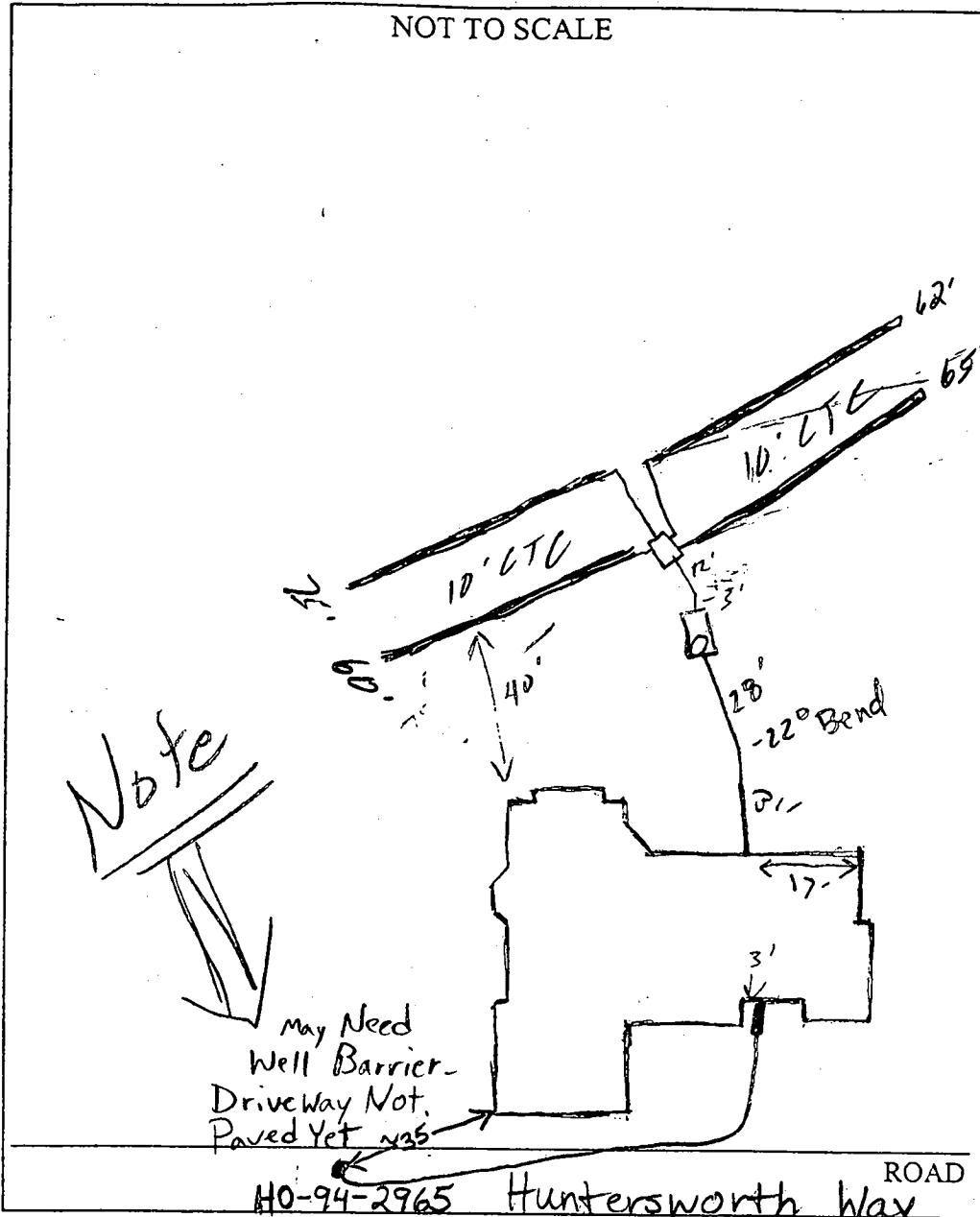


NOT TO SCALE

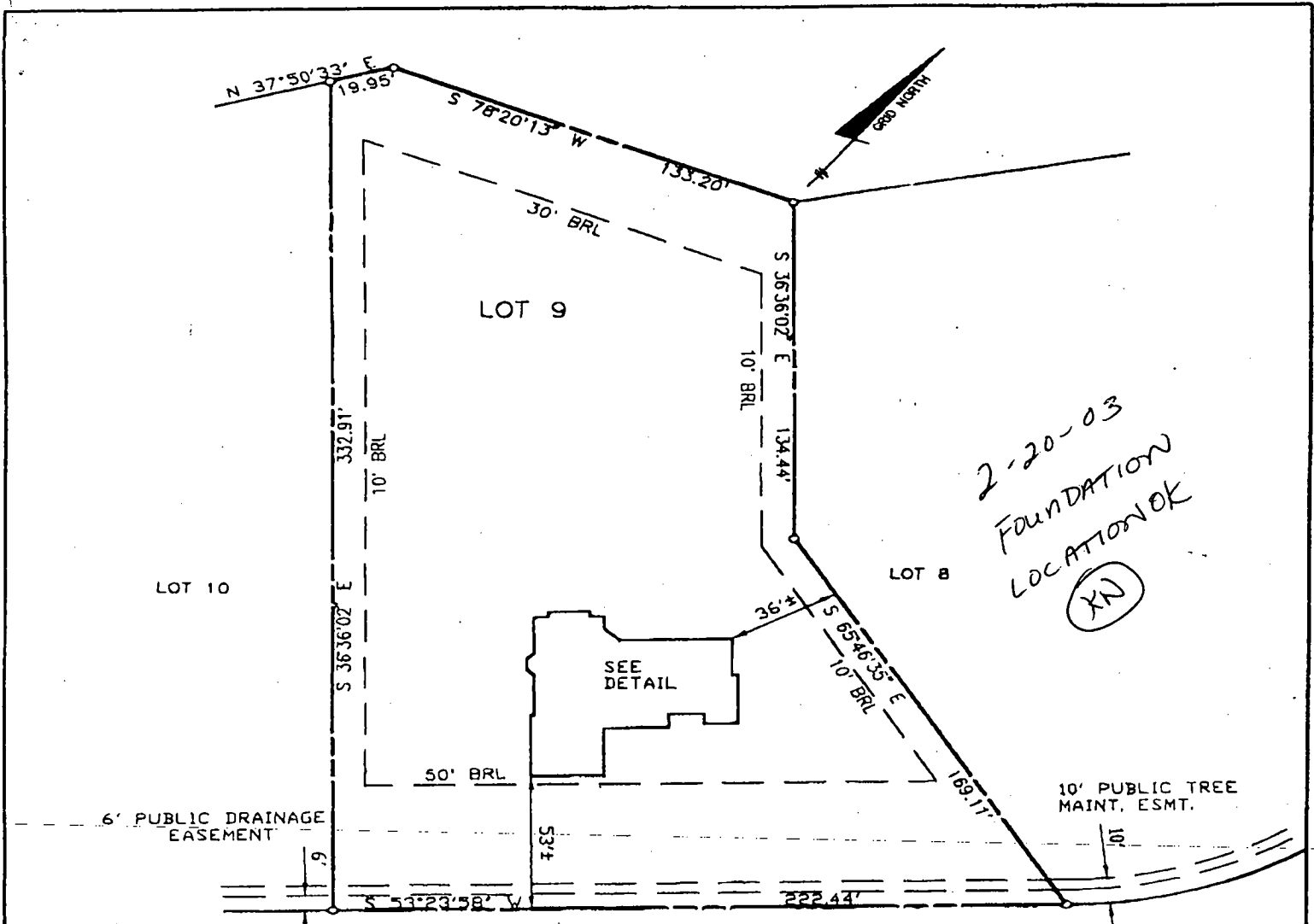
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	3'
NUMBER OF TRENCHES		4
TOTAL LENGTH		262'
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <input checked="" type="checkbox"/>		
DISTRIBUTION BOX BAFFLE <input checked="" type="checkbox"/>		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Front
6" PORT LOC	_____
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	N/A
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____



PRE-CONSTRUCTION 4/14/03 To install distribution box around the middle of the top of the easement. Will try to get absorption area with 3 trenches that are running in both directions (BB) 4/15/03 OK to install (4) 70' trenches as close to the SRA top edge as possible (SO) 4-16-03 No far seal around S.T. lid. No baffles yet OK to cover line to tank & around tank (KN) ^{4/17/02} OK to cover 1st two trenches (KN) 4/18/03 OK to cover all work (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 4/18/03



2-20-03
 FOUNDATION
 LOCATION OK
 (XN)

HUNTERS WORTH
 (PUBLIC ACCESS PLACE)
 (40' R/W)

TOP OF FOUNDATION WALL = 531.5'
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

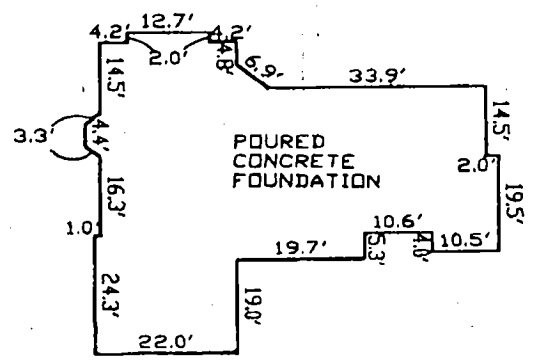
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 01/09/03; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "THE WOODS OF WELLINGTON LOTS 1 - 24", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 15288

David M. Harris

DAVID M. HARRIS
 REGISTERED PROFESSIONAL LAND SURVEYOR
 MD REG. No. 10978
 FOR BENCHMARK ENGINEERING, INC.
 MD REG. No. 351
 RECORD PLAT No. 15288
 FEMA FIRM No. 240044 0014 B
 ZONE: C
 DATED: 12/04/86

BENCHMARK
ENGINEERING, INC.

8400 BALTIMORE NATIONAL PIKE & SUITE 410
 ELLSWORTH CITY, MARYLAND 21043
 PHONE: 410-468-8108 & FAX: 410-468-0844
 WWW: BenchmarkInc.com



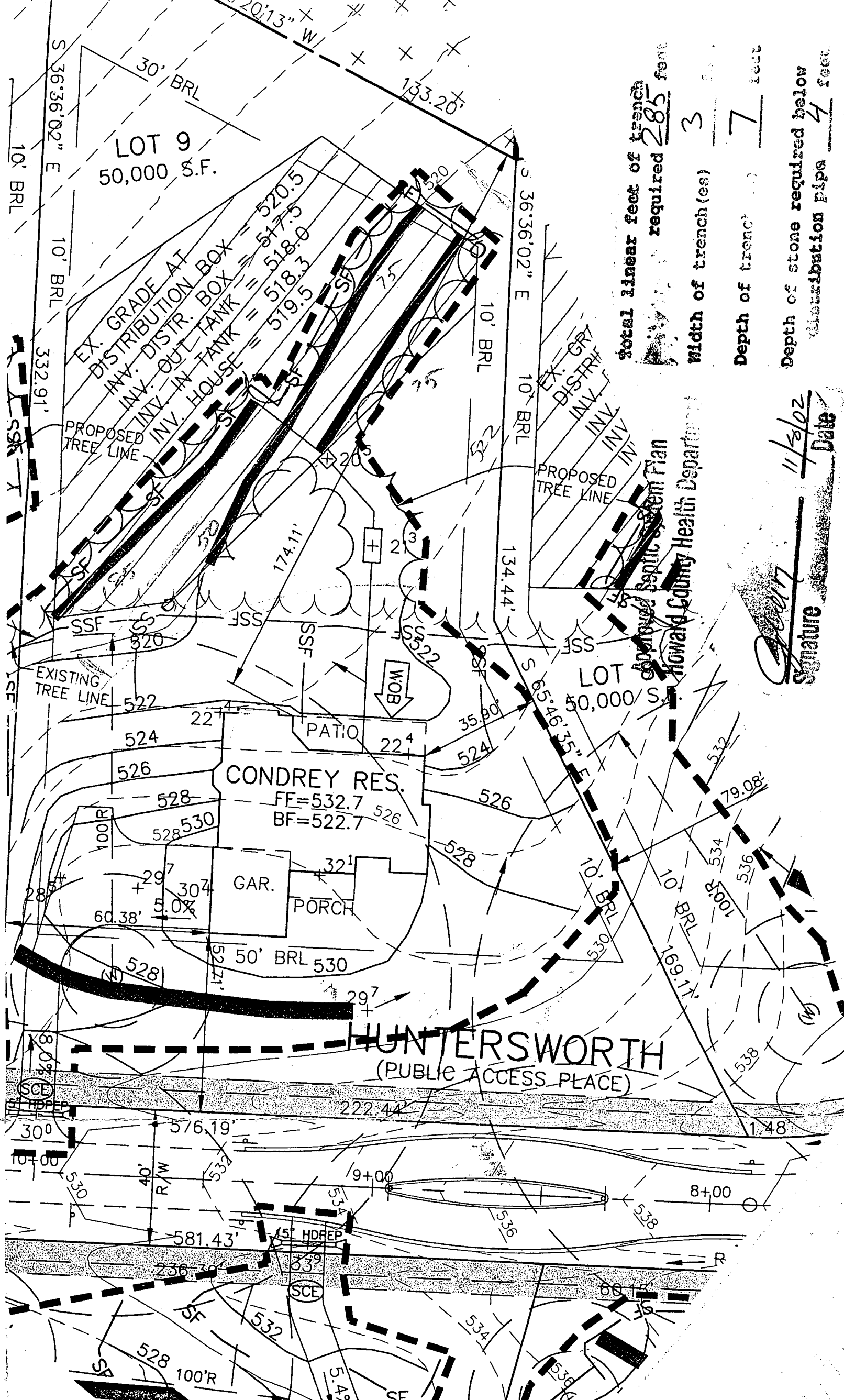
FOUNDATION DETAIL
 SCALE: 1" = 30'

WALL CHECK
THE WOODS OF WELLINGTON
 LOT No. 9

3218 HUNTERS WORTH
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 01/09/03

LOT 9
50,000 S.F.



total linear feet of trench required 285 feet
width of trench(es) 3
Depth of trench 7 feet
Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan
Howard County Health Department

Signature [Signature] Date 11/2/02

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 7506139103
---	---	------------------------------------

Building Address <u>3218 Hunterswork Way</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>100100</u> Subdivision <u>Woods of Oxington</u> Section _____ Area _____ Lot <u>9</u> Tax Map <u>14</u> Parcel <u>246</u> Grid <u>521</u> Zoning <u>C180</u> Map Coordinates <u>837</u> Lot size <u>1.1400</u>	Property Owner's Name <u>James H. Williams</u> Address <u>14045 Camp Rd</u> City <u>Crofton</u> State <u>MD</u> Zip Code <u>21114</u> Home Phone _____ Work Phone <u>410 531 8950</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone <u>410 531 8950</u> Fax <u>410 531 8959</u>
---	--

Existing Use <u>Residential</u> Proposed Use <u>Commercial</u> Estimated Construction Cost \$ <u>350,000</u> Description of Work <u>5 BR, 4 Full BR, 1 1/2 BA</u> <u>with 1 full BR, 2 1/2 BA, 1 deck</u>	Contractor Company <u>James H. Williams</u> Contact Person <u>Nancy Williams</u> Address <u>14045 Camp Rd</u> City <u>Crofton</u> State <u>MD</u> Zip Code <u>21114</u> License No. <u>739</u> Phone <u>410 531 8950</u> Fax <u>410 531 8959</u>
---	---

Occupant or Tenant <u>James H. Williams</u> 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	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl-space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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 # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
<input type="checkbox"/> State Certified Modular		<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: [Signature] Title/Company: _____
 Print Name: James H. Williams Date: 10/30/02

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

AGENCY		DATE		SIGNATURE APPROVAL		DPZ SETBACK INFORMATION		PROPERTY ID# <u>50626</u>	
<input checked="" type="checkbox"/>	Land Development, DPZ					Front: _____		Filing fee	\$ <u>100.00</u>
<input checked="" type="checkbox"/>	State Highways					Rear: _____		Permit fee	\$ _____
<input checked="" type="checkbox"/>	Building Official					Side: _____		Excise tax	\$ _____
<input checked="" type="checkbox"/>	Dev. Engineering, DPZ					Side St: _____		Add'l per fee	\$ _____
<input checked="" type="checkbox"/>	Health	<u>11/8/02</u>		<u>[Signature]</u>		All minimum setbacks met?		TOTAL FEES	\$ _____
<input checked="" type="checkbox"/>	Fire Protection					YES <input type="checkbox"/> NO <input type="checkbox"/>		Sub-total paid	\$ _____
<input checked="" type="checkbox"/>	Is Sediment Control approval required prior to issuance?					Is Entrance Permit required?		Balance due	\$ _____
	YES <input type="checkbox"/> NO <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>		Check	# <u>7171</u>
	CONTINGENCY CONSTRUCTION START <input type="checkbox"/>					Historic District?		Validation	# _____
	ONE STOP SHOP <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>			
						Lot Coverage for New Town Zone _____			
						SDP/Red-line approval date _____		Accepted by _____	

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: Pipe-Rite Plumbing Telephone #: 410-788-3080
Address: 465 Lafayette Ave
Baltimore MD 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): George Baker License# 2214

*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: Princess Conduits Telephone #:
Subdivision: Islands of Wellington Lot #: 988 Wall Tag #: HO-94-2965
Site Address: 32 BB Huntresworth Way
Baltimore MD 21228

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Meyers Make: Martin-300 Two piece watertight cap: [checked]
Model #: 25T 22-5 Model #: BTOK Screened, vented well cap: [checked]
Pump Capacity: 7 GPM Depth: 43 (3" min) Cap secured to casing: [checked]
Well Yield: 12 GPM NSF approved: [checked] Conduit min 1 1/2" B.G.: [checked]
Depth of well encountered at time of pump installation: 245 (feet) Conduit secured to well cap: [checked]
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 [checked]

Piping to house House Connection
Type: Plastic PVC sleeved to undisturbed soil at wall penetration: [checked]
PFI: 60 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 49 (36" min) Sleeve caulked and sealed properly: [checked]

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: George Baker date: 6-30-03

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

Date Insp. Requested: 4/24/03pm Date Insp. Approved: 4/23/03/50 SER
Inspection Data: Pitless adapter and water supply line at least 16" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

C1 **0292** 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) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER **13** *OK STEK* **4/2/01**

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED DATE RECEIVED DATE WELL COMPLETED PERMIT NO. FROM "PERMIT TO DRILL WELL" **10-94-2905**

DATE RECEIVED DATE WELL COMPLETED PERMIT NO. FROM "PERMIT TO DRILL WELL" **10-94-2905**

OWNER **SDC** STREET OR RFD **Huntersworth** TOWN **Glenwood**

SUBDIVISION **Wellington** SECTION **III** LOT **9**

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	
<i>Sand</i>	0	25	
<i>Yellow clay</i>	25	36	
<i>Gray Mica Rock</i>	36	245	<input checked="" type="checkbox"/>

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **15** NO. OF POUNDS **1410**

GALLONS OF WATER **90**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **35** ft.

CASING RECORD

casing types insert appropriate code below

ST **CO**
STEEL CONCRETE

PL **OT**
PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **40**

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST **BR** **HO**
STEEL BRASS OPEN HOLE

PL **OT**
PLASTIC 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. **MSD024**

DRILLERS SIGNATURE *Joseph I. Murray*

LIC. NO. **M D**

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

C2 DEPTH (nearest ft.)

1 **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76**

1 **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76**

SLOT SIZE 1 **1/2** 2 **3/8** 3 **245**

DIAMETER OF SCREEN (NEAREST INCH) **58** **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

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **12**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **51** ft.

WHEN PUMPING **73** ft.

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**

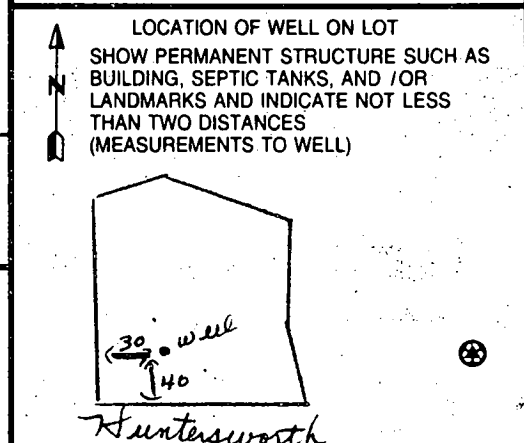
PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } **2** (nearest foot)



B 1 03757

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-2965

W51470 please print or type

Date Received (APA) 12/21/00

OWNER INFORMATION

Security Development Group P.O. Box 417 Elkton City Md 21041

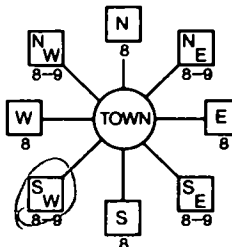
LOCATION OF WELL

Howard Wellington Glenwood

DRILLER INFORMATION

Joseph L. Mayne MS D 024 Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Huntersworth

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



30 37 38 39 DISTANCE FROM ROAD ENTER FT OR MI

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 02/05/01 CO SIGNATURE EXP. DATE NORTH GRID 528 000 EAST GRID 0786 000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary (circled) AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 N 528

3/27/01 + Insp. Attempts Failed No YWD to gain access to site. Vehicle would have been stuck (SRU)

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

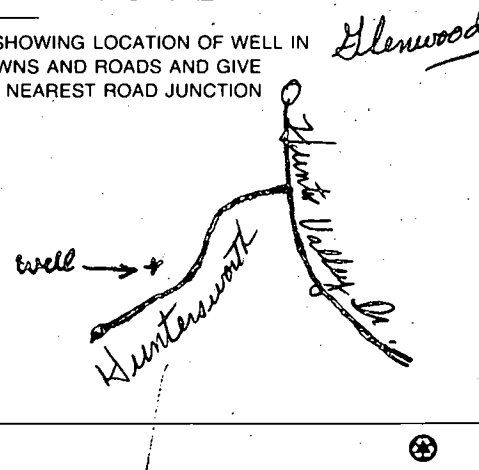
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (D) THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER 10 00 G A P 013(01) PERMIT No. 10-94-2965

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

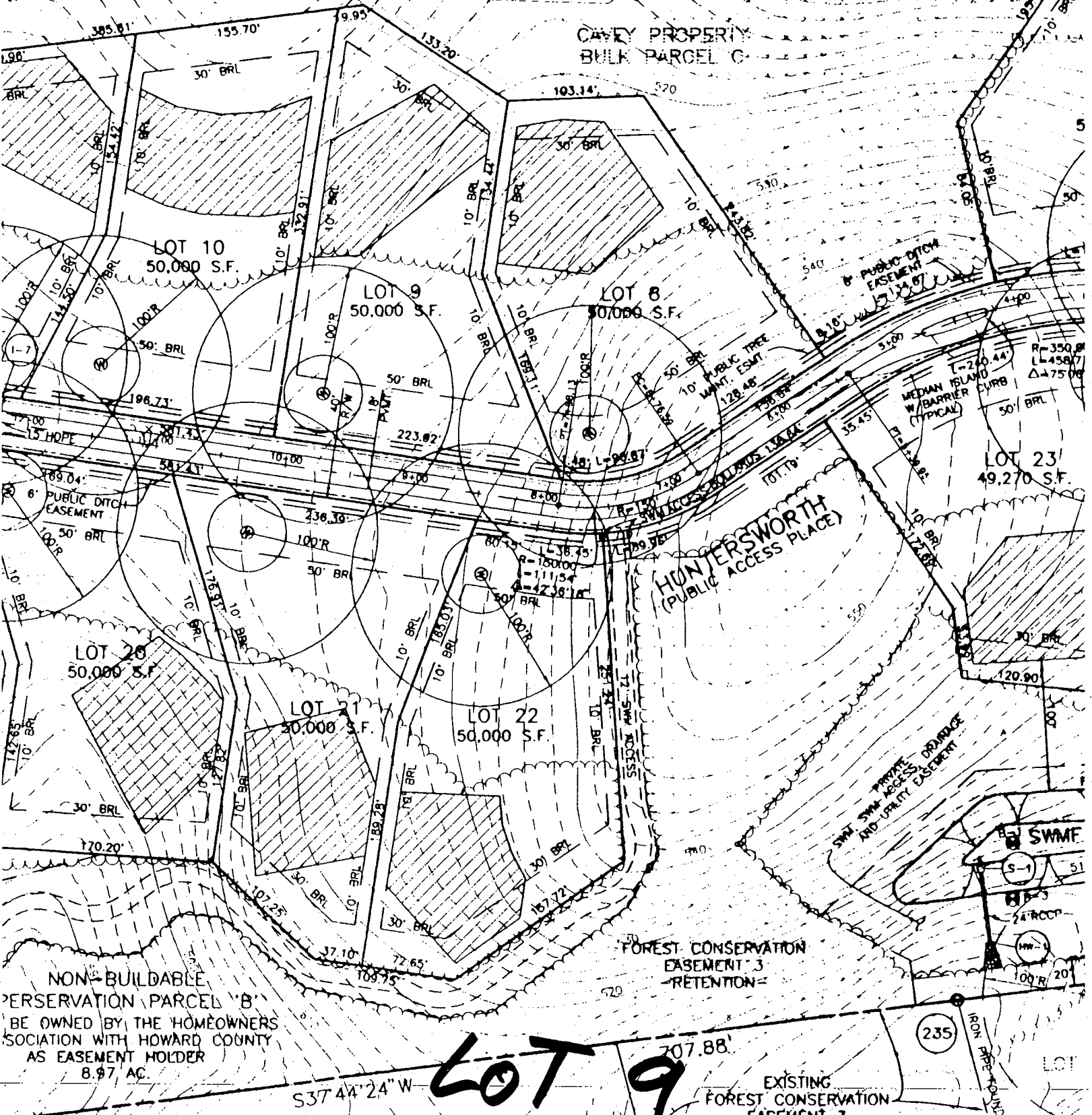
BULK PARCEL B
 PLAT NOS. 14182-14184
 HOWARD COUNTY AGRICULTURAL
 LAND PRESERVATION EASEMENT

2395.74'

LOT 9
 well site OK as stated
 by surveyor - no site
 inspection conducted
 2/5/12 DC

NON-BUILDABLE
 PRESERVATION PARCEL 'A'
 HOWARD COUNTY AGRICULTURAL
 PRESERVATION PROGRAM EASEMENT
 20.76 AC.

CAVEY PROPERTY
 BULK PARCEL C



NON-BUILDABLE
 PRESERVATION PARCEL 'B'
 TO BE OWNED BY THE HOMEOWNERS
 SOCIATION WITH HOWARD COUNTY
 AS EASEMENT HOLDER
 8.97 AC.

FOREST CONSERVATION
 EASEMENT 3
 RETENTION

EXISTING
 FOREST CONSERVATION
 EASEMENT 3

537 44' 24" W **LOT 9**

235

IRON PIPE FOUND

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

APRIL 21-25
MAY 14-16
12-

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 Mich. Curvey

ADDRESS P.O. Box 417 E.C. Md 2104 PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER ~~Howard County~~ SDC Group

ADDRESS _____ PHONE 410-443-2509931

PROPERTY LOCATION:

SUBDIVISION Wellington 3 LOT NO. Lot - 1 thru 20 (14) (9)

ROAD AND DESCRIPTION End of Hunt Valley Dr. Glenwood Md

TAX MAP 14 PARCEL # 246

SIZE OF LOT 1 acre 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. DM Curvey, DVM
(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

14D

0' topsoil

1' org red
brn
cl Lm

pale org
tan
si Lm

2.5' lg patches
>50%
hard
sh

12'

14A

0' topsoil

1' red brn
cl Lm

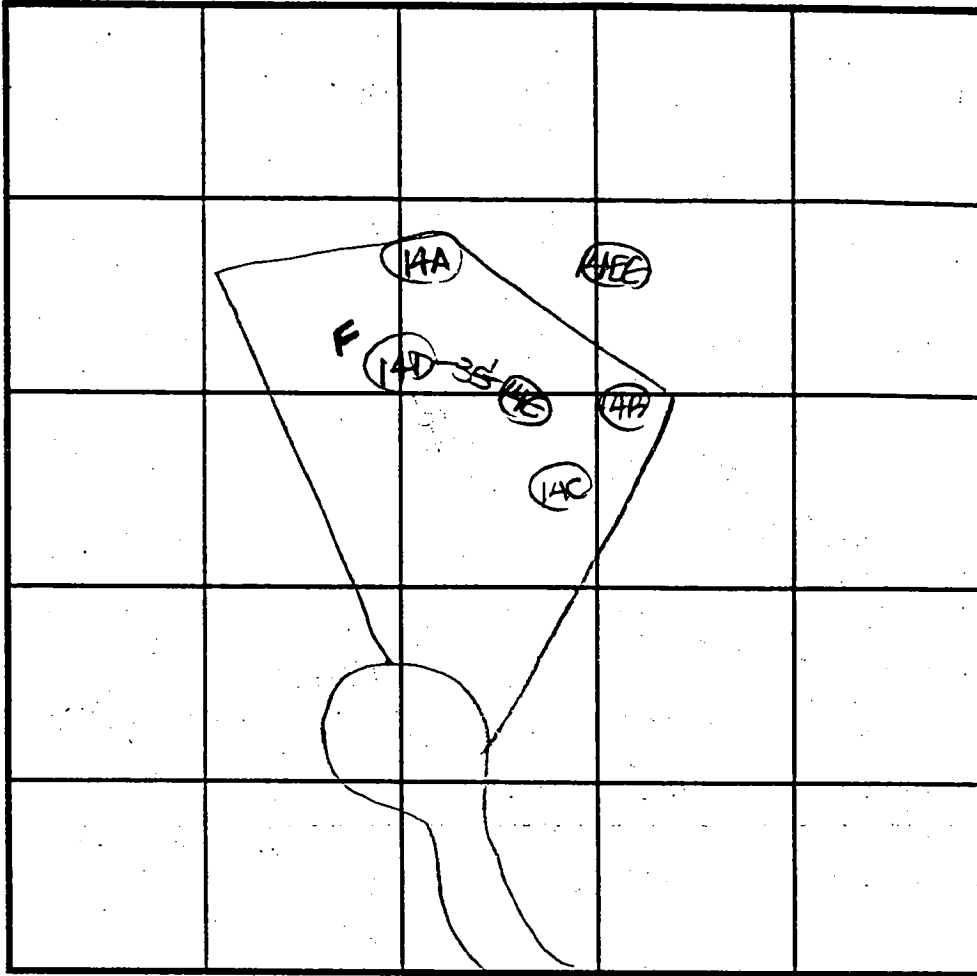
3.5' tan
si Lm

4' 10-15%
hard
sh

12.5'

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	
5-12-09	14D	5.0'S	10:50 ₂	10:56	10:56	11:01	5
		12.0'D	visual	-see	profile		FAIL
	14A	4.5'S	10:52	10:53 ₂	10:53 ₂	10:56	3
		12.5'D	visual	-see	profile		OK

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: 313-2840

APRIL 22-28
MAY 13-14
12-

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 Mick Curvey

ADDRESS P.O. Box 417 E.E. Md 2104 PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER ~~Hurst Valley Dr~~ SDC Group

ADDRESS _____ PHONE 410-443-2509931

PROPERTY LOCATION:

SUBDIVISION Wellington 3 LOT NO. Lot-1 thru 20 (14) (9)

ROAD AND DESCRIPTION End of Hurst Valley Dr. Glenwood Md

TAX MAP 14 PARCEL # 746

SIZE OF LOT 1 acre 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. DM Curvey DM
(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

14C/14B

0' topsoil

1' red brn
cl Lm

4.5' pale org
beige
si Lm

10%
rock
frag

13'

SOIL PROFILE

0'

0' 14E

1' topsoil

red org
brn
cl Lm

pale org
tan
s Lm

20%
sh

2.5' 75%
supr
sh

11.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-28-99	14C	6.0'S	2:20	2:23	2:23	2:34	11
		13.0'D	Visual	- See	profile		OK
	14B	5.0'S	2:21	2:22	2:22	2:24	2
		13.5'D	Visual	- see	profile		OK
	14E	11.5'D	Visual	- see	profile		OK
6-23-99	14EE	11.0'D	Visual	- see	profile		OK

0' 14EE

1' topsoil

red brn
cl Lm

pale
org
tan
si Lm

25%
hard
sh

11'

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. SOL ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

LOT 9

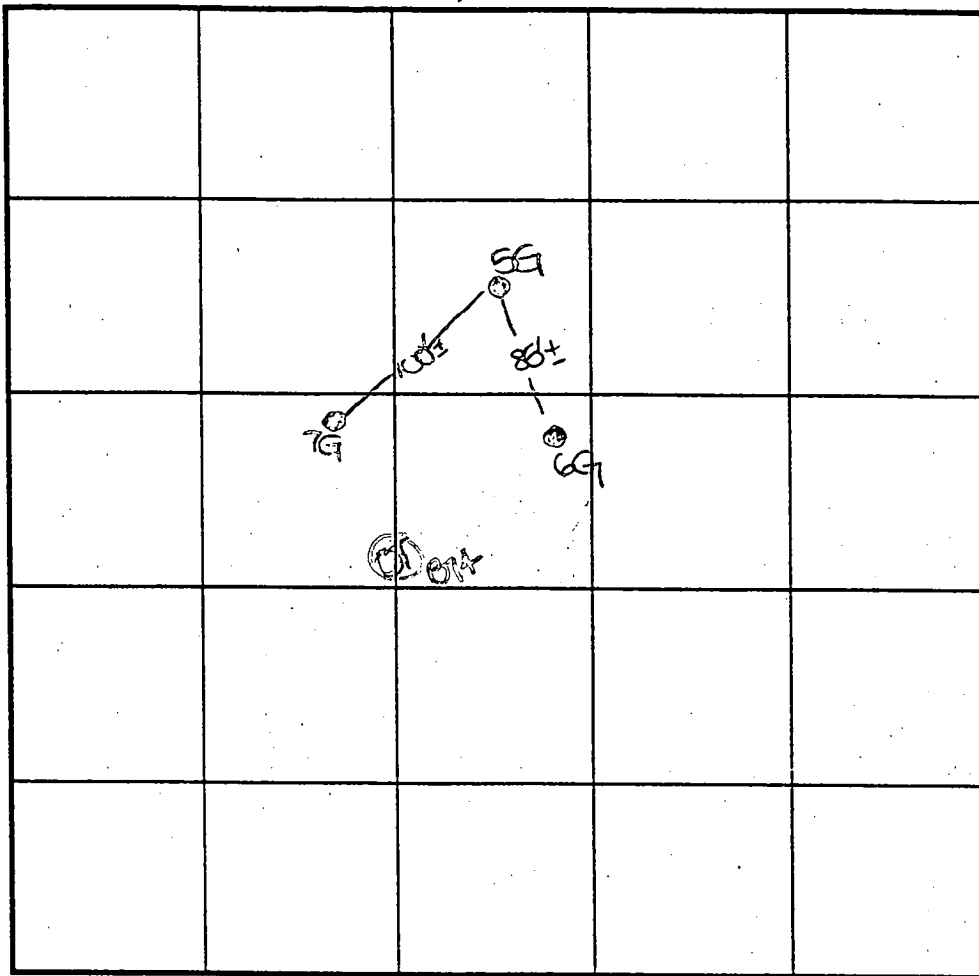
COUNTY #

SOIL PROFILE

0' 6G
 ✓ topsoil
 red brn
 cl lm
 3'-
 35' pale
 org beige
 sil lm
 13' 20%+
 hard
 shale

SOIL PROFILE

0'

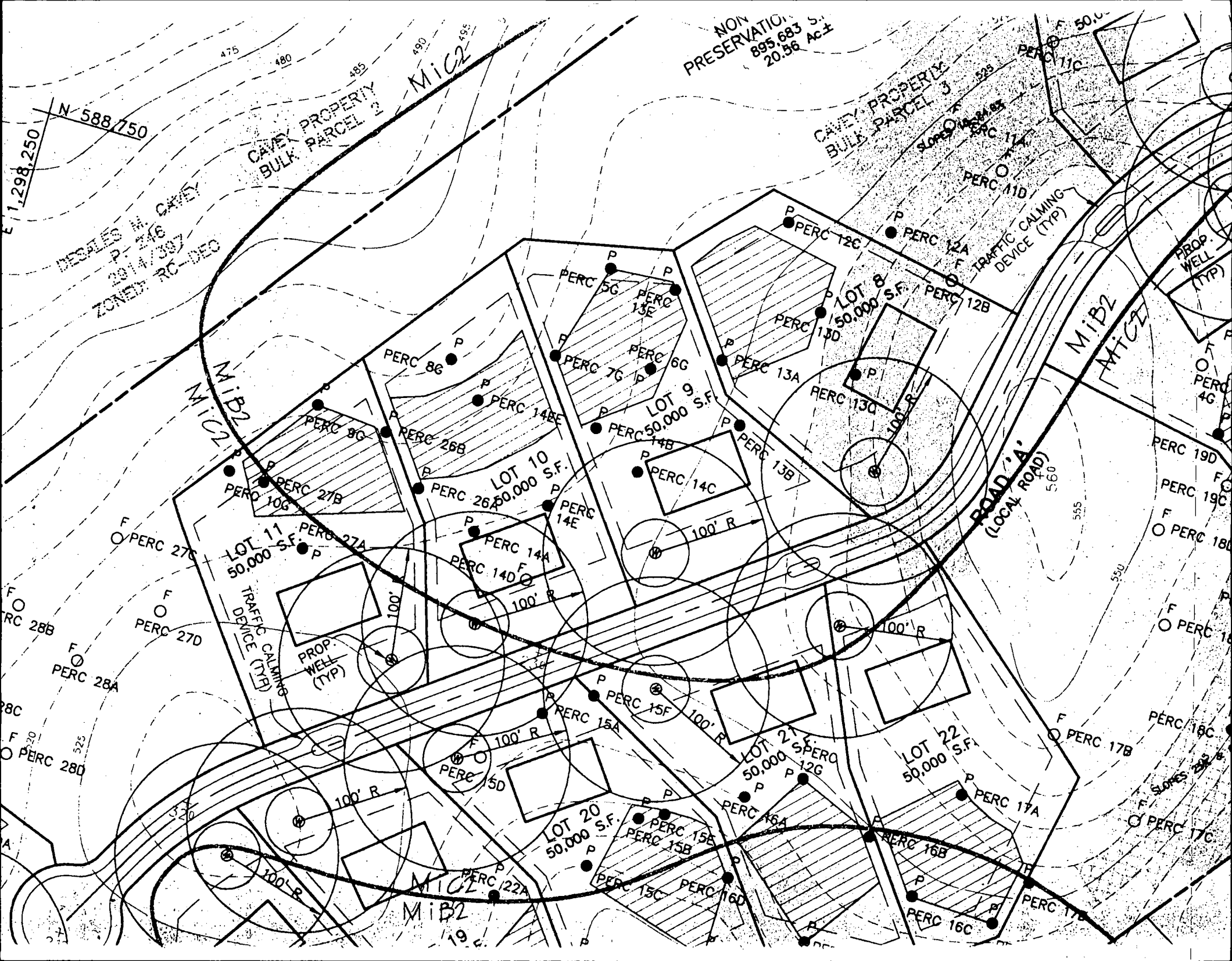


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

5G/7G
 like
 6G
 w/
 15%
 sapr
 shale

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-27-99	6G	4.0'S	11:22	11:23m	11:23m	11:24m	3
		13.0'D	Visual	- See	profile		OK
	5G	5.0'S	11:26m	11:29	11:29	11:33	4
		13.0'D	Visual	- see	profile		OK
	7G	4.5'S	11:35	test stopped	at bedrock		
		13.5'D	Visual	- see	profile		OK

REMARKS holes tested as sinked
 TYPE OF SOIL _____
 TESTED BY D. SOR ALSO PRESENT unfilled's
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



NON PRESERVATION
895,683 S.F.
20.56 Ac±

E 1,298.250
N 588.750
DESALES W. CAVEY
P. 246
2014/087
ZONED RC-DEG

CAVEY PROPERTY
BULK PARCEL 2
MIC2

CAVEY PROPERTY
BULK PARCEL 3
MIC2

MIB2
MIC2

MIB2
MIC2

MIB2
MIC2

ROAD 'A'
(LOCAL ROAD)

NON PRESERVATION
895,683 S.F.
20.56 Ac±

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CHORD	
14'08"01"E	130.12'
14'08"01"E	170.16'
12'00"22"W	70.24'
12'00"22"W	78.78'
14'40"50"W	22.38'
8'26"59"W	22.36'
1'53"05"W	60.00'
8'20"44"W	451.01'
8'20"44"W	402.25'
2'05"49"E	94.46'
2'05"49"E	123.52'

N/F
 J. THOMAS AND
 MARY S. SCRIVENER
 5094/251
 ZONED: RC-DEC

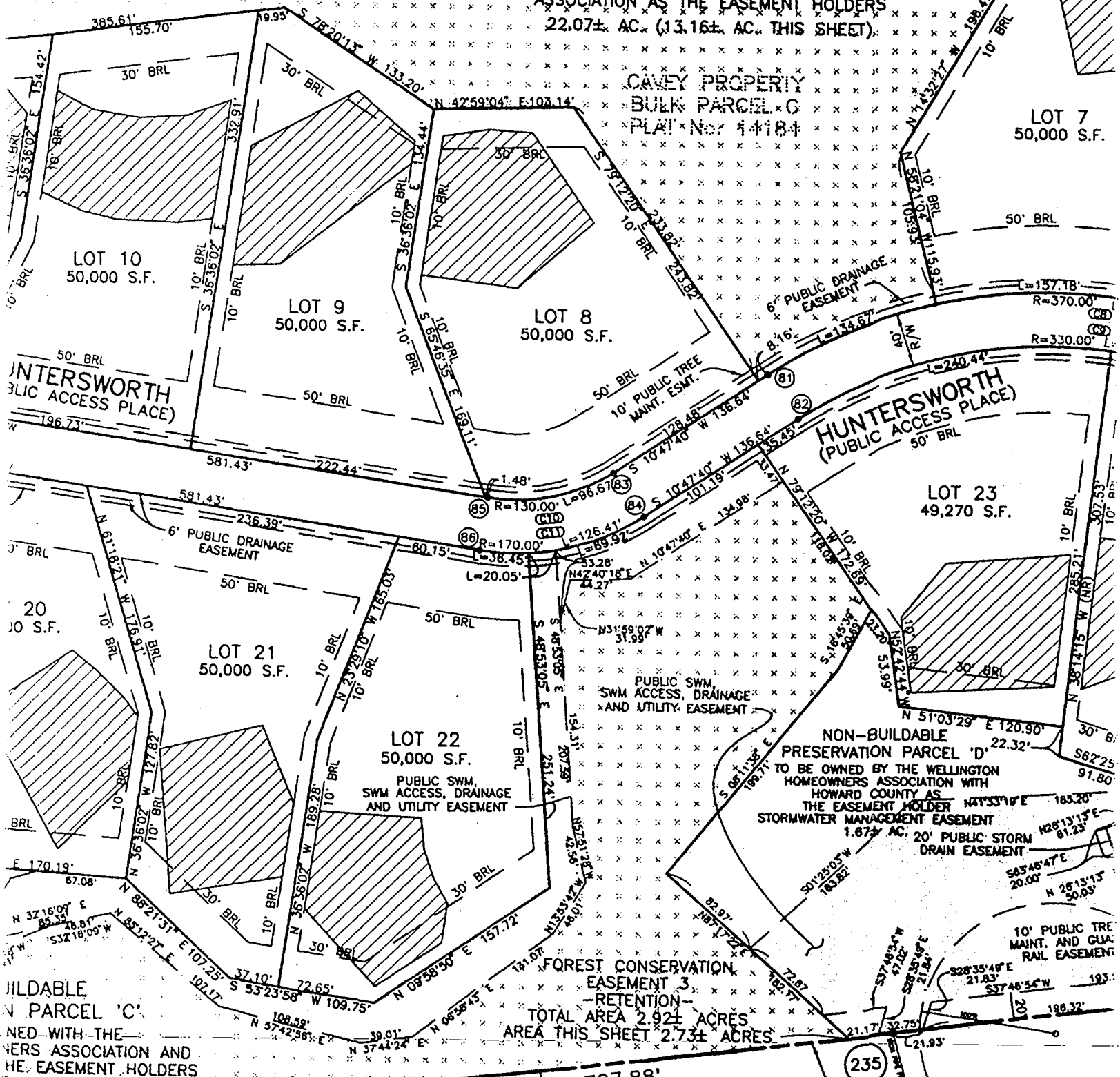
N/F
 CAVEY PROPERTY
 BULK PARCEL B
 PLAT No. 14184
 HOWARD COUNTY AGRICULTURAL
 LAND PRESERVATION EASEMENT
 #H000-02PP(B)
 ZONED: RC-DEC

SIGNED PLAT
 CERT 2/12/02
 1738.38'

S37°50'33"W

NON-BUILDABLE
 PRESERVATION PARCEL 'A'
 ENVIRONMENTAL EASEMENT
 PRIVATELY OWNED
 HOWARD COUNTY AND THE WELLINGTON HOMEOWNERS
 ASSOCIATION AS THE EASEMENT HOLDERS
 22.07± AC. (13.16± AC. THIS SHEET)

CAVEY PROPERTY
 BULK PARCEL C
 PLAT No. 14184



FOREST CONSERVATION
 EASEMENT 3
 -RETENTION-
 TOTAL AREA 2.92± ACRES
 AREA THIS SHEET 2.73± ACRES

NON-BUILDABLE
 PRESERVATION PARCEL 'C'
 OWNED WITH THE
 WELLINGTON HOMEOWNERS ASSOCIATION AND
 HOWARD COUNTY AS THE EASEMENT HOLDERS

NON-BUILDABLE
 PRESERVATION PARCEL 'D'
 TO BE OWNED BY THE WELLINGTON
 HOMEOWNERS ASSOCIATION WITH
 HOWARD COUNTY AS
 THE EASEMENT HOLDER
 STORMWATER MANAGEMENT EASEMENT
 1.87± AC. 20' PUBLIC STORM
 DRAIN EASEMENT

235