

LAYOUT 8/23/02 1:30 pm INSP 4 _____
 INSP 2 9/5/02 10-11 INSP 5 _____
 INSP 3 _____ INSP 6 _____

04-365623

ISSUE DATE: 8/19/2002

P 517426

APPROVAL DATE: 9/5/02

A 59946-I

**PERMIT
INDEXED**

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

Miller Excavating Company, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 18115 Sellman Road, Dickerson PHONE NUMBER: 301-349-4400

SUBDIVISION: Westwoods @ Cherry Grove LOT NUMBER: 13

ADDRESS: 16820 Colton Court 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 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 55 feet from the right site line and 90 feet from the rear lot line as seen when facing lot from Colton Court. Run trenches on contour in both directions.
NOTES:	Trenches are to be 10' center to center

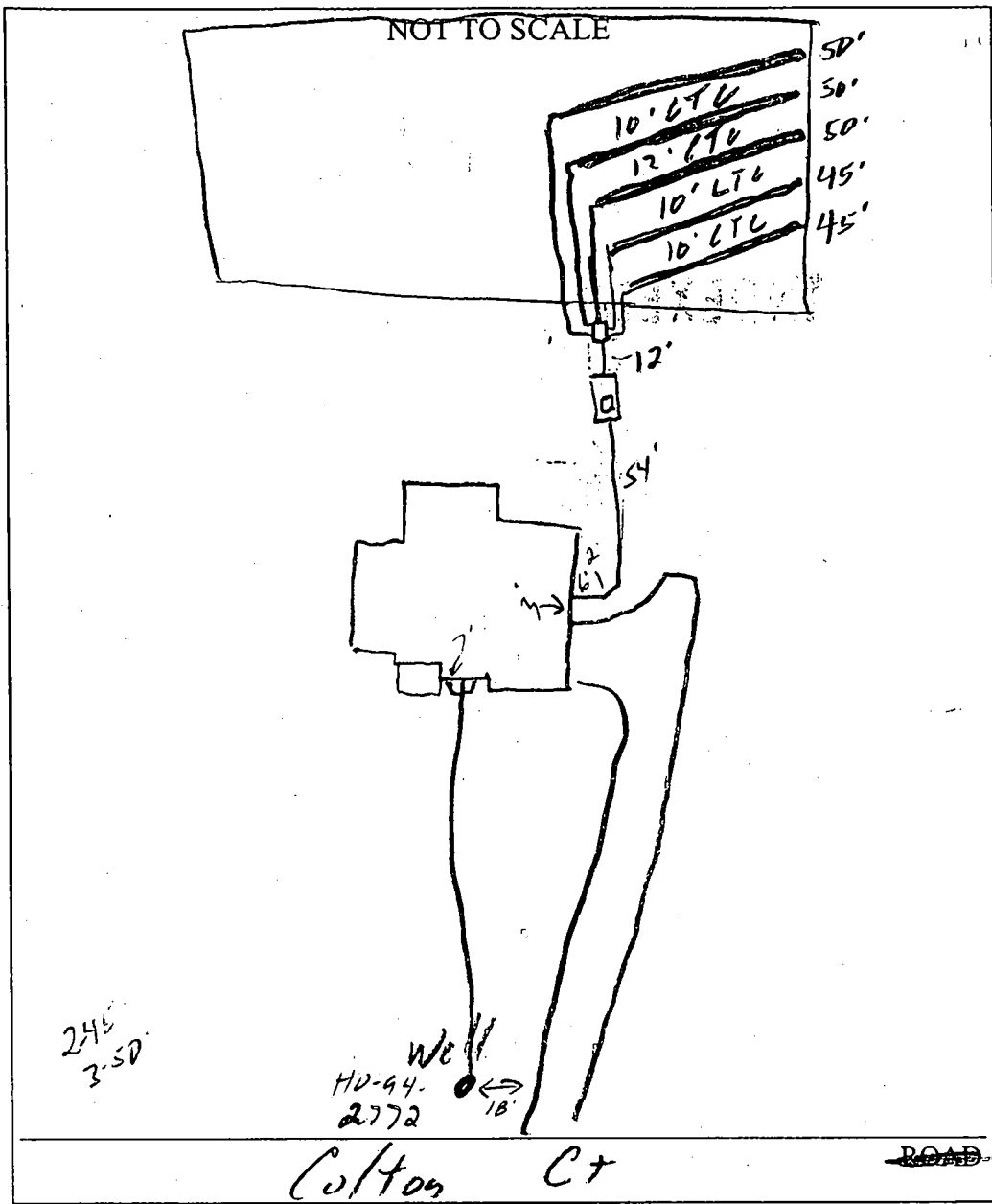
PLANS APPROVED: Brian Baker *OK 5/2/02 (SC)* DATE: 4/15/2002

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**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**

**BUILDING PERMIT SIGNED
 AND RETURNED *9-18-02***
*800 138401-UG PROPANE TANK
 42204 800147017-DECK LGALEB2*

A59946-I



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	2.5'	4.5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240'
ABSORPTION AREA		720 0
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Front
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	W/A
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION Lot staked, keep all trenches on one side (Right)
10' CTC. Move D.B. a little out of SRA (50)

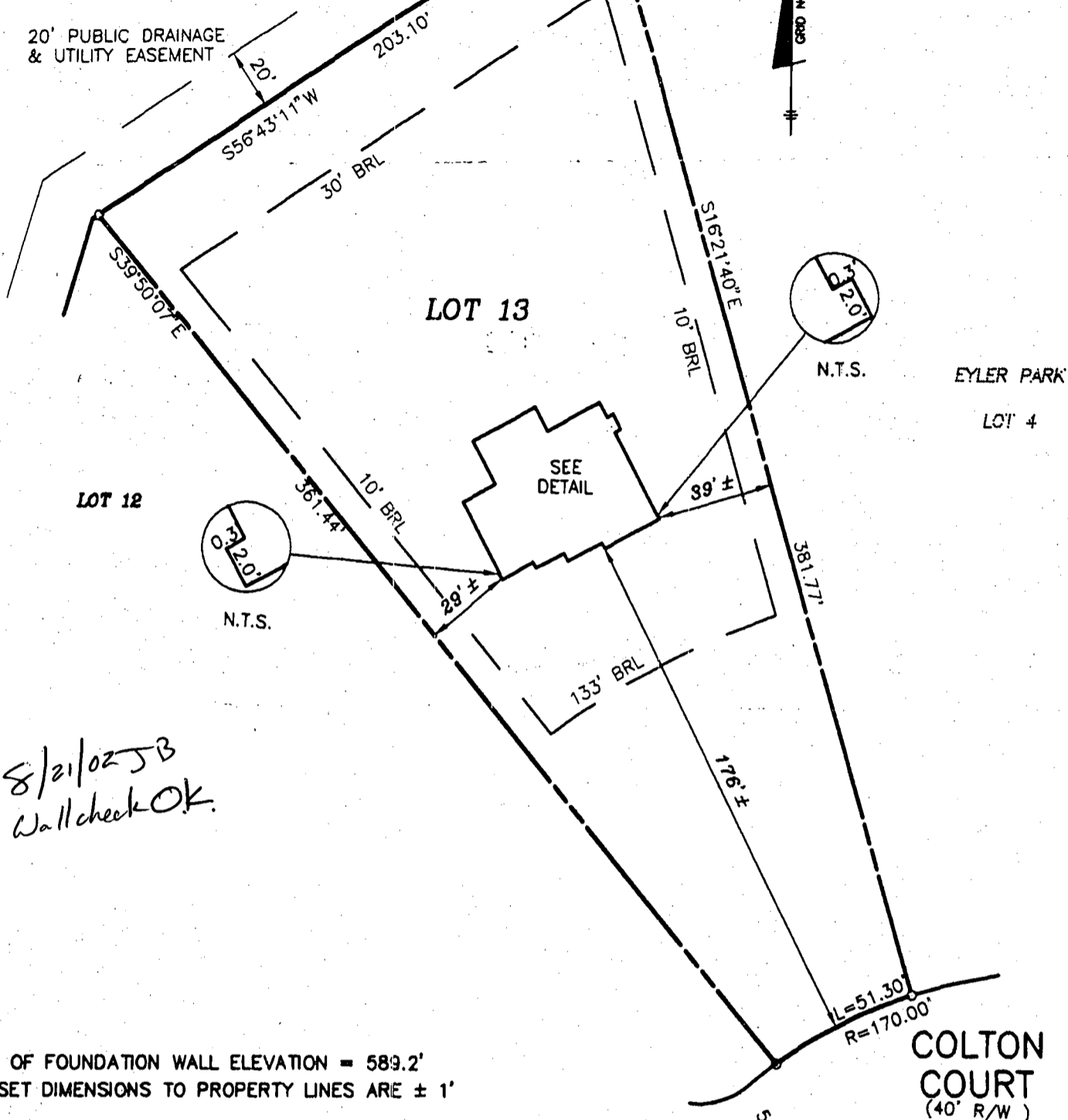
INSTALLATION 9/5/02 OK to cover all work (50)

FINAL INSPECTOR *[Signature]* DATE OF APPROVAL 9/5/02

BUILDING PERMIT SIGNED AND RETURNED

PRESERVATION PARCEL "B"

20' PUBLIC DRAINAGE & UTILITY EASEMENT



8/21/02 JB
Wall check OK.

TOP OF FOUNDATION WALL ELEVATION = 589.2'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

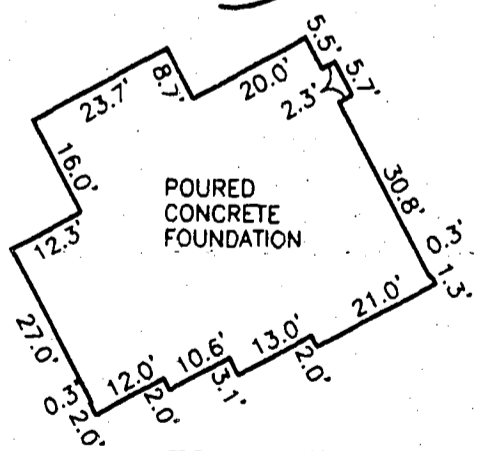
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 05/21/02 ; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY RODGERS & ASSOCIATES, INC. ENTITLED " THE WEST WOODS OF CHERRY GROVE ", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.14809

David M. Harris

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 14809
FEMA FIRM No. 240044 0013 B
ZONE: C
DATED: 12/04/86

**BENCHMARK
ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PKWY & SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 & FAX: 410-465-6644
email: Benchmark@boda.com



FOUNDATION DETAIL
SCALE: 1" = 30'
WALL CHECK

**THE WOODS OF
CHERRY GROVE
LOT No. 13**

16820 COLTON COURT

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 05/21/02

Approved Septic System Plan
Howard County Health Department

20' PUBLIC DRAINAGE
& UTILITY EASEMENT
PER PLAT NO. 14809

EX. GRADE AT
DISTRIBUTION BOX = 584.0
INV. DISTR. BOX = 581.0
INV. OUT TANK = 581.6
INV. IN TANK = 581.9
INV. HOUSE = 583.2
EJECTOR REQ.

DA = 0.76 AC
SLOPE = 2.1%
DIKE TYPE = A-1
PIPE SLOPE DRAIN = PSD-12

LIMIT OF
DISTURBANCE
(TYP.)

PROPOSED
TREELINE
12
017 sq. ft.

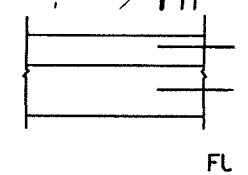
PROPOSED
TREELINE

SOIL STABILIZATION
MATTING
(TYP.)

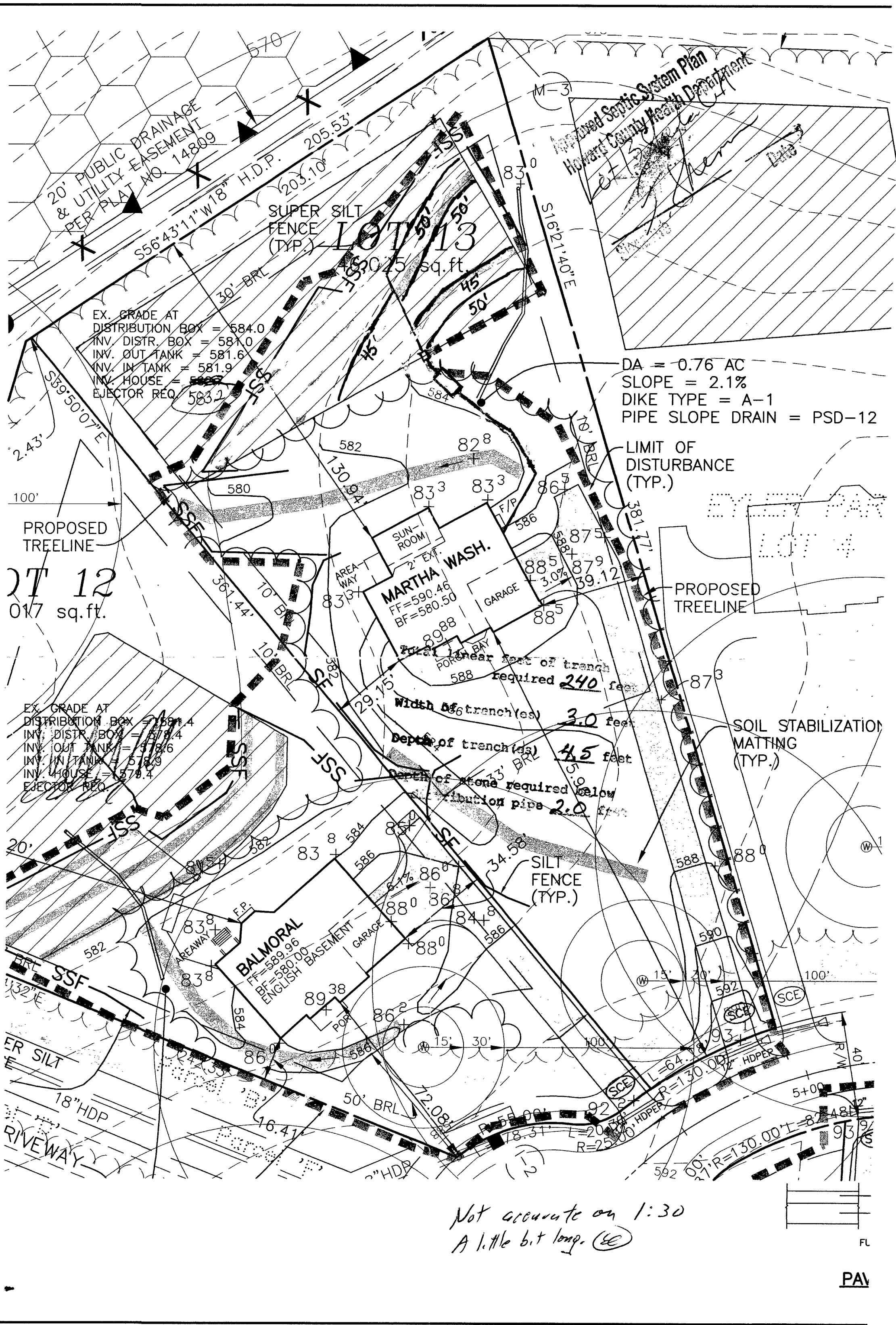
EX. GRADE AT
DISTRIBUTION BOX = 581.4
INV. DISTR. BOX = 577.4
INV. OUT TANK = 578.6
INV. IN TANK = 578.9
INV. HOUSE = 579.4
EJECTOR REQ.

width of trench(es) 3.0 feet
depth of trench(es) 4.5 feet
depth of stone required below
distribution pipe 2.0 feet

Not accurate on 1:30
A little bit long. (SE)



PAV



9/20/02 AM

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: Bentley's Inc Telephone #: 3014883960
 Address: 13407 Freedom Rd
Clarksville, MD 21031

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): FRANK HENKLE License# 17867
 *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.P. Hartman Inc Telephone #: 670 6144
 Subdivision: Cherry Grove Lot #: 13 Well Tag #: HO-94-2722
 Site Address: 16830 Colton Ct
Woodbine, MD 21797

Submersible Pump Data

Make: Gould
 Model #: _____
 Pump Capacity: 1/2 GPM
 Well Yield: 4.5 GPM

Pitless Adapter

Make: Camphill
 Model #: _____
 Depth: 42 (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: 120 (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: Pvc 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: _____
 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: [Signature] date: 9/19/02

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

Date Insp. Requested: 9/20/02 AM Date Insp. Approved: 9/20/02 (SD)
 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 _____

C1 07861

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 MM DD YY 9 5 2000

Depth of Well 22 365 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2772

OWNER GROVEMONT DEVELOPMENT LLC STREET OR RFD COLTON COURT TOWN SUBDIVISION WESTWOODS AT CHEERY GROVE SECTION LOT 9

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 FROM TO check if water bearing. Brown Shale 0 57 Blue Rock 57 365

GROUTING RECORD. WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]. TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]. NO. OF BAGS 14 NO. OF POUNDS 1316. GALLONS OF WATER 84. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 51 ft.

CASING RECORD. casing types insert appropriate code below. MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60. OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD. screen type or open hole insert appropriate code below. [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80. HO 59 365

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES [Y] NO [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.

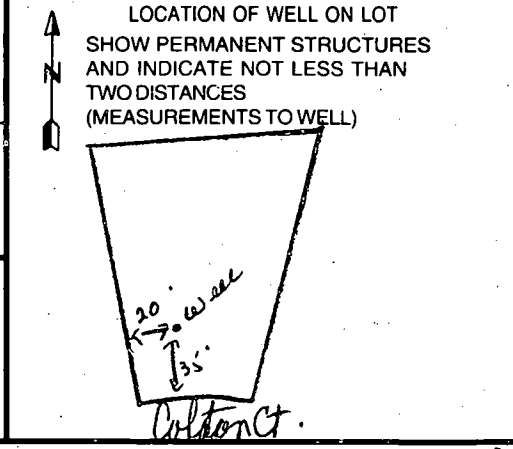
DRILLERS LIC. NO. 1 M S D 0 2 4 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST. HOURS PUMPED (nearest hour) 6. PUMPING RATE (gal. per min.) 1.5. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 27 ft. WHEN PUMPING 340 ft. TYPE OF PUMP USED (for test) [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 (nearest foot) 1



B 1	5965	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W 51415</i>	STATE PERMIT NUMBER HO-94-2772 <small>fill in this form completely</small>
-----	-------------	--------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13 _____

15 Last Name Governmont Development LLC Owner First Name _____ 34

36 P.O. Box 417 Street or RFD _____ 55

57 Ellicott City Md 21041 Town _____ 70 State _____ 72 Zip _____ 76

DRILLER INFORMATION

Driller's Name Joseph L. Mayne MS D 024 License No. _____ 81

Firm Name Joseph R. Mayne Well Drilling

Address 5512 Ridge Rd Mt. Airy 21771

Signature Joseph L. Mayne Date 7/26/2000

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

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

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 DEEPEAN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _____

PERMIT No HO-94-2772

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION The Westwoods of Cherry Grove 42

SECTION _____ LOT 9

44 46 48 50

52 NEAREST TOWN Lisbon 71

MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 Colton Ct. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 35 37

DISTANCE FROM ROAD ENTER FT OR MI FT 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 08 09 00 Cip Wills 8/8/01

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 530 000 EAST GRID 0772 000

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

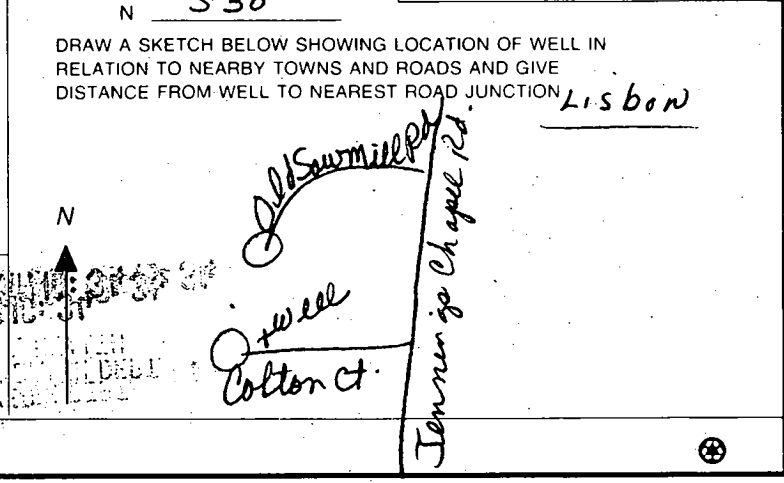
- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

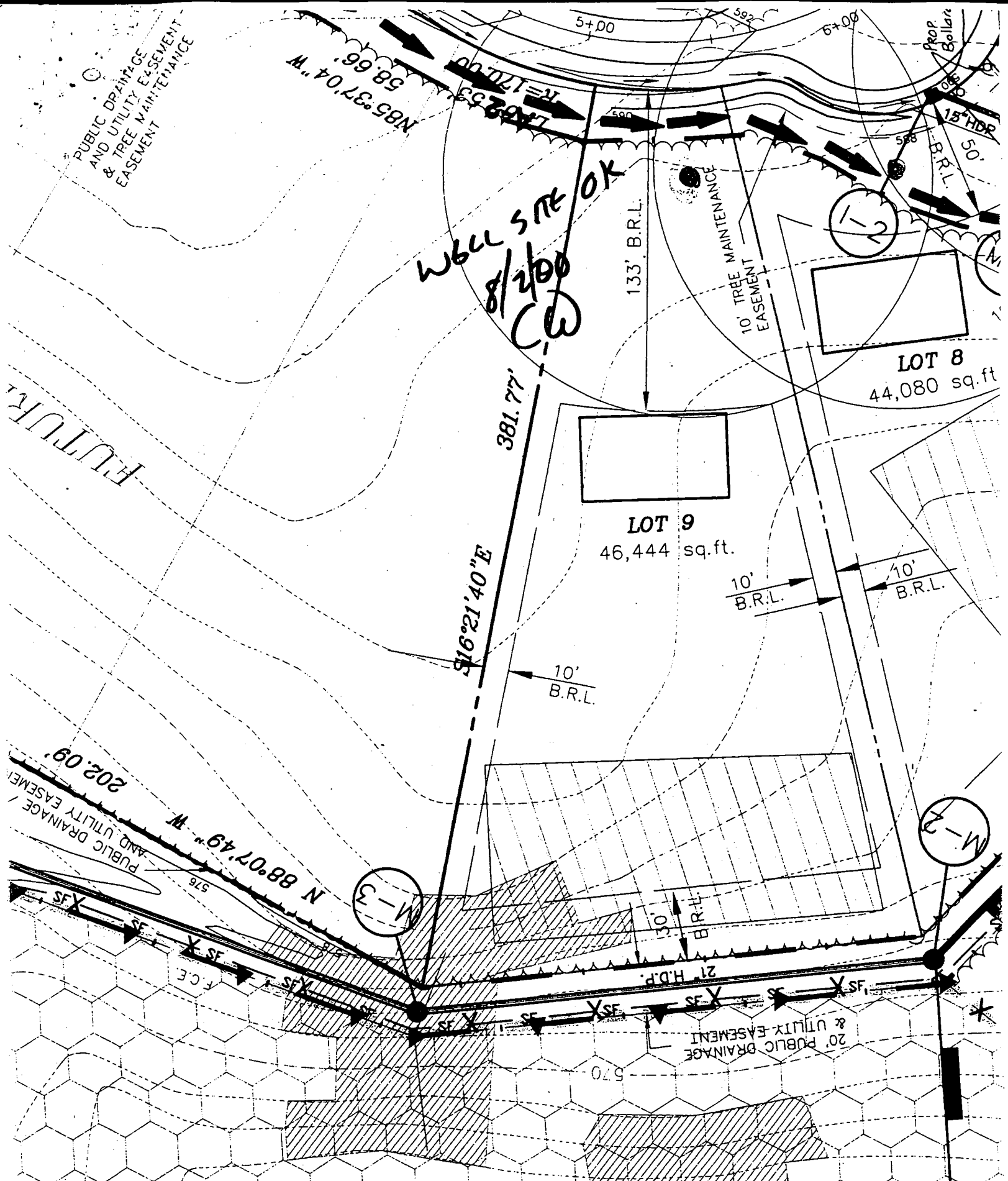
E 772

N 530

000 +



(PURPOSE: FOREST ENVIRONMENTAL CONTROL
 BUILDABLE 474,072 sq. ft.
 HOLDERS: HOWARD
 COUNTY, MD. AND
 HOMEOWNERS ASSOCIATION
 0.8832 AC
 202.09'



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
2937 JENNINGS CHAPEL ROAD
ADDRESS WOODRINE, MD 21797 PHONE _____

AGENT OR PROSPECTIVE BUYER DAVID E. WILKINSON @ MACRO LTD. REAL ESTATE SERVICES
5301 BUCKEYSTOWN PIKE, SUITE 300
ADDRESS 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/0 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

NICHOLS SUBD.

A59946

COUNTY#

SOIL PROFILE

12A

CLAY

YELLOW
ORANGE
5%

SAPPAOLITE

13A/12B

CLAY

RED
BROWN
LOAM

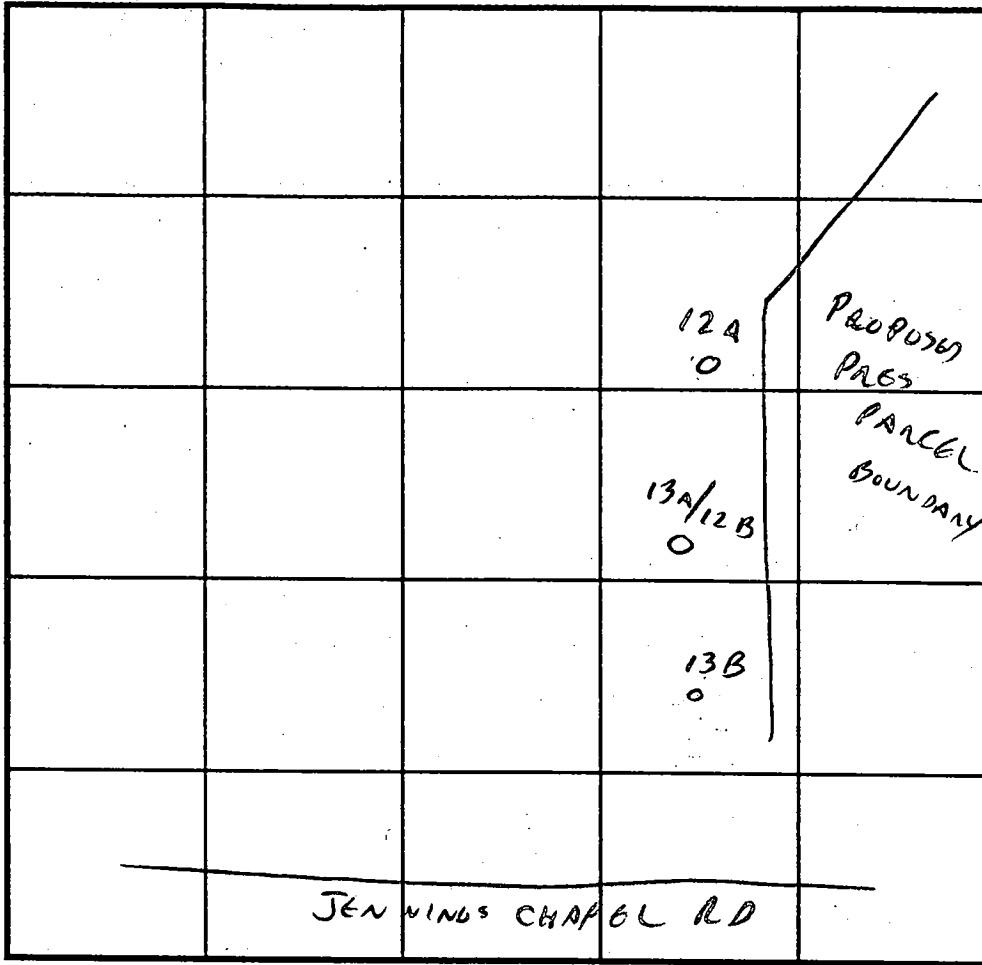
13B

CLAY

BEIGE
LOAM

10%

SAPPAOLITE



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21/98	12A	3	2:55	2:57	2:57	3:00	3 MIN
	13A/12B	3	2:59	3:02	3:02	3:06	4 MIN
	13B	3 1/2	3:00	3:02	3:02	3:04	2 MIN

REMARKS _____

TYPE OF SOIL _____

TESTED BY Cwell ALSO PRESENT SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 59946

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.

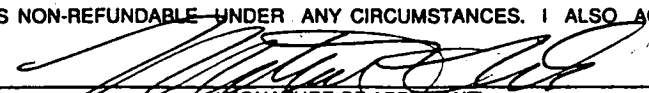
PROPERTY OWNER MARSHALL W. NICHOLS
ADDRESS 2937 JENNINGS CHAPEL ROAD
WOODRINE, MD 21797 PHONE _____

AGENT OR PROSPECTIVE BUYER DAVID E. WILKINSON @ MACRO LTD. 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/046
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 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 _____

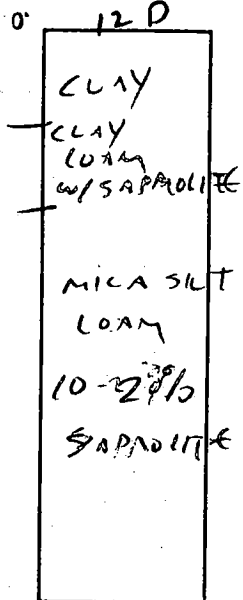
THIS IS NOT A PERMIT

NICHOLS SUBD.

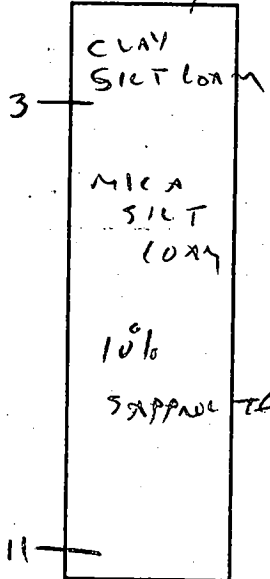
A59946

COUNTY #

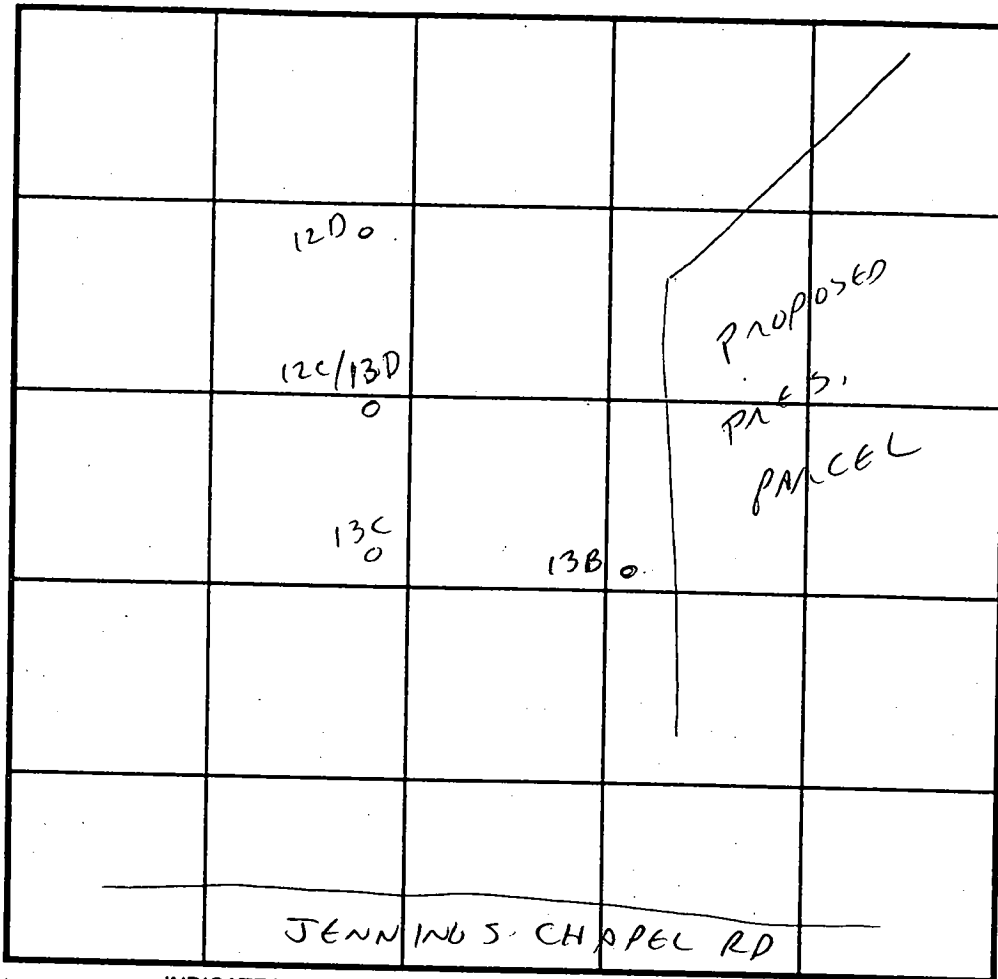
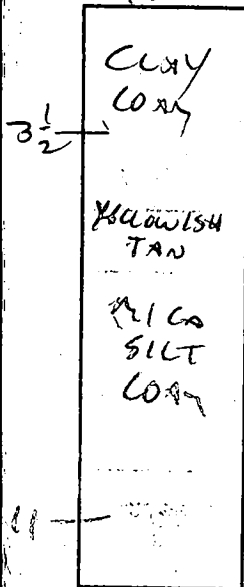
SOIL PROFILE



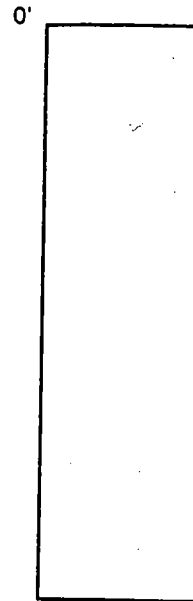
13D/12C



13C



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/98	12D	3 1/2	2:04	2:06	2:06	2:08	2 MIN
	✓ 13D/12C	3 1/2	2:07	2:09	2:09	2:12	3 MIN
	✓ 13C	3 1/2	2:08	2:11	2:11	2:16	5 MIN

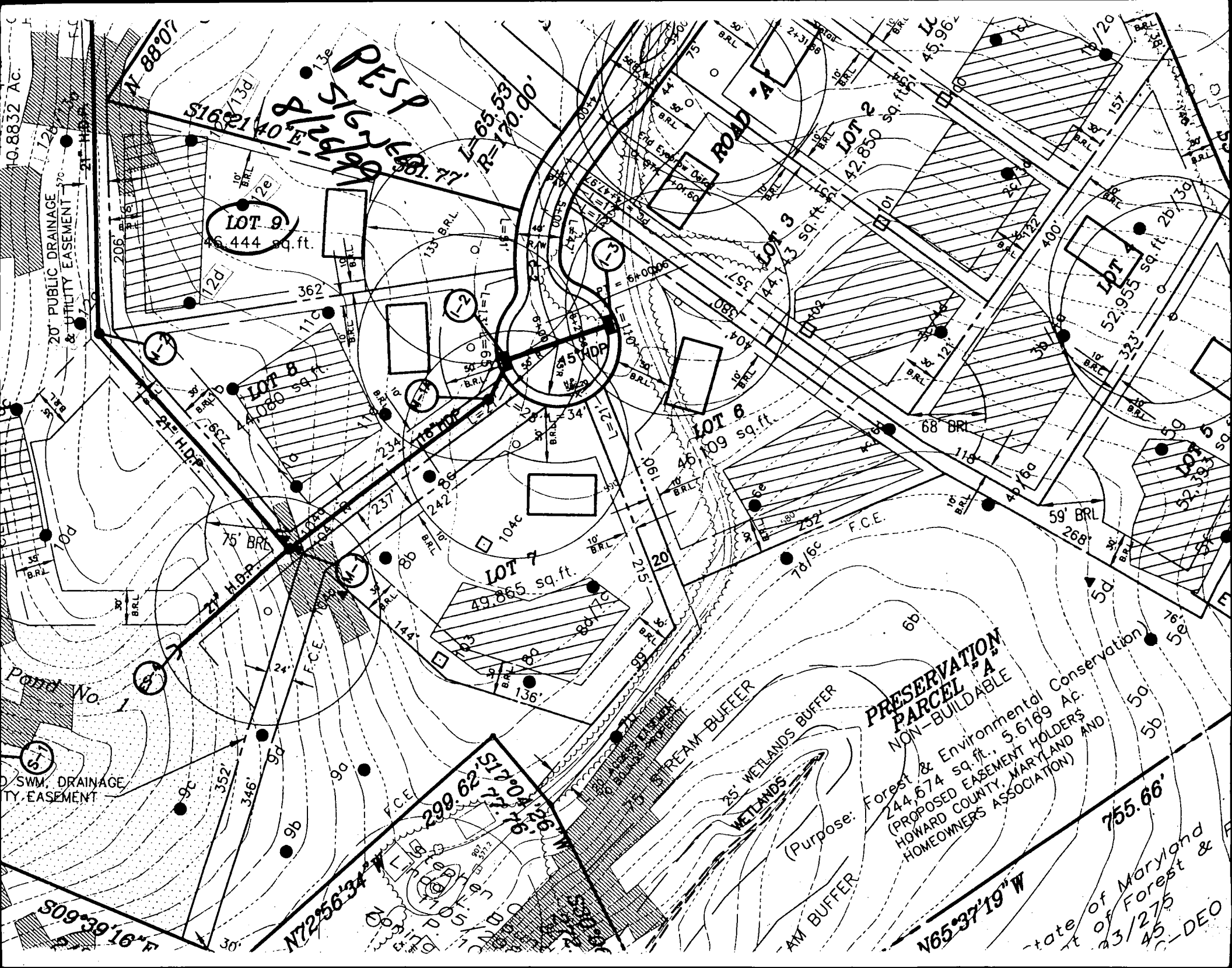
REMARKS _____

TYPE OF SOIL _____

TESTED BY William ALSO PRESENT SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



Handwritten: P.S.P.S.P
 \$162,140
 381.77' L=65.53' R=170.90'

PRESERVATION PARCEL A
 NON-BUILDABLE
 Forest & Environmental Conservation
 244,674 sq. ft., 5.6169 Ac.
 (PROPOSED EASEMENT HOLDERS
 HOWARD COUNTY, MARYLAND
 HOMEOWNERS ASSOCIATION)

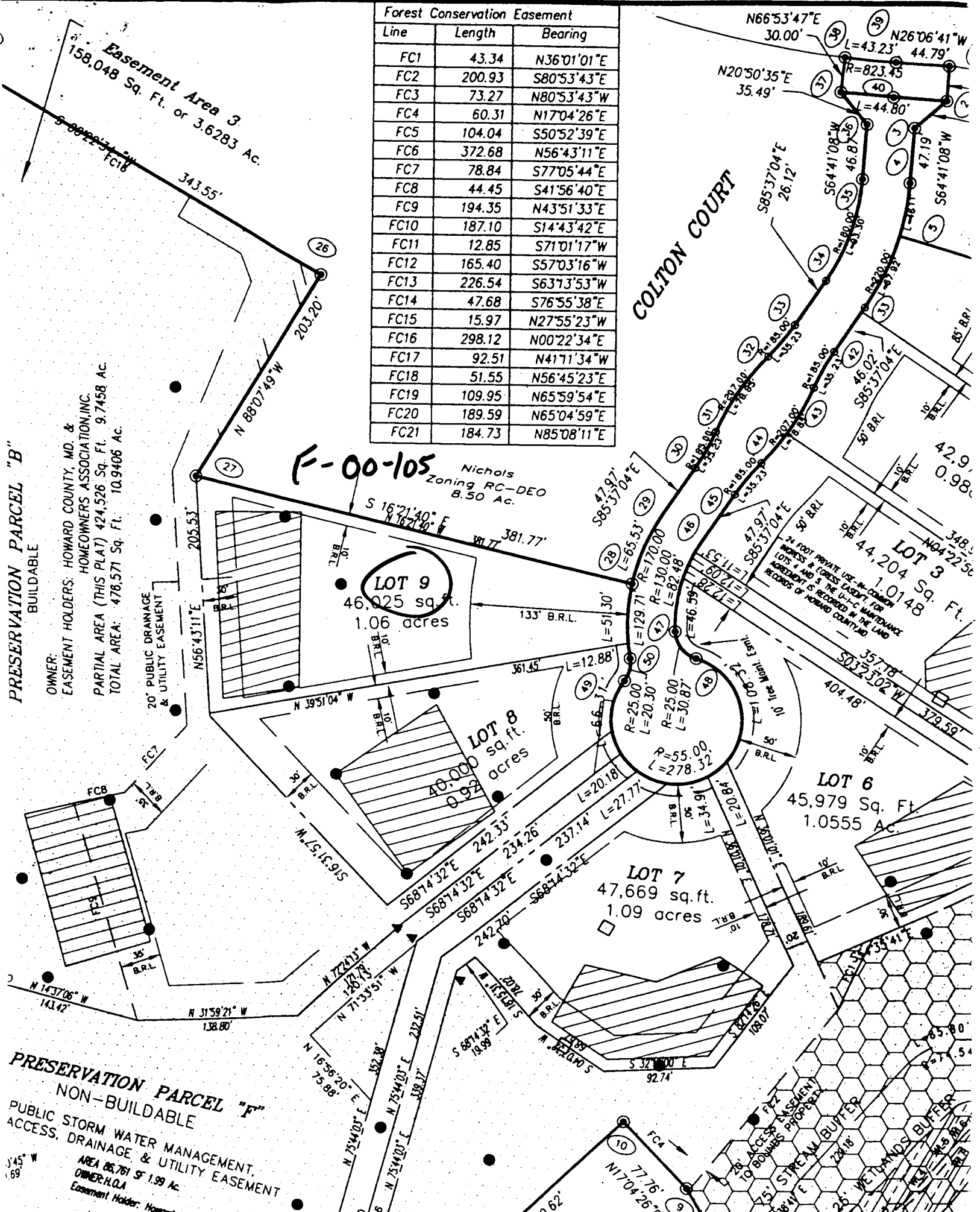
State of Maryland
 Dept. of Forest &
 3/27/5
 45-DEO

PRESERVATION PARCEL "B"
BUILDABLE

OWNER: HOWARD COUNTY, MD. & HOMEOWNERS ASSOCIATION, INC.
EASEMENT HOLDERS: HOWARD COUNTY, MD. & HOMEOWNERS ASSOCIATION, INC.
PARTIAL AREA (THIS PLAT) 424,526 Sq. Ft. 9.7458 AC.
TOTAL AREA: 478,571 Sq. Ft. 10.9406 AC.

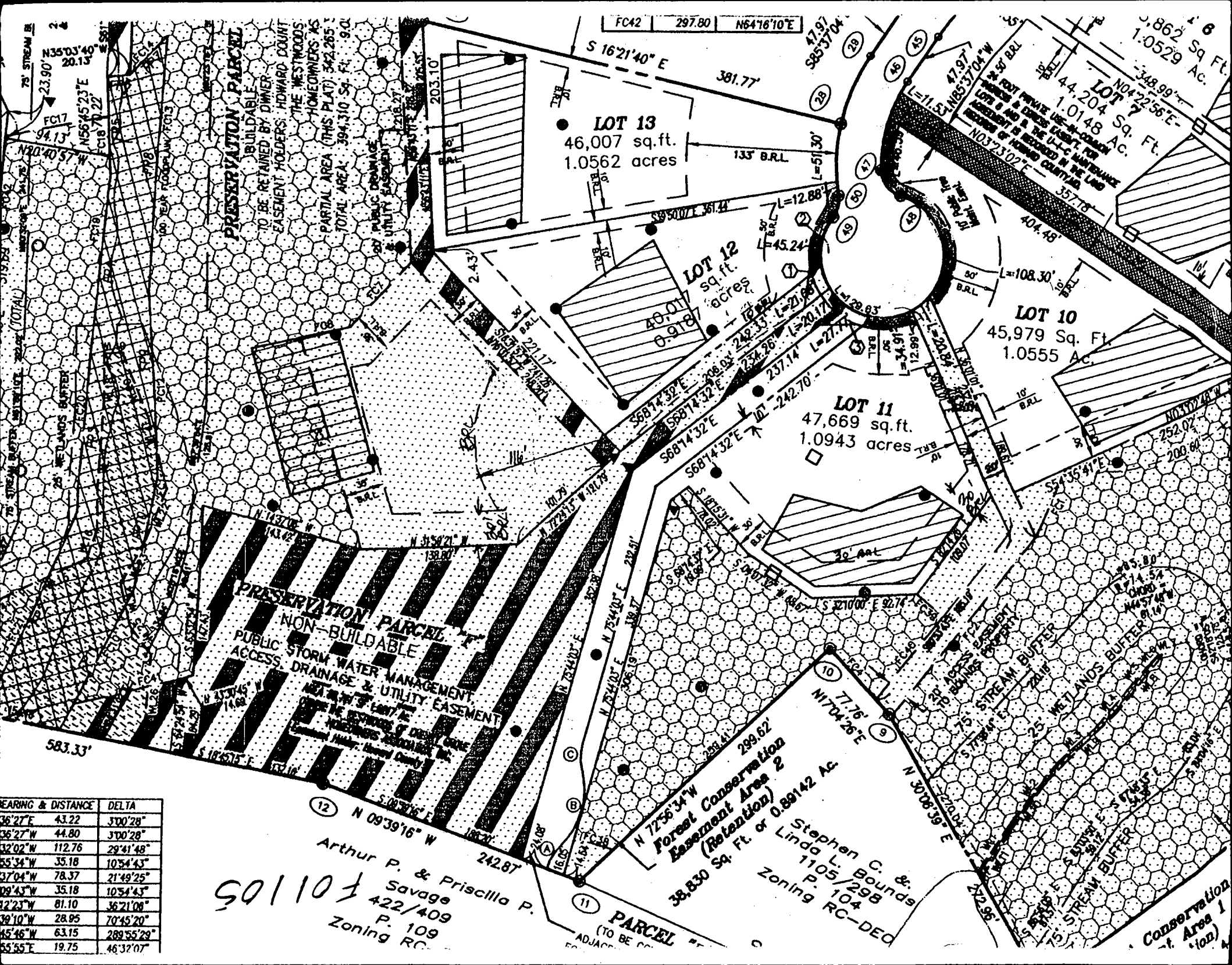
Forest Conservation Easement		
Line	Length	Bearing
FC1	43.34	N36°01'01"E
FC2	200.93	S80°53'43"E
FC3	73.27	N80°53'43"W
FC4	60.31	N17°04'26"E
FC5	104.04	S50°52'39"E
FC6	372.68	N56°43'11"E
FC7	78.84	S77°05'44"E
FC8	44.45	S41°56'40"E
FC9	194.35	N43°51'33"E
FC10	187.10	S14°43'42"E
FC11	12.85	S71°01'17"W
FC12	165.40	S57°03'16"W
FC13	226.54	S63°13'53"W
FC14	47.68	S76°55'38"E
FC15	15.97	N27°55'23"W
FC16	298.12	N00°22'34"E
FC17	92.51	N41°11'34"W
FC18	51.55	N56°45'23"E
FC19	109.95	N65°59'54"E
FC20	189.59	N65°04'59"E
FC21	184.73	N85°08'11"E

F-00-105
Nichols
Zoning RC-DEO
B.50 Ac.



PRESERVATION PARCEL "F"
NON-BUILDABLE
PUBLIC STORM WATER MANAGEMENT,
ACCESS, DRAINAGE & UTILITY EASEMENT
AREA 06,761 SF 1.99 AC
OWNER: HQA
Easement Holder: Howard County

BEARING & DISTANCE	DELTA	DELTA
36°27'E	43.22	370°28'
36°27'W	44.80	290°28'
32°02'W	112.76	37°41'48"
55°34'W	35.18	10°34'43"
37°04'W	78.37	21°49'25"
09°43'W	35.18	10°34'43"
32°23'W	81.10	36°21'08"
39°10'W	28.95	70°45'20"
45°46'W	63.15	289°55'29"
55°55'E	19.75	46°37'07"



501107
 Arthur P. & Priscilla P. Savage
 422/409
 P. 109
 Zoning RC-

Stephen C. & Linda L. Bounds
 1105/298
 P. 104
 Zoning RC-DEO

PRESERVATION PARCEL
 NON-BUILDABLE
 TO BE RETAINED BY OWNER
 EASEMENT HOLDERS: HOWARD COUNTY
 HOMEOWNERS AS
 PARTIAL AREA (THIS PLAT): 542,265
 TOTAL AREA: 394,310 Sq. Ft. 9.0
 PUBLIC DRAINAGE
 & UTILITY EASEMENT

PRESERVATION PARCEL
 NON-BUILDABLE
 PUBLIC STORM WATER MANAGEMENT
 AREA
 DRAINAGE & UTILITY EASEMENT
 AREA
 HOWARD COUNTY
 HOMEOWNERS ASSOCIATION, INC.
 (General Jurisdiction)

LOT 13
 46,007 sq. ft.
 1.0562 acres

LOT 12
 40,017 sq. ft.
 0.918 acres

LOT 11
 47,669 sq. ft.
 1.0943 acres

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

LOT 7
 44,204 Sq. Ft.
 1.0148 Ac.

Conservation Area 1
 (Retention)

KW

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 000138461
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Building Address <u>16820 Cotton St Woodbine, MD 21797</u> 2002 SP Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>13</u> Tax Map <u>11B</u> Parcel <u>441</u> Grid <u>1</u> Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name _____ Address <u>18 PH 2-40</u> City <u>Rockville</u> State <u>MD</u> Zip Code <u>20850</u> Home Phone _____ Work Phone <u>440 2 918</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>721570 Piccard Dr. Catonsville</u> Phone _____ Fax _____
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Existing Use <u>Single Family Home</u> Proposed Use <u>Same</u> Estimated Construction Cost \$ <u>3400</u> Description of Work <u>1000 gallon underground propane tank</u>	Contractor Company <u>United Home Propane Inc.</u> Contact Person <u>Tom Tarkenton</u> Address <u>44 W. Rockville Blvd</u> City <u>M. A. J.</u> State <u>MD</u> Zip Code <u>21171</u> License No. <u>01475</u> Phone <u>301 229 2222</u> Fax <u>301 229 5359</u>
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Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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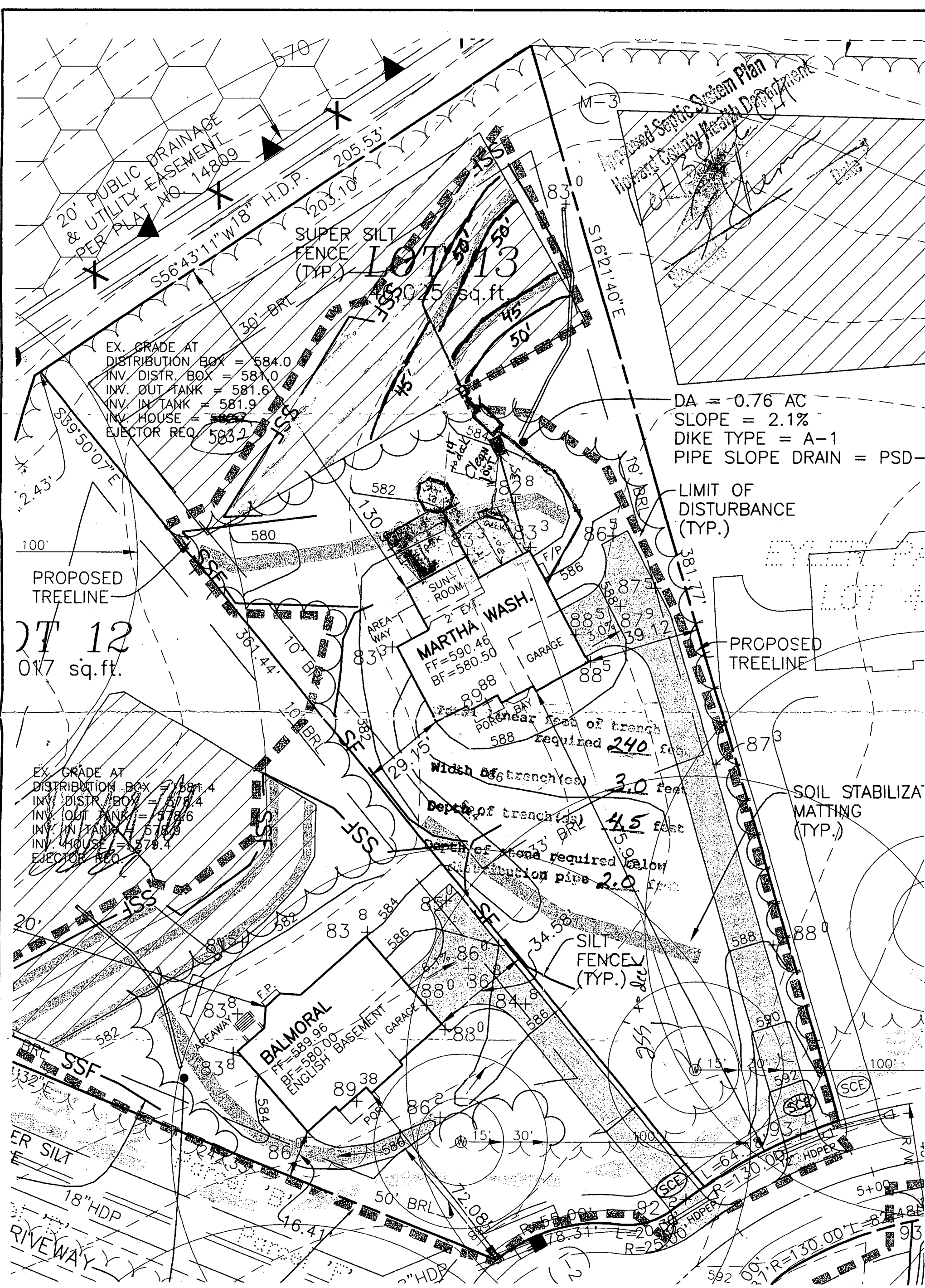
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<u>Building Characteristics</u> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade No. of Bedrooms: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 <u>United Home Master Gas Fitter</u> Title/Company <u>91658</u>	Print Name <u>Alice E. Carlett Jr.</u> Date <u>9/17/02</u>
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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# <u>51452</u>
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Approved Septic System Plan
Howard County Health Department

EX. GRADE AT DISTRIBUTION BOX = 584.0
INV. DISTR. BOX = 581.0
INV. OUT TANK = 581.6
INV. IN TANK = 581.9
INV. HOUSE = 582.7
EJECTOR REQ. 583.2

DA = 0.76 AC
SLOPE = 2.1%
DIKE TYPE = A-1
PIPE SLOPE DRAIN = PSD-

LIMIT OF DISTURBANCE (TYP.)

PROPOSED TREELINE
T 12
017 sq. ft.

EX. GRADE AT DISTRIBUTION BOX = 581.4
INV. DISTR. BOX = 578.4
INV. OUT TANK = 578.6
INV. IN TANK = 578.9
INV. HOUSE = 579.4
EJECTOR REQ.

Width of trench(es) 3.0 feet
Depth of trench(es) 4.5 feet
Depth of stone required below distribution pipe 2.0 feet

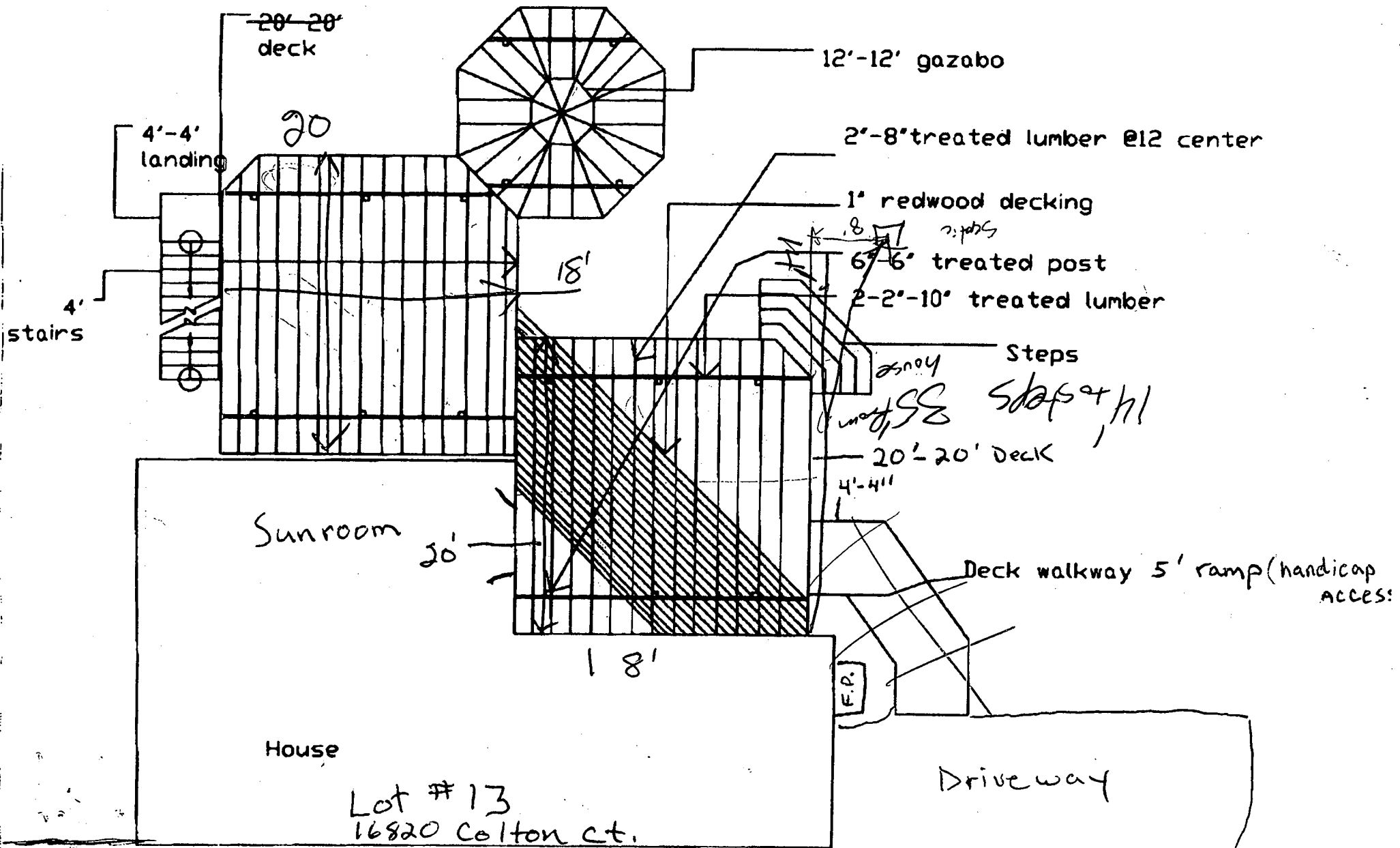
SOIL STABILIZATION MATTING (TYP.)

Approved PD 00147617
for deck only (ER)
Howard Co. Env. Health
4/22/04

Not accurate on 1-30
A little bit long. (E)

1" : 30' SCALE

85 yards toward front of deck



Steps
Slats 4x4

E.P.