

LAYOUT 9/13/04 INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 8/23/2004

P 520844

APPROVAL DATE: 11/18/04

A 513384

PERMIT
INDEXED

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Spring Valley Farms LOT NUMBER: 8

ADDRESS: 6336 Guilford Road PROPERTY OWNER: Lutfi On

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: 180 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the high corner of the staked SDA closest to the house. Run (2) 90' trenches on contour to rear of lot.
NOTES:	Septic tank to have 18-36" finished cover.

PLANS APPROVED: MER  DATE: 2/2/04

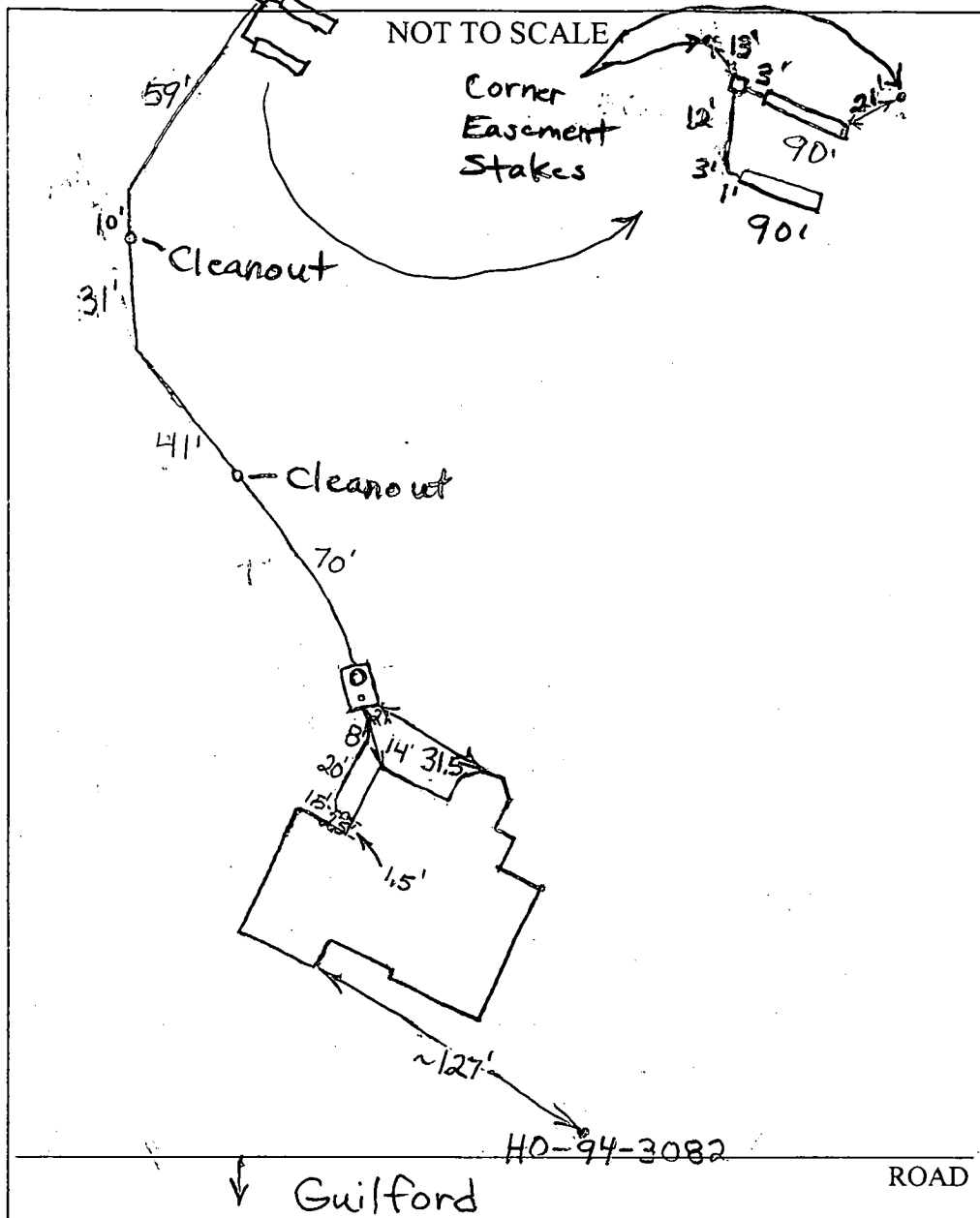
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS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

BUILDING PERMIT SIGNED AND RETURNED

10/18/04 800 150705 LPTANK

A513384



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		180'
ABSORPTION AREA		720 sq ft
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-15'
BAFFLES	Yes
BAFFLE FILTER	
MANHOLE LOC	Back
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 9/13/04 Septic reserve area not staked. Tank set. Need house connection. A pumped system may be required (BB)

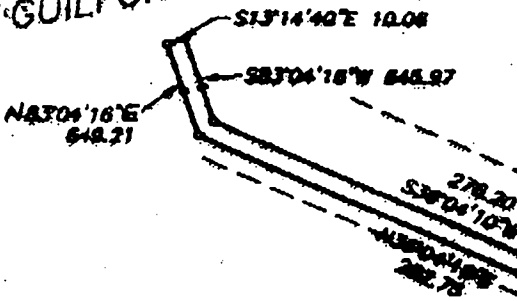
INSTALLATION 9/16/04 - SRA is staked & cleared. OK to install (2) 90' trenches on location (SD) 11/18/04 House connection O.K. (BB)

Need house connection

BUILDING PERMIT DIVISION

FINAL INSPECTOR B. Baker DATE OF APPROVAL 11/18/04

GUILFORD ROAD



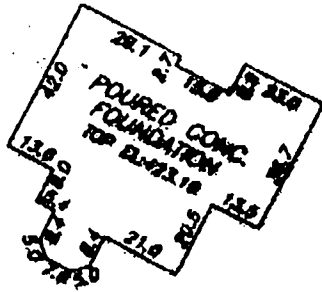
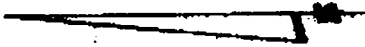
NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFUNDING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PREPARE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFUNDING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 1.0'

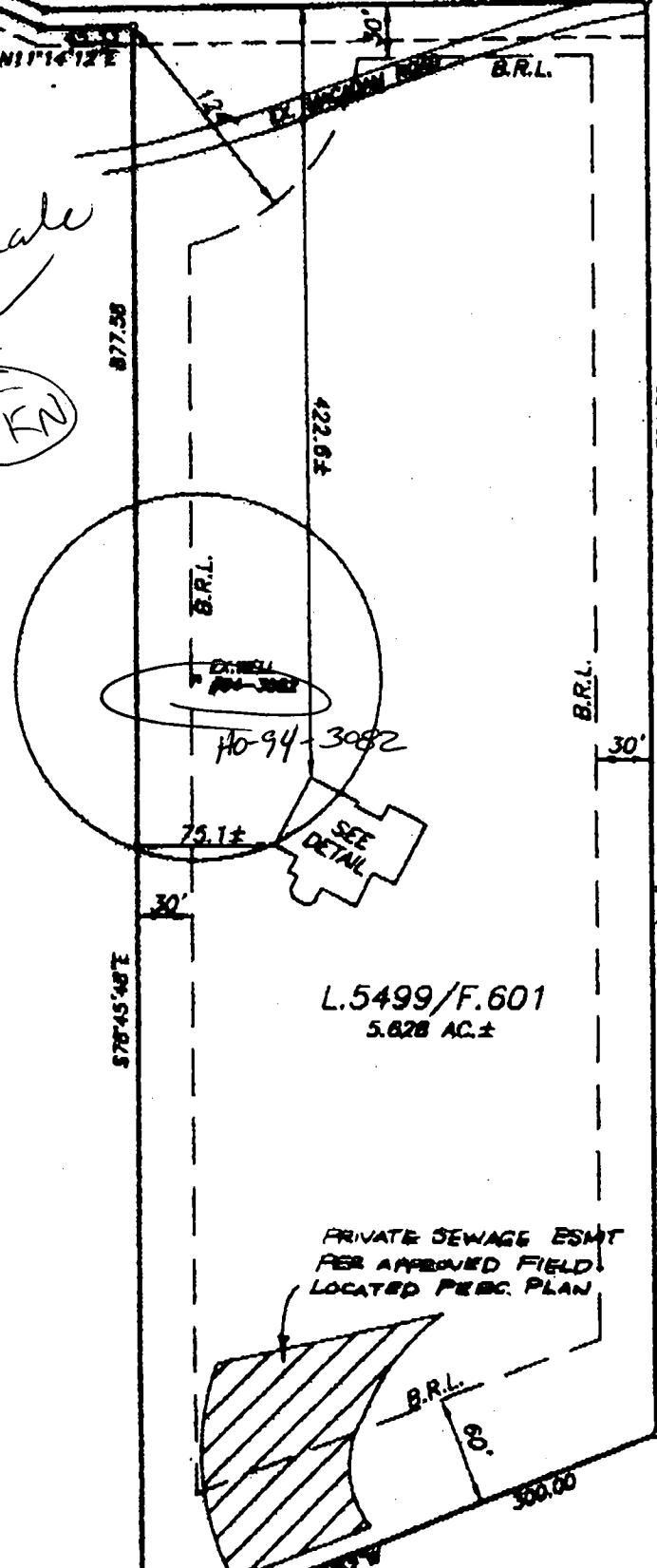
APPROX. LOCATION OF 60' R.O.W. (L.5499/F.601)
S11°14'12\"/>

THE PROPERTY SHOWN HEREON LIES IN ZONE C AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044-0032 B DATED: DEC. 4, 1986

4/23/04
Plan to Scale
Wall ✓
OK
(KN)



DETAIL
SCALE: 1" = 50'



L.5499/F.601
5.828 AC.±

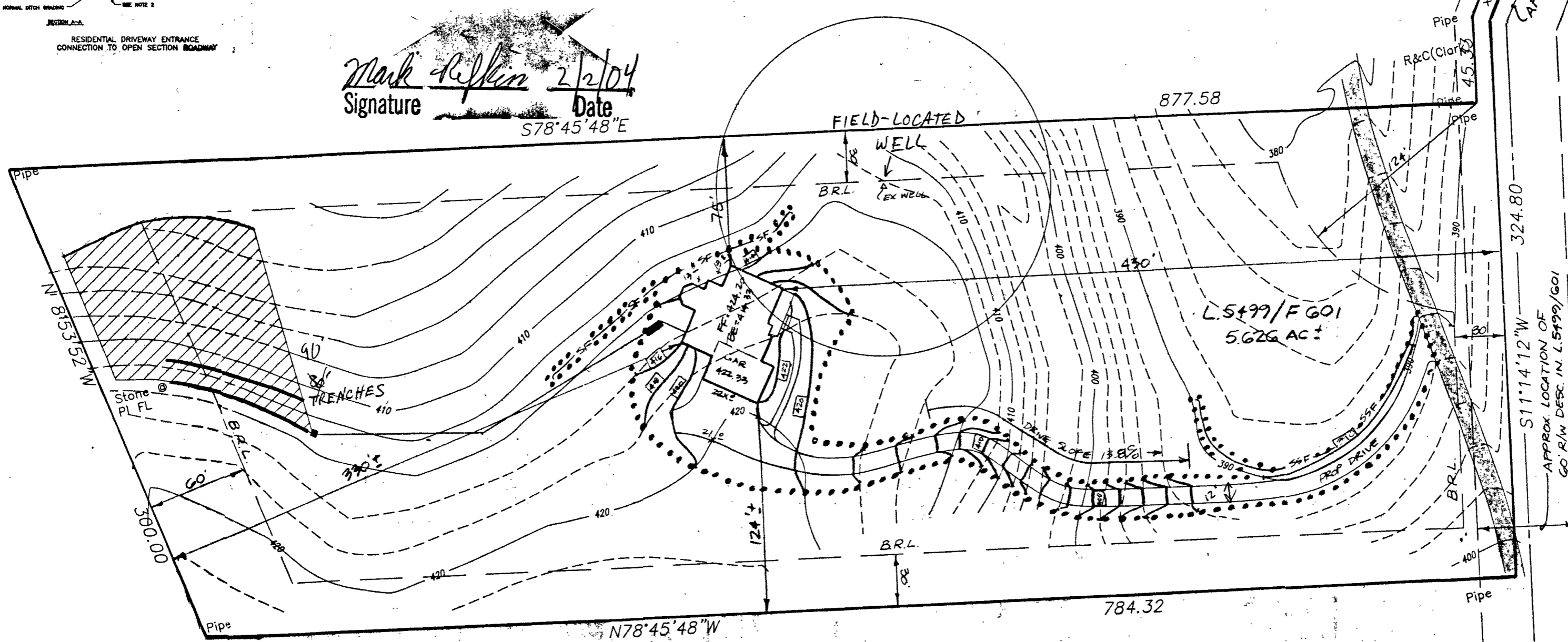
PRIVATE SEWAGE ESMT
PER APPROVED FIELD
LOCATED PER BC PLAN

3/23/04
[Signature]

Approved Septic System Plan
 Howard County Health Department
 L. 5499/F. 601

Mark Reffin
 Signature
 2/2/04
 Date
 S78°45'48"E

TO
 GUILFORD
 ROAD



- LEGEND
- SF — SILT FENCE
 - SSF — SUPER SILT FENCE
 - LIMIT OF DISTURBANCE
 - ZIX? PROP. SPOT ELEVATION

OWNERS:
 LUFTI ON
 10295 CRIMSON TREE CT.
 COLUMBIA, MD. 21044

DEVELOPER:
 SASLOW HOMES
 7241 NORRIS AVE.
 SYKESVILLE, MD. 21784

SCHWARTZ
 L. 734/F. 673

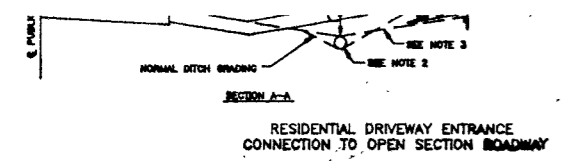
OFFICE
 COPY

SITE PLAN
 PROPERTY ON
 LUFTI ON
 (L. 5499/F. 601)
 (LOT 8, SPRING VALLEY FARMS)

TAX MAP 34, PARCEL 324, HOWARD COUNTY, MD
 SCALE: 1" = 50'
 JANUARY 8, 2004
 DEED REFERENCE: LIBER 5499, FOLIO 601

4/2/04
Ernst Rosenberg

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21043
 PHONE: 410-461-9563
 FAX: 410-461-9693



16336 Guilford Rd

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0045867

Building Address ~~Rt. 32 Clarksville Md~~
21029 - Lot 8 Spring Valley Farms
Suite/Apt. #: _____ SDP/WP/Petition #: 21029
Census Tract 605102 Subdivision Spring Valley Farms
Section _____ Area _____ Lot 8
Tax Map 34 Parcel 324 Grid 24
RRD00 Map Coordinates 4470 Lot size 5.62 A.

Property Owner's Name LUTFI ON
Address 10295 CRIMSON TREE COURT
City Columbia State Md Zip Code 21044
Home Phone 410-730-8501 Cell Phone 410-531-3300
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use New Family (single) Residence
Estimated Construction Cost \$ 400,000.00
Description of Work Build 2 story single family residence, 3 bedrooms, 2 1/2 bathrooms, 4 1/2 baths, overall garage

Contractor Company SASSLOW HOMES INC.
Contact Person Howard SASSLOW
Address 7241 MORRIS AVENUE
City Sykesville State Md Zip Code 21784
License No. 136
Phone 410-781-4844 Fax 410-549-6495

Occupant or Tenant LUTFI ON
Contact Name LUTFI ON
Address 10295 CRIMSON TREE COURT
City Columbia State Md Zip Code 21044
Phone 410-730-8501 Fax 410-531-9037

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth 69'-0" Width 68'-0"	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: 60'-2" 56'-7"	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: 69'-0" 68'-0"	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of Bedrooms 5	_____ NFPA #13D _____ NFPA #13R 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: _____	
_____ 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 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 Howard SASSLOW
Title/Company Estimator SASSLOW HOMES INC.

Print Name Edgar MAGNARD JR.
Date 1-20-04

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	2/2/04	Mark Ruffin
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	60730
Rear: _____	Filing fee \$ 100
Side: _____	Permit fee \$
Side St.: _____	Excise tax \$
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$
Lot Coverage for New Town Zone _____	Balance due \$
SDP/Red-line approval date _____	Check # 6003
Accepted by _____	Validation # 35696

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

C1 0721 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)

COUNTY NUMBER A 513384

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 05 04 2001

Depth of Well 200 (TO NEAREST FOOT)

OWSRK 6/22/01 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3082

OWNER On WtFi STREET OR RFD Guilford Rd TOWN Clarksville SUBDIVISION Spring Valley Farms SECTION LOT 8

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 50' & 140'.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (10), NO. OF POUNDS (1000), GALLONS OF WATER (60), DEPTH OF GROUT SEAL (40).

CASING RECORD: casing types (PL), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (40).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type (HO), diameter of screen (60), slot size (1, 2, 3).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: N. CIRCLE APPROPRIATE LETTER: A, E, P.

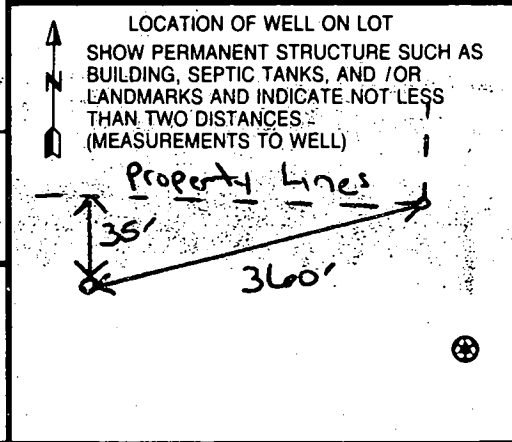
DEPTH (nearest ft.) table with columns for depth intervals (8-11, 15-17, 23-24, 30-32, 38-39, 41-45, 47-51).

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 (3), PUMPING RATE (9.3), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (32 ft. before, 107 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP, PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



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... DRILLERS LIC NO. MWD 399, DRILLERS SIGNATURE Warren Powell, LIC. NO. 1 MWD 241, SITE SUPERVISOR responsible for sitework if different from permittee.

B 1 07012

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HC - 94 - 3082

W513252 please print or type

Date Received (APA) 02-02-00

OWNER INFORMATION

On Lut F: 15 Last Name Owner First Name 34 12143 Clarksville Pike 36 Street or RFD 55 Clarksville MD 21029 57 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL

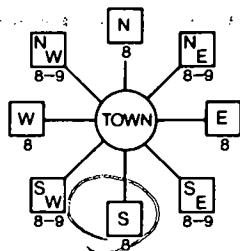
8 COUNTY 21 23 SUBDIVISION 42 Spring Valley Farms SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 Clarksville

DRILLER INFORMATION

PAUL M FABISZAK MW D399 76 License No. 81 G Edgar Harr Sons Co 40 Firm Name 12047 Falls Rd Cockeysville 21030 Address 1-2800 Signature Date

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

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6336 Cavil Road 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH: N, WEST: W, SOUTH: S, EAST: E. 34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 750 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

TAX MAP: _____ BLK: _____ PARCEL _____

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A 513324 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 04/24/01 DONALD COOK 04/23/07 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 495 000 EAST GRID 0017 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

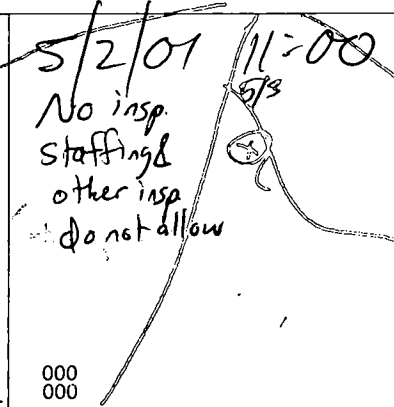
BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other

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 810 N 490



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 DEEPEMED AN EXISTING WELL

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

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)

APPROX. PERMIT NUMBER 54 GAP 63

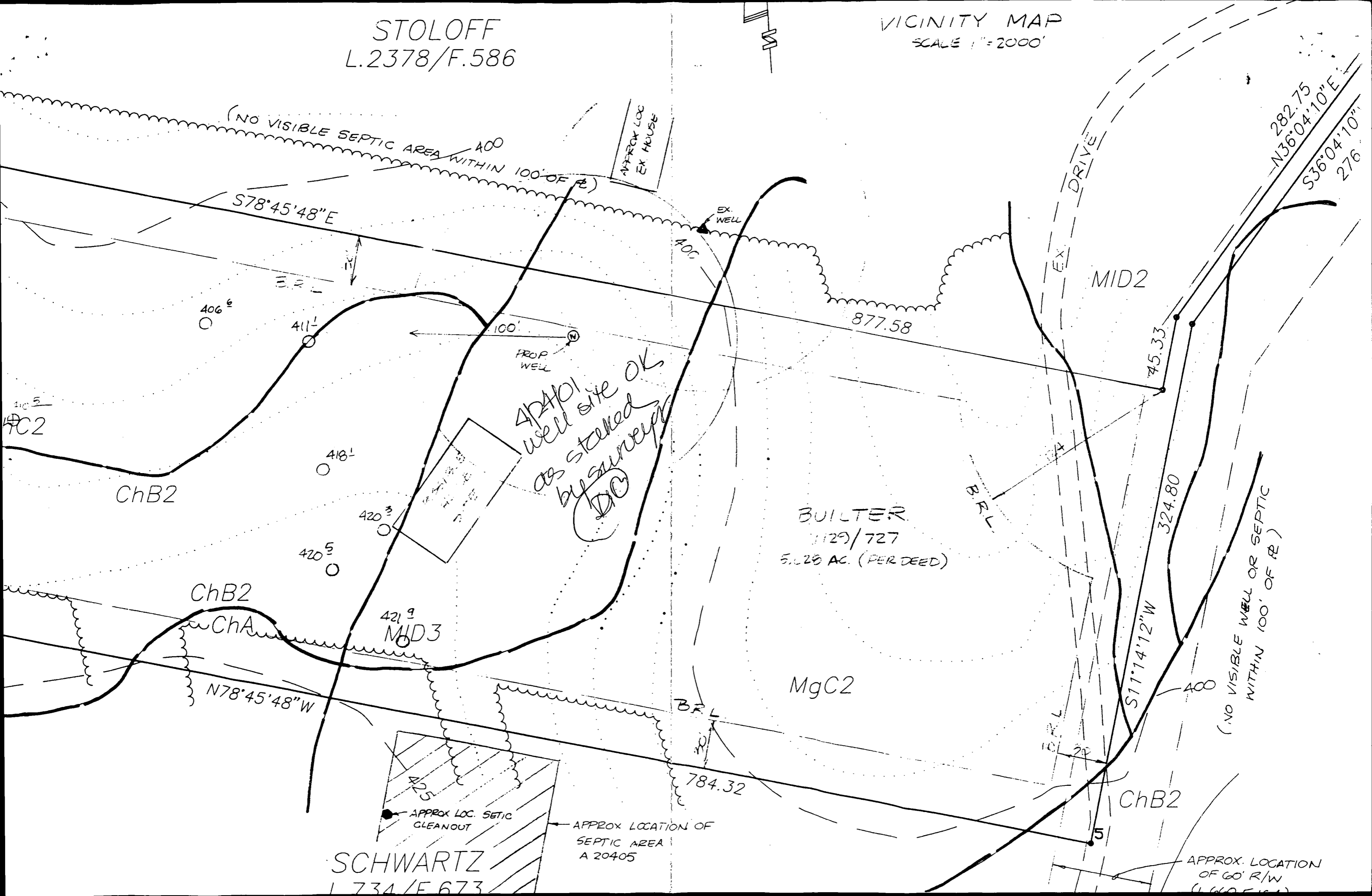
PERMIT No. HC - 94 - 3082 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

STOLOFF
L.2378/F.586

VICINITY MAP
SCALE 1"=2000'



(NO VISIBLE SEPTIC AREA WITHIN 100' OF Φ)

APPROX LOC EX HOUSE

EX WELL

S78°45'48"E

MID2

406⁶

411¹

100'

PROP WELL

877.58

45.33

402²

42401 well site OK as staked by surveyor

418¹

420³

420⁵

ChB2

BUILTER

1129/727
5.129 AC. (PER DEED)

B.R.L.

324.80

ChB2

ChA

421⁹
MID3

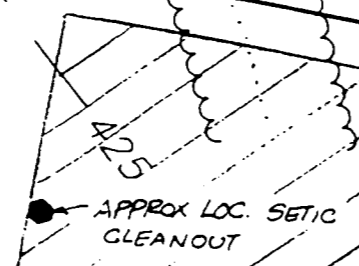
(NO VISIBLE WELL OR SEPTIC WITHIN 100' OF Φ)

N78°45'48"W

MgC2

S11°14'12"W

A00



APPROX LOCATION OF SEPTIC AREA A 20405

B.R.L.

784.32

ChB2

5

SCHWARTZ
L.734/E.673

APPROX. LOCATION OF 60' R/W (L.660/F.151)

N36°04'10"E
282.75

S36°04'10"E
276

3/30/01
10:00

APPLICATION

PERCOLATION TESTING

A 513384

Purpose-continuation
of evaluation
6/28/00 by CW
(D/C)

P _____

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

DISTRICT _____

DATE 4/13/00

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 KETHA BILTER

ADDRESS 425 CALIFORNIA ST. SUITE 200 PHONE _____
SAN FRANCISCO, CALIF 94104-2207

AGENT OR PROSPECTIVE BUYER REMAX REALTY ATTN: STEVEN JAMES

ADDRESS 5575 STERRETT PLACE PHONE 410-715-3252
COLUMBIA, MD 21044

PROPERTY LOCATION:

SUBDIVISION SPRING VALLEY FARMS LOT NO. 8

ROAD AND DESCRIPTION S.W. SIDE GULFORD RD 4000' S.E. OF RTE 108

TAX MAP 34 PARCEL # 324

SIZE OF LOT 5.628 AC TYPE BLDG. SINGLE FAMILY
(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.

Ronald J. Ford (SIGNATURE OF APPLICANT)
(MANAGER, PERC & LANE)

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

51338A

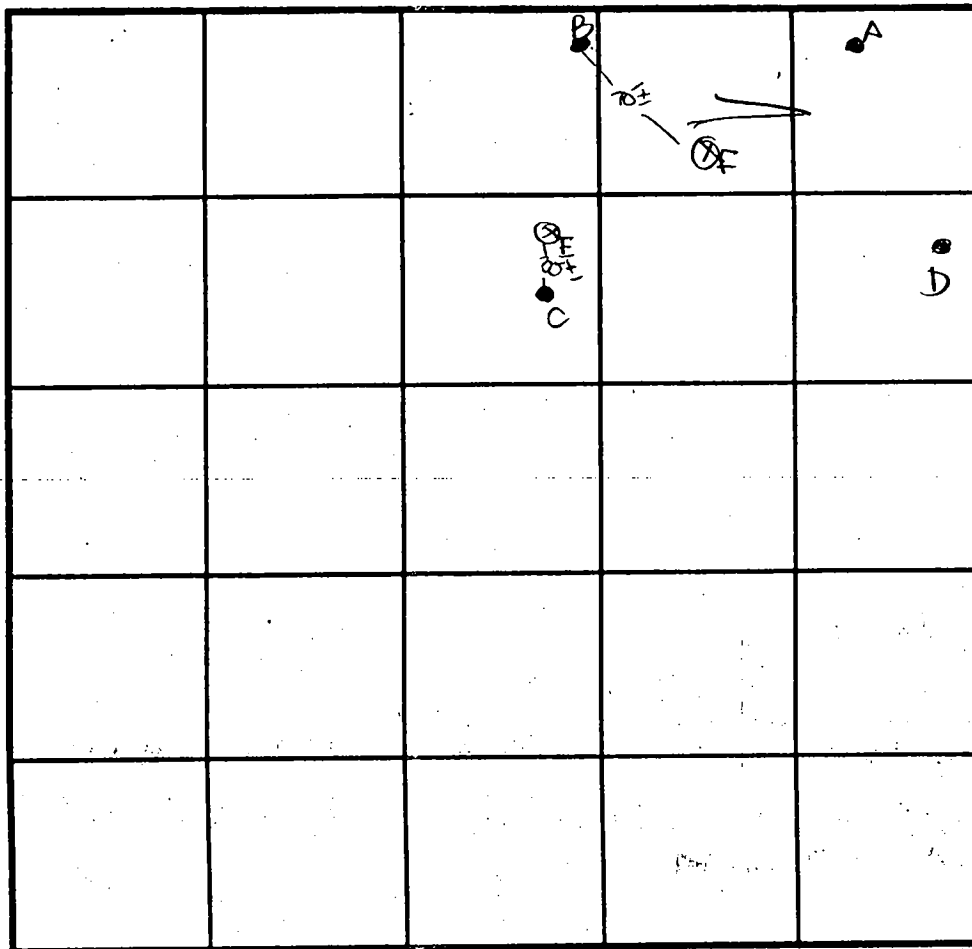
COUNTY #

SOIL PROFILE D/F

0' topsoil
 1' org bm
 4' cl m
 pale org tan
 3' solum
 5-10% rock

A
 0' topsoil
 1' red
 4' bm
 cl m
 14' bm
 to
 3' org
 1' bm
 solum
 5-10% rock

B
 0' topsoil
 1' org bm
 3.5' cl m
 few lg rx
 pale
 org
 ledge
 solum
 10%+ rock



SOIL PROFILE E

0' topsoil
 1' red
 4' bm
 cl m
 pale
 org tan
 solum
 15%+ rock
 13'
 0' C
 1' topsoil
 4' red bm
 cl m
 med org
 tan
 solum
 w/ lg rx
 15%+ rock

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

→ to Guilford Rd. 131

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-30-01	D	4.5' S	10:31 ₃	10:37	10:37	10:44	7
		14.0' D	visual	- see	profile		OK
	A	4.0' S	10:47	10:51	10:51	11:00	9
		13.0' D	visual	- see	profile		OK
	B	4.0' S	11:03 ₂	11:04	11:04	11:05 ₂	2
		14.5' D	visual	- see	profile		OK
	E	13.0' D	visual	- see	profile		OK
	C	13.0' D	visual	- DO	NOT USE		-
	F	13.5' D	visual	- see	profile		OK

REMARKS notes A-D tested as stacked, E,F not stacked

TYPE OF SOIL _____

TESTED BY DKC ALSO PRESENT D. Kellerman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH RD @ SEC

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

APPLICATION

6/12/00
10:00

Let message -
*New application
Handwritten notes
4/28/00

PERCOLATION TESTING

A 513384
P _____

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

DISTRICT _____

DATE 4/13/00

Not used

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 KEITH BILTER

ADDRESS 405 CALIFORNIA ST. SUITE 200 PHONE _____
SAN FRANCISCO, CALIF 94104-2207

AGENT OR PROSPECTIVE BUYER REMAX REALTY ATTN: STEVEN JAMES

ADDRESS 5575 STERRETT PLACE PHONE 410-715-3252
COLUMBIA, MD 21044

PROPERTY LOCATION:
SUBDIVISION SPRING VALLEY FARMS LOT NO. 8

ROAD AND DESCRIPTION S.W. SIDE GULFORD RD 4000' SE. OF RTE 108

TAX MAP 34 PARCEL # 324

SIZE OF LOT 5.628 AC TYPE BLDG. SINGLE FAMILY
(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.

Keith Bilter (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 #

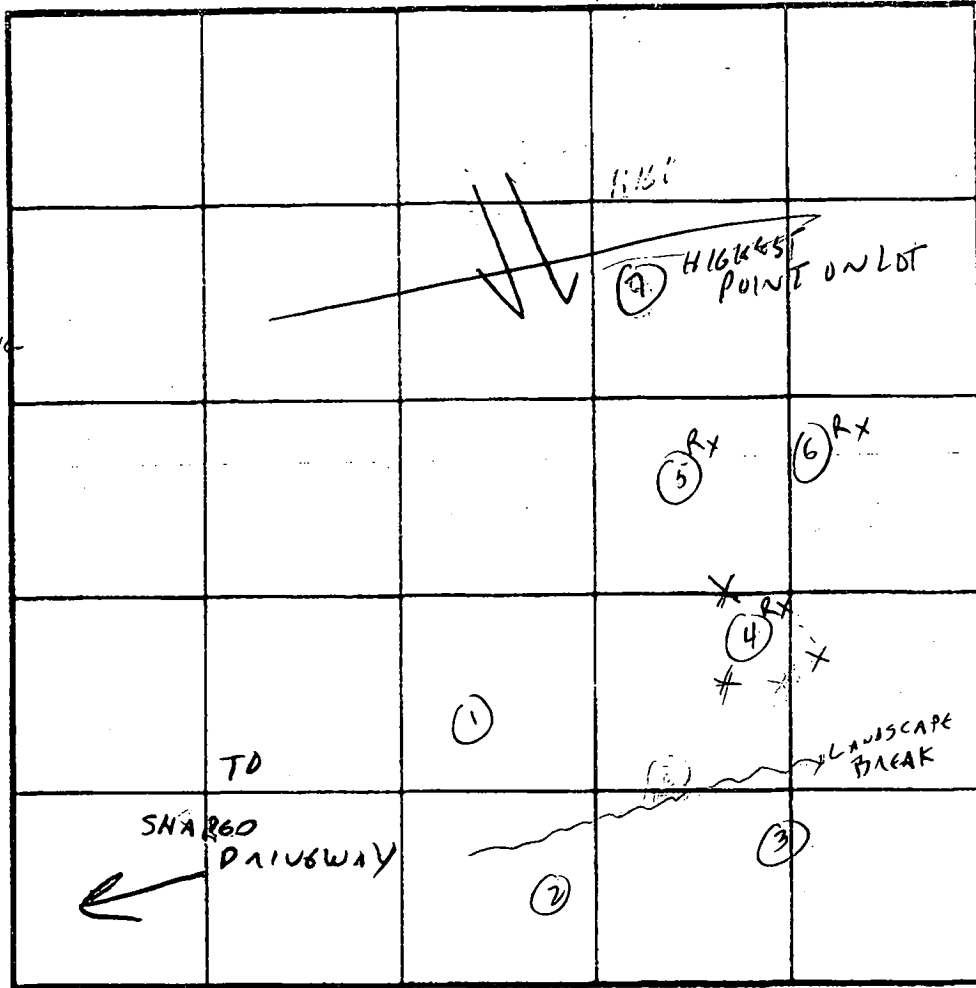
SOIL PROFILE

(4) 0" TOP SOIL
 8" SANDY CLAY
 4" CLAY w/ ROCK INCREASING WITH DEPTH.
 7 1/2" REFUSAL

(5) SAME AS 4

(6) ROCK STARTS AT 3' REFUSAL (a) 6'

(7) PRESUMED OK, NOT INSPECTED, NOTIFIED ANY USABLE PATTERNS OF HOLES



HOLE 4 & 5
 SOIL PROFILE FOR SAND MOUND
 0" TOP SOIL
 8" SANDY LOAM
 12" DENSE LOAM
 16" SANDY LOAM
 24" DENSEST LOAM
 SANDY MICR SILT & CLAY & ROCK
 48" ROCK INCREASING FROM 20" TO REFUSAL (a) 7 1/2"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6/12/00	4	SEVERAL LOCATIONS IN THIS VICINITY ABANDONED BY CONTRACTOR FOR ROCK OBSERVED HOLE: REFUSAL (a) 7 1/2'					
	5	ABANDONED ROCK					
	7	EXCAVATOR REPORTS PXS EXCEL HOLES NOT INSPECTED - CHEST HIGH POISONING ON APPROACH					
	3	ULS OK FOR CONVENTIONAL 4-8 1/2' POCKET OF SEVERE ROCK STARTS (a) 8 1/2'					
	8	POCKETS ROCK STARTING (a) 4' REFUSAL (a) 8'					

REMARKS EXCESS ROCK, HEAVY VEGETATION, POISONING, FEW PROPERTY MARKERS

TYPE OF SOIL _____

TESTED BY C. J. [Signature] ALSO PRESENT KETTLEMAN

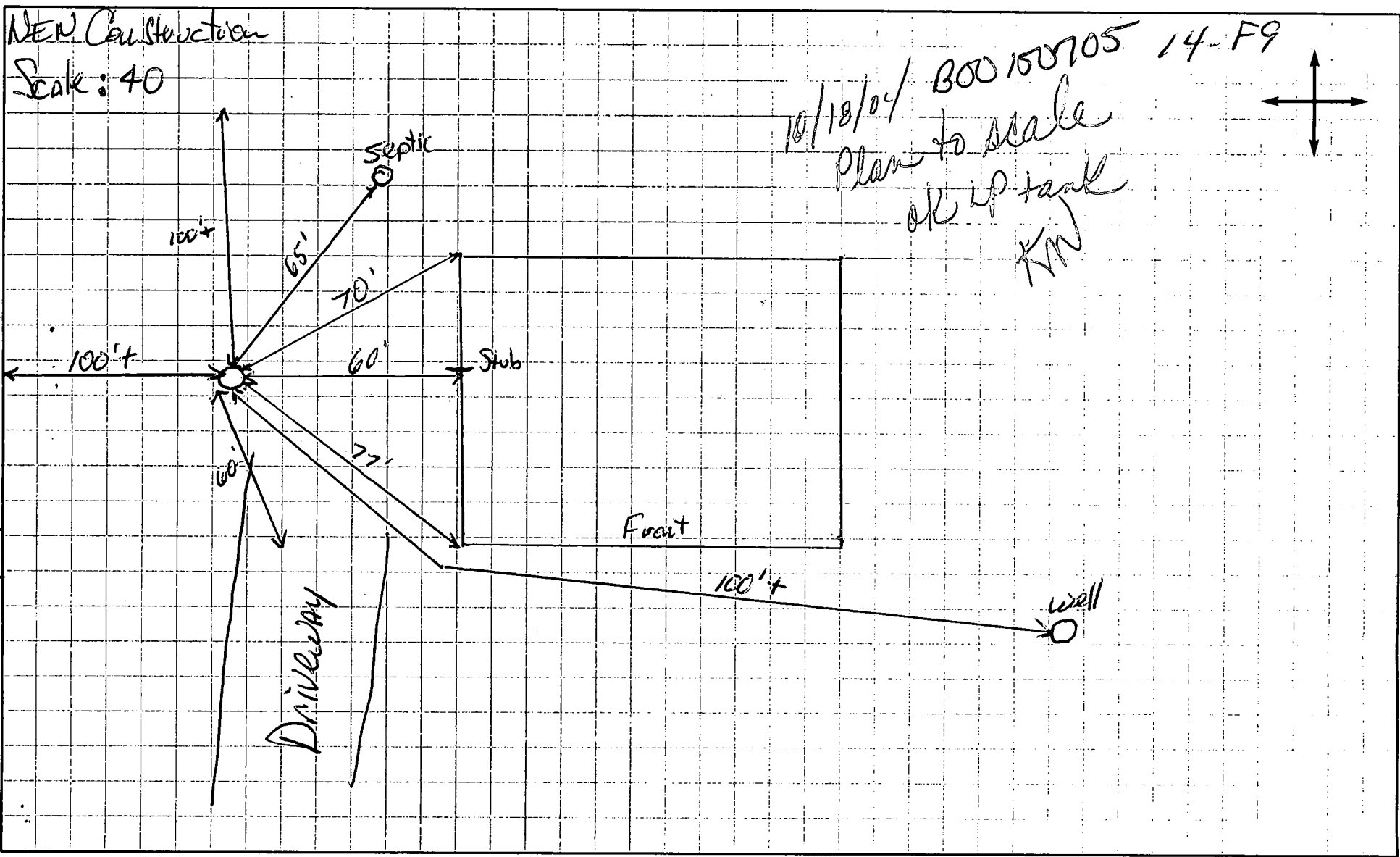
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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





SITE SURVEY

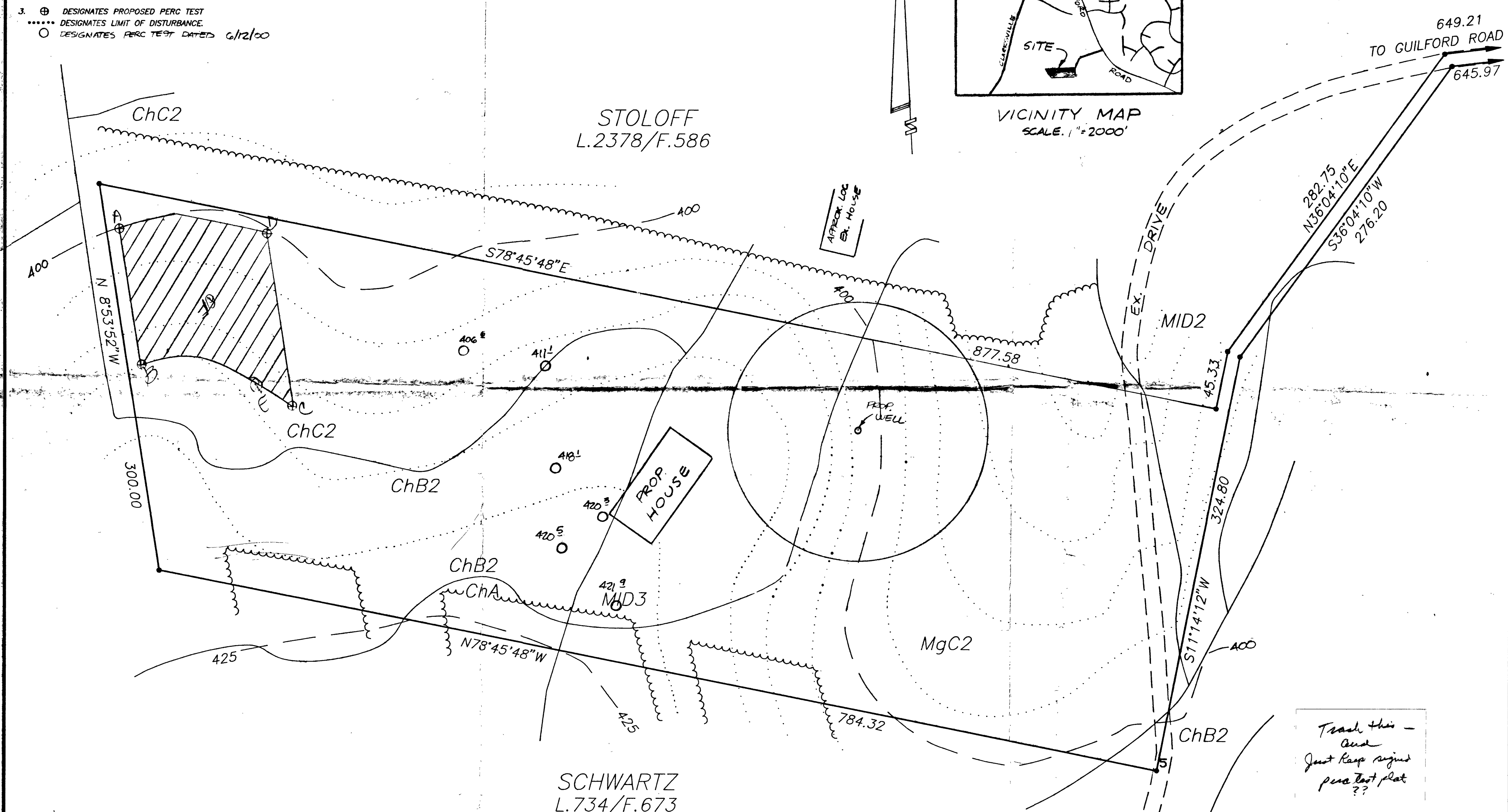
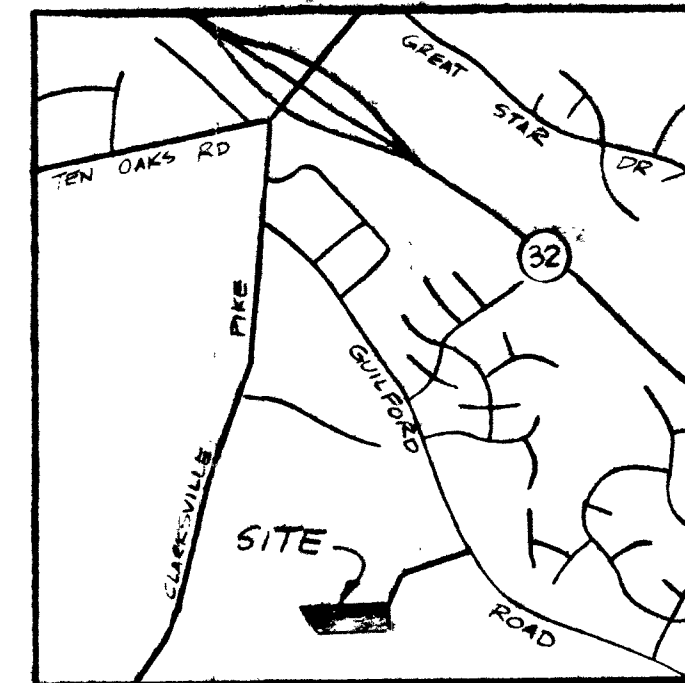
NAME: Lutfi Ow ADDRESS: 6336 Spring Valley Farm ACCOUNT #: D36336 DONE BY: Pierce DATE: 9/29/04

- WELL
- PUBLIC WATER
- DELIVERY ACCESS
- PROPERTY LINE SETBACKS
- NEW/EXISTING CONSTRUCTION
- SEPTIC
- PUBLIC SEWER
- LANDMARKS/OBSTACLES
- IGNITION SOURCE SETBACKS
- DIRECTIONAL COMPASS



NOTES:

1. TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRY AND SHOULD BE FIELD VERIFIED PRIOR TO EXCAVATION.
2.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MD. STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY. THERE IS A 10,000 S.F. MINIMUM RESTRICTION ON THE SEWAGE EASEMENT.
3.  DESIGNATES PROPOSED PERC TEST
 DESIGNATES LIMIT OF DISTURBANCE
 DESIGNATES PERC TEST DATED 6/12/00



STOLOFF
L.2378/F.586




SCHWARTZ
L.734/F.673

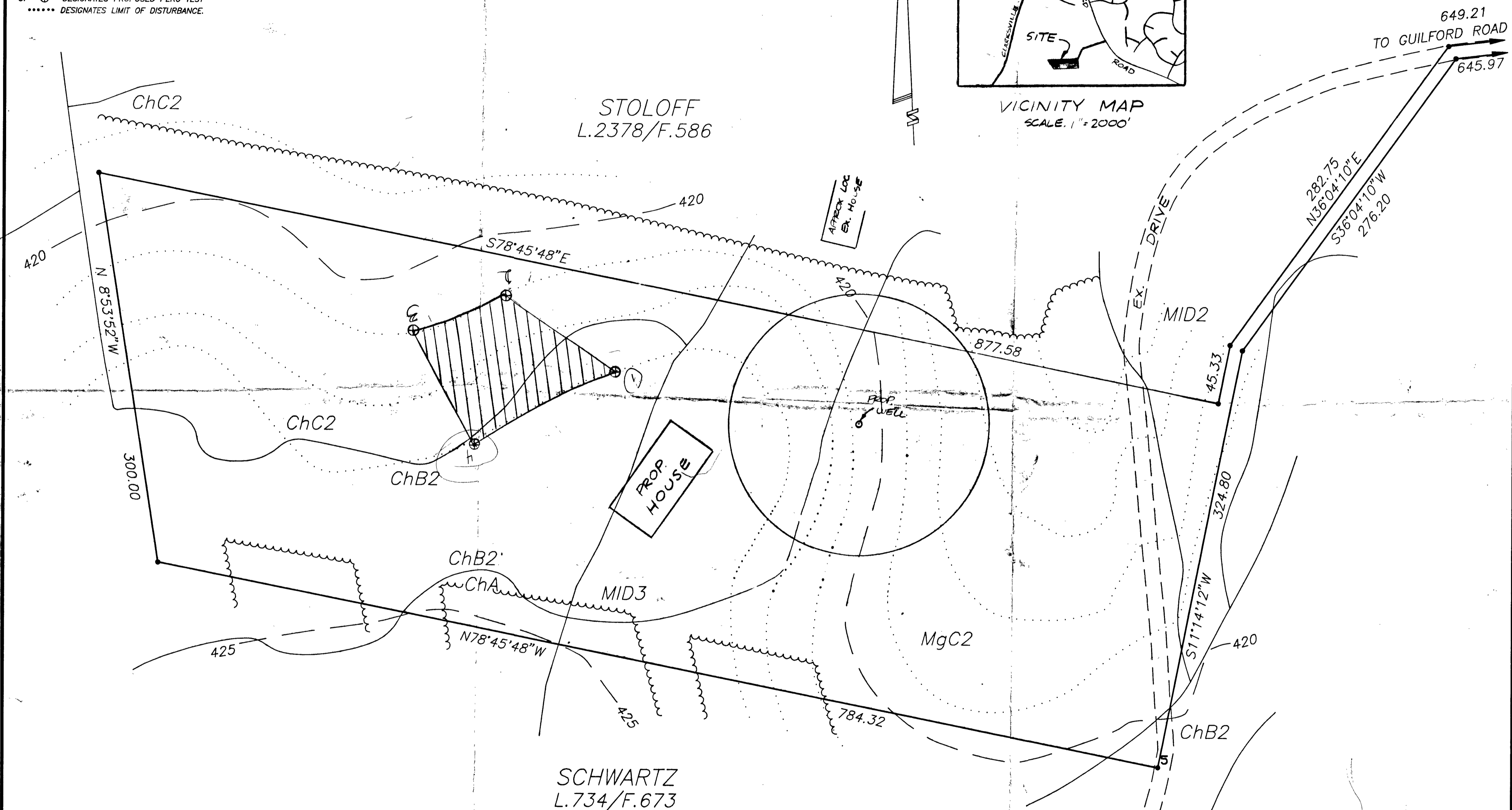
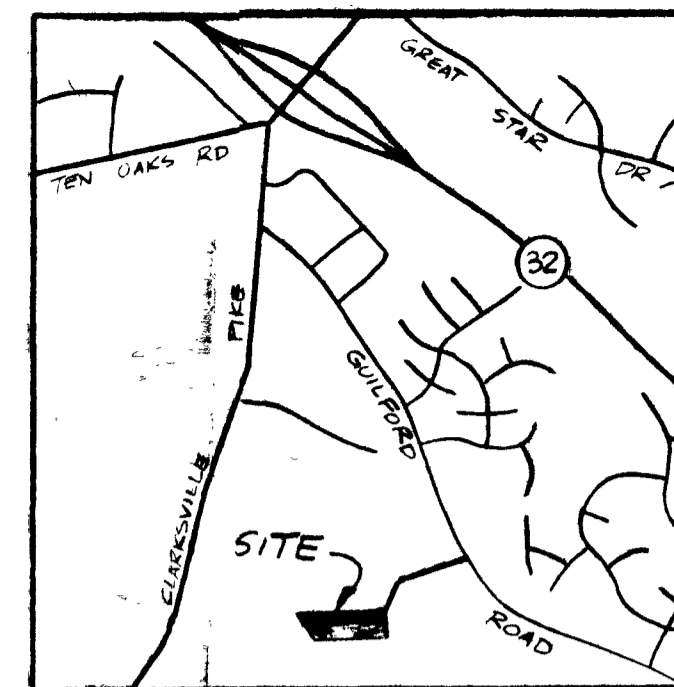
*Trash this -
and
Just keep signed
perc test plat
??*

FIELD-LOCATED
PERC-TEST PLAT
BILTER PROPERTY
(L.1129/F.727)
(LOT 8, SPRING VALLEY FARMS)
TAX MAP 34, PARCEL 324, HOWARD COUNTY, MD
SCALE: 1"=50' APRIL 10, 2000
DEED REFERENCE: LIBER 1129, FOLIO 727

SHAMBERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLICOTT CITY, MD. 21043
PHONE: 410-461-9563
FAX: 410-461-9693

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**PERC-TEST PLAT
BILTER PROPERTY**

(L.1129/F.727)

(LOT 8, SPRING VALLEY FARMS)

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SCALE: 1"=50' APRIL 10, 2000

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