

LAYOUT 11am 5/19 INSP 4 7/30/03 11:30  
 INSP 2 5/20/03 2PM INSP 5 \_\_\_\_\_  
 INSP 3 5/22/03 2pm INSP 6 \_\_\_\_\_

ISSUE DATE: 5/6/2003

P 518959

APPROVAL DATE: 7/30/03

A 511517-J

**PERMIT**  
**INDEXED**

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

03-339440

VanSanf Plumbing & Heating IS PERMITTED TO INSTALL  ALTER

ADDRESS: 3 N Main Street, Mt Airy PHONE NUMBER: 1-800-682-6726

SUBDIVISION: Fox Creek LOT NUMBER: 18

ADDRESS: 12418 Barnard Way PROPERTY OWNER: NVR, Inc

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

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 120

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box as shown on plan.
NOTES:	Install 2-60 foot long trenches, on contour, with 9 foot separation edge-to-edge. Plan shown allows for basement service.

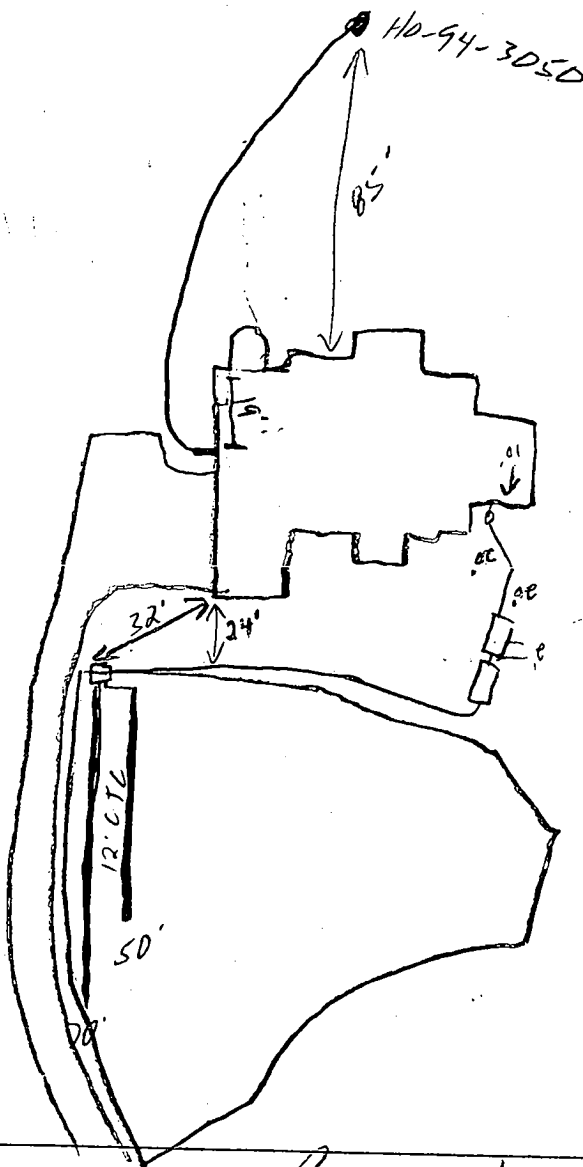
PLANS APPROVED: John Boris OK SRU 5/6/03 DATE: 12/20/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A511517-J

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		120'
ABSORPTION AREA		360 sq
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	2.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Back
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>

Bernard Way ROAD

PRE-CONSTRUCTION 5/19/03 SRA stake, contour appears accurate Install 50'/70' trenches. Check well radius. House conn changed, no effect (SO)

INSTALLATION 5/20/03 Tanks set OK to cover (SO) 5/21/03 Pressure line installed 5/22/03 1st trench installed, contractor did lengths backwards. 5/22/03 OK to cover all work. Risers on tanks still needed. Pump & Alarms tests needed (SO)

7/30/03 Pump & Alarms tests OK (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 7/30/03

MD. STATE GRID MERIDIAN (NAD 83)

LOT 16  
FOX CREEK SUBDIVISION  
PLAT NO. 15648

**LOT 18**  
1.1134 AC.  
PLAT NO. 15648

RESERVATION PARCEL A  
FOX CREEK SUBDIVISION  
PLAT NO. 15648

5/6/03 -  
Wall Check OK  
SRK

LOT 17  
FOX CREEK SUBDIVISION  
PLAT NO. 15648

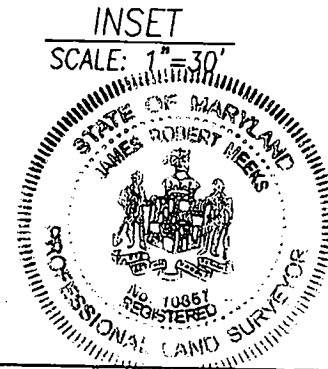
LOT 19  
FOX CREEK SUBDIVISION  
PLAT NO. 15648

PRIVATE SEPTIC  
EASEMENT  
PLAT NO. 15648


POURED CONC.  
FOUNDATION  
TOP OF WALL=561.84'

**BARNARD WAY**  
PUBLIC ROAD - 50' R/W  
PLAT NO. 15648

**FOX MEADOW LANE**  
PUBLIC ACCESS STREET  
PLAT NO. 15648



**FREDERICK WARD ASSOCIATES, INC.**  
7125 Riverwood Drive Columbia, Maryland 21046-2354  
Phone: 410-280-9550 Fax: 410-720-6226  
Bel Air, Maryland Columbia, Maryland Warrannton, Virginia

<b>RECORD REFERENCES</b> DEED/FOLIO _____ AT BOOK <u>N/A</u> AT NO./FOLIO <u>15648</u>	<b>FOUNDATION LOCATION</b> LOT 18 FOX CREEK SUBDIVISION	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.
SCALE <u>1"=50'</u> DATE <u>04-29-2003</u>	HOWARD COUNTY MARYLAND	 4/29/03 JAMES R. MEEKS, PROFESSIONAL LAND SURVEYOR #10857

12918 BARNARD WAY

FILE: M:\PROJECTS\201903\SURV\WALLCHECKS\Lot18\wchk.dwg

Health JAB

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
 B0039405

Building Address 12418 Barnard Way  
Ellicott City, Md 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP-03-0  
 Census Tract 003002 Subdivision fox Creek  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 18  
 Tax Map 15 Parcel 103 Grid 12  
 Zoning RRDMD Map Coordinates 10F4 Lot size \_\_\_\_\_

Property Owner's Name NVR, Inc.  
 Address 2200 Defense Hwy - Ste 301  
 City Crofton State MD Zip Code 21114  
 Home Phone \_\_\_\_\_ Work Phone 410-721-4703  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Kimberly Cecil - Permit Application Services  
1547 Grays Ford Rd - Odenton, MD 21113  
 Phone 443-994-9702 Fax \_\_\_\_\_

Existing Use Vacant lot  
 Proposed Use SFD  
 Estimated Construction Cost \$ 185,000  
 Description of Work "Monticello" - 2 story full  
bsmt, 12R, 3FB, 1HB, FP, 3 Car  
Garage - 4 Bdrm - Morning Row

Contractor Company NVR Inc.  
 Contact Person Kimberly Cecil  
 Address 1547 Grays Ford Rd  
 City Mecklenburg State VA Zip Code 22116  
 License No. 56  
 Phone 443-994-9702 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 - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>70</u> Width <u>66</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>60</u> <u>66</u>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>54</u> <u>66</u>	Heating System: _____ <input type="checkbox"/> Electric <input checked="" 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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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	

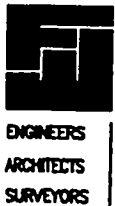
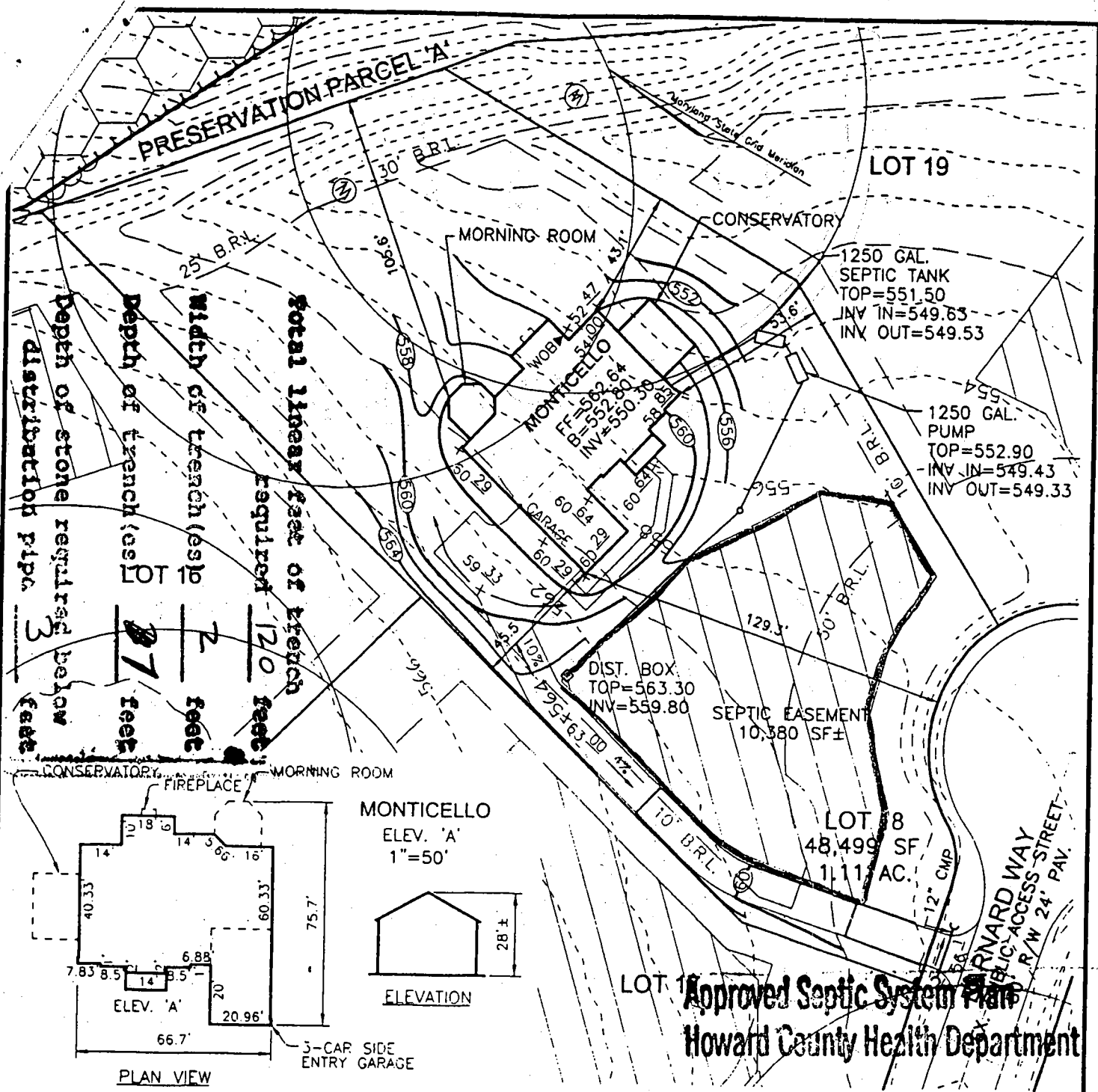
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND ISSUING NOTICES.

Kimberly Cecil Permit Application Services  
 Applicant's Signature  
Agent NVR, Inc.  
 Title/Company

NVR, Inc.  
 Print Name  
11/18  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	<u>56820</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>12/20/02</u>	<u>JAB</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>763973</u>
				Validation # <u>16465</u>
				Accepted by <u>DJ</u>



**FREDERICK WARD ASSOCIATES, INC.**  
 7125 Riverwood Drive Columbia, Maryland 21046-2354  
 Phone: 410-290-9550 Fax: 410-720-6226  
 Bel Air, Maryland Columbia, Maryland Warrenton, Virginia

*[Signature]*  
**Signature**

12/20/02  
**Date**

SCALE 1"=50'  
 DRAWN BY CMH  
 CHECKED BY JCO  
 DATE DEC. 2002  
 W. O. # 2019035.00  
 SHEET # 1 OF 1

**NVHomes**  
**FOX CREEK SUBDIVISION**  
**LOT 18**

TAX MAP 15 BLOCKS 12 & 18  
 TAX MAP BLOCKS 7 & 13  
 3RD ELECTION DISTRICT

PARCEL '183'  
 HOWARD COUNTY, MARYLAND

510/70

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: Van Sant Plumbing Telephone #: 301-829-0444  
Address: 301 Main St  
MD 2071

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer   
License # and name of individual responsible for the field installation:  
Name (Print): Copy J. Van Sant License# 6936  
\*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: NW Homes Telephone #: 410-379-5956  
Subdivision: Fox Creek Lot #: 18 Well Tag #: HO-44-3050  
Site Address: 12418 Barnard Way  
Ellicott City, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Grundfos Make: Van Driel Two piece watertight cap:   
Model #: 7G305422 Model #: 210X Screened, vented well cap:   
Pump Capacity \_\_\_\_\_ GPM Depth: 42 (36" min) Cap secured to casing:   
Well Yield: \_\_\_\_\_ GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 42 (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 wrenches or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house House Connection  
Type: Polyethylene PVC sleeved to undisturbed soil at wall penetration: 15  
PSI: 20 (160 psi min) Approximate length of sleeve: 15  
Depth of supply line: 236" min) Sleeve caulked and sealed properly: yes

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 \_\_\_\_\_ date 6.30.03

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

Date Insp. Requested: 5/21/03 Date Insp. Approved: 5/21/03 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







B 1	0626	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER  <u>HD-94-3050</u> <small>fill in this form completely</small>
-----	------	--------------------------------	---	---

Date Received (APA) 02/21/01

**OWNER INFORMATION**

IKO-Tennant Development  
15 Last Name      Owner      First Name      34

3403 Olandwood Ct., Suite 101  
36 Street or RFD      55

Olney, MD 20832  
57 Town      70 State      72 Zip      76

**LOCATION OF WELL**

Howard  
8 COUNTY      21

Fox Creek  
23 SUBDIVISION      42

SECTION 44 LOT 20 **(18)**  
44 46      48 50

West Friendship  
52 NEAREST TOWN      71

MILES FROM TOWN (enter 0 if in town) 1 M I  
73      76 77 78

**DRILLER INFORMATION**

Robert L. Cline M W D 139  
Driller's Name      76 License No.      81

Cline & Duvall, Inc.  
Firm Name

8093 Hillmark Ct., Frederick, MD 21704  
Address

Robert L. Cline 2-20-01  
Signature      Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

Barnard Way  
11 NEAR WHAT ROAD      30

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

34 225 37 DISTANCE FROM ROAD ft.  
ENTER FT OR MI 38 39

TAX MAP: 15 BLK: \_\_\_\_\_ PARCEL 183

**WELL INFORMATION**

APPROX. PUMPING RATE 5  
(GAL. PER MIN.)      8      12

AVERAGE DAILY QUANTITY NEEDED 300  
(GAL. PER DAY)      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 COUNTY NAME      13 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 02/23/01 CO SIGNATURE [Signature] EXP. DATE 03/22/02  
43 MM DD YY 48      57      63

NORTH GRID 535000 EAST GRID 0817000  
50      55      57      63

APPROXIMATE DEPTH OF WELL 250 FEET  
24      28

APPROXIMATE DIAMETER OF WELL 6 INCH      NEAREST

**METHOD OF DRILLING (circle one)**

BORED (or Augered)      JETTED      Jetted & DRIVEN

AIR-ROTary      AIR-PE Percussion      ROTARY (Hydraulic Rotary)

CABLE      REVERSE-ROTary      DRIVE-POINT

other \_\_\_\_\_

**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

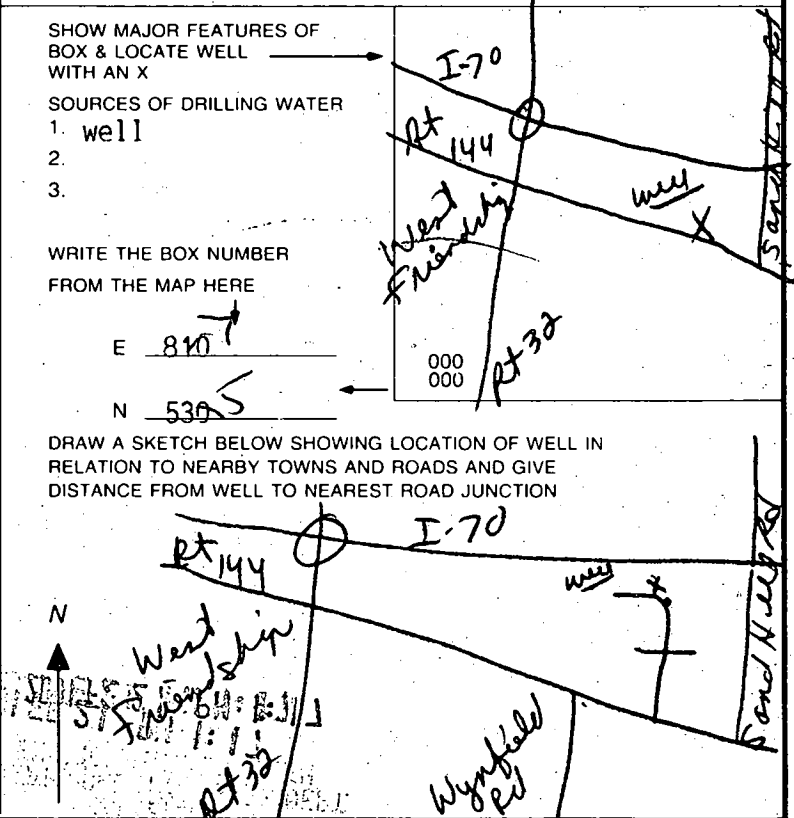
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROX. PERMIT NUMBER HD2001G001

PERMIT No. HD-94-3050  
70 71 72 73 74 75 76 77 78 79

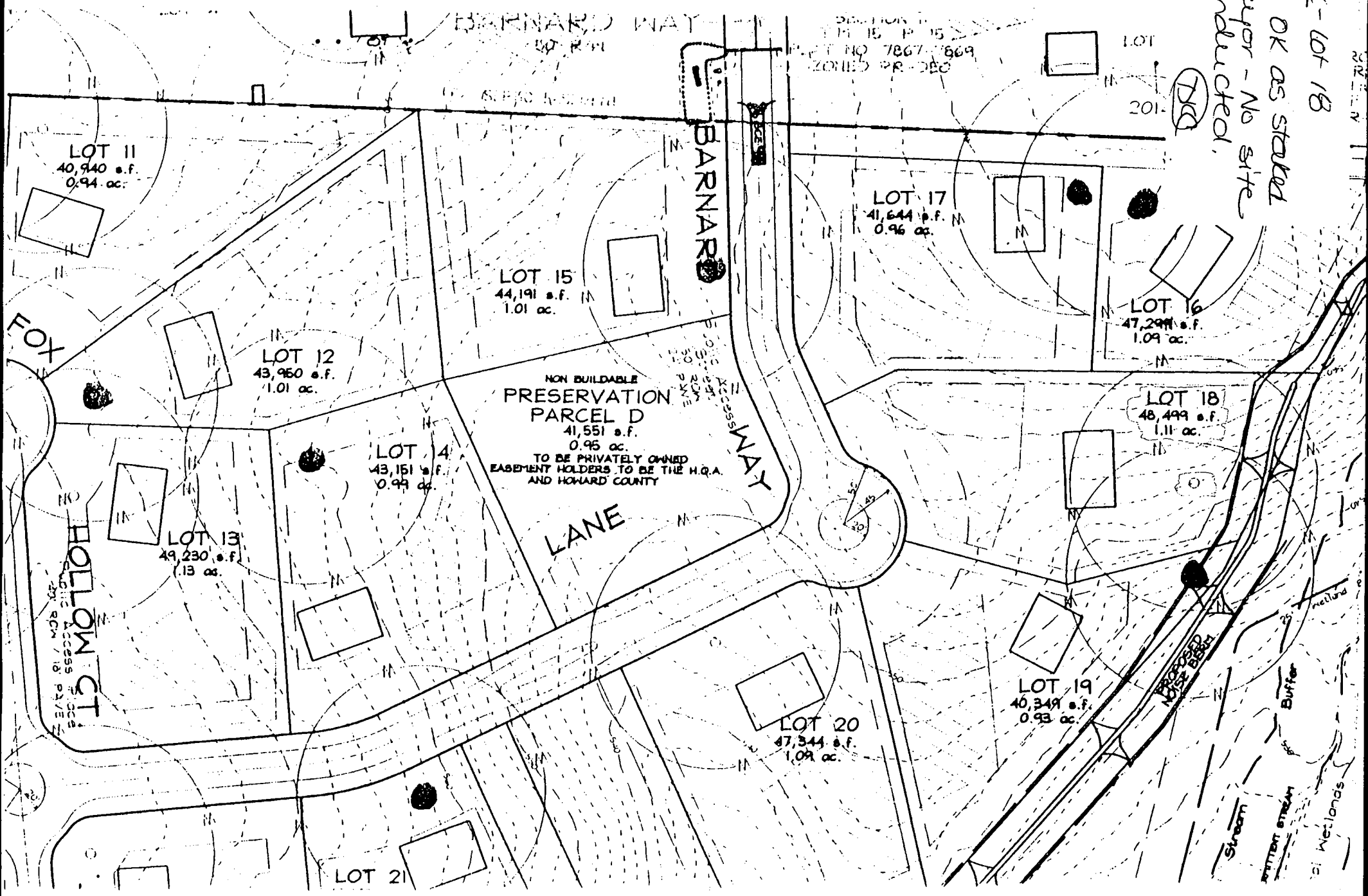


**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Fox Creek - Lot 18

Well site OK as stated  
by surveyor - No site  
map conducted.



BARNARD WAY

BARNARD WAY

LANE

FOX

FOX HOLLOW CT

SECTION 15  
T15 P 15  
PLAT NO 7867-1669  
ZONED RR-200

LOT 18

780

LOT 18  
48,499 s.f.  
1.11 ac.

Stream

WETLANDS

Buffer

Wetlands

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Fox Creek

A 511517-J

STREET NAME: \_\_\_\_\_

LOT NUMBER: 2618

AVERAGE PERCOLATION RATE: 3 SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM: 30

TOTAL LINEAR FEET OF TRENCH: 120 SEPTIC TANK CAPACITY: 1250

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade.

Effective area begins at 3.0 feet below original grade. 3 feet of stone below distribution pipe.

=====
PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: 1250 gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

=====
LOCATION: Place distribution box as shown on plan

ADDITIONAL NOTES: Install 2-60' long trenches, on contour, with 9' separation edge to edge. Plan shown allows for basement service

Reviewer: [Signature]

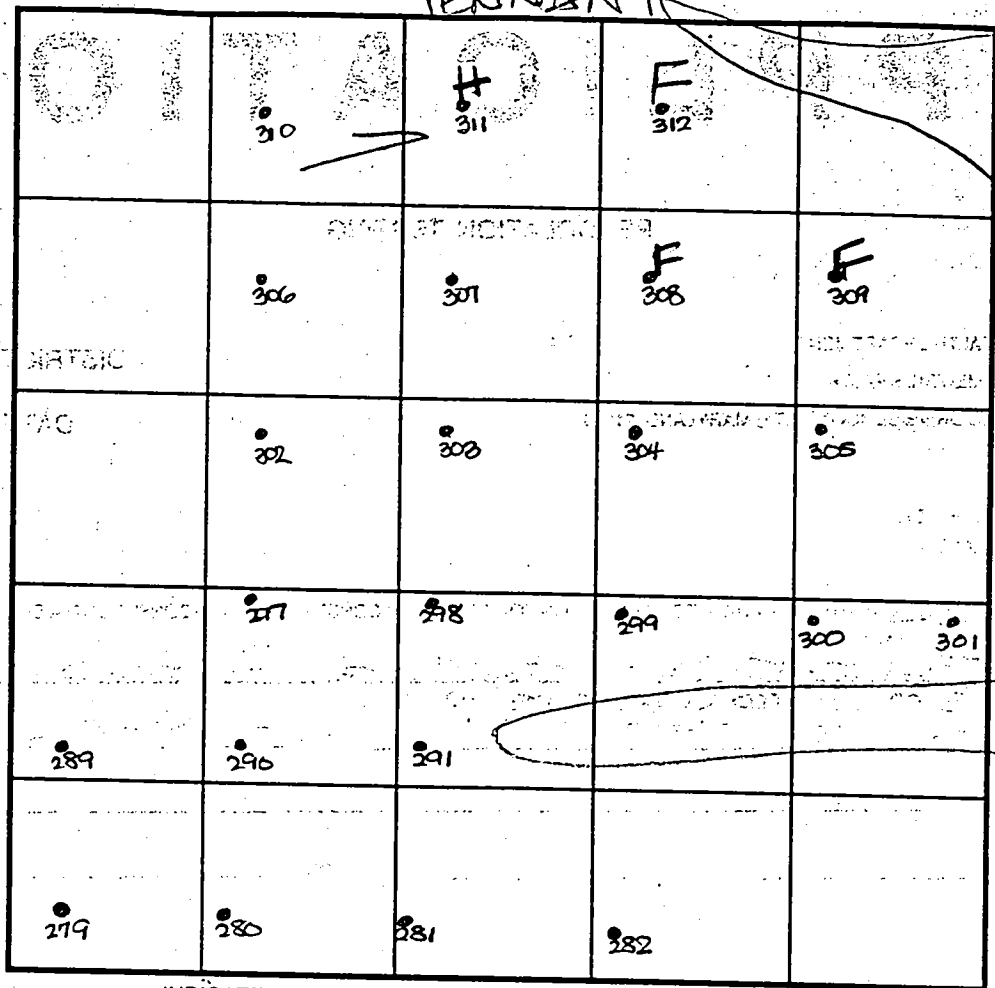
Date: 12/20/02

TENNANT

COUNTY #

SOIL PROFILE

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
see attached							

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

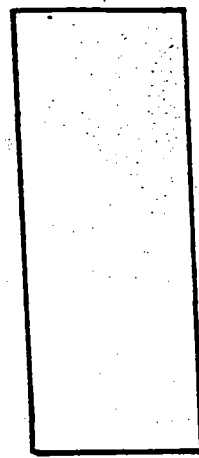
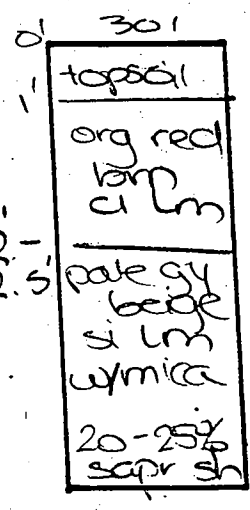
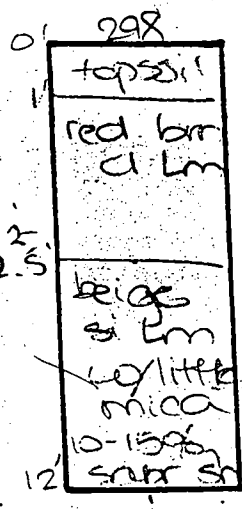
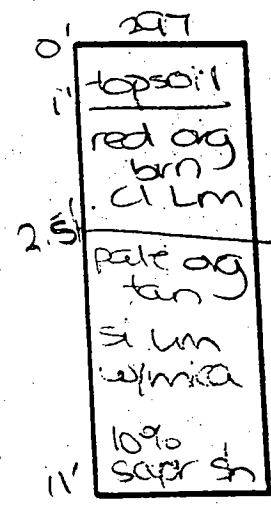
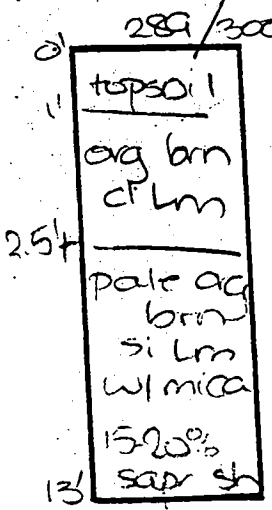
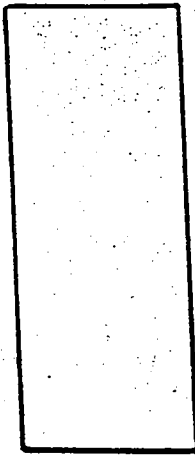
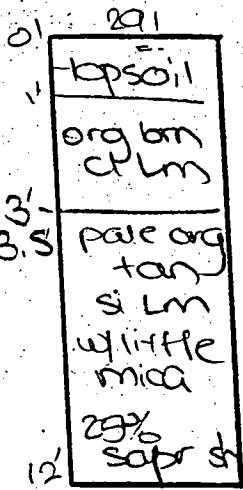
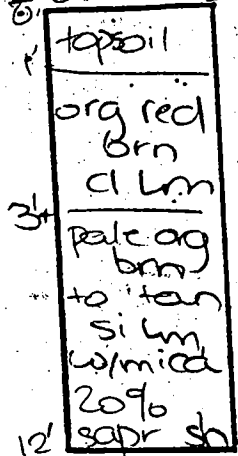
TESTED BY J. See. ALSO PRESENT C. Zapp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

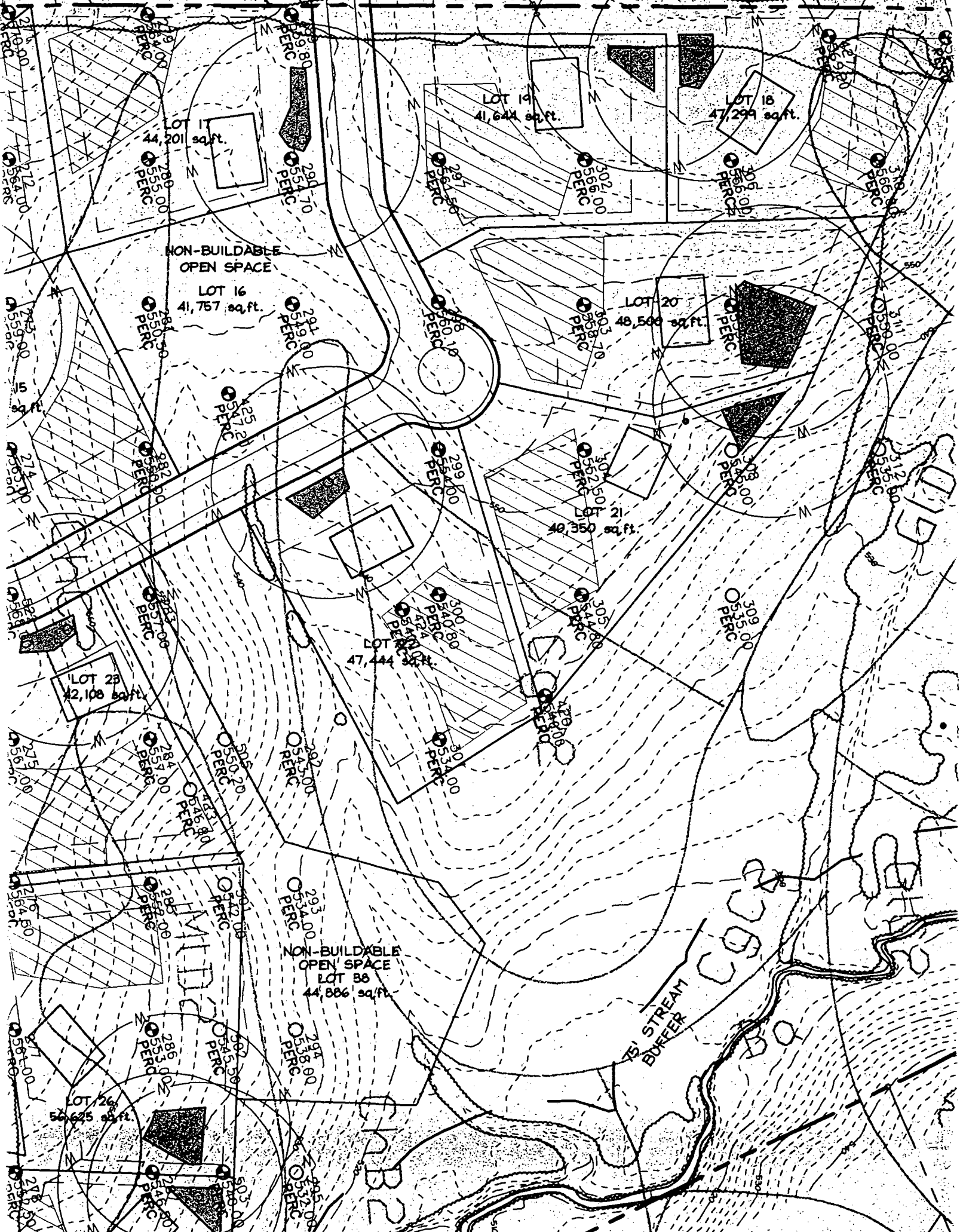
INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



SOIL PROFILE 290



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-3-99	290	12.0'D	Visual	- see	profile		OK
	289	13.0'D	Visual	- see	profile		OK
	297	11.0'D	Visual	- see	profile		OK
	291	4.0'S	2:35	2:36.3	2:36.3	2:38.3	2
		12.0'D	Visual	- see	profile		OK
	298	2.5'S	2:40	2:40.3	2:40.3	2:56	10
		12.0'D	Visual	- see	profile		OK
	300	2.5'S	3:00	3:02	3:02	3:05	3
		11.5'D	Visual	- see	profile		OK
	301	2.5'S	3:05	3:08.3	3:08.3	3:12	4
		10.5'D	Visual	- see	profile		OK
	299	11.5'D	Visual	- see	profile		OK





THIS IS PROPER SECTION 15 5 15  
NO 7867-7860  
ZONED RR-DEO

EX. SEPTIC EASEMENT

E 1329500  
N 597.250

TM 15 PARCEL 63  
BARNARD BROTHERS  
CONSTRUCTION CO  
L 0823 F 280  
ZONED RR-DEO

PERIMETER 10M  
519' AT BUFFER  
2014 98'

LOT 17  
41,641 s.f.  
0.95 ac.

LOT 16  
47,299 s.f.  
1.09 ac.

LOT 18  
48,499 s.f.  
1.11 ac.

LOT 19  
40,349 s.f.  
0.93 ac.

LOT 20  
47,344 s.f.  
1.09 ac.

LOT 15  
44,191 s.f.  
1.01 ac.

NON BUILDABLE  
PRESERVATION  
PARCEL D  
41,551 s.f.  
0.95 ac.  
TO BE PRIVATELY OWNED  
EASEMENT HOLDERS TO BE THE H.O.A.  
AND HOWARD COUNTY

BARNARD

LANE

Public Access Road

PRIVATE STOR AND UTILITY

25% STEEP SLOPES  
OF CONTIGUOUS

FOREST  
RETENTION  
AREA I  
7461A

GID2 88

GIC2

63

51

581.48 1391 E

450.00

