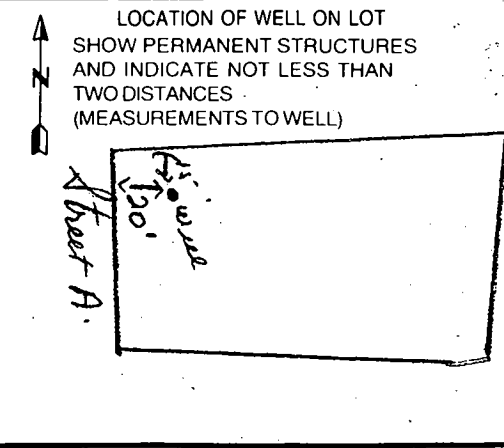
DEPTH (nearest ft.)
 1 HO 93 325
 2
 3
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 76

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 O
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 10
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 55 ft.
 WHEN PUMPING 83 ft.
 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
 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)



B 1	7474	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 2179 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) **03 08 99**

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name Owner First Name 34
Highland Development
 36 P.O. Box 228 Street or RFD 55
 57 Clarksville Md. 21029 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Knapp Property** 42
 SECTION **14** LOT **14**
 44 46 48 50
Clenwood
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **3** M I
 73 76 77 78

DRILLER INFORMATION

Driller's Name **Joseph L. Mayne** MS DO 24 License No. 81
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature **Joseph L. Mayne** Date **3/8/99**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Street A**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **20** FT
 ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL:

HOWARD COUNTY NAME **13** COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **03/10/99** **Chapin** **03/09/00**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **544** 000 EAST GRID **0798** 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **798**
 N **5484**

6/2/99 9:30 location OK
 Grout 10:30 am
 32 Bags done at 4
 95' casing
 90' open hole - SRU

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)

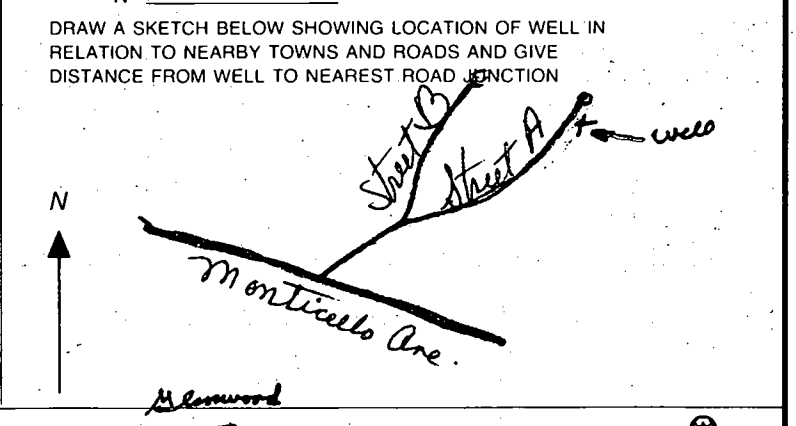
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEM AN EXISTING WELL

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



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

APPROX. PERMIT NUMBER 54 _____ 63

PERMIT No **HO - 94 - 2179**
 70 71 72 73 74 75 76 77 78 79

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

APPLICATION

PERCOLATION TESTING

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

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.

56 LOTS HOUSE(S) - 0600-5207165
EXISTING HOUSE(S) TO BE RECONSTRUCTED
4 DAYS FOR PERMITS
4 DAY FOR PERMITS
WET SEASON TESTING
FOLLOW-UP TESTING
WILL PROMPTLY SUBMIT FEES & IMPROVED PLAN/ APPLICATION (CW)
DATE 4/3/98
DISTRICT _____
A 59915
P _____

PROPERTY OWNER ALFRED KNAPP

ADDRESS MONTICELLO AVE. / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 8480 BALLEW NEAR 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 Dev.
(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 _____

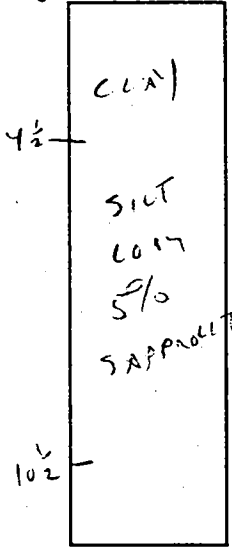
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

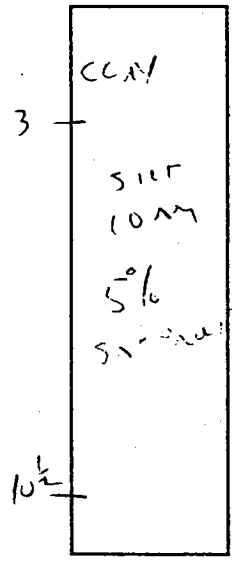
A59914/5
COUNTY #

KNAPP SUBD.

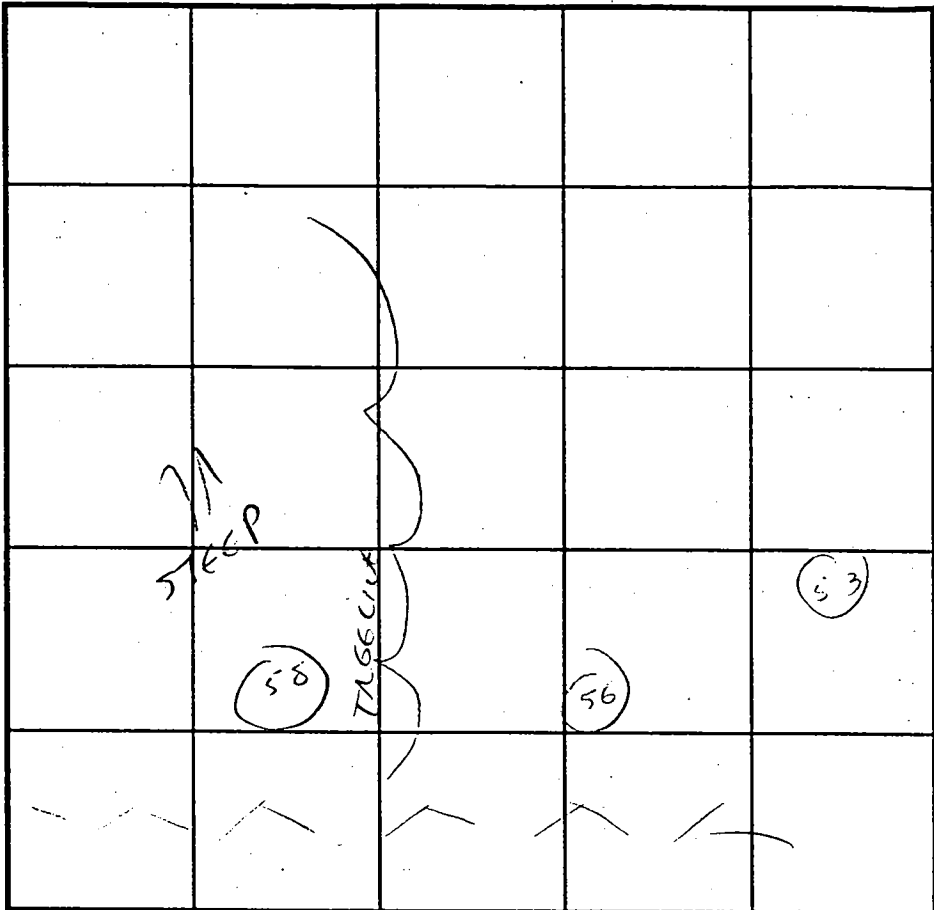
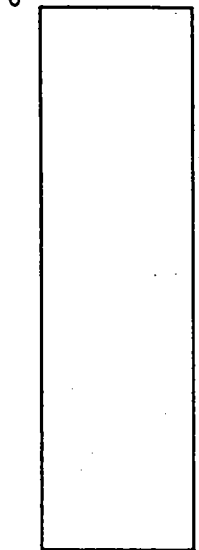
SOIL PROFILE
56



58



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/98	56	5	2:17	2:19	2:19	2:22	3MIN
	58	4	2:19	2:22	2:22	2:26	4MIN

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

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) - W6-03-5207165
TO BE RECONSTRUCTED
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
WILL PROMPTLY SUBMIT
IMPROVED PLAN/
APPLICATION (CW)

DISTRICT _____
DATE 4/13/98

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 / SOC GROUP

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

PROPERTY LOCATION:
SUBDIVISION Knapp Prop. LOT NO. _____
ROAD AND DESCRIPTION LA

TAX MAP _____ PARCEL # _____

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

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[Signature] SECURITY DIV.
(SIGNATURE OF APPLICANT)
STEW SKIPPE - 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

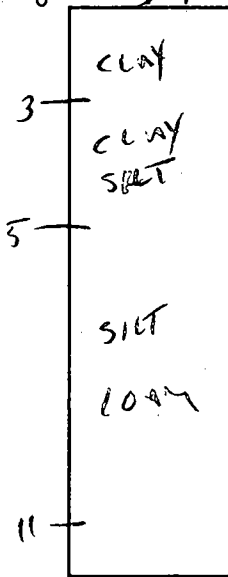
AS9914/5

COUNTY#

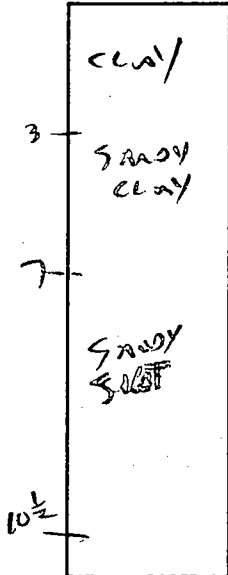
KNAPP SUBD.

SOIL PROFILE

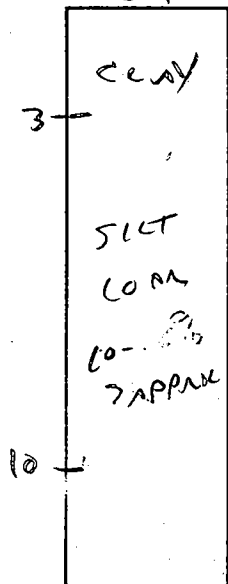
57



60

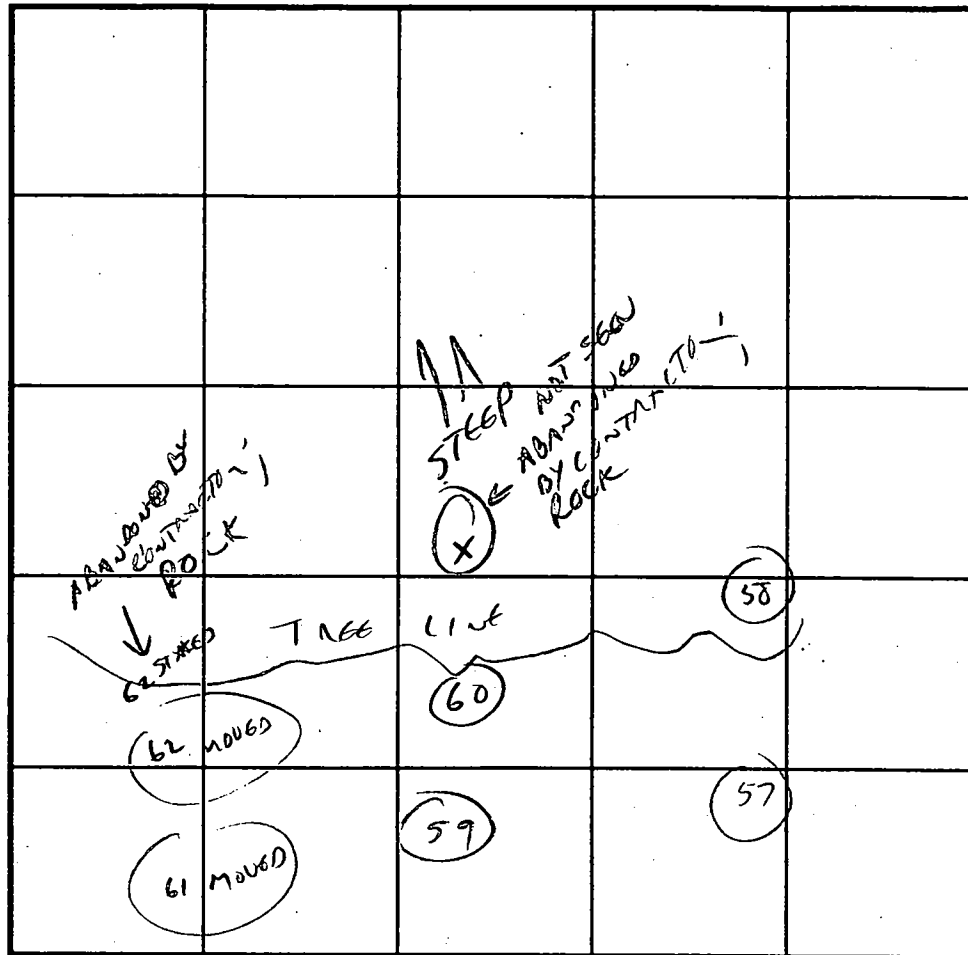
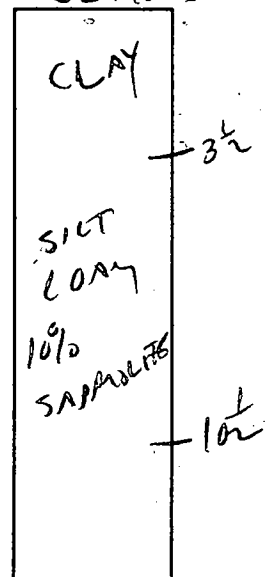


59 (moved)



SOIL PROFILE

62 MOVED



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/24/98	57	4'	2:35	2:37	2:37	2:39	2 MIN	
	60	5'	2:37	2:41	2:41	2:45	4 MIN	
	59	3 1/2'	2:40	2:42	2:42	2:45	3 MIN	
	61	(MOVED UPHILL FROM STAKE) VCS OK 3-10'						
	62	5'	2:46	2:51	2:51	3:02	11 MIN	
	(moved)							

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Wellen ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

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

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 15th PERMITS
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
will properly submit
FEES &
IMPROVED PLAN/
APPLICATION (CW)
DATE 4/3/98
A 59914
P _____
DISTRICT _____

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.

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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 _____ DATE _____
Steve Shiple - TSA
(SIGNATURE OF APPLICANT) SECURITY DAN.

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

A 59914/5
COUNTY #

LOT 15

KNAPP SUBD,

SOIL PROFILE
55

0' —

3 1/2' —

12' —

CLAY
POWDERY
MICA
LOAM

SOIL PROFILE

0' —

		(55)		

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21/98	55	4'	2:36	2:38	2:38	2:42	4 MIN

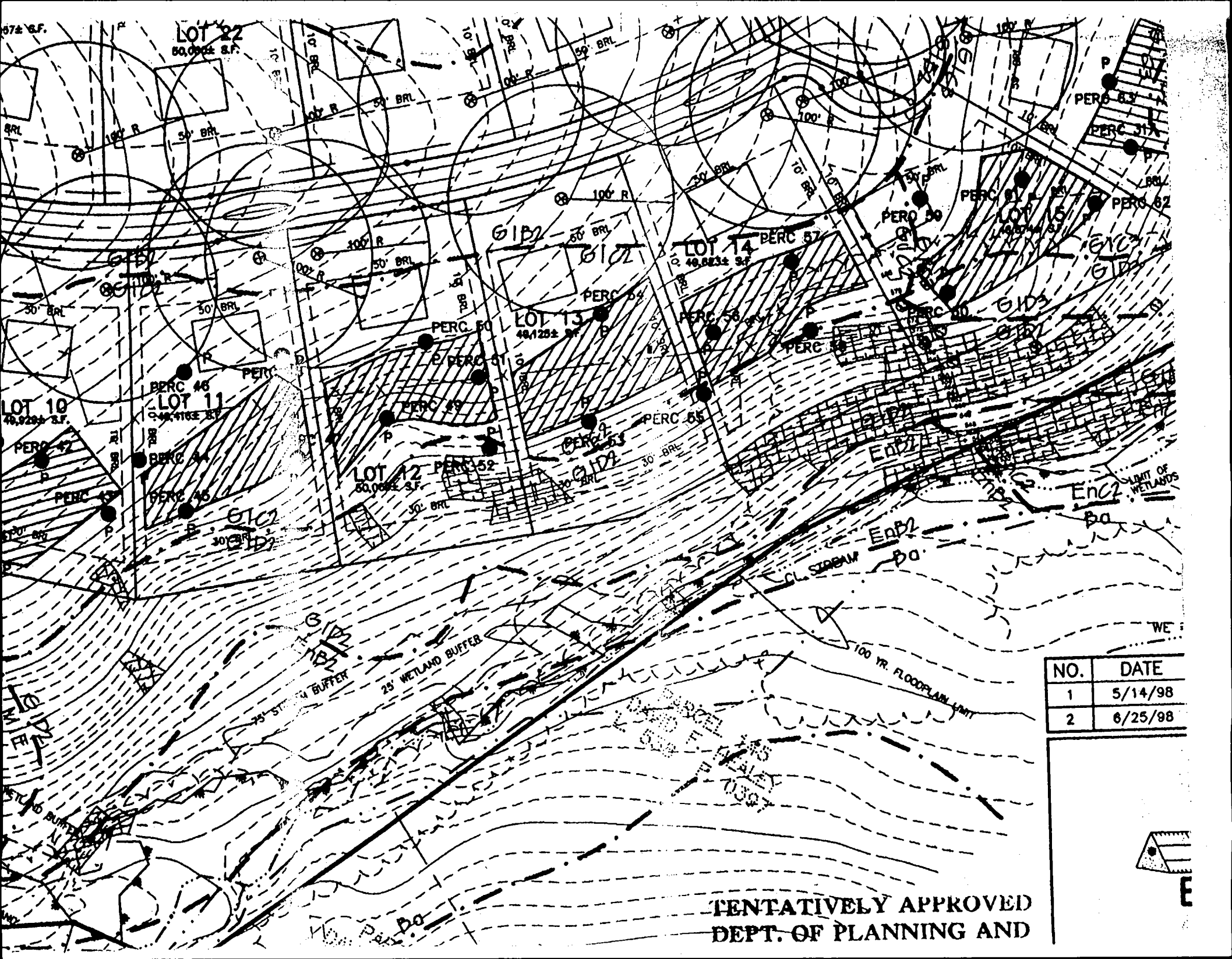
REMARKS _____

TYPE OF SOIL _____

TESTED BY CWILHE ALSO PRESENT SPERRY

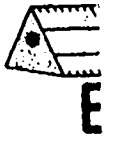
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



NO.	DATE
1	5/14/98
2	6/25/98

TENTATIVELY APPROVED
DEPT. OF PLANNING AND

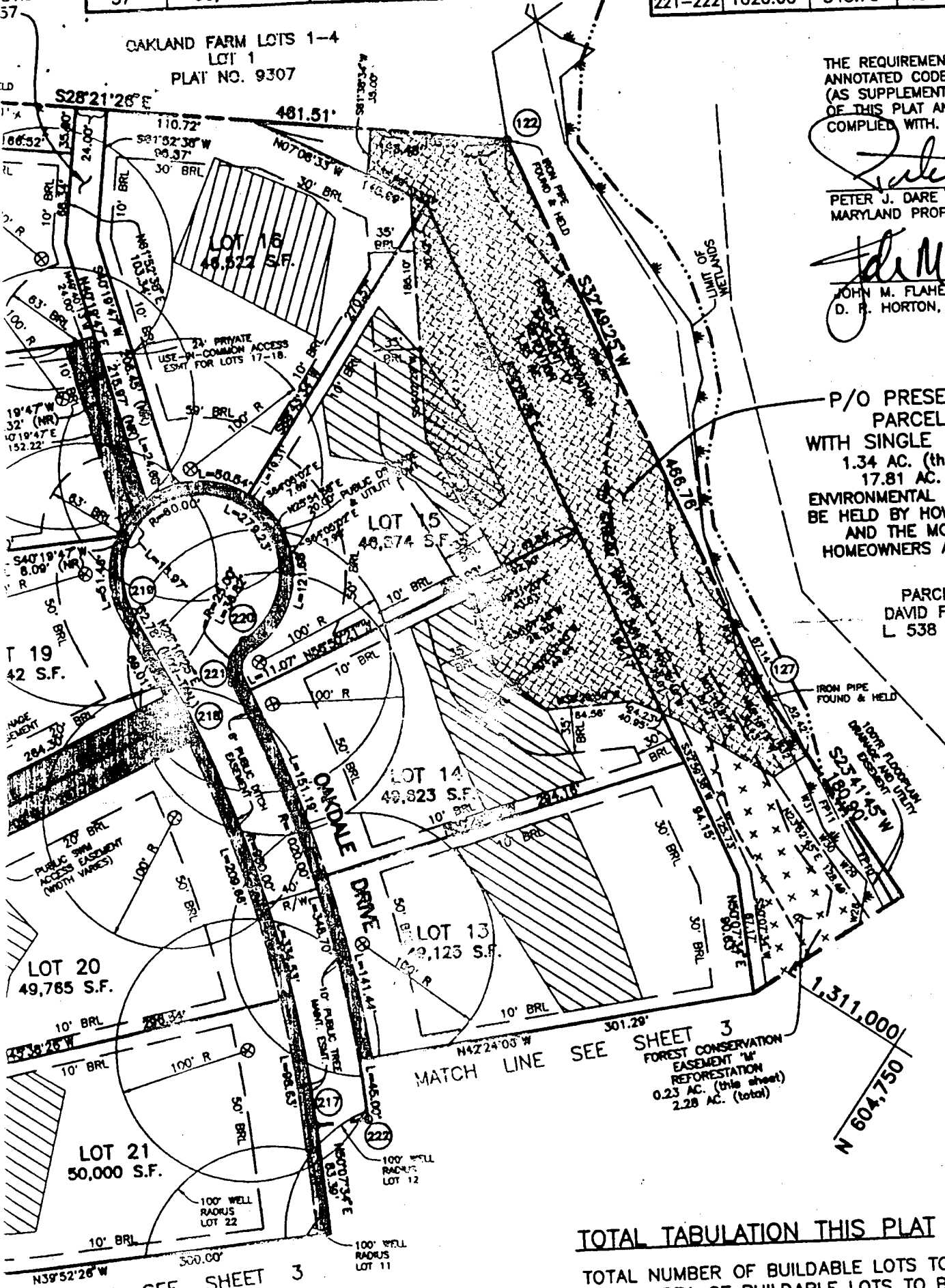


CAKLAND FARM LOTS 1-4
LOT 1
PLAT NO. 9307

THE REQUIREMENTS § 3-108, THE ANNOTATED CODE OF MARYLAND, 198 (AS SUPPLEMENTED) AS FAR AS THE OF THIS PLAT AND THE SETTING OF COMPLIED WITH.

Peter J. Dare
PETER J. DARE
MARYLAND PROPERTY LINE SURVEYOR

John M. Flaherty
JOHN M. FLAHERTY, VICE PRESIDENT
D. R. HORTON, INC.



P/O PRESERVATION
PARCEL 'D'
WITH SINGLE RESIDENCE
1.34 AC. (this sheet)
17.81 AC. (total)
ENVIRONMENTAL EASEMENT TO
BE HELD BY HOWARD COUNTY
AND THE MONTICELLO
HOMEOWNERS ASSOCIATION.

PARCEL 145
DAVID F. HEALEY
L 538 F. 0397

MATCH LINE SEE SHEET 3
FOREST CONSERVATION
EASEMENT "M"
REFORESTATION
0.23 AC. (this sheet)
2.28 AC. (total)

TOTAL TABULATION THIS PLAT

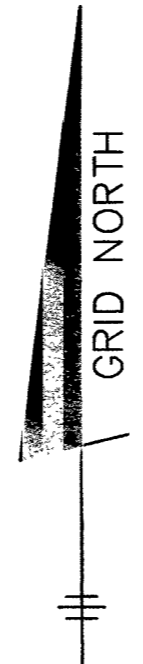
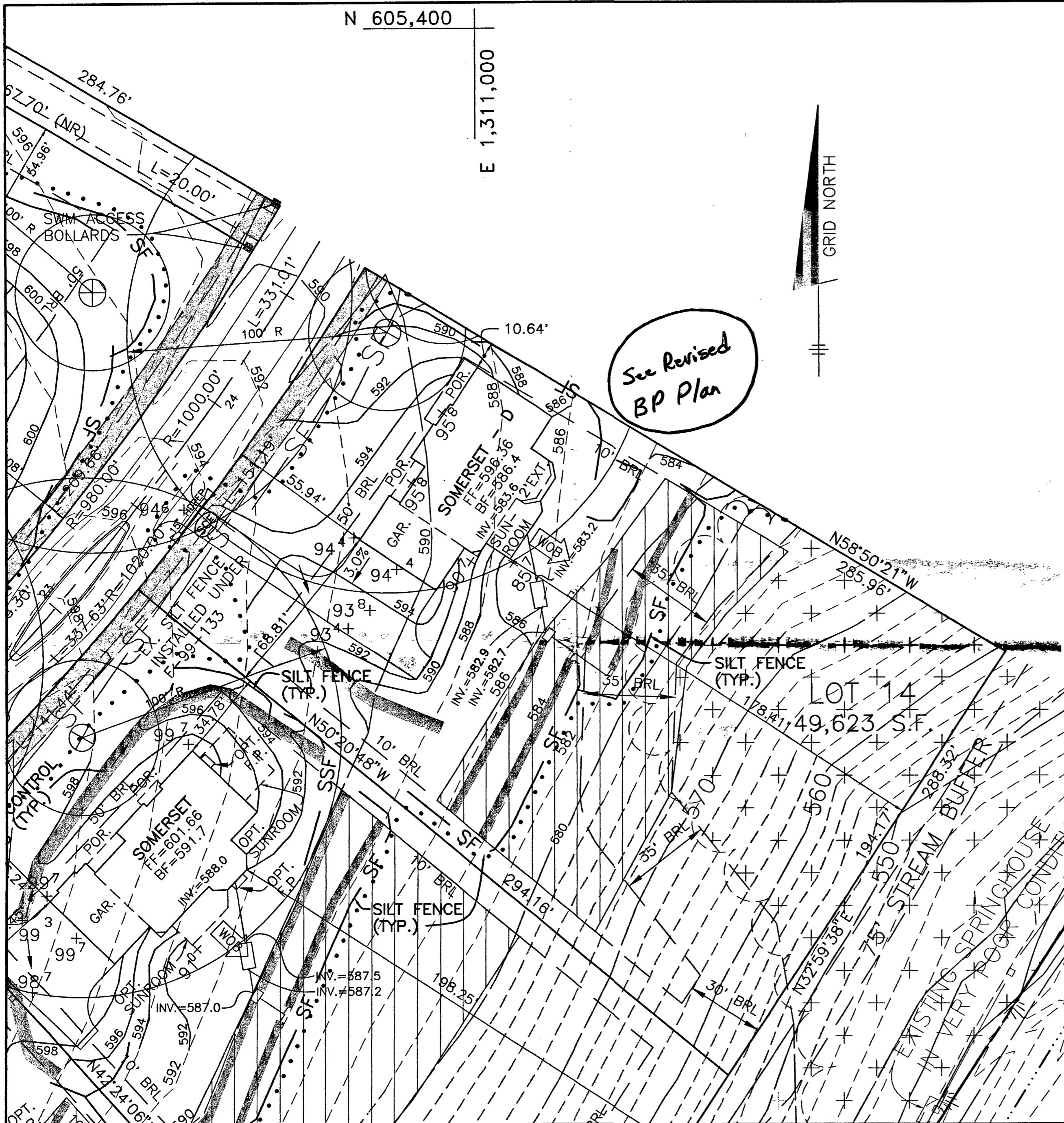
- TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED
- TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED
- TOTAL NUMBER OF OPEN SPACE LOTS TO BE RECORDED
- TOTAL AREA OF OPEN SPACE LOTS TO BE RECORDED
- TOTAL NUMBER OF BUILDABLE PRES. PARCELS TO BE RECORDED
- TOTAL AREA OF BUILDABLE PRES. PARCELS TO BE RECORDED
- TOTAL NUMBER OF NON-BUILDABLE PRES. PARCELS TO BE RECORDED
- TOTAL AREA OF NON-BUILDABLE PRES. PARCELS TO BE RECORDED

OWNER/DEVELOPER:
D. R. HORTON, INC.
SUITE 230
1370 PICCARD DRIVE
ROCKVILLE, MARYLAND 20850
410-465-4244

MATCH LINE SEE SHEET 3

N 605,400

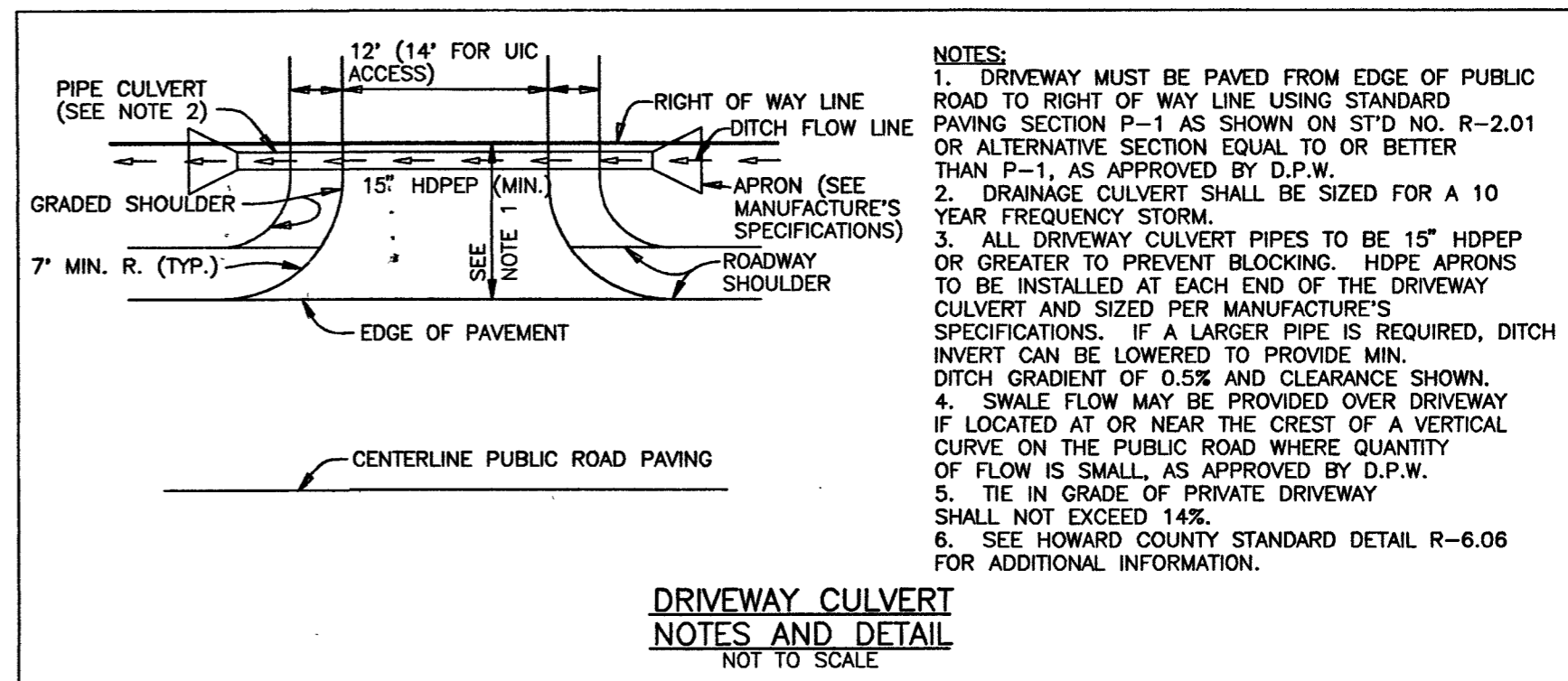
E 1,311,000



See Revised
BP Plan

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 14088, REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-00-92 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.



NOTES:

1. DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT OF WAY LINE USING STANDARD PAVING SECTION P-1 AS SHOWN ON ST'D NO. R-2.01 OR ALTERNATIVE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
2. DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM.
3. ALL DRIVEWAY CULVERT PIPES TO BE 15" HDPEP OR GREATER TO PREVENT BLOCKING. HDPEP APRONS TO BE INSTALLED AT EACH END OF THE DRIVEWAY CULVERT AND SIZED PER MANUFACTURE'S SPECIFICATIONS. IF A LARGER PIPE IS REQUIRED, DITCH INVERT CAN BE LOWERED TO PROVIDE MIN. DITCH GRADIENT OF 0.5% AND CLEARANCE SHOWN.
4. SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY IF LOCATED AT OR NEAR THE CREST OF A VERTICAL CURVE ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL, AS APPROVED BY D.P.W.
5. TIE IN GRADE OF PRIVATE DRIVEWAY SHALL NOT EXCEED 14%.
6. SEE HOWARD COUNTY STANDARD DETAIL R-6.06 FOR ADDITIONAL INFORMATION.

LEGEND

- LIMIT OF DISTURBANCE
- EX. SILT FENCE
- PROP. SILT FENCE
- EX. SUPER SILT FENCE
- PROP. SUPER SILT FENCE
- EX. EARTH DIKE
- PROP. EARTH DIKE
- STABILIZED CONSTRUCTION ENTRANCE
- EXISTING CONTOUR
- PROPOSED CONTOUR
- EROSION CONTROL MATTING

NO.	DATE	REVISION
<p>BENCHMARK ENGINEERING, INC.</p> <p>8480 BALTIMORE NATIONAL PIKE Δ SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 Δ FAX: 410-465-6644 EMAIL: benchmrk@cois.com</p>		
OWNER/BUILDER:		PROJECT:
D.R. HORTON, INC. SUITE 230 1370 PICCARD DRIVE ROCKVILLE, MARYLAND 20850 1-301-670-6144		MONTICELLO LOT 14
LOCATION:		1758 OAKDALE DRIVE COOKSVILLE, MD 21723 TAX MAP 14 - BLOCK 19 - P/O PARCEL 246 4th ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
TITLE:		PERMIT PLAN
HOUSE TYPE:		SOMERSET
DATE:	OCTOBER 11, 2001	PROJECT NO. 1304
DESIGN:	JMC	DRAFT: JMC
SCALE:	1" = 30'	DRAWING 1 OF 1

