

LAYOUT 7/2 11am INSP 4 _____
 INSP 2 7/7/03 3:30 INSP 5 _____
 INSP 3 7/8/03 3:30 INSP 6 _____

ISSUE DATE: 5/6/2003

APPROVAL DATE: 7/8/03

**PERMIT
INDEXED**

04-366565

P 518956

A 511939J

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

K & K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS: 14960 Frederick Rd, Woodbine PHONE NUMBER: 410-442-1336

SUBDIVISION: Wellington, Section III LOT NUMBER: 11

ADDRESS: 3226 Huntersworth Way PROPERTY OWNER: Selfridge Builders

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution as shown on plan. Run 5-60' trenches 10' CTC as shown on plan.
NOTES:	Basement gravity service is not proposed. <i>CONTRACTOR ADVISED TO PULL D. BOX 10' UPHILL TO SAVE AREA. MR 7/1 Not possible (SD)</i>

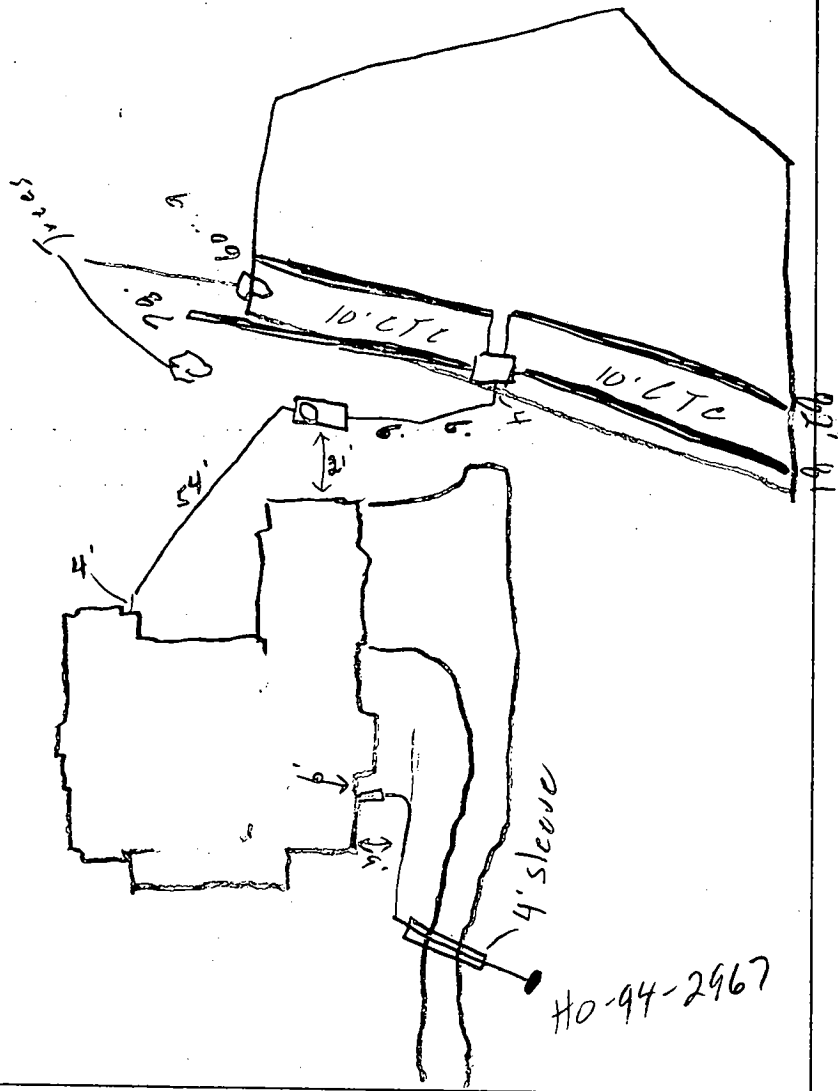
PLANS APPROVED: KN DATE: 2/5/03

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

AS11939-J

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		4
TOTAL LENGTH		301'
ABSORPTION AREA		903A
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	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Front
6" PORT LOC	<input checked="" type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 7/2/03 SRA staked, contours appear accurate.
 OK to install (3) 30's & (1) 60' to save area. 1st trench may be out of SRA.
 INSTALLATION Fall to D.B. will be close (SO) 7/7/03 - Tank set,
 1 trench installed OK to cover (SO) 7/8/03 OK to cover
 all work (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 7/8/03

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 Telephone #: 410-789-3080
Address: 405 Lafayette Ave
Baltimore, MD 21228

(Please 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: Nichols Telephone #: _____
Subdivision: Woods of Wellington Lot #: 11 Well Tag #: HO-94-2967
Site Address: 3726 Huntersworthway
Glenwood, MD 21228

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: METTS Make: Martinson Two piece watertight cap: ✓
Model #: 2572-S Model#: B10X Screened, vented well cap: ✓
Pump Capacity 7 GPM Depth: 45 (36" min) Cap secured to casing: ✓
Well Yield: 12 GPM NSF approved: ✓ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 25 (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
Torsion arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: ✓

Piping to house House Connection
Type: Plastic PVC sleeved to undisturbed soil at wall penetration: ✓
PSE: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly: ✓

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

George Baker 7-11-03
Signature of company representative responsible for installation: date

For Health Department Use Only - Do not be completed by Installer

Date Insp. Requested: 7/7/03 Date Insp. Approved: 7/7/03 (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 ✓

C1 0290 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED **OK**

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER **13 SRK 4/12/01**

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-2967**

DATE RECEIVED: MM **4** DD **2** YY **01** DATE WELL COMPLETED: MM **4** DD **2** YY **01** DEPTH OF WELL: **285** (TO NEAREST FOOT)

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

SUBDIVISION **Wellington** SECTION **III** LOT **11**

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	
Sand	0	79	
Gray Mica Rock	79	285	✓

GROUTING RECORD (YES) (NO) **Y** **N**

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **35** NO. OF POUNDS **3290**

GALLONS OF WATER **210**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **70** ft.

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) **83**

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

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 **Y** **N**

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 *Mark P. Mays*

LIC. NO. **MSD027**

SITE SUPERVISOR SIGNATURE *Larry Mays*

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

C2 DEPTH (nearest ft.) **81** **285**

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	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH) _____

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: **6.0** ft.

WHEN PUMPING: **9.0** 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 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**

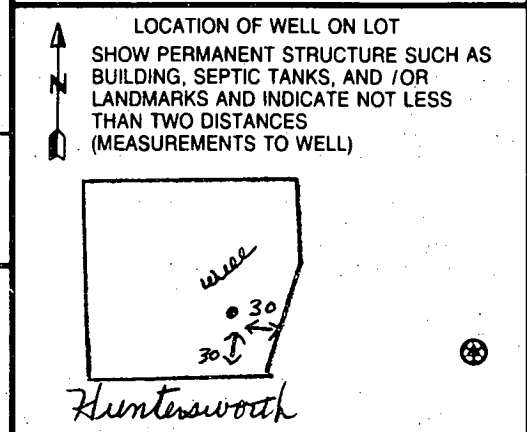
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

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 03755

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 2967

Date Received (APA)

12/12/00

OWNER INFORMATION

Security Development Group, P.O. Box 417, Ellicott City Md 21041

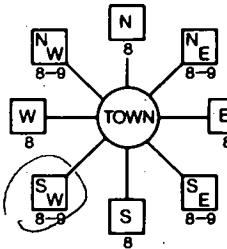
B 3 LOCATION OF WELL

Howard, Wellington, SECTION 3 LOT 11, Glenwood

DRILLER INFORMATION

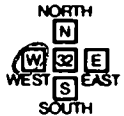
Joseph R Mayne, MS D 024, Joseph R Mayne Well Drilling, 5512 Ridge Rd Mt Airy 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Huntersworth, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



30, 34 30 37, DISTANCE FROM ROAD, ENTER FT OR MI

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, COUNTY NAME, 13, COUNTY NO, DATE ISSUED 02/05/01, CO SIGNATURE, EXP. DATE 02/04/02

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-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 DEEPEMED 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 HO 00 G A P 013(01), PERMIT No. HO-94-2967

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

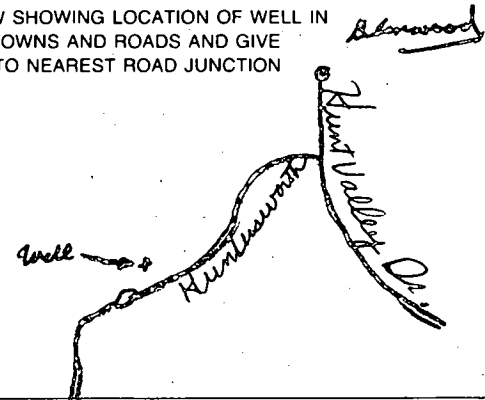
- Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7806, N 5228

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

N



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOT 11

well site OK as placed by surveyor. No site inspection conducted 2/5/01 DC

FOREST CONSERVATION EASEMENT 1 -RETENTION-

T 12 100 S.F.

LOT 11 50,000 S.F.

LOT 10 50,000 S.F.

LOT 9 50,000 S.F.

LOT 18 49,726 S.F.

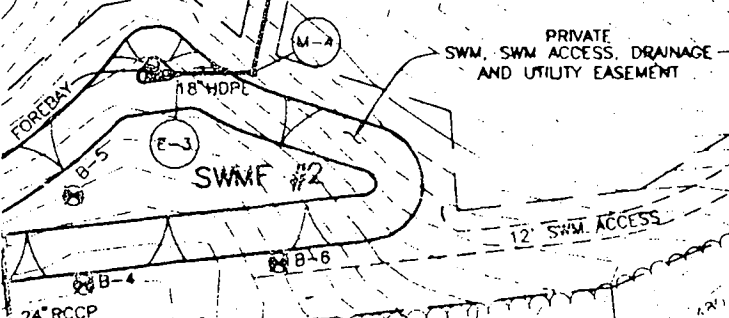
LOT 19 50,000 S.F.

LOT 20 50,000 S.F.

LOT 21 50,000 S.F.

FOREST CONSERVATION EASEMENT 4 -RETENTION-

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



1094.00' LOT 11 233

S37 44' 24\"/>

APPLICATION

PERCOLATION TESTING

A 511939

P _____

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

DISTRICT _____

DATE 6/9/99

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 Michael Covey

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Wellington Sect. III LOT NO. (2R) (11)

ROAD AND DESCRIPTION Union Chapel Road and MacNeille Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT Approx. 50,000 SF. 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. Don Covey 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
27D

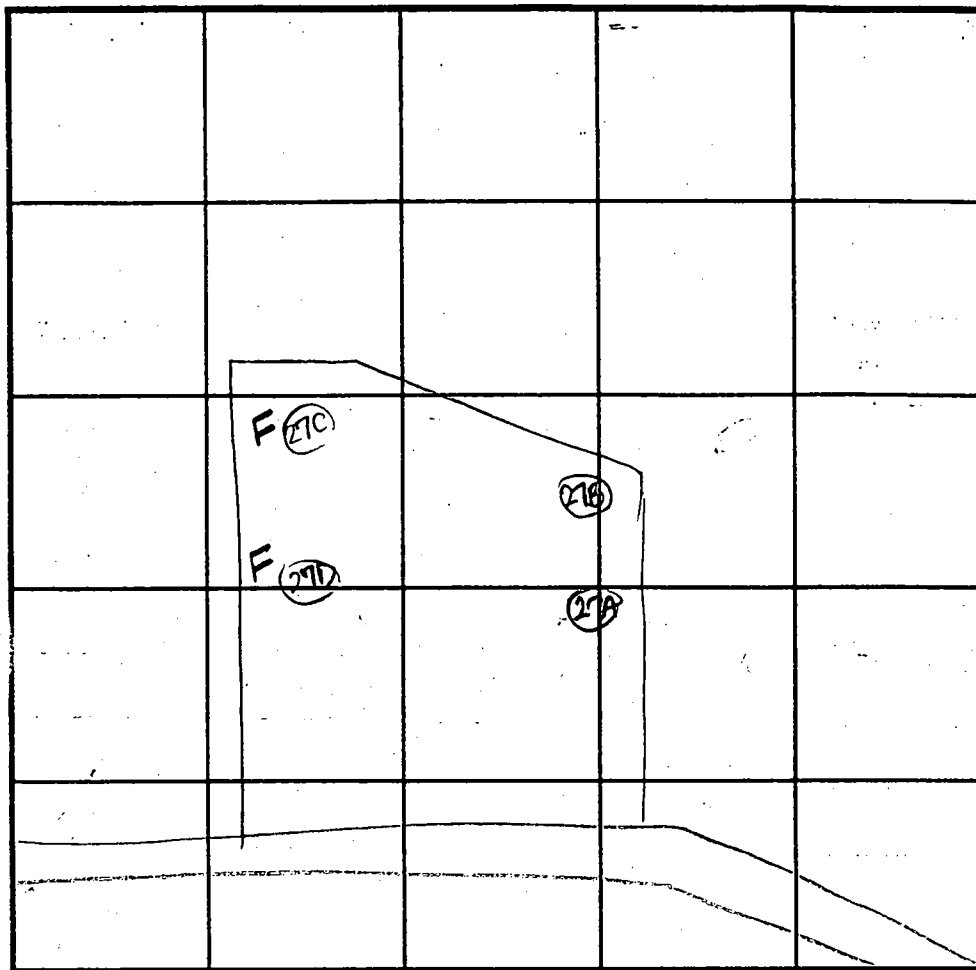
0' topsoil
 1' org red brn c.lm
 pale org brn si lm
 6' >50% hard sh
 8' refusal

27A

0' topsoil
 1' org brn c.lm
 3.5' pale org tan si lm
 10.5' 30% hard sh

27B

like 27A
 w/
 15% hard sh



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
27C

0' topsoil
 1' red org brn c.lm
 pale org tan si lm w/hard sh
 7.5' >50% hard sh
 10' refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-23-99	27D	8.0' D	Refusal	- See	profile		FAIL
	27A	4.0' S	11:20	11:21 ₃	11:21 ₃	11:24	3
		10.5' D	Visual	- see	profile		OK
	27B	13.0' D	Visual	- see	profile		OK
	27C	10.0' D	Refusal	- 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 _____

APPLICATION

PERCOLATION TESTING

A 511939

P _____

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

DISTRICT _____

DATE 6/9/99

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 Michael Covey

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Wellington Sect. III LOT NO. 20 11

ROAD AND DESCRIPTION ~~Union Chapel Road and MacNeill Rd.~~

TAX MAP _____ PARCEL # _____

SIZE OF LOT Approx. 50,000 SF. TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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

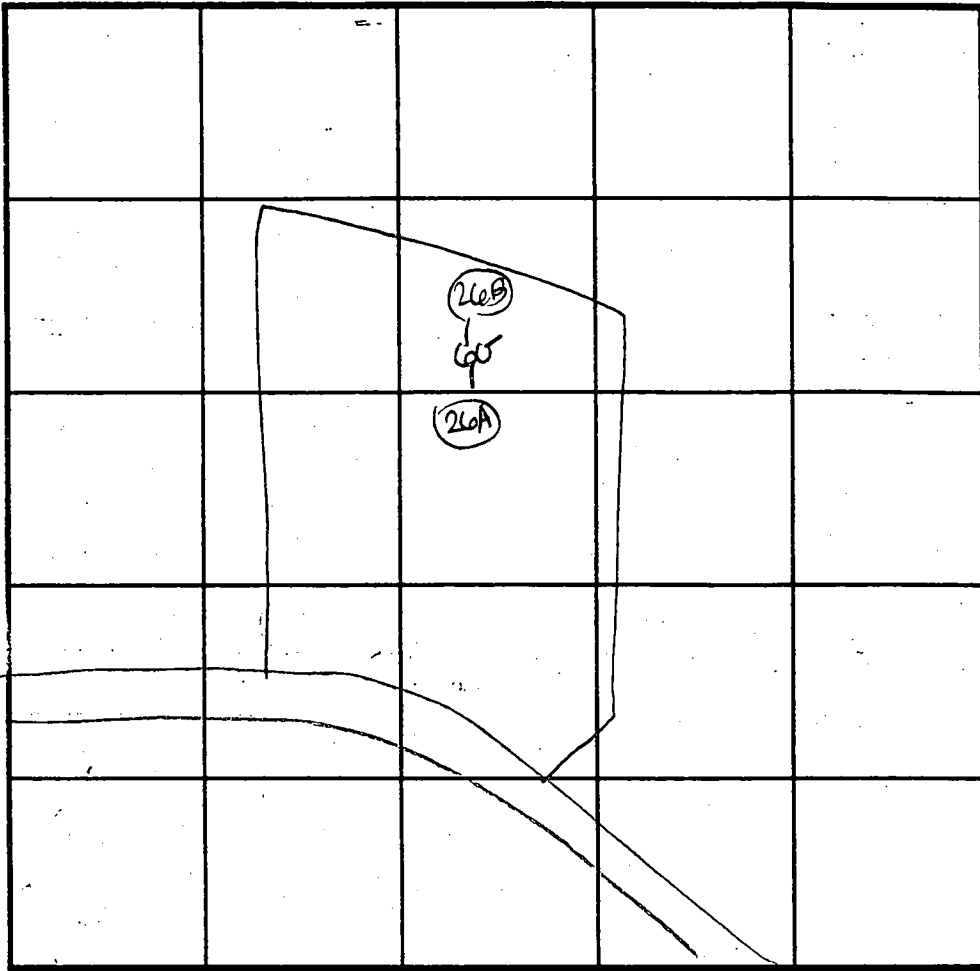
26A

0'
 1'
 3.5'
 12'
 25%
 hard
 sh

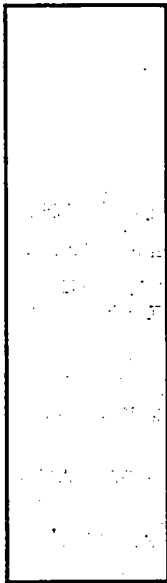
topsoil
 red org
 brn
 cl Lm
 pale org
 tan
 sl Lm

0'
 1'
 4'
 12.5'
 15%+
 hard
 sh

26B
 topsoil
 org red
 brn
 cl Lm
 pale org
 beige
 sl Lm



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-23-09	26A	4.0'S	11:09	11:103	11:102	11:14	4
		12.0'D	Visual	- See profile			OK
	26B	12.5'D	Visual	- See profile			OK

REMARKS _____

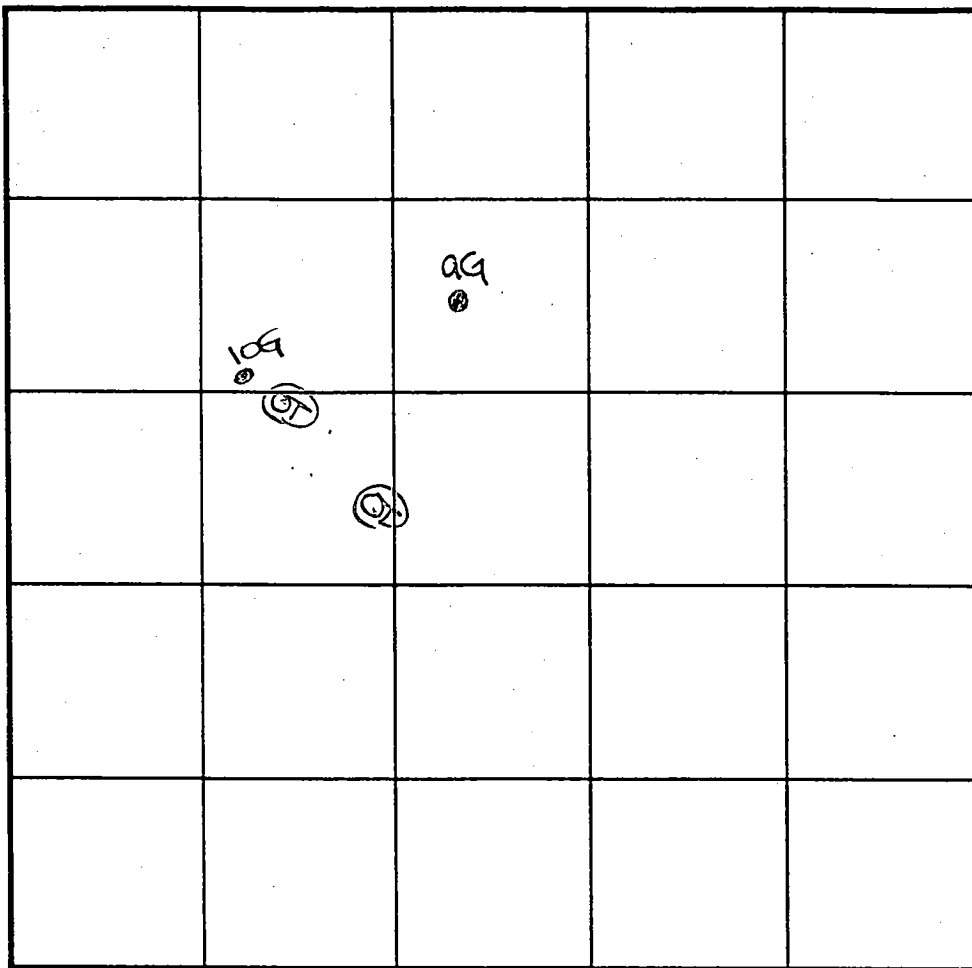
TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT Hoffield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

LOT 11



COUNTY #
SOIL PROFILE
0' 9G
topsoil
1' org red
brn
cl Lm
4' pale org
brn
to tan
si Lm
25%+
hard
shale
11'

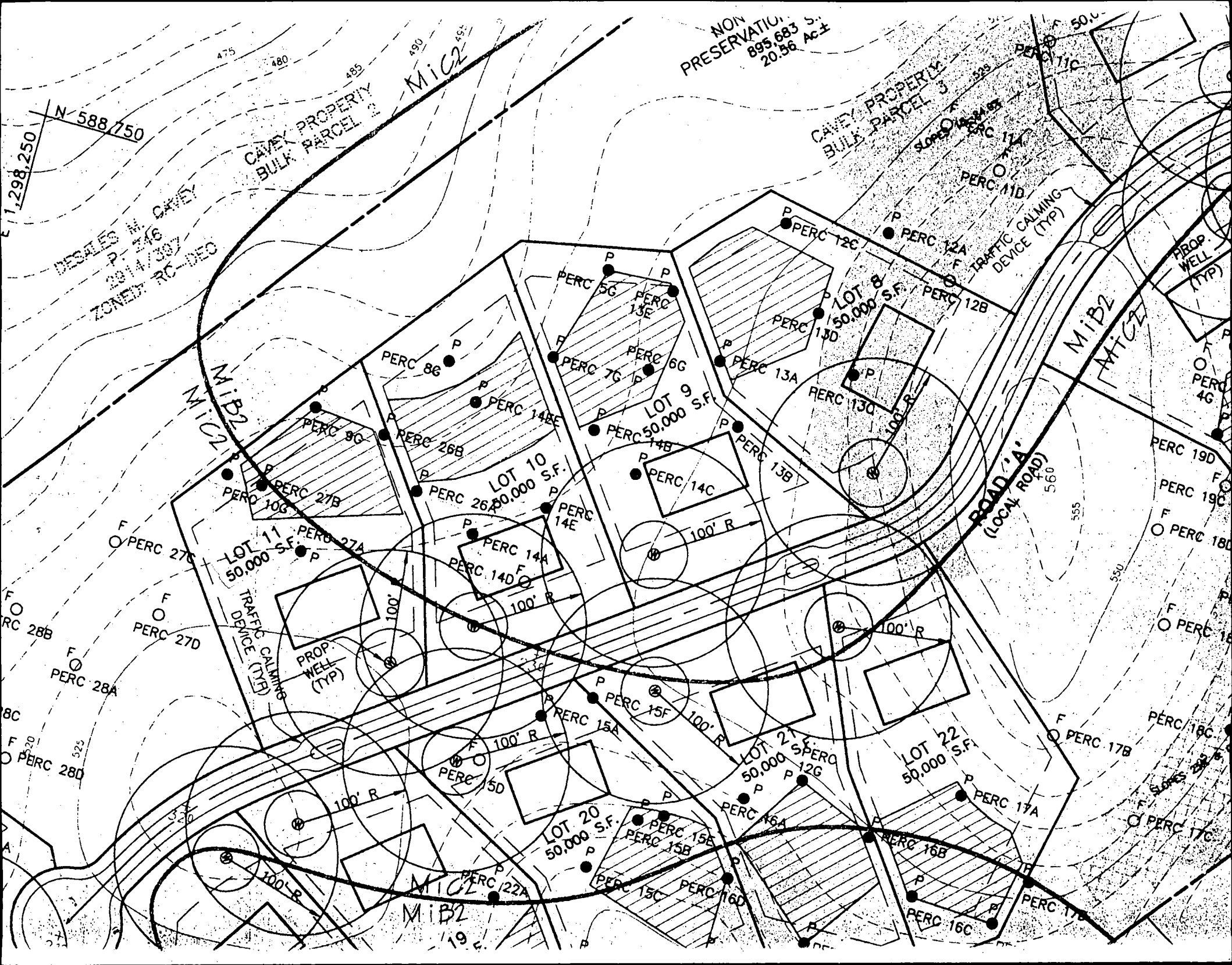
SOIL PROFILE
0'

0' 10G
1' topsoil
red brn
cl Lm
3.5' pale org
beige
si Lm
20%
hard
shale
13.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-27-99	9G	5.0' S	10:43	10:44 ₂	10:44 ₂	10:46 ₃	2
		11.0' D	Visual	-see	profile		OK
	10G	4.5' S	10:47 ₃	10:49	10:49	10:53	5
		13.5' D	Visual	-see	profile		OK

REMARKS holes tested as struck
 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 _____



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

N 588,750

DESIGNED BY
M. CAVEY
P. 246
2014/302
ZONING: RC-DEG

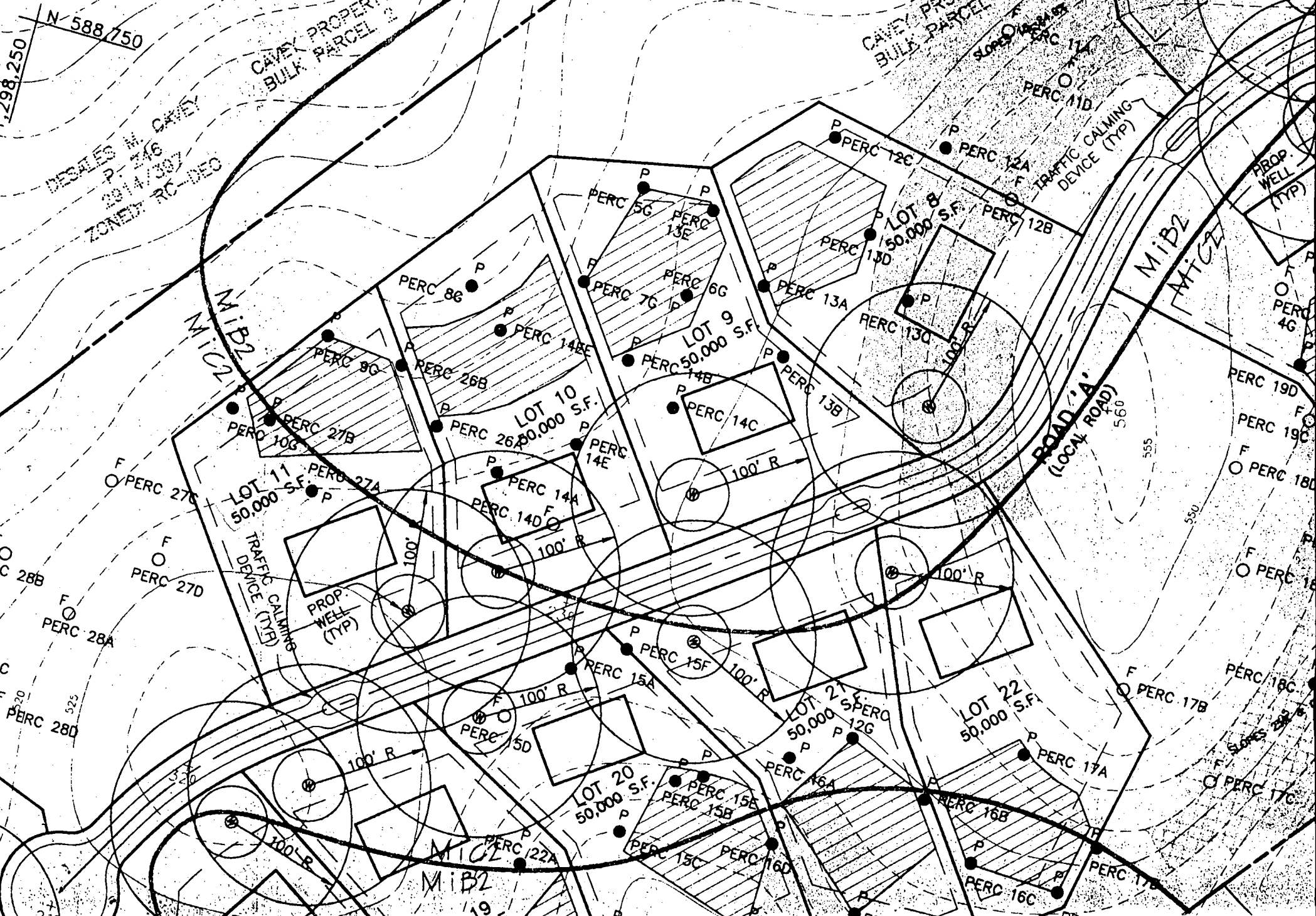
CAVEY PROPERTY
BULK PARCEL 2

CAVEY PROPERTY
BULK PARCEL 3

MIB2
MIB2

MIB2
MIB2

ROAD 'A'
(LOCAL ROAD)



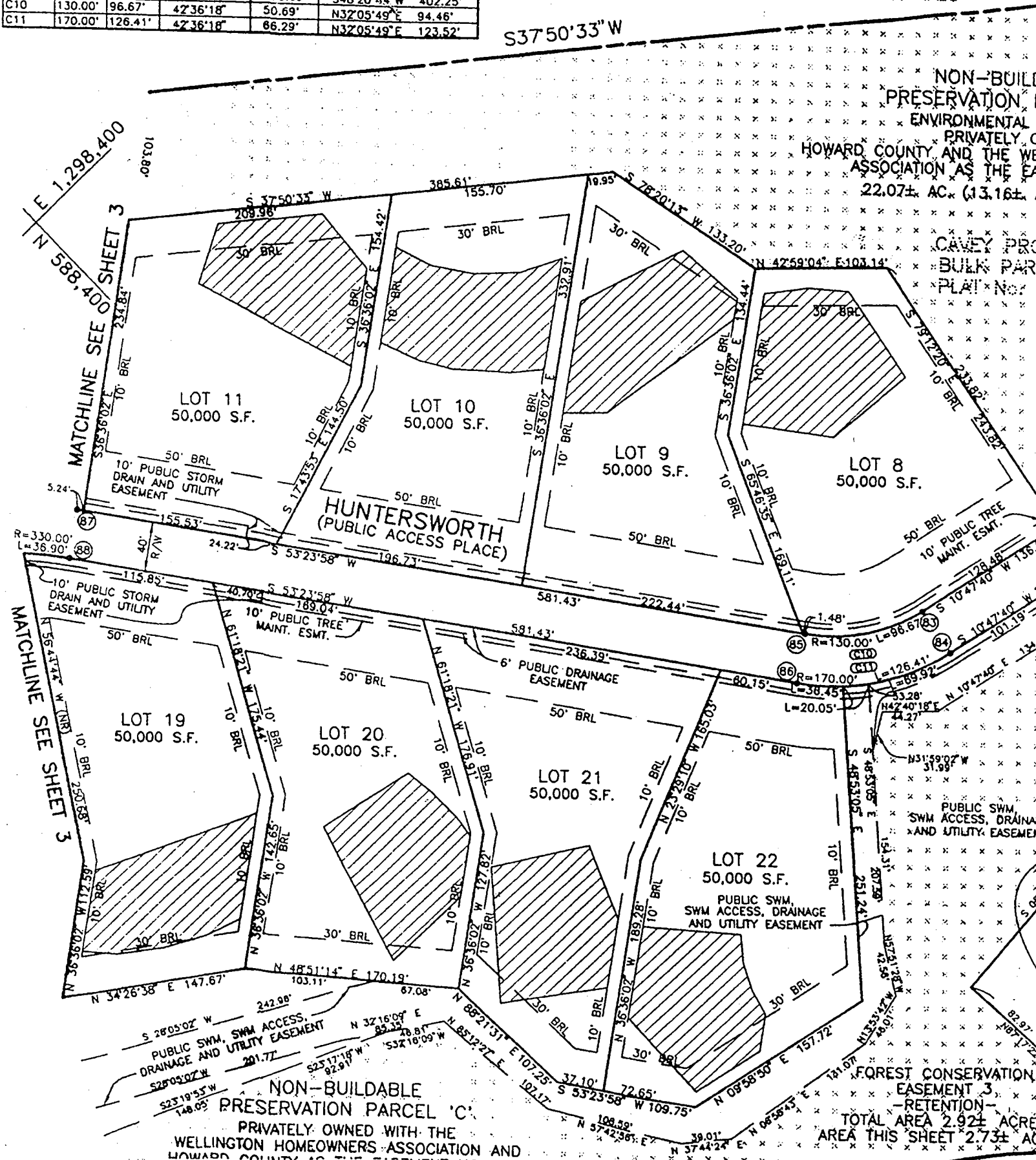
CURVE TABLE

CURVE	RADIUS	LENGTH	DELTA	TANGENT	CHORD
C1	130.00'	136.27'	60°03'38"	75.15'	S34°08'01"E 130.12'
C2	170.00'	178.20'	60°03'38"	98.27'	S34°08'01"E 170.16'
C3	330.00'	70.38'	12°13'08"	35.32'	S02°00'22"W 70.24'
C4	370.00'	78.91'	12°13'08"	39.60'	S02°00'22"W 78.78'
C5	25.00'	23.18'	5°07'48"	12.50'	S34°40'50"W 22.36'
C6	25.00'	23.18'	5°07'48"	12.50'	N18°26'59"W 22.36'
C7	50.00'	249.81'	286°15'37"	37.50'	N81°53'05"W 60.00'
C8	370.00'	484.99'	75°06'07"	284.43'	S48°20'44"W 451.01'
C9	330.00'	432.56'	75°06'07"	253.69'	S48°20'44"W 402.25'
C10	130.00'	96.67'	42°36'18"	50.69'	N32°05'49"E 94.46'
C11	170.00'	126.41'	42°36'18"	66.29'	N32°05'49"E 123.52'

SIGNED PLAT CERT
 N/F 2/12/02
 J. THOMAS AND
 MARY S. SCRIVENER
 5004/251
 ZONED: RC-DEO

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

S37°50'33"W



NON-BUILDABLE PRESERVATION PARCEL 'C'
 PRIVATELY OWNED WITH THE WELLINGTON HOMEOWNERS ASSOCIATION AND HOWARD COUNTY AGRICULTURAL LAND PRESERVATION EASEMENT #H000-02PP(B) ZONED: RC-DEO

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