

LAYOUT 11/20/03 - 12:30 INSP 4 _____
 INSP 2 11/21/03 - 1PM INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/25/03
 APPROVAL DATE: 11/21/03

P 519590
 A 514201-B


PERMIT INDEXED

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

RPS# 367824

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER
 ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: Gross Property LOT NUMBER: 1
 ADDRESS: 13910 Forsythe Road PROPERTY OWNER: Patapsco Homes, Inc.
 SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 4
 SQUARE FEET PER BEDROOM: 180
 LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box and septic tank per plan. Run 4 trenches on contour, 40', 60', 75', 90' respectively. 12' center to center.
NOTES:	No basement service by gravity.

PLANS APPROVED: Kacie Noonan  DATE: 6/20/2003

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

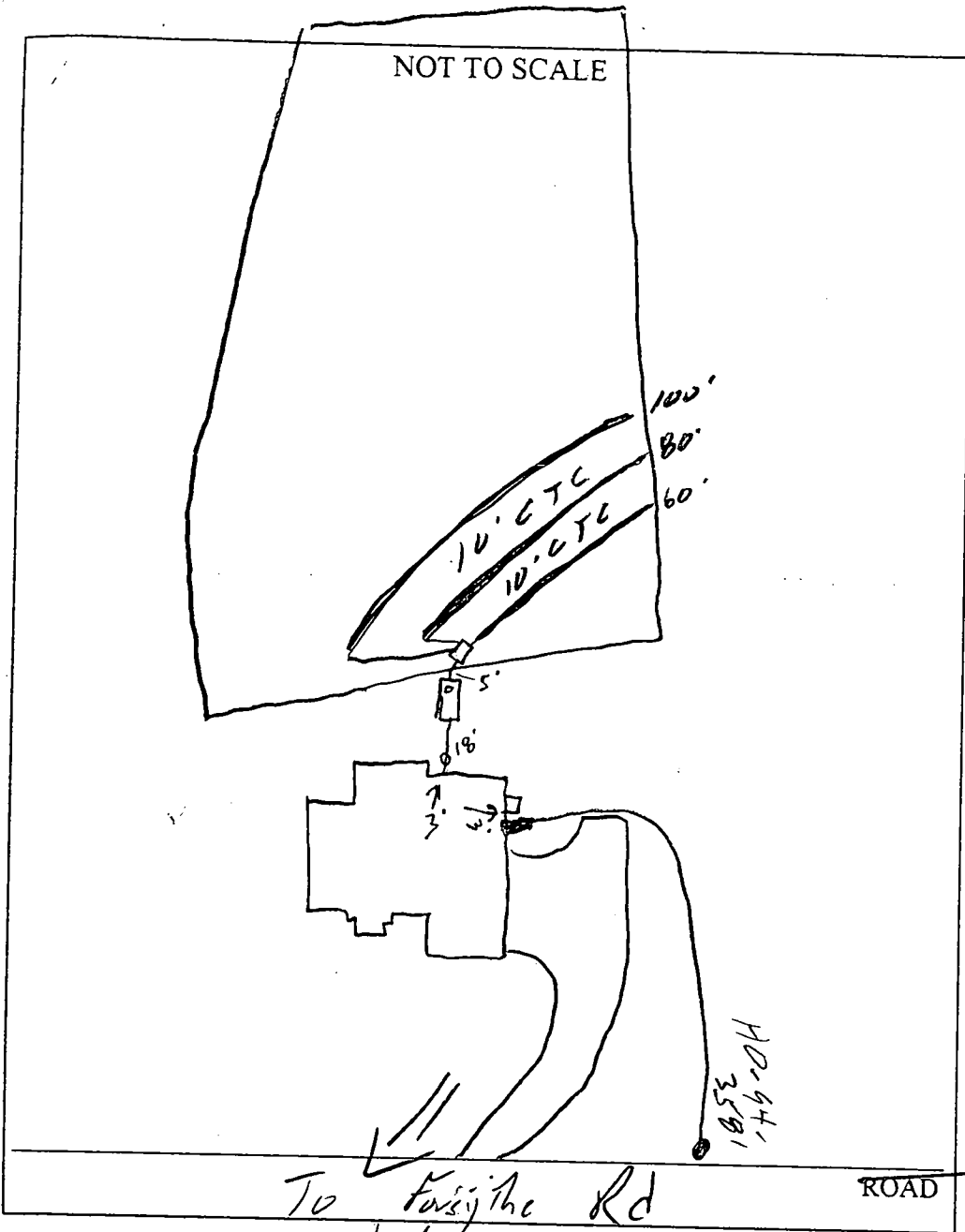
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BUILDING PERMIT SIGNED AND RETURNED

ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

11-4-03 800144777-46 PRO Anne FMR

514201-B



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720A'
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1-1.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Front
6" PORT LOC	Back
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	N/A
BAFFLES	N/A
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 11/20/03 - S.P.A. stated, contours correct. House comp below footer, contractor say he can still make fall w/ 66'/80'/100'.

INSTALLATION trenches to no more than 3' cover on tank. (S)

11/21/03 - Tank set, 2 trenches installed (S)

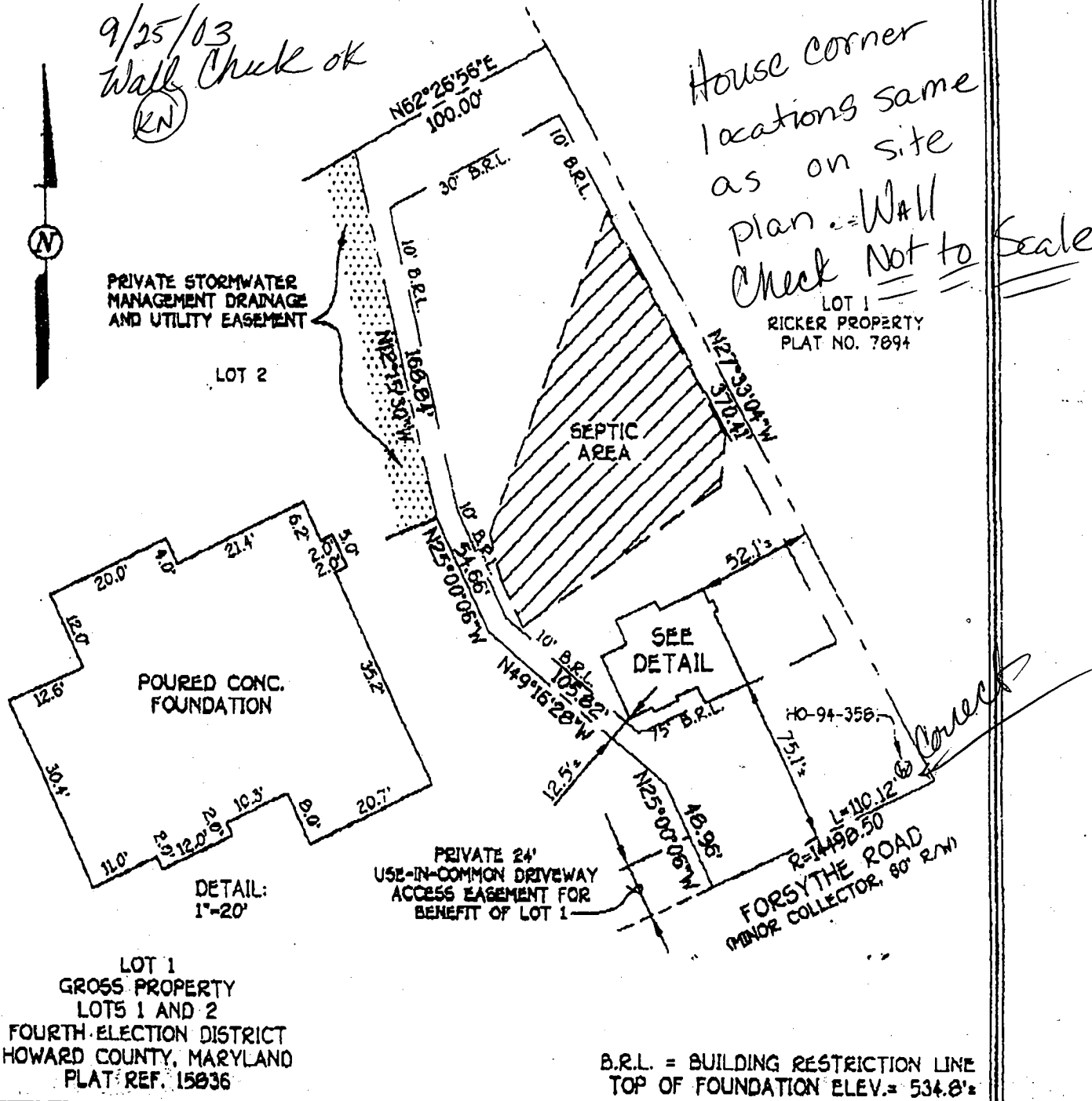
11/21/03 - OK to cover all work (S)

FINAL INSPECTOR *[Signature]*

DATE OF APPROVAL 11/21/03

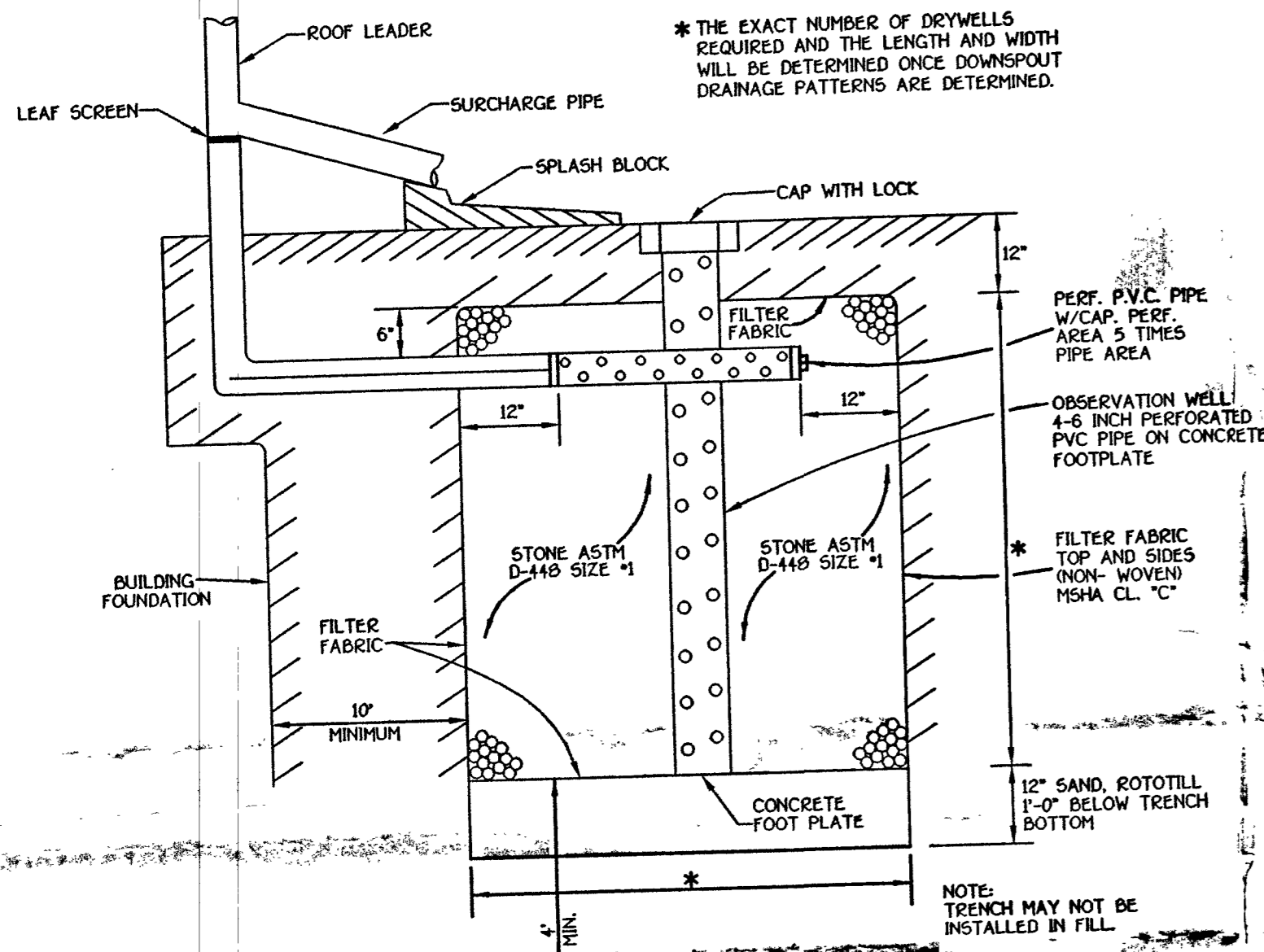
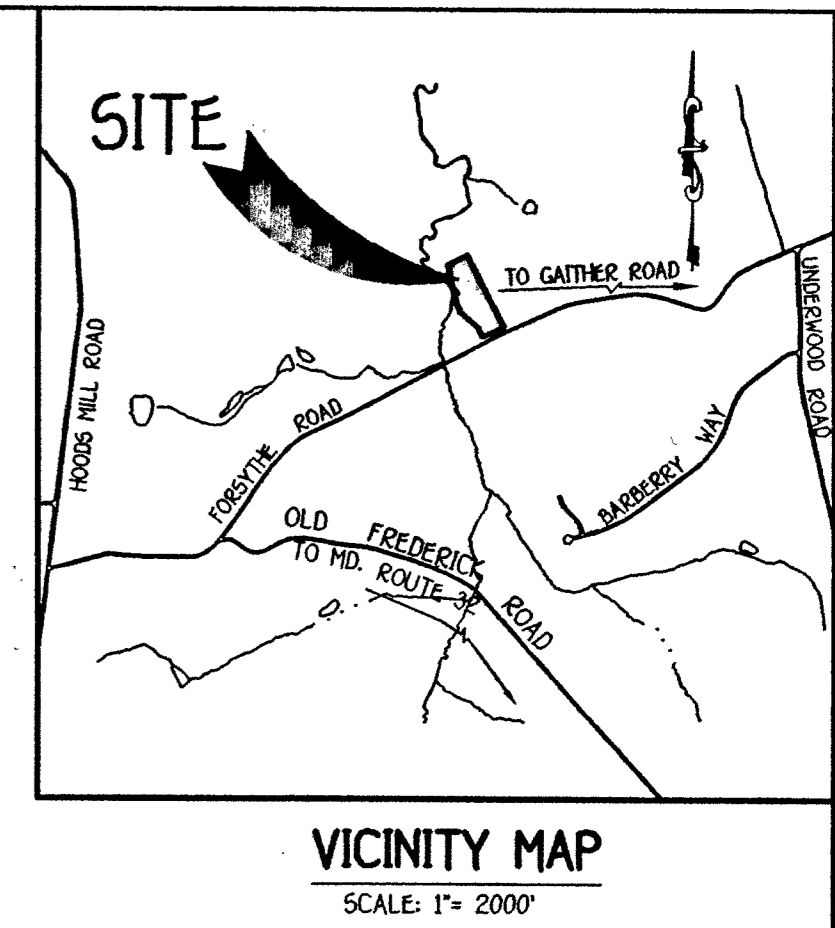
GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY. THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE G ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440009 B EFFECTIVE DEC. 4, 1996.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 0.1' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



LOT 1
GROSS PROPERTY
LOTS 1 AND 2
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 15836

HOUSE LOCATION
DRAWING



DRY WELL DETAIL
NOT TO SCALE

DRY WELL CHART For Rev Requirement

LOT NO.	AREA OF ROOF PER DOWN SPOUT	VOLUME REQUIRED	AREA OF STORAGE	AREA OF TREATMENT	NO. OF DRYWELLS	D	L	W
LOT 1	500 SQ.FT.	40 CF	100%	100%	3	3	4	3.5

STORMWATER MANAGEMENT NOTES

1. STORMWATER MANAGEMENT IS PROVIDED IN ACCORDANCE WITH THE 2000 MARYLAND STORMWATER DESIGN MANUAL. (See General Note 9 for Special Details)
2. CREDITS ARE GIVEN FOR DISCONNECTION OF IMPERVIOUS COVERS.
3. MAXIMUM CONTRIBUTING ROOF TOP AREA TO EACH DRYWELL SHALL BE LESS THAN 500 SQ. FT.
4. DRYWELLS SHALL BE PROVIDED AT LOCATIONS WHERE THE LENGTH OF DISCONNECTION IS LESS THAN 75' AT 5% THE SIZE AND CONSTRUCTION OF THE DRYWELL SHALL BE IN ACCORDANCE WITH THE FIGURE 5.2 OF THE MANUAL AND THE DETAIL SHOWN ON THIS SHEET.
5. FINAL GRADING IS SHOWN ON THIS SITE DEVELOPMENT PLAN.

LOT 2
GROSS PROPERTY
PLAT NO. 15836

LOT 2
RICKER PROPERTY
PLAT NO. 7894

LOT 1
RICKER PROPERTY
PLAT NO. 7894

Approved Septic system plan
Howard County Health Department

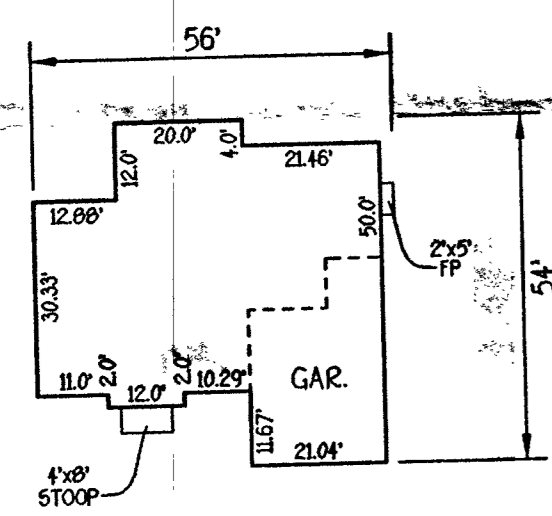
Signature: E.O. Hahn
49,062 SQ.FT.

GENERAL NOTES

1. REFERENCE PLAT NUMBER: 11968
2. LIMIT OF DISTURBED AREA: 25,715 SF
3. LENGTH OF TRENCHES TO BE DETERMINED AT TIME OF PERMIT ISSUANCE.
4. EXISTING TOPOGRAPHY WAS FIELD RUN BY FISHER, COLLINS AND CARTER, INC. IN DECEMBER 27, 2002
5. TOTAL SEPTIC EASEMENT AREA: 13,310 SF
6. EJECTOR PUMP REQUIRED IN BASEMENT.
7. LIMIT OF DISTURBED AREA: 0.4778 AC.
8. SUBJECT PROPERTY IS ZONED PC-DEO PER 10/10/93 COMPREHENSIVE ZONING PLAN.
9. STORM WATER MANAGEMENT (REV. W8 and CA) FOR LOT 1 HAS BEEN PROVIDED FOR BY A BIO RETENTION FACILITY CONSTRUCTED UNDER F-01-156. IN ADDITION TO THIS FACILITY 3 DRYWELLS ARE PROVIDED ON THIS PLAN TO ASSIST IN MEETING A PORTION OF THE REV. REQUIREMENT.

LEGEND

SYMBOL	DESCRIPTION
- - - - -	EXISTING CONTOUR 2' INTERVAL
— — — — —	PROPOSED CONTOUR
x478.00	SPOT ELEVATION
---Sf---Sf---	SILT FENCE
---	DIRECTION OF DRAINAGE
-----ECH-----	EROSION CONTROL MATTING
LOD	LIMIT OF DISTURBANCE
(Tree Symbol)	EXISTING TREE PER F-01-156



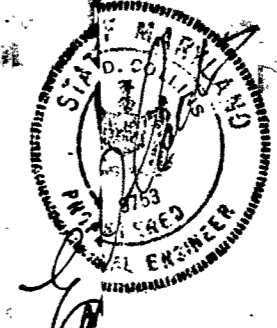
EXISTING POND
WSEL = 491.0
WE LAND AREA

BUILDER/OWNER
PATAPSCO HOMES
136909 FORSYTHE ROAD
SYKESVILLE, MD. 21784

PLAN TO ACCOMPANY APPLICATION FOR
BUILDING PERMIT
GROSS PROPERTY
LOT 1

TAX MAP NO.: 9
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 30'
DATE: MAY 22, 2003
SHEET 1 OF 1

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
410 461 - 2955



K:\Drawings\330725 Gross Property\GROSS - LOTS 1&2\plot plan (1).dwg, 06/19/2003 09:32:15 AM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

10/24/03

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: NEW DIMENSIONS Telephone #: 410 239 4359
Address: 3018 BACHMAN RD
MONTICELLO, MD. 21102

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

Name (Print): CLARENCE BLAKE License# 15443

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: PATAPSCO HOMES Telephone #: _____
Subdivision: GROSS PROPERTY Lot #: _____ Well Tag #: HO-94-3507
Site Address: 13910 FALSYTHA RD.
SYKESVILLE, MD. 21784

Submersible Pump Data

Make: FTW
Model #: 34HP
Pump Capacity 5 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: CHARBELL
Model#: 1"
Depth 42" (36" min)
NSF/WSC 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: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 1" PPS
PSI: 200 (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: 2" x 40
Approximate length of sleeve: 8"
Sleeve caulked and sealed properly: FRANKO

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.

C. M. Blake 9/22/03
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 11/24/03 Inspector: SD
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 14328

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 AS14201-B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" OKSRK 12/2/02 HO-94-3581

OWNER GROSS ROY STREET OR RFD 13816 FORSYTHE ROAD TOWN SYKESVILLE SUBDIVISION GROSS PROPERTY SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale, Gray Limestone, and Brown Limestone.

GRouting RECORD, CASING RECORD, SCREEN RECORD. Includes fields for cement type (CM), bentonite clay (BC), casing type (ST), and screen type (ST).

PUMPING TEST table with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR.

DEPTH (nearest ft.) table, DIAMETER OF SCREEN, GRAVEL PACK, MDE USE ONLY, TELESCOPE CASING, LOG INDICATOR.

PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LOCATION OF WELL ON LOT.

B 1 **7497**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
517949 please type

STATE PERMIT NUMBER

HO 94-3581
fill in this form completely

Date Received (APA)
10/07/02

OWNER INFORMATION

Gross Roy
15 Last Name Owner First Name 34
13896 Forsythe Rd
36 Street or RFD 55
Sykesville Md 21784
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

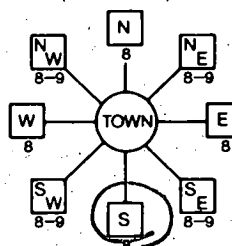
Howard
8 COUNTY 21
Gross Property
23 SUBDIVISION 42
SECTION LOT 1
44 46 48 50
Sykesville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81
Fogles Well Drilling
Firm Name
580 Obrecht Rd
Address
Allen Compton 9-27-02
Signature Date

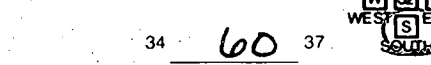
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Forsythe Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **60** 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: **9** BLK: **1** PARCEL **69**

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)

- 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 **AS14201-B**
COUNTY NAME COUNTY NO.
STATE SIGNATURE **[Signature]** INSERT S →
DATE ISSUED **11/19/02** **Steve R. Krieg** **11/19/03**
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID **550 000** EAST GRID **800 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

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
- 39 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 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

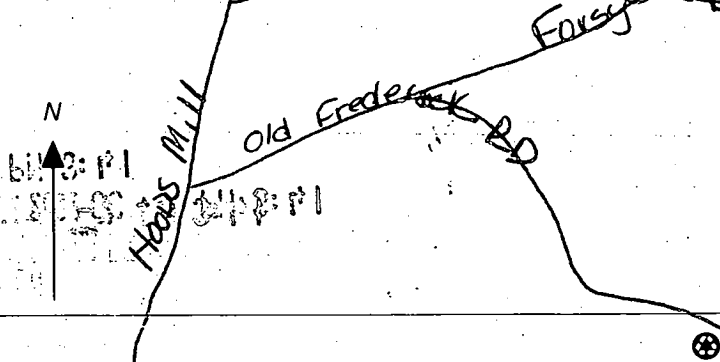
SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800
N 5500
000
000

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 _____ G _____
PERMIT No. **HO-94-3581**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

INSTALLATION ACCOMPANIED BY AN EXECUTED ONE YEAR GUARANTEE OF PLANT MATERIALS WILL BE SUBMITTED TO THE DEPARTMENT OF PLANNING AND ZONING.

NAME _____

DATE _____

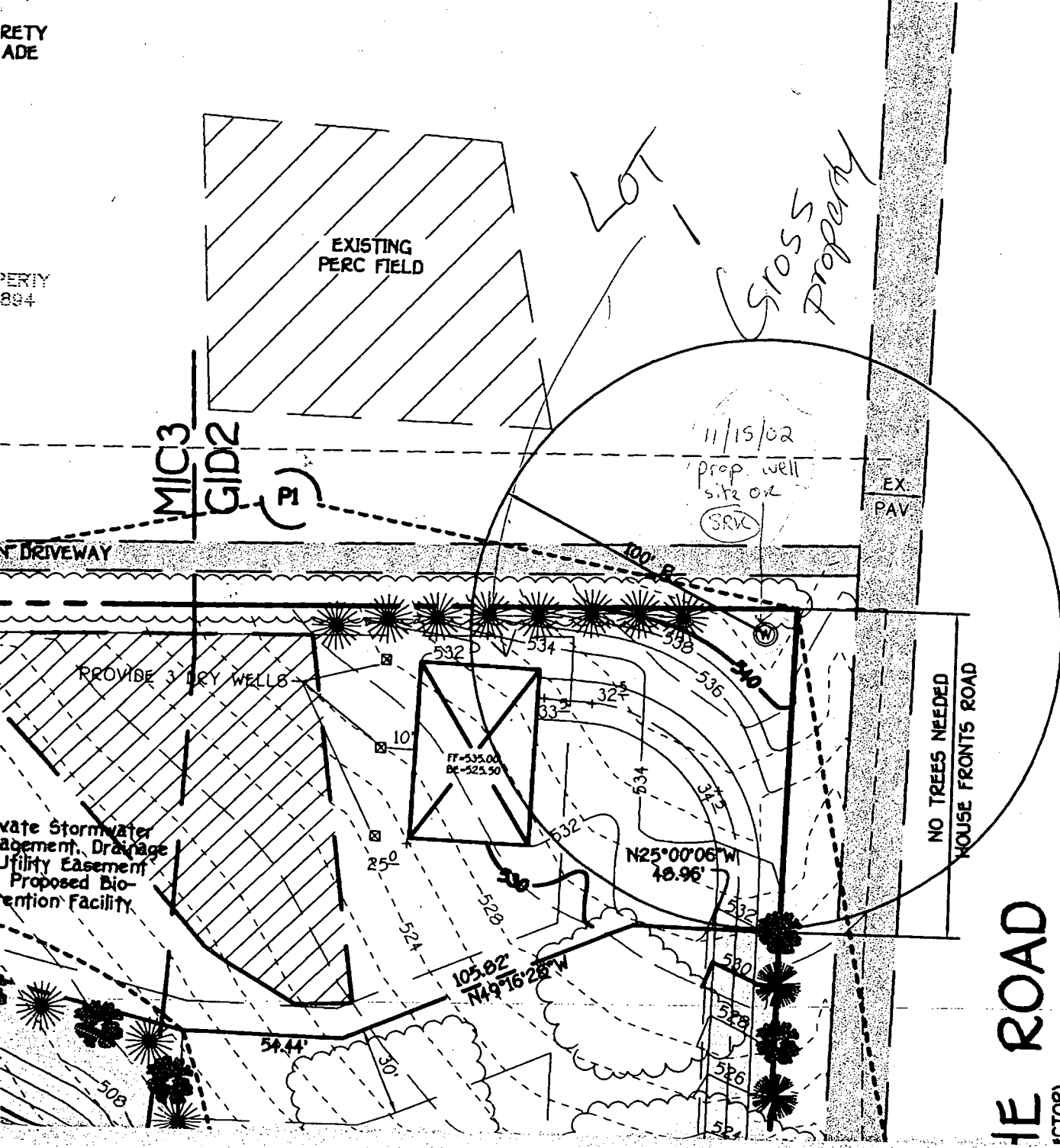
PLANTING NOTE:

AT THE TIME OF INSTALLMENT, ALL SHRUBS AND OTHER PLANTINGS HEREWITH LISTED AND APPROVED FOR THIS SITE, SHALL BE OF THE PROPER HEIGHT REQUIREMENTS IN ACCORDANCE WITH THE HOWARD COUNTY MANUAL. IN ADDITION, NO SUBSTITUTIONS OR RELOCATION OF REQUIRED PLANTINGS MAY BE MADE WITHOUT PRIOR REVIEW AND APPROVED LANDSCAPE PLAN MAY RESULT IN DENIAL OR DELAY IN THE RELEASE OF LANDSCAPE SURETY UNTIL SUCH TIME AS ALL REQUIRED MATERIALS ARE PLANTED AND/OR REVISIONS ARE MADE TO APPLICABLE PLANS AND CERTIFICATES.

HOODS MILL RD.

NO
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PERIY
894



GENERAL

1. Subje
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THE ROAD

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APPLICATION

PERCOLATION TESTING

A 5142018

P _____

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

DISTRICT 4th

DATE 9/22/2000

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 ANGUS GROSS

ADDRESS #13920 FORSYTHE ROAD PHONE N/A
SYMESVILLE, MD. 21784

AGENT OR PROSPECTIVE BUYER DAN RICHER

ADDRESS #13898 FORSYTHE ROAD PHONE 443-463-4777
SYMESVILLE, MD. 21784

PROPERTY LOCATION:

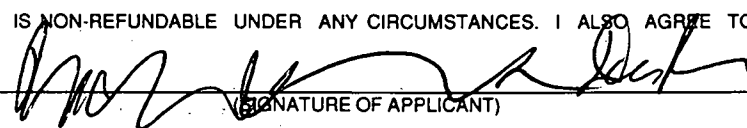
SUBDIVISION THE GROSS PROPERTY LOT NO. 2 become lot 1 on final plat

ROAD AND DESCRIPTION #13898 FORSYTHE ROAD

TAX MAP 9 PARCEL # 69 GRID # 1

SIZE OF LOT 1.13 AC± 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 _____

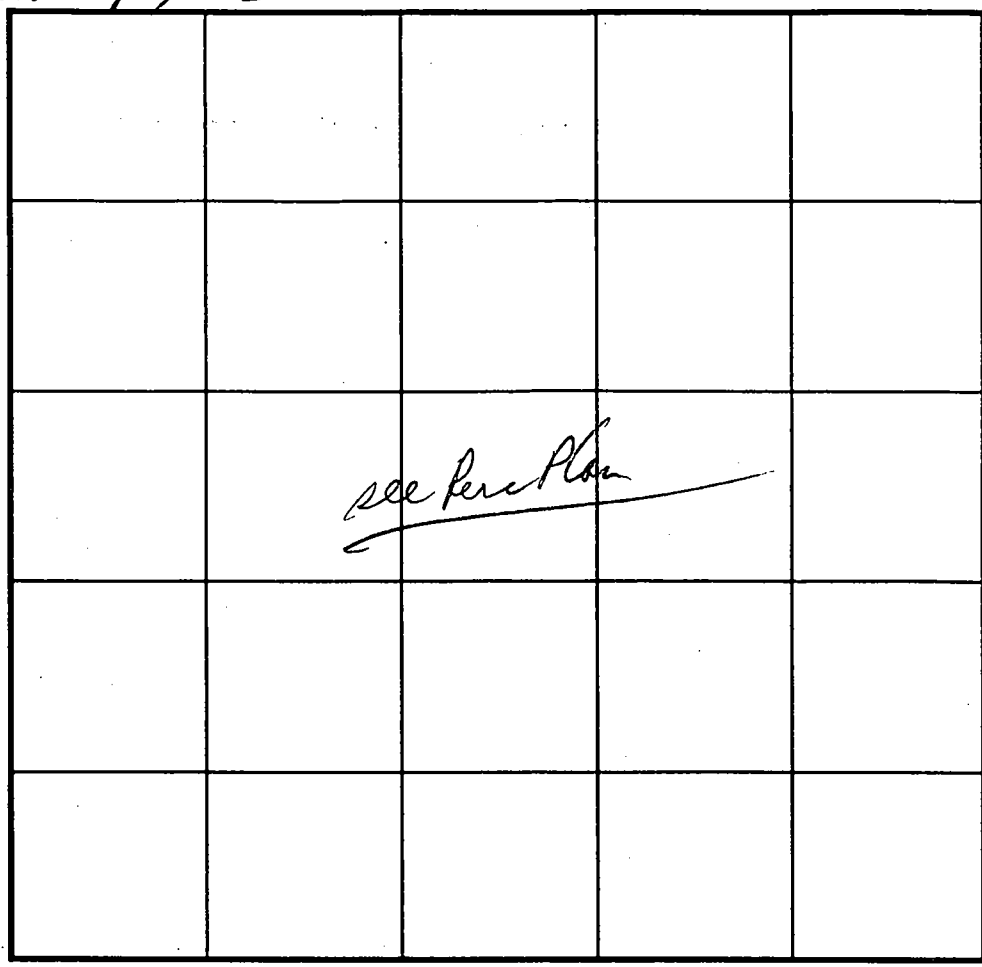
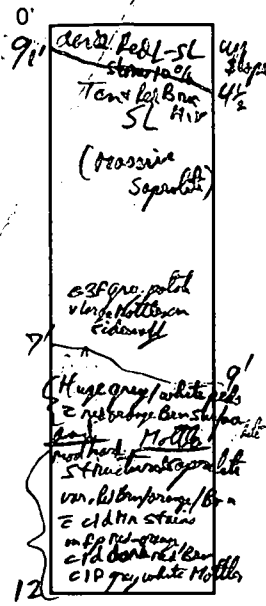
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

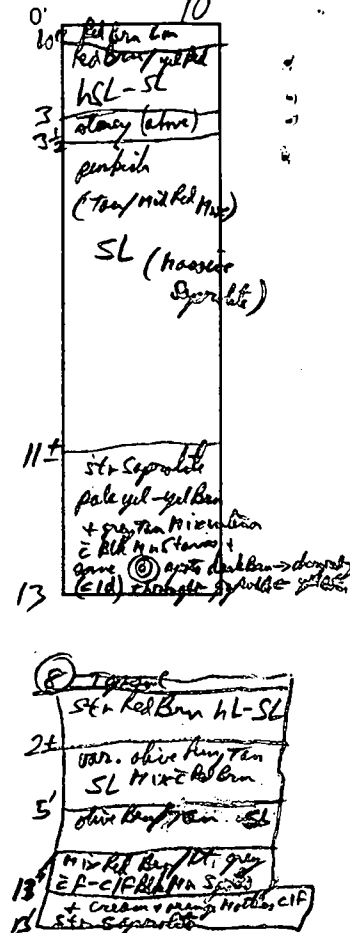
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

SOIL PROFILE



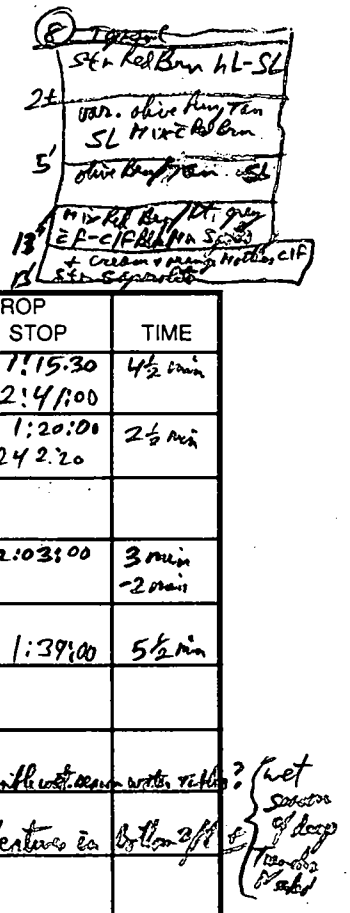
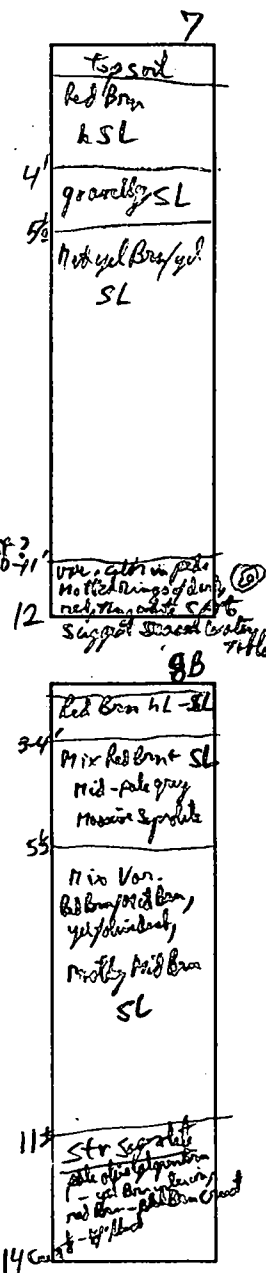
SOIL PROFILE 10



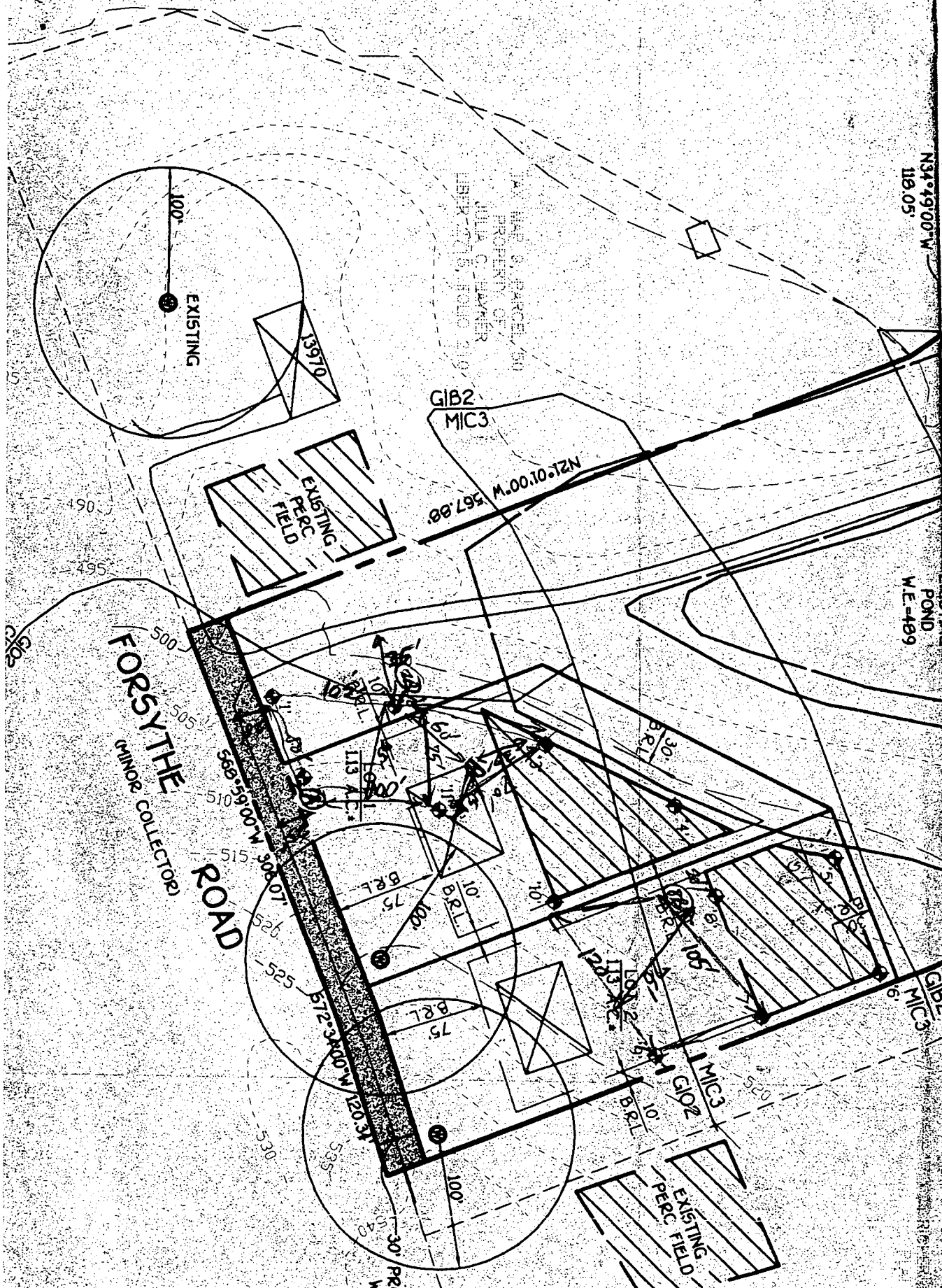
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/15/00	9	6" (wide)	1:08:00 12:38:30	1:11:00	1:11:00 12:41:00	1:15:30	4 1/2 min
		12'	1:15:40 12:39:30	1:17:30	1:17:30 12:42:20	1:20:00	2 1/2 min
	7	14' (6" wide)	12:55:20 12:51:51	12:56:20 12:52:40	12:54		
		12' (12" wide)	12:59:00	12:00:20	12:00:02	12:03:00	3 min -2 min
	8B	14' 3 1/2"	1:30:20	1:33:30	1:33:30	1:39:00	5 1/2 min
	10	13'					
	8	13'					

REMARKS Do Not Have SDA knowledge of Test Holes 7- with out wet season testing.
 TYPE OF SOIL 6 sandy
 TESTED BY RIP ALSO PRESENT Oliver Robinson
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3'
 INLET DEPTH 1502 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180



6-18-03 Copied
this percolation testing plan by FFC



MID3
GnB2

TAX MAP 8, PARCE



RICKER PROPER
PLAT 7894

Signed
Perc Cert

