

6/4/02 PM Layout
6/5/02 1:00 Layout
6/7/02 1:00

6/11/02 Final 2-3

04-363973

ISSUE DATE: 5/23/2002

APPROVAL DATE: 6/11/02

PERMIT INDEXED

P 516990

A 59915-A

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: Monticello LOT NUMBER: A

ADDRESS: 14416 Monticello Drive PROPERTY OWNER: D.R. Horton Custom

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 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Begin trenches in the center of the highest portion of the sewage disposal area. Run trenches on contour in both directions.
NOTES:	

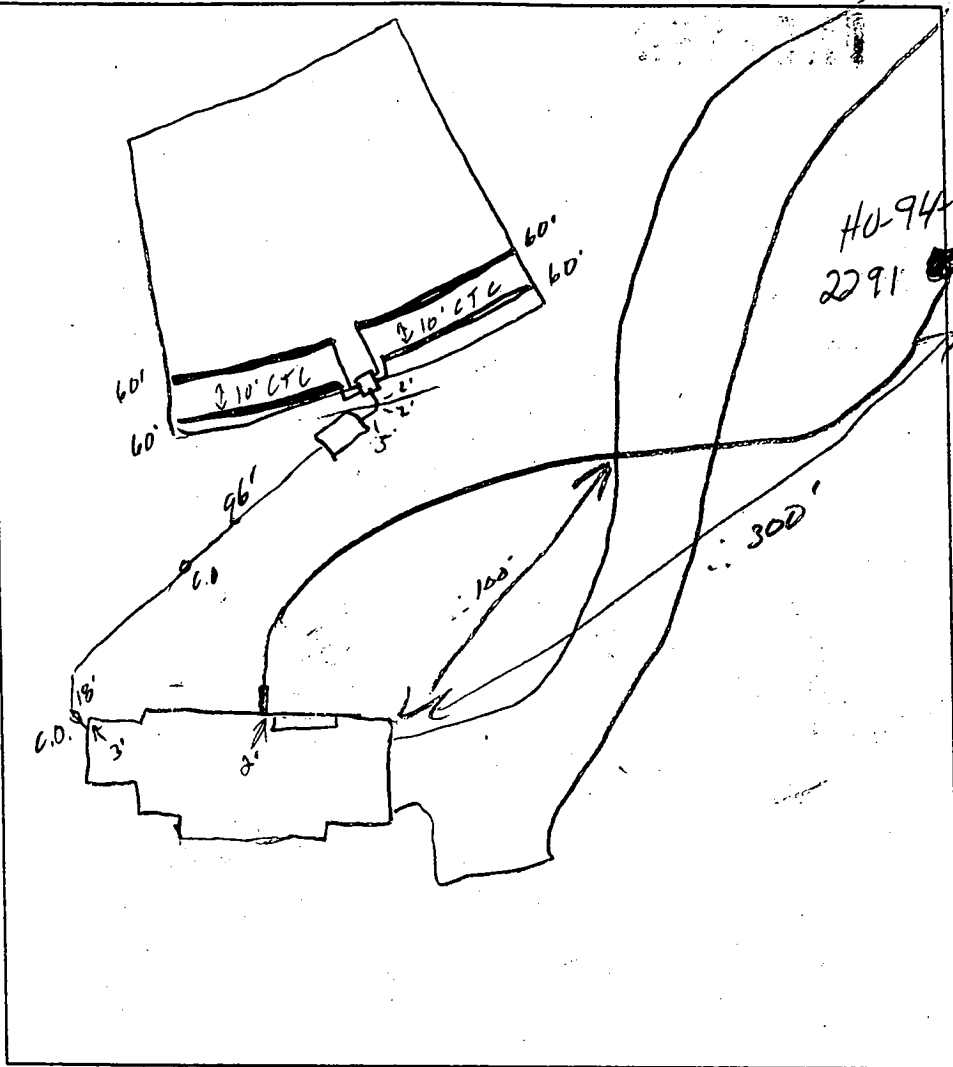
PLANS APPROVED: Amy Mc Millen 4/13/01 OK (BB) DATE: 4-5-01

- 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

A59915-A

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3.5'
 TRENCH BOTTOM DEPTH 5.5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720#
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 FS GALLONS
 MANHOLE RISER Center - 1.5' cover
 6 INCH INSPECTION PORT Front

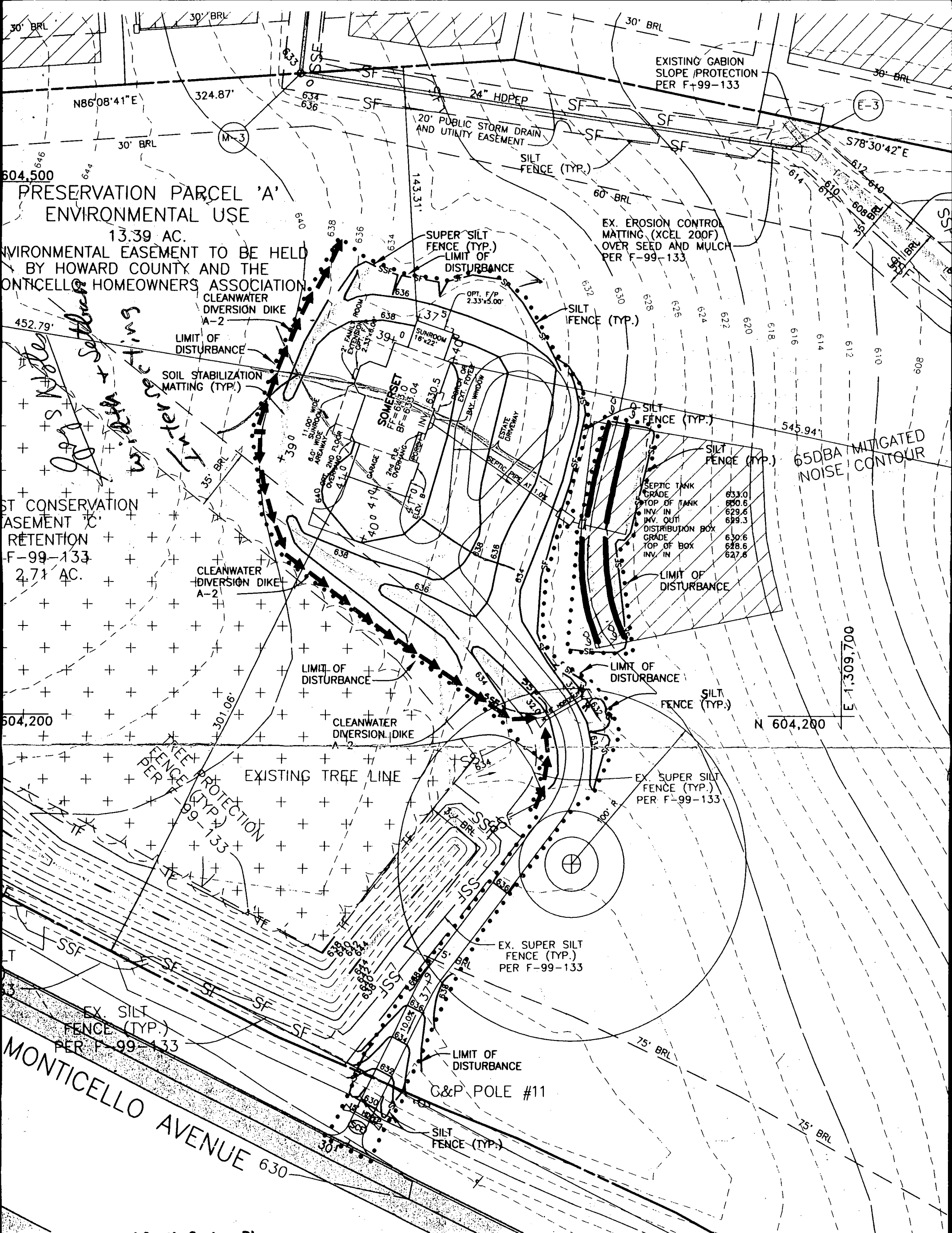
PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER N/A
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 6/4/02 Not ready for layout (SO) 6/5/02 House type, location & conn. changed. Don't think they will get gravity, Contr. having

INSPECTION COMMENTS: builder shoot grades. Lot staked, top as shown (SO)
6/5/02 Reversal B.P. coming, work OK to continue per call to site
super Marty (MR) 6/7/02 OK to cover up to ST. (SO)
6/11/02 OK to cover all work (SO) 6/17/02 ST needs lid (SO)

INSPECTOR [Signature] DATE SYSTEM APPROVED 6/11/02



Approved Septic System Plan
Howard County Health Department

HOUSE PLAN VIEW
SCALE: 1" = 50'

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

Shirley McNeal 4/6/01
Signature Date

SEQUENCE OF CONSTRUCTION

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
Sylasville 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# MSD0009

*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 #: 301-674-4922
Subdivision: Monticello Lot #: _____ Well Tag #: HO 94-2291
Site Address: 14416 Monticello DR. Parcel A

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goolds Make: Campbell Two piece watertight cap: yes
Model #: 75600 Model#: _____ Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing: yes
Well Yield: 15 GPM NSF/WSC approved: yes Conduit min 1 1/2" B.G.: yes
Depth of well encountered at time of pump installation: 200 (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 17.5.4
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: 60 (160 psi min) Approximate length of sleeve: yes
Depth of supply line: 42 (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 7-22-02
Signature of company representative responsible for installation date

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

Date Insp. Requested: 6/5/02 Date Insp. Approved: 6/17/02 Inspector: (50)
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 1679

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM DD YY 9 21 99

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H6 94 2291

OWNER Highland Development STREET OR RFD Sheet A SUBDIVISION Knapp Property SECTION TOWN Glenwood LOT Parcel A

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Granite.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M (B) C CEMENT BENTONITE CLAY

CASING RECORD casing types insert appropriate code below (S) T (C) O (P) L (O) T (S) MAIN CASING TYPE Nominal diameter Total depth

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

SCREEN RECORD screen type or open hole (S) T (B) R (H) O (P) L (O) T (S) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

DEPTH (nearest ft.) Table with columns: T, E, A, C, H, S, R, E, N. Includes depth values for various casing sections.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

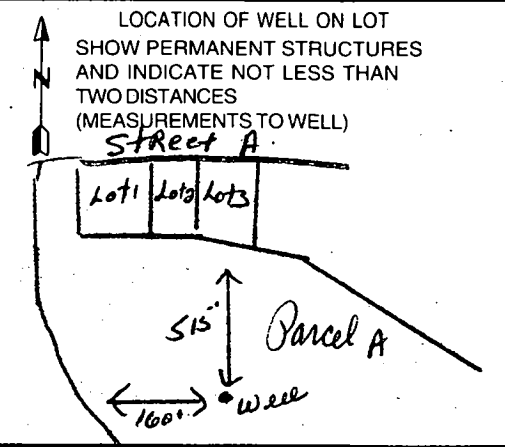
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M 50024 DRILLERS SIGNATURE Joseph H. Mayne LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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



B 1	7410	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0 - 94 - 2291 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
Highland Development

15 Last-Name Owner First Name 34
P.O. Box 228

36 Street or RFD 55
Clarksville Md. 21029

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard COUNTY 21
Knapp Property

23 SUBDIVISION 42
Colenwood

SECTION 44 46 LOT 48 50
Block A

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 M S D O 24 License No. 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy 21771

Signature Joseph L Mayne Date 6/9/99

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Street A NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 900 37 DISTANCE FROM ROAD FT 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)

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 COUNTY NAME COUNTY NO. 13

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 6 21 99 Cy. Williams 6/20/00

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 543 0 0 0 EAST GRID 0797 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 7/21/99 A.M.

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 798⁷

N 540³

000
000

Unable to attend ground test 7/21/99 AB

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR 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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

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

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

N

1000 1000 1000

Monticello are.

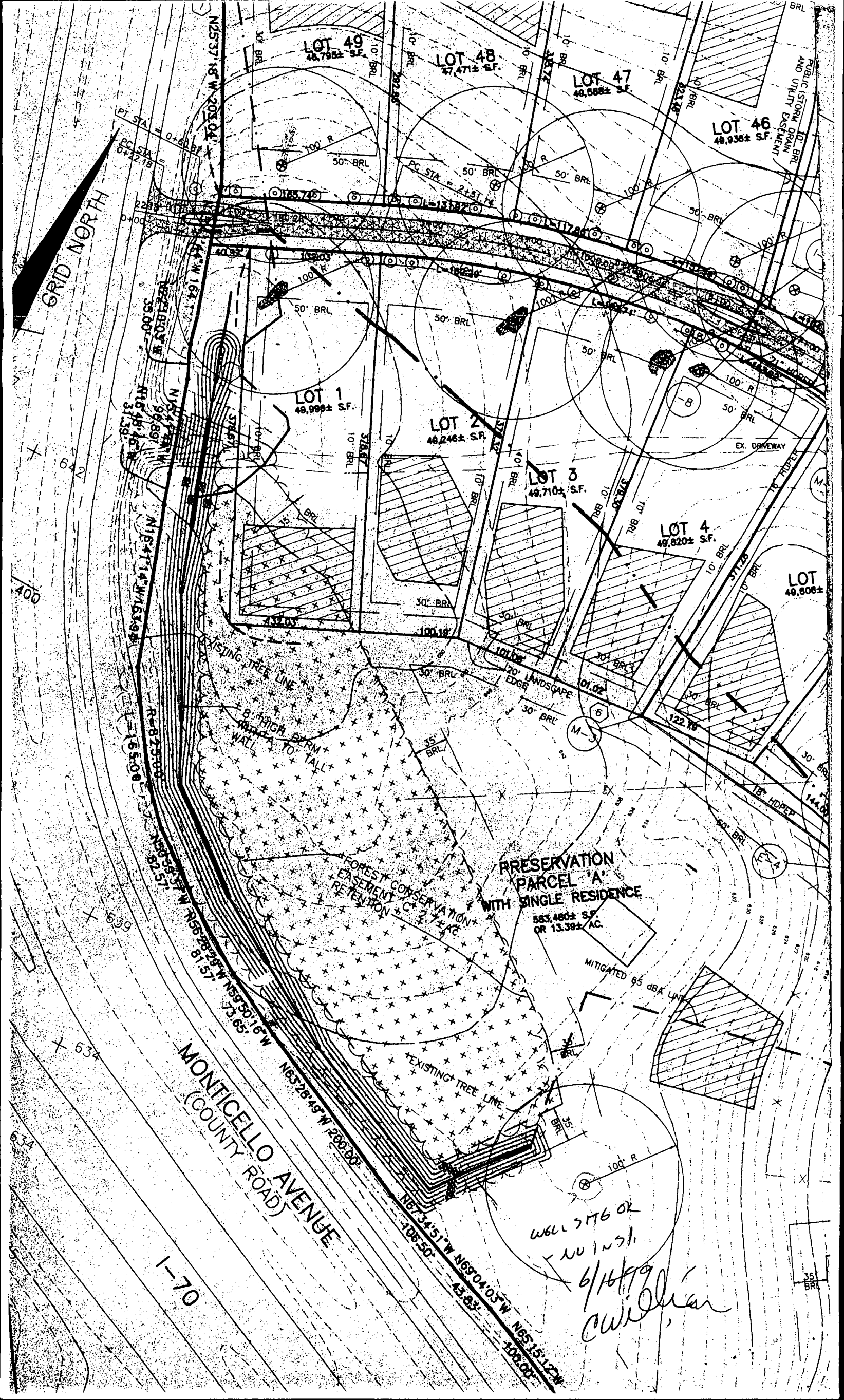
Clarksville

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

APPROX. PERMIT NUMBER 54 _____ 63

PERMIT No. H0 - 94 - 2291

70 71 72 73 74 75 76 77 78 79



GRID NORTH

LOT 49
48,798± S.F.

LOT 48
47,471± S.F.

LOT 47
48,588± S.F.

LOT 46
48,936± S.F.

LOT 1
48,988± S.F.

LOT 2
48,246± S.F.

LOT 3
49,710± S.F.

LOT 4
48,820± S.F.

LOT
48,608±

PRESERVATION
PARCEL "A"
WITH SINGLE RESIDENCE
583,480± S.F.
OR 13.39± AC.

MONTICELLO AVENUE
(COUNTY ROAD)

WELL 5176 OR
1-201251
6/16/99
Cullinan

1-70

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) - 06603-5267165
TO BE RECONSTRUCTED
4 DAYS FOR PRELIMINARY
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
WILL REAPPLY SUBMIT
IMPROVED PLAN/
APPLICATION (CW)

A 59915
P _____

DISTRICT _____
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 Baltimore Nat. 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 SHIPPLE - 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
29 MOVED

0' - 10PSOL CLAY

3 1/2' - SILT LOAM

7' - SAND AS ABOVE BUT VERY MOIST
INDETERMINATE DEPTH
MOTTLED NEAR BOTTOM

10'

32 - 2ND MOVE

C

3 1/2'

20% ROCK

10 1/2' - POSSIBLE MOTTLED (a) 10'

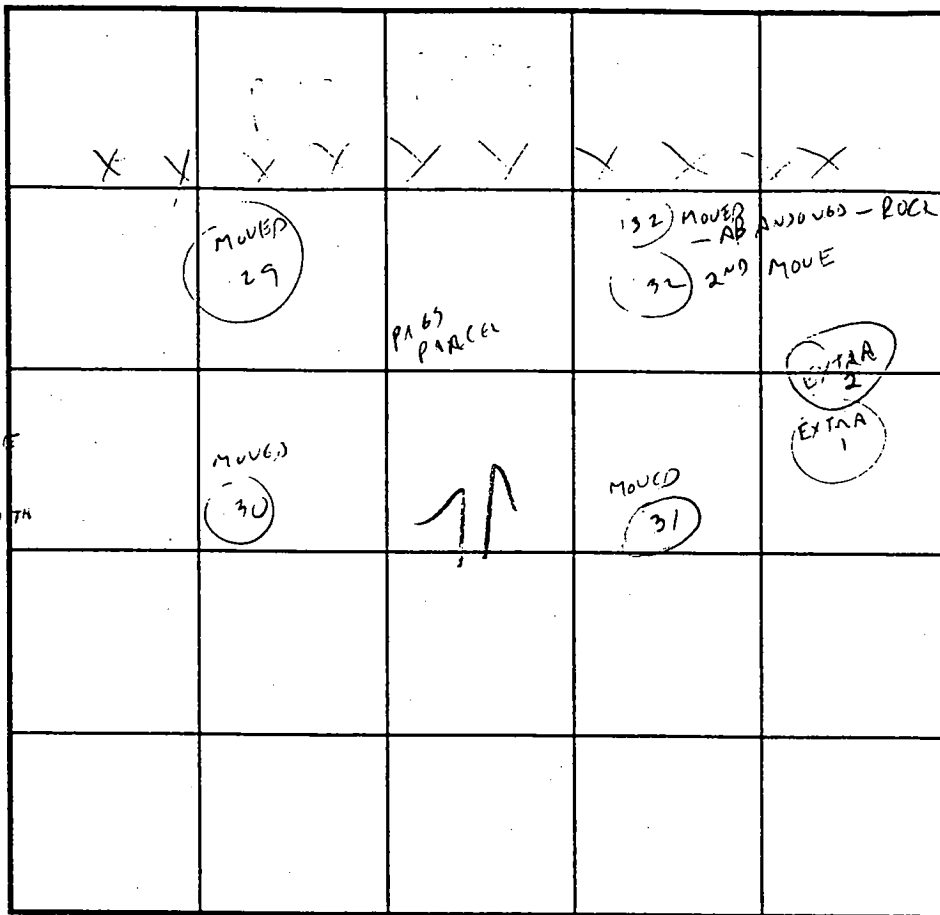
3 1/2' 30

CLAY

3 1/2' - ORANGE/BROWN SAND LOAM

5% ROCK

11'



SOIL PROFILE
EXTRA 2

0' - HIGHLY STRUCTURED 10PSOL (CLAY)

2 1/2' - SILT LOAM

POCKETS 20-30% SAND APPROXIMATE

5' - SILT LOAM

10' - NO ROCK MOTTLED

11'

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	MOVED 29	4	3:27	3:32	3:32	3:38	6MIN
		QUESTIONS - 136 / FAIL WITH 6"					
	2ND MOVE 32	4	3:32	3:35	3:35	3:41	6MIN
	MOVED 31	5	3:26	3:37	3:37	3:39	2MIN
	MOVED 30	5	3:40	3:41	3:41	3:43	2MIN
	EXTRA 1 - ADJACENT BY						
	EXTRA 2 - NOT SUITABLE FOR CONVENTIONAL TRENCHES						
			HIGHLY VARIABLE ROCK CONTENT				

REMARKS DIFFICULT SITE FOR CONVENTIONAL TRENCHES IRREGULAR DEPTH TO ROCK & WATER

TYPE OF SOIL CANDIDATE FOR SAND LOSS CONSIDERATION (w)

TESTED BY C. Willia ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

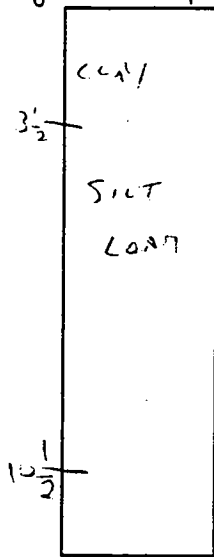
KNAPP SUBD,

AS9914/5

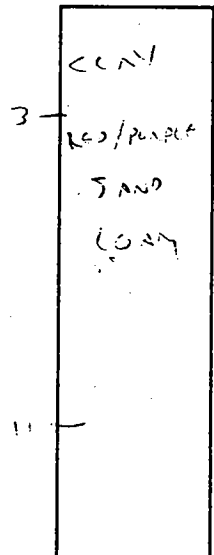
COUNTY #

SOIL PROFILE

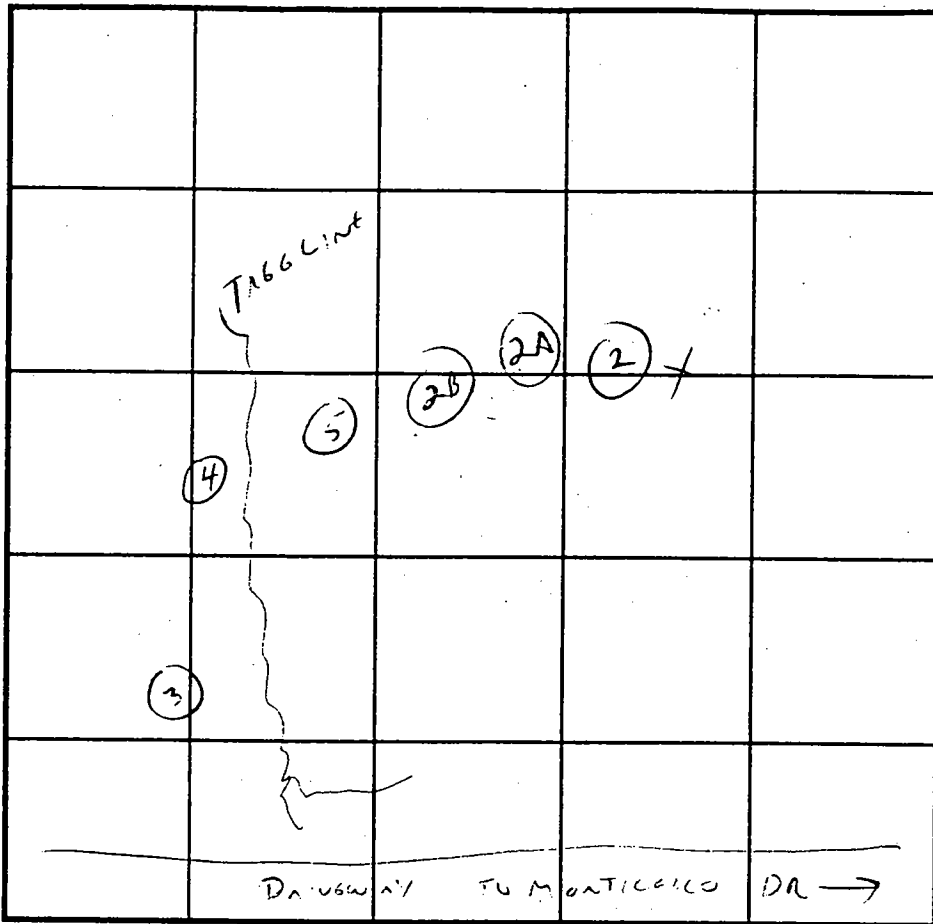
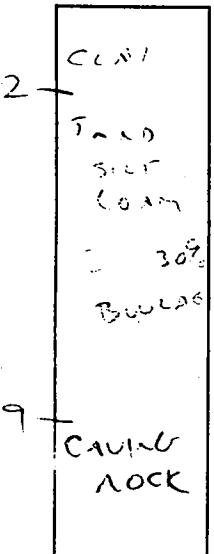
3+4



5

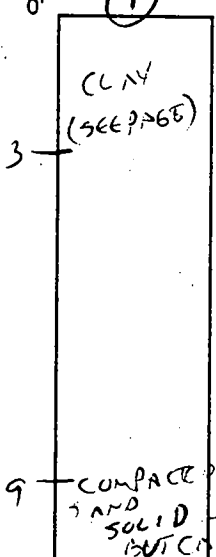


2B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



COMPACT SAND SOLID BUT CAN BE CUMULATED w/ GLEY MOTTLES

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/24/98	3	4	4:25	4:28	4:28	4:32	4 MIN	
	4	4	4:27	4:28	4:28	4:30	2 MIN	
	5	4	4:31	4:32	4:32	4:34	2 MIN	
	2	NOT SEEN - ABANDONED BY CONTRACTOR - ROCK						
	2A	NOT SEEN - ABANDONED BY CONTRACTOR - ROCK						
	2B	2 1/2	4:34	PENCING SLOWLY W/ BATH DIST DISCONTINUED TEST		4:39	2 MIN	
	1	4	4:37	4:39	4:39	4:41	2 MIN	

REMARKS _____

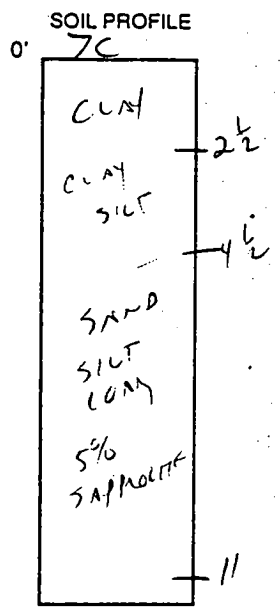
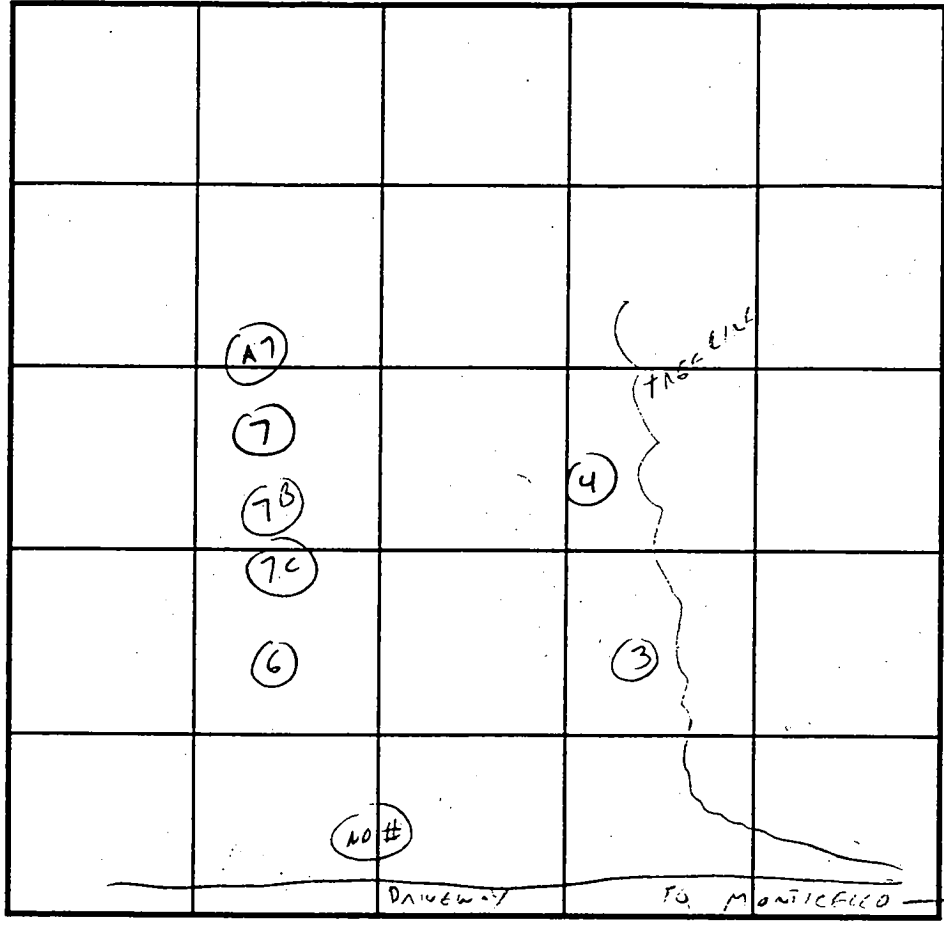
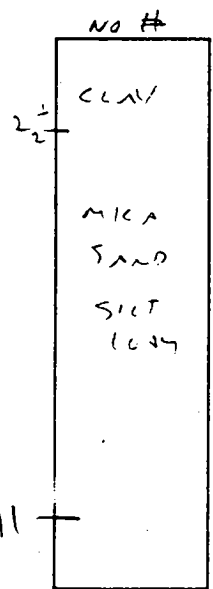
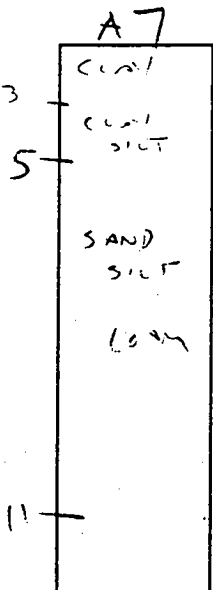
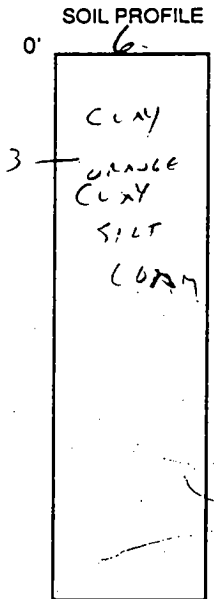
TYPE OF SOIL _____

TESTED BY C. Willner ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

KNAPP SUBD.
A59914/5
COUNTY#



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/68	6	5	4:11	4:16	4:16	4:23	7 MIN
	A7	VIS OK	4-11'				
	7	NOT SEEN	- ABANDONED BY CONTACTS			- ROCK	
	7B	NOT SEEN	- ABANDONED				
	7C	VIS OK	4-11'				
	NO #	VIS OK	3-11'				
	1						

REMARKS _____

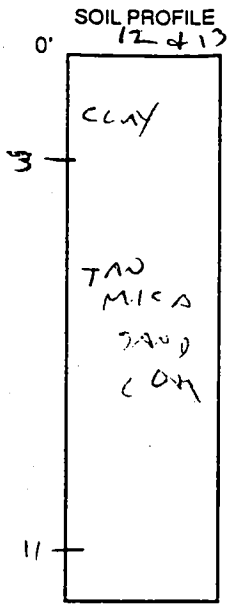
TYPE OF SOIL _____

TESTED BY C. Willson ALSO PRESENT SPERRY

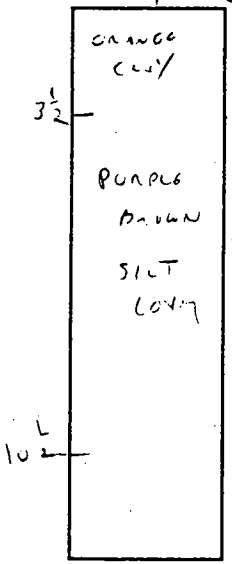
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

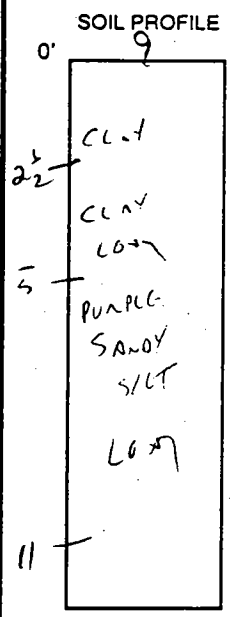
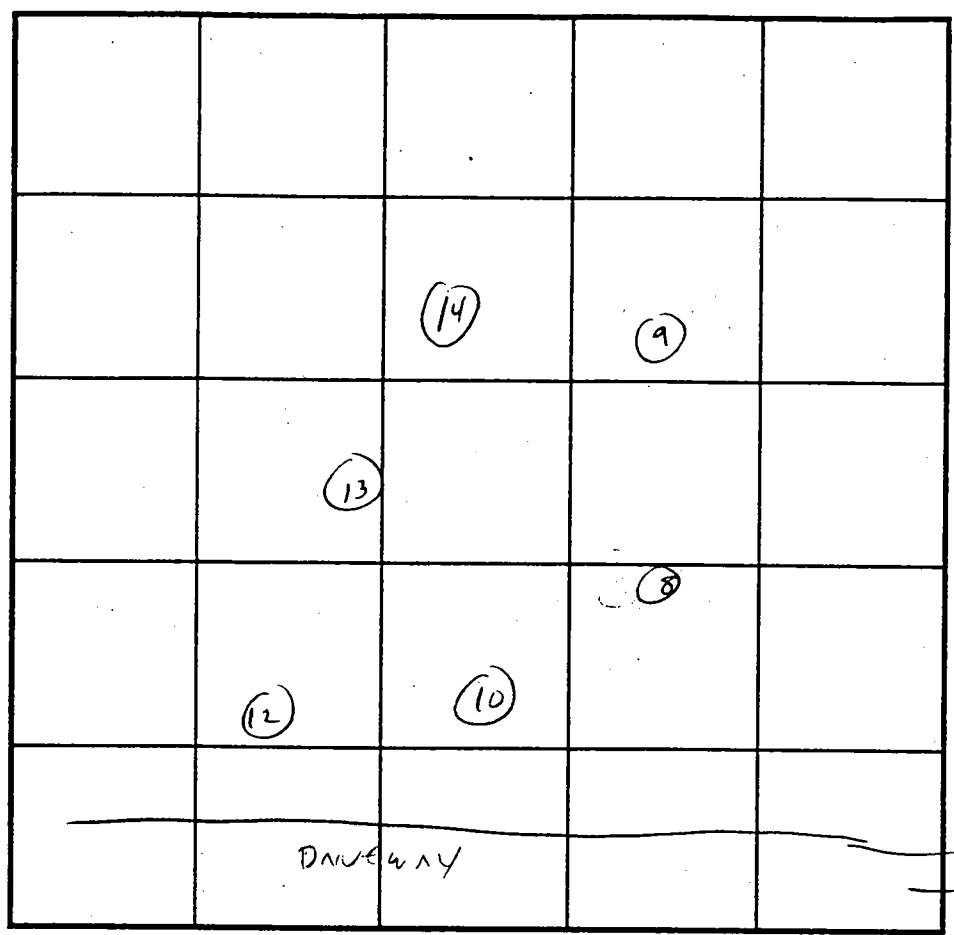
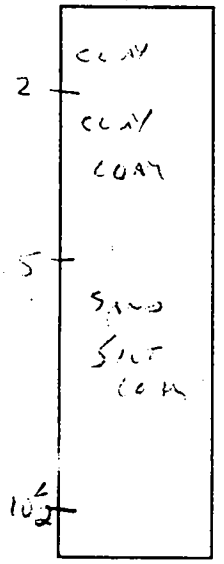
KNAPP SUBD.
A59915
COUNTY #



14 + 8



10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/68	12	4	3:57	4:00	4:00	4:05	5 MIN
	13	VIS CR	3-11'				
	14	4	4:00	4:01	4:01	4:03	2 MIN
	10	4 1/2	4:04	4:07	4:07	4:12	5 MIN
	8	3 1/2	4:05	4:07	4:07	4:11	4 MIN
	9	4 1/2	4:07	4:08	4:08	4:10	2 MIN

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 _____

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

APPLICATION

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) - 26003-56071 CS
TO BE BLIND TESTED
4 DAYS FOR PERCOLATION
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
WILL PROBABLY SUBMIT
IMPROVED PLAN/
APPLICATION (CW)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

DATE 4/3/98

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 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 SHIPPLE - 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 _____

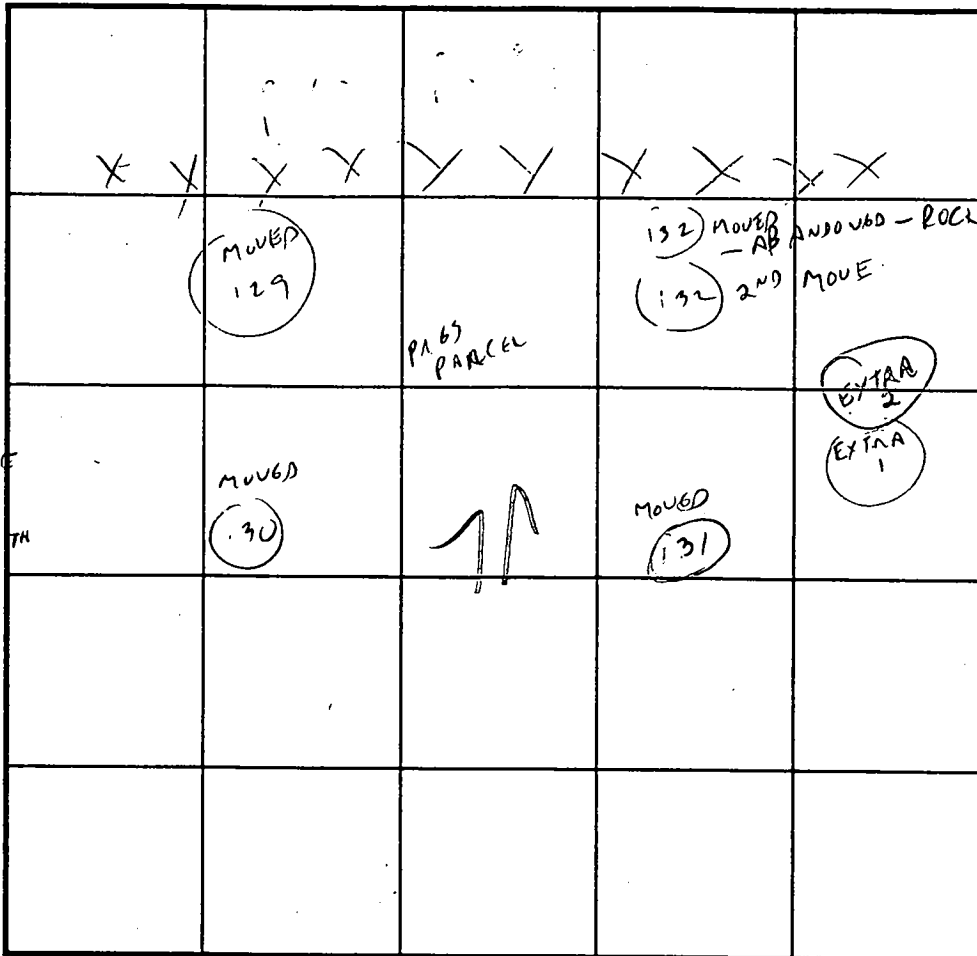
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A59914/5
COUNTY #

KNAPP SUBD.

SOIL PROFILE
0' 29 MOVED
TOPSOIL CLAY
3 1/2' SILT LOAM
7' SAME AS ABOVE BUT VERY MOIST INDETERMINATE DEPTH TO MOTILED NEAR BOTTOM
10'



SOIL PROFILE
0' EXTRA 2
HIGHLY STRUCTURED TOPSOIL (CLAY)
2 1/2' SILT LOAM POCKETS 20-30% SAND APPROXIMATE
5' SILT LOAM
10' NO ROCK MOTILED
11'

32 - 2ND MOVE
C
3 1/2'
20% ROCK
10 1/2' POSSIBLE MOTILED @ 10'

31 + 30
3 1/2'
CLAY / ORANGE SAND LOAM
5% ROCK
11'

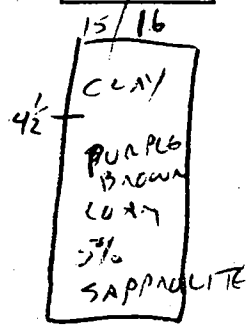
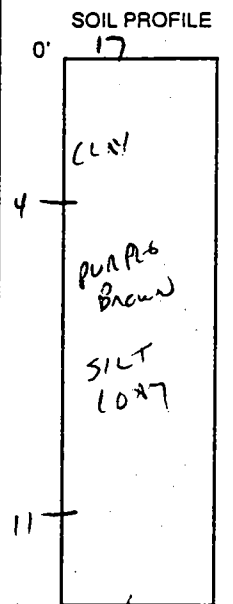
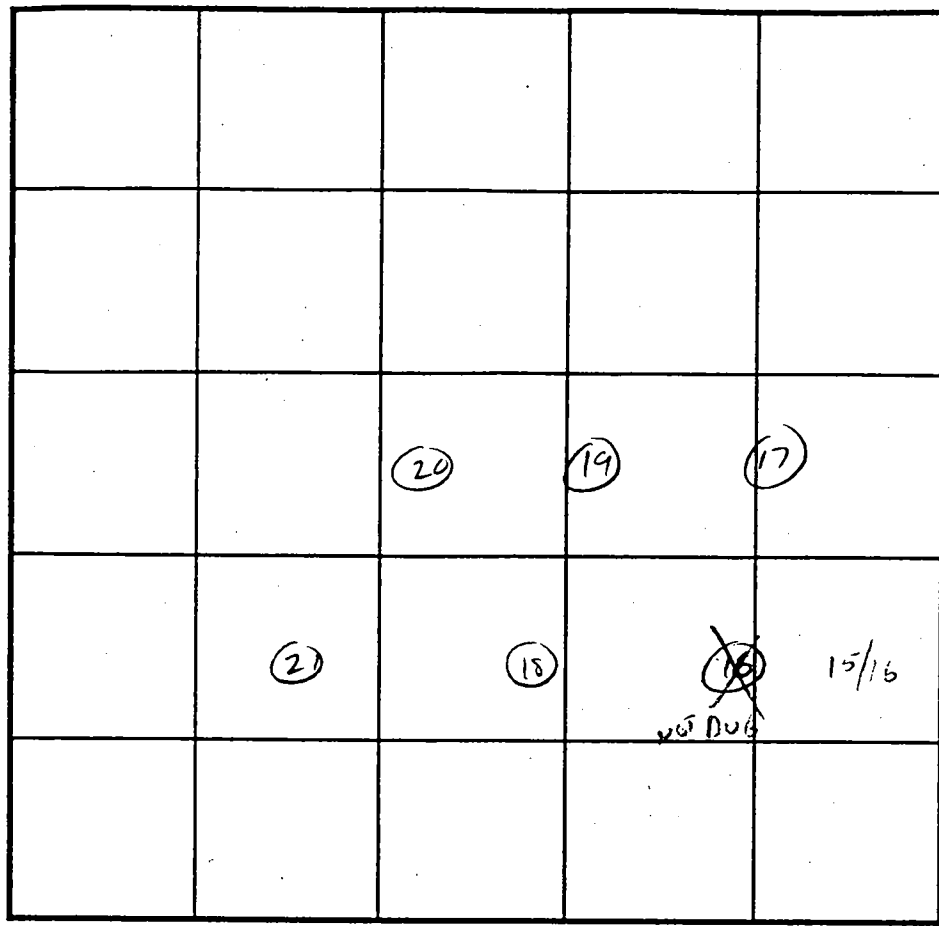
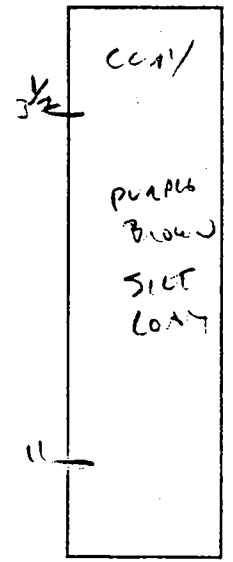
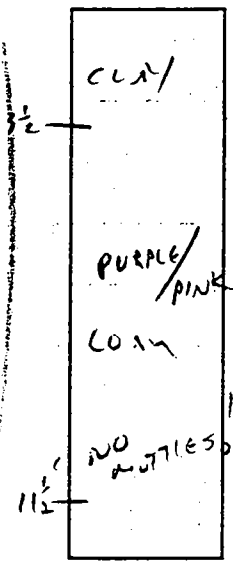
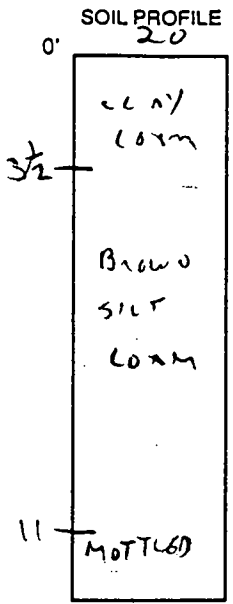
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/24/98	MOVED 129	4	3:27	3:32	3:32	3:38	6 MIN	
			QUESTIONABLE / FAIL WATER					
	2ND MOVE 32	4	3:32	3:35	3:35	3:41	6 MIN	
	MOVED 131	5	3:26	3:37	3:37	3:39	2 MIN	
	MOVED 30	5	3:40	3:41	3:41	3:42	2 MIN	
			EXTRA 1 - ABANDONED BY CONTRACTOR - ROCK					
			EXTRA 2 - NOT SUITABLE FOR CONVENTIONAL TRENCHES HIGHLY VARIABLE ROCK CONTENT					

REMARKS DIFFICULT SITE FOR CONVENTIONAL TRENCHES IRREGULAR DEPTH TO ROCK + WATER
TYPE OF SOIL CALORIFER FOR SAND MOUNDS CONSIDERATION (C)
TESTED BY C. Williams ALSO PRESENT SPERRY
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

A59914/5
COUNTY#

KNAPP SUBD.



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	20	4'	2:00	2:02	2:02	2:06	4 MIN
	19	4'	2:03	2:05	2:05	2:09	4 MIN
	MOVED 25' FROM SWALT						
	18	3 1/2'	2:04	2:10	2:10	2:18	8 MIN
	17	4 1/2'	2:07	2:09	2:09	2:12	3 MIN
	15/16	5'	2:12	2:17	2:17	2:25	8 MIN

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

A59914/5
COUNTY#

KNAPP SUBD.

SOIL PROFILE
21

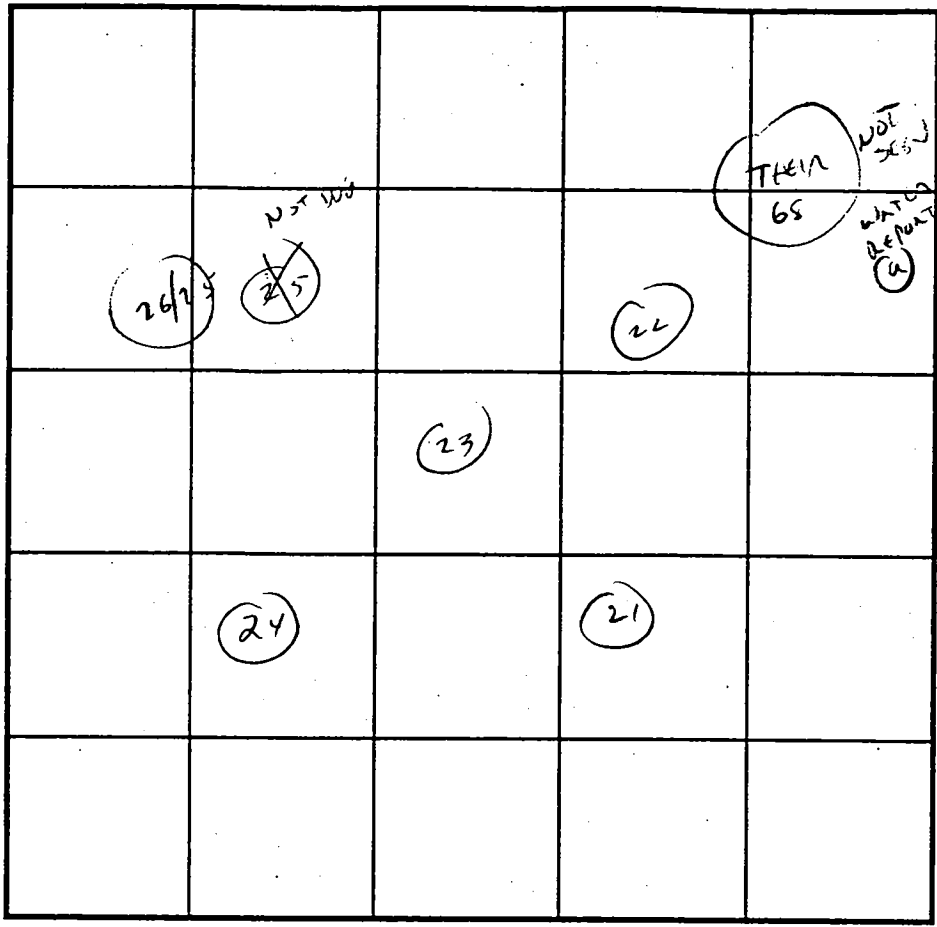
0'
CLAY
4'
YELLOW
BEGE
SILT
LOAM
5%
SAPROUIL

22

3'
CLAY
TAN
SILT
LOAM
11'

23

3 1/2'
CLAY
(DRAINAGE
MOTTLES)
③ 4'
TAN
SILT
LOAM
TO
10 1/2'
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	
4/21/98	24	0750L	PAGE				
	26/25	0740L	PAGE				
	21	4'	1:59	1:59	1:59	2:02	3MIN
	22	3'	1:50	1:53	1:53	2:01	8MIN
	23	015	OK 4	-10 1/2			✓

REMARKS _____
 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 - 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 - 5607/CS
TO 1st PERMITS
4 DAYS FOR PERMITS
WET SEASON TESTING
4 DAY FOR
FOLLOW-UP TESTING
will properly submit
FEES & PLAN/
APPLICATION (CW)
DATE 4/3/98
DISTRICT _____
A 59914
P _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY LOCATION:

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ROAD AND DESCRIPTION M

TAX MAP _____ PARCEL # _____

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

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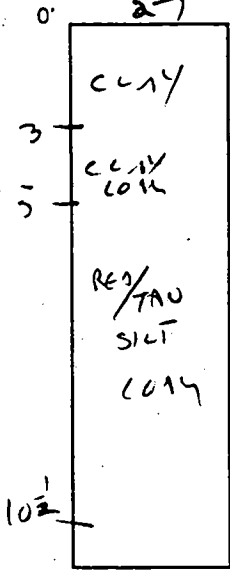
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

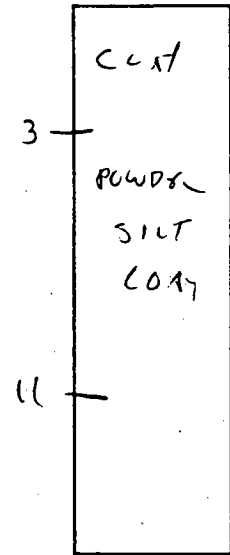
A59914/5
COUNTY #

KNAPP SUBD.

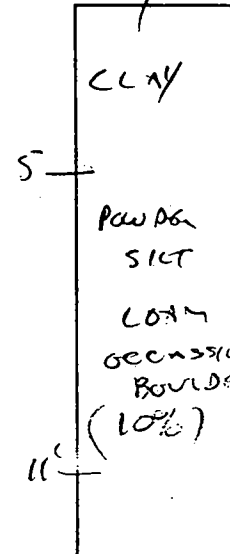
SOIL PROFILE



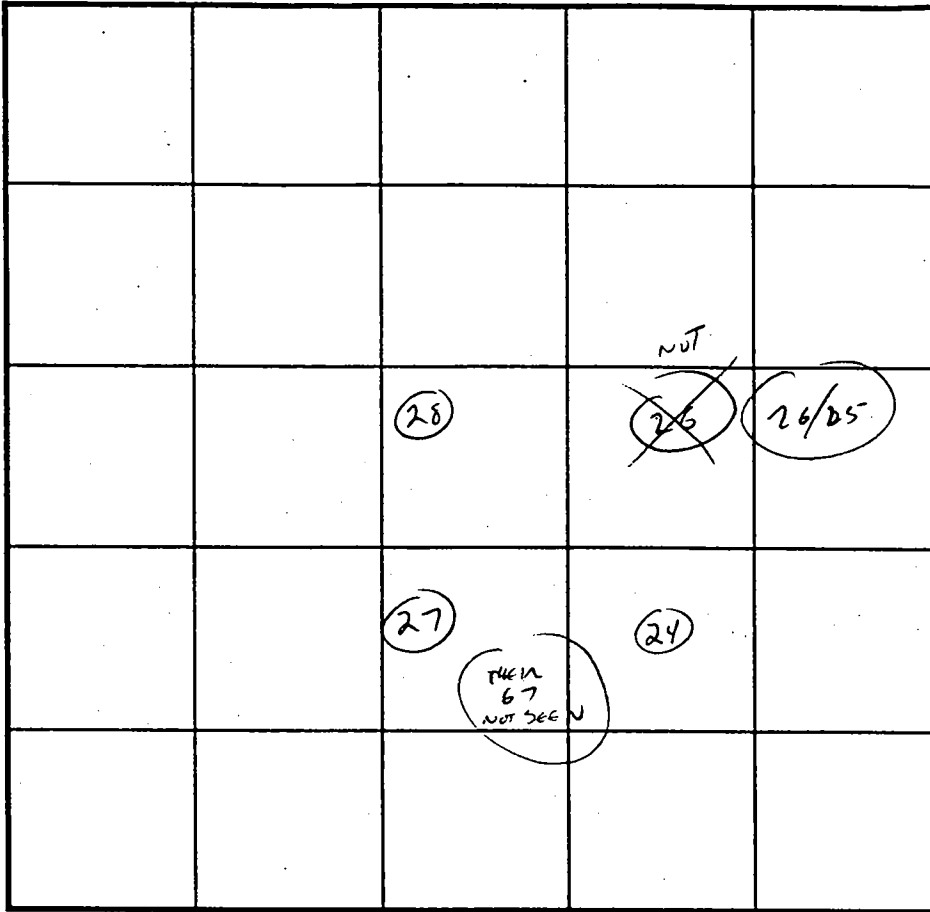
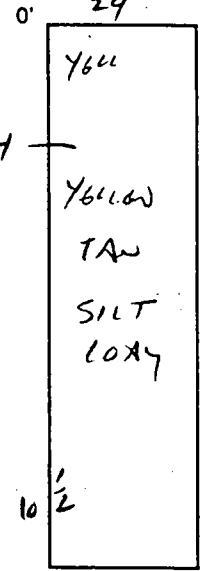
28



26/25



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/21	27	4	1:43	1:45	1:45	1:47	2 MIN
	28	4	1:44	1:45	1:45	1:46:30	1 1/2 MIN
	26/25	5	1:46	1:55	1:55	2:10	15 MIN
	24	3 1/2	1:48	1:51	1:51	1:57	6 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 _____

A 59914/5
COUNTY #

KNAPP SUBD.

SOIL PROFILE
29 MOVED

0' - 10' SOIL CLAY
3 1/2' - SILT LOAM
7' - SAND AS BUT VERY MOIST
INDETERMINATE DEPTH
TO MOTTLER NEAR BOTTOM
10'

32 - 2ND MOVE

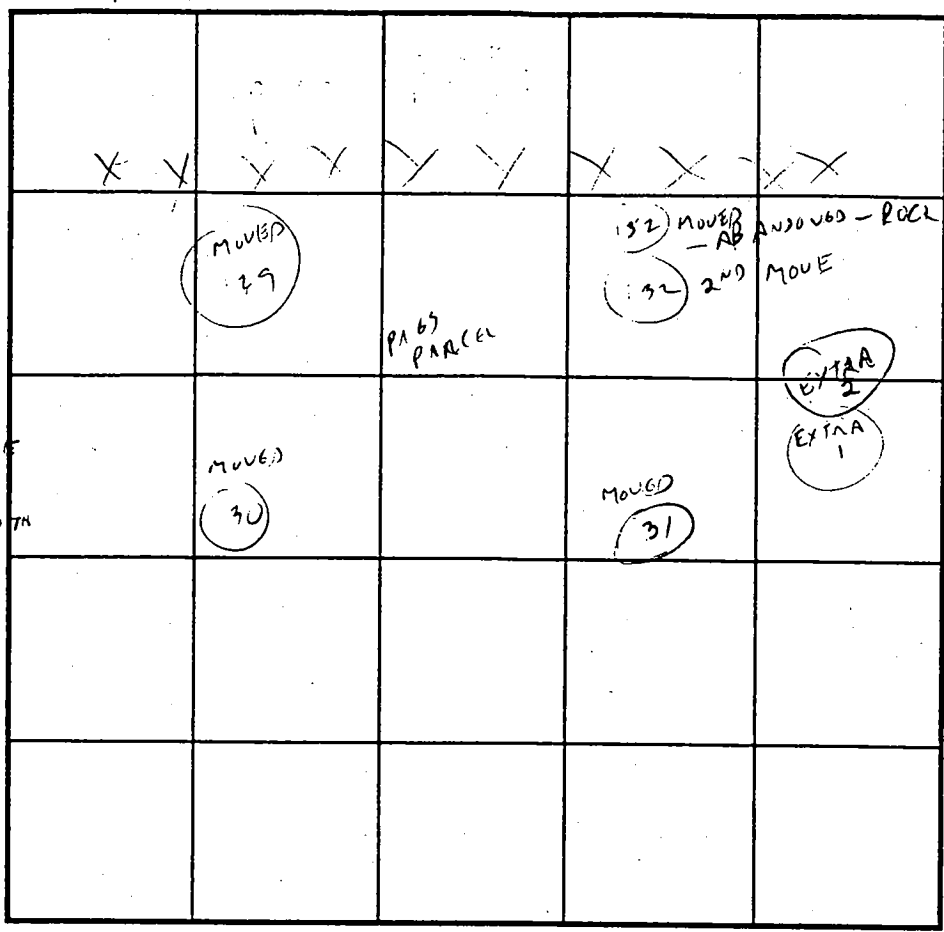
C
3 1/2'

20% ROCK
10 1/2' possible mottled (a) 10'

31 + 30

3 1/2'

CLAY
ORANGE/BROWN
SAND LOAM
5% ROCK
11'



SOIL PROFILE
EXTRA 2

0' - HIGHLY STRATIFIED
TOP SOIL (CLAY)
2' - SILT LOAM
POCKETS 20-30% SAND APPROXIMATE
5' - SILT LOAM
10' - NO ROCK MOTTLER
11'

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	MOVED 29	4	3:27	3:32	3:32	3:38	6 MIN
		QUESTIONS - 10' / FAIL W/ ATG					
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	MOVED 31	5	3:36	3:37	3:37	3:39	2 MIN
	MOVED 30	5	3:40	3:41	3:41	3:43	2 MIN
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