

9/15/00
Layout 11:00
9/18/00 2-3pm (Working progress)

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514240

A 35431

ISSUE DATE 9/11/2000

APPROVAL DATE 9/18/00

RPS# 398827

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Lime Kiln Valley II LOT NUMBER 17 ADDRESS 7644 Green Dell Lane

PROPERTY OWNER Thomas & Susan Cardaro PROPERTY OWNER'S ADDRESS 6380 Scarlet Petal

SEPTIC TANK CAPACITY 1500 GALLONS Columbia, MD 21045

PUMP CHAMBER CAPACITY _____ GALLONS **BUILDING PERMIT SIGNED**

NUMBER OF BEDROOMS 5 **AND RETURNED**
5-2303 800/41919-GARAGE

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 350' (310' acceptable)

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting at the intersection of the 110.00' and 547.18' lot lines, place the distribution box 125 feet down the 547.18' lot line and 65 feet off this same lot line as seen when facing the lot from Green Dell Lane. Run trenches on contour in both directions. 8/22/00 OK ALL

REQUIRED LAYOUT: 50', 60', 60', 70', 70'

9/14/00 Installer is going to set two distribution boxes to serve the 6 trenches

PLANS APPROVED Mark Rifkin DATE 8/16/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

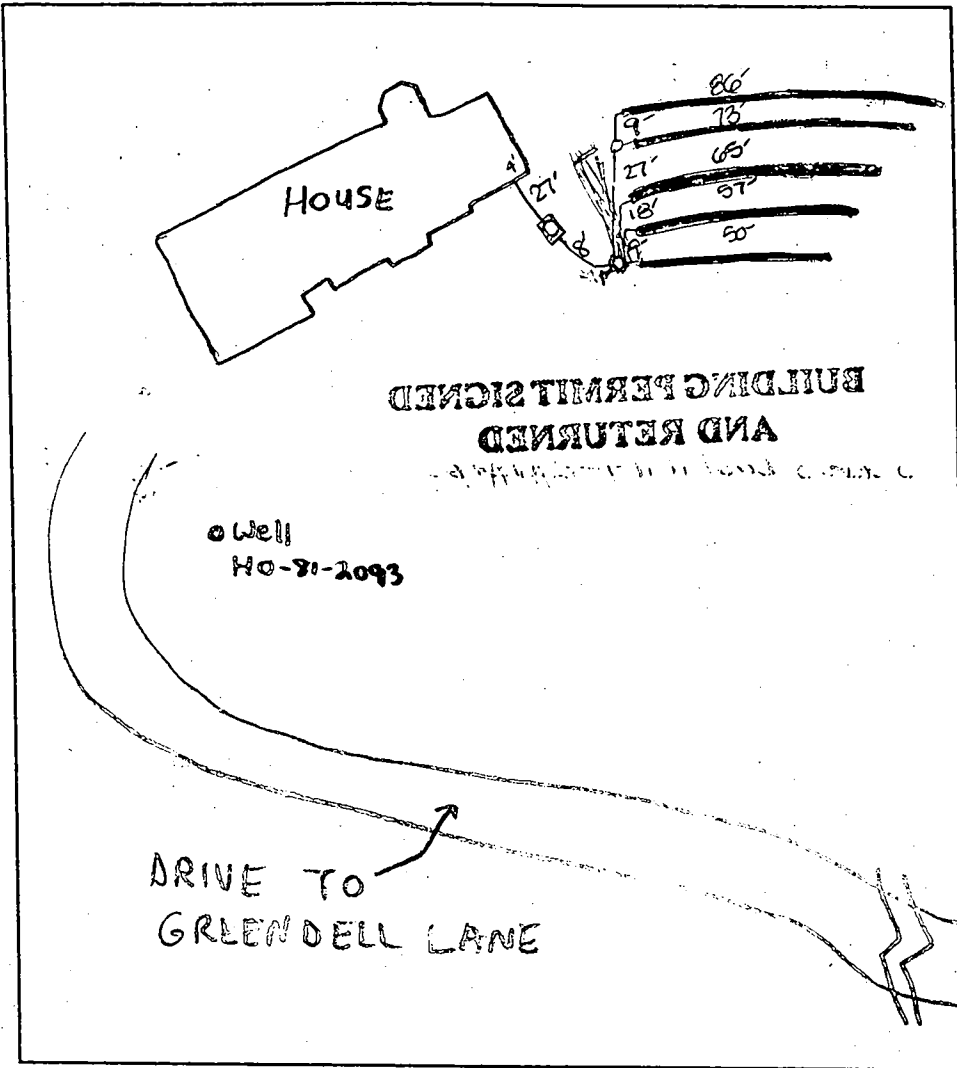
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 514240

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3

TRENCH INLET DEPTH 3

TRENCH BOTTOM DEPTH 5

DEPTH OF STONE 2

NUMBER OF TRENCHES 5

TOTAL TRENCH LENGTH 331

ABSORBENT AREA 993

DISTRIBUTION BOX LEVEL

BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 GALLONS

MANHOLE RISER

6 INCH INSPECTION PORT

PUMP CHAMBER DATA

~~PUMP CHAMBER GALLONS _____~~

~~MANHOLE RISER _____~~

~~ALARM _____~~

~~PUMP PERFORMANCE TEST _____~~

PRE-CONSTRUCTION INSPECTION: 9/15/00-MET W/BUILDER (DON CROSEN) DISCUSSED LAYOUT. KEEP TRENCHES 7' ETC (10' CTC) TO CONSERVE AREA (INSPECTOR'S DISCRETION) OK TO START WORK (SRW)

INSPECTION COMMENTS: _____

9/18/00 FINAL INSP - OK TO COVER ALL WORK. DIC

INSPECTOR _____

DIC

DATE SYSTEM APPROVED _____

9/18/00

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35431

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE April 3, 1985

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc *CARROL HALEY.*

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION Lime Kiln, Section 2 LOT NO. 18 (17)

ROAD AND DESCRIPTION Southwest of Green Dell Lane: West of Brown's Bridge Road

SIZE OF LOT 4.611 Ac TYPE BLDG N/A
(NUMBER OF BEDROOMS)

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-20-85 per SATTS factory, hold. for Certified Subdivision Plat 846
B.P. # 71897

PERMITS STORED
2-30-86

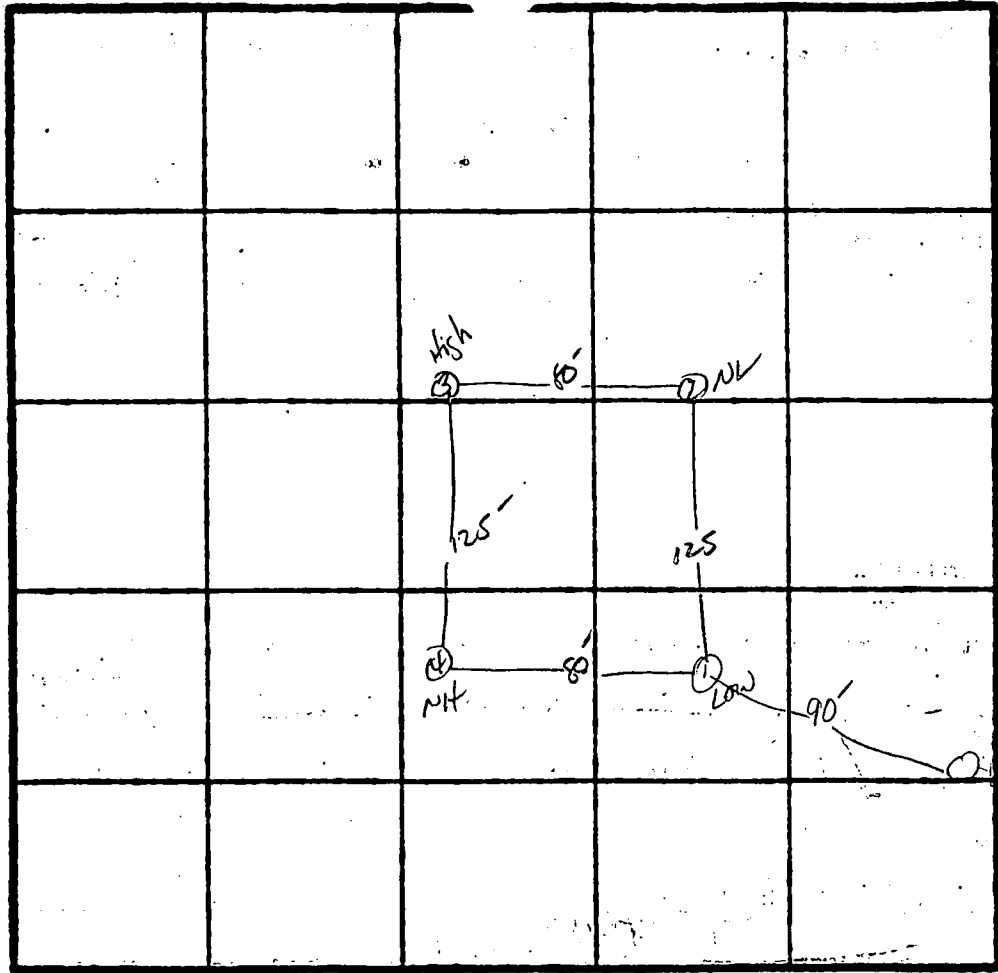
THIS IS NOT A PERMIT

①
SOIL PROFILE

0
9" AD
Yellow Brown
CLAY LOAM
10%
SAPROLITE

4" Yellow Brown
Sand loam
10-20%
SAPROLITE

12"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Proposed Rd.

②
9" AP
Yellow Br.
LOAM / Clay
10%
10%
SAPROLITE

3" Brown
Sand loam
10%
SAPROLITE

12"

③ ④
9" AP
Yellow Brown
SAND CLAY
LOAM 10%
SAPROLITE

3" Yellow Brown
SAND LOAM
10% SAPROLITE

11" White Sand
10%
SAPROLITE

12"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/20/95	1 S	4"	3:42	3:52	3:52	4:13	20 min	
	2 S	12"	UNIFORM SOIL		SILICIFIED Release		4"	
	2 S	3.5"	3:54	3:58	3:58	4:06	8 min	
	3 S	12"	See Profile					
	3 S	3.5"	3:57	3:59	3:59	4:06	7 min	
	4 S	12"	NOT TESTED					
		12"	see profile		Soil horizons same as hole # 3			
			* HARD BOTTOM AT 10"					

X = 12 min
INLET 3'
BOTTOM 5'

REMARKS

TYPE OF SOIL Gleadow - Manner

TESTED BY SABU

ALSO PRESENT K. HATFIELD, SPC
Developer

C1 0390 (OEP 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 3543B

DATE RECEIVED

DATE WELL COMPLETED 06/12/87

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2093

OWNER BROWN JAMES (last name first name) STREET OR RFD GREEN DELL LAWS TOWN HIGHLAND SUBDIVISION LIME KILN VALLEY EST. SECTION 2 LOT 17

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top soil, Clay, Shaler, Sand Stone, Mica, Sand Stone, Granite + Flint, Mixed.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 900 GALLONS OF WATER 45 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (6) (33) (3) (0) STEEL CONCRETE PLASTIC OTHER

MAIN CASING Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 33

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below (S) (BR) (HO) (PL) (OT) STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) 31 300. EACH SCREEN SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land/surface) BEFORE PUMPING 32 WHEN PUMPING 91 TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) (+) above } LAND SURFACE (2) (nearest foot) (-) below }

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 10.17.13 "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 IDENT. NO. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 40' well left lot line 20' Green Dell Lane

2373

8:00

Joel

Review

Date 6/13/87

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2093
Location of property (road) GREEN DELL LANE
Subdivision LIME KILN VALLEY Lot 17 Block Plat Sec. 2
Well Driller GEORGE EASTBURY Owner BROWN, JAMES

Depth of well 300 2:56 PM 216 towards Fulton
Distance of measuring point (M.P.) above ground 1' L on Brown Bridge on
Static water level (S.W.L.) below M.P. 32' R before Lime Kiln

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 10 gpm
Total time 33 min to reach pumping water level 94' 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	94'	20 sec		3 gpm
10:15	89'	20 sec		3 gpm
10:30	90'	15 sec		4 gpm
10:45	90'	15 sec		4 gpm
11:00	90'	15 sec		4 gpm
11:15	90'	15 sec		4 gpm
11:30	90'	15 sec		4 gpm
11:45	90'	15 sec		4 gpm
12:00	90	15 sec		4 gpm
12:15	90'	15 sec		4 gpm
12:30	90	15 sec		4 gpm
12:45	91'	15 sec		4 gpm
1:00	91'	15 sec		4 gpm
1:15	91'	15 sec		4 gpm
1:30	91'	15 sec		4 gpm
1:45				
2:00				
2:15				
2:30				
2:45				
3:00				
3:15				
3:30				
3:45				

B 7 0210 SEQUENCE NO. (OEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-2093

fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name: EASTERDAY, JAMES R. Owner First Name: R. 34

36 Street or RFD: 59 C ST 00 A 55

57 Town: LAUREL 70 State #2: MD Zip: 21070 76

DRILLER INFORMATION

George F. Easterday

Driller's Name: L. Franklin Easterday, Inc. 77 License No. 80

Firm Name: 9265 Br. Ch. Rd., Mt. Airy, Md. 21771

Address: Signature: Date: 4/25/87

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 24 28 FEET

APPROXIMATE DIAMETER OF WELL: 6 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

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
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE):

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: INITIALS: PERMIT No.: HO-81-2093

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

1 2 HOWARD 8 COUNTY 21

LIME KILN VALLEY 23 SUBDIVISION 42

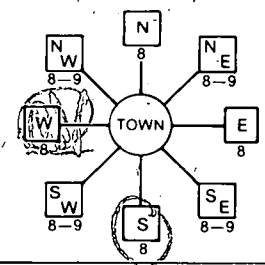
SECTION: 2 44 46 LOT: 17 48 50

HIGHLAND 52 NEAREST TOWN 71

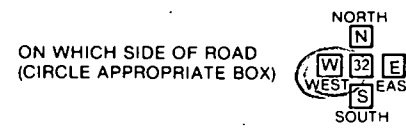
MILES FROM TOWN (enter 0 if in town): 2 73 76 77 78 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 30 NEAR WHAT ROAD: BROWN'S FIELDS RD



34 37 DISTANCE FROM ROAD: 220

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD COUNTY NO.: A3543B

OEP SIGNATURE: DATE ISSUED: STATE HEALTH INSERT S

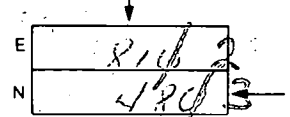
43 48 50 SIGNATURE: 052787 EXP. DATE: 11/27/87

NORTH GRID: 483000 EAST GRID: 0812000

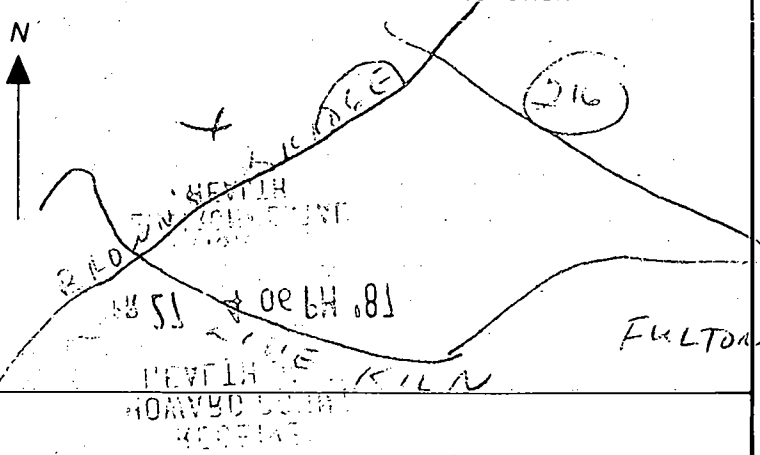
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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 PLUMBING SERVICES Telephone #: 410-781-7051
Address: 6203 PATRICK DR.
SYKESVILLE 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: THOMAS CARDARO Telephone #: 301-854-5413
Subdivision: LIVE KILN VILLAGE Lot #: 17 Well Tag #: EO-81-2093
Site Address: 71044 GREEN DELL LANE
HIGHLAND, MD 20777

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: HARVARD Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity _____ GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 12 GPM NSF approved: Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
Type: CRESTLINE
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.

Signature of company representative responsible for installation: Chris Willoughby

date: 11/3/00

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

Date Insp. Requested: 11/2/00 Date Insp. Approved: 11/2/00
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 _____

OK TO COVER without insp due to limited staffing - Installer does "good" work (SRW)



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 9, 1999

NO PERC EVER CONDUCTED MR 8/6/00

Thomas and Susan Cardaro
6380 Scarlet Petal
Columbia, MD 21045

RE: PERCOLATION TESTING
A 511425
Adjustment to Recorded Easement
Lime Kiln Valley, Lot 17

Dear Mr. and Mrs. Cardaro:

Following our discussion of this date, a percolation test date has been reserved for Friday March 19, 1999 at 10:00 a.m. Any significant modifications to the proposal could result in postponement of the test date.

You will be responsible for having a contractor on-site to excavate test holes at the corners of the proposed percolation test area and any other suitable locations.

Please call this office between 8:00 a.m. and 5:00 p.m., Monday through Friday, to confirm your acceptance of this percolation test date.

Thank you for your cooperation in this matter.

Very truly yours,
Mark E. Rifkin
Mark E. Rifkin, R.S.
Water and Sewerage Program

POSTPONE INDEFINITELY FOR CONSIDERATION OF FACTS FROM MR. TO

MR
cc: File

MS CARDARO,

MARCH 19 TEST DATE POSTPONED PER APPLICANTS REQUEST. RESCHEDULED FOR APRIL 14, 1999. PLEASE CALL TO CONFIRM.

Craig Williams

Mar-12-99 08:06A cfs

Post-It™ brand fax transmittal memo 7871		# of pages
To	From	
Co.	Co.	
Dept.	Phone #	
Fax #	Fax #	

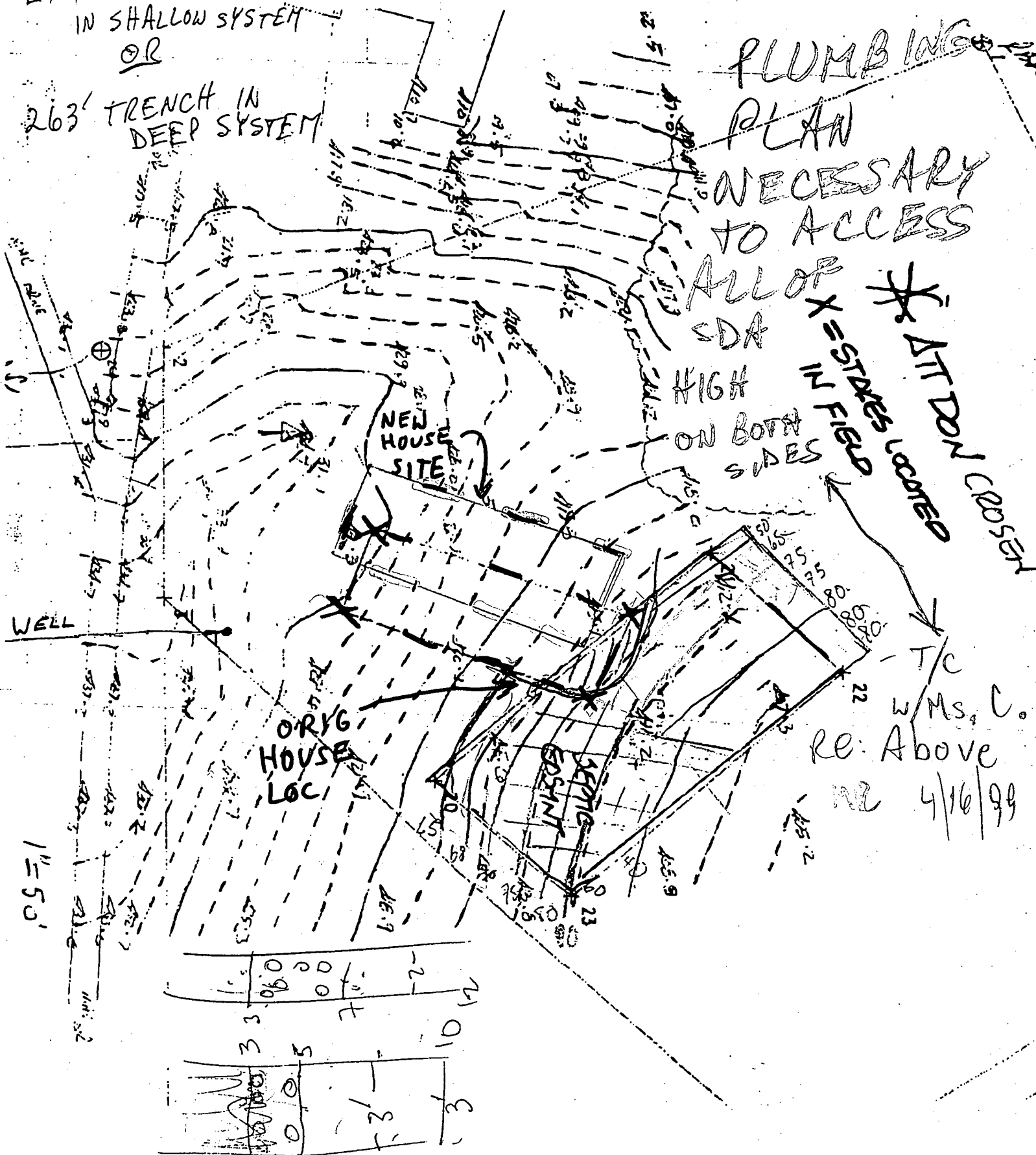
P. 01

5' B_D = 1500 GAL S.T.
 EITHER 350' TRENCH
 IN SHALLOW SYSTEM
 OR
 263' TRENCH IN
 DEEP SYSTEM

PLUMBING PLAN

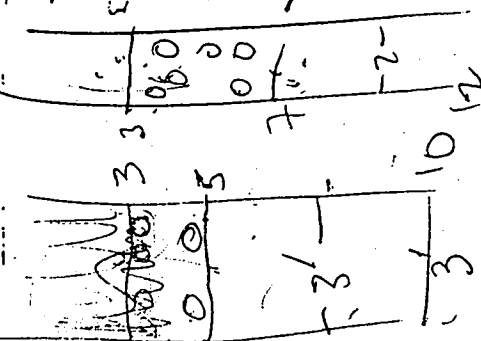
NECESSARY
 TO ACCESS
 ALL OR
 CDA
 HIGH
 ON BOTH
 SIDES

~~X~~ ATTENTION
 LOCATED
 X = STAIRS IN FIELD



T/C
 W/MS, C.
 Re: Above
 4/16/99

1" = 50'



3/18/99
10:00
(tent)

APPLICATION

PERCOLATION TESTING

A 511425

P _____

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

*Perc test
for relocation of
originally approved
septic easement.*

DISTRICT _____

DATE 2-18-99

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 Thomas C. and Susan D. Cardaro *202-628-8100 office*
202-628-1240 fax

ADDRESS 6380 Scarlet Petal, Columbia, md 21045 PHONE 301-854-3415

AGENT OR PROSPECTIVE BUYER _____

ADDRESS N/A PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lime Kiln Valley Section 2 LOT NO. 17

ROAD AND DESCRIPTION 7644 Green Dell Lane

TAX MAP 110 PARCEL # _____

SIZE OF LOT 4.675 acres TYPE BLDG. N/A
(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. Thomas C. Cardaro Susan D. Cardaro
(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'

Vertical rectangular box for soil profile notes on the left side.

Vertical rectangular box for soil profile notes on the left side.

Vertical rectangular box for soil profile notes on the left side.

SOIL PROFILE

0'

Vertical rectangular box for soil profile notes on the right side.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

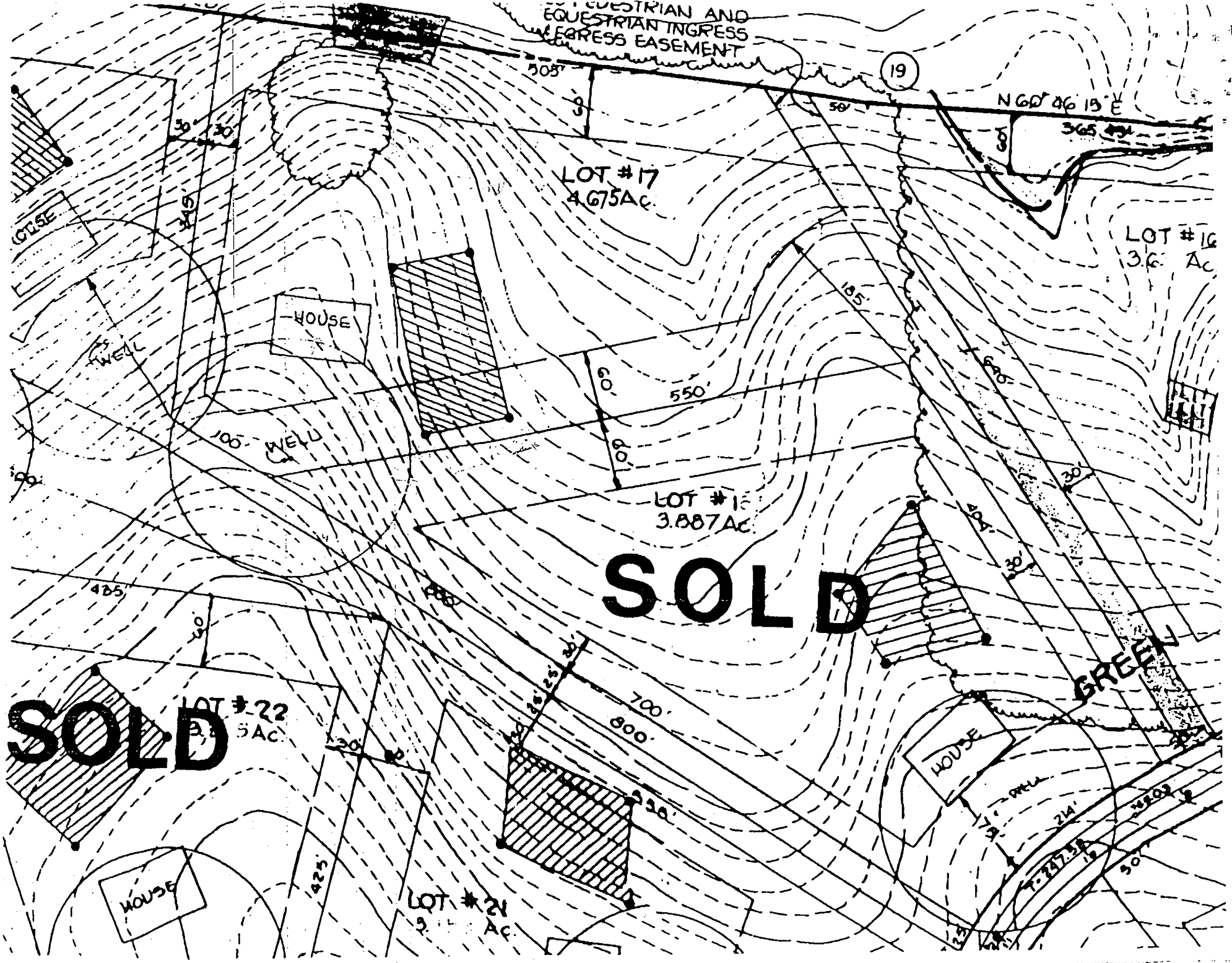
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

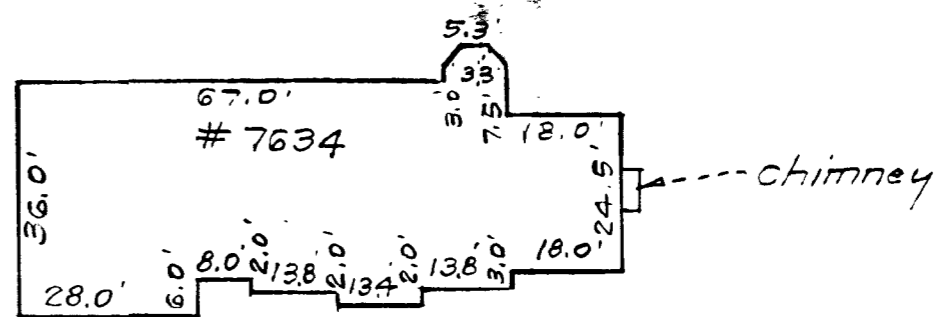
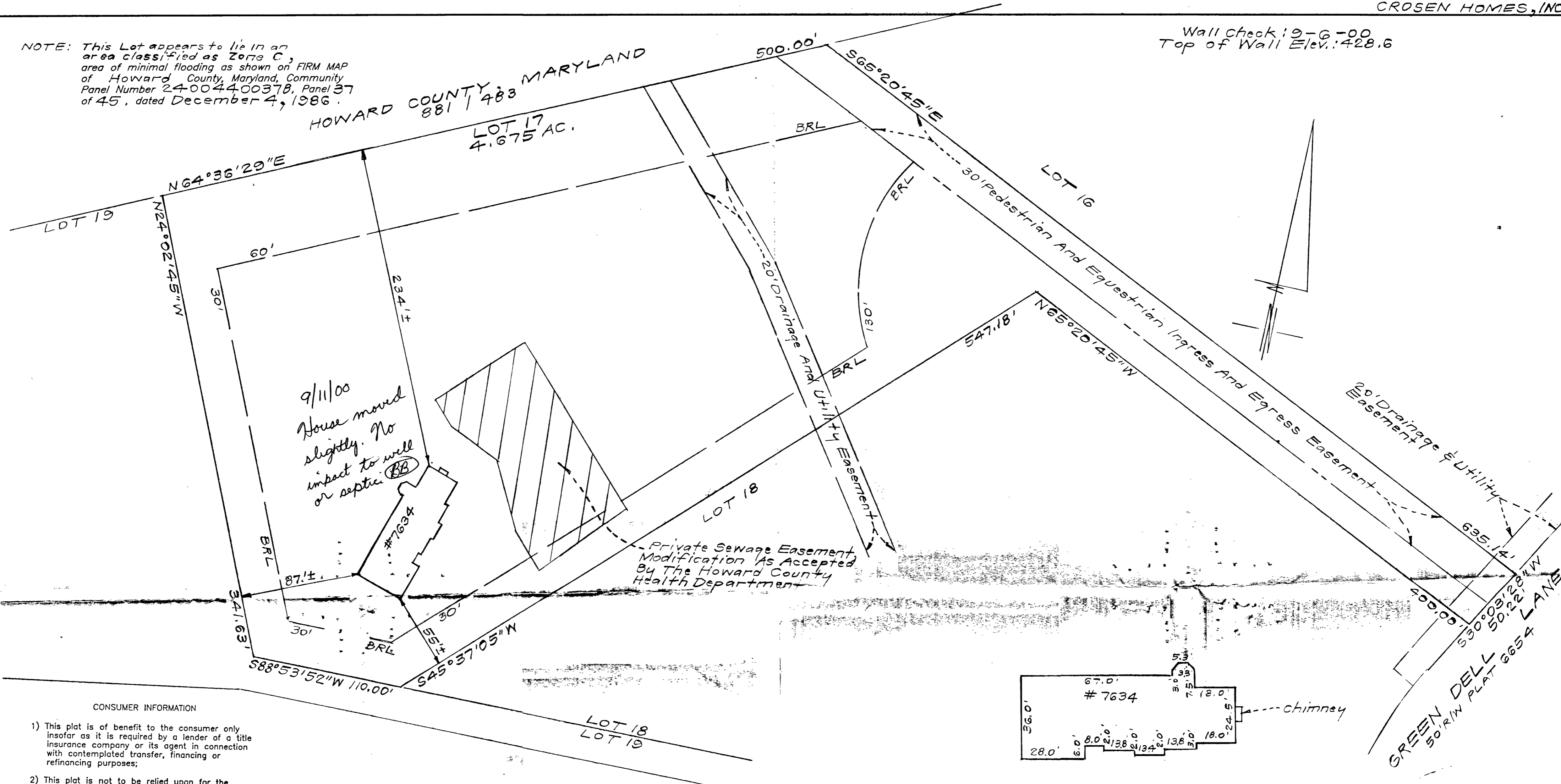
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

P. 3
TEL 410-761-3331
WATT'S REAL ESTATE
Jul. 30 '96 11:33



NOTE: This Lot appears to lie in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 24004400370, Panel 37 of 45, dated December 4, 1986.

Wall Check: 9-6-00
Top of Wall Elev.: 428.6



SCALE: 1" = 30'

CONSUMER INFORMATION

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

SURVEYOR'S CERTIFICATE

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

9-7-00
DATE



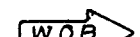
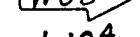
NOTE: 1. The setback distance accuracy = 1'.

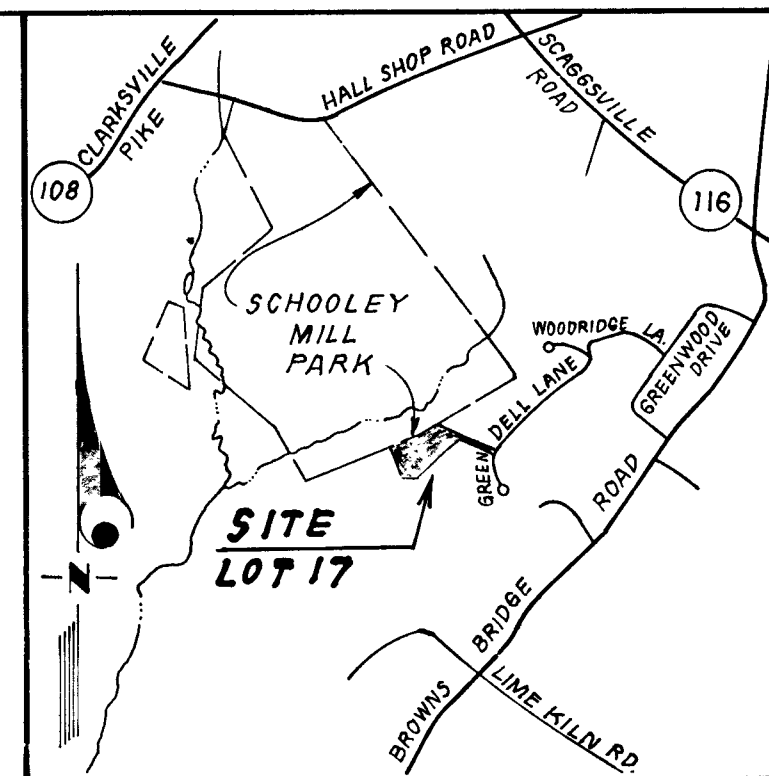
Plat Reference: PLAT No. 6652

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		DESIGNED	LOCATION DRAWING 7634 GREEN DELL LANE LOT 17 LIME KILN VALLEY SECTION 2, AREA 1 LOTS 15 THRU 32 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE	1" = 50'
		DRAWN		KWC	DRAWING
CHECKED	PAS	JOB NO.			
DATE	9-7-00	FILE NO.			99-014-0

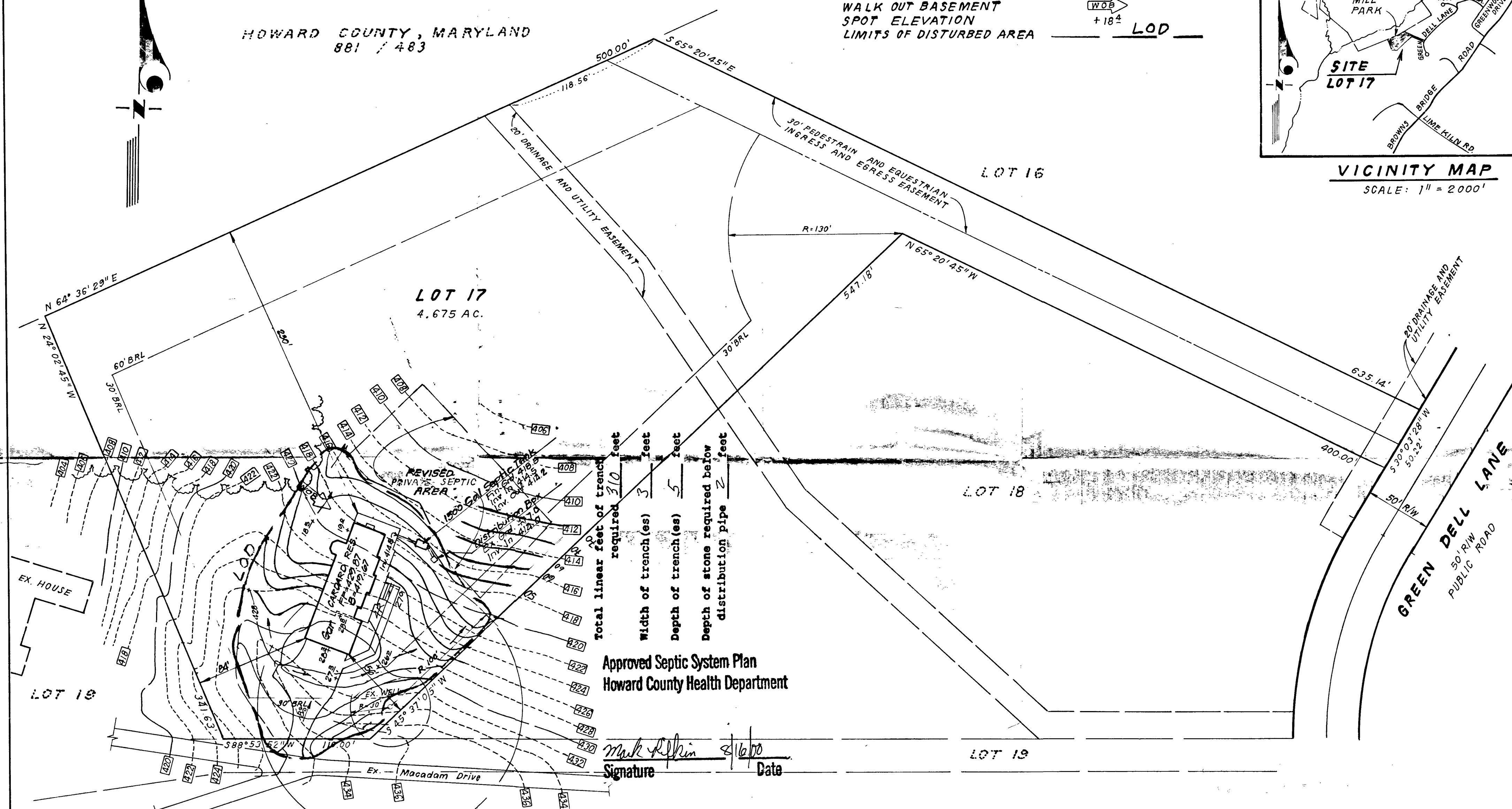
HOWARD COUNTY, MARYLAND
881 / 483

LEGEND

CONTOUR INTERVAL 2 FT
 EXISTING CONTOUR 418
 PROPOSED CONTOUR 418
 DIRECTION OF DRAINAGE 
 WALK OUT BASEMENT 
 SPOT ELEVATION +18±
 LIMITS OF DISTURBED AREA LOD



VICINITY MAP
SCALE: 1" = 2000'



Approved Septic System Plan
Howard County Health Department

Signature: *Mark Riffin* Date: 8/16/00

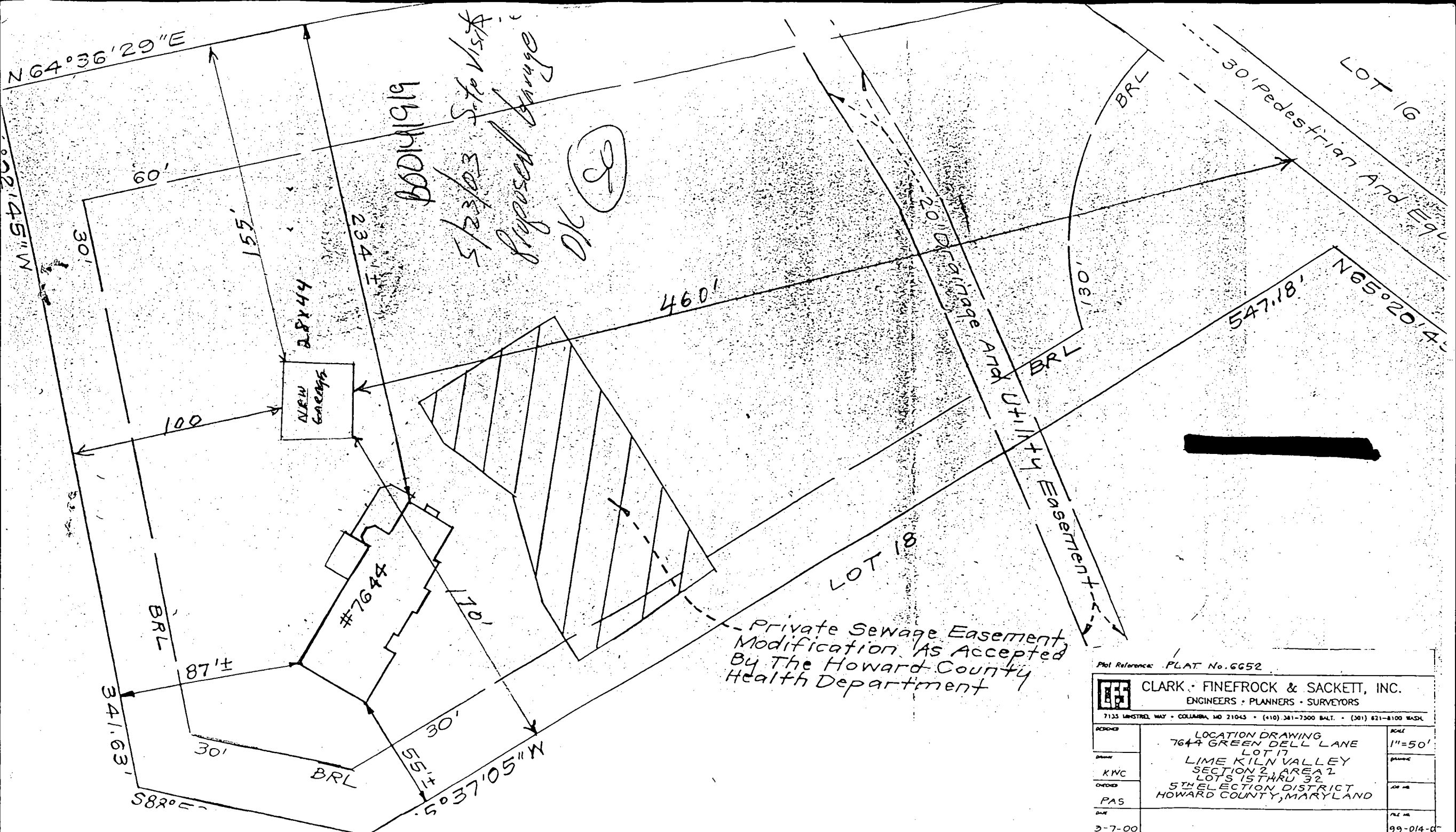
GENERAL NOTES

1. Topo was taken by Clark, Finerock and Sackett, Inc. on 3-10-99.
2. Length of trenches to be determined at time of permit issuance.
3. Record Plot No. 6652
4. Disturbed Area 21,265 sq
5. No additional bedrooms or septic easement modifications will be allowed without re-perc.

No.	REVISIONS	Date
4	Revise Grading per Howard County Health	8-15-00
3	Revise drainage, reloc. dist. box, add Note 5 per Ho Co Health	8-11-00
2	Rev. grd. and house location	7-28-00
1	Rev. grd. and Septic Area Final Draft	10-26-99

CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY • COLUMBIA MD 21045 • (410) 381-7500 - BALTO • (301) 621-8100 - WASH.

DESIGNED JME	SITE DEVELOPMENT PLAN LOT 17 LIME KILN VALLEY SECTION 2 AREA 1 TAX MAP NO. 40 FIFTH (5TH) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'	
DRAWN JTR		DRAWING 1 of 1	
CHECKED JME		JOB NO. 99-014	
DATE 7-28-00		FOR: CROSEN HOMES, INC. 3825 Shady Lane Glenwood, Maryland 21738	FILE NO. 99-014-X



60911919
 5/23/03 S to 1/5
 Proposed Garage
 OK (90)

Private Sewage Easement
 Modification As Accepted
 By The Howard County
 Health Department

Plot Reference: PLAT No. 6652

CLARK, FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS		
7133 HINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7300 BALT. • (301) 821-8100 WASH.		
APPROVED DRAWN KWC CHECKED PAS DATE 3-7-00	LOCATION DRAWING 7644 GREEN DELL LANE LOT 17 LIME KILN VALLEY SECTION 2, AREA 2 LOTS 15 THRU 32 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1"=50' DRAWING DATE 99-014-0