

1/8/02 Layout 1:30 P.M. & 1/18/02 - AM Final

1/10/02 Final PM 3pm

04-365569

ISSUE DATE: 10/23/2001

P 516087

APPROVAL DATE: 1/14/02

A 59946-B

PERMIT INDEXED

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

Miller Excavating Co., Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 18115 Sellman Road, 20842 PHONE NUMBER: _____

SUBDIVISION: The Westwoods @ Cherry Grove LOT NUMBER: 6

ADDRESS: 16809 Colton Court PROPERTY OWNER: DR Horton Custom Homes

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280 3'-93's or 4'-60's w/box in center

TRENCHES:	Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2 feet of stone below distribution pipe.
LOCATION:	Begin trenches 115 feet off the back property line and 20 feet off the left property line as seen when facing the lot from Colton Court. Run trenches on contour toward the rear property line.
NOTES:	

PLANS APPROVED: Amy Mc Millen DATE: 7-13-01

- 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

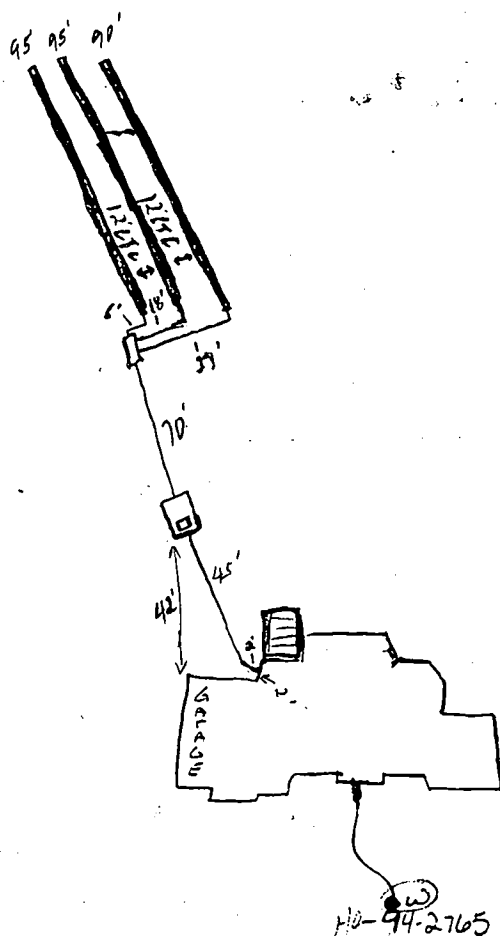
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED 2-20-02
B00134426-LP TANK

AS9946-B

NOT TO SCALE

56



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 280
 ABSORBENT AREA 840 sq ft
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 150075 GALLONS
 MANHOLE RISER Front
 6 INCH INSPECTION PORT None

PUMP CHAMBER DATA

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

COURT DR.

PRE-CONSTRUCTION INSPECTION: 1/8/02 Contractor will install 3-93' trenches w/ P.B. located per BP. (SD)

INSPECTION COMMENTS: 10/1/01 WPI OK (X5) 1/16/02 Tank set, ok to cover line & S.T. (SD) 1/16/02 OK to cover all work (SD)

INSPECTOR

DATE SYSTEM APPROVED

SEWER TRENCHING AND
 BUILDING DEPARTMENT
 AND RETURN

Approved Septic System Plan
Howard County Health Department

Signature

Date

7/13/01

604

SOMERSET
FF=606.96
BF=597.00

Total linear feet of trench required 280 feet

Width of trench(es) 3.0 feet

Depth of trenches 5.0 feet

Depth of stone required below distribution pipe 12.0 feet

LOT 6
45,862 sq.ft.

EX. GRADE AT DISTRIBUTION BOX = 599.6
INV. DISTR. BOX = 596.6
INV. OUT TANK = 597.8
INV. IN TANK = 598.1
INV. HOUSE = 598.6
EJECTOR REQ.

PUMP TANK
SILT FENCE (TYP.)
EX. GRADE AT DISTRIBUTION BOX = 606.9
INV. DISTR. BOX = 603.9
INV. PUMP TANK = 598.8
INV. OUT TANK = 599.0
INV. IN TANK = 599.3
INV. HOUSE = 599.5

BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

Building Address **16809 Colton Ct.**
 Woodberry, MD 21797

Suite/Apt. # _____ SDP/WP/Petition # _____

Census Tract **6040** Subdivision **Westwoods of Cherry Grove**

Section _____ Area _____ Lot **6**

Tax Map **13** Parcel **46** Grid **15**

Zoning **RC** Map Coordinates **835** Lot size _____

Property Owner's Name **D. R. Horton, Inc.**
 Address **1370 Piccard Dr., St. 230**
Rockville, MD 20850

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone **690.6144**

Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc

Phone **410-602-2779** Fax _____

Existing Use **vacant lot**
 Proposed Use **Single fam. dwelling**
 Estimated Construction Cost \$ **200,000**

Description of Work **Somerset/rear sunrm. opt.**
2nd floor full BRM, 1 BR, 1 HB, FF, SCRM, 5 CAR GARAGE (4 BR) - 1st floor

Contractor Company **D. R. Horton, Inc.**
 Address **1370 Piccard Dr., St. 230**
Rockville, MD 20850

Contact Person _____

City _____ State _____ Zip Code _____

License No. **535** Phone **301-770-6144** Fax _____

Occupant or Tenant **see owner**

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company **Benchmark Engineer**

Contact Person _____

Address **8490 Balto. Nat'l Pk.**
Elliott City, MD 21043

City _____ State _____ Zip Code _____

Phone **410-465-6105** Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

Print Name **Victoria Meyer**
 Date **7/16/01**

Title/Company _____
 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 DPZ			Front: _____	51514
State Highways			Rear: _____	Filing fee \$ 100
Building Official			Side: _____	Permit fee \$
Dev. Engineering DPZ	7/13/01	<i>[Signature]</i>	Side St.: _____	Excise tax \$
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check 2 \$ 401459.46
				Validation \$ 45517
				Accepted by CC

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

10/1/01
Anytime

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: Ben Lewis Inc Telephone #: 301/283500
Address: 23407 Frederick Rd
Alburtusville md 20871

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Rodol Juan Ponce License# 19637
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: D. R. Hayden Telephone #: 301/6706149
Subdivision: Wendwoods @ Cherrybears Lot #: 6 Well Tag #: HO-99-2705
Site Address: 16809 Colton Ct
Woodbine md

Submersible Pump Data

Make: Grundfos
Model #: _____
Pump Capacity: 13 GPM
Well Yield: 8.5 GPM

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 92 (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: 293 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt: _____

Piping to house

Type: BL 1"
PSI: 200 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 36"
Sleeve caulked and sealed properly: ✓

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.

Signature of company representative responsible for installation: Ben Lewis date: 9/28/01

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

Date Insp. Requested: 10/1/01 Date Insp. Approved: 10/1/01 (KG)
Inspection Data: Pitless adapter and 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 installed inside of well 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 ✓

TIGHT CAP

C1 07854

SEQUENCE NO. (MDE USE ONLY)

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

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho 94-2765

OWNER GROVEMONT DEVELOPMENT LLC STREET OR RFD COLTON COURT TOWN C15807 SUBDIVISION WESTWOODS AT CHEARY GROVE SECTION LOT 76

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, CO, PL, OT) Nominal diameter, Total depth

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter, depth (from, to)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for DEPTH with columns: 1, 2, 3, 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 (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

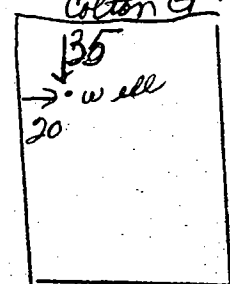
HOURS PUMPED (3), PUMPING RATE (8.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (S)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 5960

SEQUENCE NO. (MDE USE ONLY)

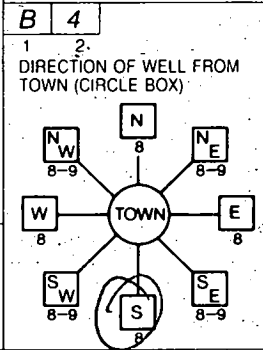
STATE OF MARYLAND PERMIT TO DRILL WELL W514154

STATE PERMIT NUMBER H0-94-2765

OWNER INFORMATION: Government Development LLC, Box 417, Ellicott City Md 21041

LOCATION OF WELL: Howard County, The Westwoods of Cherry Grove, Lisbon

DRILLER INFORMATION: Joseph P. Mayne, MSD024, Joseph P. Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771



Colton Ct. NEAR WHAT ROAD, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD 30 FT

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL PER MIN, AVERAGE DAILY QUANTITY NEEDED 500 GAL PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County, State Signature, Date Issued 08 09 00, Exp. Date 8/8/01

USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (D)

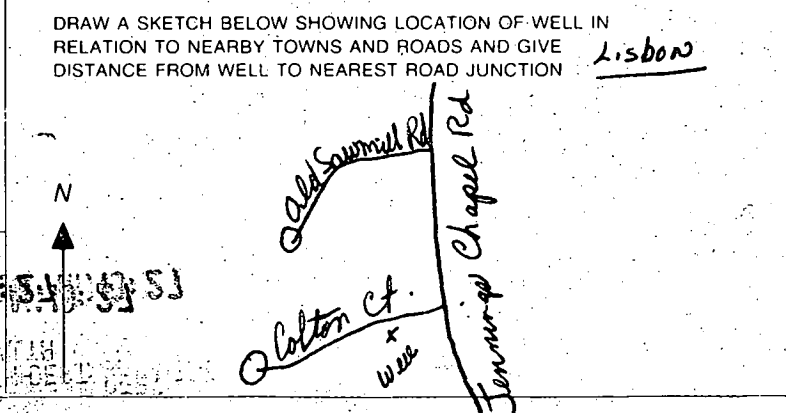
APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SOURCES OF DRILLING WATER: 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE E 770, N 530

10/10/00, NO WSP, 10.15

METHOD OF DRILLING: BORED (or Augered), AIR-ROTARY, JETTED, ROTARY (Hydraulic Rotary)

REPLACEMENT OR DEEPEINED WELLS: THIS WELL WILL NOT REPLACE AN EXISTING WELL (N)



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER, PERMIT No H0-94-2765

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



P45.87'

LOT 1
45,962 sq. ft.

LOT 2
42,850 sq. ft.

LOT 3
44,143 sq. ft.

LOT 4
52,955 sq. ft.

WELL SITE OK
COLTON COURT

PUBLIC DRAINAGE
AND UTILITY EASEMENT
& TREE MAINTENANCE
EASEMENT

TEMPORARY
STOCKPILE
AREA

PAVED
EASEMENT

B.R.L.

10'
B.R.L.

10'
B.R.L.

10'
B.R.L.

10'
B.R.L.

10'
B.R.L.

10'
B.R.L.

30'
B.R.L.

30'
B.R.L.

30'
B.R.L.

10'
B.R.L.

30'
B.R.L.

68' B.R.L.

50'
B.R.L.

590

600

537.80

965

1450

59

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 MARSHALL W. NICHOLS
ADDRESS 2937 JENNINGS CHAPEL ROAD
WOODBRINE, MD 21797 PHONE _____

AGENT OR PROSPECTIVE BUYER DAVID E. WILKINSON @ MACRO²LTR. REAL ESTATE SERVICES
ADDRESS 5301 BUCKEYSTOWN PIKE, SUITE 300
FREDERICK, MD 21704 PHONE (301) 698-9696

PROPERTY LOCATION:

IBDIVISION NICHOLS' PROPERTY LOT NO. _____
ROAD AND DESCRIPTION JENNINGS CHAPEL ROAD, HOWARD COUNTY

TAX MAP 13 PARCEL # P/D 46

SIZE OF LOT 40,000 - 60,000 sq. ft. TYPE BLDG. SINGLE FAMILY DWELLING
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

101

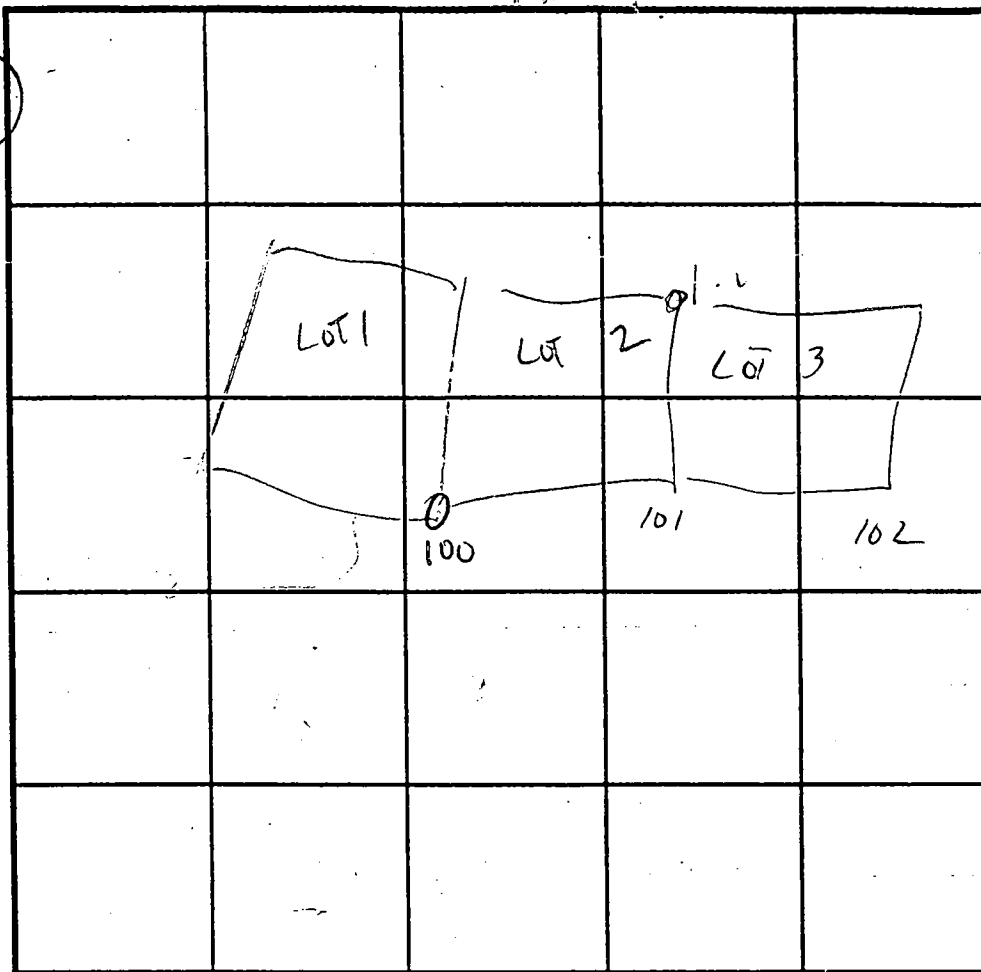
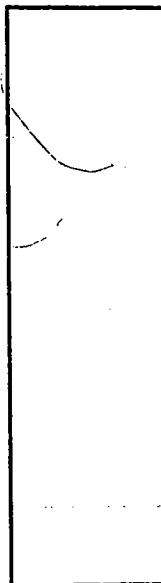
CLAY
TRANSILT
LOAM

2

12

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

102

CLAY
TRANSILT
LOAM

3

12

10/10

SAPPHIRE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/99	100	3	2:26	2:35	2:35	2:42	7min
	101	3	2:27	2:36	2:36	2:44	8min
	102	3	2:33	2:39	2:39	2:48	9min

REMARKS BROAD MAJOR SWALE THRU HOUB 101 - NO CONSEQUENCE

TYPE OF SOIL UNCHANGED REACTIVE CLAY SOIL - SOILS SATURATED BY SNOW MELT.

TESTED BY C. Willm ALSO PRESENT N SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

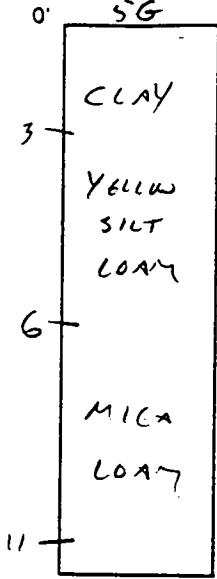
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

NICHOLS SUBD.

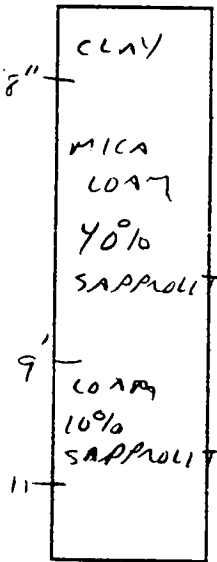
A 59946

COUNTY #

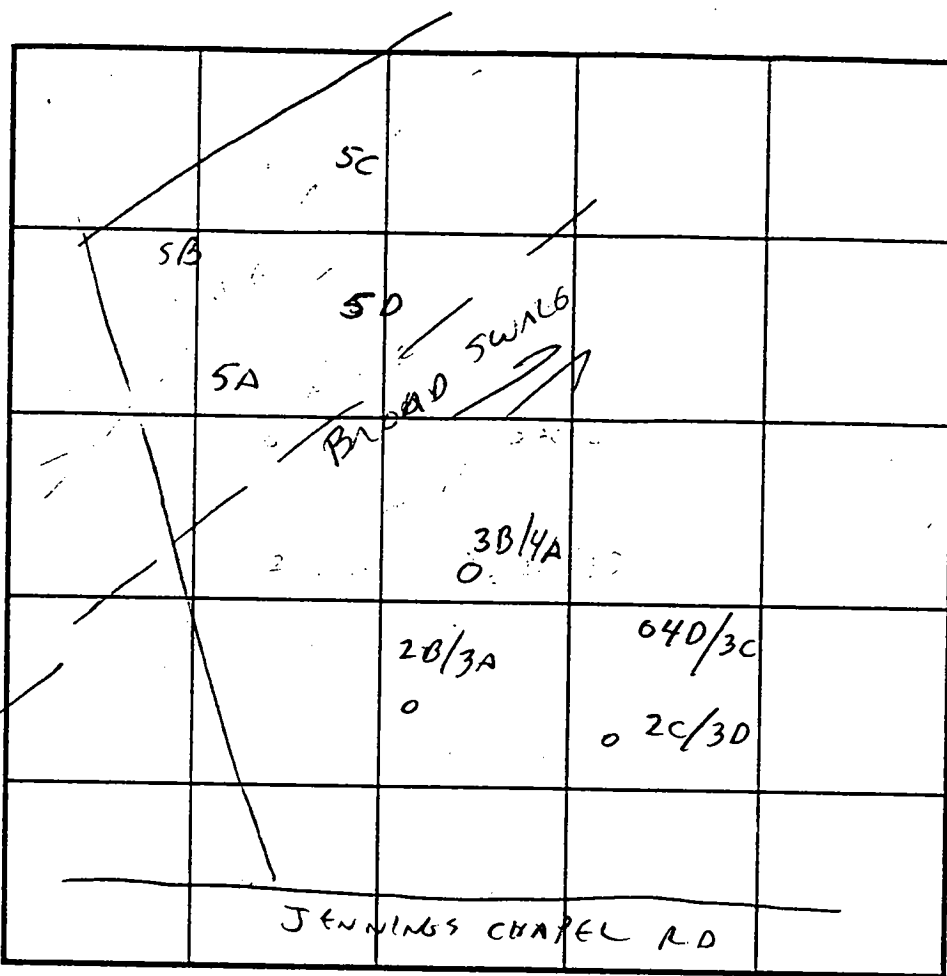
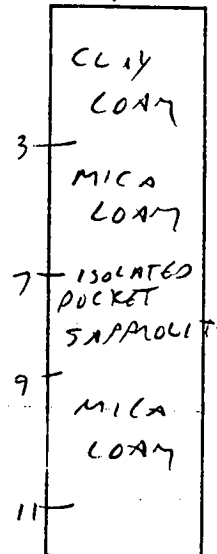
SOIL PROFILE
SG



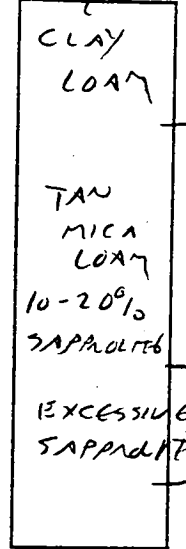
SE ORC



4D/3C



SOIL PROFILE
2C/3D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/14/98	SA ⁺ SB	ABANDONED BY CONTRACTOR					
	SG	3'	1:29	1:34	1:34	1:40	6 MIN
	(OR SC) SE	1 1/2'	1:42	1:45	1:45	1:49	4 MIN
	MARGINAL	ROCK, OK BELOW 9'					
	4D/3C	4'	2:00	2:03	2:03	2:06	3 MIN
	MINDA ROCK	POCKET - OK					
	2C/3D	5'	2:01	2:04	2:04	2:09	5 MIN
	EXCESS ROCK	(A) 10' - OK ABOVE					

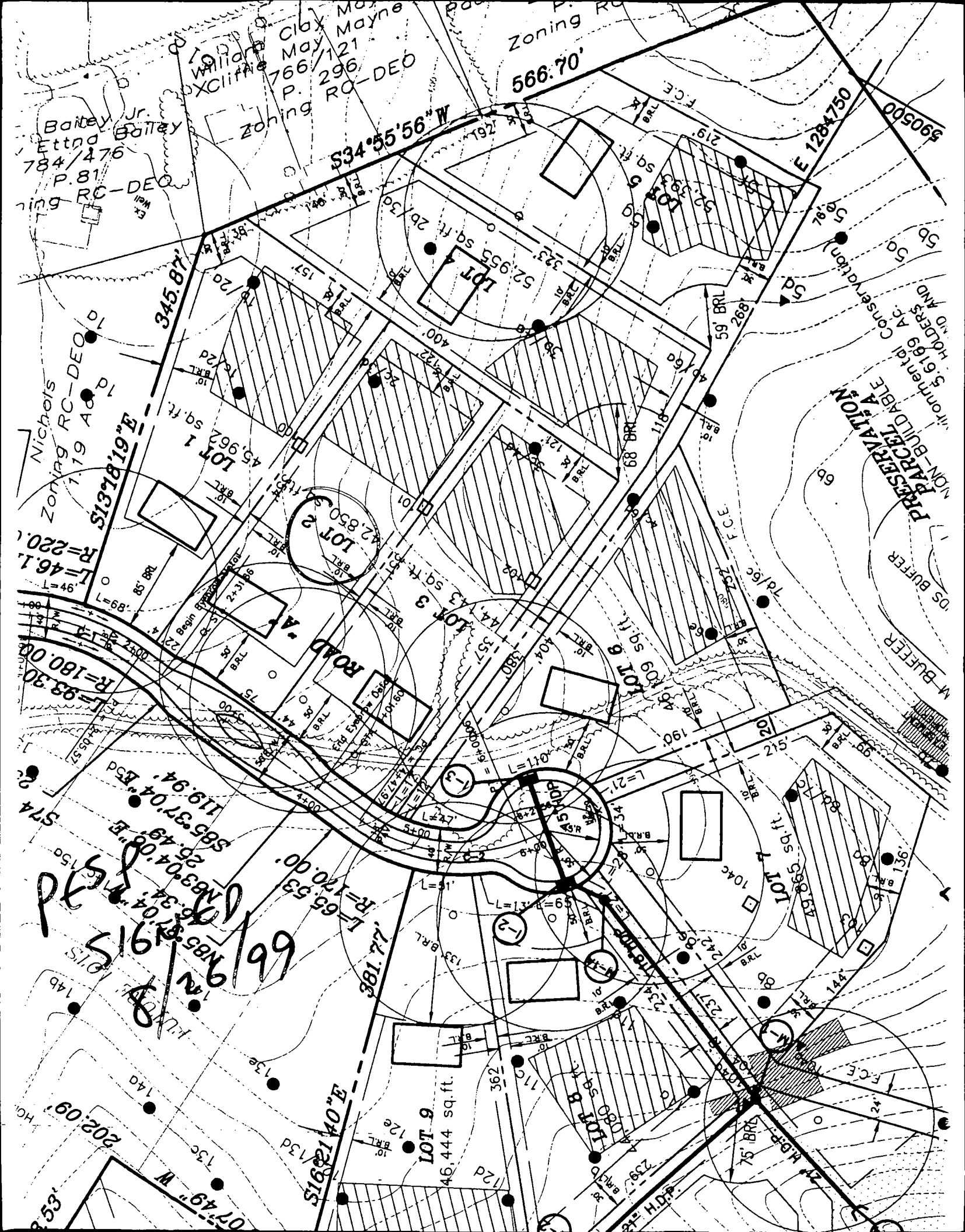
REMARKS 2 HOLES LISTED AS SE - ONE IS SC

TYPE OF SOIL _____

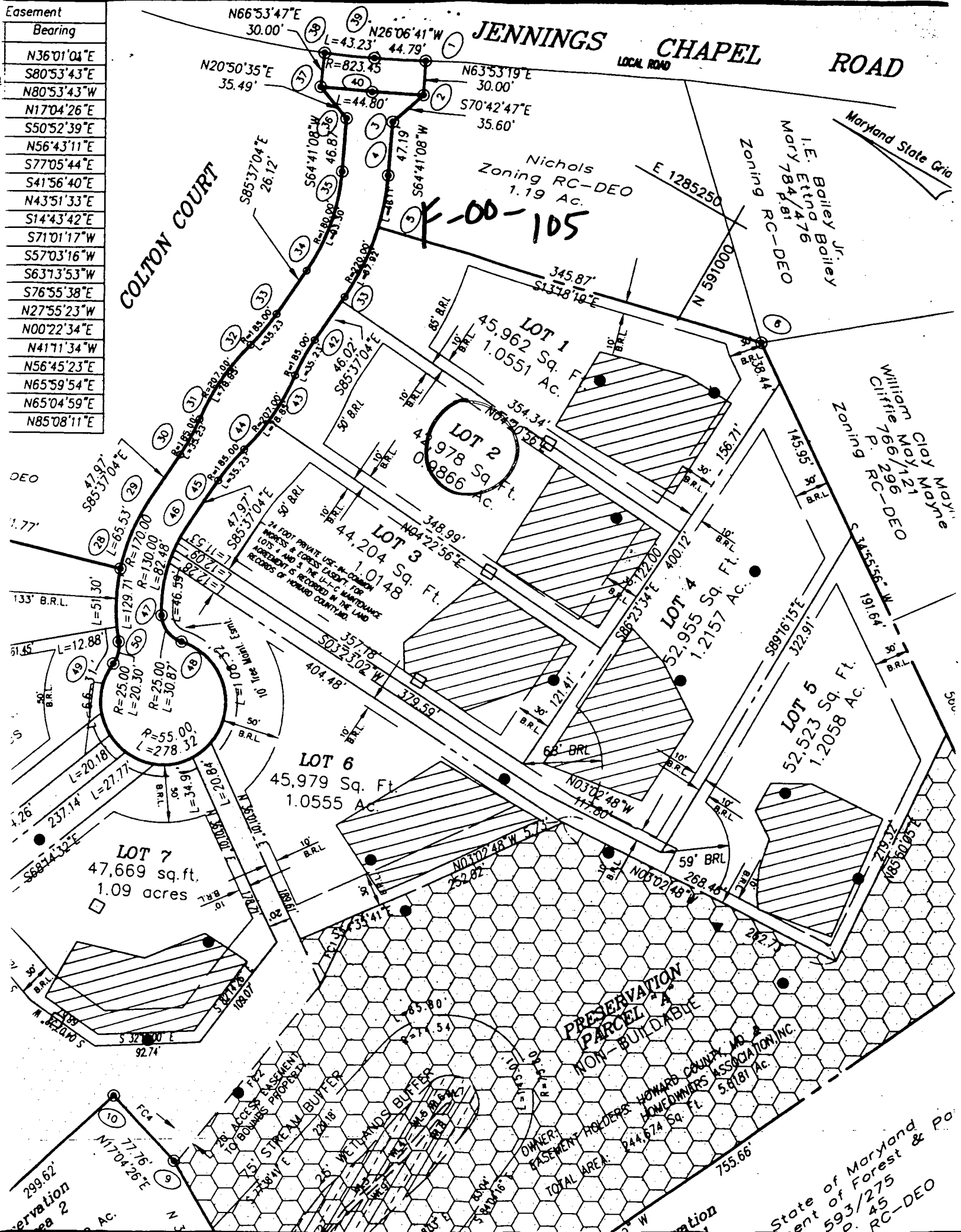
TESTED BY C. Weller ALSO PRESENT SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



Easement
Bearing
N36°01'04"E
S80°53'43"E
N80°53'43"W
N17°04'26"E
S50°52'39"E
N56°43'11"E
S77°05'44"E
S41°56'40"E
N43°51'33"E
S14°43'42"E
S71°01'17"W
S57°03'16"W
S63°13'53"W
S76°55'38"E
N27°55'23"W
N00°22'34"E
N41°11'34"W
N56°45'23"E
N65°59'54"E
N65°04'59"E
N85°08'11"E

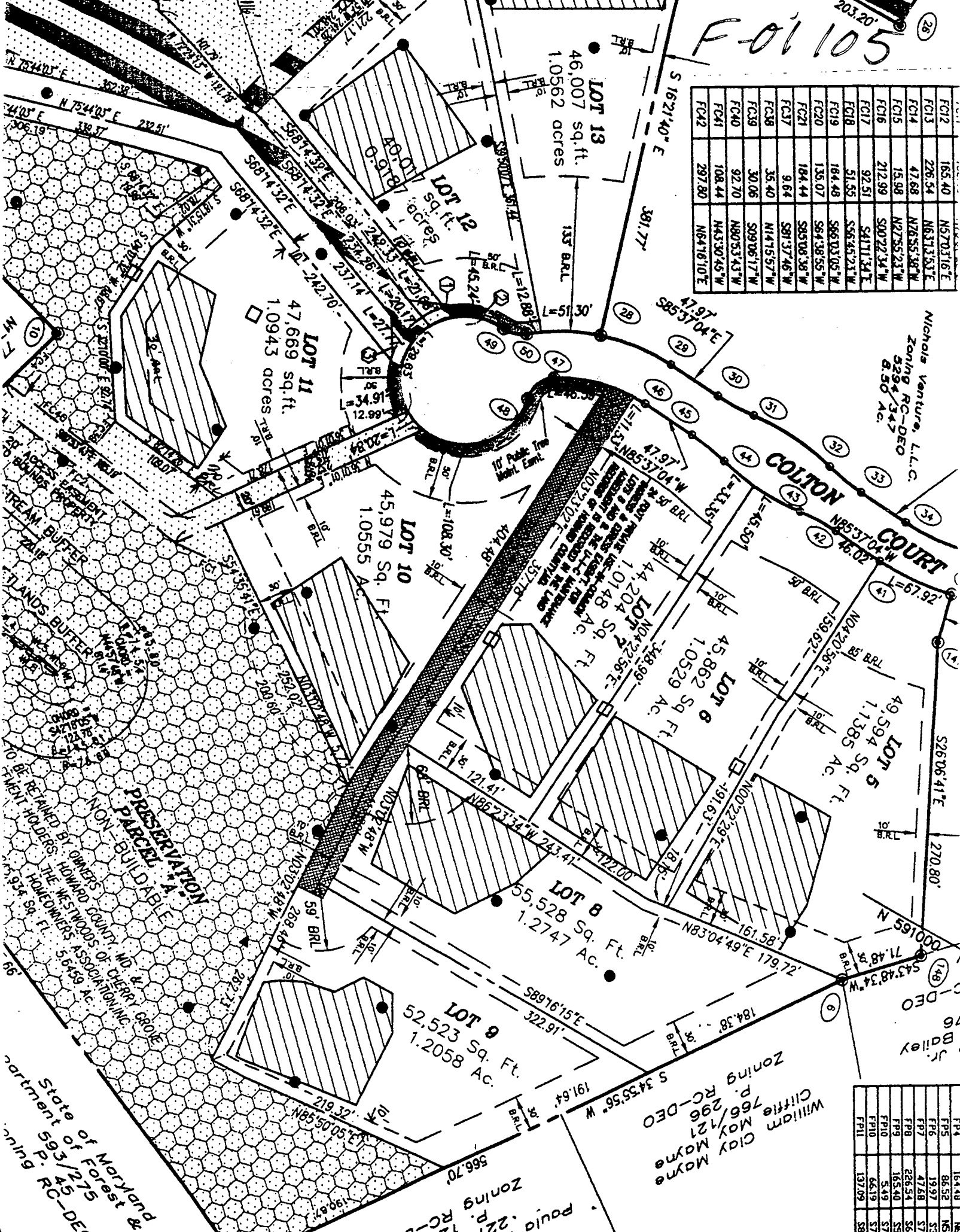


State of Maryland
 Department of Forest & Parks
 P. 45
 RC-DEO

F-01105

FC12	165.40	N67°03'16"E
FC13	226.54	N63°13'51"E
FC14	47.68	N2°55'38"W
FC15	15.98	N2°55'23"W
FC16	212.99	S00°22'34"W
FC17	92.51	S41°11'34"E
FC18	51.55	S65°45'21"W
FC19	184.46	S66°03'05"W
FC20	135.07	S64°38'55"W
FC21	184.44	S65°08'38"W
FC27	9.64	S91°37'46"W
FC28	35.40	N14°15'57"W
FC29	30.06	S09°06'17"W
FC40	92.70	N80°53'43"W
FC41	108.44	N43°30'45"W
FC42	297.80	N64°18'10"E

Nichols Venture, L.L.C.
Zoning RC-DEO
5294/347
8.50 Ac.



LOT 13
46,007 sq.ft.
1.0562 acres

LOT 12
40,011 sq.ft.
0.9182 acres

LOT 11
47,669 sq.ft.
1.0943 acres

LOT 10
45,979 Sq. Ft.
1.0555 AC.

LOT 7
1,0148 Sq. Ft.
23.48 AC.

LOT 6
45,862 Sq Ft.
1.0529 AC.

LOT 5
49,594 Sq. Ft.
1.1385 AC.

LOT 8
55,528 Sq. Ft.
1.2747 AC.

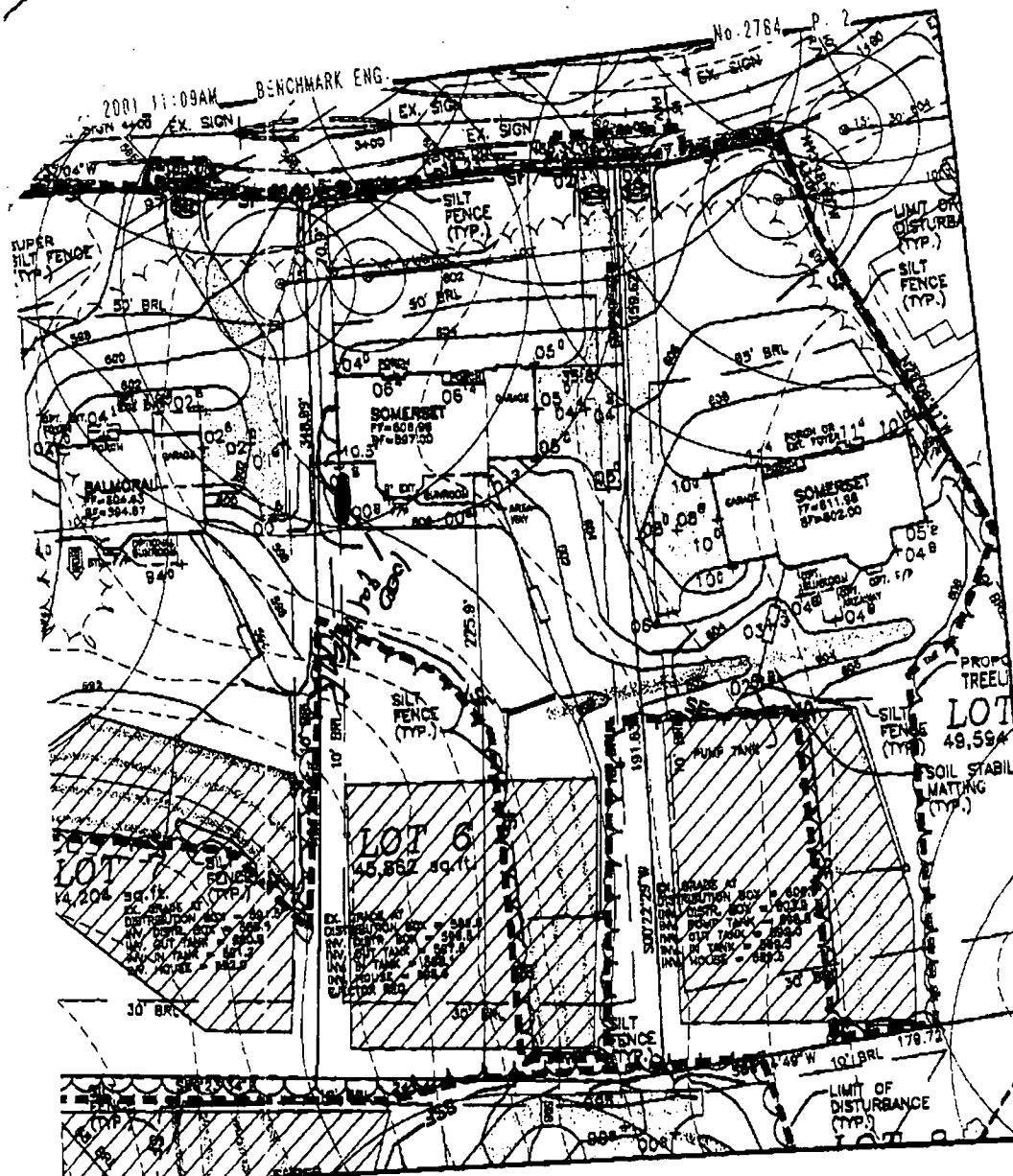
LOT 9
52,523 Sq. Ft.
1.2058 AC.

FP4	154.48	N65°0'
FP5	86.52	N56°4'
FP6	19.97	S35°0'
FP7	47.68	S76°5'
FP8	226.54	S63°1'
FP9	165.40	S73°0'
FP10	64.19	S73°0'
FP11	137.29	S87°4'

William Cliffe
Clay Mayne
766/121
Zoning RC-DEO

State of Maryland &
Department 593/275
Zoning RC-DEO

Paula M...
2216/123
Zoning RC-DEO



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

BENCHMARK

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE - SUITE 418 - ELICOTT CITY, MD 21043
 PHONE: 410-483-8105 FAX: 410-483-8644

**THE WESTWOODS AT
 CHERRY GROVE
 LOT 6**

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 60' DATE: 5/9/01
 REVISION DATE: 5/14/01

2/20/02 - proposed LP
 tank on SRU

B00134426

\\c:\proj\engineer\proj\1731\dwg\B072021.dwg LOT 6, 05/14/2001 07:28:03 PIA, INC