

12/12/07  
AM  
12/21/01  
CO. PM

04-363485

ISSUE DATE:

12/12/07

# PERMIT INDEXED

P 516447A

APPROVAL DATE:

12/21/01

A 59915-H

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

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

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

SUBDIVISION: Monticello LOT NUMBER: 6

ADDRESS: 1722 Oakdale Drive 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 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 160' down the right lot line and 75' off this same lot line. Run (4) 60' trenches on contour in either direction.
NOTES:	

PLANS APPROVED: MER ON SRK 11/27/01 DATE: 9/25/01

- 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 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

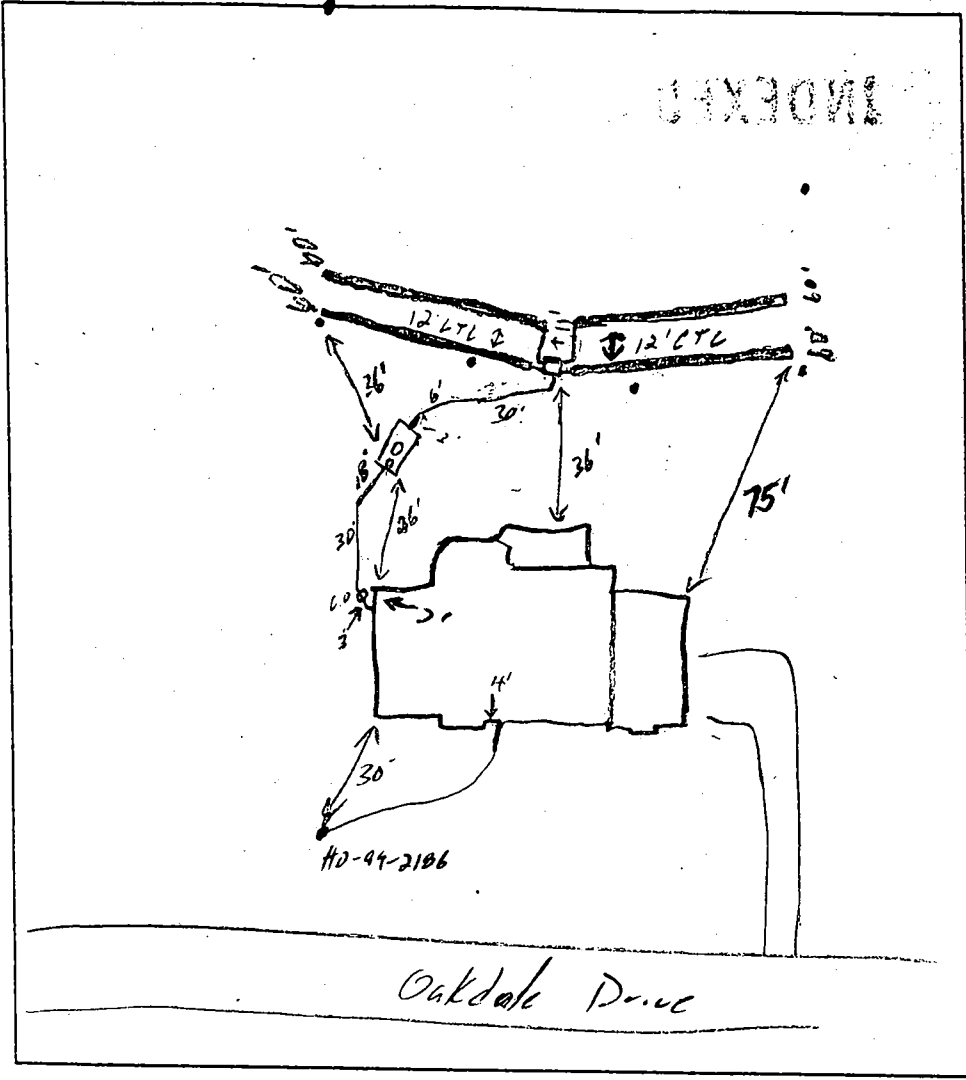
**AND RETURNED** 11-16-02

800139222 - FINISH BASEMENT  
8-27-03 800143837 - DECK  
10-27-04 800150934 - SUN ROOM

A59915-H

NOT TO SCALE

INDEX 1



**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 sq  
 DISTRIBUTION BOX LEVEL Yes  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER Center - 3'  
 6 INCH INSPECTION PORT Front - 3'

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS \_\_\_\_\_  
 MANHOLE RISER N/A  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

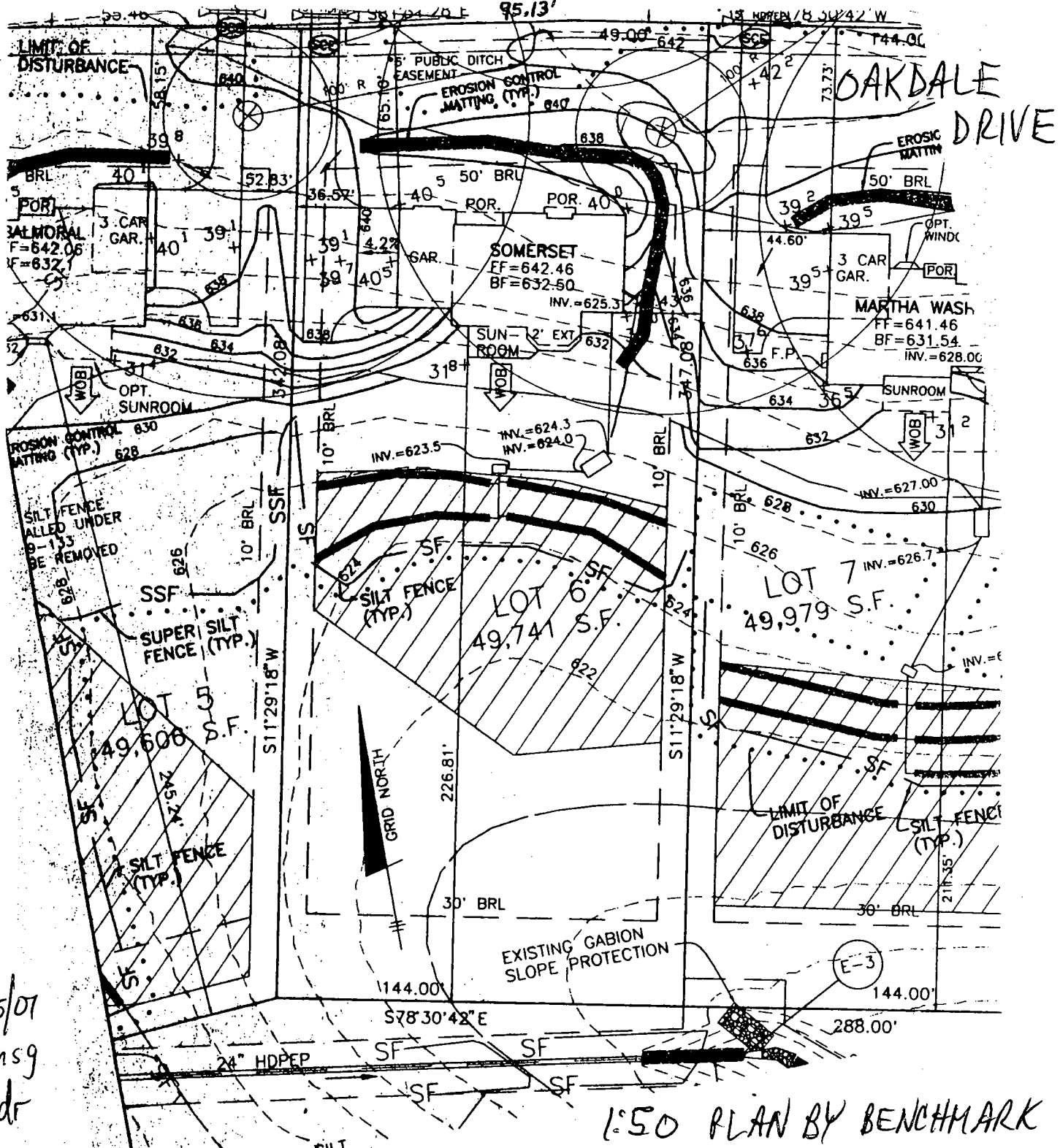
PRE-CONSTRUCTION INSPECTION: 12/12/01 Layout per BP. Measured 100' offset // for tank placement (E)

INSPECTION COMMENTS: 12/13/01 Tank set, OK to cover (E) 12/21/01 All trenches in, lid needed for riser, OK to cover all manholes (E)

BUILDING PERMITS DIVISION AND RETURNED

INSPECTOR [Signature]

DATE SYSTEM APPROVED: 12/21/01



9/25/07  
 T/c msg  
 to bldr  
 to hire  
 driller for  
 lowering  
 casing height  
 above grade  
 after grading

Approved Septic System Plan  
 Howard County Health Department

*Mark R. Olin* 9/25/07  
 Signature Date

1:50 PLAN BY BENCHMARK

- Total linear feet of trench required 240 feet.
- Width of trench (es) 3 feet
- Depth of trench (es) 5 feet
- Depth of stone required below distribution pipe 2 feet

Building Address 1722 CALDALE DR.  
LOOKSVILLE, MD 21723

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6000.02 Subdivision Monticello

Section N/A Area N/A Lot 6

Tax Map #18 Parcel 246 Grid 180

Zoning RC-DEP Map Coordinates U & 16 Lot size \_\_\_\_\_

Property Owner's Name D. R. Borton, Inc.  
1370 Ploccard Dr., St. 230  
Rockville, MD 20850

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 410-662-5777 Fax \_\_\_\_\_

Existing Use vacant lot

Proposed Use single fam. dwelling

Estimated Construction Cost \$ 200,000

Description of Work single fam. dwelling  
2 story full brick 1 1/2 BR 1 1/2 BR  
FP SHEDDING SLAB FOUNDATION

Contractor Company D. R. Borton, Inc.  
1370 Ploccard Dr., St. 230  
Rockville, MD 20850

Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_  
 Phone 301-670-6144 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Benchmark Engineers

Contact Person \_\_\_\_\_  
8480 Balto. Nat'l Fk.  
Ellicott City, MD 21043

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 410-465-6105 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**      **BUILDING DESCRIPTION - RESIDENTIAL**

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: <u>80</u> <u>52</u>	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>80</u> <u>4.6</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: <u>60</u> <u>52</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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 _____	

THE 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Victoria Meyer      Print Name Victoria Meyer  
Maryland Bldg. Permits, Inc.

Title/Company \_\_\_\_\_      Date 8/29/01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\***

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID
Land Development			Profile _____	B00132059
Public Health			Rear _____	
Building Official			Side _____	
Engineering/DPZ			Side Setback _____	
Health	<u>9/25/01</u>	<u>Mark Miller</u>	All minimum setbacks met? <input type="checkbox"/>	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sediment Control Approval required prior to issuance?			Entrance Permit required? <input type="checkbox"/>	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY/CONSTRUCTION START <input type="checkbox"/>			Historic District? <input type="checkbox"/>	
ONESTOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Redline approval date _____	
Distribution of Copies: _____	White: Building Official	Green: LDD/DPZ	Yellow: DED/DPZ	Pink: Health
				Gold: SHA

Accepted by \_\_\_\_\_

Revised 1/7/00

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  
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: Monticello Lot #: 6 Well Tag #: HO-94-2186  
Site Address: Cardale DR

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Red Jacket</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>8166</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>8</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, 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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>12'</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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

Allen Compton Signature of company representative responsible for installation  
2-26-02 - date

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

Date Insp. Requested: 2/14/02 Date Insp. Approved: 2/14/02 Inspector: (SO) BB  
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 9684

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER HIGHLAND Development STREET OR RFD... TOWN GLENWOOD SUBDIVISION KNAPP Property SECTION LOT 6

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

GROUTING RECORD form with fields for CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type, diameter of screen.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A, E, P

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...

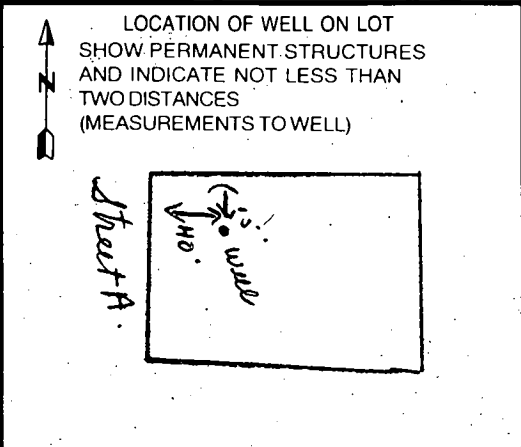
DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

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

DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2186  
 Location of property (road) SR000A  
 Subdivision Knapp Property Lot 6 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayne Owner Highland Development  
 Depth of well 440'  
 Distance of measuring point (M.P.) above ground 1 1/2  
 Static water level (S.W.L.) below M.P. 48'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm  
 Total time 45 min. to reach pumping water level 338 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 1/2 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	185'	3 sec.	N/A	20 gpm.
7:00	211	4		15
7:15	338	5		12
7:30	336	58		1+
7:45	336	58		1+
8:00	335	58		1+
8:15	335	58		1+
8:30	335	58		1+
8:45	335	58		1+
9:00	335	58		1+
9:15	335	58		1+
9:30	335	58		1+
9:45	335	58		1+
10:00	335	58		1+
10:15	335	58		1+
10:30	335	58		1+
10:45	335	58		1+
11:00	335	58		1+
11:15	335	58		1+
11:30	335	58		1+
11:45	335	58		1+
12:00	335	58		1+
12:15	335	58		1+
12:30	335	58		1+
HD-224 12:45	335	58		1+
1:00	335	58		1+
1:15	335	58		1+



B 1 7479

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2186

Date Received (APA)

03 08 99

OWNER INFORMATION

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

B 3

LOCATION OF WELL

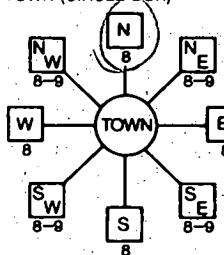
Howard Knaps Property Glenwood

DRILLER INFORMATION

Joseph L. Maize MS 0024 Joseph L. Maize Well Drilling 5512 Ridge Rd. Mt. Airy Md. 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street A NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



30 30 37 DISTANCE FROM ROAD ENTER FT OR MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

TAX MAP: BLK: PARCEL

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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 03/10/99 CO SIGNATURE EXP. DATE 03/09/00

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well, This well will replace a well that will be abandoned and sealed, This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells, This well will deepen 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 54 63 PERMIT No. HO - 94 - 2186

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

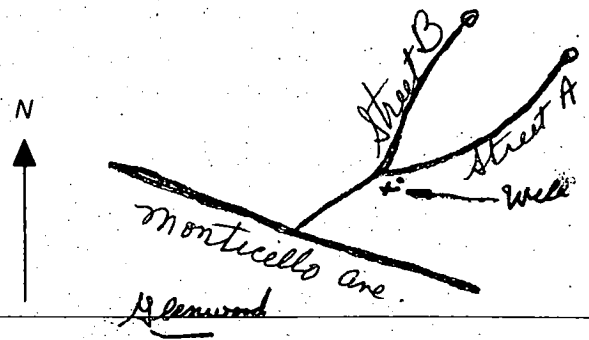
- SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

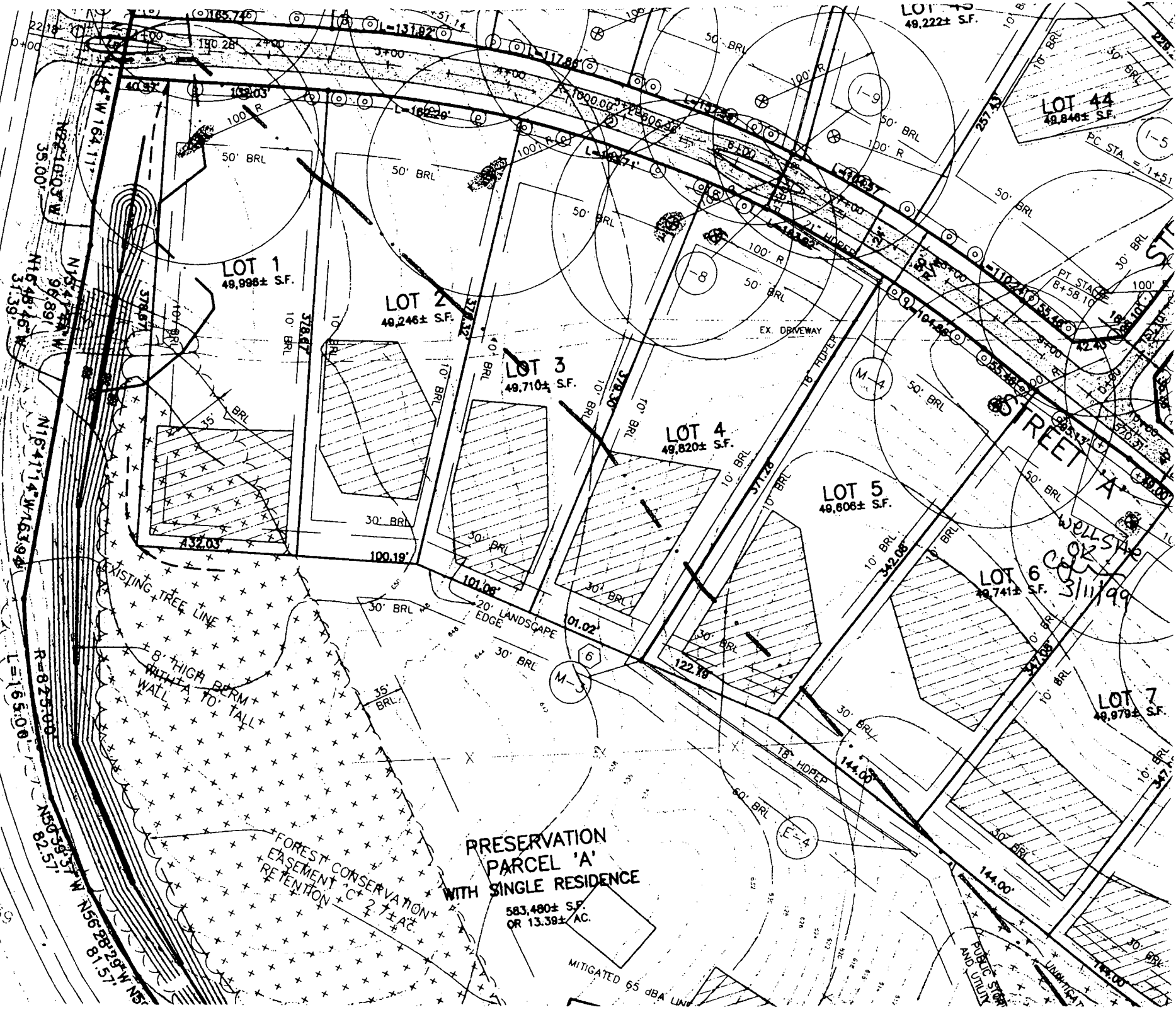
E 7907 N 5404

5-19-99 - 220 / 11:00 No insp 5/19/99 SRM

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



GRID NORTH



LOT 1  
49,988± S.F.

LOT 2  
48,246± S.F.

LOT 3  
49,710± S.F.

LOT 4  
49,820± S.F.

LOT 5  
49,806± S.F.

LOT 6  
49,741± S.F.

LOT 7  
49,979± S.F.

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

LOT 44  
49,846± S.F.

LOT 45  
49,222± S.F.

04,400

WELL STATE  
OK  
3/11/99

MITIGATED 65 dBA LINE

PUBLIC STORM  
AND UTILITY  
LIVABILITY

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) - W6-63-56071C5  
TO BE RECONSTRUCTED  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR FOLLOW-UP TESTING  
will provide submit fees & improve 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.

PROPERTY OWNER ALFRED KNAPP  
ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP  
ADDRESS 8480 Bellemore 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)

APPROVED BY \_\_\_\_\_ FOR STEVE SHIPLE - TSA 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

Monticello Drive

COUNTY # \_\_\_\_\_

SOIL PROFILE

0' 30 1/2

or/red cl lm

3.0'

pink brown mica sandy clay loam

11.0'

305

or/red cl lm

5.0'

orange pink silty clay loam powdery

2.0'

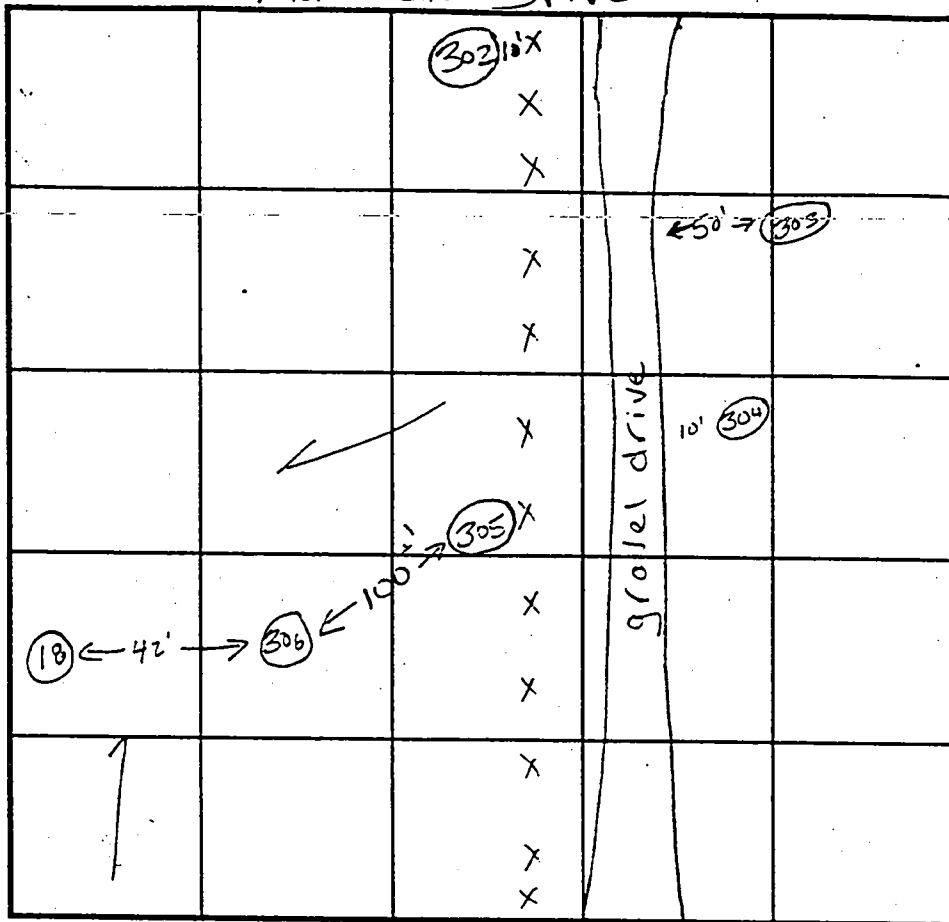
304

orange clay loam

3.5'

pink yellow silty clay loam

12.0'



SOIL PROFILE

0' 30 2

or/red cl lm

3.0'

tan orange silty clay lm

3.0'

303

orange clay lm

3.0'

pink, tan, yellow silty lm 20% rx frags

11.5'

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	306	4.0'S	10:02	10:03 <sup>30</sup>	10:03 <sup>30</sup>	10:05 <sup>30</sup>	2 min ✓	
		11.0'D	visual	ok - see profile				
	305	12.0'D	visual	only - see profile				
	304	4.0'S	10:14 <sup>15</sup>	10:18	10:18	10:24 <sup>30</sup>	6:30	
		12.0'D	visual	ok - see profile				
	303	11.5'D	visual	only - ok see profile				
	302	3.5'S	10:52	10:52 <sup>30</sup>	10:52 <sup>30</sup>	10:53	50 sec	
		12.0'D	visual	ok - see profile				
			(hole re-soaked 3 times)					

REMARKS test holes staked

TYPE OF SOIL Clm

TESTED BY Jim Maiste ALSO PRESENT Clark Sperry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 1/2 minutes TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM 180

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 - 56071CS  
TO BE ELIMINATED  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR  
FOLLOW-UP TESTING  
WILL PROBABLY SUBMIT  
FEES & PLAN/  
IMPROVE PLAN/  
APPLICATION (CW)

A 59914  
P \_\_\_\_\_

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 / 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)  
STEW SHIPLE - TSA

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

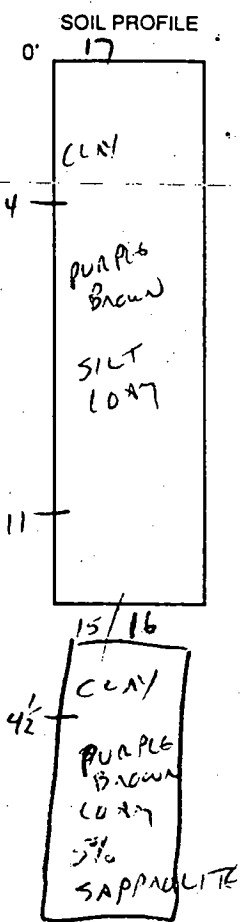
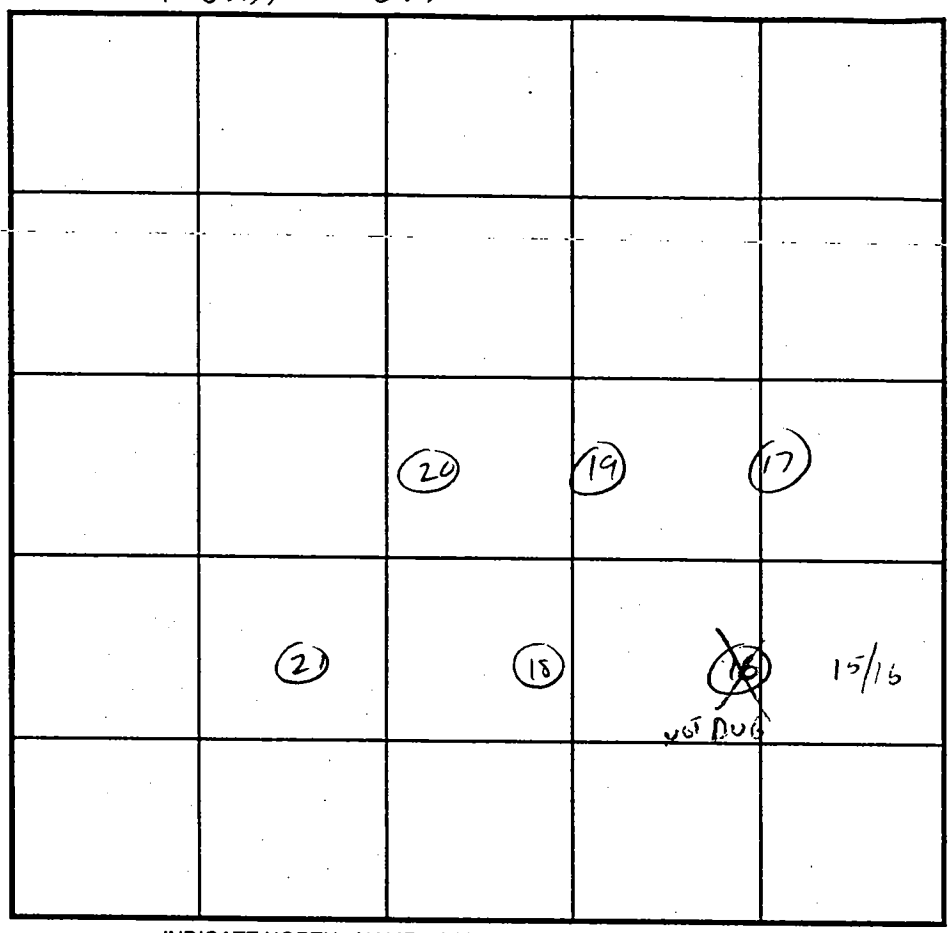
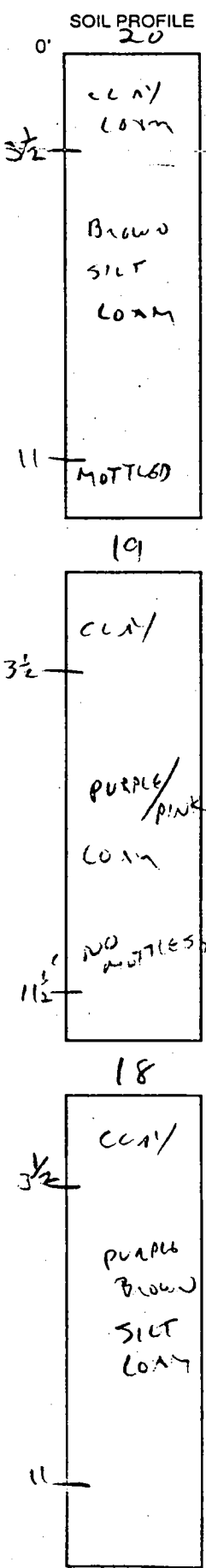
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT

A59914/5  
COUNTY#

KNAPP SUBD.



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	1 MIN
	19	4'	2:03	2:05	2:05	2:09	4 MIN ✓
	MOVED 25' FROM SWALE						
	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. 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

A 59914

P \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 4/3/98

56 LOTS  
EXISTING HOUSE(S) - WBS-43-52071C3  
TO 1st RECONSTRUCTION  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR FOLLOW-UP TESTING  
will provide SUBMIT FEES & IMPROVED PLAN/APPLICATION (CW)

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

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 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 DIV.  
(SIGNATURE OF APPLICANT)  
STEVE SHIPPLE - TSA

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

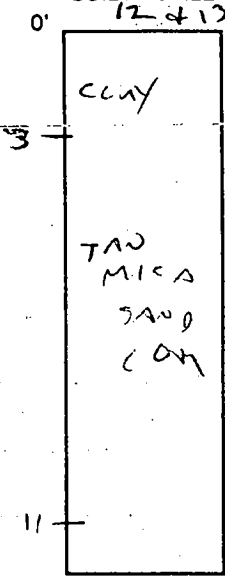
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

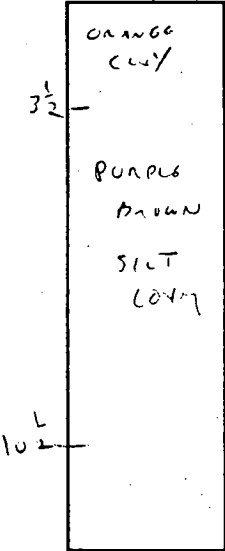
# THIS IS NOT A PERMIT

KNAPP SUBD.  
A59915  
COUNTY#

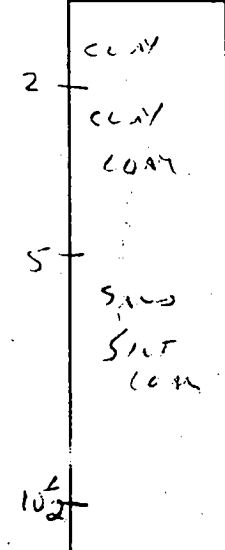
SOIL PROFILE  
12+13



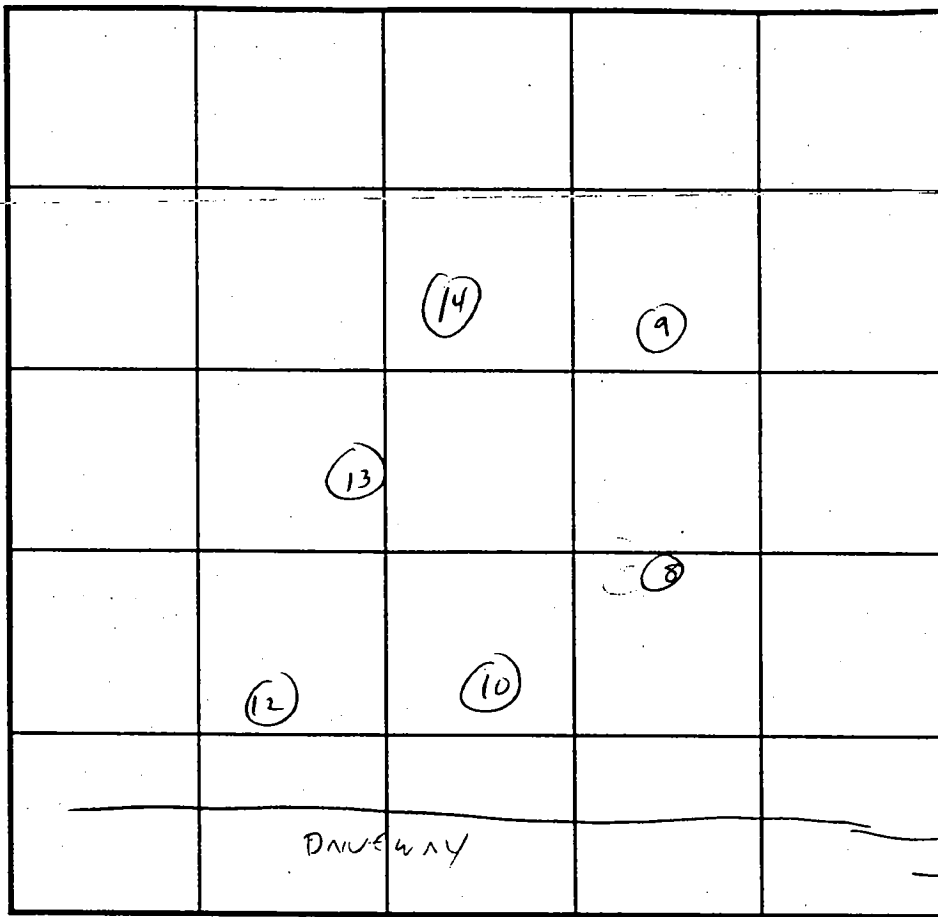
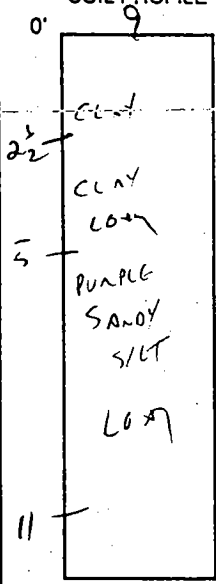
14+8



10



SOIL PROFILE  
9



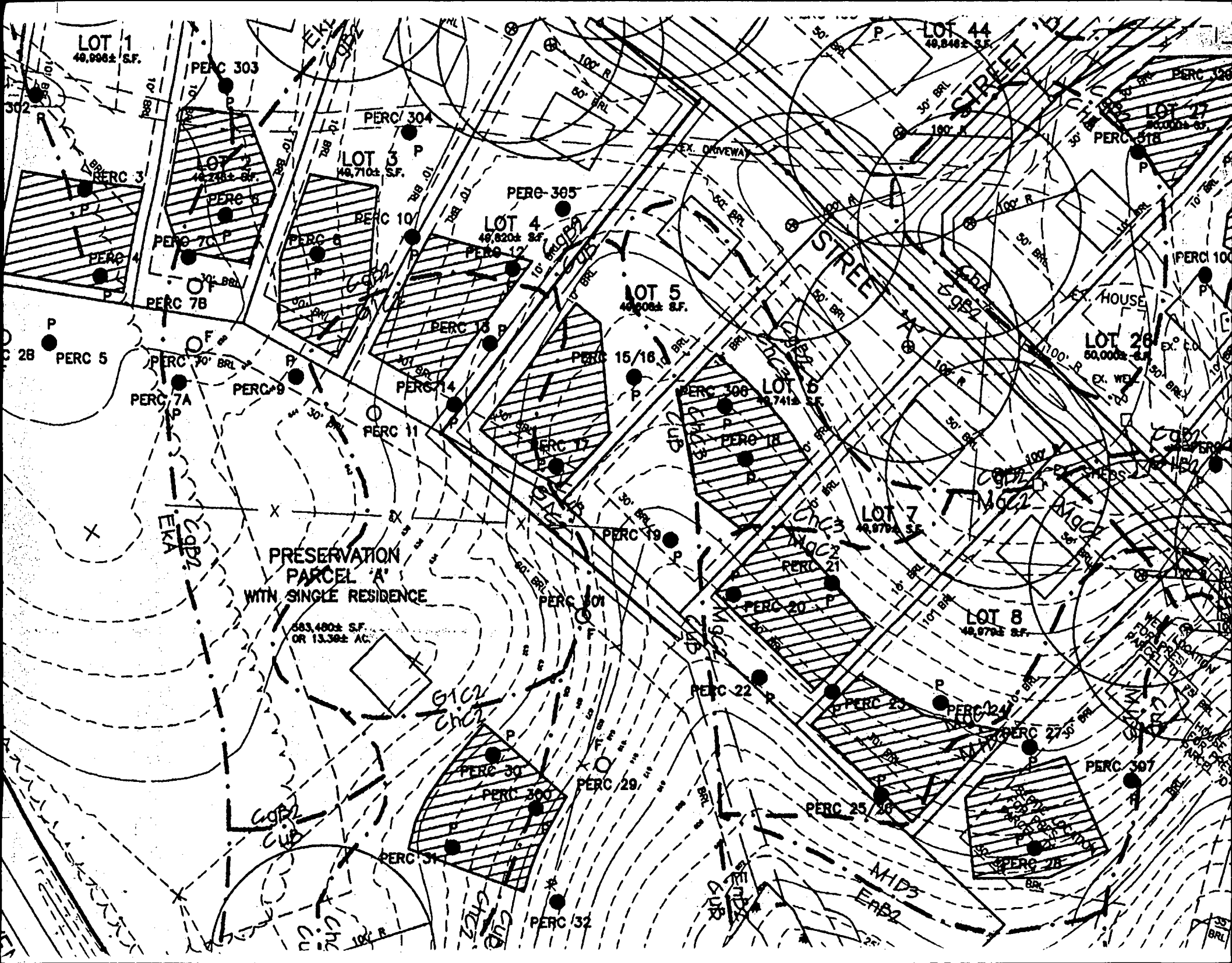
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

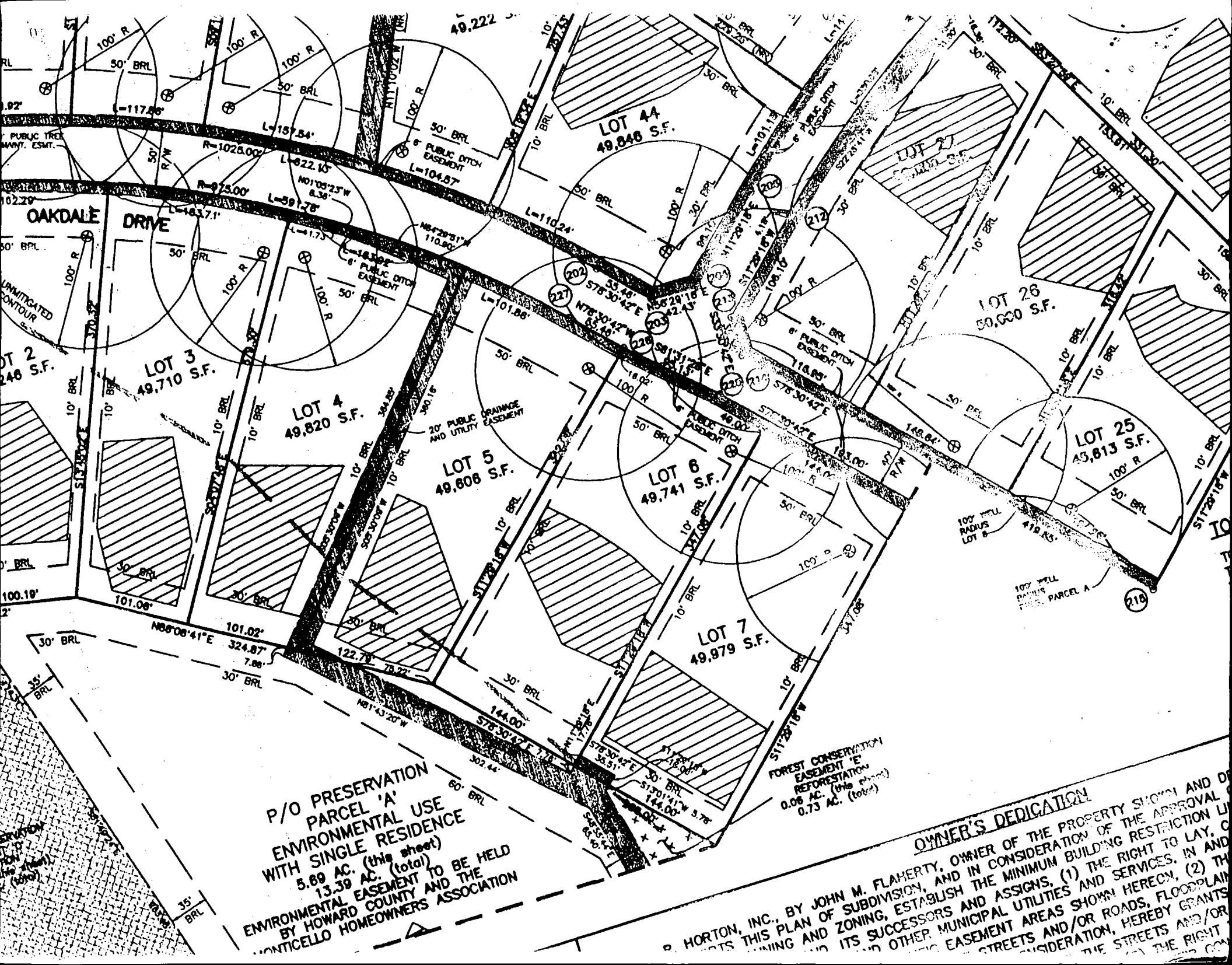
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/98	12	4	3:57	4:00	4:00	4:05	5 MIN
	13	VIS OK	3-11	'			
	14	4	4:00	4:01	4:01	4:03	2 MIN
	10	4 1/2	4:04	4:07	4:07	4:12	5 MIN
	8	3 1/2	4:05	4:07	4:07	4:11	4 MIN
	9	4 1/2	4:07	4:08	4:08	4:10	2 MIN

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

Perc Holes That Correspond To Different  
Lots For Knapp Property - (Lots 1-28)

<u>Lot # -</u>	<u>Perc Hole Numbers for Lot -</u>
1	1, 2, 2A, 3, 4, 5, 7C, 302
2	6, 7B, 7C, 8, 303
3	6, 8, 9, 10, 304
4	10, 11, 12, 13, 14, 305
5	13, 14, 15, 16, 17
6	15, 16, 18, 19, 306
7	18, 19, 20, 21, 22, 23
8	23, 24, 25, 26, 27
9	37, 38, 39, 40
10	39, 40, 41, 42, 43, 44
11	43, 44, 45, 46, 47, 48
12	47, 48, 49, 50, 51, 52
13	51, 52, 53, 54, 55, 56
14	55, 56, 57, 58
15	59, 60, 61, 62
16	62, 63, 64, 65, 317
17	69, 70, 71, 72, 314, 315, 315A, 316
18	72, 73A, 74, 312, 313, 314
19	78, 78A, 80, 311, 311A, 312, 313
20	80, 81, 82, 83, 84, 310
21	83, 84, 85, 86, 87, 309, 310
22	85, 86, 87, 87A, 88, 89, 90, 91A, 309
23	90, 91, 91A, 92, 93
24	91, 92, 94, 95, 96, 308
25	95, 96, 97, 101, 103, 308
26	100, 101, 102, 103, 105, 320
27	102, 318, 320
28	103, 104, 105, 106, 107, 108, 109

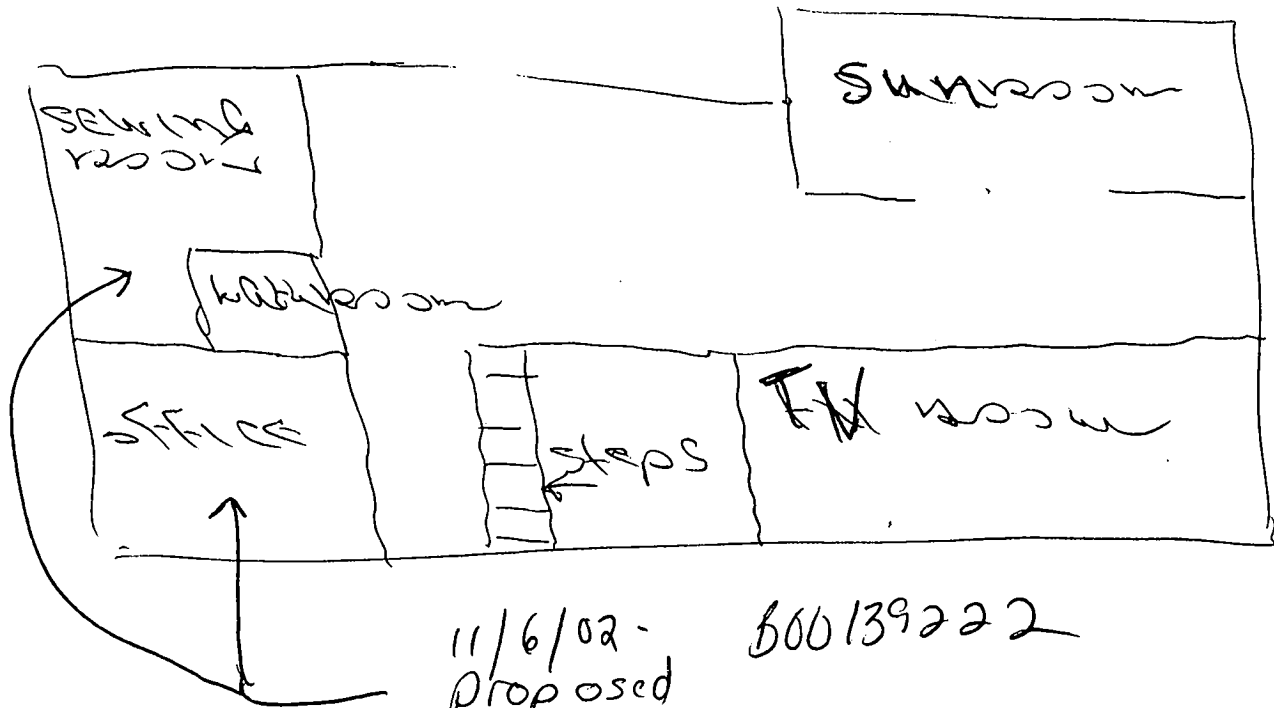




P/O PRESERVATION  
 PARCEL 'A'  
 ENVIRONMENTAL USE  
 WITH SINGLE RESIDENCE  
 5.69 AC. (this sheet)  
 13.39 AC. (total)  
 ENVIRONMENTAL EASEMENT TO BE HELD  
 BY HOWARD COUNTY AND THE  
 MONTICELLO HOMEOWNERS ASSOCIATION

FOREST CONSERVATION  
 EASEMENT 'E'  
 REFORESTATION  
 0.08 AC. (this sheet)  
 0.73 AC. (total)

**OWNER'S DEDICATION**  
 JOHN M. FLAHERTY, OWNER OF THE PROPERTY SHOWN AND OF  
 HORTON, INC., BY JOHN M. FLAHERTY, OWNER OF THE PROPERTY SHOWN AND OF  
 THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL  
 AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LI  
 AND ASSIGNS, (1) THE RIGHT TO LAY, C  
 AND SERVICES, IN AND  
 ITS SUCCESSORS AND SERVICES, (2) TH  
 HEREON, (3) THE  
 OTHER MUNICIPAL AREAS SHOWN HEREON, FLOODPLAIN  
 AND/OR ROADS, FLOODPLAIN  
 HEREBY GRANTS  
 AND/OR GRANTS  
 THE STREETS AND/OR  
 THE RIGHT

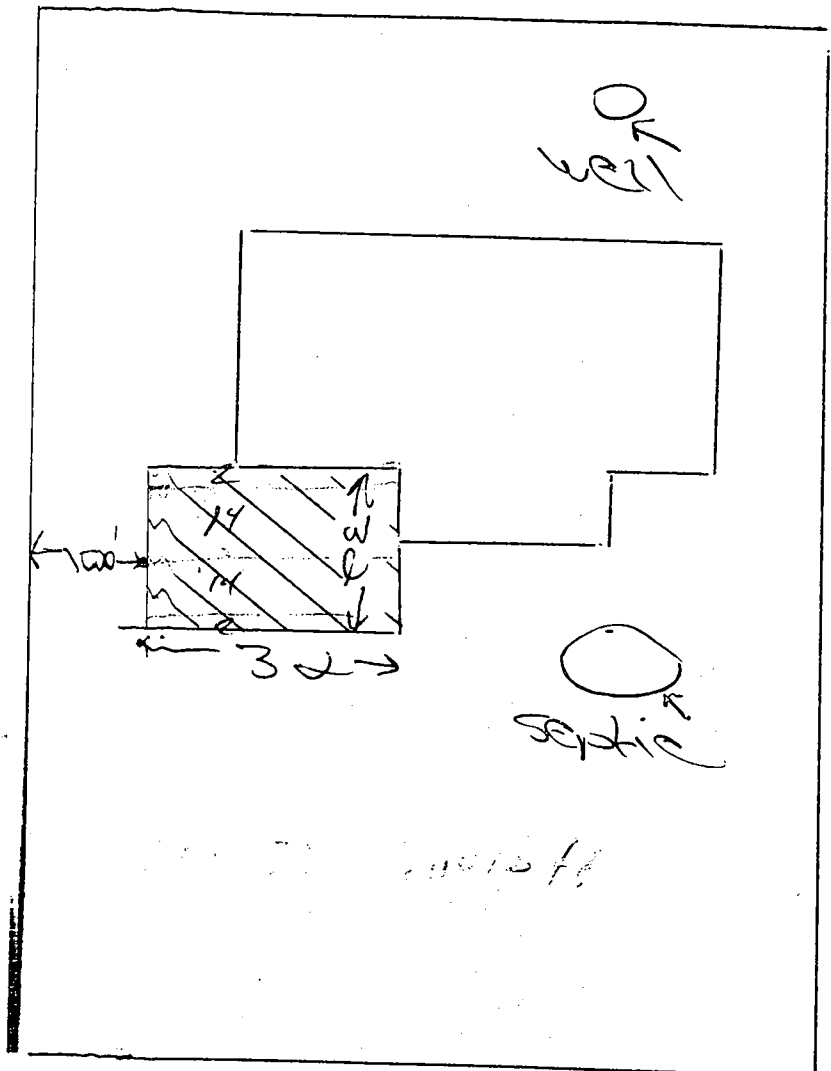


11/6/02 -  
Proposed  
remodeling  
OK (SRK)

600139222

344

50



342.08

347.08

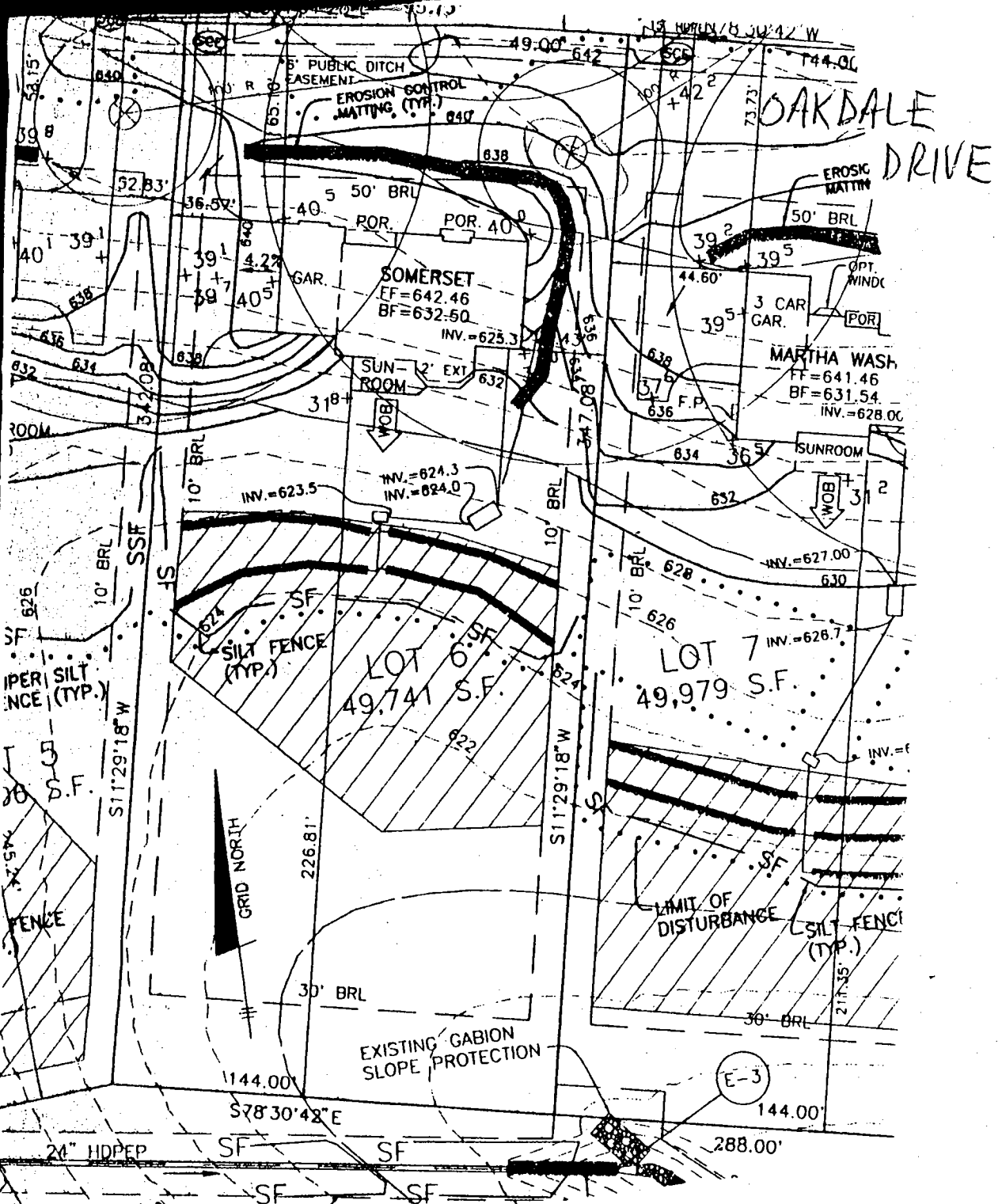
30

B00143837  
8/27/03

Proposed  
deck location  
720' from SDA

(KN)

344



APPROVED

WALK-THRU BUILDING PERMIT

BP# B00150934 A# 59915-H

APP. SAN KN DATE: 10/27/04

DESC. OF WORK: Sunroom addition

A59915-H

1:50 PLAN BY BENCHMARK