

LAYOUT 2/4/03 11 AM ^{2/5/03} INSP 4 _____
 INSP 2 2/6/03 2pm INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 1/27/2003 PERMIT P 518521
 APPROVAL DATE: 2/6/03 INDEXED A 513646-JJ

PERMIT
INDEXED
ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
05-434505

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER
 ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: Pindell Woods LOT NUMBER: 35
 ADDRESS: 7016 Meandering Stream Way PROPERTY OWNER: Dale Thompson Builders
 SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 4
 SQUARE FEET PER BEDROOM: 210
 LINEAR FEET OF TRENCH REQUIRED: 210 HOUSE SERVED BY PUBLIC WATER

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:	Place the distribution box per the approved site plan. Run trenches on contour. (60', 70' & 80')
NOTES:	Basement service by gravity is not proposed.

PLANS APPROVED: Steven R. Krieg OK SRM 8/19/02 DATE: 7/19/2002

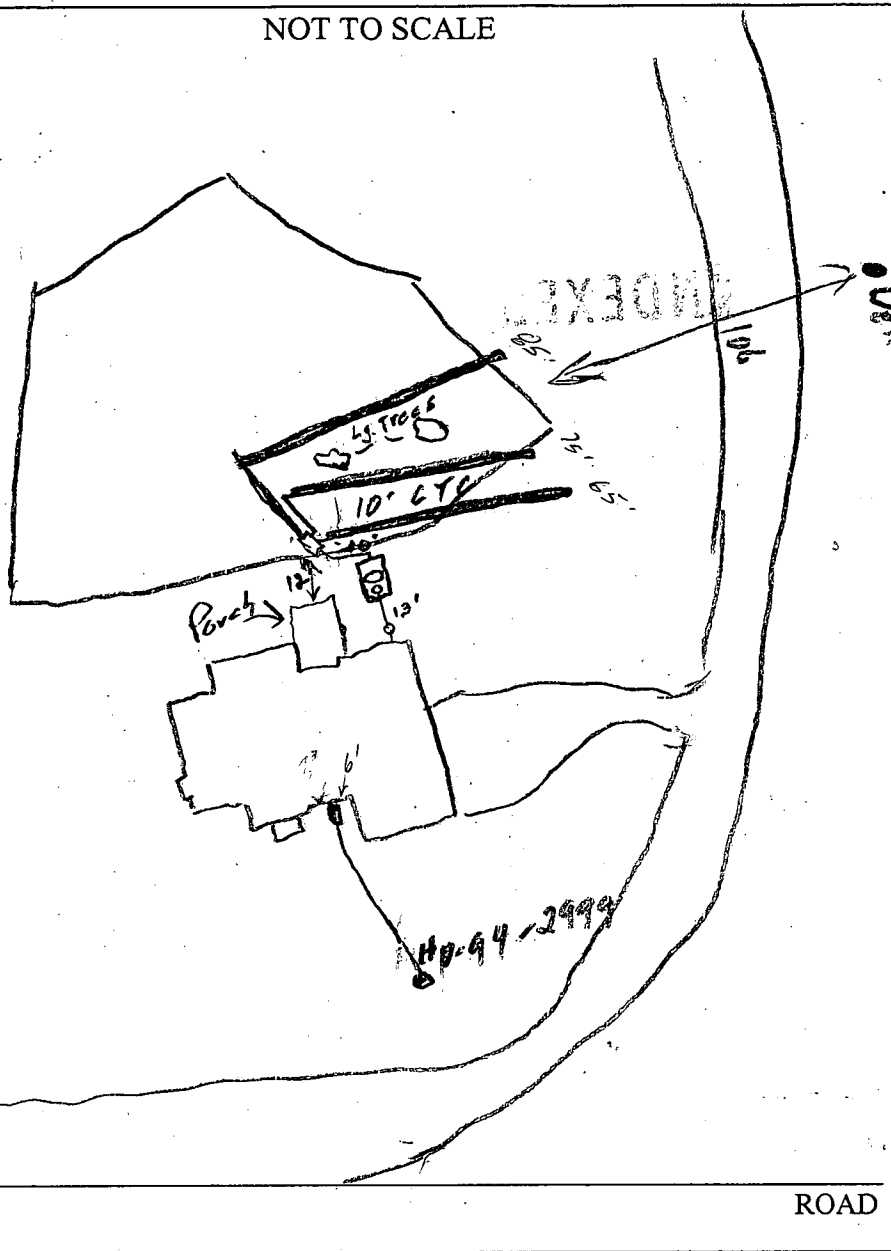
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS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

BUILDING PERMIT SIGNED AND RETURNED
 1-29-04 800 146 005 - FINISH BASEMENT

A513646055

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM.
2'	3.5	5.5'
NUMBER OF TRENCHES	3	
TOTAL LENGTH	225'	
ABSORPTION AREA	675 sq	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	—	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	N/A
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

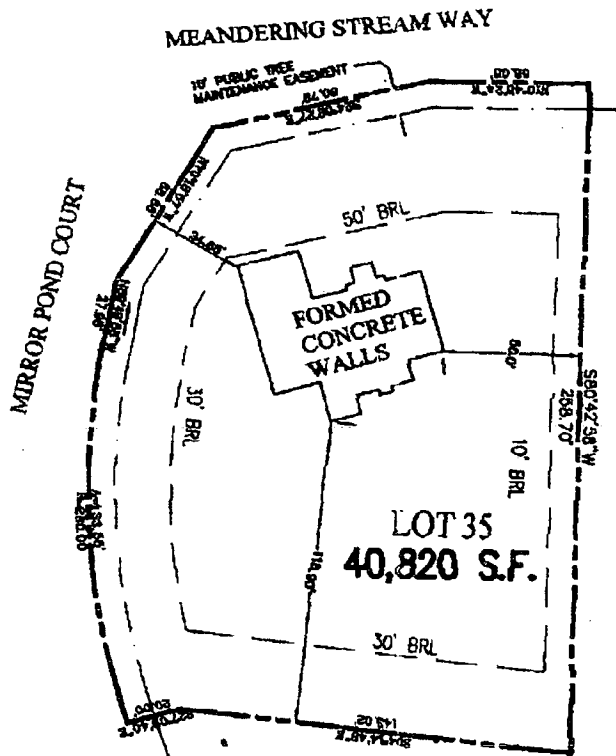
PRE-CONSTRUCTION 1/5/03 Lot staked, contours not as shown, 2 trees will need to be removed. Install (3) 70' trenches, 1st trench will be out of SRA

INSTALLATION a little on the end. (SO)

2/6/03 - OK to cover all work (SO)

BUT DRAINAGE PERMIT REQUIRED
AND RETURNED

FINAL INSPECTOR [Signature] DATE OF APPROVAL 2/6/03



1/27/03
 House Located
 As Per B.P. Plan

BB

Raised 2'
 should be
 O.K.

TOP OF WALL ELEVATION = 477.5



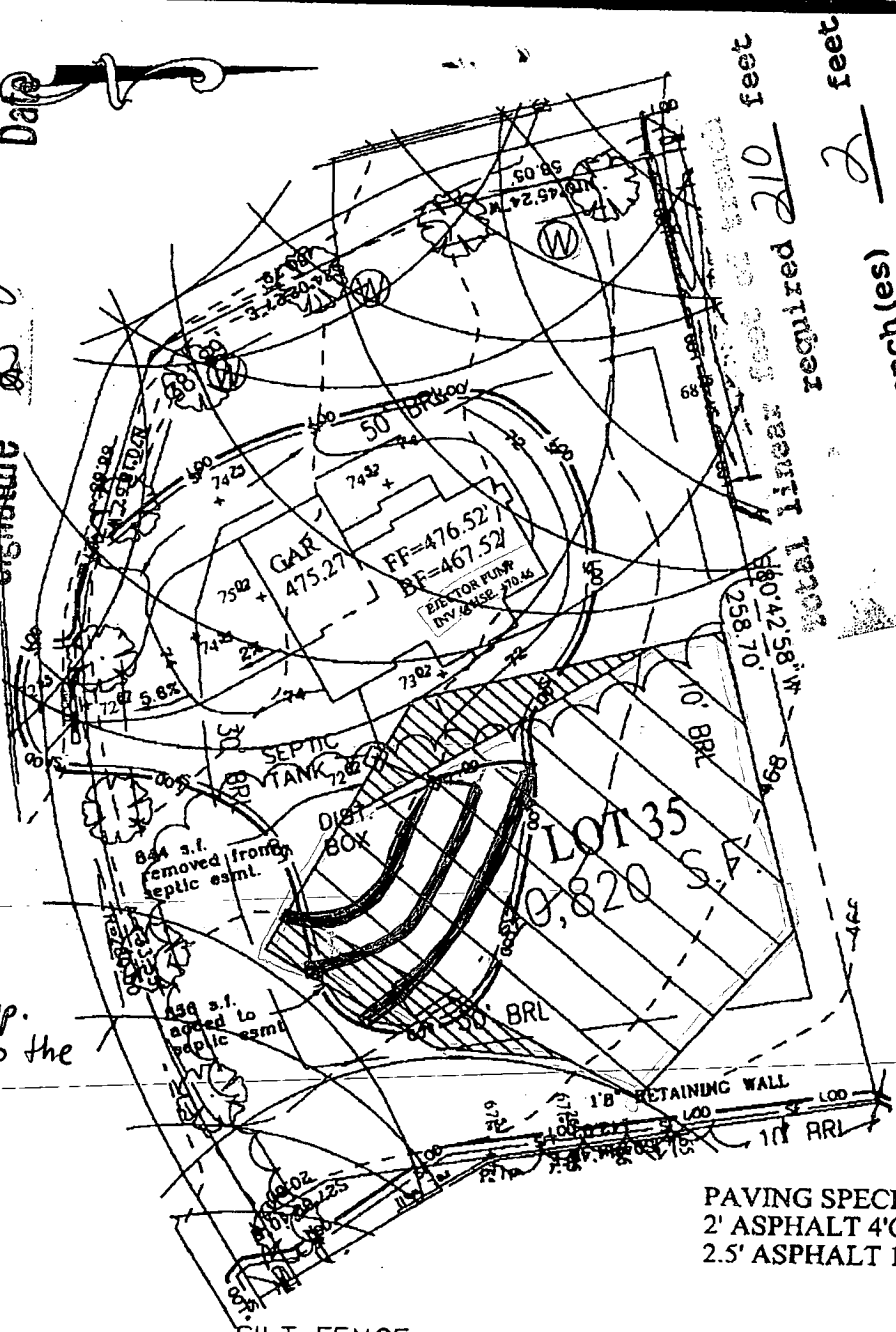
RECORD REFERENCES	WALL CHECK	MARKS & ASSOCIATES L.L.C. SURVEYORS—LAND PLANNING CONSULTANTS 4531 COLLEGE AVENUE ELICOTT CITY, MARYLAND TELEPHONE (410)747-8738 FAX (410)747-8739
LIBER/FOLIO PLAT BOOK/FOLIO PLAT NO	LOT 35	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCLAVEMENTS EXCEPT AS SHOWN. <i>Erik C. Marks</i> ERIK C. MARKS R.P.L.S. NO. 607
SCALE: 1"=50' DATE: OCT 1, 2002	Pindell Woods HOWARD COUNTY, MARYLAND	

Approved Septic System Plan

Howard County Health Department

Signature *Steve R. King* Date *7/19/02*

7/19/02
By copy of this plan, HD accepts the prop. modification to the recorded SDA
(SRK)



required 210 feet
width of trench(es) 2 feet
width of trench(es) 7.5 feet

Dewberry & Davis LLC of stone
Engineered below
Registered Professional Surveyors
1000 Wood Lane, Suite 100
Lanham, MD 20706
Phone: (301) 948-8300 Fax: (301) 258-7600
Pipe Distribution
Phone: (301) 731-5551 Fax: (301) 731-0188

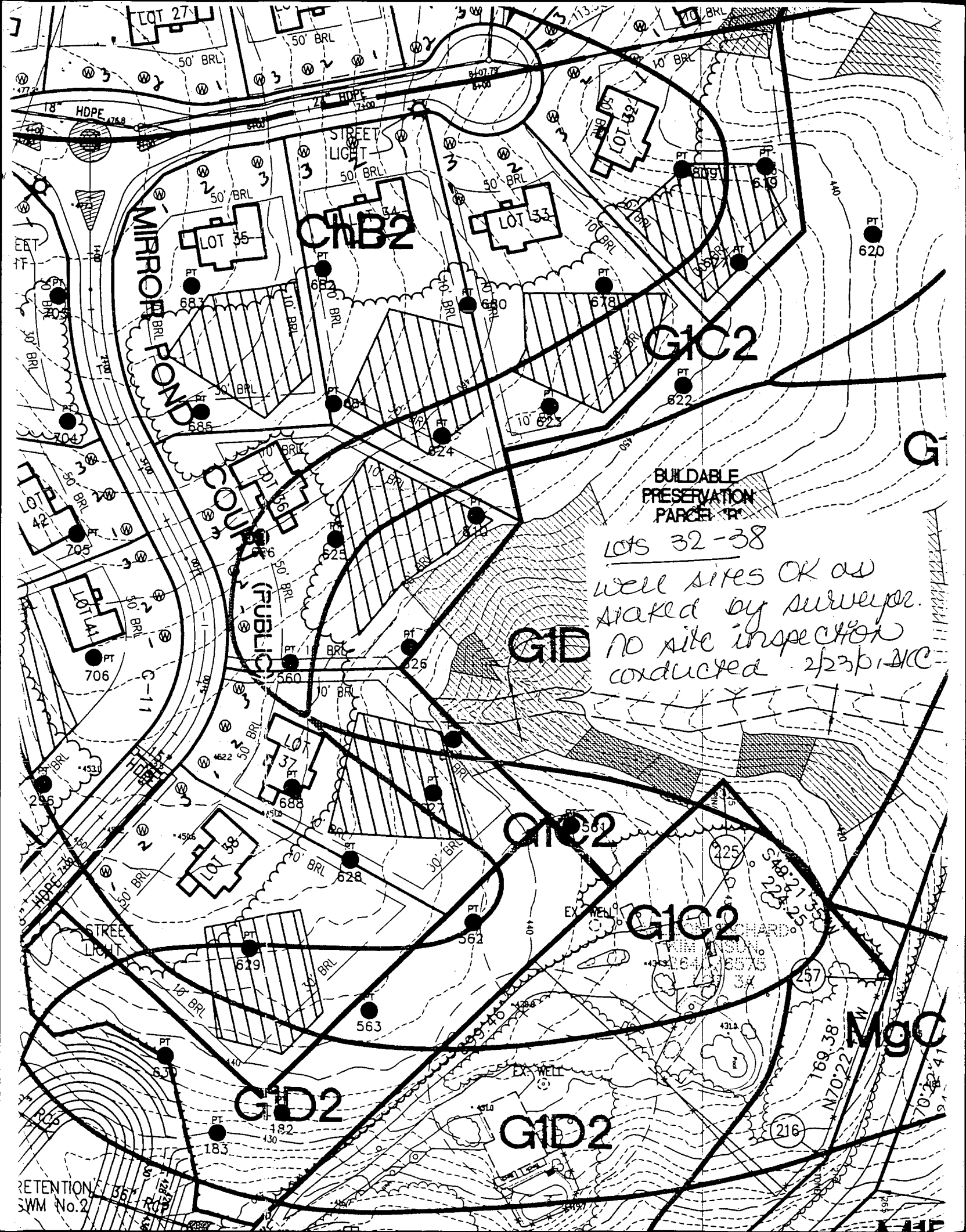
— SF — SF — SF — SILT FENCE
— 100 — 100 — 100 — LIMIT OF DISTURBED AREA

GRADE@SEPTIC TANK: 472.62
GRADE@DIST.BOX: 472.00
GRADE@TRENCHES: 472.00

PAVING SPECIFICATION:
2' ASPHALT 4'CR-6 OR
2.5' ASPHALT 1.5' OVERLAY

PROPOSED:
FIRST FLOOR: 476.52
BASEMENT: 467.52
INVERT OUT OF HOUSE: 470.46
INVERT INTO SEPTIC TANK: 470.12
INVERT INTO DIST.BOX: 469.00
INVERT INTO TRENCHES: 468.50

HOUSE MODEL PANNUNZIO RESIDENCE	LOT 35, PINDELL WOODS LOTS 1 THRU 47 AND PRESERVATION PARCELS A THRU F	PLOT PLAN SINGLE FAMILY DWELLING LOT 35 PINDELL WOODS HOWARD COUNTY, MARYLAND
DATE: JUNE 25, 2002 SCALE: 1"=50'	OWNER/BUILDER: DALE THOMPSON BUILDERS 6300 WOODSIDE COURT COLUMBIA, MD 21045 (410) 995-6736	
PLAT REFERENCES LIBER/FOLIO: PLAT BOOK: PLAT NO. FOLIO:		



CNB2

G1C2

G1D

G1C2

G1C2

G1D2

G1D2

MGC

BUILDABLE
PRESERVATION
PARCEL 'R'

*lots 32-38
well sites OK as
staked by surveyor.
no site inspection
conducted 2/23/11 AC*

RETENTION SWM No. 2

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, Pump Telephone #: 410-781-7051
Address: 6203 PATRICK DR
SUREVILLE, 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 #: 6992
*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: DACE THOMPSON Telephone #: 410-995-1212
Subdivision: PINNELL WOODS Lot #: 35 Well Tag #: HO 97-2999
Site Address: 7016 MEANDERING CREEK STREAM WAY
FOLTON, MD 22093

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACOZZI Make: HARVARD Two piece watertight cap: [checked]
Model #: Depth: 48" (36" min) Screened, vented well cap: [checked]
Pump Capacity: GPM Cap secured to casing: [checked]
Well Yield: 4 GPM NSF approved: Conduit min 1 1/2" B.G.: [checked]
Depth of well encased at time of pump installation: 320 (feet) Conduit secured to well cap: [checked]
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Tongue armors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt [checked]

Piping to house House Connection
Type: PRESSLINE PVC sleeved to undisturbed soil at wall penetration: [checked]
PSI: 1" (160 psi min) Approximate length of sleeve: 6"
Depth of supply line: [checked] (36" min) Sleeve caulked and sealed properly: [checked]

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

Chris Willoughby 2/6/03
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/6/03 Date Insp. Approved: 2/6/03 (50) SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 4" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate girth observed below pitless adapter [checked]

C1 0833 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

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. OK SRU
 COUNTY NUMBER 13 511501

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 03 28 01

Depth of Well
 22 320 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-94-2999
 28 29 30 31 32 33 34 35 36 37

OWNER Dale Thompson Builders
 STREET OR RFD Meandering Stream Way TOWN Fulton
 SUBDIVISION Pindell Woods SECTION LOT 25

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	
Top Soil	0	2	
Sandy	2	50	✓
Sand Stone	50	55	
MICKA	55	80	✓
Sand Stone	80	85	
MICKA	85	140	
Sand Stone	140	145	✓
MICKA	145	320	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 45 46 14 NO. OF POUNDS 45 46 1400
 GALLONS OF WATER 84
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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 YES NO

CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 114
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. M D

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

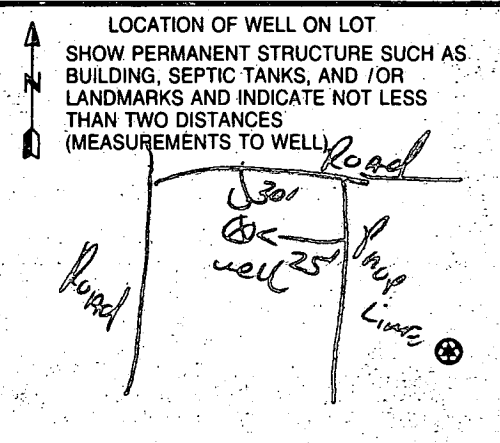
C 2 DEPTH (nearest ft.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
 H O 57 320

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

C 3 PUMPING TEST
 1 2
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 4
 METHOD USED TO MEASURE PUMPING RATE Back
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 45 ft.
 WHEN PUMPING 90 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 } 9 (nearest foot)



B 1 18679

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W514687 please print or type

10-94-2999 fill in this form completely

Date Received (APA) 12/3/00

OWNER INFORMATION

Thomas Dale Builders 630 Woodside Ct. Columbia, MD 21045

B 3 Howard LOCATION OF WELL

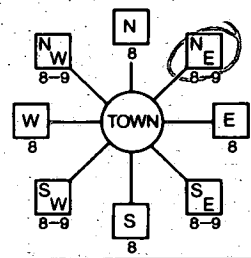
8 COUNTY Howard 21 Pindellwoods 23 SUBDIVISION 42 SECTION 44 46 LOT 35 48 50 Fulton 52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph Mayne MS D 114 76 License No. 81 Ralph Mayne Well Drilling 17024 Hardy Rd. MT. Airy MD Address Signature Date 12-8-00

MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

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



Mandering Stream Way 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 30 37 SOUTH 38 39 DISTANCE FROM ROAD ENTER FT OR MI

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 02/22/01 02/21/02 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 823 000 EAST GRID 0488 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE ReVerse-ROtary Drive-POINT other

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

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 4808 N 8203

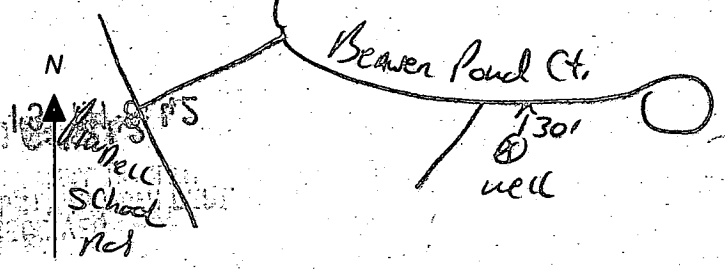
3/28/01 GROUT GROUT 60' CASING OR 14 BAGS SURFACE 30' + OPEN 3' CASING AG 000 TAG ON SITE MR 3/28/01

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 10 00 GAP 012/01 54 PERMIT No. 10-94-2999 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



APPLICATION

PERCOLATION TESTING

A 513646

P _____

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

DISTRICT 5th

DATE 6/21/00

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. 35

ROAD AND DESCRIPTION "B"

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. _____
(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.

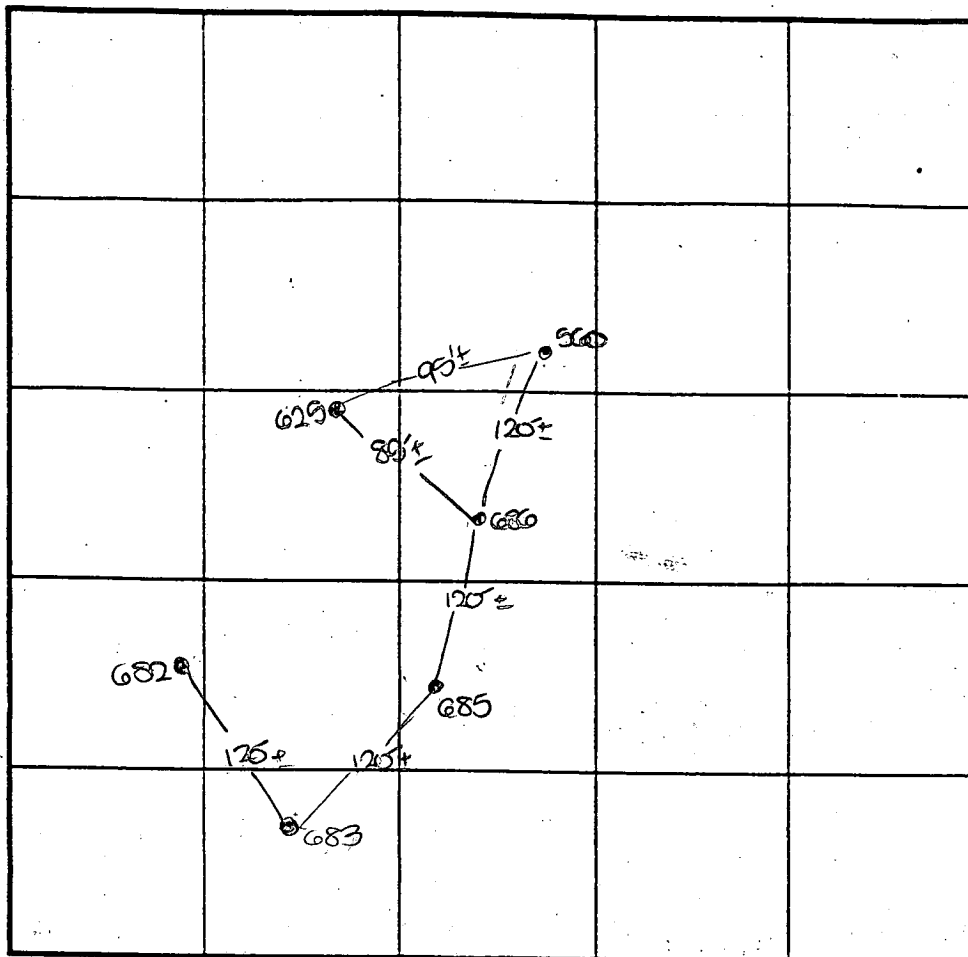
COUNTY #

SOIL PROFILE

0' (685)
 6" topsoil
 br red brn cl Lm
 4' med org red brn sa mica Lm
 20%+ sapr sh

0' (680/683)
 6" topsoil
 br red brn cl Lm
 4' med red brn sa mica Lm
 15%+ sapr sh

0' 560
 6" topsoil
 dk red brn cl Lm
 4' pale org beige sa Lm to beige sa Lm
 5-10% sapr sh



SOIL PROFILE

0' (682)
 6" topsoil
 br org red brn to org brn cl Lm
 4' 45" pale org red brn sa mica Lm
 15%+ sapr sh
 13' 0" (625)
 6" topsoil
 org brn cl Lm
 5' dk red brn sa mica Lm

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-29-00	(685)	3.5'S	10:00 ₃	10:13	10:13	10:31	18
		12.0'D	visual	- see profile			OK
	680	13.5'D	visual	- see profile			OK
	560	13.0'D	visual	- see profile			OK
	(685)	4.5'S	10:14 ₃	10:16	10:16	10:20	4
		12.0'D	visual	- see profile			OK
	(682)	5.0'S	10:24	10:26	10:26	10:30	4
		13.0'D	visual	- see profile			OK
	625	4.5'S	10:43 ₃	10:56	10:56	11:15	19
		13.0'D	visual	- see profile			OK

REMARKS holes tested as stated

TYPE OF SOIL

TESTED BY DKS

ALSO PRESENT C. Zepp, R. Co...

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

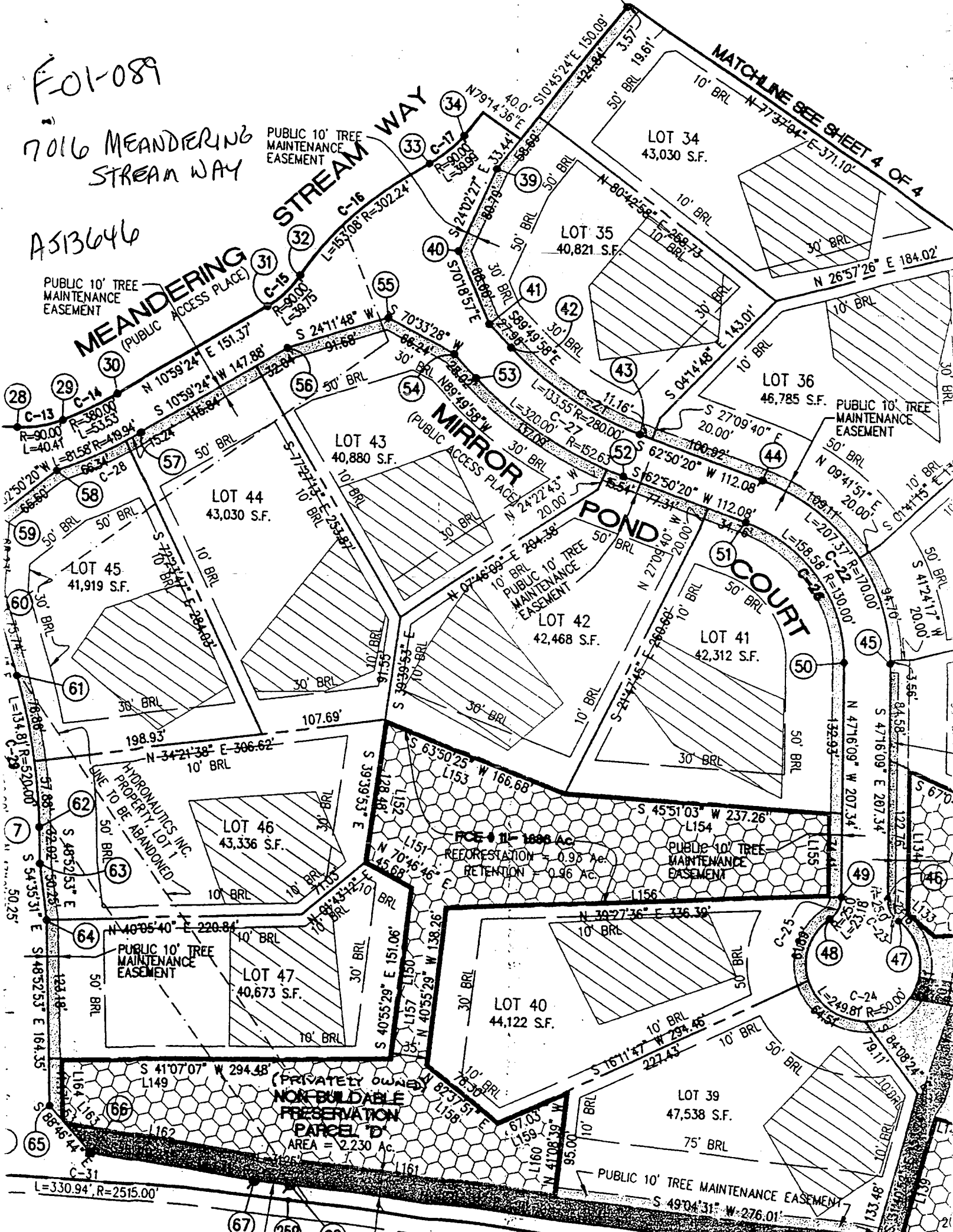
MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

F-01-089

7016 MEANDERING
STREAM WAY

A513646



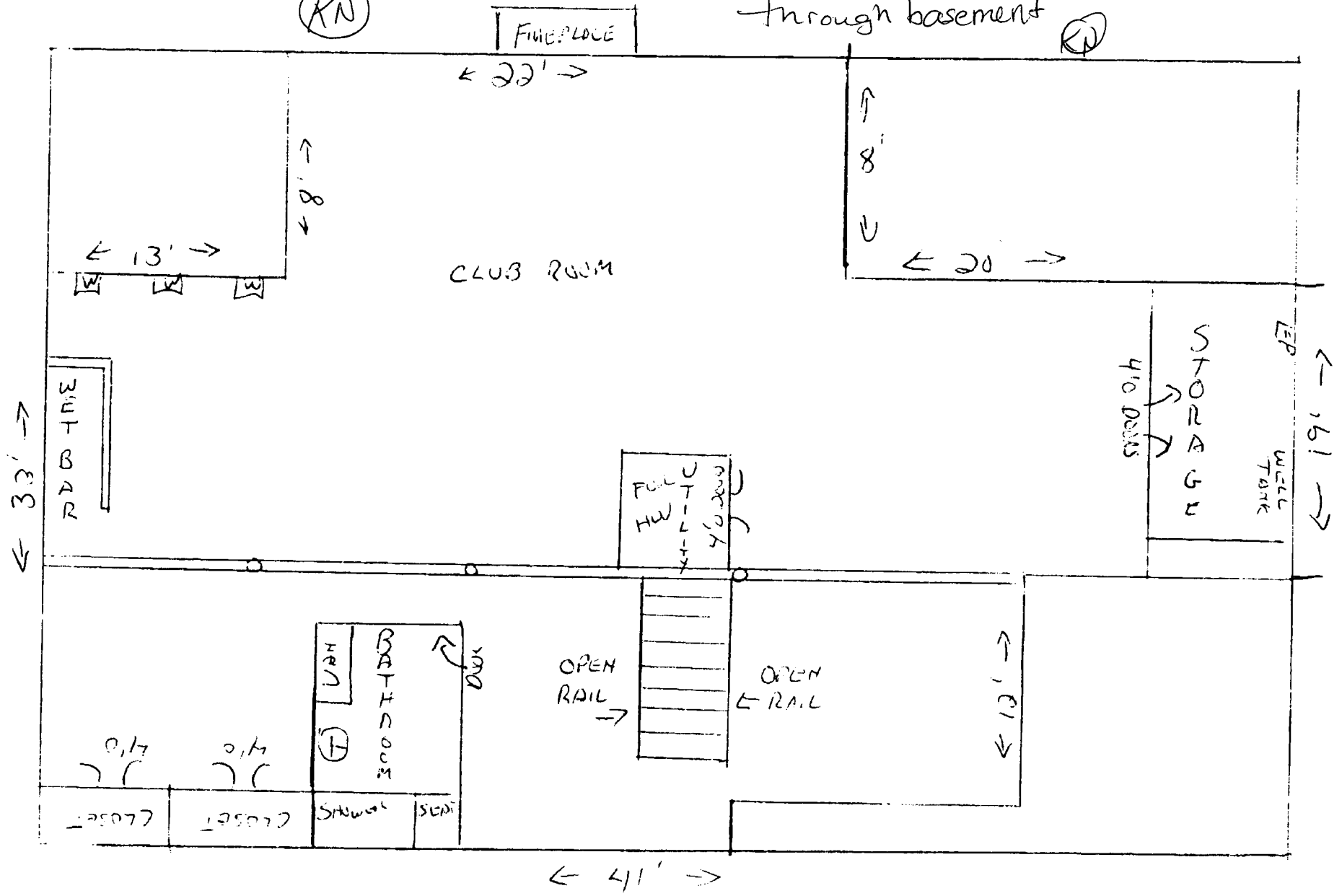
1/29/04

B00146005

No ↑ in bedrooms, No PASSAGE to outdoor/indoor through basement

(KN)

(W)



PANNUNZIO BASEMENT APP 1700 SQ FT