

LAYOUT 7/17/03 1pm INSP 4 _____
 INSP 2 7/19/03 INSP 5 _____
 INSP 3 7/21/03 INSP 6 _____

ISSUE DATE: 7/16/03
 APPROVAL DATE: 7/21/03

**PERMIT
INDEXED**

04-367243

P 519057
 A 510610-0

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Rd, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Maple Ridge LOT NUMBER: 15

ADDRESS: 16186 Carr's Mill Road PROPERTY OWNER: NVR 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 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:	Place the distribution box 185' down the left (369.48') lot line and 10' off this same lot line. Run three trenches on contour to right side of lot as shown on plan.
NOTES:	

PLANS APPROVED: MER *(KN)* DATE: 5/29/03

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

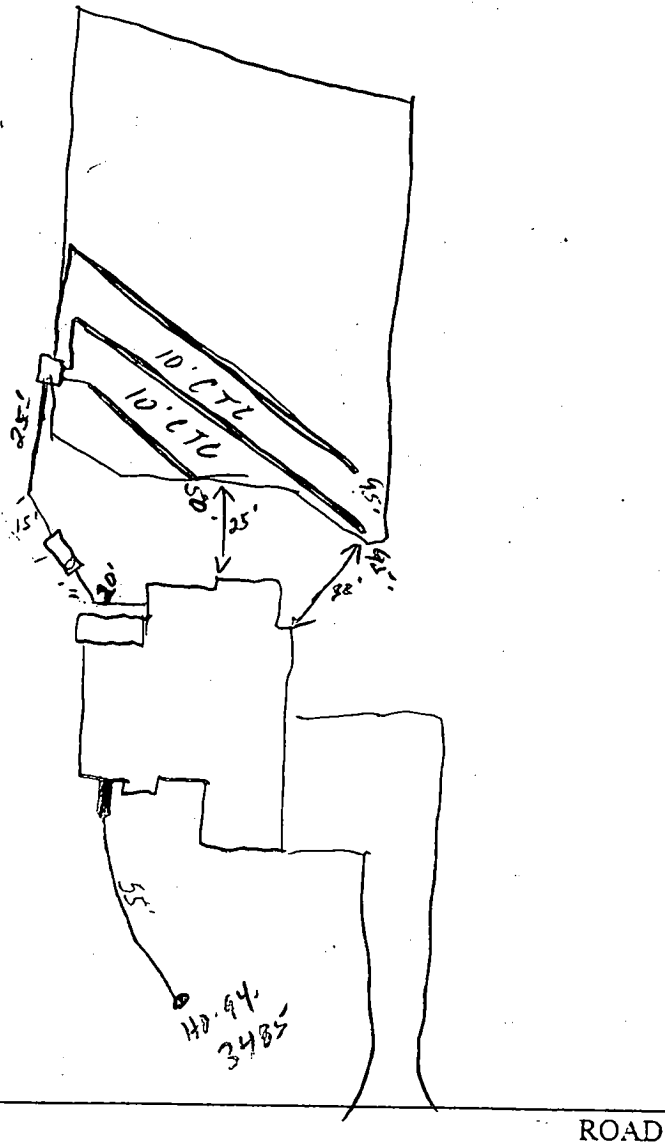
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BUILDING PERMIT SIGNED AND RETURNED **DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

7-2803 600 143 KAS - PRO PANE TANK

A510610-0

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
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 checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Front
6" PORT LOC	<input checked="" type="checkbox"/>
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL <input type="checkbox"/>	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 7/17/03 SRA staked, contour a little off. Install per B.P. Private drainage easment is in lower part of SRA (S)

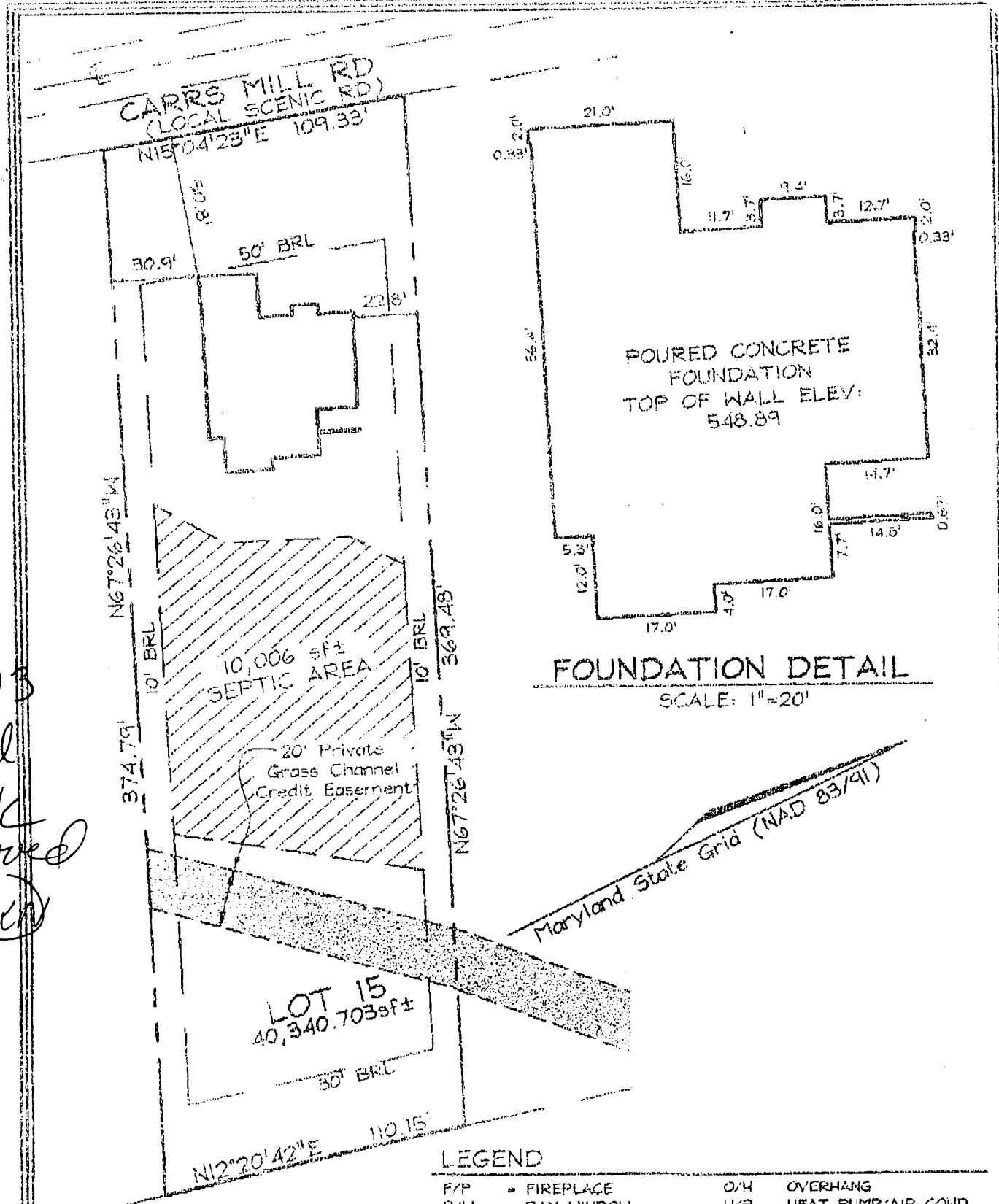
INSTALLATION 7/18/03 - Tank set, trenches installed. OK to cover work completed (S) 7/21/03 OK to cover all work (S)

BUILDING PERMITS DIVISION AND RETURNED

FINAL INSPECTOR *[Signature]*

DATE OF APPROVAL 7/21/03

7/16/03
 Wall
 Check
 approved
 (162)



PLAN VIEW
 SCALE: 1"=50'

FOUNDATION DETAIL
 SCALE: 1"=20'

LEGEND

- F/P = FIREPLACE
 - B/W = BAY WINDOW
 - D/W = DRIVEWAY
 - CONC = CONCRETE
 - O/H = OVERHANG
 - H/P = HEAT PUMP/AIR COND.
 - G/M = GAS METER
 - E/M = ELECTRIC METER
- DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

ADDRESS No. 16186 CARRS MILL ROAD
 TOP OF WALL ELEV. = 548.89 FIRST FLOOR ELEV. = N/A
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

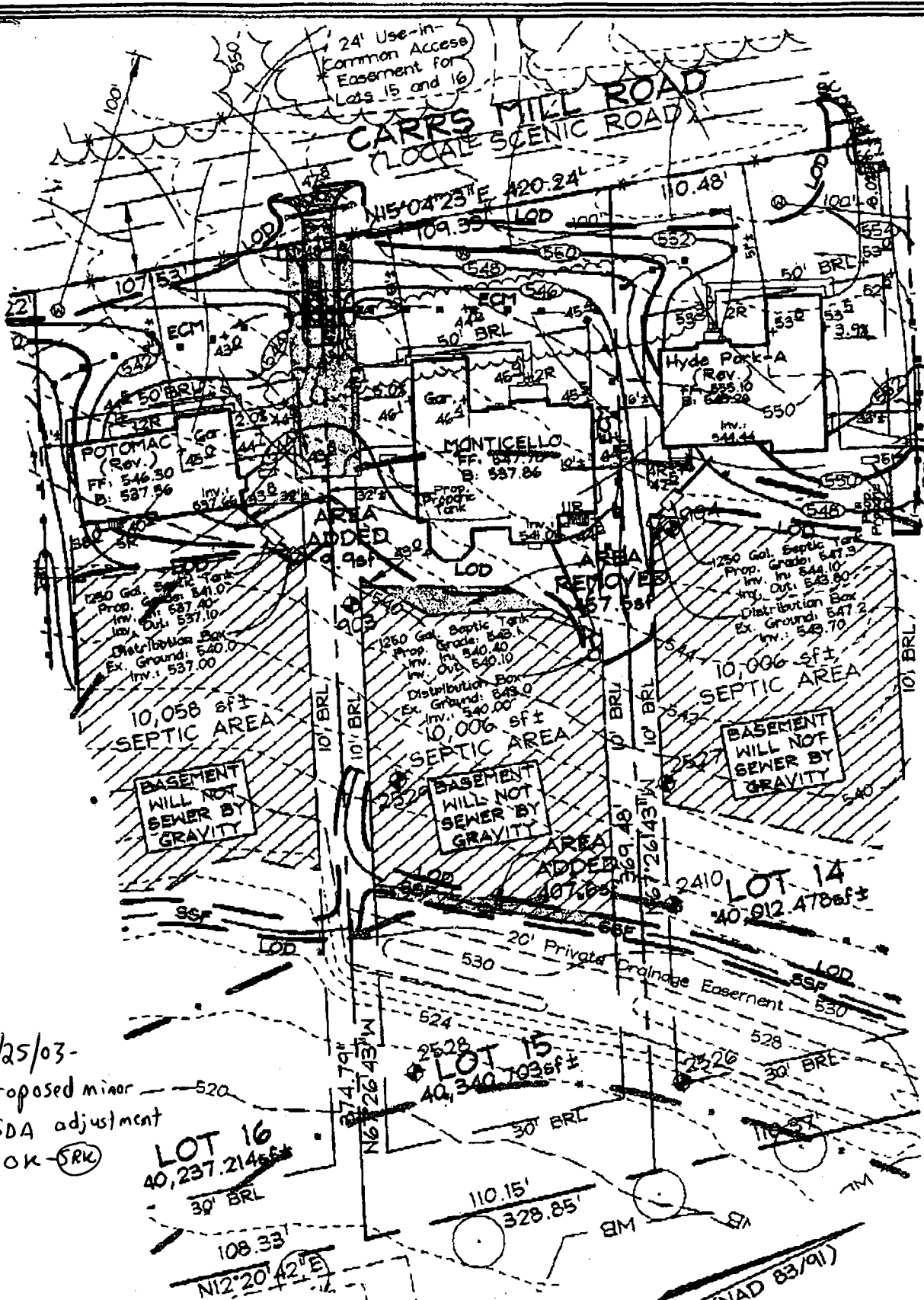
FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: FSHAssociates@cs.com

LOCATION DRAWING	
FOUNDATION	Date: 06/16/03
FINAL	Date:
DRAWN BY:	Slim
SCALE:	As Shown
N.C. No.:	3123



WALL CHECK
 LOT 15
 MAPLE RIDGE
 PLAT No. 15667
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



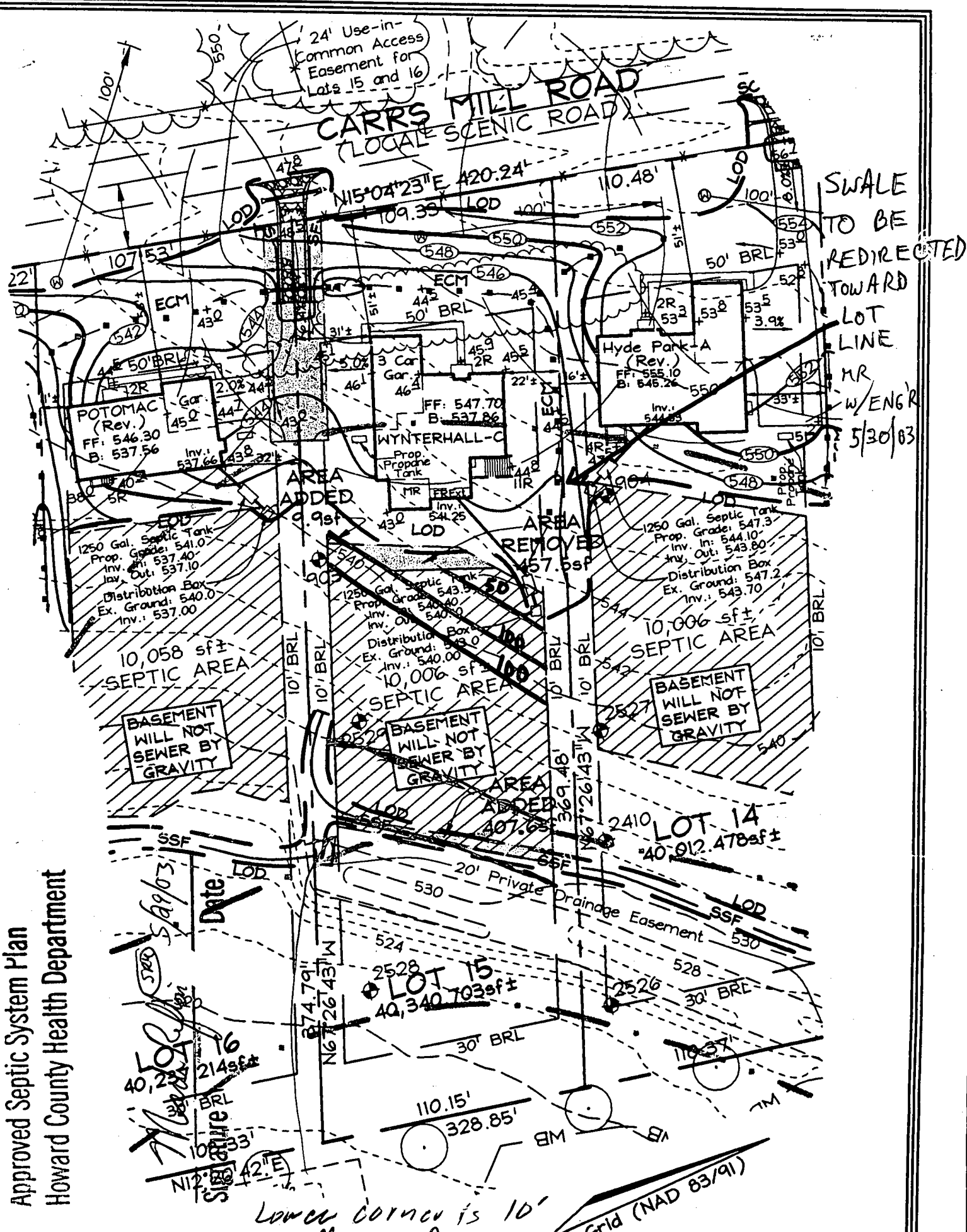
3/25/03-
proposed minor
SDA adjustment
OK - (SRK)

FSH Associates
Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax 410-750-7350
E-mail: FSHAssociates@cs.com

Note: See Approved Grading
Plan GP-03-16 for Entire Site.

OWNER/DEVELOPER
NY HOMES
2200 Defense Highway, Suite 301
Crofton, Maryland 21114
301.858.0522

Approved Septic System Plan
Howard County Health Department



SWALE TO BE REDIRECTED TOWARD LOT LINE
MR W/ENGR 5/30/03

FSH Associates

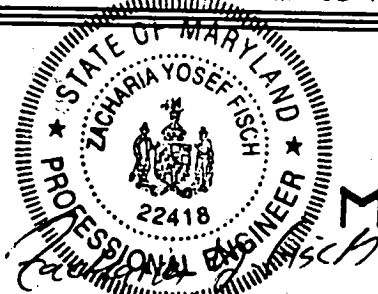
Engineers Planners Surveyors
8318 Forest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

OWNER/DEVELOPER

NV HOMES
2200 Defense Highway, Suite 301
Crofton, Maryland 21114
301.858.0522

Note: See Approved Grading Plan GP-03-16 for Entire Site.

DESIGN BY: Slim
DRAWN BY: Slim
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: April 25, 2003
W.O. No.: 3138
SHEET No.: 1 OF 1



LOT RESITE
LOT 15
MAPLE RIDGE

TAX MAP 8 GRID 12 & 20
4TH ELECTION DISTRICT

PARCEL 51 & 378
HOWARD COUNTY, MARYLAND

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B00141662 *mac*

Building Address 10156 GARDNERS WALK ROAD
WILMINGTON, MD 21277

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

Census Tract _____ Subdivision Maple Ridge

Section _____ Area _____ Lot 15

Tax Map _____ Parcel 57 Grid 14

Zoning _____ Map Coordinates 3112 Lot size _____

Property Owner's Name NVR Inc

Address 2805 Maple Ridge Drive

City Wilmington State MD Zip Code 21275

Home Phone _____ Work Phone 410-579-5756

Applicant's Name & Mailing Address, (if other than stated hereon):
Kim Cecil, Permit Dept. Services
1747 Greenfield
Wilmington, MD 21275

Phone _____

Existing Use VACANT LOT

Proposed Use STR

Estimated Construction Cost \$ 123000

Description of Work Wholesale - 3 (see
Planning Bd. - 2 story full front
11R - 2 FB - 1 HB - 1 P - 3C - 4TR)

Contractor Company NVR Inc

Contact Person Kim Cecil

Address 1747 Greenfield Rd

City Wilmington State MD Zip Code 21218

License No. _____

Phone 443-994-9200 Fax _____

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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: <u>70</u> <u>54</u>	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"/>	2nd floor: <u>44</u> <u>51</u>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>54</u> <u>51</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression. <input type="checkbox"/> # of Heads _____	No. of Bedrooms <u>4</u>	<input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
		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	

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 _____

Title/Company _____

Print Name Kim Cecil, Permit Dept. Services

Date 5/6/03

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

FOR OFFICE USE ONLY

PROPERTY ID: 58173

Front: _____	Filing fee: \$ _____
Rear: _____	Permit fee: \$ <u>100</u>
Side: _____	Excise tax: \$ _____
Side St: _____	Add'l per. fee: \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Historic District YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
Lot Coverage for New Town Zone _____	Check Validation <u>11/17/03</u>
SDP/Red-line approval date _____	Accepted by _____

Settlement Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

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 Pipeline

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnett Ave,
Sykesville, 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): Robert L. Feezer License# 2122

*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: NV Homes Telephone #: 410-721-9703
Subdivision: Maple Ridge Lot #: 15 Well Tag #: HO-99-3985
Site Address: 16186 Carver Mill Rd
Woodbury, MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sig-Rite Make: Campbell Two piece watertight cap:
Model #: 7PY002AL-04 Model #: PT 800 Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 300 (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: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (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.

Robert L. Feezer 7/28/03
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/17/03 lpm Date Insp. Approved: 7/17/03 (SO)
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 14234

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER AS10610

DATE RECEIVED MM 08 DD 13

DATE WELL COMPLETED 9/03/02

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3485

OWNER LANDSCAPE DEVELOPMENT
STREET OR RFD CARRS MILL ROAD
SUBDIVISION MARLE RIDGE SECTION TOWN LISBON LOT 15

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 like Topsoil, red rocky clay, Reddish brown slate, Tan slate, Brown slate, Tannish/brown slate, Bluash/Gray slate, Blue slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N)
TYPE OF GROUTING MATERIAL (C) (B)
NO. OF BAGS 16 NO. OF POUNDS 1600
GALLONS OF WATER 96
DEPTH OF GROUT SEAL (to nearest foot) 47

CASING RECORD

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 50

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

SCREEN RECORD

screen type or open hole (S) (BR) (HO) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- 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...

DRILLERS LIC. NO. M Wb 040
DRILLERS SIGNATURE George F. Eustentony

LIC. NO. JUD 727

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

DEPTH (nearest ft.)

Table with columns: T, E, A, C, H, S, R, E, E, N. Includes values like HO 48 300

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

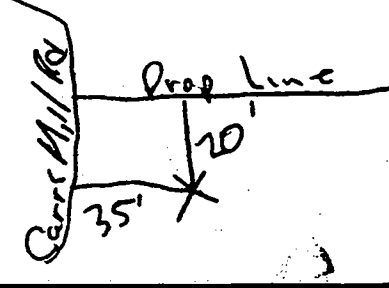
PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 52 ft. WHEN PUMPING 57 ft.
TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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 2 (nearest foot)

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)



B 1 2176

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-94-3485 fill in this form completely

DATE RECEIVED (APA) 07-16-02 OWNER INFORMATION 9121 Landscape Development 16307 Carrs Mill Road Woodbine, Md 21797

LOCATION OF WELL B 3 Howard CC# Maple Ridge 15 SECTION 44 46 LOT 48 50 LISBON 52 NEAREST TOWN MILES FROM TOWN

DRILLER INFORMATION George F. Easterday M WV 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

CARRS MILL ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 35 FT. TAX MAP: 8 BLK: 14 PARCEL 51378

WELL INFORMATION W 2 APPROX. PUMPING RATE 12 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD AS10610 STATE SIGNATURE DATE ISSUED 08-15-02

APPROXIMATE DEPTH OF WELL 300 FEET

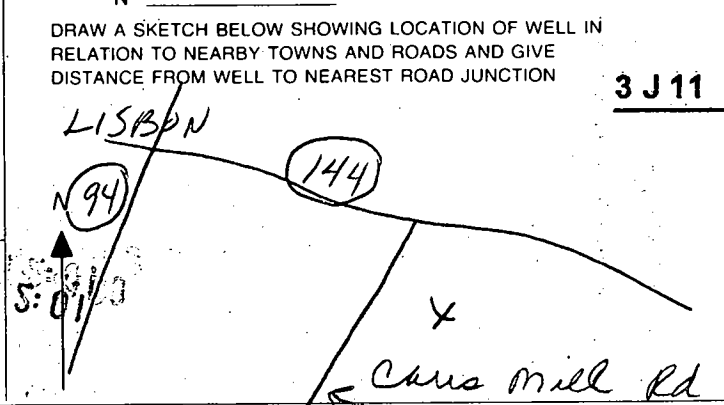
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX PERMIT NUMBER PERMIT No. 40-94-3485

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells



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

CONVENTIONAL TRENCH SEPTIC SPECIFICATIONS WORKSHEET

PROPERTY ID: Ward Property TAX MAP: 8 A 510610
STREET NAME: Maple Ridge Drive PARCEL #: 51 & 378 LOT NUMBER 15

AVERAGE PERCOLATION RATE: 10 min⁵ SQUARE FEET PER BEDROOM 180
NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM 210
TOTAL LINEAR FEET OF TRENCH 240 SEPTIC TANK CAPACITY: _____
TOP SEAMED TANK REQUIRED? YES NO
COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DESIGN: Trench to be 3.0 feet wide. Inlet 4.0^{3.0} feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES NO
PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber
YES NO top seamed pump chamber required?

LOCATION: _____

ADDITIONAL NOTES: _____

REVIEWER: _____ DATE: _____

COUNTY #

SOIL PROFILE

2408

dark orange red clay to 6.0

mottled silty water @ 3.5

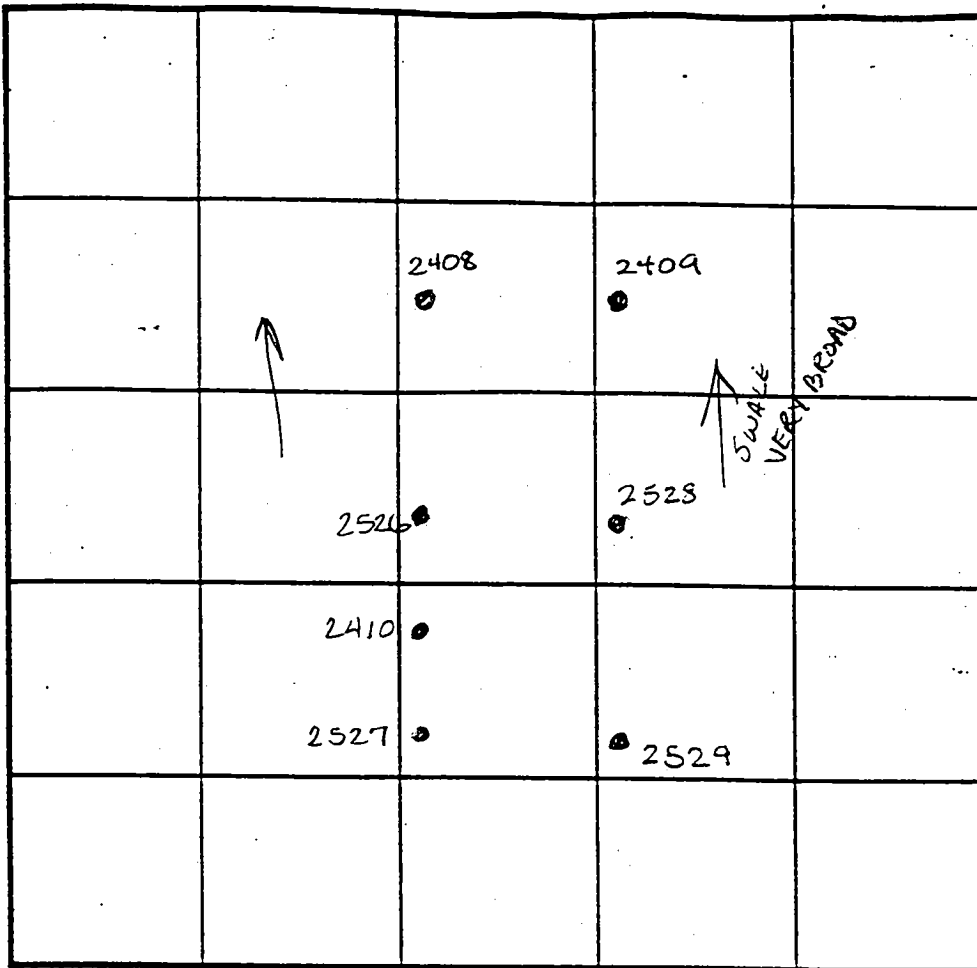
2526

dark orange red silty

light orange brown silty

2527 2529

No distinct clay layer light pink silty <5% Rx



SOIL PROFILE

2528

light tan silty

light or pink silty

possible high to dull brown silty no mottling

2409

like 2408 but evidence of H2O @ 6.5' visual to 11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-17-98	2408	Visual	to 3.5	- insufficient depth to H ₂ O			F
	2409	Visual	to 10.0	- hold for water			fail
	aka 2410	Visual	to 11.5	- see profile			OK
	2527	Visual	to 12.0	- see profile			OK
	2529	5.0 / 11.0	1:25	1:29	1:29	1:34	5min
		8.0 / 11.0	1:23	1:27	1:27	1:33	6min
	2528	5.5 / 11.0	1:27	1:28	1:28	1:30	2min
	2526	4.5 / 10.0	1:17	1:20	1:20	1:25	5min

REMARKS wet season no 2525

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

2.0

COUNTY #

SOIL PROFILE
904

0'
dark
red
Sicilm

3.0
pink
Saltn
20-30%
Rx



903

like
904

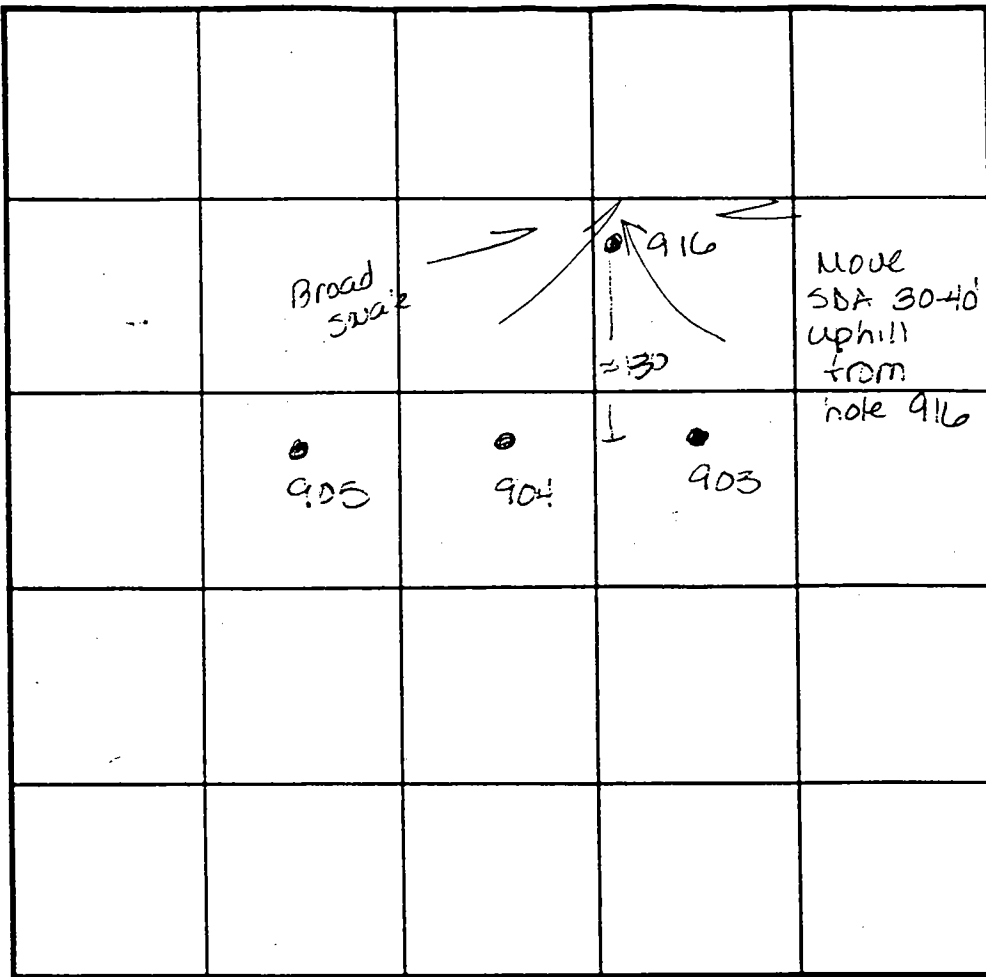
916

dark
brown
cilm

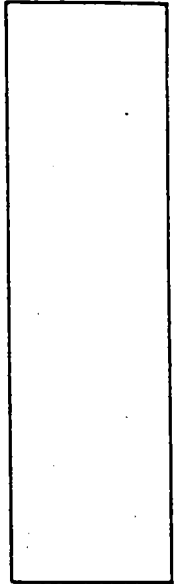
2.5
orange
brn
Saltn

3.0
Saprotic
Saltn
100% R
verl
decayed

no H2O indications



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-00	904	Visual	to 12.0	- see	profile	—	OK ✓
	903	Visual	to 13.0	- see	profile	—	OK ✓
	916	Visual	to 12.0	- see	profile	—	OK

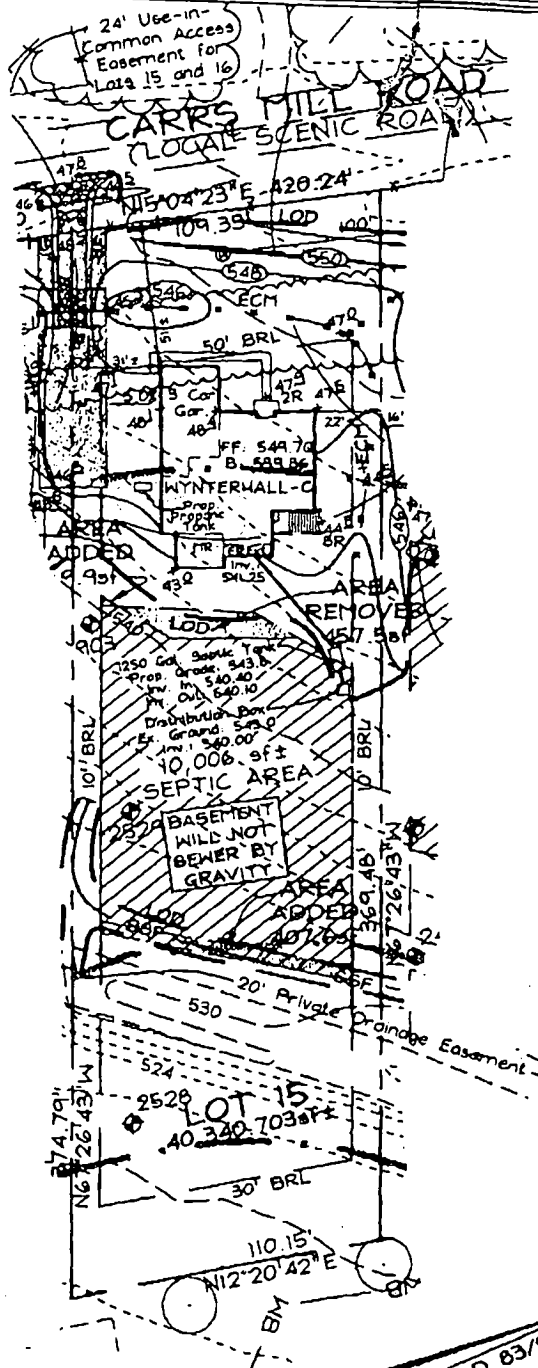
REMARKS _____

TYPE OF SOIL _____

TESTED BY A McMillen D Kerr A Welty ALSO PRESENT 2 Fish

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



B00143165
 7/29/03 Proposed
 Propane tank OK
 (S)

FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: FSHAssociates@ca.com

OWNER/DEVELOPER

NV HOMES
 2200 Defense Highway, Suite 301
 Crofton, Maryland 21114
 301.858.0522

Note: See Approved Grading
 Plan GP-03-16 for Entire Site.

DESIGN BY: PS
 DRAWN BY: SZK
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: June 27, 2003
 W.O. No.: 5198
 SHEET No.: 1 OF 1

LOT RESITE
LOT 15
MAPLE RIDGE
 TAX MAP B GRID 12 & 20
 4TH ELECTION DISTRICT
 PARCEL 51 & 378
 HOWARD COUNTY, MARYLAND

RECEIVED JUN 27 2003

GP-03-16