

2-14-02 11am Layout
2/15/02 F.U. PM

11/15/01 Layout 11 A.M. Canceled
11/19/01 Layouts NOON

05-434025

ISSUE DATE: 10/31/2001

APPROVAL DATE: 2/14/02

PERMIT INDEXED

P 516401

A 513574-C

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

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

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

SUBDIVISION: Pindell Woods LOT NUMBER: 24

ADDRESS: 7200 Preservation Court PROPERTY OWNER: Dale Thompson Builders

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 225

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Starting at the bend in the left lot line, place the distribution box 55' down the rear left lot line and 65' off this same lot line. Run (4) trenches on contour to left side of lot as shown on plan.
NOTES:	

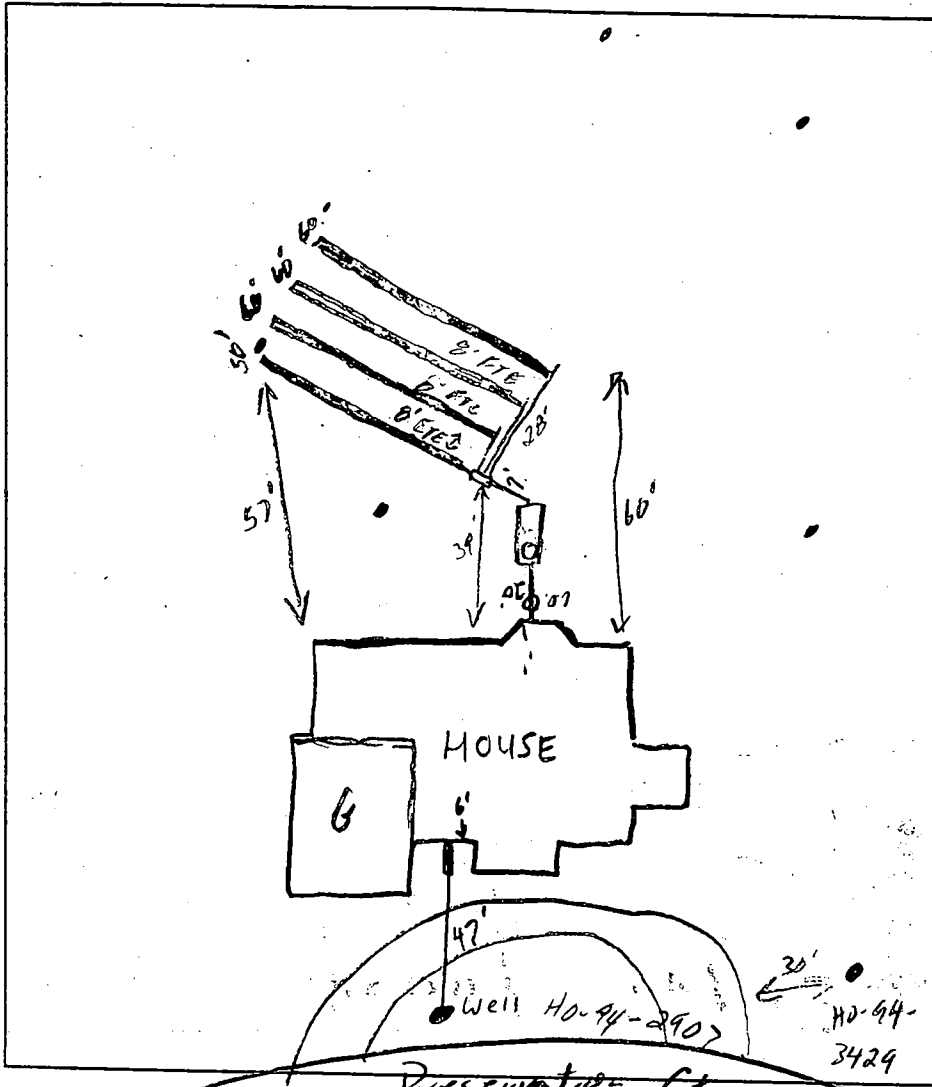
PLANS APPROVED: MER 10/31/01 OK (AB) DATE: 10/5/01

- 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

A 513574-C

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2'
 TRENCH INLET DEPTH 3.5'
 TRENCH BOTTOM DEPTH 7.5'
 DEPTH OF STONE 4'
 NUMBER OF TRENCHES 4'
 TOTAL TRENCH LENGTH 230'
 ABSORBENT AREA 920 ft²
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1500 TG GALLONS
 MANHOLE RISER Front 3' h.
 6 INCH INSPECTION PORT W/A

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS W/A
 MANHOLE RISER W/A
 ALARM _____
 PUMP PERFORMANCE TEST _____

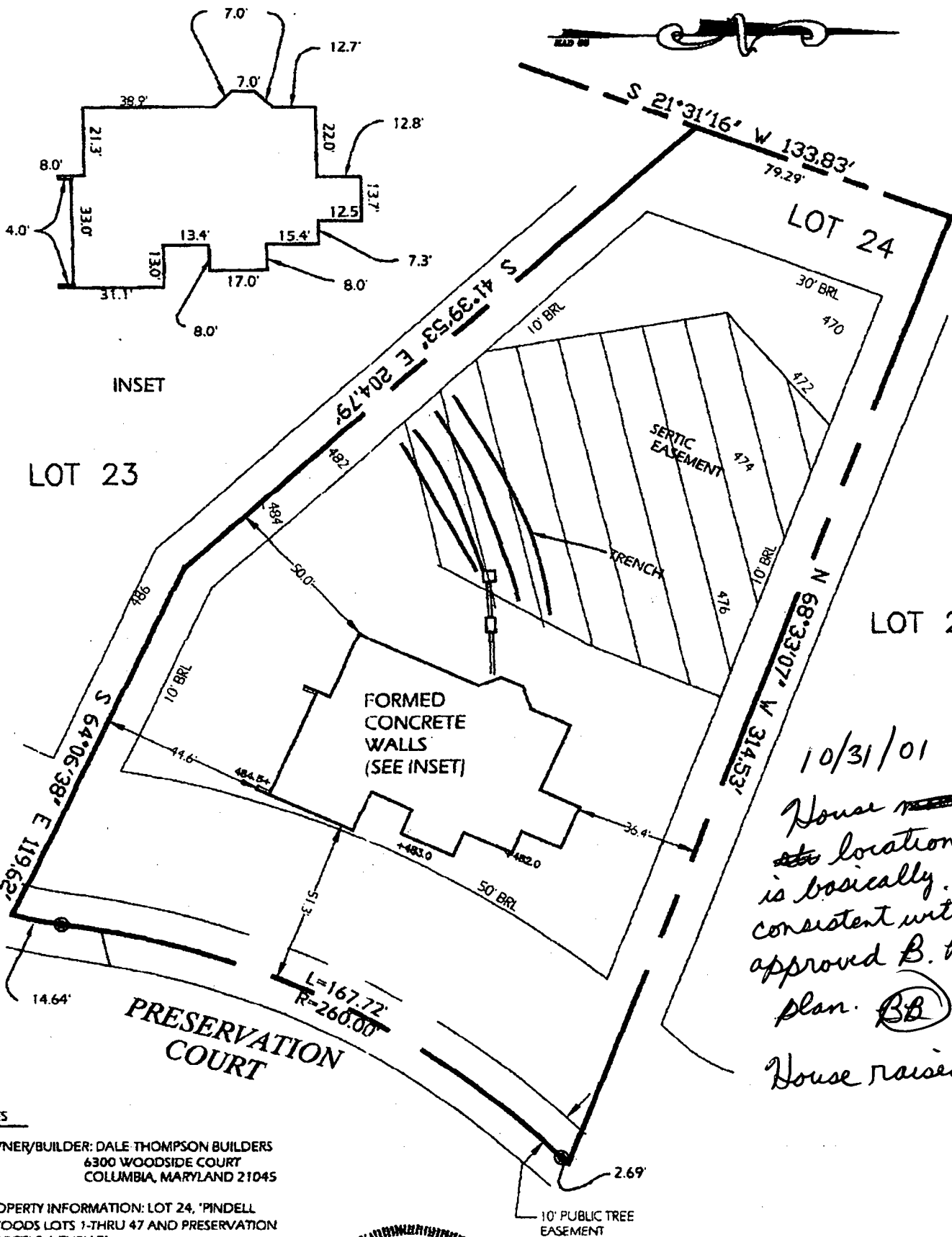
PRE-CONSTRUCTION INSPECTION: 2/14/02 Lay out per B.P. Need to find original grade on S.E. corner, fill dirt graded (S)

INSPECTION COMMENTS: 2/14/02 Ok to cover to tank 2/19/02 Ok to cover all work (S) 2/25/03 New well 30' off driveway. Can't see original well w/ snow? (S)

INSPECTOR

DATE SYSTEM APPROVED

2/19/02



10/31/01
 House ~~raised~~
 its location
 is basically
 consistent with
 approved B. P.
 plan. **BB**
 House raised.

NOTES

- 1. OWNER/BUILDER: DALE THOMPSON BUILDERS
6300 WOODSIDE COURT
COLUMBIA, MARYLAND 21045
- 2. PROPERTY INFORMATION: LOT 24, 'PINDELL
WOODS LOTS 1-THRU 47 AND PRESERVATION
PARCELS A THRU F'
- 3. PROPOSED HOUSE MODEL: DEVONSHIRE
- 4. PAVING SPECIFICATION: 2" ASPHALT



TOP OF WALL ELEV = 487.8

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 300129871
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Building Address: 7120 Proctor Street Rd.
Fulton, MD 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6C51.02 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 111 Parcel 275 Grid 8

Zoning RP-1A Map Coordinates 11 13 Lot size _____

Owner's Name Dale Thompson Builders

Address 6300 Woodside Court

City Columbia State MD Zip Code 21046

Home Phone _____ Work Phone _____

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

Phone 410-995-1736 Fax 410-241-7117

Existing Use Variant Lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 350,000

Description of Work 2 ST, 1 BDR, 5 1/2 Bath
Finished Basement, 4500SF

Contractor Company _____

Contact Person _____

Address As Above

City _____ State _____ Zip Code _____

License-No. _____

Phone _____ Fax _____

Occupant or Tenant _____

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
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>2000</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/>

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: Depth <u>60</u> Width <u>15</u>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>45</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Dale Thompson NOB Dale Thompson
 Applicant's Signature Print Name

Dale Thompson Builders
 Title/Company Date _____

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

VALIDATION

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	150439
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing Fee \$ <u>25.00</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit Fee \$ _____
Dev. Engineering, DPZ	<u>10/1/01</u>	<u>Mark Kelleher</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/>) Excise Tax \$ _____
Health			Lot Coverage for NewTown Zone _____	(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/>) TOTAL FEES _____
Fire Protection			SDP/Red-line approval date _____	Check # <u>14760</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Validation # <u>22714</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Accepted by: _____
ONE STOP SHOP: <input type="checkbox"/>				

REVISED

Date: 9.20.01

Comments: D. 00129871
7200 Preservation Ct. Lot 24

Total linear feet of trench required 225 feet

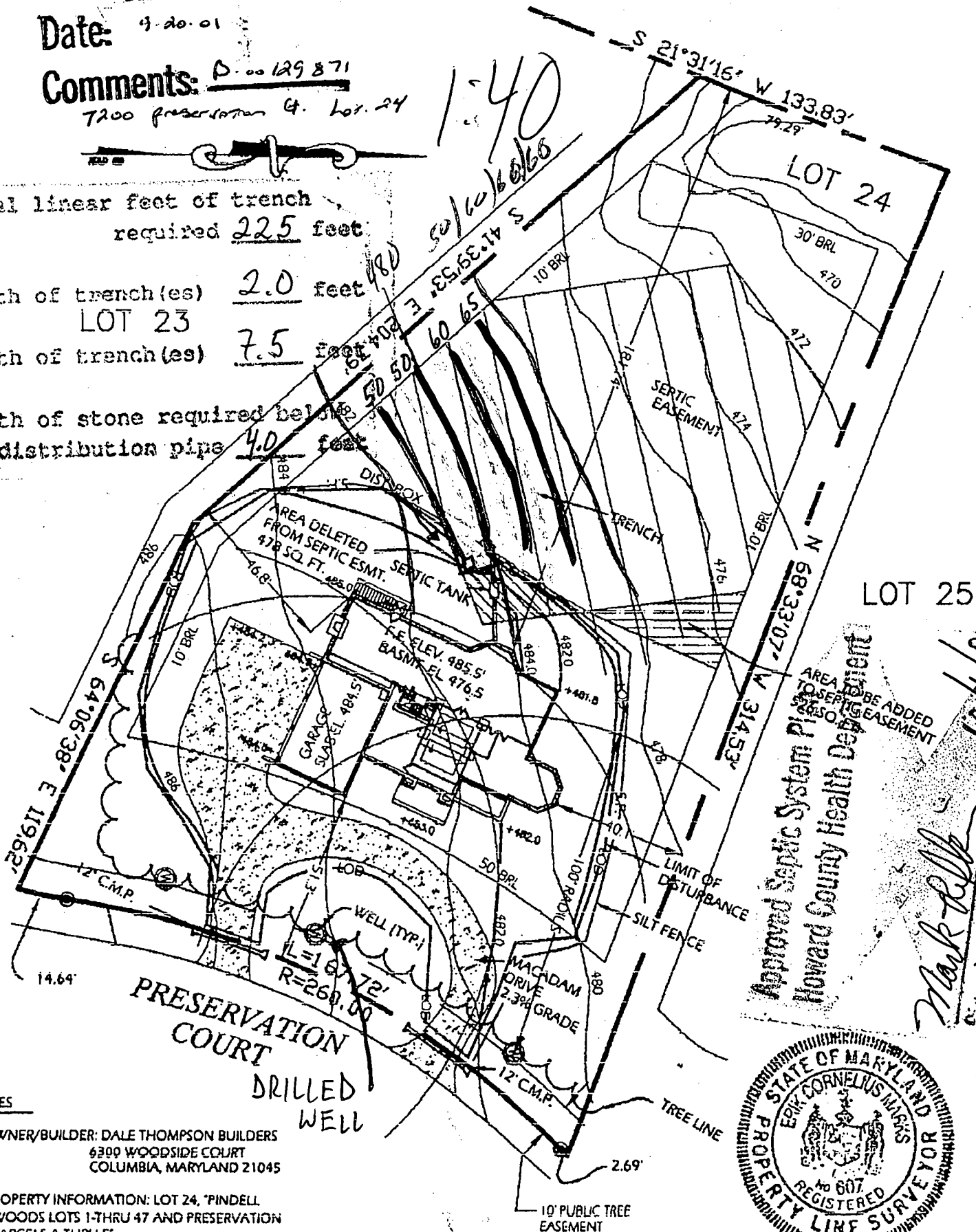
Width of trench(es) 2.0 feet

LOT 23

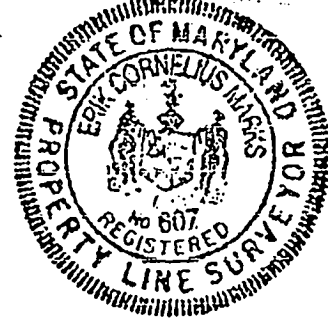
Depth of trench(es) 7.5 feet

Depth of stone required below

distribution pipe 4.0 feet



Approved Septic System Plan
Howard County Health Department



Mark Falk
Surveyor

- NOTES
- OWNER/BUILDER: DALE THOMPSON BUILDERS
6300 WOODSIDE COURT
COLUMBIA, MARYLAND 21045
 - PROPERTY INFORMATION: LOT 24, "PINDELL WOODS" LOTS 1-THRU 47 AND PRESERVATION PARCELS A THRU F
 - PROPOSED HOUSE MODEL: DEVONSHIRE
 - PAVING SPECIFICATION: 2" ASPHALT
4" CR-6 OR
2.5" ASPHALT
1.5" OVERLAY

EXISTING ELEVATIONS	PROPOSED
	FIRST FLOOR: 485.5'
	BASEMENT: 476.5'
	INVERT OUT OF HOUSE: 478.6'
GRADE AT SEPTIC TANK: 488.2	INVERT INTO SEPTIC TANK: 478.4' OUT 478.4'
GRADE AT DISTRIBUTION BOX: 488.2	INVERT INTO DISTRIBUTION BOX: 477.8'
GRADE AT TRENCHES: 481	INVERT INTO TRENCH: 477.5'
ELEVATION OF WELL AT GRADE	

RECORD REFERENCES

LIBER/FOLIO F 0189

PLAT BOOK REC PLAT 14921-24

PLAT, NO./FOLIO

SCALE 1"=40'

DATE SEPT. 19, 2001

**PLOT PLAN
SINGLE FAMILY
DWELLING**

7200 PRESERVATION COURT
LOT 24 PINDELL WOODS
HOWARD COUNTY, MARYLAND

MARKS & ASSOCIATES L.L.C.
CONSULTING SURVEYORS-LAND PLANNERS
4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND
TELEPHONE (410)747-8738 FAX (410)747-8739

Erik C. Marks

606802

PR



ff # 50
C. Beech - case
CRH 46835
2-26-02

February 25, 2002

Ms. Avis Corbin
Howard County Department Of Inspections
George Howard Building
3430 Court House Drive
Ellicott City, Maryland 21043

Re: B00129871
7200 Preservation Court aka 7210 Pindell Sch Rd
Pindell Woods Lot #24

Dear Ms. Avis Corbin:

We submit for your review and approval the attached documents in support of our request to amend the active permit referenced above. Our requested amendments are:

NO
ISSUE

- 1. Revise the first floor elevation and basement elevation as indicated. (See four copies of red lined site plan.) 485.5 raised to 489.8
- 2. Revise the octagonal shaped conservatory to be rectangular in shape. (See two copies of red lined architectural drawings 2A and 3A.)
- 3. Include shop drawings for the construction of the conservatory. (See two copies of shop drawings.)
- 4. Revise floor truss layout as shown. (See two copies of red lined floor joist layout drawings.)

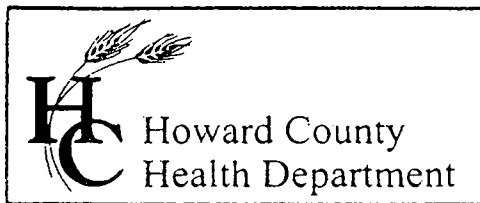
Should you have any questions or require additional information, please call me at (410) 995-6736.

Very truly yours,

Dale H. Thompson
President

Enclosures as stated

OK (MR) 3/5/02 Ho Co. Health Dept.
- RASAP
re: Health - attention Frank Skinner
Dept. Skinner
DPZ



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

October 20, 2003

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21016

SENT VIA FACSIMILE 410-381-8747

RE: Pindell Woods, Lot # 24
7200 Preservation Court
BP # B00129871
Well Permit # HO-94-3429

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 2/19/2002.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3429. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 10/7/2003
Date of Well Completion: 7/19/2002

Respectfully,

Steven R. Krieg
Registered Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's Office
Community Services Program
File

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: Willoughby Plumb Telephone #: 410-781-7051
Address: 10203 Patrick Dr
Speserville, 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): Chris Willoughby License# 16992

*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: DALE THOMPSON BOYS Telephone #: 410-995-0730
Subdivision: PINDELL WOODS Lot # 04 Well Tag #: HO 94-3429
Site Address: 7200 PRESERVATION Ct
FULTON, MD 20759

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: HAVALTD Two piece watertight cap: ✓
Model #: _____ Model #: _____ Screened, vented well cap: ✓
Pump Capacity _____ GPM Depth: 48" (36" min) Cap secured to casing: ✓
Well Yield: 6 GPM NSF approved: _____ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation 340 feet Conduit secured to well cap: ✓
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.2.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

361

Plumbing to house House Connection
Type: CREST LINE PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 1" (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 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.

Signature of company representative responsible for installation: Chris Willoughby date: 10/20/03

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____

HD-215 (Rev. 8/00)

INSTALLER DID NOT CALL IN INSP.
INSTALLER & REASONABLE - (SRK)
REPUTABLE
SAMPLES PASS

C1 14557 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 513574

DATE RECEIVED 07 18 02

DATE WELL COMPLETED 07 15 02 DEPTH OF WELL 360 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3429

OWNER Thompson Date Meandering Stream Way TOWN Pindell Woods SECTION LOT 24

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (45).

OTHER CASING (if used) table with columns: diameter, depth.

SCREEN RECORD: screen type (HO), diameter of screen (56, 60).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y), NO (N).

CIRCLE APPROPRIATE LETTER: A, E, P.

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. M: S D 117. DRILLERS SIGNATURE. LIC. NO. [Signature]

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

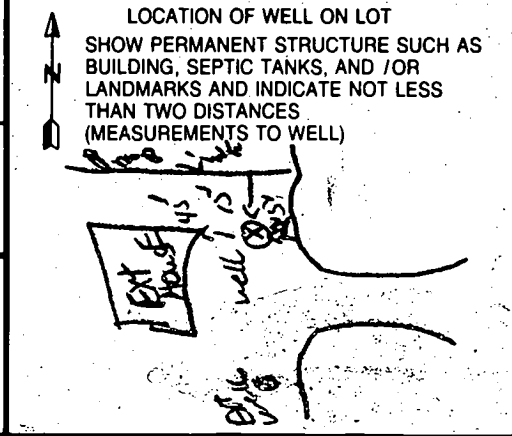
DEPTH (nearest ft.) table with rows 1-5 and columns 8-11, 15-17, 23-24, 28, 30-32, 36, 38-39, 41, 45-47, 51.

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. TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (58 ft. before, 130 ft. when pumping), TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below), LAND SURFACE (2 ft. nearest).



B 1 **5718** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

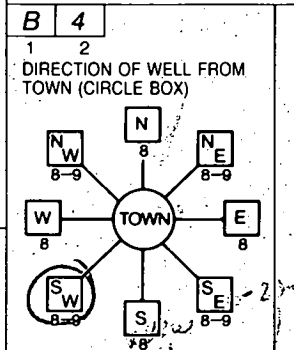
STATE PERMIT NUMBER
HO-94-3429
fill in this form completely

Date Received (APA) **06 24 02**

OWNER INFORMATION
 Thompson DALE
 6300 WOODSIDE CT.
 Columbia MD 21046

B 3 LOCATION OF WELL
 Howard
 21 COUNTY
 Pindell woods
 42 SUBDIVISION
 SECTION 44 46 LOT 24 48 50
 Fulton
 71 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** M I
 73 76 77 78

DRILLER INFORMATION
 Ralph E. MAYNE M S D 117
 Driller's Name License No. 81
 Ralph E. MAYNE well DRILLING
 Firm Name
 17024 Handy Rd. Mt Airy MD 21771
 Address
 Signature Date 6-23-02



Beaver Pond Ct.
 30 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W
 EAST E
 SOUTH S
 34 25 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: BLK: PARCEL:

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

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 **513574**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED **06 24 02** Steven R. King **06 24 03**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 50 000 EAST GRID 57 000

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

823
488

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 30 CABLE REVerse-ROTary
 37 other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

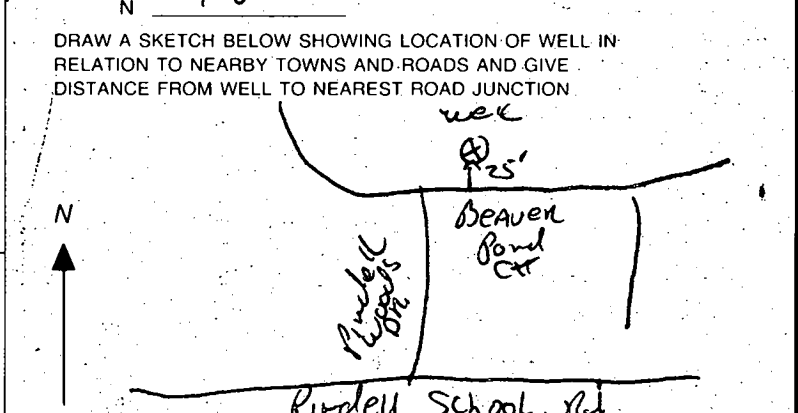
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

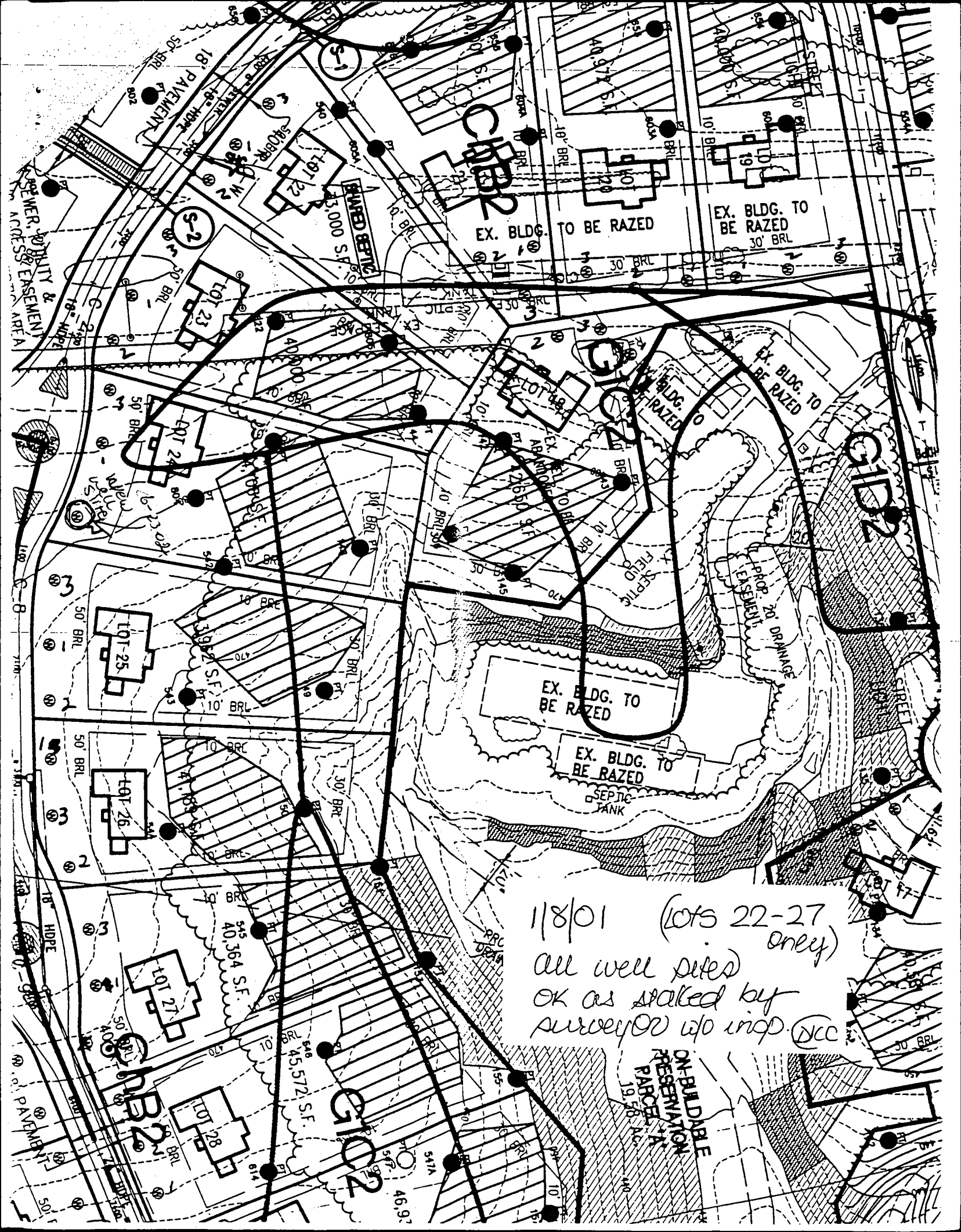
THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED. (IF AVAILABLE) 41 52



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

APPROX. PERMIT NUMBER 54 G A P 63
 PERMIT No. **HO-94-3429**
 70 71 72 73 74 75 76 77 78 79



CHURCH

EX. BLDG. TO BE RAZED

EX. BLDG. TO BE RAZED
30' BRL

CHURCH

EX. BLDG. TO BE RAZED

CHURCH

EX. BLDG. TO BE RAZED

EX. BLDG. TO BE RAZED

118/01 (lots 22-27 only)
all well sited
OK as staked by
surveyor w/o incp. DCC

ON-BUILDABLE
RESERVATION
PARCELS
19,582 S.F.

CHURCH

CHURCH

SEWER, UTILITY & EASEMENT ACCESS AREA

50' BRL

50' BRL

50' BRL

50' BRL

18' PAVEMENT

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

18' PAVEMENT

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

18' PAVEMENT

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18' PAVEMENT

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

18' PAVEMENT

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

18' PAVEMENT

50' BRL

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HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

6/27/2002

Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21016

RE: Pindell Woods, Lot # 24
7200 Preservation Court
BP # B00129871
Well Permit # HO-94-2907

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 2/19/2002.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2907. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 6/12/2002
Date of Well Completion: 3/09/2001

Respectfully,

Mark Rifkin
Registered Sanitarian
Well and Septic Program

cc: Building Inspector's Office
File

4/11/02
AM

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: Willaughby Plumb Telephone #: 410-981-7051
Address: 1203 Patrick Dr
Highersville, MD 21784

Circle one: Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Chris Willoughby License# 10992

*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: DALE THOMPSON BIALS Telephone #: 410-995-0736
Subdivision: PINDEL WOODS Lot # 4 Well Tag #: HO 99-2907
Site Address: 1200 PRESERVATION CT
FULTON, MD 21759

Submersible Pump Data
Make: JACUZZI Pitless Adapter Make: HARVARD Well Cap and Electric Conduit
Model #: _____ Model #: _____ Two piece watertight cap: ✓
Pump Capacity _____ GPM Depth: 48" (36" min) Screened, vented well cap: ✓
Well Yield: 1.3 GPM NSF approved: _____ Cap secured to casing: ✓
Depth of well encountered at time of pump installation: 100 (feet) Conduit min 1 1/2" B.G.: ✓
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
Torque armors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

3p1

Piping to house
Type: CREST LINE
PSI: 1" (160 psi min)
Depth of supply line: ✓ (36" min)

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

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

Chris Willoughby Signature of company representative responsible for installation
3-15-02 date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/11/02 (CD)
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 ground observed below pitless adapter _____

C1 0231 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 COLUMNS 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 3/20/01 OK (BB)

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 03-09-01

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2907

OWNER Dale Thompson Bldrs STREET OR RFD Maandering Stream Way TOWN Fulton SUBDIVISION Pindell Woods SECTION LOT 24

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for red clay, tan sandy mica s. lt, grey med hard mica rock, and water at 475'.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (ICM), NO. OF BAGS 19, NO. OF POUNDS 1786, GALLONS OF WATER 114, DEPTH OF GROUT SEAL 78'

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6", Total depth of main casing 78'

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (ST), BRONZE (BR), PLASTIC (PL), HO (HOLE), OTHER (OT)

DEPTH (nearest ft.) table with rows for casing and screen diameters and slot sizes.

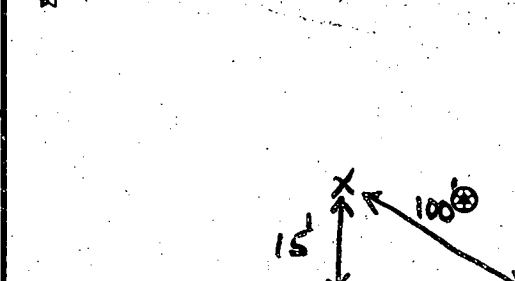
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 1.3, METHOD USED TO MEASURE PUMPING RATE watch, WATER LEVEL 58' before, 387' when pumping, TYPE OF PUMP USED submersible (S)

PUMP INSTALLED: DRILLER INSTALLED PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2' (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 MWD 355, DRILLERS SIGNATURE, LIC. NO. 1 MWD 350, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Front

RIGHT

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2907
 Location of property (road) Meandering Stream Way
 Subdivision Pindell Woods Lot 24 Block _____ Plat _____ Sec. _____
 Well Driller Barlow Owner Dale Thompson Blders

Depth of well 500
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 58'

I. High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 1.3
 Total time 1 hr. to reach pumping water level 387' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	58'	4 sec		15
10:15	176'	4 sec		15
10:30	278'	4 sec		15
10:45	375'	30 sec		2
11:00	387'	45 sec		1.3
11:15	387'	45 sec		1.3
11:30	387'	45 sec		1.3
11:45	387'	45 sec		1.3
12:00	387'	45 sec		1.3
12:15	387'	45 sec		1.3
12:30	387'	45 sec		1.3
12:45	387'	45 sec		1.3
1:00	387'	45 sec		1.3
1:15	387'	45 sec		1.3
1:30	387'	45 sec		1.3
1:45	387'	45 sec		1.3
2:00	387'	45 sec		1.3
2:15	387'	45 sec		1.3
2:30	387'	45 sec		1.3
2:45	387'	45 sec		1.3
3:00	387'	45 sec		1.3
3:15	387'	45 sec		1.3
3:30	387'	45 sec		1.3
3:45	387'	45 sec		1.3

B 1 03185

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

140-94-2907

fill in this form completely

W514687 please print or type

Date Received (APA) 12/22/00

OWNER INFORMATION

Dale Thompson Builders, 6300 Woodside Ct, Columbia MD 21045

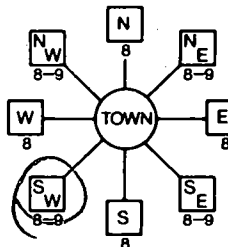
LOCATION OF WELL

Howard Pindell woods, Simpsonville

DRILLER INFORMATION

Michael Barlow MW D355, Michael Barlow Well Drilling, 522 Underwood Lane Bel Air Md

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meandering Streamway

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT OR MI

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, 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., DATE ISSUED 01/08/01, EXP. DATE 01/07/02, NORTH GRID 488 000, EAST GRID 0823 000

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

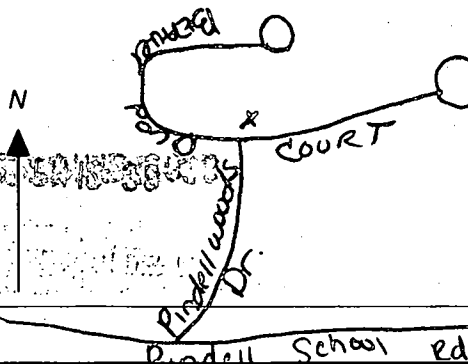
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. Grout 1:30pm, 78' of casing, 78± open hole, 19 bags Portland Cement II

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 3, N 490 8

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

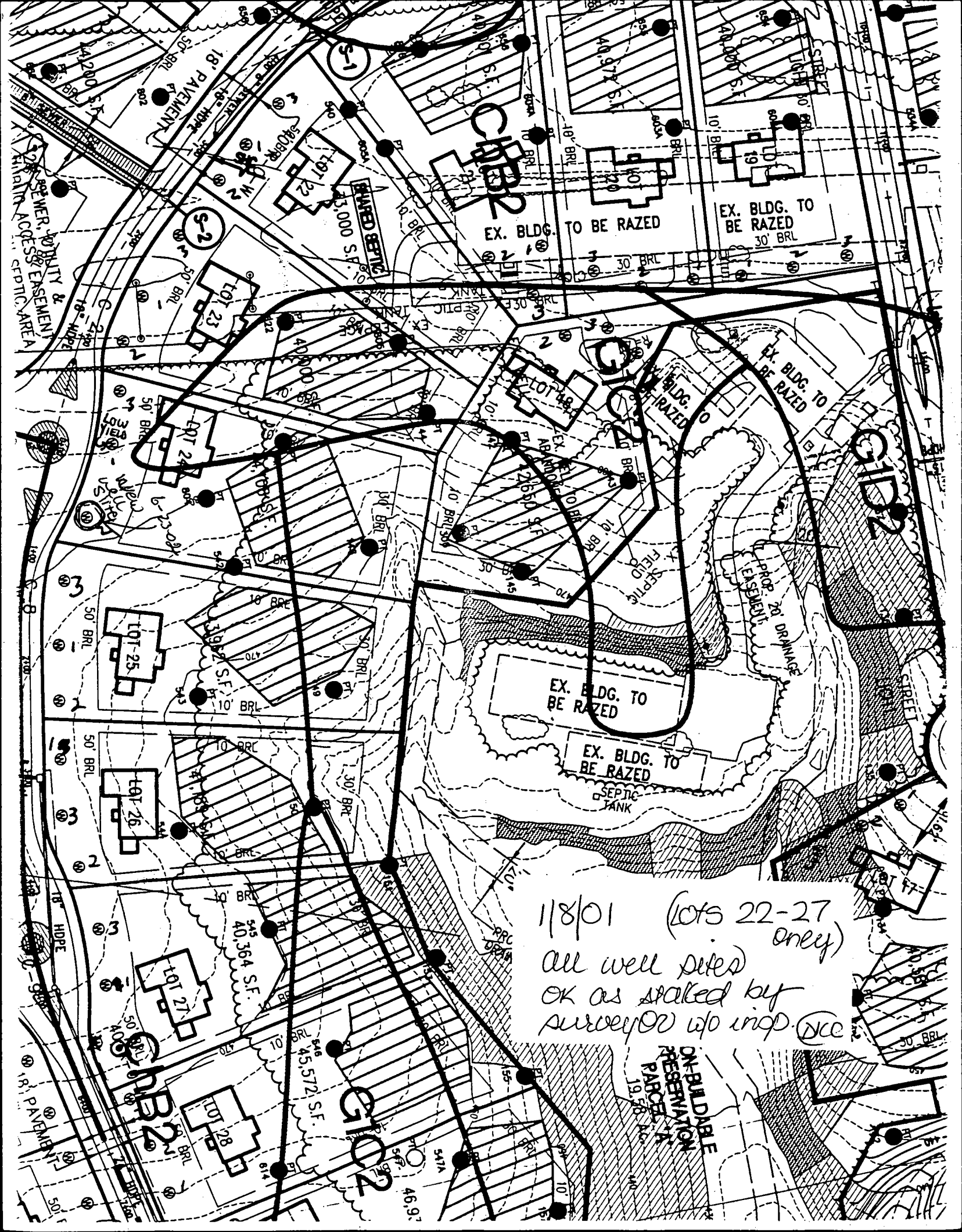


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER H0000 G A P 012(01), PERMIT No. 140-94-2907

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



EX. BLDG. TO BE RAZED

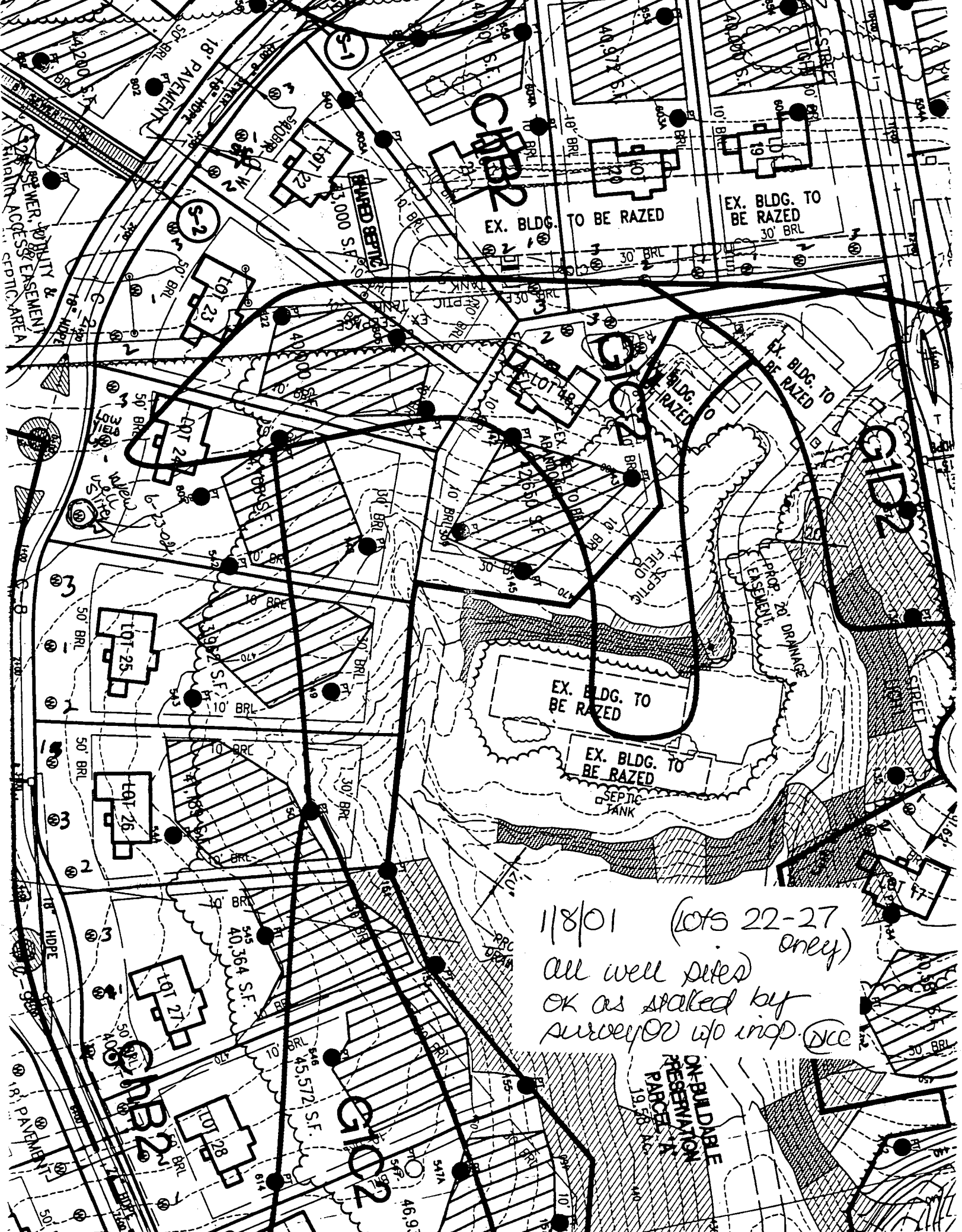
EX. BLDG. TO BE RAZED
30' BRL

EX. BLDG. TO BE RAZED

EX. BLDG. TO BE RAZED
SEPTIC TANK

1/8/01 (lots 22-27 only)
all well sited
OK as stated by
surveyor w/o imp. (NCE)

ON-BUILDABLE
PRESERVATION
PARCEL



APPLICATION

PERCOLATION TESTING

A 513574

P _____

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

DISTRICT 5th

DATE 5/2/00

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 H Y Real Estate Joint Venture, c/o Robert B. Canter, Esquire

ADDRESS 11921 Rockville Pike, Suite 300 PHONE (301) 230-5220
Rockville, MD. 20852-2737

AGENT OR PROSPECTIVE BUYER Mount View, LLC. Attention: Paul M. Revelle

ADDRESS 6258 Cardinal La, Columbia Md. 21044 PHONE (410) 992 5805

PROPERTY LOCATION:

SUBDIVISION Pindell Woods LOT NO. 24

ROAD AND DESCRIPTION A

TAX MAP 41 PARCEL # 274 & 275

SIZE OF LOT 1-Acre Lot 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.

David L...
(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

2146

0' - topsoil

1' - org red brn c l m

4.5' - w/ few lg boulders

5' - med org brn sa l m to med red brn sa l m w mica

12'

2149

0' - topsoil

1' - red org brn c l m

3.5'

med org brn sa l m w mica

13'

15%+ sapr sh

2150

0' - topsoil

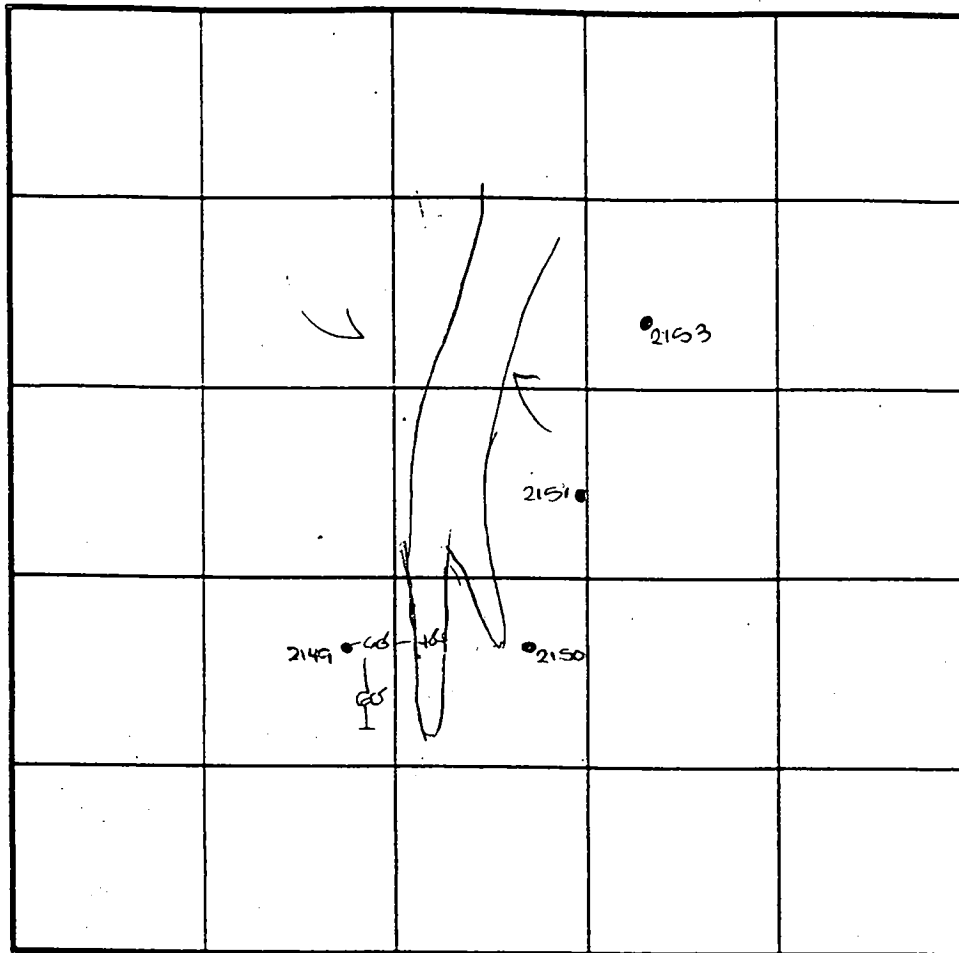
1' - org brn c l m

3'

med org brn sa l m w little mica

13.5'

20%+ sapr sh



SOIL PROFILE

2151

0' - topsoil

1' - br red brn c l m

4.5'

5' - med org brn sa l m to med red brn sa l m w mica

11.5'

Hard

2153

0' - topsoil

1' - red org brn c l m

4'

14' - org brn sa l m w mica 35%+ sapr sh

12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-4-00	2146	4.5' S	11:09	test stopped	slow		OK balance ✓
		12.0' D	Visual	- see profile			OK
	2149	3.5' S	11:39	11:44	11:44	11:50	G
		13.0' D	Visual	- see profile			OK
	2150	3.0' S	11:45	11:49	11:49	11:55	G
		13.5' D	Visual	- see profile			OK
	2151	3.5' S	11:58	No mv mt - test stopped			
		11.5' D	Hard	- see profile			OK
	2153	3.5' S	12:11	12:20	12:20	12:34	14
		12.0' D	Visual	- see profile			OK
	2151	4.5' m	12:16	less than 12"	12:49	11-	

~~REMOVED~~

~~DATE OF TEST~~

holes tested as stated

TESTED BY DKS

ALSO PRESENT C. Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

COUNTY #

SOIL PROFILE
541/542

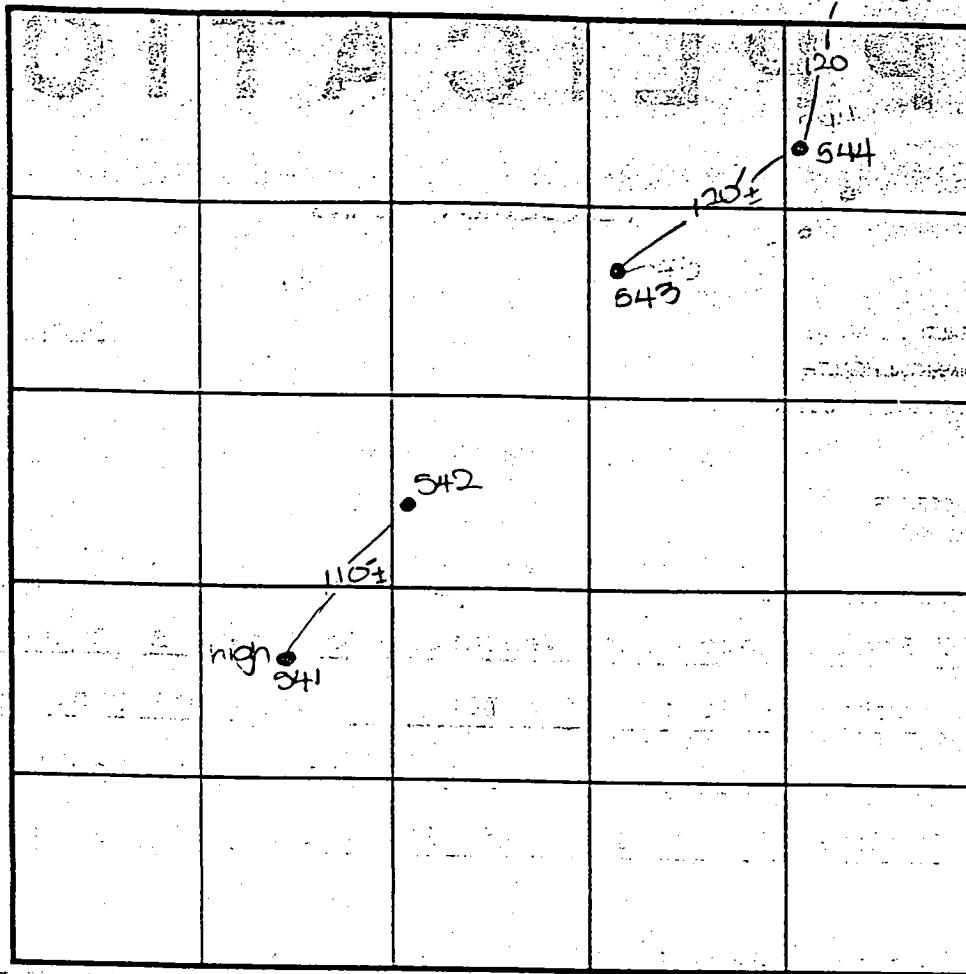
0' topsoil
6" br org red brn cl LM
3' br org brn sa mica LM
15-20% sapor sh
12.5'

543

0' topsoil
3' org brn cl LM
br org brn to plz brn sa mica LM
10% sapor sh
12.5'

544

0' topsoil
6" br org brn cl LM w/some sh frag
3.5' med org red brn sa mica LM
15% sapor sh
12.5'



SOIL PROFILE
545

0' topsoil
1' br red org brn cl LM
3' med red brn sa mica LM
to dk plz brn sa mica LM
5' 15% sapor sh
13'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6-28-00	541	12.5' D	Visual	- see	profile		OK ✓	
	542	3.5' S	10:06	10:07	10:07	10:08 ₃	2	OK ✓
		12.5' D	Visual	- see	profile		OK	
	543	3' 8" S	10:19	10:24	10:24	10:36	12	
		12.5' D	Visual	- see	profile		OK	
	544	3.0' S	10:42	Slow	- test	stopped	before	OK
		12.5' D	Visual	- see	profile		OK	
	545	3' 8" S	10:50	10:52	10:52	10:54 ₃	3	
		13.0' D	Visual	- see	profile		OK	

REMARKS holes tested as stated

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT C. Zepp, R. Colson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE

SOIL PROFILE

0'
6"
4.5'
13

804
topsoil
org brn
clm
pk brn
sa mica
lm
10%
rock

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-26-00	804	4.5'S	2:59	3:09	3:09	3:26	17 ✓
		13.0'D	visual	-see	profile		OK

REMARKS holes tested as standard

TYPE OF SOIL _____

TESTED BY DKO ALSO PRESENT C. Zepp, P. Reville

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

