

12/20/01
Layout - AM

12/21/01 CO. AM.

ISSUE DATE: 10/25/2001

P 516092-A

APPROVAL DATE: 12/21/01

A 513199-M

PERMIT

INDEXED

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

03-333469

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Rd., 21737 PHONE NUMBER: 301-854-0172

SUBDIVISION: Brantwood 2/2 LOT NUMBER: 11

ADDRESS: 3128 Argent Path PROPERTY OWNER: Williamsburg Group LLC

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOP SEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 145' down the right lot line and 45' off this same lot line. Run (3) trenches on contour to left side of lot.
NOTES:	

PLANS APPROVED: MER ONSRU 10/16/01 DATE: 10/16/01

- 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

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

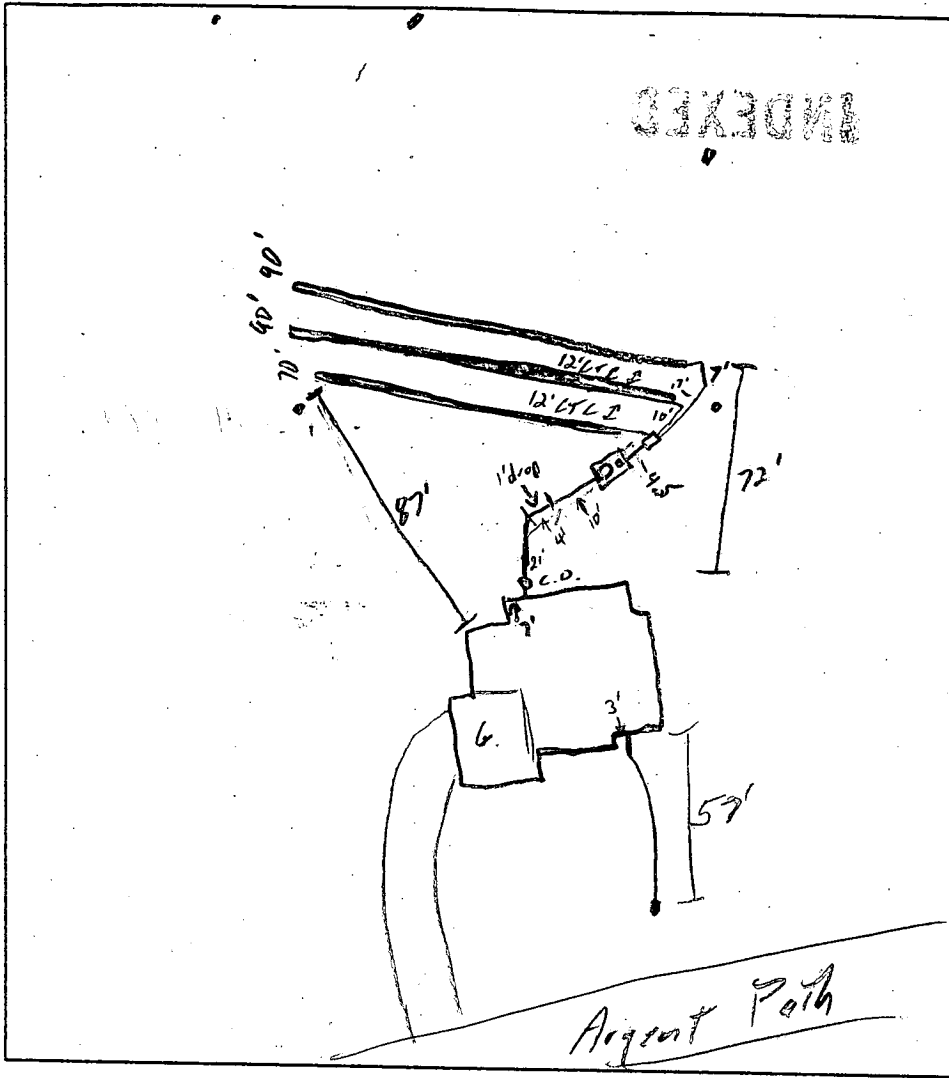
BUILDING PERMIT SIGNED AND RETURNED

12-10-02 500139610-DECK

A513199-M

NOT TO SCALE

INDEXED



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	3'
TRENCH BOTTOM DEPTH	5'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	250'
ABSORBENT AREA	750'
DISTRIBUTION BOX LEVEL	Yrs
BAFFLE IN DISTRIBUTION BOX	Yes - Cinder Block

SEPTIC TANK DATA	
SEPTIC TANK	1500 TS GALLONS
MANHOLE RISER	Front - 42"
6 INCH INSPECTION PORT	Back - 36"
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	
MANHOLE RISER	N/A
ALARM	
PUMP PERFORMANCE TEST	

PRE-CONSTRUCTION INSPECTION: Layout per B.P., contour a little bit off. Will shot to correct @

INSPECTION COMMENTS: 12/21/01 OK to cover all work, permit signed @

INSPECTOR [Signature]

DATE SYSTEM APPROVED [Signature]

BUILDING PERMIT SIGNED

Total linear feet of trench required 240 feet:

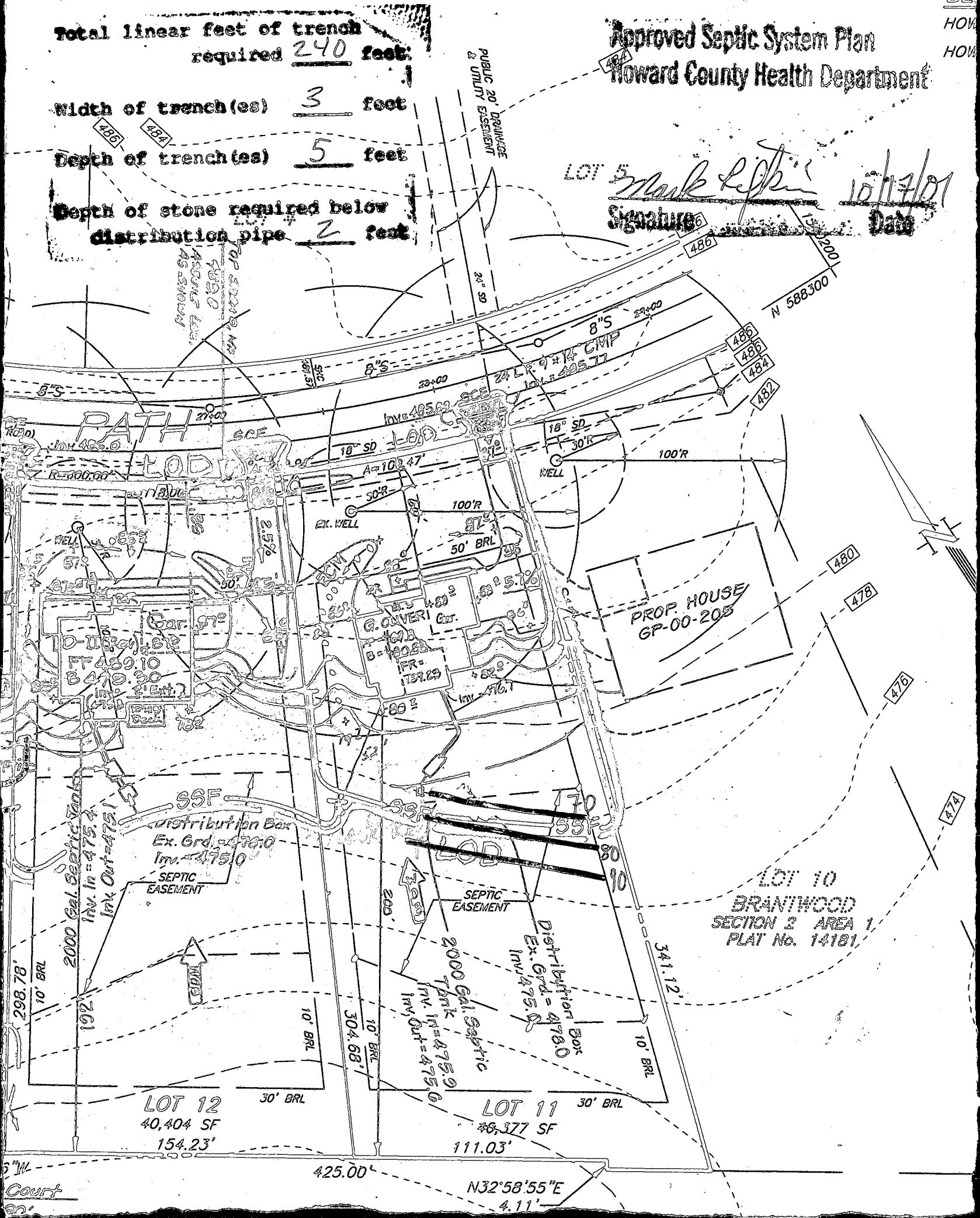
Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan Howard County Health Department

LOT 5
Mark Lefkin
Signature
10/17/01
Date



LOT 12
40,404 SF
154.23'

LOT 11
48,377 SF
111.03'

LOT 10
BRANTWOOD
SECTION 2 AREA 1
PLAT No. 14181

5" IN.
Court

Building Address: **3128 ARGENT PATH
 ELLICOTT CITY, MD 21042**

Suite/Apt. #: **N/A** SDP/WP/Petition #: **GP01-06**

Census Tract **6030** Subdivision **BEANTWOOD**

Section **2** Area **2** Lot **11**

Tax Map **23** Parcel: **118** Grid **4**

Zoning **REO** Map Coordinates **11A7** Lot size **40,377 sq ft**

Existing Use **VACANT LOT**

Proposed Use **SFD**

Estimated Construction Cost \$ **100,000**

Description of Work **MODEL: GEO. OLIVER
 2 STORY FULL BENT, 10R, 3 FB, 1 HB
 FP + GARAGE (4 BR) 1/2 FIN BENT**

Occupant or Tenant **SOME AS OWNER**

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name **WILLIAMSBURG GROUP LLC**

Address **5485 HARRIS FARM RD, STE 200**

City **COLUMBIA** State **MD** Zip Code **21044**

Home Phone _____ Work Phone **410/997-8800**

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

Phone _____ Fax _____

Contractor Company **SOME AS OWNER**

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. **155**

Phone _____ Fax _____

Engineer of Architect Company **LESSARD ARCH. GRP.**

Contact Person **CARLOS**

Address **8603 WESTWOOD DR, #400**

City **VIENNA** State **VA** Zip Code **22182**

Phone **703/760-9344** Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: 49' Depth 52' Width	Sewage Disposal: _____ Public _____ Private _____
2nd floor: 43' 47'	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: 43' 47'	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms 4	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Suzanne P. Davis
 Title/Company: Wight/WG LLC

Print Name: SUZANNE P. DAVIS
 Date: 9/12/01

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID
Land Development/DPZ			Front _____	
State Highways			Rear _____	
Building Official			Side _____	
Dev/Environ/DPZ			Side/Street _____	
Health			All minimum setbacks met? <input type="checkbox"/>	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sediment Control Approval required prior to issuance?			Enhanced Permit required? <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Historic District? <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zoning? _____	
			SDP/Rec-line approval date: _____	
				Accepted by: _____

Distribution of Copies: _____ White Building Official _____ Green LDD/DPZ _____ Yellow DPZ _____ Blue Health _____ Gold SHA _____

Form PERMIT.FRM REV 05/17/00

**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: Charles A. Klein & Son, Inc. Telephone #: (410) 549-6960
Address: 5720 Green Hill Rd.
Lysander, MD 21784

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

Name (Print): CHARLES A. KLEIN, JR. License# 6521

*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: Williamsburg Group Telephone #: (410) 997-8800
Subdivision: BLANTWOOD Lot #: 11 Well Tag #: EO-94-2562
Site Address: 3128 ARGENT PATH
ELICOTT CITY, MD 21042

Submersible Pump Data

Make: JACUZEI
Model #: 5545-13P-52
Pump Capacity: _____ GPM
Well Yield: 12 GPM

Pitless Adapter

Make: FRIGID
Model#: PF-800
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: 325 (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: COURTALONE
PSI: 1" (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: _____
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 _____ date _____

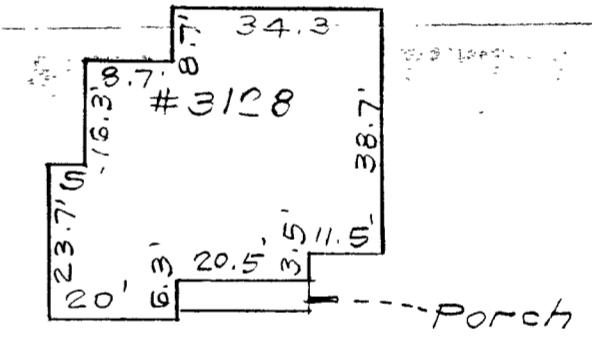
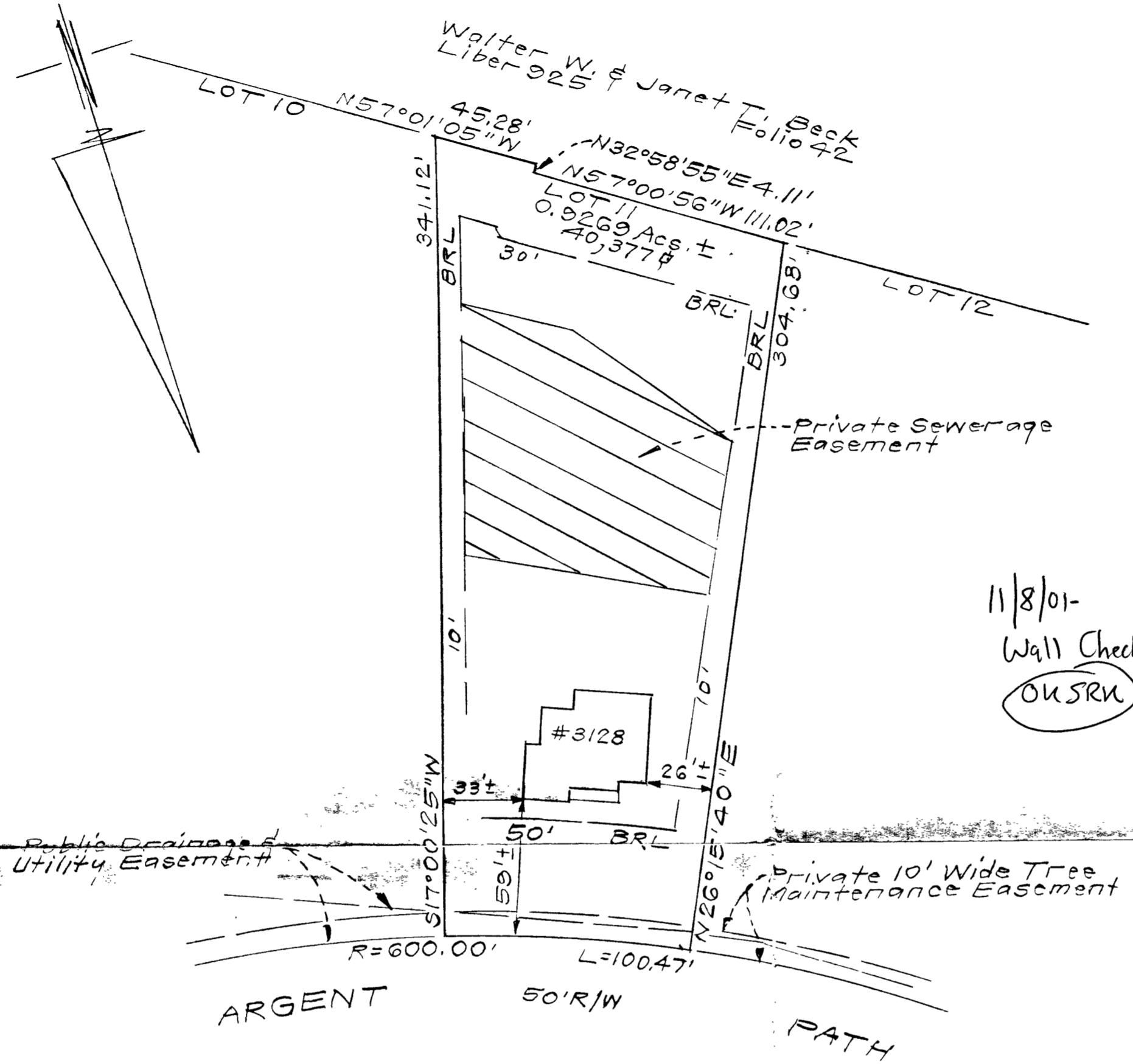
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 1/3/02 AM Date Insp. Approved: 1/3/02 (SE)

- 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

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440016B & 22B, Panels 16 & 22 of 45, dated December 4, 1986.

Wall Check: 10-25-01
Top of Wall Elev.: 489.8



CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SCALE: 1" = 30'

Chris Health

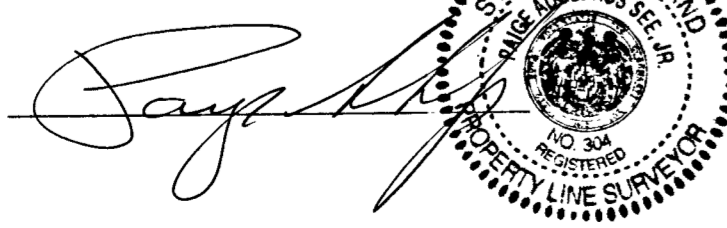
BP# B00132333
Williamsburg Group

Plat Reference: PLAT NUMBER 14181

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and they are located as shown.

10-29-01
DATE



NOTES:

1. The ± setback distance accuracy = 1'.

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED	LOCATION DRAWING 3128 ARGENT PATH LOT 11 BRANTWOOD SECTION TWO AREA TWO LOTS 1 THRU 16 AND PRESERVATION PARCEL 'G' A RESUBDIVISION OF PART OF "BRANTWOOD-SECTION ONE" NON-BUILDABLE BULK PARCEL "E" THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN KWC		DRAWING
CHECKED PAS		JOB NO. 99-117
DATE 10-26-01		FILE NO. 00-105-0

C1 07609

SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A513199M

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 2 9 00 Depth of Well 22 225 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2562

OWNER Brantwood LLC last name first name STREET OR RFD Argent Path TOWN ELICOTT CITY MD SUBDIVISION Brantwood SECTION 2/2 LOT 11

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

CASING RECORD casing types insert appropriate code below 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) (PL) (OT)

WATER AT 125-178

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. 1 MWD 139 Robert Cline DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 140 Mary Harley

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

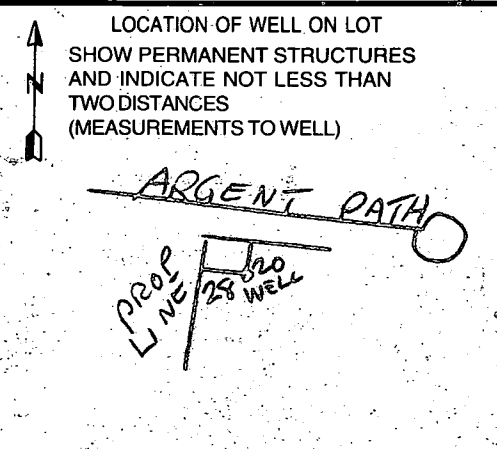
DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 12. PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 25 17 20 ft. WHEN PUMPING 70 22 25 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 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 (nearest foot) 49 51



B 1 08156

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2562 fill in this form completely

Date Received (APA) 12 29 99

OWNER INFORMATION

Brantwood, L.L.C. 8835 P - Columbia 100 Parkway Columbia, MD 21045

B 3

LOCATION OF WELL

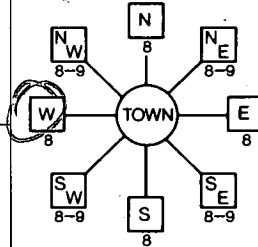
Howard Brantwood Pine Orchard Area 2 MILES FROM TOWN 2

DRILLER INFORMATION

Robert L. Cline M W D 139 Cline & Duvall, Inc. 8093 Hillmark Ct., Frederick, MD 21704

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Argent Path ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 38 ft. TAX MAP: 23

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) 300 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14

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 CO A513199M COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 012000 EXP. DATE 012001 NORTH GRID 520 000 EAST GRID 820 000

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

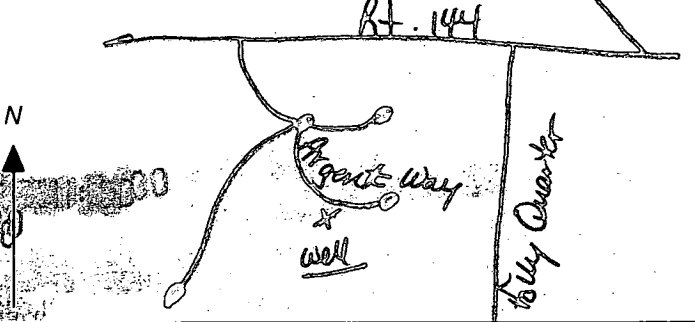
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 520

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



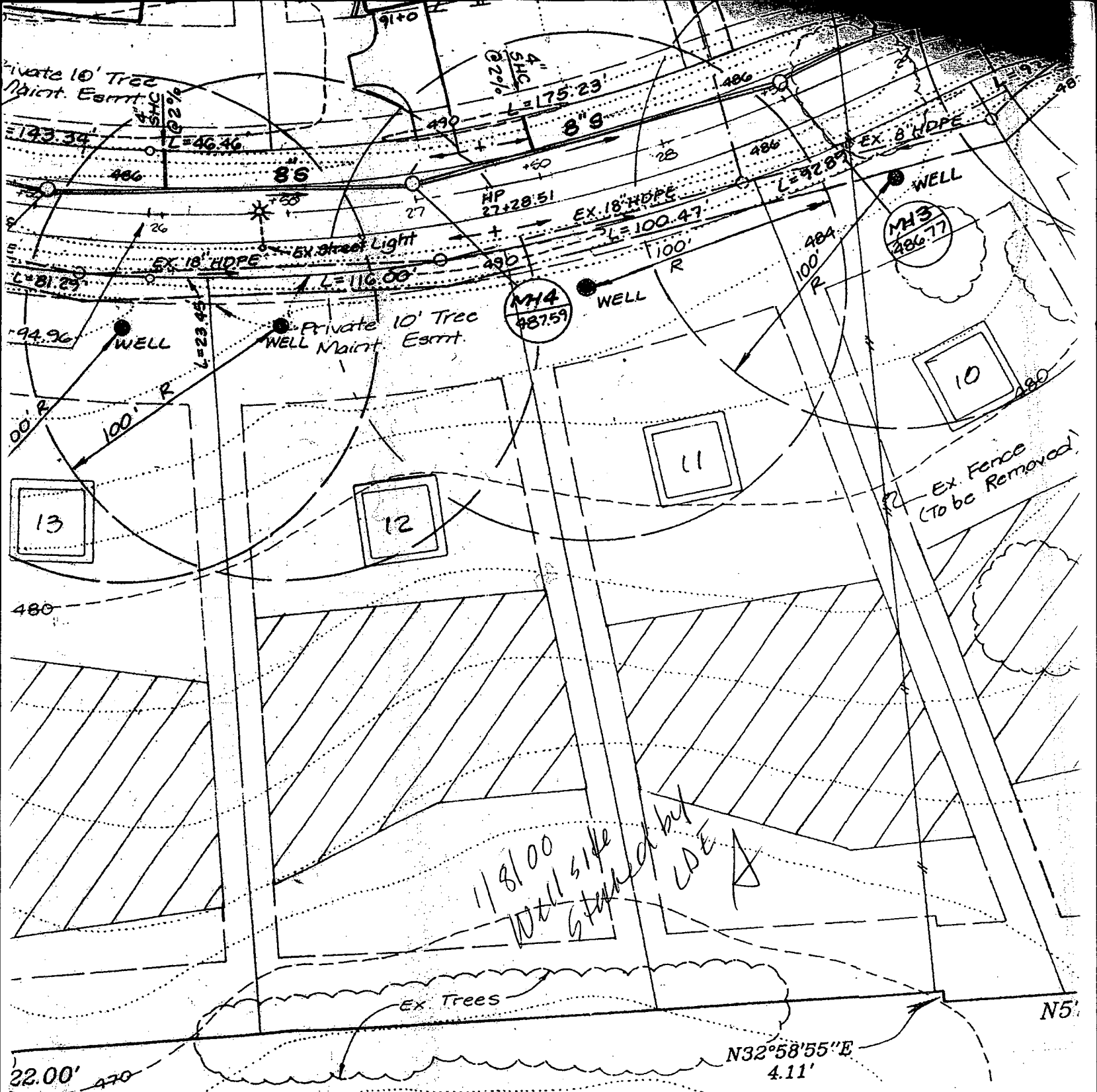
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 98 PERMIT No. HO-94-2562

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

RECEIVED



SEWER MANHOLE LOCATION DATA

MH #	Northing	Easting
1	588347.018	1340395.899
2	588323.939	1340202.104
3	588339.517	1340074.912
4	588392.306	1339936.910
5	588475.472	1339820.700
6	588587.886	1339724.490
	588724.109	1339653.222

WALTER W. and JANET T. BE
 Liber 925 / Folio 42
 Zoned: RC

Approved: For Private Water and Public Sewer
 Health Department

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 8/15/95

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 Fenger Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. c/o Tim Fenger

ADDRESS 3243 Bethany Lane Ellicott City 21042 PHONE 313-8808

PROPERTY LOCATION:

SUBDIVISION Fenger Property LOT NO. 38 4/45/46

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16 + 23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD
(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. Mark S. Reil
(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' 1126
orange
brn
Siltum

3' red
orange
Siltum
micaceous

11' shale
saprolite
mix
grey Salm

12'

1127
nodistinct
clay
layer
orange
brn
Salm

4' lgt tan
grey Salm
very
micaceous
orange
nodules
from iron
in saprolite

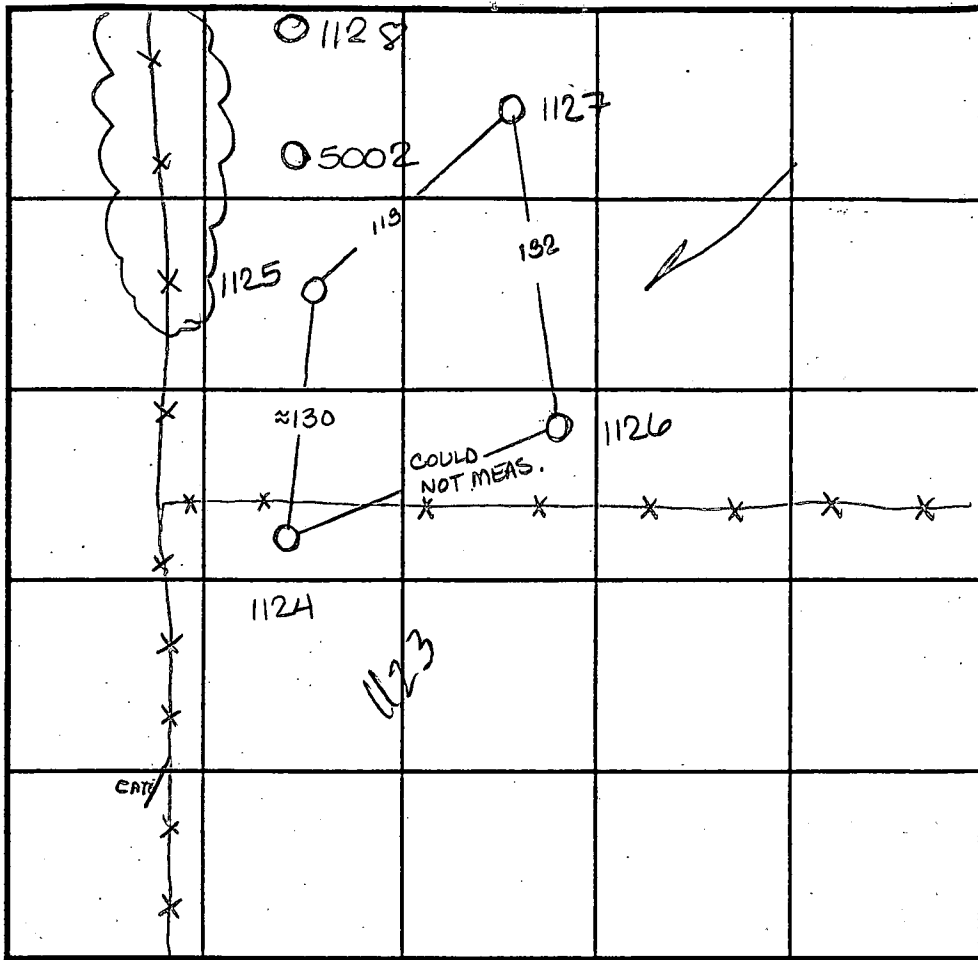
12'

1125
red
clum

5' grey
brn to
red
Salm
micaceous

9' Saprolite
100%
Salm
red/blk
orange
white
mix

12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

12.3' 1124
orange
brn
Siltum

3' medium
brown
Salm
very
micaceous

8' lgt brn
Salm
20%
saprolite
pockets of
decayed

13' quartzite
5002 1128

dark
brown
Siltum

2.0' bagh
Siltum
very
micaceous

12.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9-8-95	1126	4' V12	10:27 ⁴⁵	10:30 ³⁰	10:30 ³⁰	10:33	2 1/2 min	✓
	1126	6 1/2' V12	10:27 ³⁰	10:28 ³⁰	10:28 ³⁰	10:30	1 1/2 min	✓
	1127	Visual	to 12'	see profile	—	—	OK	✓
	1125	5' V12	10:33	10:34	10:34	10:36	2 min	✓
	1124	5' V13	2:30 ³⁰	2:32	2:32	2:35	3 min	✓
	1128	Visual	to 12.0	—	—	—	OK	✓
3-5-96	5002	Visual	to 12.0	—	—	—	OK	✓
9/21/95	1123	2 5/5/13					2 1/2	✓

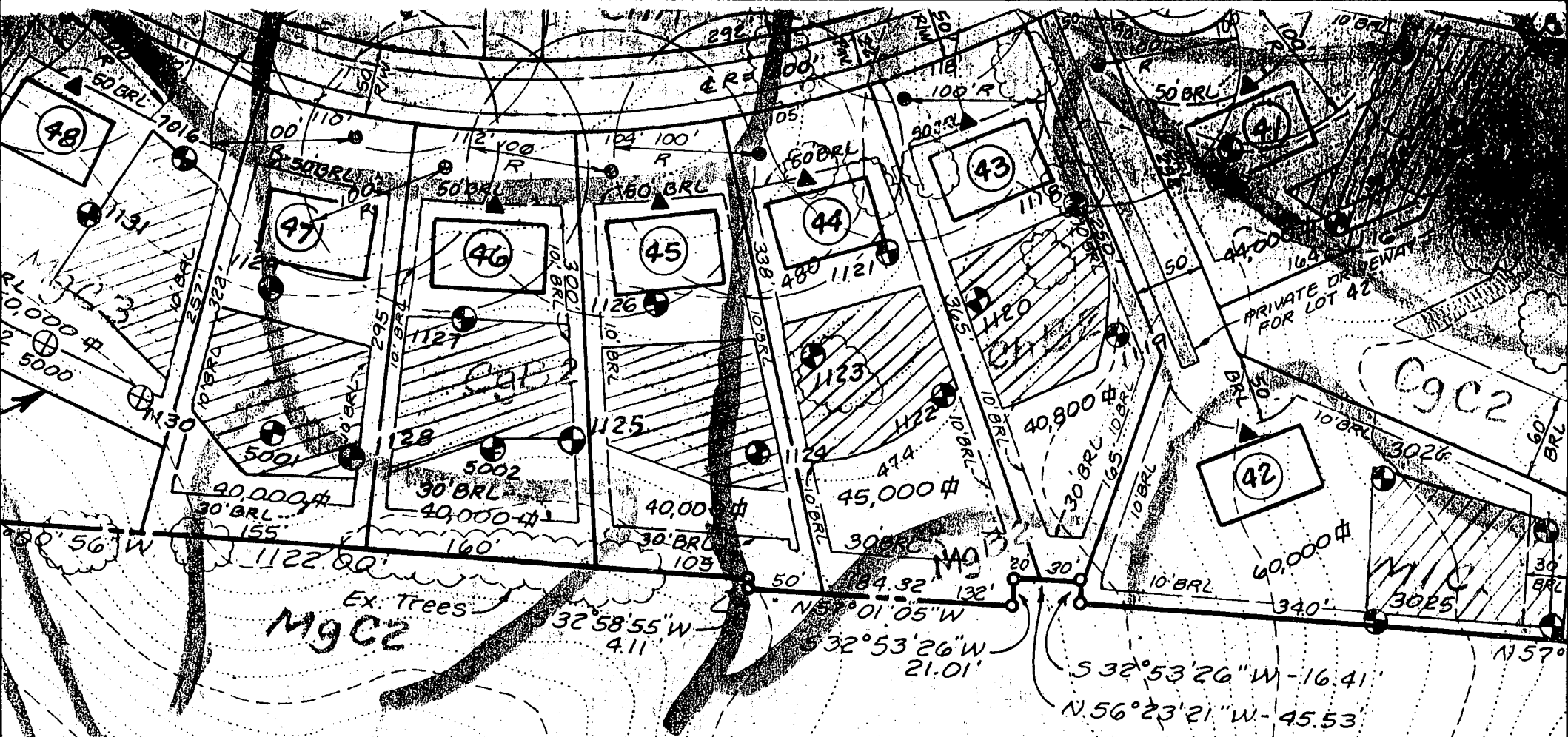
REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



WALTER W. and JANET T. BECK
 Liber 925 Folio 42
 Zoned: RC

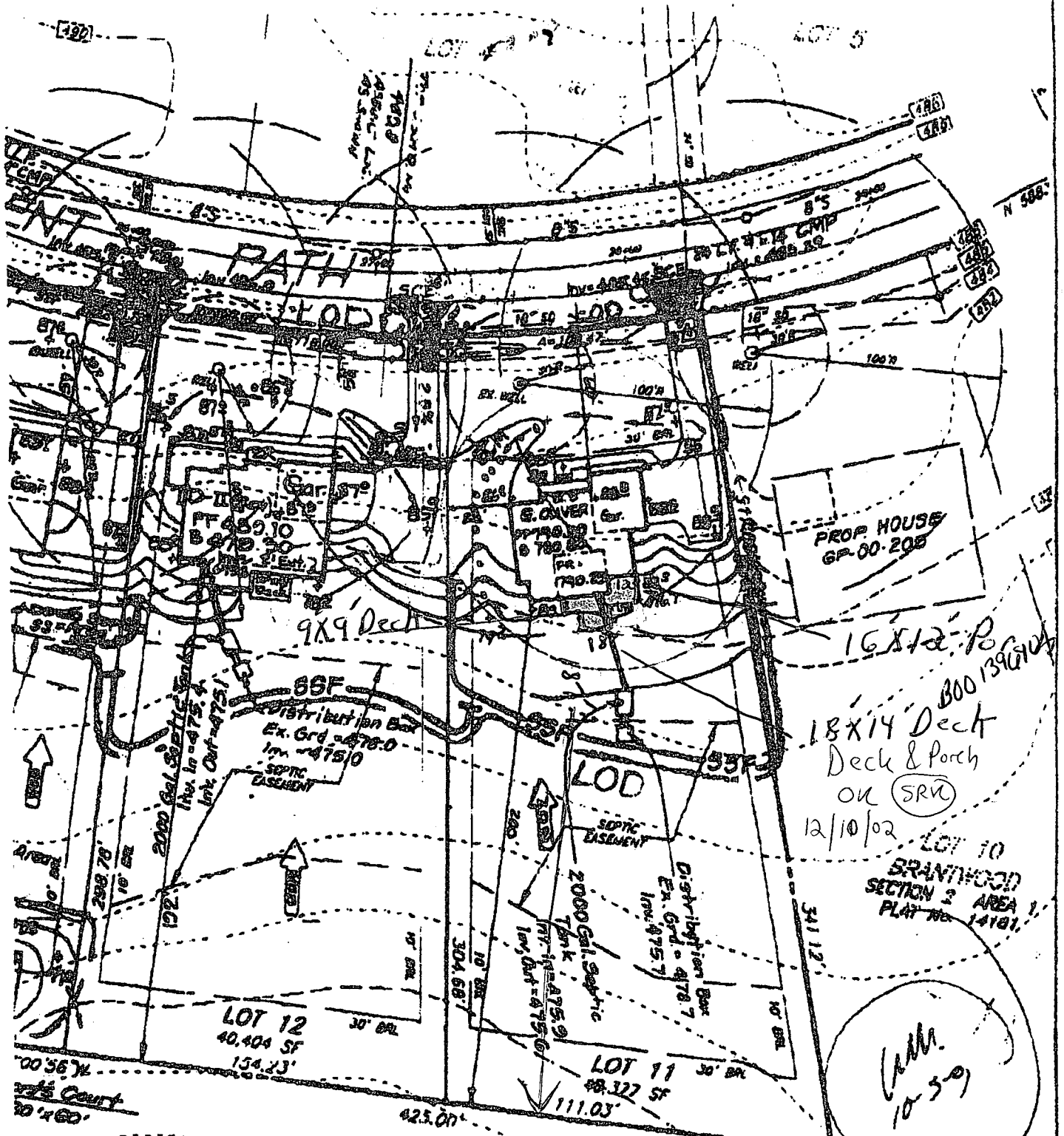
SOILS LEGEND

BOL	NAME	SLOPE/CHARACTERISTICS
	Baile Silt Loam	
	Chester Gravelly Silt Loam	3 to 8% Mod. Eroded
	Chester Gravelly Silt Loam	8 to 15% Mod. Eroded
	Chester Silt Loam	0 to 3%
	Chester Silt Loam	3 to 8% Moderately Eroded
	Chester Silt Loam	8 to 15% Moderately Eroded
	Chester Silt Loam	15 to 25% Moderately Eroded
	Comus Silt Loam	
	Eliak Silt Loam	3 to 8% Moderately Eroded
	Glendale	

Approved Perc Cert
 11.13.97

LEGEND

○ EX. PERCOLATION TEST



PROP HOUSE
6A-00-20B

9X9 Deck

18X14 Deck
& Porch
on SRV

LOT 12
40,404 SF
154.23'

LOT 11
48,327 SF
111.03'

LOT 10
BRANTWOOD
SECTION 2 AREA 1
PLAT No. 14181

Court
20' x 60'

N. OF WALTER W. & JANET T. BECK
LIBER 925 FOLIO 42
ZONED: RC

Suzanne @ W.B.
10-1-01
Brantwood lot 11

FOR TOPSOIL