

10/22/99 11/2/99
3:00 10/100 - Open Trench Co.
10/25/99 anytime
11/4/99 anytime

PERMIT

P 512778

SEWAGE DISPOSAL SYSTEM

A 510588-B

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DATE 10-22-99

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 11/4/99

04-362713

INDEXED

INSPECTOR DKS

K & K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Fazio Property LOT 2 ROAD 17194 Hardy Road

PROPERTY OWNER Samuel Greco

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS
NUMBER OF BEDROOMS 4

DKS OK - both say soil channels only on bottom of St. Hole - mid section tank should be OK. if not covered don't use - water tightness not required. P/P 10/26/99 WAP/PP
if DKS concerned.

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 250 feet from the front lot line (303.77') and 110 feet from the left lot line (757.09') as seen when facing the property from Hardy Road.

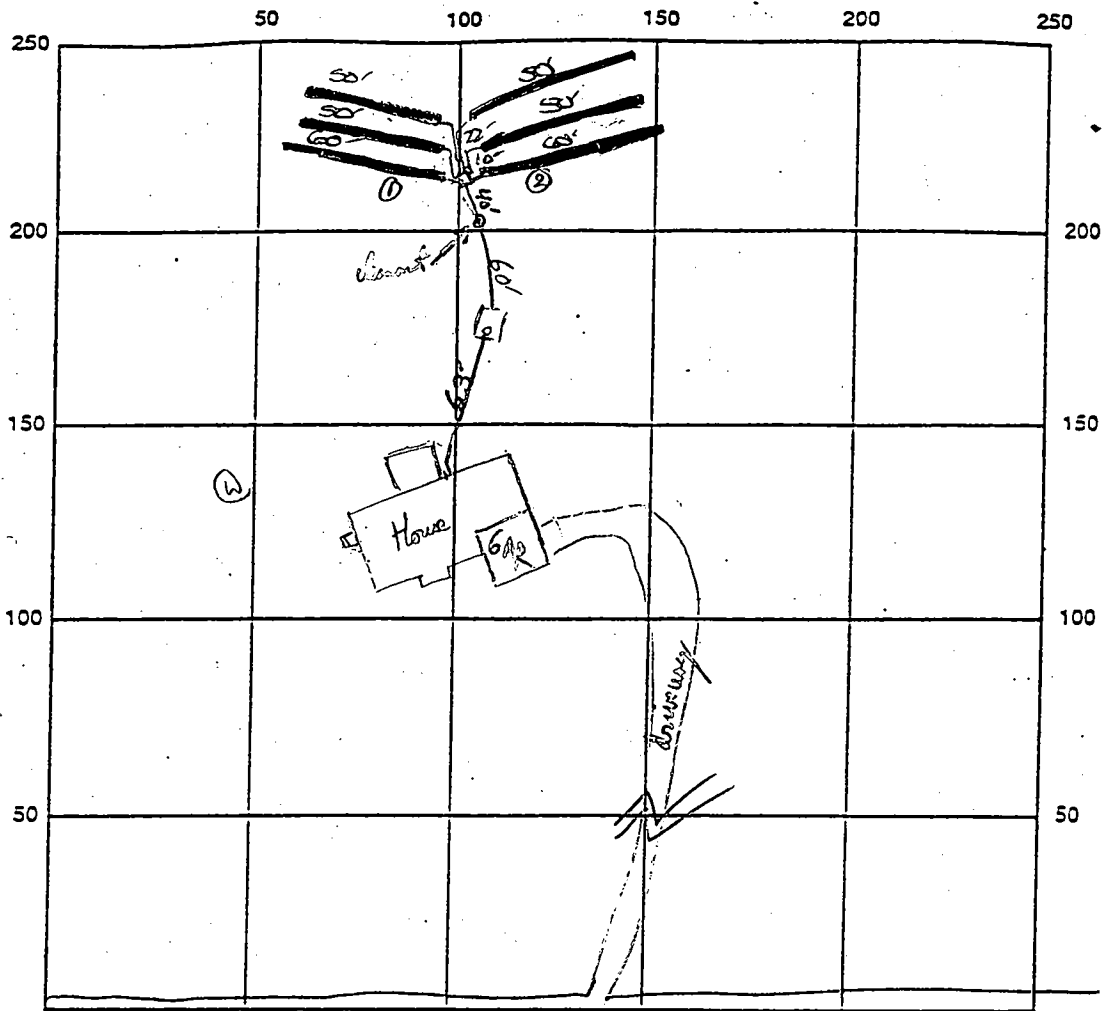
NOTES - Run trenches along contour in both directions.
- No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 01/17/99 OK All

Open Trench in spots required due to very shaly soil in man. perc holes & shaly soils Septic Tank. P/P 10/26/99

PLANS APPROVED BY C. Williams/Donna K. Soe DATE 8-04-1999

- COVER NO WORK UNTIL INSPECTED AND APPROVED
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- PERMIT VOID AFTER TWO YEARS
- NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Hardy Road

SEPTIC TANK LEVEL OK 1250 gal Midseal CLEANOUTS S.T. + Midseal + dist box

DISTRIBUTION BOX LEVEL OK baffle in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 112/58 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 10/22/99 septic tank installed - no other work done. DKS

Need to dress up cement on inlet pipe in vicinity of dist box (due to pipe expansion) outside of job. is concrete OK. Have excavator;

lots of chemistry rock fragments in S.T. space. - Need a water tightness check on septic tank (with Midseal tank - Seams covered)

if original inspector (DKS) concerns. Call for open trench inspection - OK to cover. Home line to dist. box. P/P 11/2/99

Open trench H-2 both OK & gravel fill - OK to proceed without further open trench inspection, call for permit. P/P 11/2/99

11/4/99 FINAL INSD - OK to cover all septic work. DKS

DATE SYSTEM APPROVED 11/4/99

INSPECTOR J. W. K. G. O.

APPLICATION

PERCOLATION TESTING

A 510588B

P _____

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

DISTRICT _____

DATE 7/29/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Samuel Greco

ADDRESS 9195 Furrow Avenue, Ellicott City 21042 PHONE 410-465-4687

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION Greco Property LOT NO. 2

ROAD AND DESCRIPTION 17198 Hardy Road, Mt. Airy, MD 21771

TAX MAP 7 PARCEL # 12

SIZE OF LOT 3 acre TYPE BLDG. SFD
(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.

Sam Greco
(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

510588 B

Lot 2

COUNTY #

SOIL PROFILE

0' A
Orange Clay loam

3' orange/tan
Siclm
20% shale frags
white powder/lm at 11'

D
brown/orange
Siclm
quartz frags greater than 50% shale at 6'

C
Orange cl lm

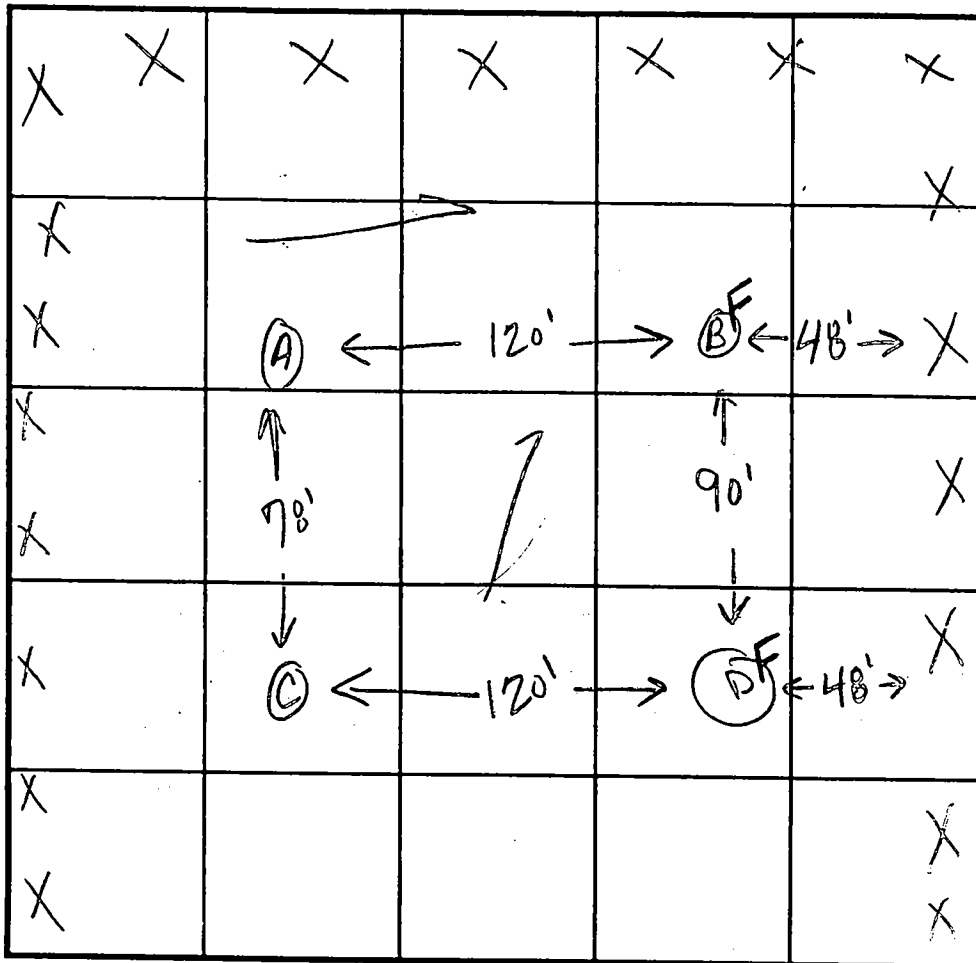
4' tan/or selm
40% shale at 5.5'

↓
HARD BOTTOM

SOIL PROFILE

0' B
or/br cl lm

4' brown/orange
Siclm
quartz pieces greater than 50% shale frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8.13.98	A	4.0'S	11:09 ²⁵	11:13 ⁵⁰	11:13 ³⁰	11:24	9:50
		12.0' D	Visual	ok	- see profile		
	B	FAILED	DUE TO		ROCK	F	
	C	3.5'S	11:22 ³⁰	11:31 ³⁰	11:31 ³⁰	11:52	20:30
		10.0' D	Visual	ok	- see profile		
	D	FAILED	DUE TO		ROCK	F	

REMARKS test holes staked

TYPE OF SOIL

TESTED BY Jim Maiste

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12-13min

TRENCH WIDTH 30

INLET DEPTH 4

MAXIMUM BOTTOM DEPTH 6

SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 510588B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 7/29/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

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ROAD AND DESCRIPTION 17198 Hardy Road, Mt. Airy, MD 21771

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SIZE OF LOT 3 acre TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Sam Greco
(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 _____

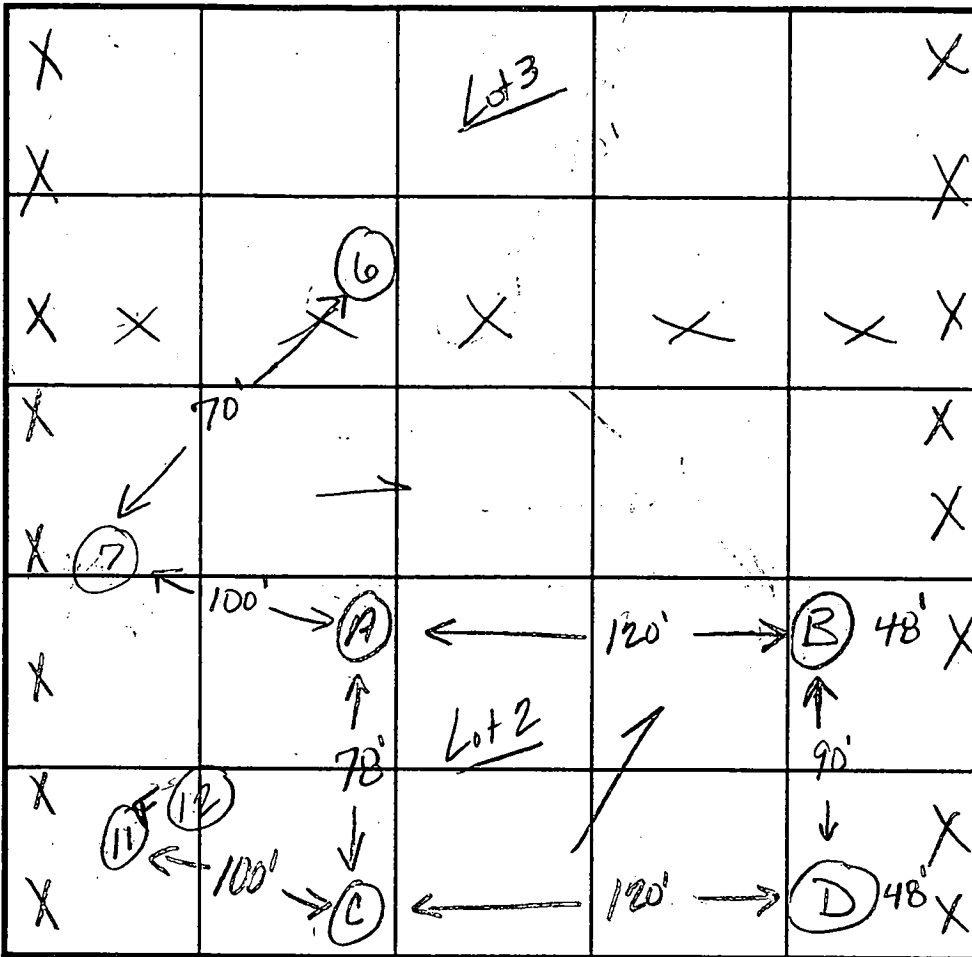
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

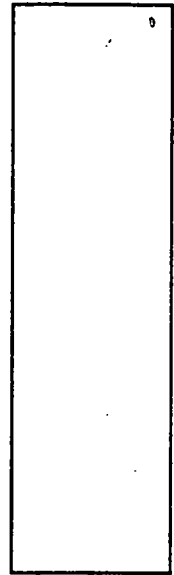
510588 R

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Hardy Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/13/98	7	4.0'S	11:43	11:46	11:46	11:53	7:30	
		11.0'D	visual ok - see profile					
	11	10.0'D	FAILED DUE TO ROCK					F
11/6/98	12	10.0'D	visual ok - see profile					
		(re-evaluation of hole # 11 - due to rock discrepancy)						

REMARKS test holes staked

TYPE OF SOIL _____

TESTED BY Kim Maiste ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12-13 min TRENCH WIDTH 3'

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210

0'
3'
11'

orange
cl 1m

orange
tan
sclm
20%
rock
frags
and
quartz
frags

35'
6'
10'

orange
brown
cl 1m

orange
tan
sclm

greater
than
40%
shale
frags

35'
10'

12

orange
brown
cl 1m

orange
tan
sclm

30-35%
shale
frags

APPLICATION

PERCOLATION TESTING

A 510588C

P _____

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

DISTRICT: _____

DATE 7/29/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Samuel Greco

ADDRESS 9195 Furrow Avenue, Ellicott City 21042 PHONE 410-465-4687

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION Greco Property LOT NO. 22

ROAD AND DESCRIPTION 17198 Hardy Road, Mt. Airy, MD 21771

TAX MAP 7 PARCEL # 12

SIZE OF LOT 3 acre TYPE BLDG. SFD
(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.

Sam Greco
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING Lot failed due to rock in perc area 8/13/98 (KMD)

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

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

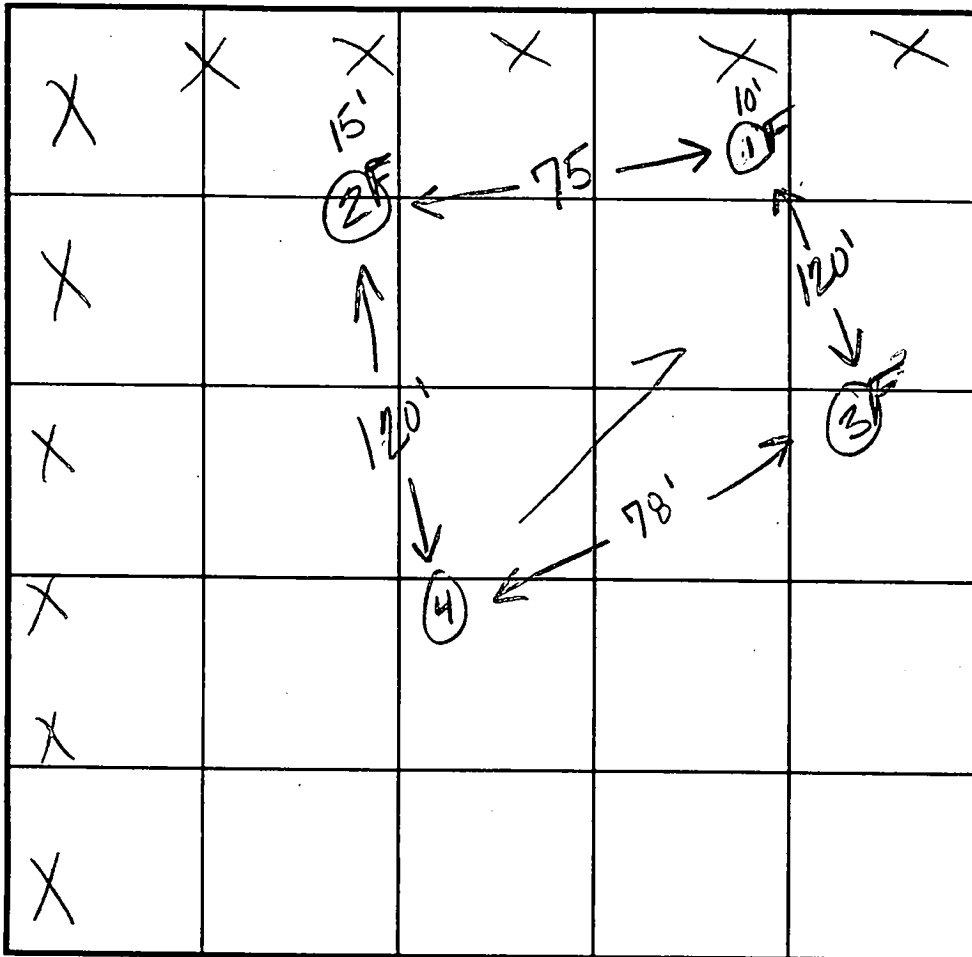
THIS IS NOT A PERMIT

510588C

Lot 3

COUNTY #

SOIL PROFILE



SOIL PROFILE

0'
1
orange
cl lm
3'
or
sclm
greater
than
50%
shale
frags
starting
at 4+8'
12'
2

0'
4
orange
clay
loam
4'
orange
tan
sandy
clay lm
20%
shale
frags
11'

3'
orange
cl lm
orange/
tan
sclm
40%
shale
frags
starting
at 8'
12'
3

3'
orange
clay lm
orange
brown
sclm
quartz
frags
greater
than 50%
shale at 6'
10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8.13.98	1	12.0'D	FAILED	DUE TO ROCK			F	
	2	4.0'S	10:43 ₄₀	10:44 ₂₀	10:44 ₂₀	10:45 ₄₀	120	F
		12.0'D	FAILED	DUE TO ROCK				
	3	10.0'D	FAILED	DUE TO ROCK				F
	4	4.0'S	10:45 ₃₀	10:53	10:53	11:13	10min	
		11.0'D	visual	ok - see profile				

REMARKS test holes staked

TYPE OF SOIL

TESTED BY Kim Maiste

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 510588C

P _____

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

DISTRICT _____

DATE 7/29/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Samuel Greco

ADDRESS 9195 Furrow Avenue, Ellicott City 21042 PHONE 410-465-4687

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION Greco Property LOT NO. 82

ROAD AND DESCRIPTION 17198 Hardy Road, Mt. Airy, MD 21771

TAX MAP 7 PARCEL # 12

SIZE OF LOT 3 acre TYPE BLDG. SFD
(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. Sam Greco
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING Lot failed due to rock in perc area 18/13/98 (KM)

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

510588C

COUNTY #

Lot 3

SOIL PROFILE

0'
 3.5'
 11'

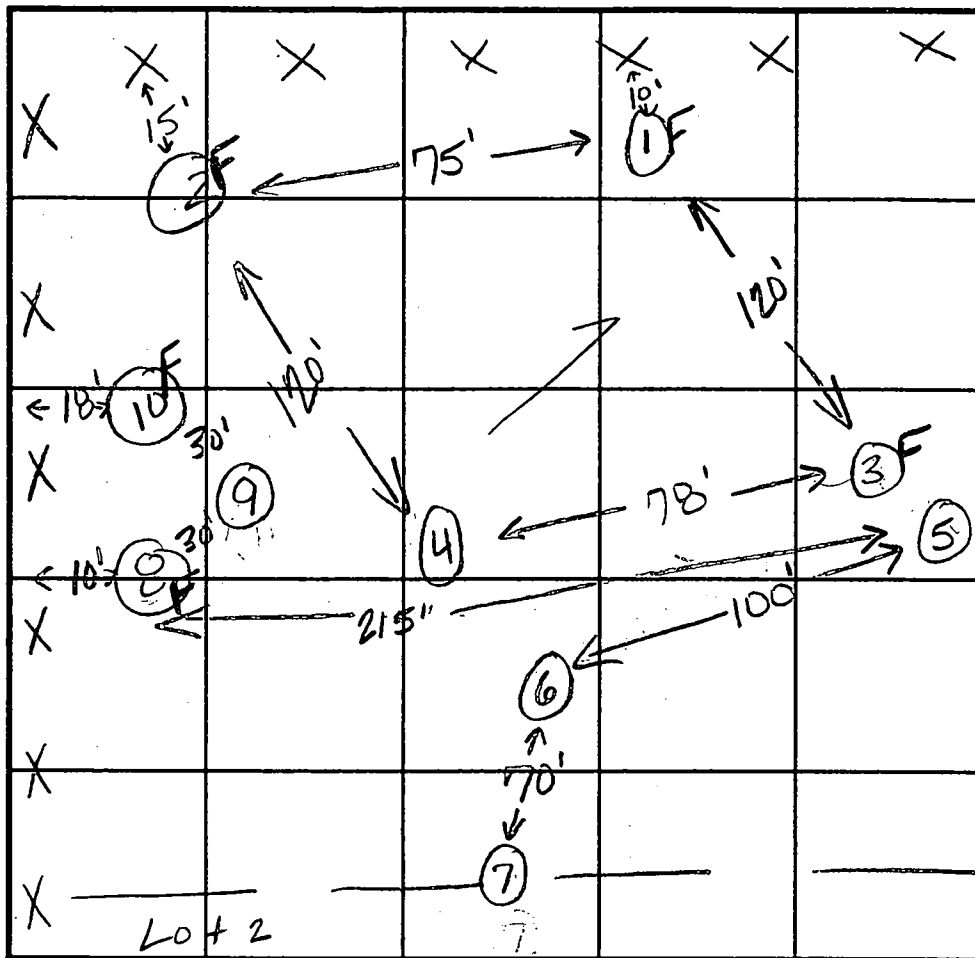
9
 orange
 cl lm
 orange
 tan /
 yellow
 silm
 15%
 shale
 frags
 ↓

10
 8'

orange
 silm
 quartz
 boulders
 greater
 than
 50%
 shale
 frags

8
 5.5'

orange
 brown
 silm
 greater
 than
 50%
 shale
 frags
 HARD
 BOTTOM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Hardy Rd

SOIL PROFILE

0'
 3'
 11'

6
 orange
 cl lm
 orange
 brown
 silm
 15%
 shale
 frags
 grey
 silm
 at 9'
 possible
 water?

5
 4.5'

orange cl ma
 orange / pink /
 tan silm
 grey silm
 at 8'
 possible
 water?

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-13-98	5	11.0'D	visual	only	-ok	see profile	
	6	4.0'S	1:23	1:26	1:26	1:33	7min
		11.0'D	visual	- see	profile		
	9	11.0'D	visual	only	-ok	see profile	
	8	5.5'D	FAILED DUE TO ROCK		F		
	10	8.0'D	FAILED DUE TO ROCK		F		
	12						

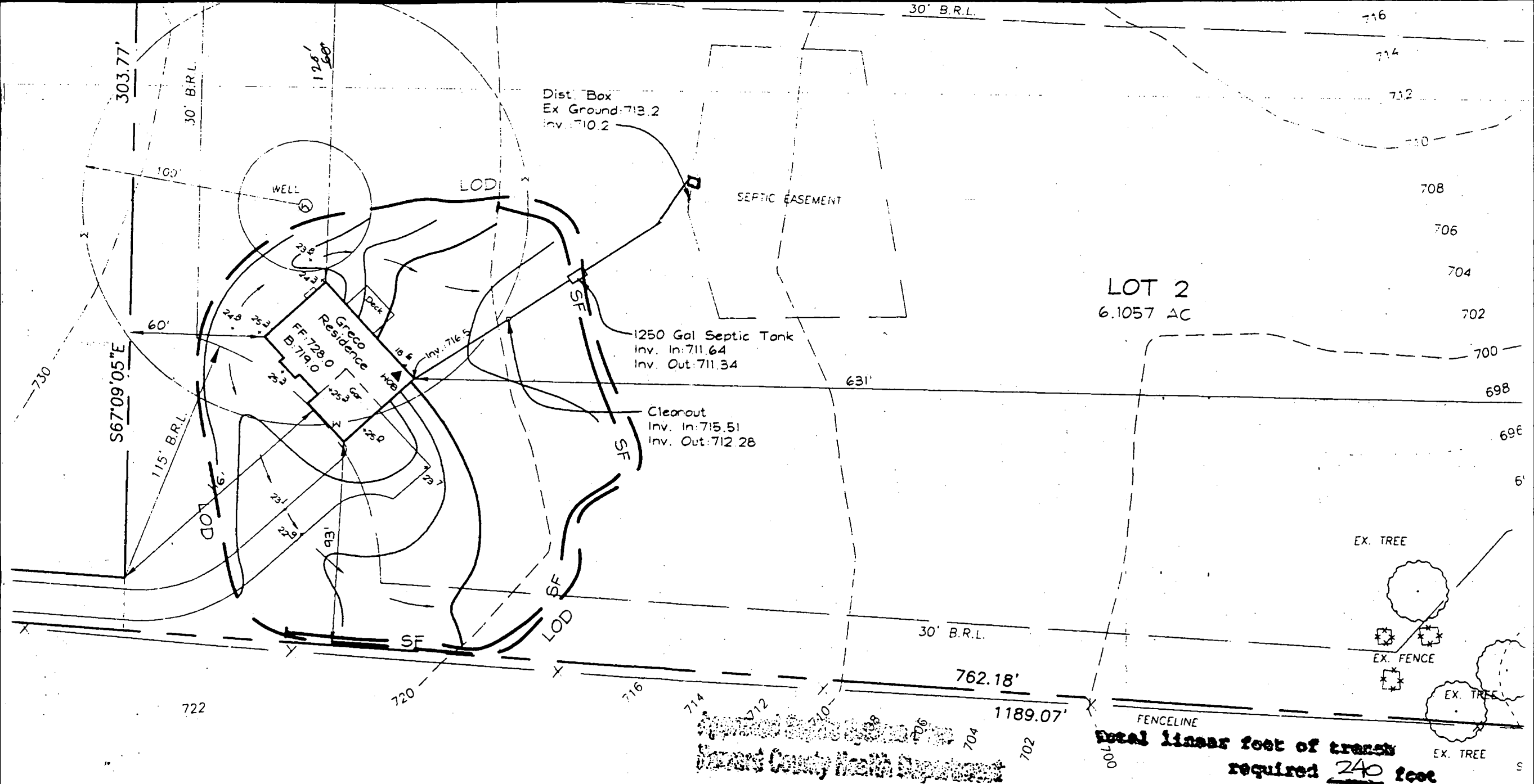
REMARKS test holes staked (- REAR OF LOT 2 - NOT USED) (CA)

TYPE OF SOIL _____

TESTED BY Kim Maiste ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



LOT 2
6.1057 AC

Sealed and Approved
Forest County Health Department

PARCEL 13
TAX MAP 7
ZONED: RC-DEO

[Handwritten Signature]
Date

Total linear foot of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Length of steps required below

For areas over 5 acres:
soil specifications, obtain test
and lime amendments required
license with the following:
be between 6.0 and 7.5. If
registers a pH of less than
shall be prescribed to raise

3/20/00
PM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer MARINO Plumbing & Heating

Telephone 410-747-5615

License Number M3095

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner SAM & ROSA GRECO

Telephone 410-465-4687

Subdivision FALLO PROPERTY Lot # 2

Well Tag # HO-9H-2236

Site Address 17194 HARDY Rd

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
 - Make JACUZZI
 - Model # 754712B52WB
 - Capacity 7 GPM
 - Pump exceeds well capacity Yes _____ No
 - If Yes, is low pressure cutoff switch installed? Yes _____ No
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

- Motor**
- Horsepower 3/4
 - RPM _____
 - Voltage 230
 - 110 _____
 - 220

- Pitless Adapter**
- Make _____
 - Model # _____
 - Depth 42"

- Tank**
- Capacity SPMO 86
 - Pressure relief valve? Yes

- Piping**
- Type WELL PIPE
 - Size 1"
 - NSF and/or BOCA Code approved
 - Depth of supply line 42"

- Well data**
- Depth 210 ft.
 - Yield 8.5 GPM
 - Static water level 265 ft.
 - Will water supply be disinfected by installer? Yes

well line, P.A. 42" b.g.
well casing 1" a.g.
PVC conduit OK
2pc cap installed

OK TO INSTALL

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Joseph D. Marino

Date: 3/29/00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

11/6/98
of resolved due to re-evaluation
for test hole #11 and found acceptable
not be utilized for septic area. Lot 3 will
KM



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 31, 1998

Mr. Samuel Greco
9195 Furrow Avenue
Ellicott City, Maryland 21042

RE: Percolation Test Results
Application Number: 510588
Greco Property
Lots 1 through 3
Tax Map: 7 Parcel #12

Dear Mr. Greco:

Percolation testing conducted on April 13, 1998, on the above referenced property indicated limited satisfactory soil conditions. Excessive rock was encountered in some test locations; however, acceptable soil conditions were found in other test locations.

Due to the inconsistency of where acceptable soils were encountered, a percolation test plat should be submitted to this office to propose alternative locations for sewage easements. These new easements may require additional testing. Copies of the percolation test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well site for each proposed lot. The plat should also include the location of all existing wells and septic systems on the property as well as the location of any other relevant features such as streams, swales, or existing structures. A note must be included certifying that all wells and septic systems on the property and within 100' of property boundaries have been shown.

This should be submitted within sixty days to allow field verification if necessary. If you have any questions or concerns regarding this matter, please feel free to contact me at the address below or by calling 410-313-2640.

Very truly yours,
Kimberly Maiste
Kimberly Maiste, Sanitarian
Water and Sewerage Program

KM:km
Enclosures
cc: Heritage Land Development
File

TAX MAP 7
 PARCEL 11
 ZONED: RC-DEO

TAX MAP 7
 PARCEL 13
 ZONED: RC-DEO

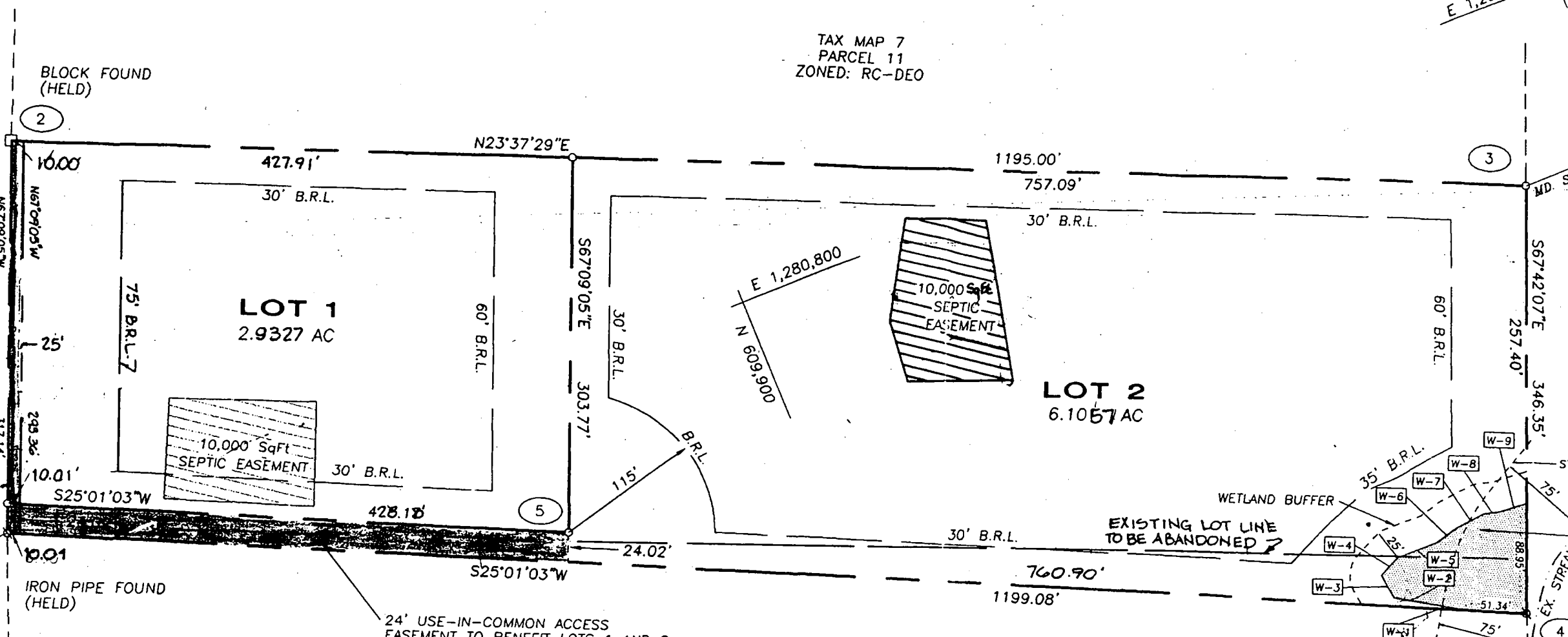
HARDY ROAD
 (LOCAL ROAD) 50' RIGHT-OF-WAY

3100.00
 MANUAL

29 AC

L & S
PLANNERS

City, Maryland 21043
 465.3966



AREA TABULATION

TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED:	2
TOTAL NUMBER OF OPEN SPACE LOTS TO BE RECORDED:	0
TOTAL NUMBER OF LOTS TO BE RECORDED:	2
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED:	9.0384 AC
TOTAL AREA OF OPEN SPACE LOTS TO BE RECORDED:	0.000 AC
TOTAL AREA OF LOTS TO BE RECORDED:	9.0384 AC
TOTAL AREA OF ROADWAY TO BE RECORDED:	0.0729 AC
TOTAL AREA TO BE RECORDED:	9.1113 AC

F.99.108
 6/8/99

DEVELOPER
 HERITAGE LAND DEVELOPMENT
 3243 BETHANY LANE
 ELLICOTT CITY, MARYLAND 21042

SAI

C1 08733 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 510588B

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received DATE WELL COMPLETED

Depth of Well 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2236

OWNER Greco Samuel STREET OR RFD 17199 Hardy Road TOWN Mt. Airy MD 21771 SUBDIVISION Greco Property SECTION LOT 2

WELL LOG Not required for driven wells.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

PUMPING TEST 3 HOURS PUMPED (nearest hour)

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]

PUMPING RATE (gal. per min.) 8.5

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

NO. OF BAGS 28 NO. OF POUNDS 2800 GALLONS OF WATER 168

METHOD USED TO MEASURE PUMPING RATE Bucket

Top Soil 0 2

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft.

Brown Shale 2 88

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT]

WHEN PUMPING 108 ft.

Brown Shale 88 90

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 98

TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

Blue Shale 90 110

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

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES [NO]

Brown Shale 110 115

SCREEN RECORD screen type or open hole [ST] [BR] [HO] [PL] [OT]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

Blue Shale 115 205

DEPTH (nearest ft.) 1 2 110 96 205

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

ELECTRIC LOG OBTAINED

CASING HEIGHT (circle appropriate box and enter casing height) [+] above [] below

LAND SURFACE 2 (nearest foot)

TEST WELL CONVERTED TO PRODUCTION WELL

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Diagram showing well location on lot with measurements 120' and 90'.

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. M S D 116

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

70 72 74 75 76

COUNTY

B 1 **1923** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-2236**
70 fill in this form completely 79

Date Received (APA) **4-16-99** OWNER INFORMATION
 8 MM DD YY 13
GRECO SAMUEL
 15 Last Name Owner First Name 34
9155 FURROW AVE
 36 Street or RFD 55
ELLICOTT CITY MD 21042
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
Parcel # 12 (GRECO PROPERTY)
 23 SUBDIVISION **17198 HARRY RD LOT 2** 42
 SECTION **44** 46 LOT **48** 50
Poplar Springs
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **I** M I
 73 76 77 78

DRILLER INFORMATION
Ralph MAYNE MS D 116
 Driller's Name 76 License No. 81
Ralph MAYNE Well Drilling
 Firm Name
9120 Brown Church Rd Mt Airy
 Address
Ralph Mayne 4-12-99
 Signature Date

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 **Handy Rd** 30 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **1200** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **64** 38 39
 TAX MAP: **7** BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 510588B
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **5 3 99** **Steven R. Krieg** **5 3 00**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **550** 0 0 0 EAST GRID **770** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **64** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER:
 1. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **770**
 N **550**
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 **AIR-ROTARY** AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

 well
 Harry Rd
 St Michaels Rd
 1200
 1200

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER: _____ G A P _____
 54 63
 PERMIT No. **HO-94-2236**
 70 71 72 73 74 75 76 77 78 79

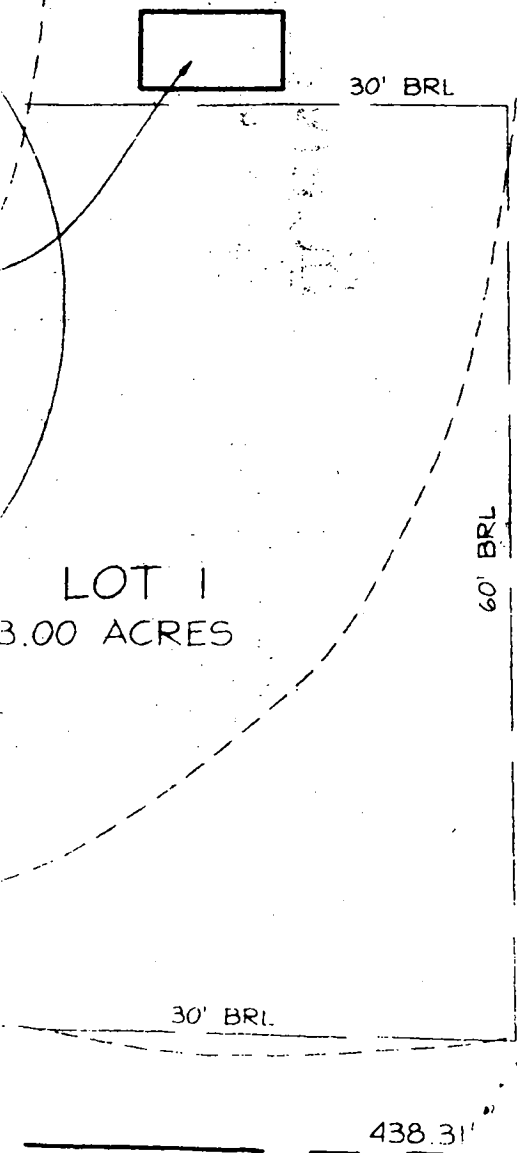
SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

TAX MAP 7
PARCEL II
ZONED: RC-DEO

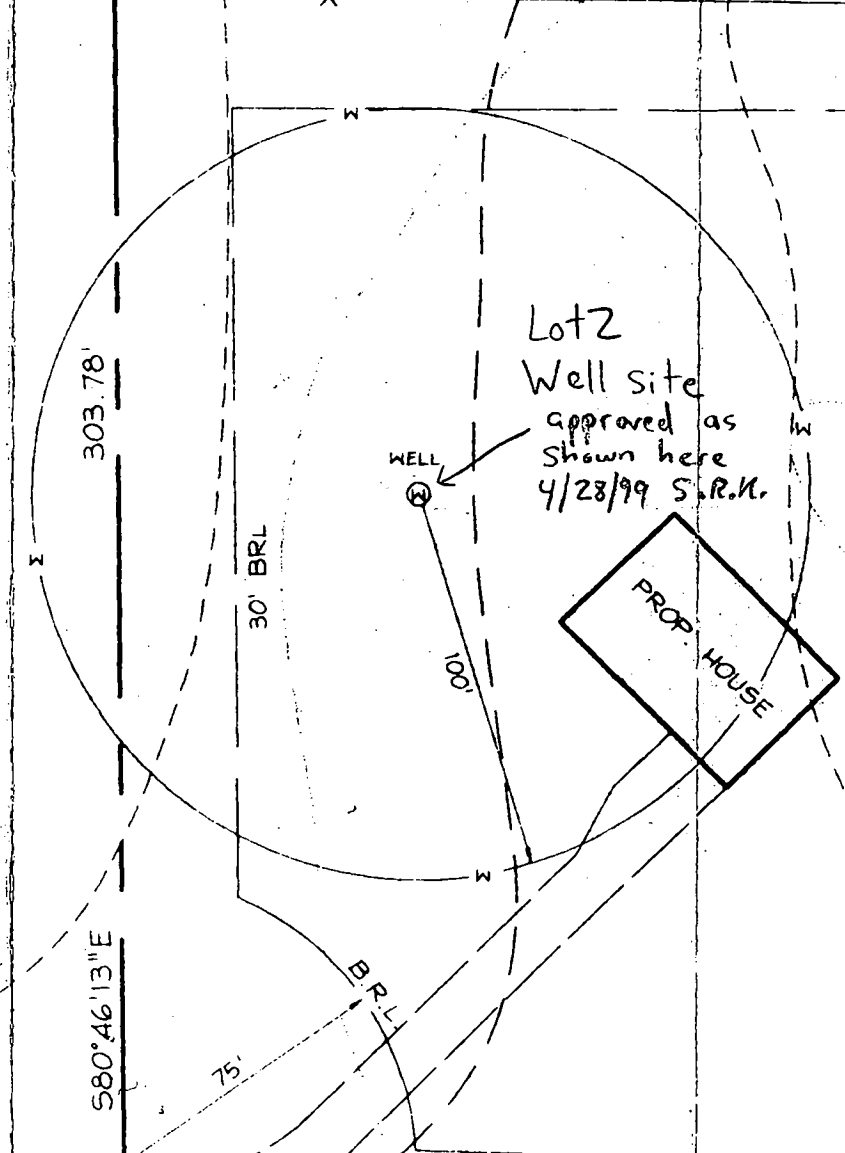
ELIGIBLE
TO ISSUE
EVEN THOUGH
RECORD PLAT
NOT YET IN
FOR SIGNATURE
7/20/99

(CW)

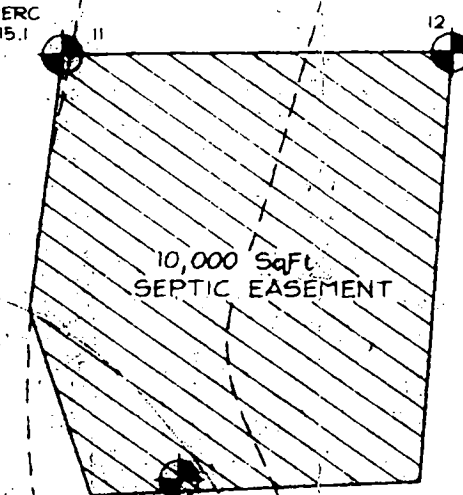
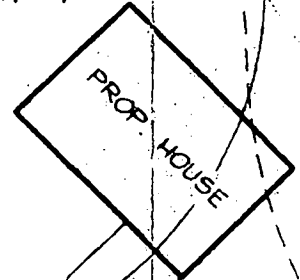
N10°00'21"E 756.96' BARBED WIRE FENCELINE



LOT 1
3.00 ACRES



Lot 2
Well site
approved as
shown here
4/28/99 S.R.M.



10,000 Sq Ft.
SEPTIC EASEMENT

PROPOSED DRIVEWAY

BARBED WIRE FENCELINE

