

LAYOUT 3/7/02 AM INSP 4 10/23/02 1PM
 INSP 2 3/8/02 PM INSP 5 _____
 INSP 3 3/10/02 PM INSP 6 _____

ISSUE DATE: 3-01-02

APPROVAL DATE: 10/23/02

**PERMIT
INDEXED**

P 516542

A 511556-4-2

*RPS#
383838*

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

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd., Sykesville PHONE NUMBER: 410-795-3432

SUBDIVISION: Hedgerow Estates LOT NUMBER: 1

ADDRESS: 13510 Bella Notte Way PROPERTY OWNER: Steve & Bonnie Brunett

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 2000 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 6

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 270

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 60' from the lot corner at the end of the flagstem driveway and 8-10' off the 475.39' lot line. Run trenches on contour toward driveway as shown on plan.
NOTES:	****PUMPED SEPTIC SYSTEM**** Due to large house size, precise installation of trenches as shown is critical. <i>10' etc</i>

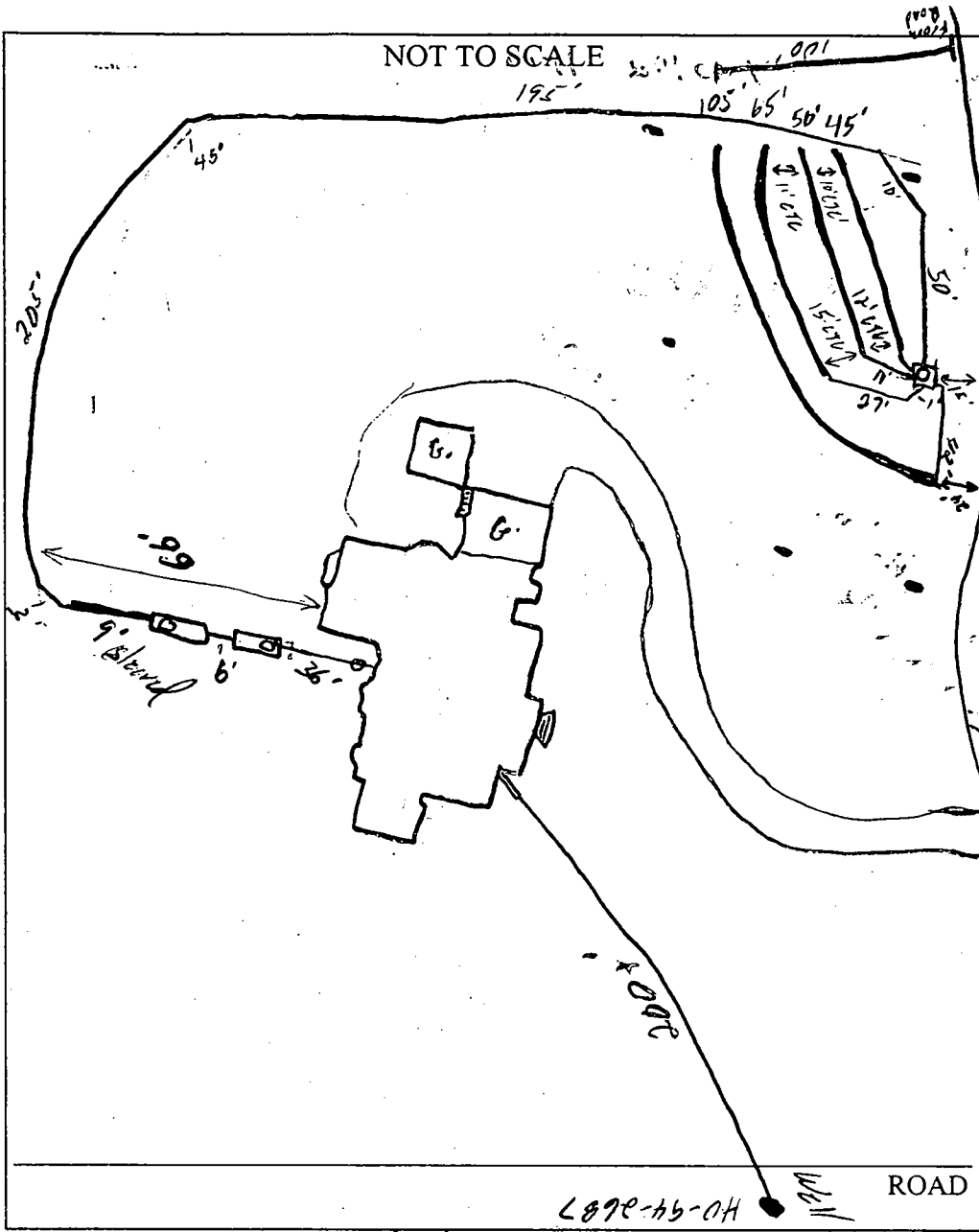
PLANS APPROVED: MER DATE: 1/24/02

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

*ORIGINAL PERMIT SHOWN
 AND RETURNED 1/24/02
 B00133627
 DETACHED GARAGE
 4/22/03 806141292 INGROUND POOL*

A511556-4



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4.5'	8.5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		270
ABSORPTION AREA		1080 sq
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	Yes
CAPACITY	2600 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Back
6" PORT LOC	
WATERTIGHT TEST	—

PRE-CONSTRUCTION 3/7/02 Lay per B.P. Pressure line will be tight on SRA's edge line (SC)

INSTALLATION 3/10/02 Pressure line & 1st 3 trenches installed. OK to cover (SC)

3/11/02 OK to cover all work, Pump & Absorption tests needed (SC)

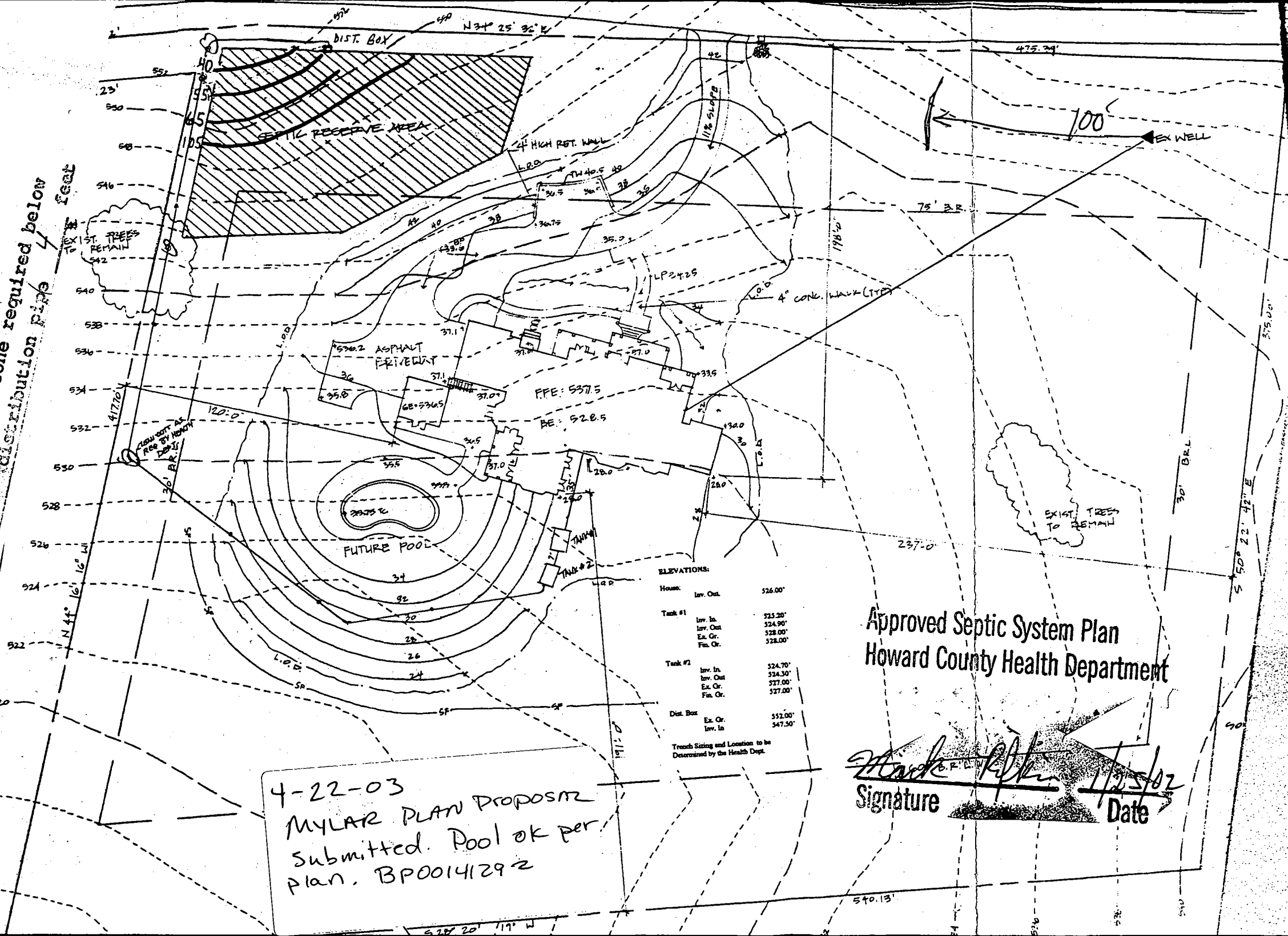
10/23/02 Pump & Absorption tests OK (SC)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 10/23/02

45/50/65

Total linear feet of trench required 2701 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 8.5 feet
 Depth of stone required below distribution pipe 4 feet

PLAN BY
 ROBT. KAPLAN
 ARCHITECTS



4-22-03
 MYLAR PLAN PROPOSAL
 Submitted. Pool OK per
 plan. BPO0141292

Approved Septic System Plan
 Howard County Health Department

Mark B. F. L. Kaplan
 Signature 1/25/02
 Date

Call Owner 11/7 BC

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00133626

Building Address 13512 Bella Notte Way
Clarksville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: D0058
Census Tract U0514 Subdivision Hedge Row
Section _____ Area _____ Lot _____
Tax Map 28 Parcel U4 Grid AO
Zoning RMD Map Coordinates 1355 Lot size _____

Property Owner's Name BRUNETT
Address 7005 Helmsdale Ct
City Clarksville State MD Zip Code 21029
Home Phone 531-4939 Work Phone 486-0000
Applicant's Name & Mailing Address, (if other than stated hereon):
B00133627
detached garage
Phone _____ Fax OK same date

Existing Use Vacant lot
Proposed Use Single family home
Estimated Construction Cost \$ 900,000
Description of Work NEW Custom SFD
6 BR 4 Bath 2 1/2 Bath
water in basement w/ RE in 2nd way

Contractor Company F. P. C. Co.
Contact Person F. P. C. Co.
Address _____
City _____ State _____ Zip Code 44
License No. 55577 **402**
Phone _____ Fax _____

Occupant or Tenant owner
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 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <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.

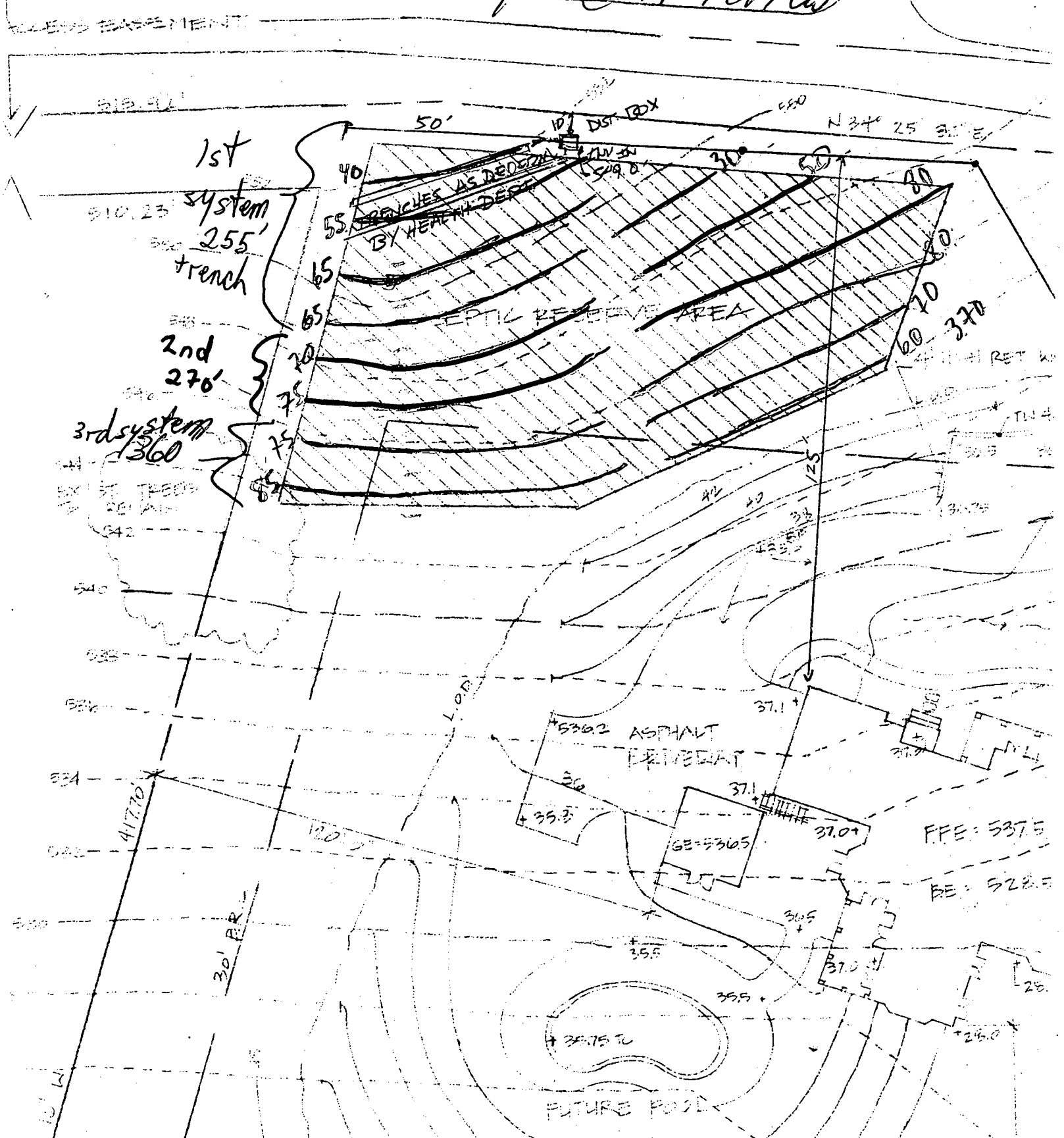
Steve Brunett
Applicant's Signature
owner

Steve Brunett
Print Name
12/18/01
Date

Title/Company _____
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY		PROPERTY ID: <u>51761</u>
AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>1/24/02</u>	<u>Mark R. P.</u>
Health		
Fire Protection		
Settlement Control (approval required prior to issuance)		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>		
ONE STOP SHOP <input type="checkbox"/>		
DPZ SETBACK INFORMATION		PROPERTY ID: <u>51761</u>
Front: _____		Filing fee: \$ _____
Rear: _____		Permit fee: \$ _____
Side: _____		Excise tax: \$ _____
Side St: _____		Add'l permit: \$ _____
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: \$ _____
SDP/Red-line approval date: _____		Check: <u>12590</u>
		Validation: <u>12/18/01</u>
		Accepted by: _____
Distribution of Copies:	White: Building Official	Green: LDD: DPZ
	Yellow: DED: DPZ	Pink: Health
		Gold: SHA

KEEP IN FILE
trench layout @ BP review



**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: K.H. Plumbing, Inc. Telephone #: 410-857-0255
Address: 470 Dotsie Dr.
Westminster, MD 21158

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

License # and name of individual responsible for the field installation:
Name (Print): Keith Hundertmark License# 8300

*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: Steve Brunell Telephone #: 410-831-4934
Subdivision: Hedgecroft Estates Lot #: 1 Well Tag #: HO-99-2690 2687
Site Address: 13510 Bella Notte Way

Submersible Pump Data

Make: Jacuzzi
Model #: T154715XV-52
Pump Capacity: 7 GPM
Well Yield: 6.5 GPM

Pitless Adapter

Make: American Ganby
Model #: DF800
Depth: 42" (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: (feet)
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

Type: Polyethylene IPS-PE3408
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6
Sleeve caulked and sealed properly: ✓

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

Signature of company representative responsible for installation: Keith Hundertmark Date: 10-3-02

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

Date Insp. Requested: 3/15/02 Date Insp. Approved: 3/15/02 (50)
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 **07768** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED ON SEN 7/26/00
 COUNTY NUMBER A 511536

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
5/31/00

Depth of Well
 22 300 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-2687
 28 29 30 31 32 33 34 35 36 37

OWNER Phillips Greg
 last name first name
 STREET OR RFD Gilbride Lane TOWN Clarksville
 SUBDIVISION Heberow Estates SECTION _____ LOT 1

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
TOP soil	0	2	
brown shale	2	15	
Sand/Clay	15	32	
Mica	32	35	
brown shale	35	36	
Mica	36	60	✓
Sand Stone	60	62	
Mica	62	70	
Sand Stone	70	72	✓
Mica	72	300	

GROUTING RECORD
 YES NO
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 19 NO. OF POUNDS 1900
 GALLONS OF WATER 114
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 37 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 40
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 040
George F. Ketterley
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MWD 501
Charles L. Fuller

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

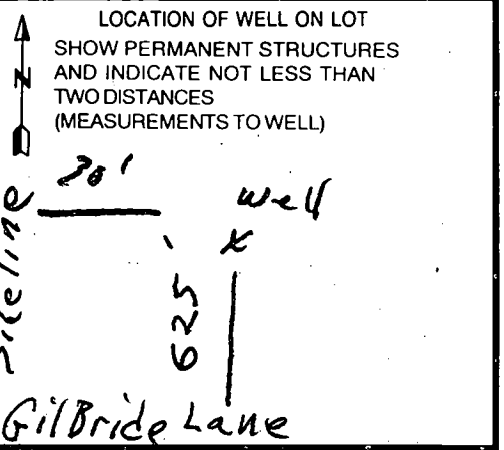
C 2 DEPTH (nearest ft.)
 1 140 2 38 3 300
 4 _____ 5 _____ 6 _____
 7 _____ 8 _____ 9 _____ 11 _____ 15 _____ 17 _____ 21 _____
 22 _____ 23 _____ 24 _____ 26 _____ 30 _____ 32 _____ 36 _____
 37 _____ 38 _____ 39 _____ 41 _____ 45 _____ 47 _____ 51 _____
 S L O T S I Z E 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 _____ 60 _____
 from _____ to _____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) _____ W Q _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 6.5
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 14 ft.
 17 20
 WHEN PUMPING 157 ft.
 22 25
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 _____ 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)
 49 50 51



B 1 08921

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2687 fill in this form completely

Date Received (APA)

04/27/00

OWNER INFORMATION

RN 8225

Howard

LOCATION OF WELL

CC#

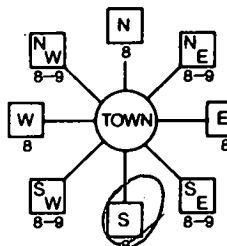
Phillips Greg 8815 Centre Park Drive Columbia, Md. 21045

Hedgerow Estates Dayton Clarksville

DRILLER INFORMATION

George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airv. Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Gilbride Lane 825 DISTANCE FROM ROAD

WELL INFORMATION APPROX. PUMPING RATE 500 AVERAGE DAILY QUANTITY NEEDED 14

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

NOT TO BE FILLED IN BY DRILLER: HEALTH DEPARTMENT APPROVAL HOWARD A 511556 COUNTY NAME COUNTY NO.

APPROXIMATE DEPTH OF WELL 300 FEET

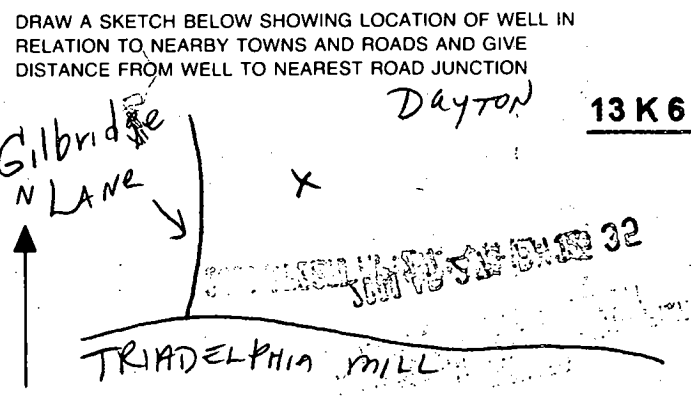
APPROXIMATE DIAMETER OF WELL 6 INCH

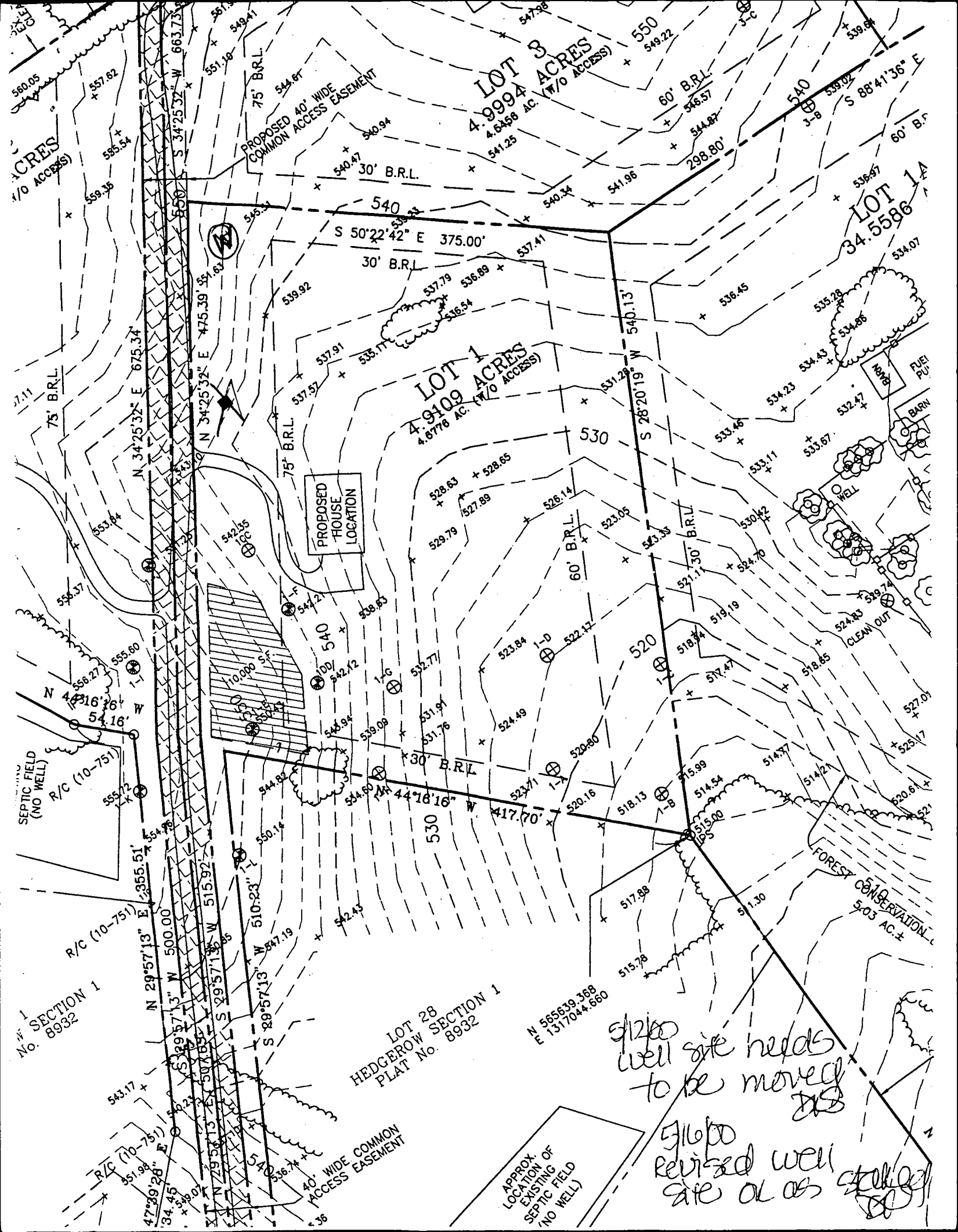
METHOD OF DRILLING (circle one) AIR-ROTARY

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) APPROP. PERMIT NUMBER 54 PERMIT No. HO-94-2687

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





SECTION 1
No. 8932

LOT 3
4.9994 ACRES
4.8458 AC. (W/O ACCESS)

LOT 1
4.9109 ACRES
4.6778 AC. (W/O ACCESS)

LOT 1A
34.5586 AC.

PROPOSED HOUSE LOCATION

SEPTIC FIELD (NO WELL)
R/C (10-751)

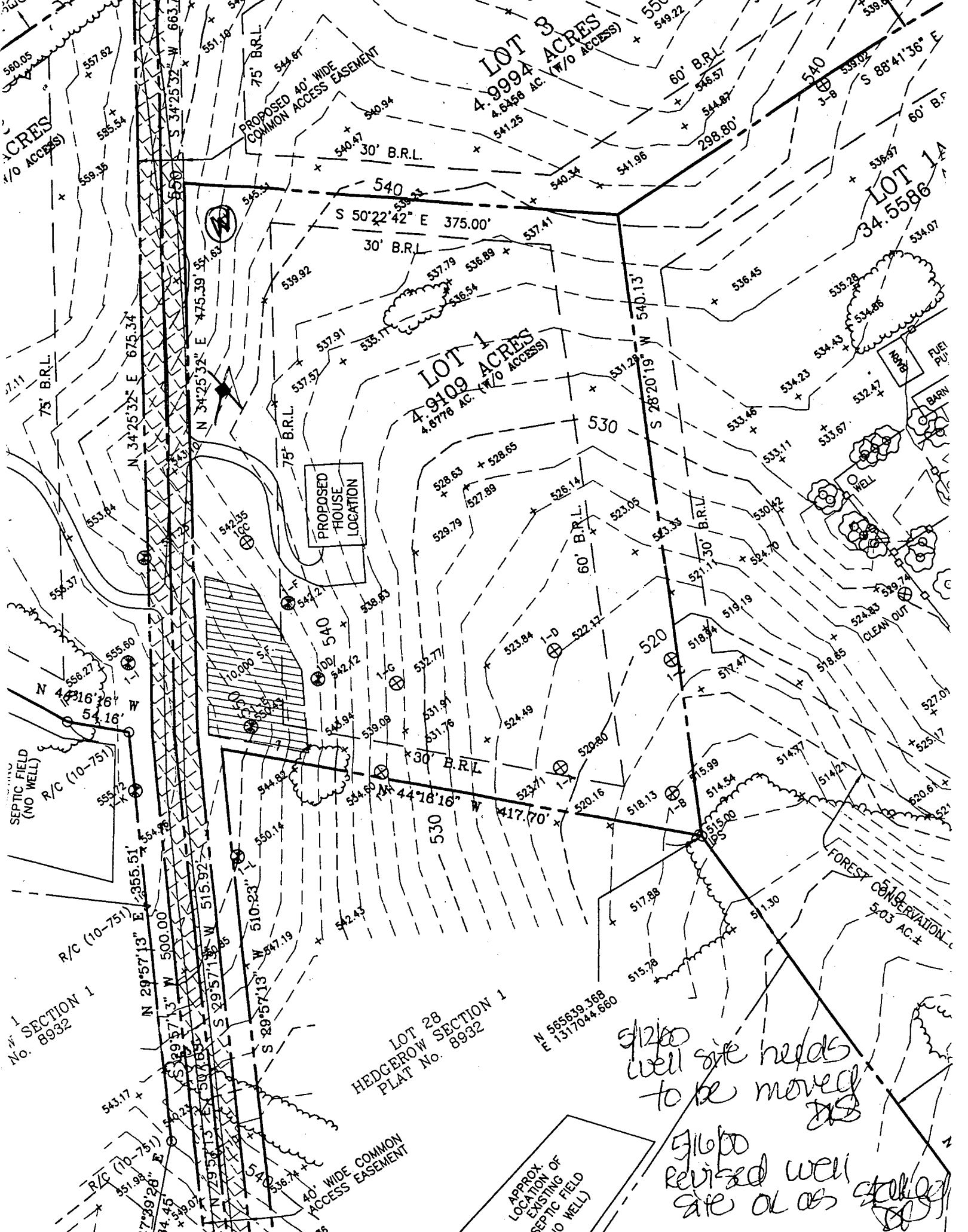
LOT 28
HEDGEROW SECTION 1
PLAT No. 8932

APPROX LOCATION OF EXISTING OF SEPTIC FIELD (NO WELL)

51200 well site needs to be moved

51600 revised well site as shown

FOREST CONSERVATION
5.03 AC.



APPLICATION

PERCOLATION TESTING

A 511550

P _____

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

DISTRICT _____

DATE 5/3/99

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 Mary O. Thaler

ADDRESS 13550 Triadelphia Mill Road PHONE 448-691-4740

AGENT OR PROSPECTIVE BUYER Gregory B. Phillips

ADDRESS 8815 Centre Park Drive, PHONE 410-740-1200
Columbia, MD 21045

PROPERTY LOCATION:

SUBDIVISION The Thaler Property LOT NO. 1

ROAD AND DESCRIPTION Highway Road to Triadelphia Mill Road

TAX MAP 28 PARCEL # 61

SIZE OF LOT approx 4.5 acres TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Gregory B. Phillips
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

ID/IB

topsoil

org brn
cl lm



6' cave-in
org wh
si cl lm

8.5' water

IC

topsoil

org brn
cl lm

to
de brn
to
wh/org
si cl lm

8' seepage

9.5' water

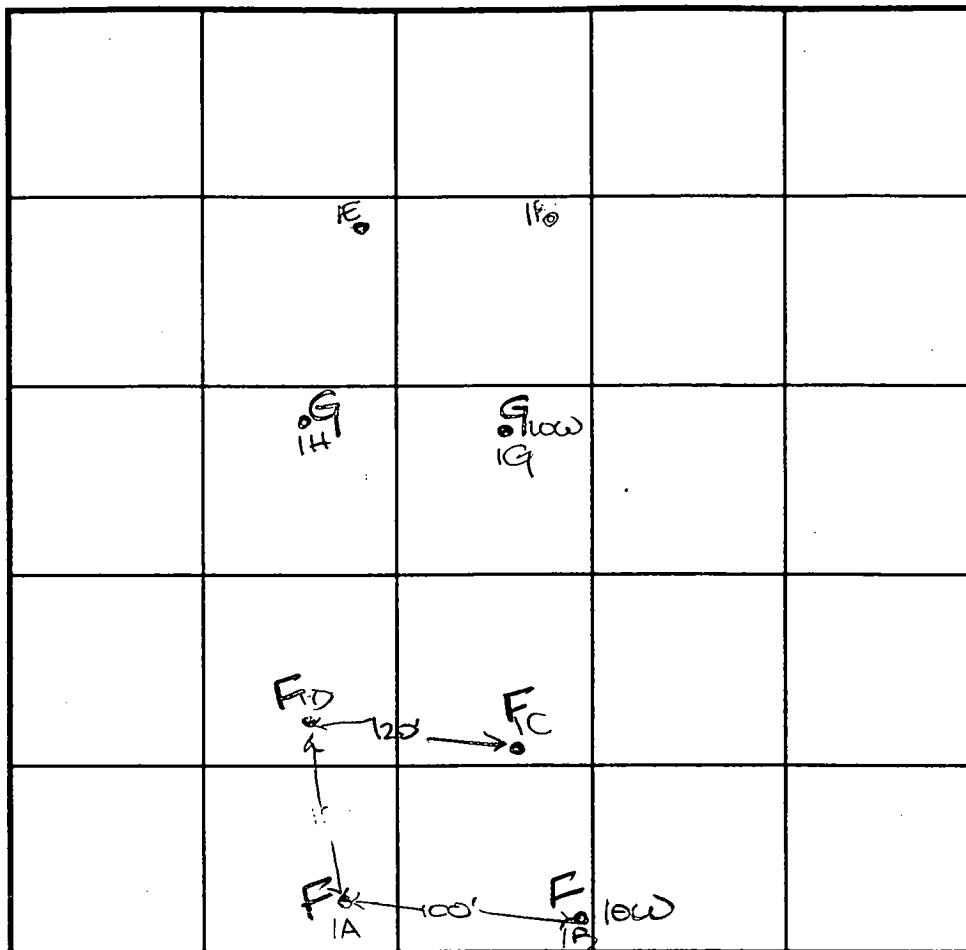
IF

topsoil

red brn
cl lm

pale
red brn

10-15%
30gr
sh



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

IH

topsoil

org red
brn
cl lm

med org
brn
si cl lm

evidence
of
mottles

IE

topsoil

red org
brn
cl lm

pale red
org
top
brn
cl lm
10%
rock

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-30-99	ID	8.5' D	Water	- see	profile		FAIL
	IC	9.5' D	Water	- see	profile		FAIL
	IA	7' 8" D	Water	- see	profile		FAIL
	IH	5.5' S	10:31 ₃	10:33	10:33	10:37	4
		11.0' D	Visual	- see	profile		FAIL
	IE	6.0' S	10:40	10:40 ₂	10:40 ₂	10:42	2 ✓
		14.0' D	Visual	- see	profile		OK
	IF	5.0' S	10:47	10:48	10:48	10:50	2 ✓
		12.0' D	Visual	- see	profile		OK
	IB	8.0' D	Water	- see	profile		FAIL

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. See

ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Traler Property LOT NO. 1

ROAD AND DESCRIPTION Triadelphia Mill Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 1-K/I-I

topsoil
 red org
 br
 si cl lm
 3' pale
 red org
 tuss
 si lm
 w mica
 15%
 saupr
 sh
 13.5'

0' 1-L

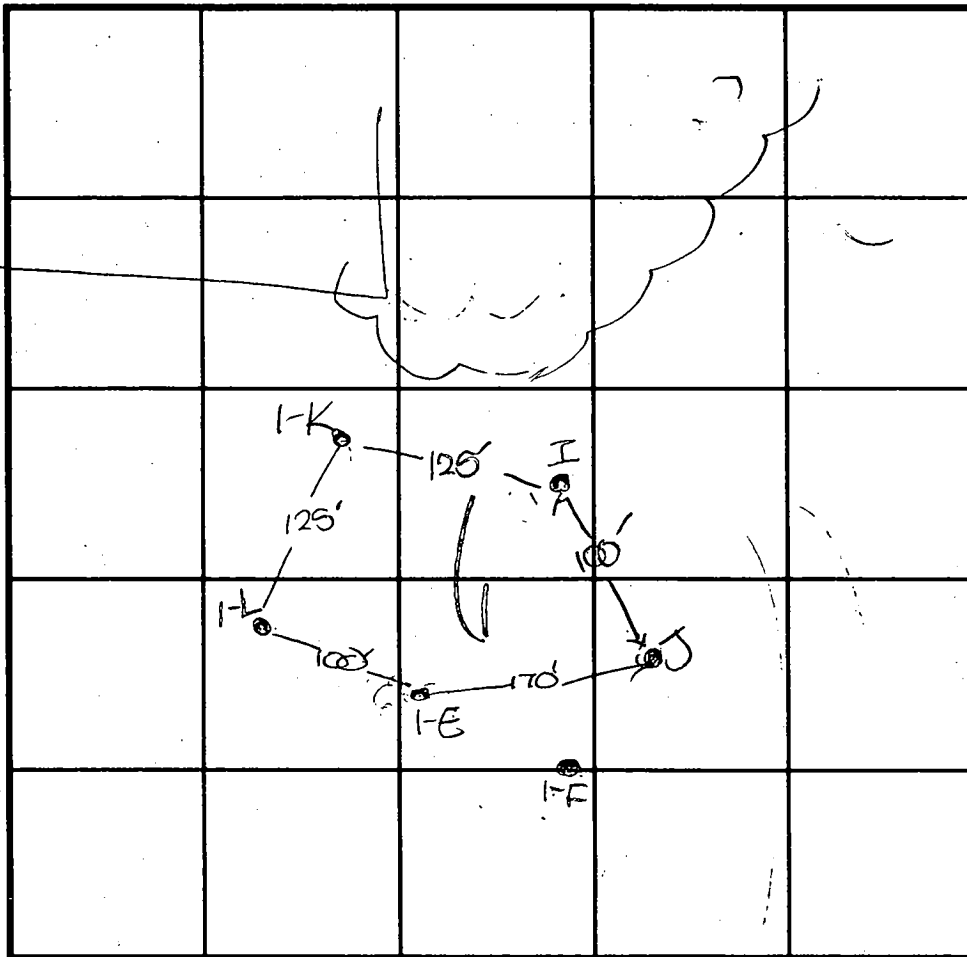
topsoil
 red br
 cl lm
 3' pale
 red br
 si lm
 w mica
 15%
 saupr
 sh
 13'

0' 1-J

topsoil
 red br
 cl lm
 3' pale
 org br
 si lm
 w mica
 20%
 saupr
 sh
 12'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-2-99	1-K	3.5'S	11:37	11:41	11:41	11:45	4
		13.5'D	Visual	-see	profile		OK
	1-L	3.5'S	11:48	11:49	11:49	11:52	3
		13.0'D	Visual	-see	profile		OK
	1-I	3.0'S	11:54	11:55	11:55	11:58	3
		13.5'D	Visual	-see	profile		OK
	1-J	3.5'S	11:59	12:03	12:03	12:08	5
		12.0'D	Visual	-see	profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT Todd @ Hatfields

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

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PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
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REASONS FOR REJECTION OR HOLDING _____

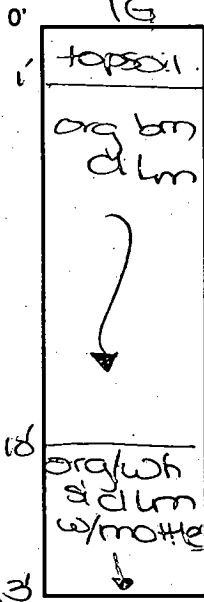
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

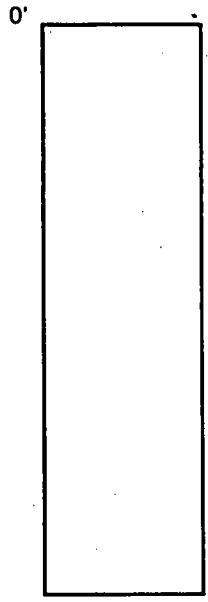
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-1-99	19	13.0'D	Visual	- See profile			FAIL

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. SOE ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

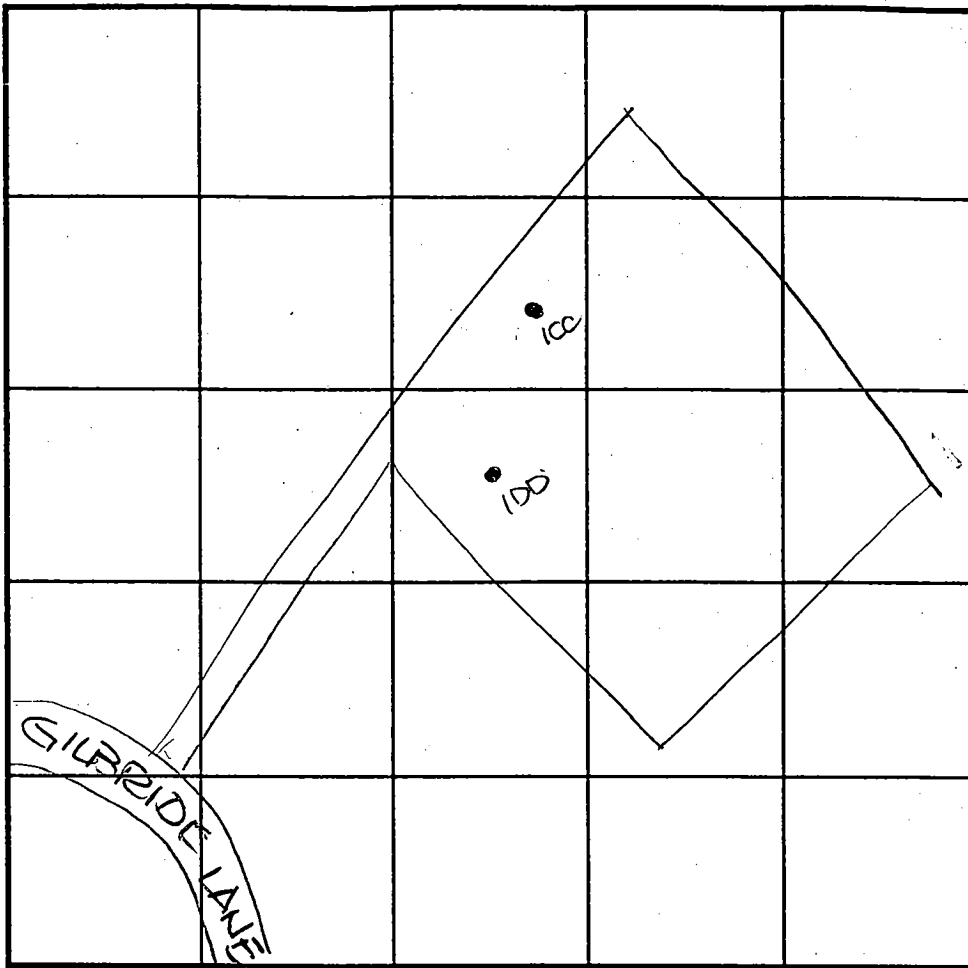
THALER - LOT 1

COUNTY # _____

SOIL PROFILE

0' ICC
 1' top soil
 red brn c1m
 3.5' 4' pale org red brn s1m 20% sapp sh
 9.5' evidence mottles
 13'

1' 1DD
 top soil
 red org brn c1m
 4' pale org red brn s1m 15% sapp sh
 12'



SOIL PROFILE

0' _____

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-11-00	ICC	5.0'S	10:30	10:32	10:32	10:34	2
		13.0' D	Visual	- see	profile		FAIL
	1DD	4.5'S	10:38	10:40	10:40	10:43	3 ✓
		12.0'D	Visual	- see	profile		OK

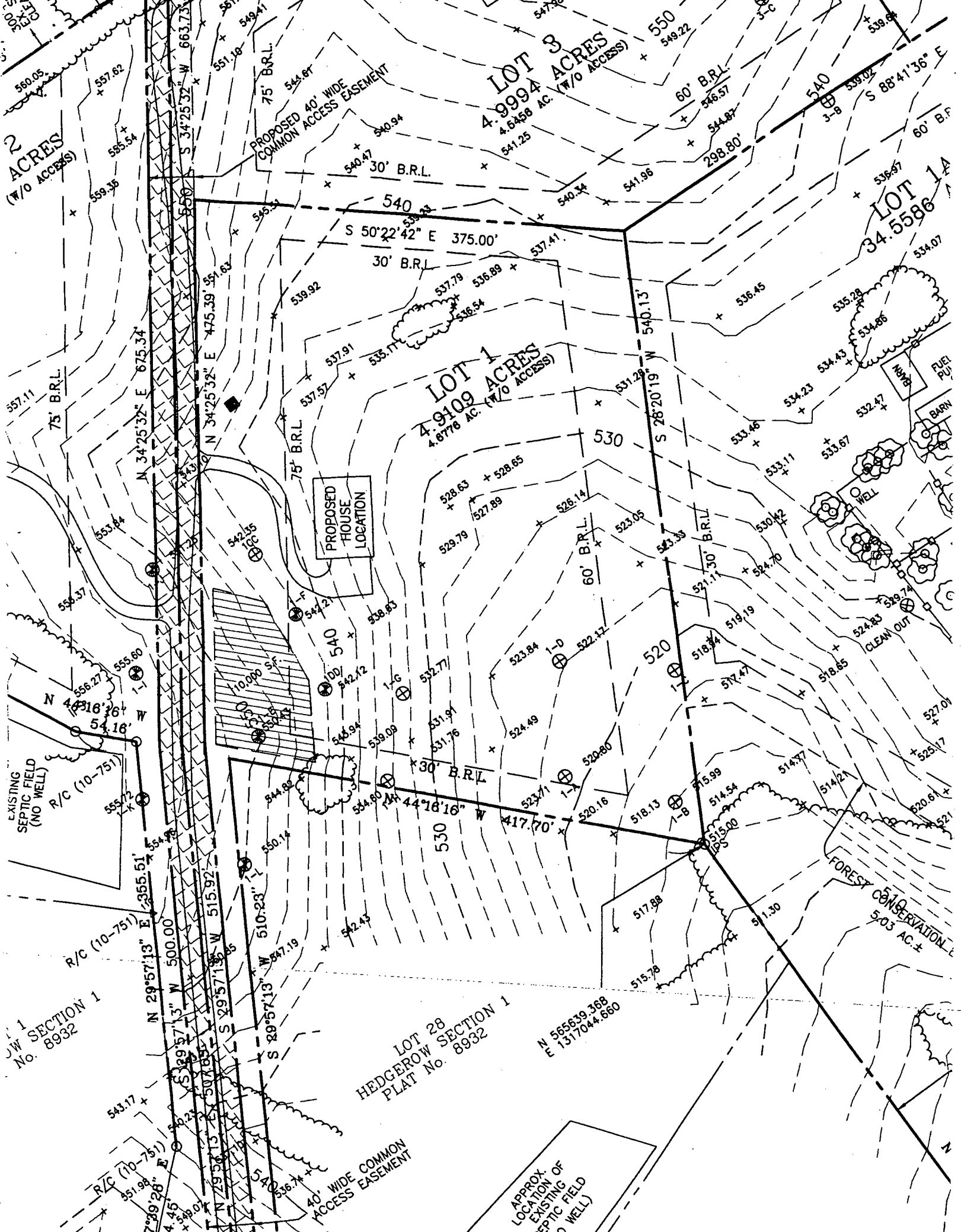
REMARKS holes tested as staked

TYPE OF SOIL _____

TESTED BY DLS ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 1



SECTION 1
No. 8932

LOT 28
HEDGEROW SECTION 1
PLAT No. 8932

N 565539.368
E 1317044.660

EXISTING SEPTIC FIELD
(NO WELL)

PROPOSED HOUSE
LOCATION

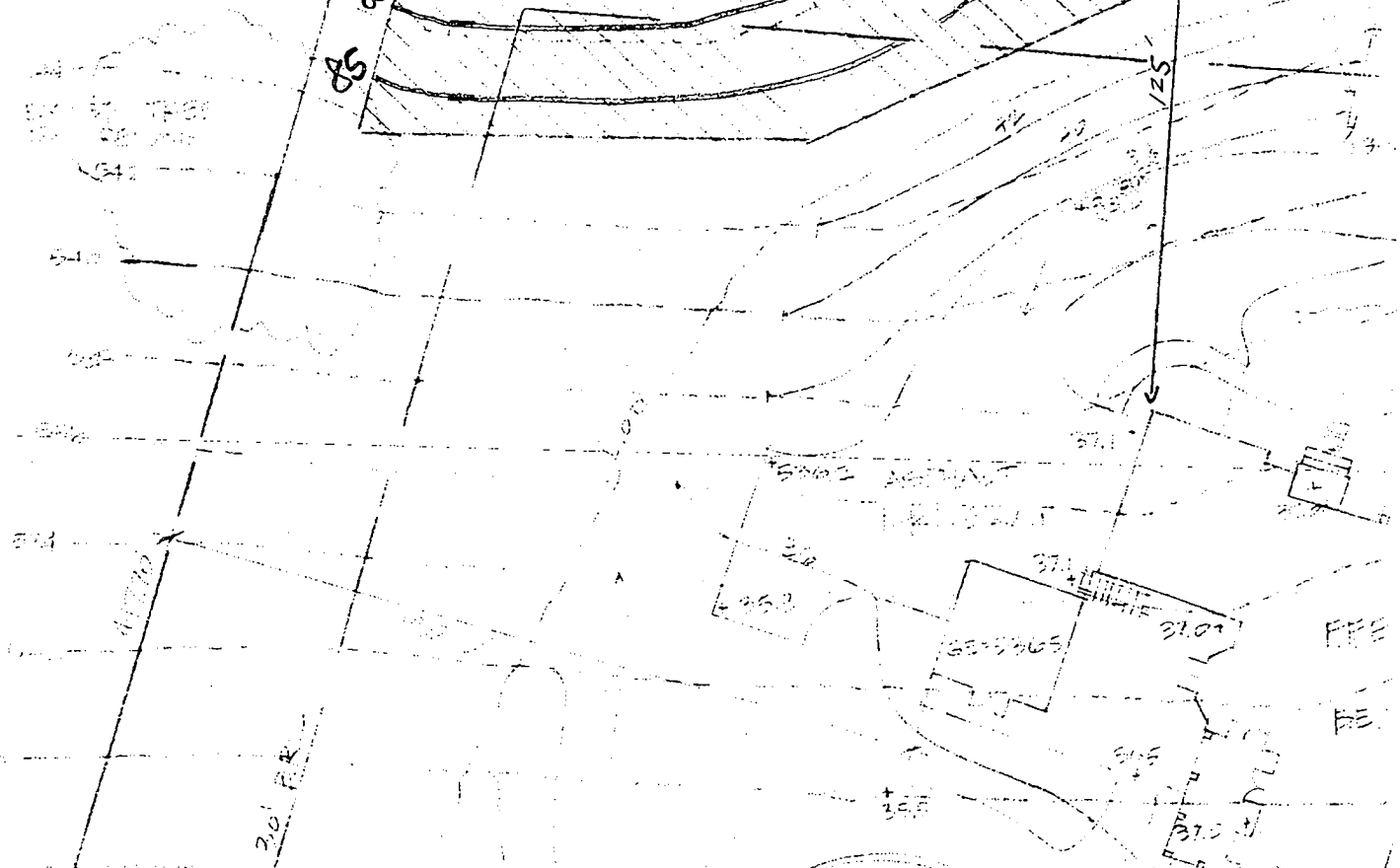
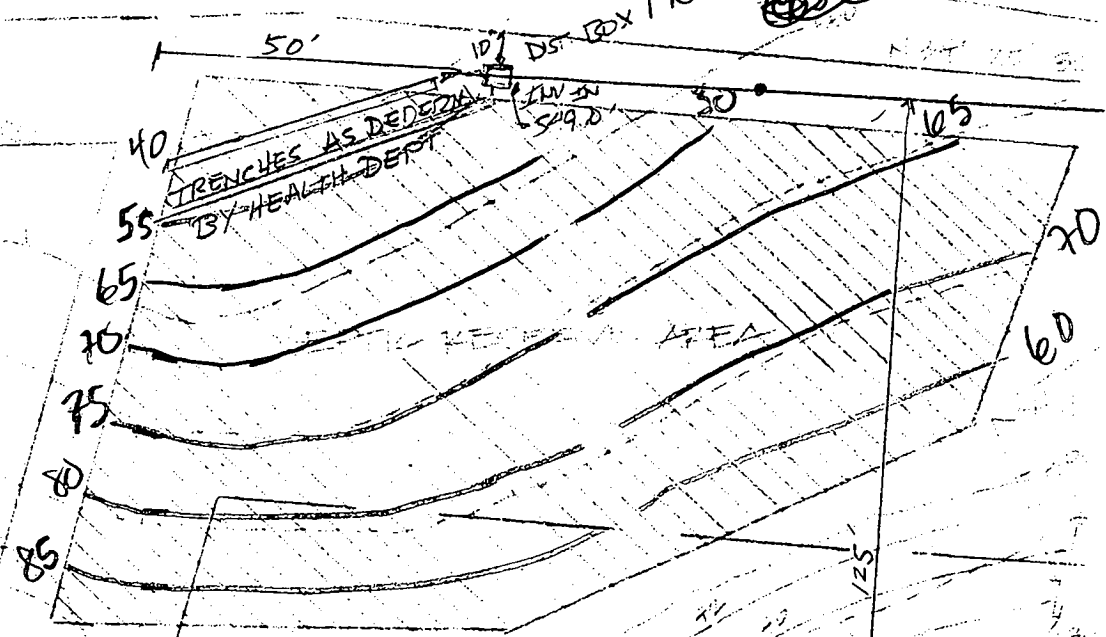
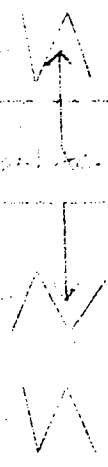
APPROX.
LOCATION OF
EXISTING SEPTIC FIELD
(NO WELL)

FOREST CONSERVATION
5.03 AC.

MR 1/10/02

~~INSUFF ROOM~~
INSUFF ROOM
FOR 6 BR HOUSE

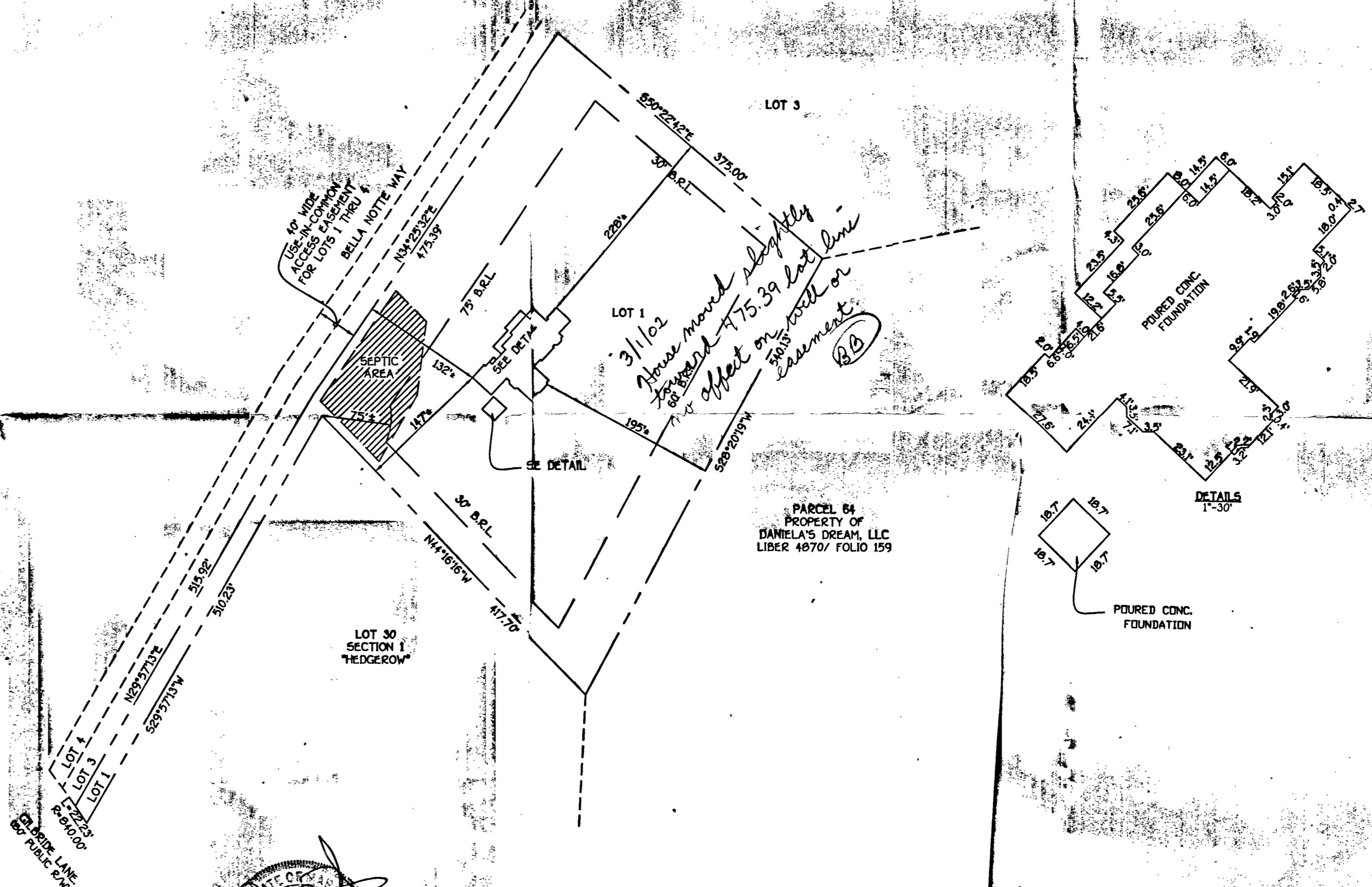
690' TOTAL FEET OF TRENCH ~~SHOWN~~



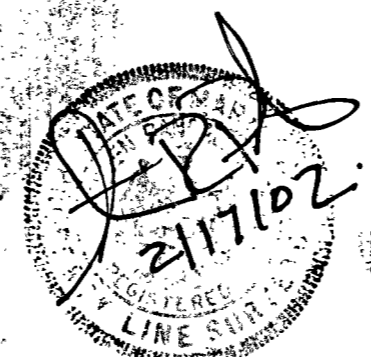
GENERAL NOTES:

- 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 COMPLETED 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. 240044 0026, EFFECTIVE DEC. 4, 1995.
- 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.

*Howellville
BDD*



PARCEL 64
PROPERTY OF
DANIELA'S DREAM, LLC
LIBER 4870/ FOLIO 159



**HOUSE LOCATION
DRAWING**
FOUNDATION LOCATION: 2/13/02
FINAL LOCATION:
BOUNDARY SURVEY:

SCALE: 1"=100'
DATE: 2/17/02
DRAWN BY: D.B.
CHECKED BY:
PROJECT No.: 91905

B.R.L. BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. OF HOUSE 537.1'
TOP OF FOUNDATION ELEV. 537.1'
HOME ADDRESSED: *13510 BELLA NOTTE WAY

LOT 1
SUBDIVISION PLAT
HEDGEROW LOT 30
(A SUBDIVISION OF LOT 28, HEDGEROW, SECTION 1, PLAT No. 8932)
AND
HEDGEROW ESTATES
LOTS 1-4
(A SUBDIVISION OF PARCEL 61)
FIFTH ELECTION DISTRICT HOWARD COUNTY, MD.
PLAT No. *14438

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLETTT CITY, MARYLAND 21042
(410) 481 - 2255