

LAYOUT 5/24/02 11-12 INSP 4 _____
 INSP 2 5/28/02 PM INSP 5 _____
 INSP 3 6/7/02 12:00 INSP 6 _____

ISSUE DATE: 5/13/2002

APPROVAL DATE: 6/7/02

**PERMIT
INDEXED**

04-365704

P 516971

A 59946P

**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: The Westwoods of Cherry Grove LOT NUMBER: 19

ADDRESS: 16921 Old Sawmill Road PROPERTY OWNER: D.R. Horton

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

PUMP CHAMBER CAPACITY (GALLONS): N/A 1250 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 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Facing the lot from the road, place the distribution box 37' from the left lot line and 128' from the rear lot line. Run trenches on contour. <i>10' CTC</i>
NOTES:	

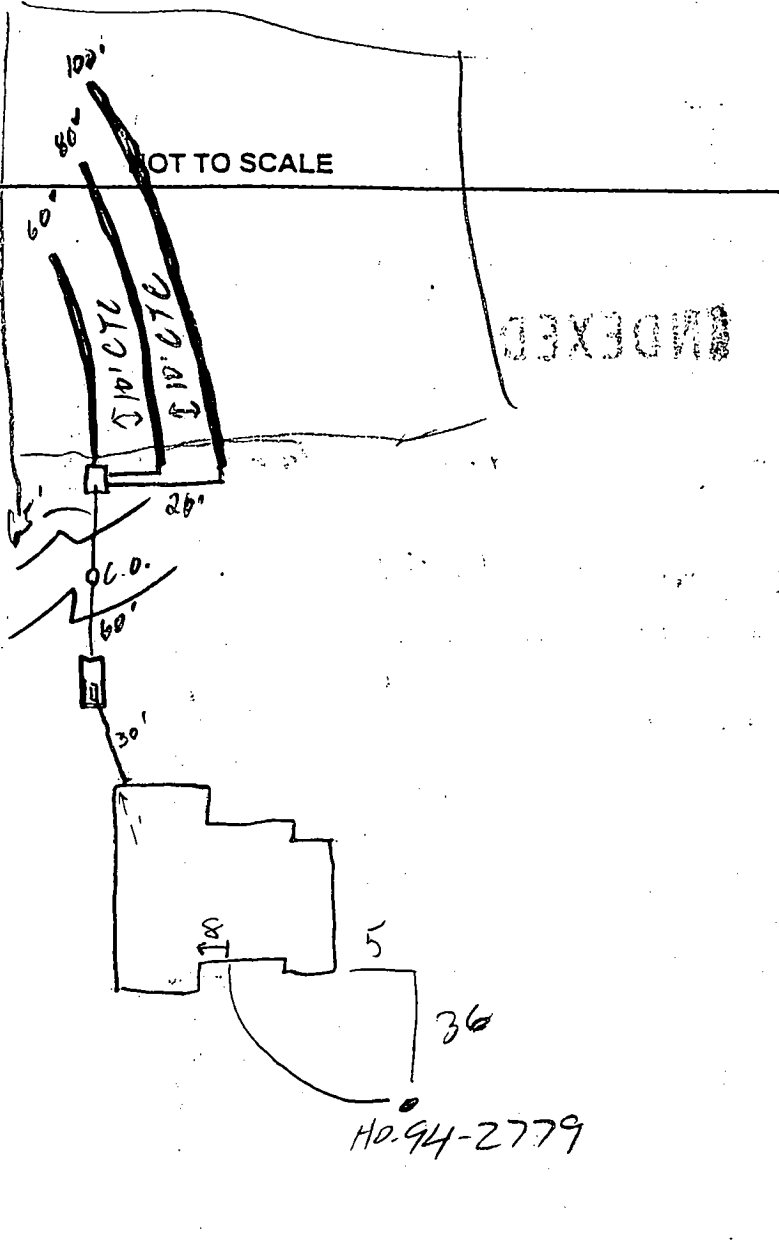
PLANS APPROVED: SRK OK 3/12/02 (e) DATE: 3/1/02

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 7-5-02
 800 137 188-UG PROPANE TANK**

A59946-P



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	3-3.5'
TRENCH BOTTOM DEPTH	5-5.5'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	240'
ABSORBENT AREA	720 sq ft
DISTRIBUTION BOX LEVEL	✓
BAFFLE IN DISTRIBUTION BOX	✓

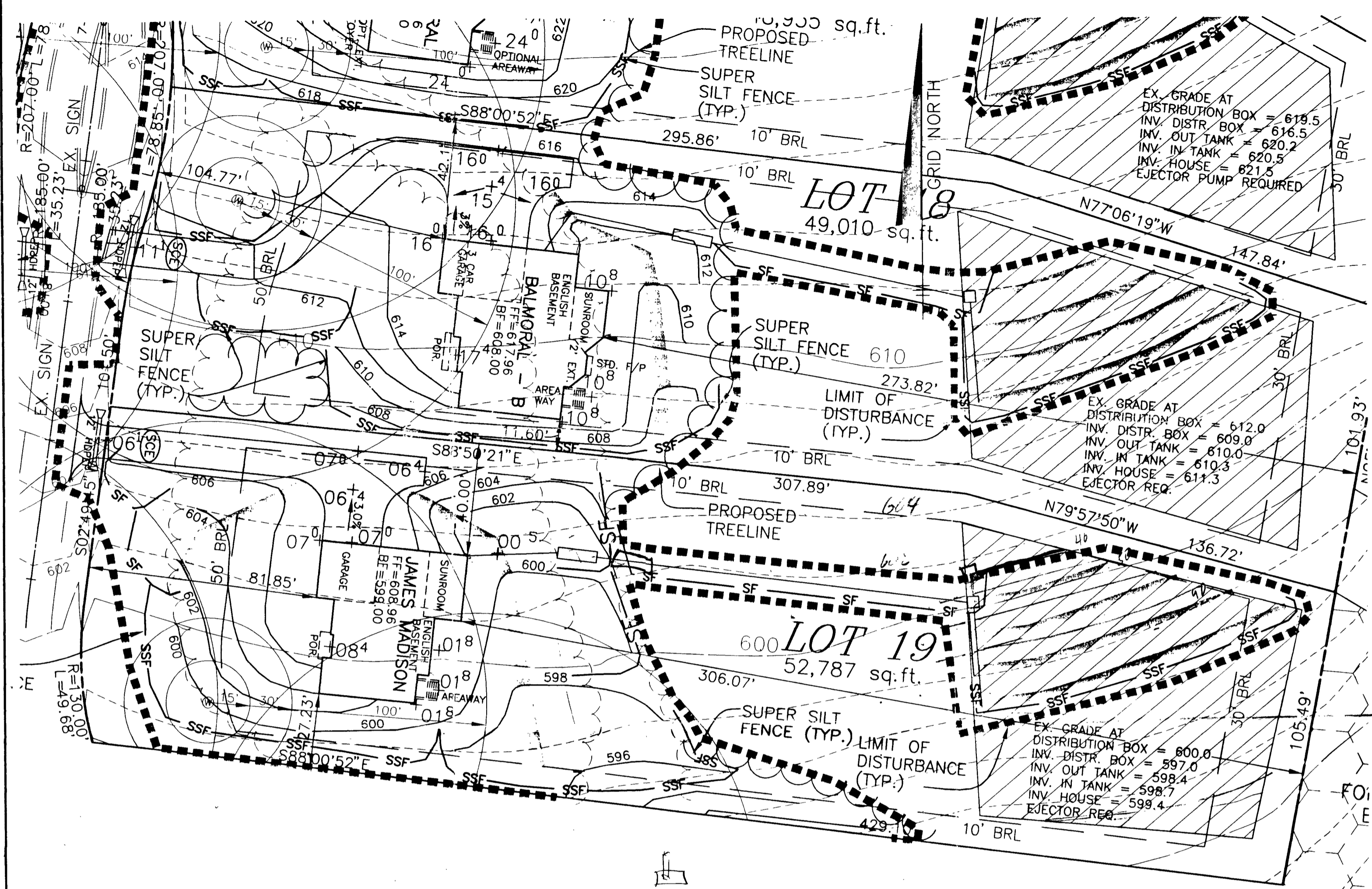
SEPTIC TANK DATA	
SEPTIC TANK	1250 GALLONS
MANHOLE RISER	1-1'
6 INCH INSPECTION PORT	N/A
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	N/A
ALARM	
PUMP PERFORMANCE TEST	

PRE-CONSTRUCTION INSPECTION: 5/24/02 House conn needs to be raised, system probably needs pump tank. Trench 40'/50'/70'/90' on contour. 10' C.T.C. (SC)

INSPECTION COMMENTS: 5/28/02 T/C w/INSTALLER: OK FOR 60', 80', 100' ON GRAVITY (MR)
 5/29/02 Verify system w/contr. for above specs. 60' trench may be 3-6" deep (SC)
 6/7/02 OK to cover all work (SC)

INSPECTOR [Signature]

DATE SYSTEM APPROVED _____
 BUILDING PERMIT SIGNED _____
 AND RETURNED _____



- NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 14810, REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
 2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
 3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER CP-01-192 AND MODIFIED FOR THIS SPECIFIC HOUSE.
 4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
 5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
 6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
 7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
 8. ALL STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.

Approved Septic System Plan
Howard County Health Department

Signature: *Stewart Neg* 3/1/02
Date

LEGEND

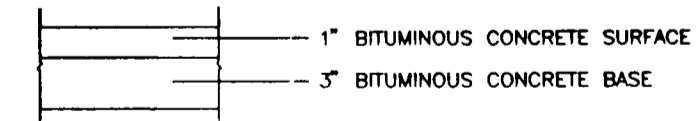
---	LIMIT OF DISTURBANCE
---	EX. SILT FENCE
---	PROP. SILT FENCE
---	EX. SUPER SILT FENCE
---	PROP. SUPER SILT FENCE
---	EX. EARTH DIKE
---	PROP. EARTH DIKE
---	STABILIZED CONSTRUCTION ENTRANCE
---	EXISTING CONTOUR
---	PROPOSED CONTOUR
---	EROSION CONTROL MATTING

Total linear feet of trench required 240 feet

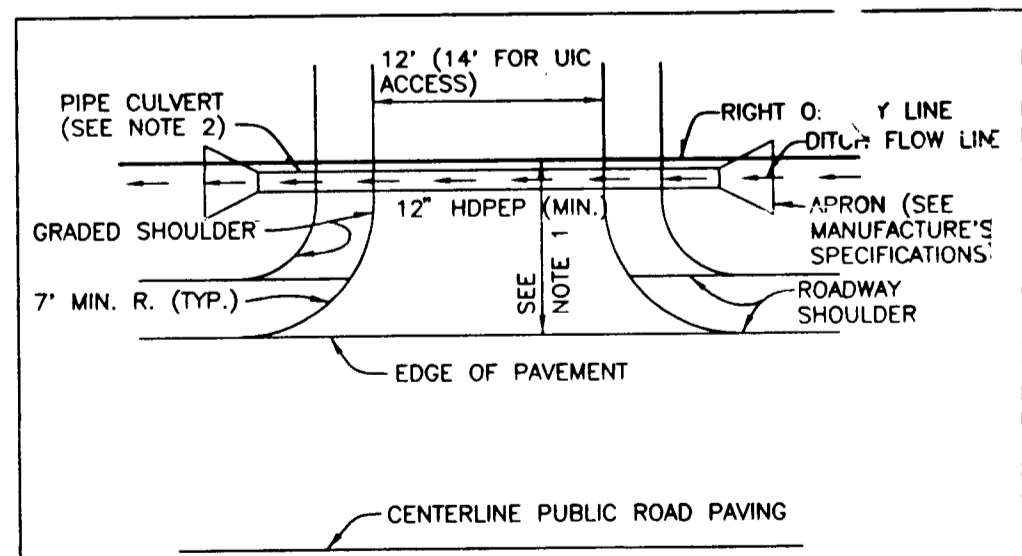
Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone bed below distribution pipe 2 feet



PAVING SECTION
NOT TO SCALE



DRIVEWAY CULVERT
NOTES AND DETAIL
NOT TO SCALE

- NOTES:**
1. DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT OF WAY LINE USING STANDARD PAVING SECTION P-1 AS SHOWN ON STD NO. R-2.01 OR ALTERNATIVE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
 2. DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM.
 3. ALL DRIVEWAY CULVERT PIPES TO BE 12" HDPEP OR GREATER TO PREVENT BLOCKING. HDPE APRONS TO BE INSTALLED AT EACH END OF THE DRIVEWAY CULVERT AND SIZED PER MANUFACTURE'S SPECIFICATIONS. IF A LARGER PIPE IS REQUIRED, DITCH INVERT CAN BE LOWERED TO PROVIDE MIN. DITCH GRADIENT OF 0.5% AND CLEARANCE SHOWN.
 4. SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY IF LOCATED AT OR NEAR THE CREST OF A VERTICAL CURVE ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL, AS APPROVED BY D.P.W.
 5. TIE IN GRADE OF PRIVATE DRIVEWAY SHALL NOT EXCEED 14%.
 6. SEE HOWARD COUNTY STANDARD DETAIL R-6.06 FOR ADDITIONAL INFORMATION.

NO.	DATE	REVISION

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418
ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 • FAX: 410-465-6644
EMAIL: benchmrk@cois.com

OWNER/BUILDER: D.R. HORTON, INC. SUITE 230 1370 PICCARD DRIVE ROCKVILLE, MARYLAND 20850 1-301-670-6144	PROJECT: THE WESTWOODS AT CHERRY GROVE LOT 19
LOCATION: 16921 OLD SAWMILL COURT LISBON, MD 21797 TAX MAP 13 - BLOCK 15 - PARCELS 140, 141, 142 AND P/O PARCEL 46 4th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND	TITLE: PERMIT PLAN
HOUSE TYPE: JAMES MADISON	DATE: JAN, 2002
DESIGN: JMC	DRAFT: JTC
SCALE: 1" = 30'	PROJECT NO. 1431 DRAWING 1 OF 1

5/23/02
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: Ben Lewis & Co Telephone #: 4283900
Address: 33407 Intervale Rd
Blacksburg, MD

(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 Denker 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. K. Morgan Telephone #: 301 620 6144
Subdivision: Cherry Grove Lot #: 19 Well Tag #: HO 94-2779
Site Address: 16921 Old Sawmill Cr
Woodbine, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sundt Make: Campbell Two piece watertight cap:
Model #: Model#: Screened, vented well cap:
Pump Capacity 1/3 GPM Depth: 40 (36" min) Cap secured to casing:
Well Yield: 2 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap:
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 House Connection
Type: 1.5" PVC PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 36
Depth of supply line: 36 (36" min) 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: Mike Denker date: 5/23/02

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

Date Insp. Requested: 5/23/02 Date Insp. Approved: 5/23/02 513
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 07868

SEQUENCE NUMBER (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. OKSRK 11/2/00

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 10 6 2000

Depth of Well 22 240' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2779

OWNER GROUPEMONT DEVELOPMENT STREET OR RFD OLD SAWMILL RD TOWN LISBOW SUBDIVISION WESTWOODS AT CHEMUNY GAZE SECTION LOT #19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale (0-63) and Blue Rock (63-240).

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (25), NO. OF POUNDS (2350), GALLONS OF WATER (150), DEPTH OF GROUT SEAL (0-62).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (67).

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

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (7.5), METHOD USED (Bucket), WATER LEVEL (52-76), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y), NO (N).

CIRCLE APPROPRIATE LETTER: A (ABANDONED), E (ELECTRIC LOG), P (TEST WELL CONVERTED).

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...

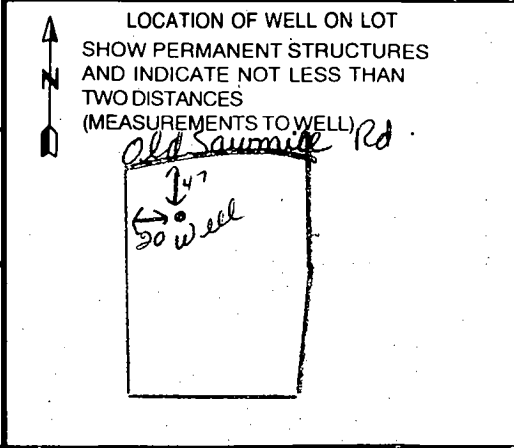
DRILLERS LIC. NO. 1 MSD 027. DRILLERS SIGNATURE: Joseph C. Mayne. LIC. NO. 1 D.

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

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, R, E, N. Includes slot size and 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.



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 @ MACRO LTD. REAL ESTATE SERVICES

ADDRESS 5301 BUCKEYSTOWN PIKE, SUITE 300
FREDERICK, MD 21704 PHONE (301) 698-2696

PROPERTY LOCATION:

IBDIVISION NICHOLS' PROPERTY LOT NO. _____

ROAD AND DESCRIPTION JENNINGS CHAPEL ROAD, HOWARD COUNTY

TAX MAP 13 PARCEL # P/O 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

20C/21B

orange
clay
loam

tan
pink
silm
mica
flocs
15%
shale
frags

27E

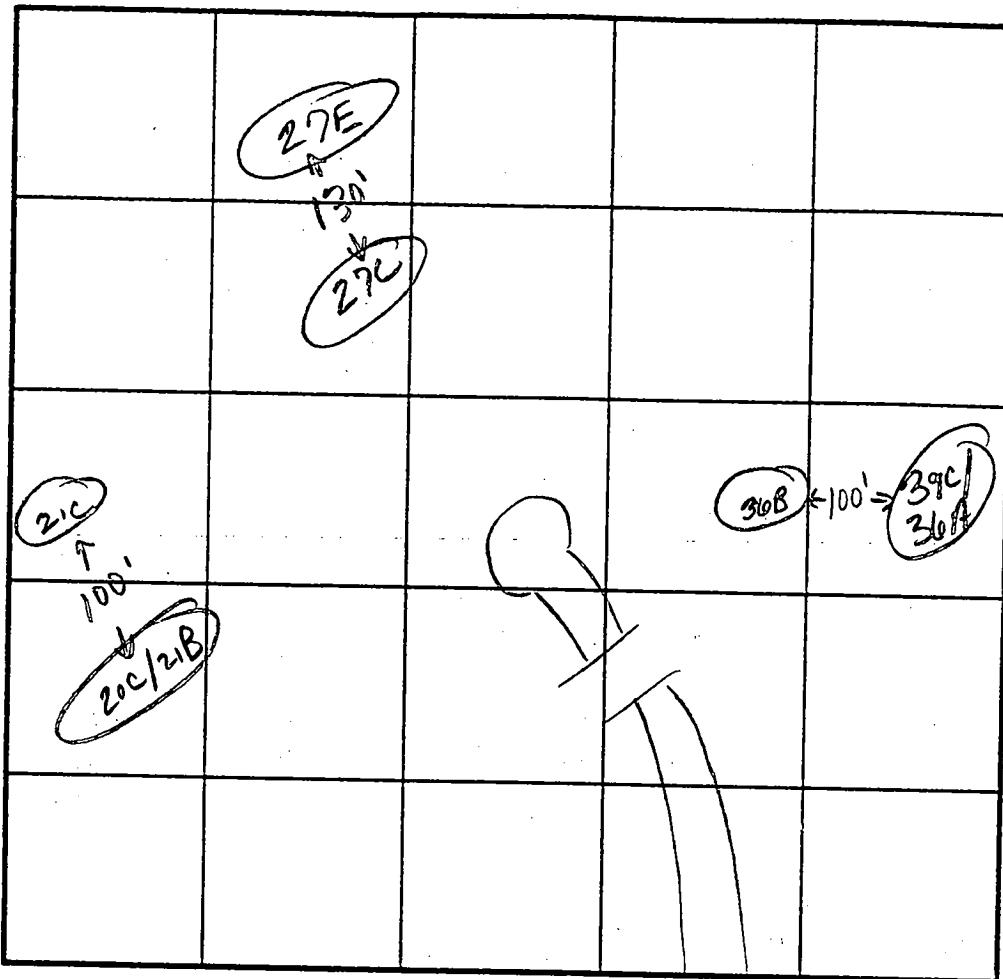
or/red
clay
loam

or/red
silm
10%
shale
frags
↓

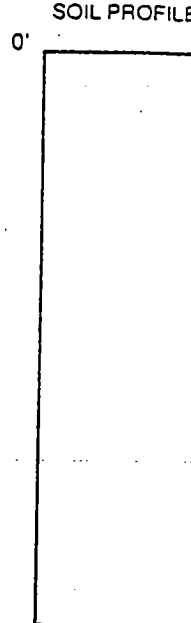
39C/36A

or/red
clay
loam

tan/pink
silm
mica
flocs
15%
shale
frags



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Jennings Chapel

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/21/98	20C/21B	10.0' D	visual	only - ok	see profile		
	27E	10.5' D	visual	only - ok	see profile		
	39C/36A	4.0' S	12:37	12:53	12:53	1:15	22min
		12.0' D	visual	ok -	see profile		

REMARKS test holes staked

TYPE OF SOIL

TESTED BY Jim Maiste

ALSO PRESENT Nick Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

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
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

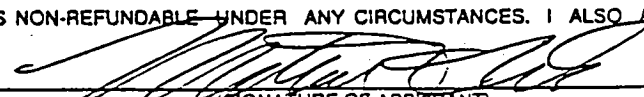
PROPERTY LOCATION:

SUBDIVISION NICHOLS' PROPERTY LOT NO. _____

ROAD AND DESCRIPTION JENNINGS CHAPEL ROAD, HOWARD COUNTY

TAX MAP 13 PARCEL # P/O 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 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.

A 59946

COUNTY #

SOIL PROFILE

19C/20B

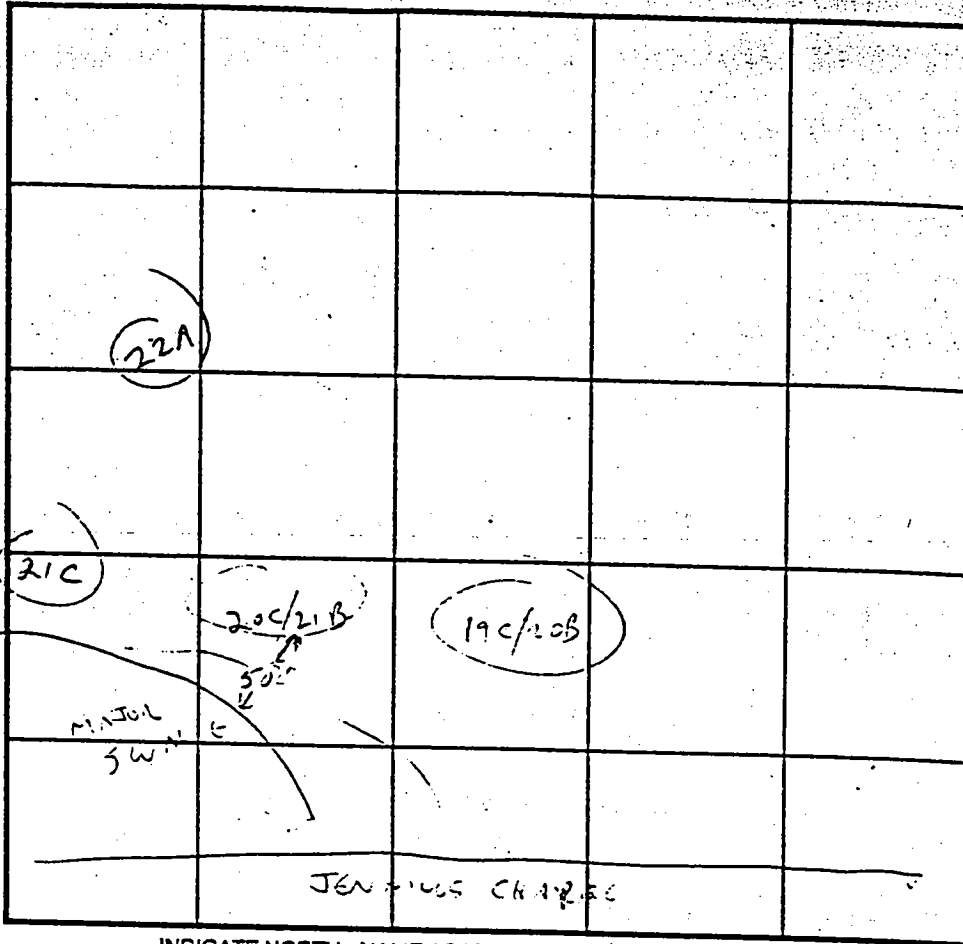
0' -
 1/2" -
 TAN
 +
 RED
 BROWN
 MICA
 SILT
 CLAY
 10%
 SAND

20C/21B

LOW
 CLAY
 TAN
 &
 GRAY
 MICA
 SILT
 CLAY

21C

CLAY
 LOW CLAY
 VERY
 FINE
 MOTTLED
 TAN
 +
 SOME
 GRAY
 SILT
 CLAY



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SOIL PROFILE

22A

0' -
 2 1/2' -
 CLAY
 LIGHT
 GRAY
 BROWN
 MICA
 SILT
 CLAY
 10%
 SAND

21D

CLAY
 MICA
 SILT
 CLAY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/16/98	19C/20B	3 1/2'	4:10	4:15	4:15	4:21	11M
	20C/21B	3 1/2'					
	???						
			NOT TEST THROUGHOUT				
			POSSIBLY FULL AREA NEXT TO SWALE		15' TO	35" DIA	TRUR
	21C		4:23	4:27	4:27	4:32	5 MIN
	21A	3 1/2'	1:16	1:20	1:20	1:28	5 MIN

REMARKS: 21D 3 1/2' NOT TEST US CR - TEST 5 MIN
 TYPE OF SOIL: REQUEST RE-EVAL OF AREA 20C-21B
 TESTED BY: C. Williams ALSO PRESENT: SHARP
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

NICHOLS SUBD.

159946

COUNTY #

SOIL PROFILE

17B

0' - YELLOW
FAN
CLAY

3 1/2'

TIN
MICA
SILT
LOAM

11' - 50%
SAPROLITE

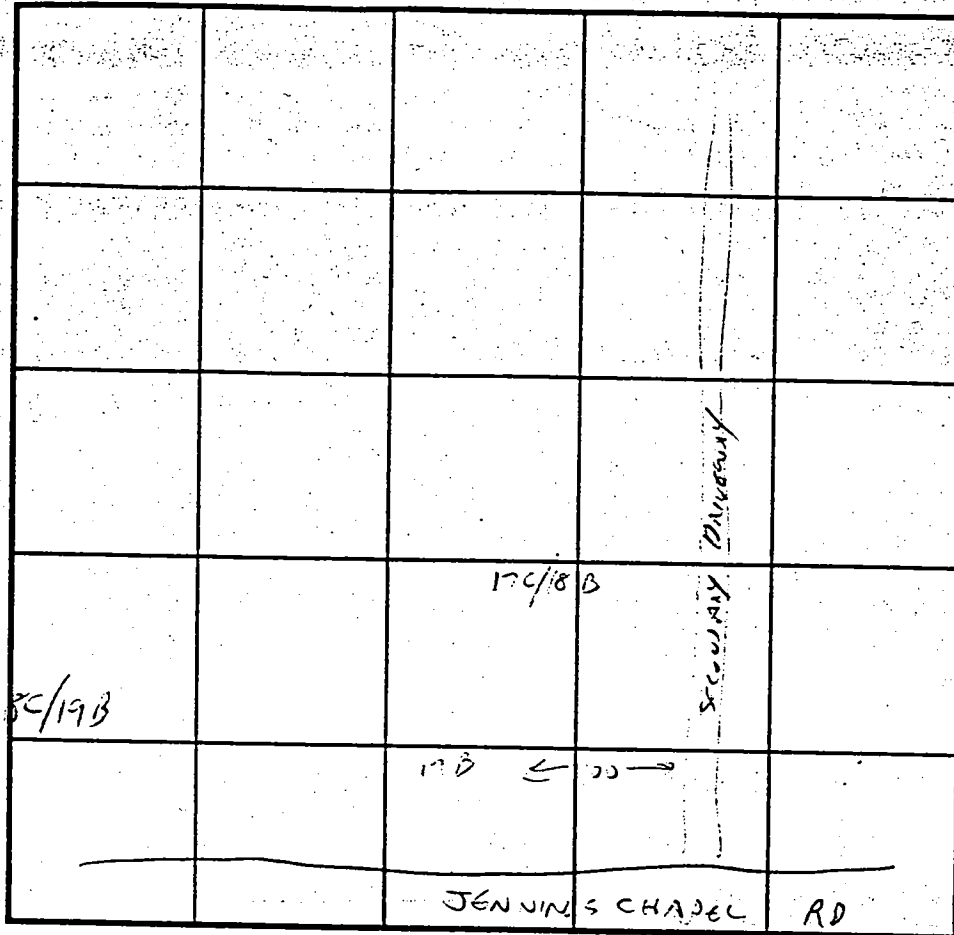
SOIL PROFILE

200/21A

0' - CLAY

2' -

MICA
SILT
LOAM
POCKETS
Y.O.S.
SAPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

17C/18B + 18C/19B

CLAY

2 1/2' -

LIGHT
Red/Brown

MICA
SILT
LOAM

11'

190/20A

CLAY

2' -

MICA
SILT
LOAM

11'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/16/98	17B	3 1/2	4:00	4:03	4:03	4:07	4 MIN
	17C/18B	3 1/2	4:03	4:06	4:06	4:11	5 MIN
	18C/19B	3 1/2	4:04	4:06	4:06	4:09	3 MIN
	190/20A	3 1/2	4:13	4:15	4:15	4:18	3 MIN
	200/21A	3 1/2	4:11	4:14	4:14	4:18	4 MIN

REMARKS _____

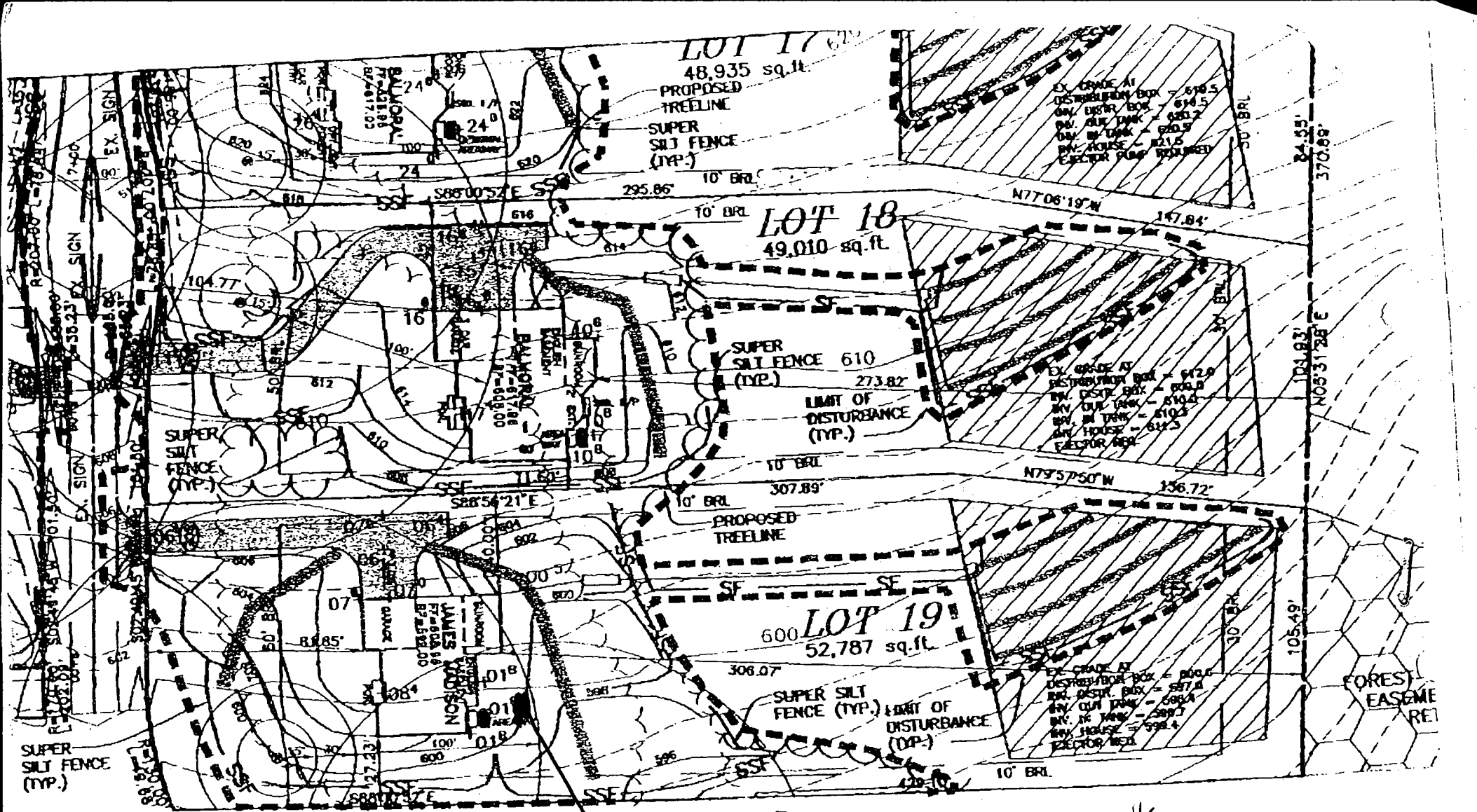
TYPE OF SOIL _____

TESTED BY C. Williams ALSO PRESENT SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

H



MATCH LINE SEE SHEET 3

SLOPE OF DRIVEWAY = 3% @ GAR. 100 gallon underground propane tank - Tank
 NUMBER OF RISERS IN GAR. = 3 LOCATION
 NUMBER OF RISERS ON LEAD WALK = 3 OK

BENCHMARK

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-485-8105 FAX: 410-465-8644

THE WESTWOODS AT CHERRY GROVE LOT 19 7/5/02 (KN)

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 01/14/02

N 592,250

Building Address 16921 Old Sawmill Rd
Woodbine, MD 21797

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

Census Tract 404002 Subdivision Westwoods e/del

Section _____ Area _____ Lot 19

Tax Map 13 Parcel 341 Grid 15

Zoning RC Map Coordinates 844 Lot size _____

Property Owner's Name DR Horton

Address 370 Piccard Dr Suite 200

City Rockville State MD Zip Code 20850

Home Phone _____ Work Phone 301670644

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Single Family Home

Proposed Use Same

Estimated Construction Cost \$ 2000

Description of Work Installation of
100 gallon underground propane
tank

Contractor Company United Propane

Contact Person Alice Garrett

Address 104 W. Ridgeville Blvd

City Alt Airy State MD Zip Code 21771

License No. 014351

Phone 3015292828 Fax 3018295394

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 _____

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____
1st floor: _____ Depth _____ Width _____	Private <input checked="" type="checkbox"/>
2nd floor: _____	Sewage Disposal: _____ Public _____
Basement: _____	Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Heating System: _____
Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: _____	Natural Gas <input type="checkbox"/>
No. of 1 BR units: _____	Propane Gas <input checked="" type="checkbox"/>
No. of 2 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 3 BR units: _____	NFPA #13D _____
Other Structure: _____	NFPA #13R _____
Dimensions: _____	Other: _____
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 THEREBY; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Applicant Signature [Signature]
 Title/Company Master Gas Fitter

Print Name Alice E. Garrett Jr.
 Date 6/24/02

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: _____	53284
Building Official			Side: _____	Filing fee \$ <u>100</u>
Dev. Engineering DPZ			Rear: _____	Permit fee \$ _____
Health	<u>7-5-02</u>	<u>Karen Thomas</u>	Side St: _____	Excise tax \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per fee \$ _____
Is Statement of Conditions required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINUING CONSTRUCTION START <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
ONE-TIME STOP <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
Distribution _____			SDP Red-line approval date _____	Check # <u>1740</u>
White: Building Official			Accepted by _____	Validation # _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				