

LAYOUT 7/18/02 11-12 INSP 4 9/05/02 11 AM
 INSP 2 8/29/02 2:30 INSP 5 _____
 INSP 3 ~~8/29/02~~ ~~8/29/02~~ INSP 6 _____

ISSUE DATE: 6/26/2002

APPROVAL DATE: 9/5/02

**PERMIT
INDEXED**

P 517330

A 511132-B

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 04-365305**

Union Paving IS PERMITTED TO INSTALL ALTER

ADDRESS: 5977 Sandy Ridge Drive, Elkridge PHONE NUMBER: 410-379-6463

SUBDIVISION: Blueberry Hill LOT NUMBER: 2

ADDRESS: 2670 Daisy Road PROPERTY OWNER: Hamilton Reed

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: 210

LINEAR FEET OF TRENCH REQUIRED: 280 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 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as per the building permit plan.
NOTES:	Basement service by gravity is not proposed.

PLANS APPROVED: Steven R. Krieg OK 3/7/02 (SO) 2/19/2002

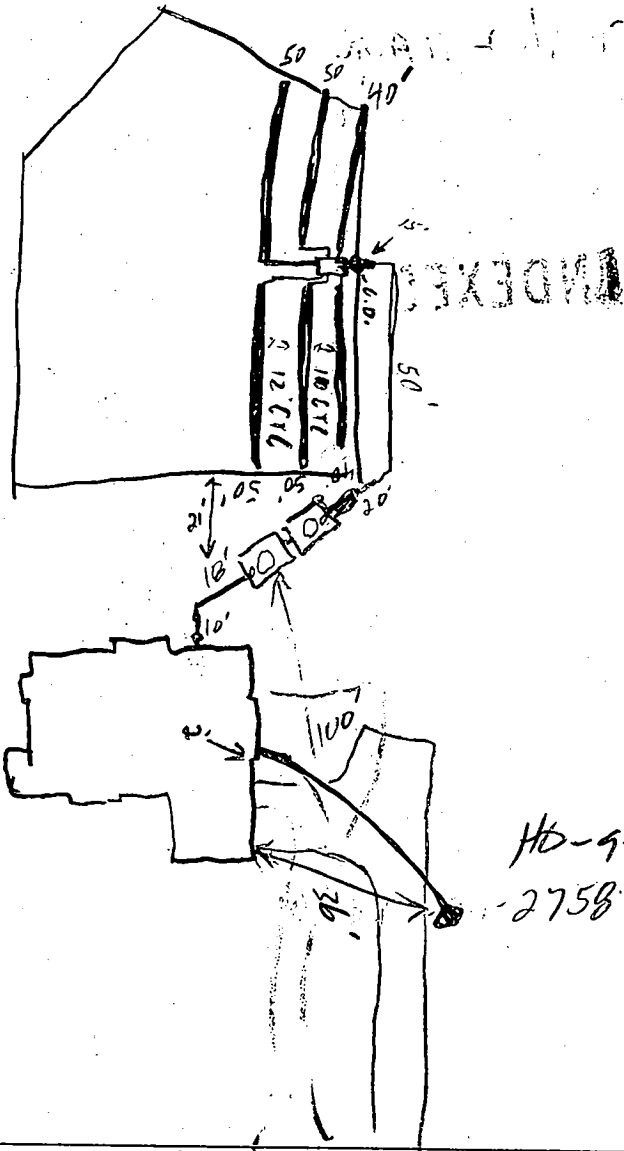
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS 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
 BUILDING PERMIT SIGNED _____ RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 AND RETURNED ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

8-12-02 800 37891 -
 UG PROPANE TANK
 4-23-03 800 141407 - DECK

A51132-B

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		6
TOTAL LENGTH		280
ABSORPTION AREA		840- ϕ
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	1250 GAL
SEAM LOC	TOP
TANK LID DEPTH	2.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Back
WATERTIGHT TEST	<input type="checkbox"/>

Daisy Road

ROAD

HD-94
-2758

PRE-CONSTRUCTION 7/18/02 Lot staked, install (2) 40' & (4) 50' trenches on contour (SO)

INSTALLATION 7/18/02 - 3 trenches installed OK to cover work completed (SO)
 7/19/02 OK to cover all work Pump & Alarms tests needed (SO)
 8/29/02 Pump test not done. Box not EXPOSED TO EVAL. WATER FLOW (KN)
 9/5/02 Pump & Alarm tests OK (SO)

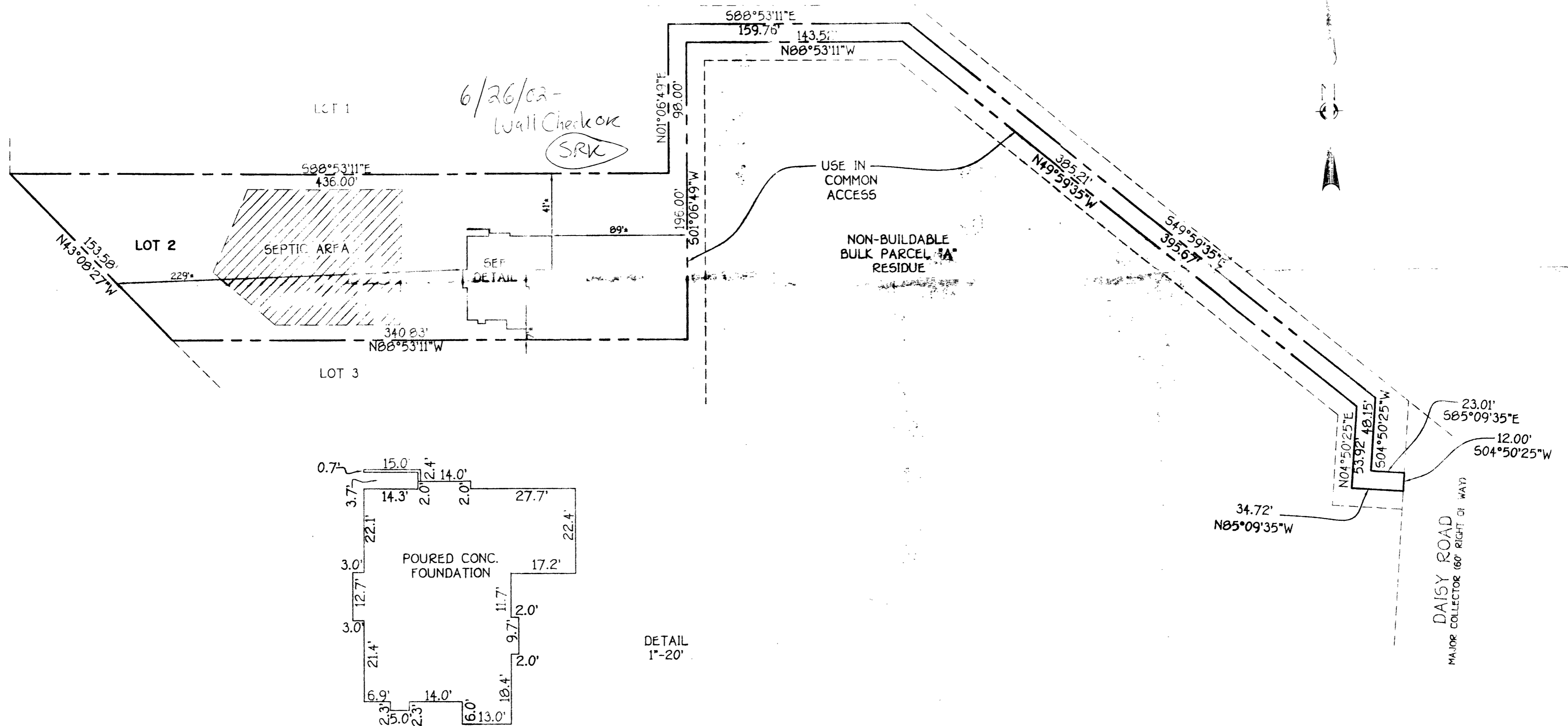
ENGINEER'S SIGNATURE AND RETURNED

FINAL INSPECTOR *[Signature]*

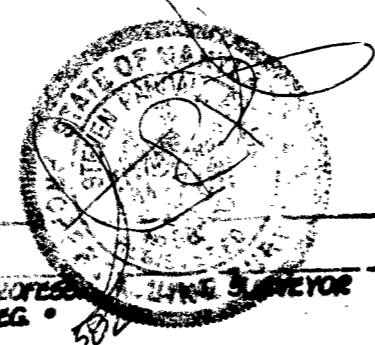
DATE OF APPROVAL 9/5/02

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440233 EFFECTIVE DEC. 4, 1985.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1" (±).
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



HOUSE LOCATION SURVEY
 LOT 2
 MINOR SUBDIVISION
 "BLUEBERRY HILL"
 LOT 1 THRU 3 AND NON-BUILDABLE BULK PARCEL A
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 PLAT No. 14676



B.R.L.-BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 495.5'

DATE: 12/27/05
 DRAWN BY: JLB
 CHECKED BY: [Signature]
 PROJECT No. 14676

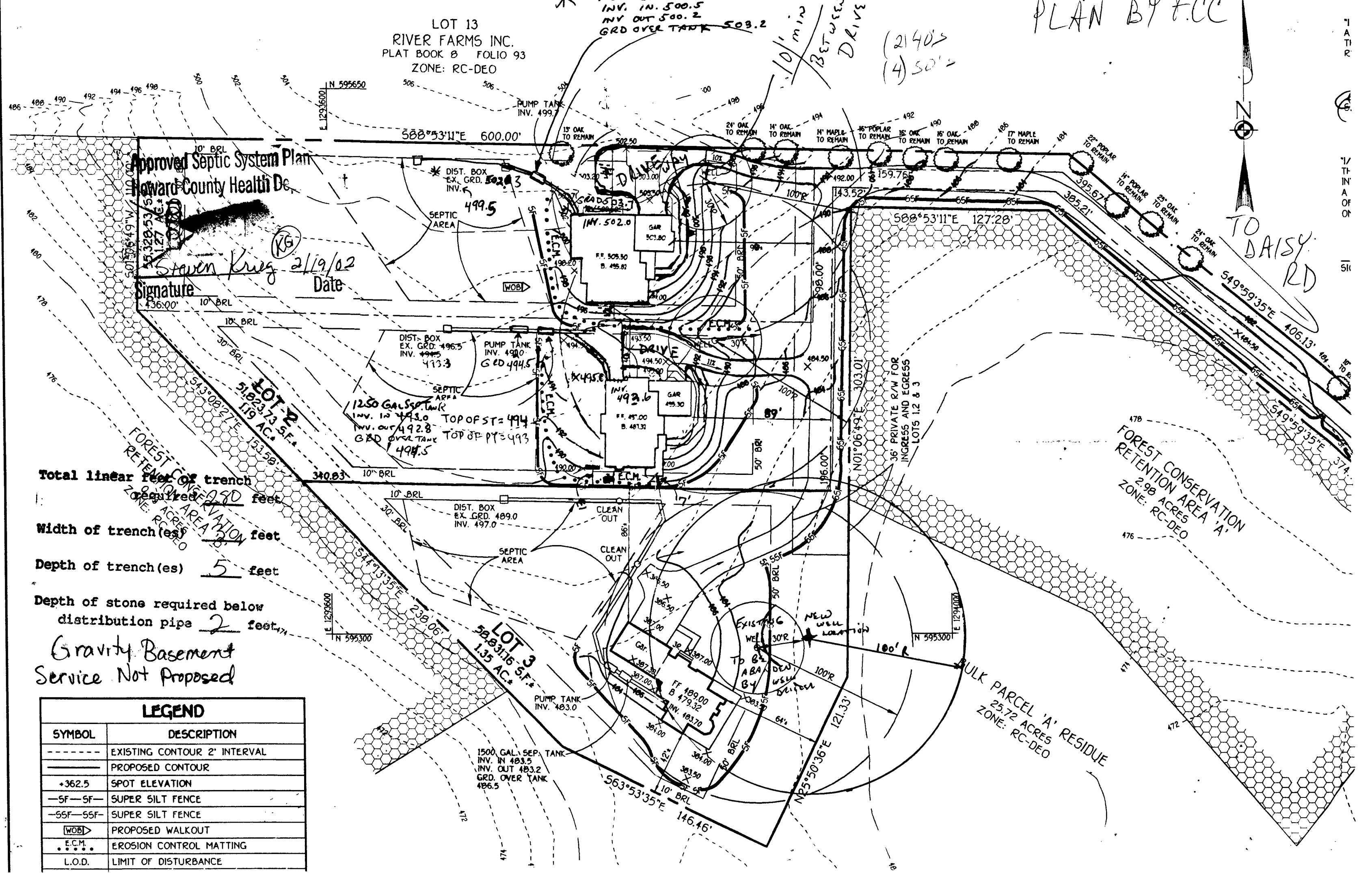
FOUNDATION LOCATIONS: 12/27/05
 FINAL LOCATION:
 BOUNDARY SURVEY:

PLAN BY FCC

LOT 13
RIVER FARMS INC.
PLAT BOOK 8 FOLIO 93
ZONE: RC-DEO

Approved Septic System Plan
Howard County Health Dept.

Signature: Steven Krug
Date: 2/19/02



Total linear feet of trench required: 290 feet
 Width of trench (es): 30 feet
 Depth of trench (es): 5 feet
 Depth of stone required below distribution pipe: 2 feet

Gravity Basement Service Not Proposed

LEGEND	
SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
—	PROPOSED CONTOUR
+362.5	SPOT ELEVATION
-SF-SF-	SUPER SILT FENCE
-SSF-SSF-	SUPER SILT FENCE
[WOB]	PROPOSED WALKOUT
• E.C.M. •	EROSION CONTROL MATTING
L.O.D.	LIMIT OF DISTURBANCE

**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: CLARKE P+H INC Telephone #: 410-489-4029
Address: 3510 Ridge Rd
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Ben Clarke License# 3808

*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: Hamilton Reed Telephone #: 410-980-9146
Subdivision: Blueberry Hill Lot #: 2 Well Tag #: HO-94-2258
Site Address: 2470 Daisy Rd

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Condo</u>	Make: <u>Harvard</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: <u>P-T-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: _____	Conduit min 18" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>90</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 _____

Pipes to house	House Connection
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <input checked="" type="checkbox"/> (160 psi min)	Approximate length of sleeve: <u>15'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ben Clarke date: 8-12-02

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

Date Insp. Requested: 8/8/02 Date Insp. Approved: 8/8/02 50 SRK
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

OK Well needs barricade 8/29/02 KN
Dona

07846

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 8/10/00
COUNTY NUMBER A 511132-B

STATE/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 185 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2758

OWNER BRS Developers last name first name
STREET OR RFD Daisy Road TOWN Woodbine
SUBDIVISION Blueberry Hill SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (1520), DEPTH OF GROUT SEAL (0 to 30+ ft).

CASING RECORD form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (60).

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

SCREEN RECORD form: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 185.

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04.

DRILLERS LIC. NO. MSD 17, DRILLERS SIGNATURE, LIC. NO. D, SAME

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

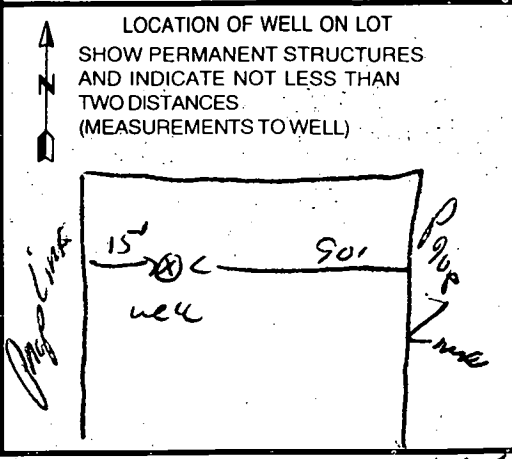
DEPTH (nearest ft.) 185, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form: PUMPING TEST (C3), HOURS PUMPED (3 5/8), PUMPING RATE (8.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (15 ft before, 65 ft when pumping), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below), LAND SURFACE (2 ft).



B 1 18659

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2758

1 2 3 6

W5 13678 Please print or type

fill in this form completely

Date Received (APA)

07/10/00

OWNER INFORMATION

BNS Developens LLC
8808 Centre Park Dr. Suite 205
Blumbia MD, 21045

B 3

LOCATION OF WELL

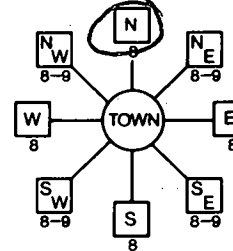
Howard
BLWE Beray Hill
DAISY
NEAREST TOWN

DRILLER INFORMATION

Ralph MAYNE M SD 116
Ralph MAYNE well drilling
9120 Brown Church Rd Mt Airy
Ralph Mayne 7-10-00

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



DAISY rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



650
DISTANCE FROM ROAD
ENTER FT OR MI

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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 A 51132-B
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 7/20/00
CO SIGNATURE EXP. DATE 07/25/01
NORTH GRID 534 000 EAST GRID 0781 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY
CABLE
ROTARY (Hydraulic Rotary)
Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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 DEEPEM AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

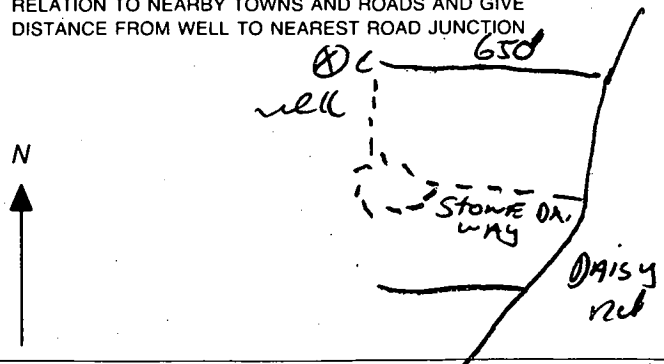
- SOURCES OF DRILLING WATER
1. well
2.
3.

8/4/00 Grout
No Insp

WRITE THE BOX NUMBER FROM THE MAP HERE

7801
57034

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



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

APPROX. PERMIT NUMBER 54 GAP 63

PERMIT No. HO-94-2758

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

TABLE
EASTING
1293741.062
1292799.158
1292856.765
1294427.206
1294076.642

CURVE TABLE

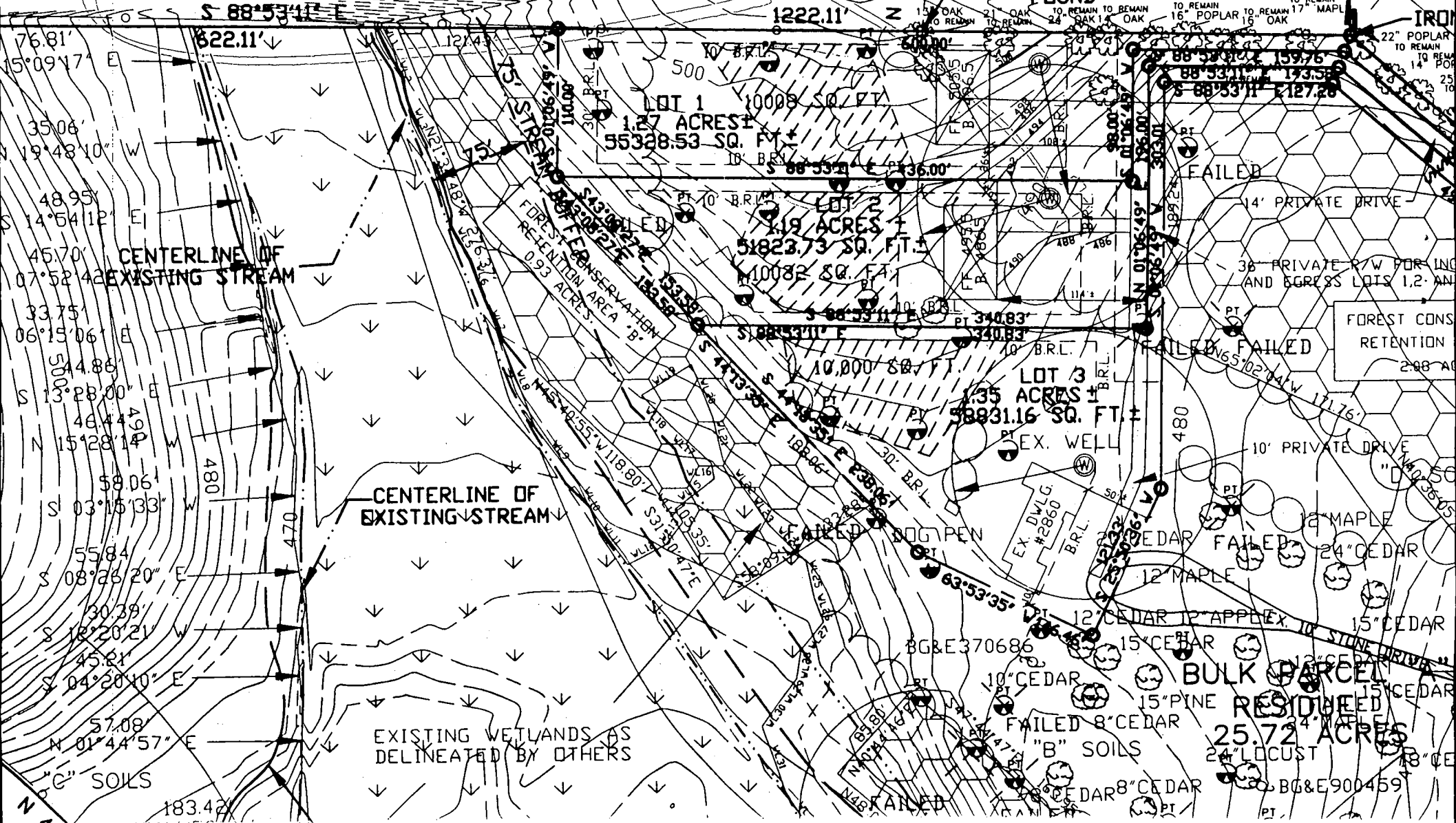
CURVE	TANGENT	RADIUS	ARC LENGTH	CHORD LENGTH
C-1	101.58'	233.20'	191.60'	186.26'
C-2	74.63'	501.28'	148.18'	147.64'
C-3	80.59'	541.28'	160.00'	159.42'
C-4	119.01'	273.20'	224.47'	218.21'

PIPE FOUND

MAP OF RIVER FARMS INC.
PLAT BOOK 8 FOLIO 93

PERIMETER A 1006.13 FEET
CREDIT FOR 1006.13 FEET FOR EXISTING TREES

72500 well site staked as indicated per Bill Graul DKS LOT 13



CONCRETE MONUMENT FOUND

CENTERLINE OF EXISTING STREAM

CENTERLINE OF EXISTING STREAM

EXISTING WETLANDS AS DELINEATED BY OTHERS

BULK PARCEL RESIDUE 25.72 ACRES

FOREST CONSERVATION RETENTION

10' PRIVATE DRIVE

14' PRIVATE DRIVE

36' PRIVATE R/W FOR INGRESS AND EGRESS LOTS 1, 2 AND 3

10' PRIVATE DRIVE

10' STONE DRIVE

EX. DWLG. #2860

BG&E370686

BG&E900459

IRON PIPE FOUND

FAILED

FAILED

FAILED

FAILED

FAILED

APPLICATION

PERCOLATION TESTING

A 51132

P _____

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

DISTRICT _____

DATE 12.3.98

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 THOMAS SEIVENER

ADDRESS c/o 10805 NICKORY RIDGE ROAD
COLUMBIA MARYLAND PHONE 410 740-2100

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT INC

ADDRESS 10805 NICKORY RIDGE ROAD #215
COLUMBIA, MD 21041 PHONE 410-740-2100

PROPERTY LOCATION:
SUBDIVISION DAISY ROAD LOT NO. (2)

ROAD AND DESCRIPTION 2680 #3800 DAISY ROAD WEST SIDE OF DAISY ROAD
APPROXIMATELY 2100' NORTH OF UNION CHAPEL & DAISY ROAD

TAX MAP 13 PARCEL # 94 GRID 12

SIZE OF LOT 40,374 TYPE BLDG. SINGLE FAMILY
(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. DONALD R. REEVER JR.
(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

511132

COUNTY #

SOIL PROFILE

(21)

0' topsoil

red brn cl Lm

4' 4" red tan si Lm

10-15% rock frag

(23/24)

0' topsoil

org red brn cl Lm

4' 4" org brn si Lm

10-15% rock frag

(25)

0' topsoil

red brn cl Lm

4' pale org tan si Lm

10% rock frag

SOIL PROFILE

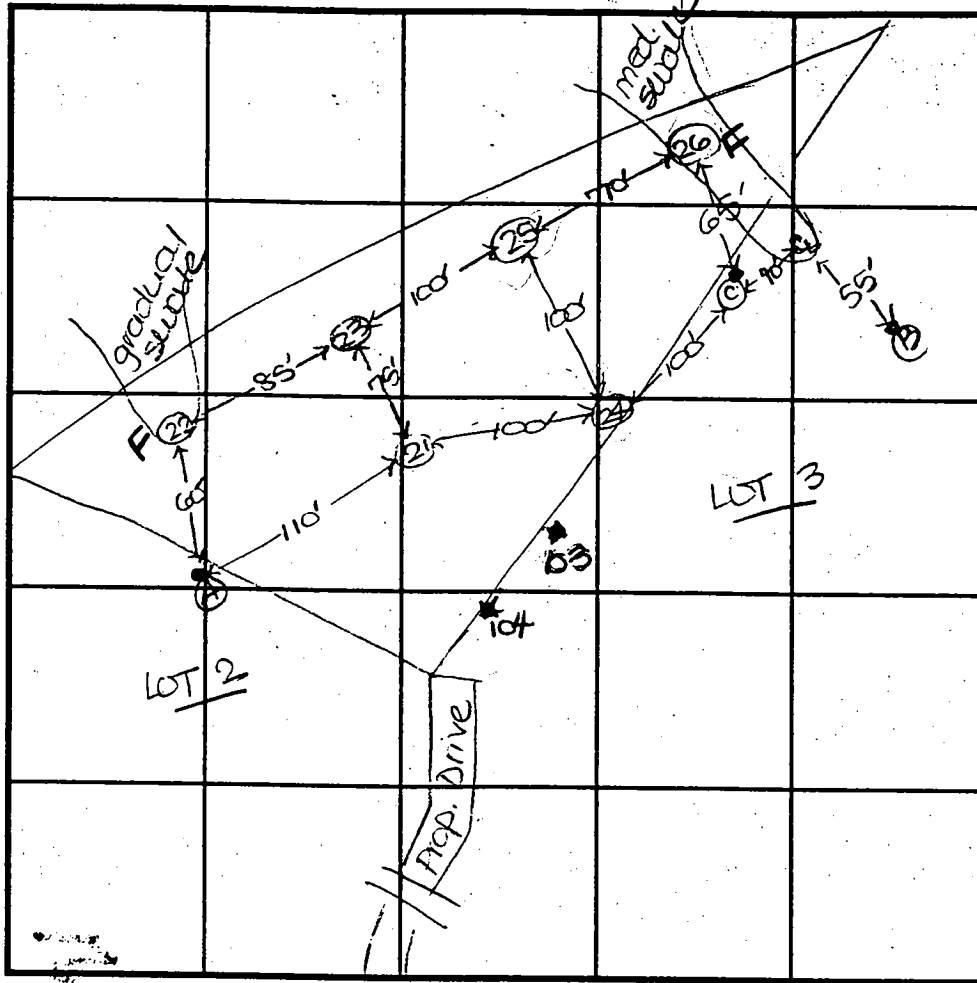
(26)

0' topsoil

red org brn cl Lm

4' 4" 4.5' 1+ brn si Lm

10-15% rock frag



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Daisy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-2-99	21	4.0'S	2:36	2:48	2:48	3:05	17
		13.0'D	visual	- see	profile		OK
	23	4.5'S	2:41	2:54	2:54	3:04	10
		12.0'D	visual	- see	profile		OK
	24	11'8" D	visual	- see	profile		OK
	25	4.5'S	2:58	3:03	3:03	3:09	6
		12.0'D	visual	- see	profile		OK
	in center of swale	(26)	4.5'S	3:02	3:14	3:34	20
		12.0'D	visual	- see	profile		FAIL

REMARKS test holes staked by D. Redner

TYPE OF SOIL all proposed series shall be 25' off swale

TESTED BY D. Soe ALSO PRESENT m. Johnson, S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

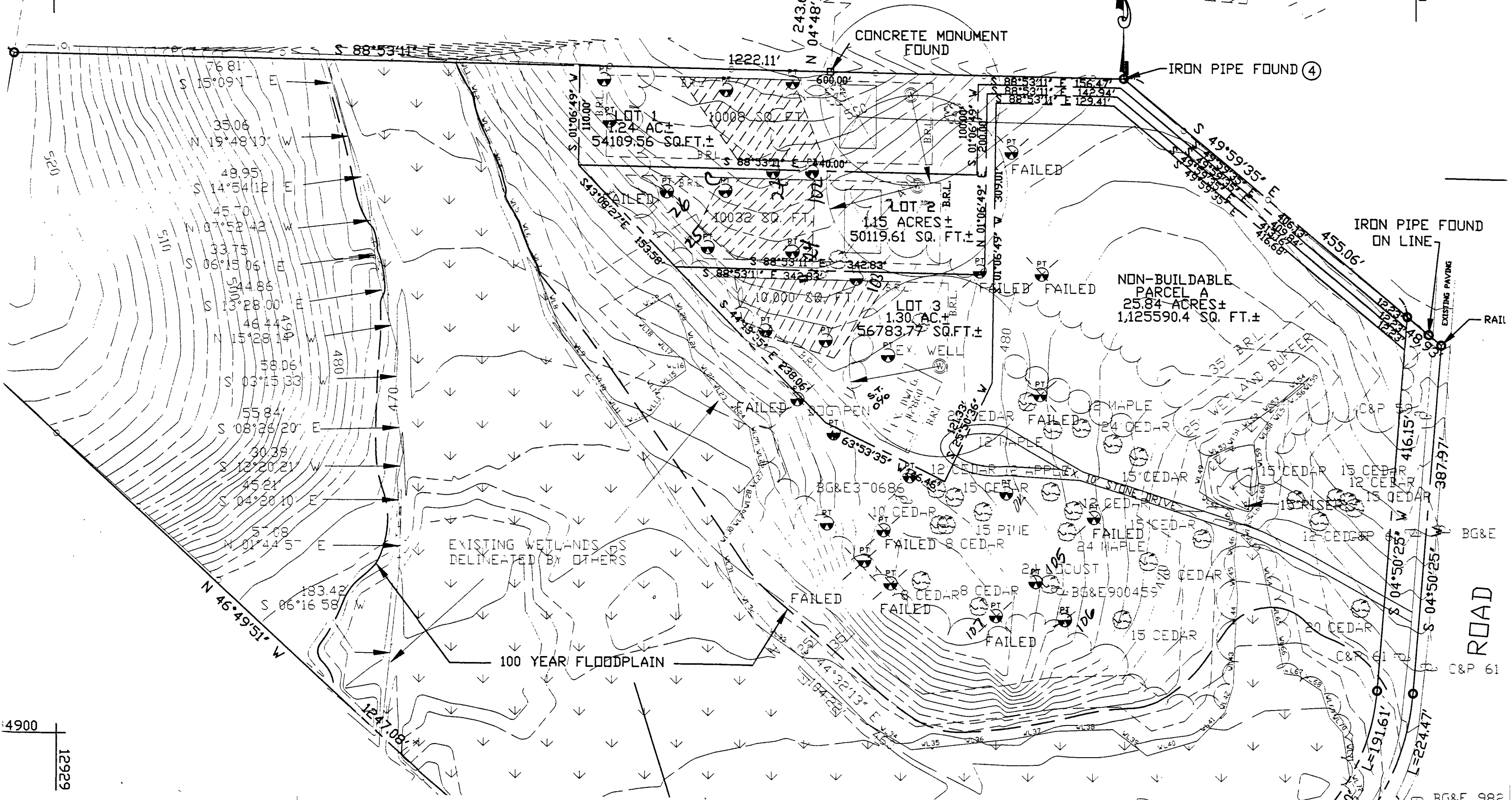
(due to landscape position)

5800
1292900

595800
1294400

4900
12929

LOT 13
MAP OF RIVER FARMS INC.
PLAT BOOK 8 FOLIO 93



511132

COUNTY #

SOIL PROFILE

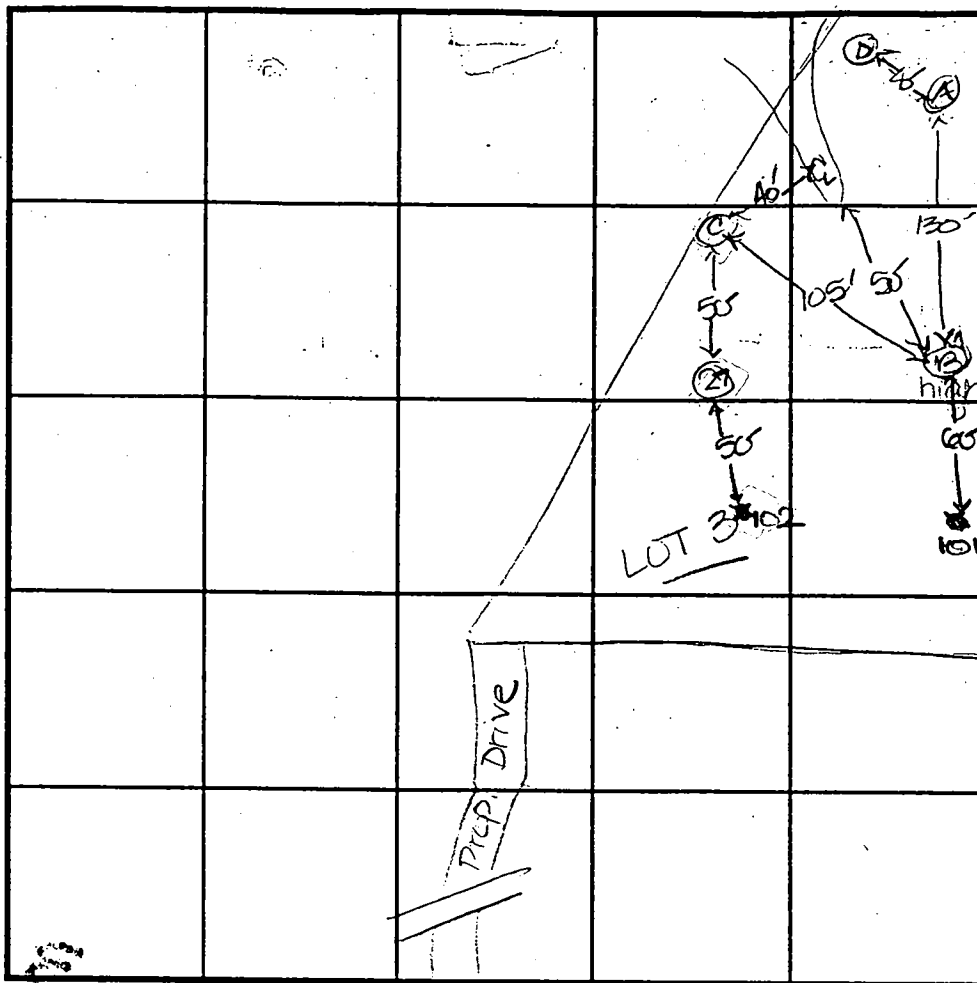
0' (C)
 1' topsoil
 red brn cl Lm
 4'-4.5' pale org tan sil Lm w/some mica
 12' 25% rock frag

(B)

0' topsoil
 1' red brn cl Lm
 3.5'-4' pale org tan sil Lm w/some mica
 12' 10-15% rock frag

(A/D)

0' topsoil
 1' red org brn cl Lm
 3.5'-4' lt org brn sil Lm
 12' 25% rock frag



SOIL PROFILE

0' (27)
 1' topsoil
 4' org red brn cl Lm
 12' lt org brn sil Lm
 15% rock frag

41 5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Daisy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-8-99	C	4.0'S	12:45	12:59	12:57	1:25	26
		12.0'D	visual	- see profile			OK
	B	4.0'S	12:54	12:58	12:58	1:05	7
		12.0'D	visual	- see profile			OK
	A	4.5'S	1:08	1:10	1:10	1:18	8
		12.0'D	visual	- see profile			OK
	D	12.0'D	visual	- see profile			OK
	(27)	12.0'D	visual	- see profile			OK

REMARKS: holes (A) thru (D) tested as stated

TYPE OF SOIL

TESTED BY: D. Sae ALSO PRESENT m. Johnson, S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

COUNTY #

SOIL PROFILE

102

0' topsoil

1' red org
brn
cl m

3' pale red
org
beige
si m

2' 20%
rock

101

0' topsoil

1' org brn
cl m

3' pale org
tan
to bridge
si m

10-15%
rock

SOIL PROFILE

Empty vertical box for soil profile notes.

Large grid area with handwritten note: "see other page" and a curved arrow pointing to the right.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-20-99	102	3.5'S	11:37	11:40	11:40	11:43	3
		12.0'D	Visual	-see	profile		OK
	101	4.0'S	12:12 ₃	12:15 ₃	12:15 ₃	12:21	6
		13.0'D	Visual	-see	profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT M. Johnson S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

FOUND

IRON PIPE FOUND ④

*Copy of
found
001-001*

LOT 1
1.28 ACRES ±
55914.09 SQ. FT. ±

LOT 2
1.19 ACRES ±
51986.02 SQ. FT. ±

LOT 3
1.35 ACRES ±
58993.40 SQ. FT. ±

Use-in-Common
36' PRIVATE ACCESS FOR
INGRESS AND EGRESS LOTS 1, 2, 3 AND
NON-BUILDABLE PARCEL "A"

FOREST CONSERVATION
RETENTION AREA "A"
2.08 ACRES

NON-BUILDABLE
BULK PARCEL "A"
RESIDUE
25.99 ACRES

FOREST CONSERVATION
RETENTION AREA "C"
0.75 ACRES

Wetland Buffer

FOREST CONSERVATION
RETENTION AREA "B"
0.93 ACRES

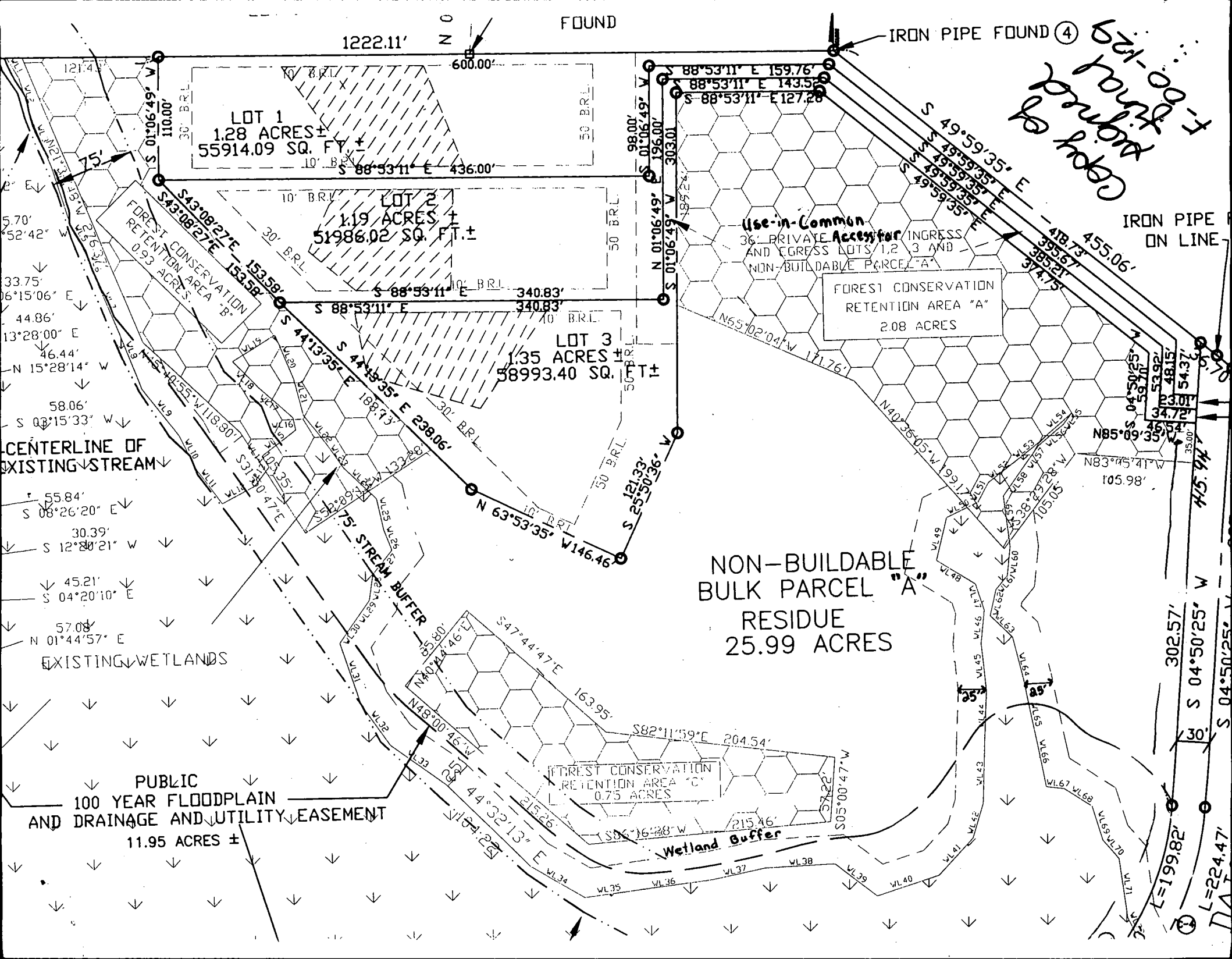
CENTERLINE OF
EXISTING STREAM

EXISTING WETLANDS

PUBLIC
100 YEAR FLOODPLAIN
AND DRAINAGE AND UTILITY EASEMENT
11.95 ACRES ±

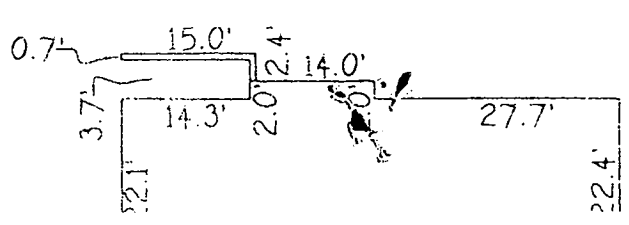
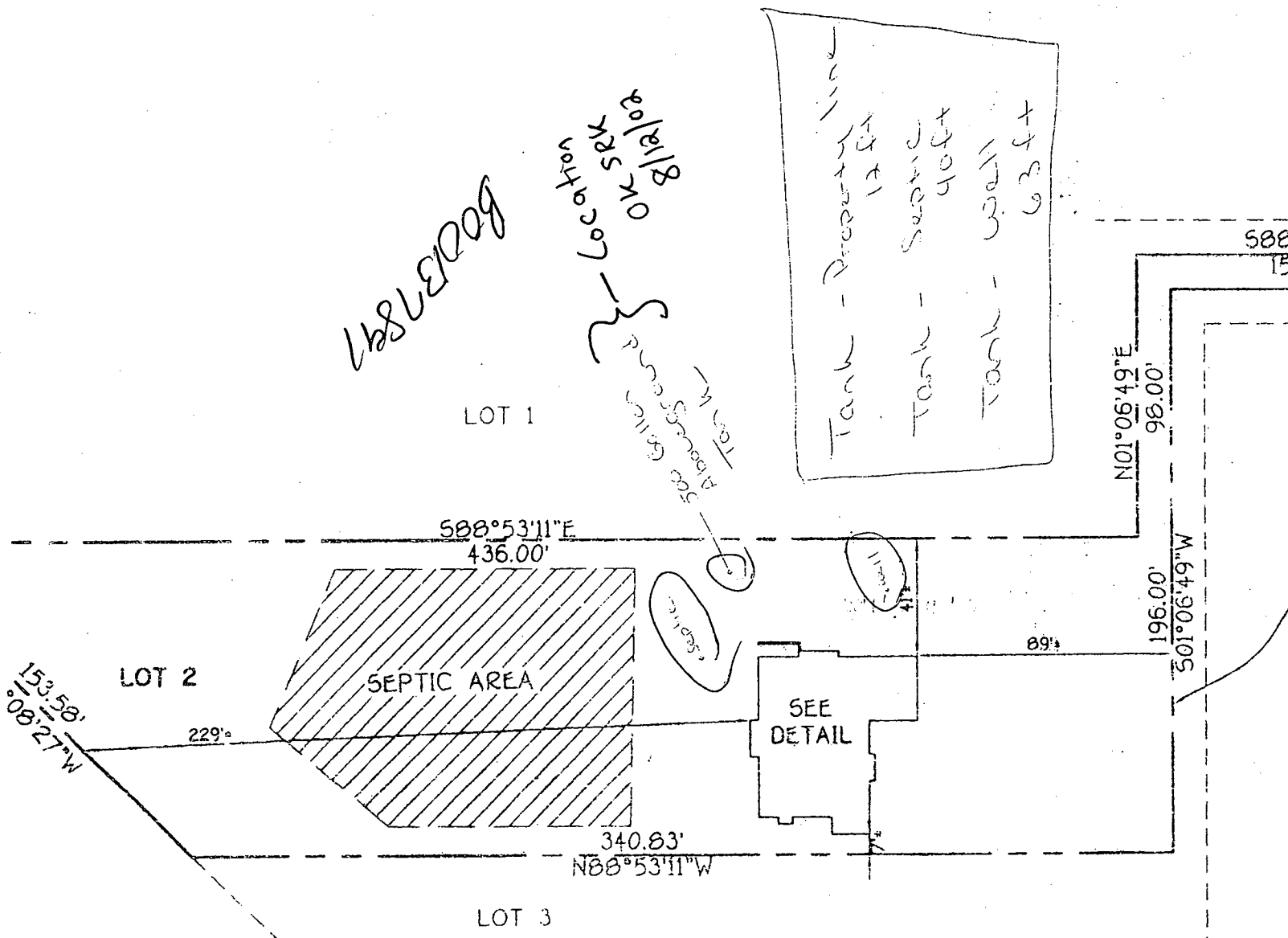
IRON PIPE
ON LINE

302.57'
S 04°50'25" W
30'
L=199.82'
L=224.47'
NAT



GENERAL NOTES:

THIS DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN UNLESS INDICATED AS BEING A BOUNDARY SURVEY. THIS LOCATION DRAWING IS NOT INTENDED FOR THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING. THE PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP FOR WASHINGTON COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440013 B EFFECTIVE DEC. 4, 1986. DIMENSIONS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF ± 1/8" (± 3.2mm). REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



Handwritten: *Health copy*

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2435 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

30041407

Building Address 2670 Daisy Rd.
Woodbine 21797

Property Owner's Name Bryan + Sara Clark
Address 2670 Daisy Rd. Clark

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

City Woodbine State MD Zip Code 21797

Census Tract 604002 Subdivision Blueberry Hill

Home Phone (410) 381 2219 Work Phone 301 5

Section _____ Area _____ Lot 2

Applicant's Name & Mailing Address, (if other than stated here)

Tax Map 13 Parcel 94 Grid 12

Zoning RCDEO Map Coordinates 863 Lot size _____

Phone _____ Fax _____

Existing Use SF Deck

Contractor Company CHF Deck Co

Proposed Use Sun Deck

Contact Person Jeff Frasure

Estimated Construction Cost \$ 8730

Address 22610 Clarksburg Rd.

Description of Work 285 sq Ft Cedar Deck
w/ pressure treated frame
irregular shape w/steps

City Boyd's State MD Zip Code 208

License No. 37070
Phone (301) 428 9748 Fax 301 428 974

Occupant or Tenant Owner

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space 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: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system:
 NFPA #13D
 NFPA #13R
 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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Print Name

Handwritten Signature 4/23/03 *MR*

Kevin Boylan